

## **Department of Health**

# Bushfire response Clients and services policy 2009–10

October 2009

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# Introduction

The Department of Health's *Bushfire response: Clients and services policy 2009–10* has been developed to assist management and boards of services, and departmental managers and staff, to prepare our core services for the upcoming bushfire season. Its content is guided by the new national fire danger ratings and the latest advice from the Country Fire Authority (CFA). It recognises the interim report of the 2009 Victorian Bushfires Royal Commission and takes particular note of recommendation 7.1 about safeguarding children under 16 years of age and other vulnerable people in our community.

The policy encourages local planning in light of local conditions and resources. It takes into account the needs and risks for each client group or service type.

The department is asking all agencies that deliver services in partnership with the department to prepare their properties to be fire ready, and consider their response to forecast Code Red days and other fire threats in their local area. Clients and services in the 52 CFA-identified higher risk areas (see appendix), and any other locations deemed as high risk, will be treated as a priority.

## **About this document**

This document *Bushfire response: Clients and services policy 2009–10* contains the overarching policy framework that applies to both the Department of Human Services and the Department of Health, followed by specific program guidelines for Department of Health programs.

It is part of a suite of bushfire preparedness publications the department is developing.

## **The department's role and agencies' role**

The policy outlines different levels of involvement for the department in preparing clients and services for the summer season. The department's role in this planning process will vary from providing targeted advice and guidance through to raising awareness regarding the need for planning and preparation.

While the department will provide information and guidance, it is the responsibility of the boards and management of services to prepare for the bushfire season and put appropriate emergency management and business continuity plans in place.

## **Updated emergency management plans**

Based on the outcomes of the planning and risk analysis for each service location, updated emergency management plans should be prepared for each service location where risks have been identified and new bushfire responses are planned. These revised emergency management plans need to link into local and regional emergency management planning, as well as CFA township protection plans (where these are being prepared) and central emergency planning for metropolitan health services.

*Now is the time to get ready for the 2009-10 fire season; the health and safety of clients and staff in health and community services depends on it.*

*It's up to all of us to ensure we are fire ready.*

# Policy framework

## **Purpose**

This overarching policy framework guides the Department of Human Services, the Department of Health and our sector partners in planning, preparing and responding to bushfires. The policy framework is targeted to departmental clients and services only and is designed to enhance the safety of our clients and staff while maintaining the continuity of services during the 2009–2010 summer season and future Victorian bushfire seasons.

## **Policy context**

### **February 2009 bushfires**

This policy framework takes account of the recent 2008–09 Victorian bushfire season, particularly the 7 February 2009 fires with the tragic loss of 173 lives and the destruction of more than 2,000 homes.

### **2009 Victorian Bushfires Royal Commission**

The Victorian Government's response to the 2009 Victorian Bushfires Royal Commission's recommendations underpins this policy framework. Recommendation 7.1 provides direction on safeguarding children aged under 16 years and other vulnerable people (including people with a disability or a mental illness) whose needs require additional consideration. This recommendation is a key driver of the departmental policy response for clients and services.

### **National fire danger rating and Country Fire Authority (CFA)**

The new national fire danger rating and recently recommended CFA approaches provide planning and operational guidance to the departments' policy framework including: describing potential highest risk fires; identifying 52 higher risk towns; preparing township protection plans, providing household assessment tools and community information; and CFA wildfire management overlays.

### **Departmental emergency management planning**

The Department of Human Services and the Department of Health have also considered the recovery management and service delivery experience during the 2008–2009 fire events, which provided valuable new insights regarding planning, preparedness and response for future bushfire seasons.

Emergency management plans are reviewed and updated each year in collaboration with local government and other response agencies. This is occurring again for the 2009–2010 summer season, in the context of the new factors outlined above.

### **Broader service delivery context**

The Department of Human Services and the Department of Health deliver their core services to clients in a variety of partnership arrangements with internal and external providers, not-for-profit organisations and for-profit organisations.

These service delivery arrangements, along with the nature of the relationship with our clients and our legislative responsibilities and obligations, determine the form and level of our involvement in decision making and final emergency management plans and responses.

Therefore, the emergency management plans and response strategies for each service location across the departments' programs may differ in some respects but, most importantly, the planning process is consistent for all clients and services.

This more intensive planning approach is a new requirement for our staff and sector partners. It places additional demands on resources but is an essential part of our service delivery role, which includes minimising adverse effects from bushfires.

## **Principles**

- The health and safety of clients and staff in health and community services is paramount.
- The health and human services planning approach is consistent and rigorous, guided by a common decision-making framework and overarching policy framework applied to all clients and services, in the context of program-specific documents and local emergency management planning.
- The departments' obligations and responsibilities for clients and services are acknowledged, considered and carefully addressed.

## **Scope**

### **Clients and services**

This policy framework applies to all clients and services of the Department of Human Services and the Department of Health.

Departmental services are defined as those that are:

- delivered from department-owned or managed facilities
- delivered by departmental staff
- provided with departmental funding
- regulated by the department/s.

Departmental clients are defined as those who receive departmental services.

### **Planning**

Preparedness and response planning for clients and services is occurring on the following basis:

- a statewide planning approach that applies to all departmental clients and services – priority is given to assessing client/service locations in the CFA identified 52 higher risk areas followed by assessing any other locations assessed as high risk across the state, based on CFA advice and departmental analysis
- new responses to 'Code Red' warnings and declarations, with the response triggered at the earliest warning, three days beforehand, one day beforehand and on the declared day
- modified responses (as necessary) compared with previous years for 'fire in the landscape' and unforeseen bushfire events.

### **Program areas**

The policy framework applies to the following Department of Health and Department of Human Services program areas.

#### *Department of Health*

- Public sector health services (hospitals owned or funded by the department, including clinical mental health services within their organisation)
- Residential aged care owned or funded by the department
- Public sector mental health and alcohol and drug services funded by the department (including residential, community-based and non-residential services such as psychiatric disability rehabilitation and support (PDRS) and in-home support)
- Public sector, centre-based day programs and community rehabilitation programs funded by the department
- Home and Community Care (HACC) services

- Supported residential services (SRSs)
- Private health and residential aged care services

#### *Department of Human Services*

- Disability services
- Children, youth and family services
- Housing and homelessness crisis services
- Youth justice services

### **Special consideration**

#### *Clients*

Special consideration has been given to client groups that include children, young people, people with a disability, frail aged persons, non-ambulant people, people who require support in daily living, women and families escaping family violence, and people with a mental illness who are vulnerable and may have status under the *Mental Health Act*.

#### *Facilities and service types*

Special consideration has also been given to people living in large residential services and smaller home-like residential settings. Consideration has also been given to people attending day/respite programs or outpatient support and treatment services, and people receiving services in their own homes.

### **Definitions**

**Code Red:** the highest fire warning on the national fire danger rating scale that indicates a particular combination of a high temperature weather condition and a geographic area potentially susceptible to catastrophic outcomes in the event of a bushfire.

**Relocation:** the planned approach to leaving a usual residence prior to a declared Code Red day.

**Evacuation:** an unplanned response when a fire is imminent and it is considered by emergency authorities or the occupants that there is no other option available.

**Early closure:** the planned approach to closing a day service (non-residential) prior to a declared Code Red day.

**52 higher risk areas:** these have been identified by the CFA according to criteria that indicate their vulnerability above all other locations in the event of a Code Red fire event.

### **Program guidelines**

#### **Common approaches**

- All program areas have reviewed and considered their emergency management approaches in light of the current context (see previous 'Policy context' section).
- Program guidelines have been developed based on similar-facility assessment tools and a common decision-making framework across all programs.
- GIS mapping of all service locations against the 52 higher risk areas and wildfire management overlays will be undertaken.
- All department-owned properties in the 52 higher risk areas will be inspected for bushfire preparedness; fire safety preparedness work at these sites will be prioritised. Some other properties in other locations assessed as high risk may also be inspected and work may be undertaken to improve fire safety preparedness.
- Updated emergency plans are to be communicated to:
  - local authorities as part of the municipal emergency management planning process

- the CFA as part of township protection plans in the 52 higher risk areas.

### **Communication and accessible information**

- As with all departmental information, a range of accessible formats based on universal access principles will be provided.
- Communication with service providers and clients will be through usual channels as much as possible.

### **Common decision-making principles**

- Some actions may be directed centrally.
- Departmental approval may be required of certain other new actions in plans.
- In all other instances, guidance and/or general information will be provided to sector agencies and individual clients to support them in making their own decisions about bushfire preparedness.

### **Common operational principles**

- Planned actions in relation to relocating or remaining on site will be advised to departmental regional offices and collated centrally, except for metropolitan health services where advice will be provided directly to the Department of Health's central office.
- The departments' central office will maintain an overview of all planned responses in relation to relocation or service cessation.
- Regions will advise and work with organisations if changes are recommended.
- Local circumstances and direction from local emergency response agencies will be a key factor in final decisions about relocation or evacuation at the time of a 'Code Red' warning or declaration, or during a fire event.

### **Key differences in program responses**

Where differences exist in the bushfire planning approach or in the responses as an outcome of planning, this is the result of careful consideration of external and service-specific factors such as:

- service location
- the nature of the relationship between the department and the service provider
- the nature of the clients
- service type.

The level of departmental involvement in decision making will also vary, as explained below.

### **Three-tiered hierarchy of departmental involvement**

#### **1. Directed actions**

The Department of Human Services will direct relocation and/or early cessation of service for some service types in the 52 higher risk areas and any other CFA-identified high-risk locations *unless* thorough planning and risk analysis for that specific service location indicates otherwise. For these service types, regional departmental staff or community service organisations will be responsible for completing updated emergency management plans, with close involvement from central office.

#### *Children, youth and family services*

Children and young people who are: (1) subject to child protection orders residing in out-of-home care (OOHC) services where the Department of Human Services has custodial responsibilities; or (2) placed in OOHC services subject to child care agreements negotiated between their legal guardians and the service provider *and* are located in any of the 52 higher

risk areas will have their risk assessed as a priority. Unless otherwise indicated, clients will be directed to have an agreed client relocation plan in place. Other locations will be considered subsequently and, if required, client relocation plans prepared using a similar or modified process.

#### *Youth justice custodial services – Malmsbury (all clients aged 18–21 years)*

A detailed emergency management plan is in place for Malmsbury, which has an extensive preparation program for the precinct. The CFA has advised that this preparation will ensure the precinct is safe and the facility is defensible even under adverse conditions. There is also an intensive monitoring and assessment schedule for Code Red warnings and declarations, and directed relocation and evacuation plans are in place and can be activated if necessary. Furthermore, selected clients may be paroled or put on intensively monitored temporary leave if they are assessed as suitable. The clients' medical status will form part of this assessment.

#### *Disability residential services*

All group homes managed by the Department of Human Services or sector agencies in locations that are assessed as high risk will be directed to develop relocation plans.

All larger residential services in high-risk areas and the two large residential institutions (Sandhurst in Bendigo and Colanda in Colac) will undergo an on-site assessment to determine whether the facility will relocate early in response to a predicted Code Red day and what preparations are required to maximise fire safety.

A relocation plan will be directed if the site assessment indicates the facility may be at high risk on a Code Red day.

Families where children with a disability aged under 18 years are in a long-term, family-based placement (family options placements) in a location/address assessed as high risk, will be directed to develop individual client relocation plans consistent with the approach taken by Children, Youth and Families to children in OOHC placements.

#### *Disability day programs (including facility respite and family-based respite)*

Organisations assessed at high risk on a Code Red day, will be directed to make a final decision about ceasing services early by 12 noon on the day prior. A comprehensive communication strategy for clients, staff and the community is also required.

## **2. Advice and guidance**

#### *Housing – homelessness crisis accommodation services*

All community housing agencies that operate crisis supported accommodation are to develop a bushfire emergency management plan to ensure the safety and care of residents/clients and staff. This should include collaborative planning with clients as part of their individual service planning and risk management planning.

Agencies will be advised to have relocation plans in place if their organisation assesses that their facilities are at high risk in a Code Red or 'fire in the landscape' event. Agencies will be provided with the CFA and/or departmental assessment tools to assess their properties.

#### *Public sector health services and residential aged care (bed-based services)*

All organisations are required to identify their risk and prepare and plan for what they will do in a potential emergency situation, including Code Red warnings and declarations, or in an actual bushfire emergency.

Planning and response is the responsibility of the boards and senior management of the health service. If requested, both departments will assist where possible with coordination and relocation of residents/patients in conjunction with the Commonwealth Department of Health and Ageing and Ambulance Victoria. For metropolitan health services, any assistance with coordination and relocation will be provided by the Department of Health's central office. The

Department of Health and Ageing may assist in identifying alternative accommodation rather than by providing assistance with relocation.

The Department of Health will not mandate relocation.

#### *Public sector mental health, alcohol and drug residential services*

Most clients of these services are voluntary and the department cannot direct the organisations or clients to relocate; however, emergency plans will be developed in collaboration with departmental mental health, alcohol and drug services that takes into account the status of clients and levels of vulnerability.

All organisations are required to identify their risk and prepare and plan for what they will do in a potential emergency situation, including Code Red warnings and declarations, or in an actual bushfire emergency. Departmental assessment tools and guidance will be provided. Planning and response is the responsibility of boards and senior management of the health service or community service organisation.

The Department of Health will not mandate relocation.

#### *Health, mental health and aged centre-based day programs and community rehabilitation programs*

Organisations need to assess the risk to their clients and facilities and plan accordingly. It is strongly recommended that organisations that have assessed their facilities as high risk on a Code Red day or in a fire event make a final decision to cease services by 12 noon on the day prior to the Code Red day. A comprehensive communication strategy for clients, staff and the community is recommended.

### **3. Awareness**

#### *Public and community housing*

The Department of Human Services will ensure all tenants of public and community housing have access to CFA information and tools so they can make their own decision about if and when to relocate. This is on the basis that tenants of public and community housing are members of the general community.

Clients of departmental HACC and in-home support or treatment services living in public and community housing will receive assistance as described in the respective program areas in this section of the policy.

Note: Department-owned properties in the 52 higher risk towns will be inspected for bushfire preparedness and fire safety works will be prioritised. Properties in any other locations assessed as high risk with CFA input will then be prioritised for fire safety work.

#### *Children, youth and families services*

At the same time as the process for assessing risk and developing relocation plans for the 52 higher risk areas, all home-based carers of Child Protection clients in OOHC across the state will receive a letter from the Department of Human Services. This letter will enclose CFA information and assessment tools and the details of a regional contact officer if they wish to discuss their situation. The letter will strongly encourage families to prepare for the summer fire season with reference to CFA assessment tools and their local community approaches.

#### *Community-based youth justice services*

The Department of Human Services will ensure client carers and clients aged 10–18 on community-based orders (with a place-of-abode condition associated with the order) who are residing in an area assessed as high risk by the CFA, will be provided with the general community information and advised to prepare a safety plan.

### *Disability services*

Clients and families living in their own homes will be provided with the CFA literature and tools to assist with individual planning and strongly encouraged to prepare for the summer fire season, with reference to CFA assessment tools and their local community approaches.

Support workers will assist with bushfire preparedness as with other activities of daily living and ensure clients' additional needs are considered in the local planning context.

### *Home and Community Care (HACC) services*

HACC clients are frail older people and younger people with moderate, severe or profound disabilities residing in the community.

The Department of Health has asked local governments, district nursing services and planned activity groups to prompt their clients and to provide the resources to develop emergency plans. HACC assessment services (local councils and district nursing services) and aged care assessment services are developing agreed indicators of vulnerability. Clients who meet these indicators will need more assistance in developing emergency management plans and the HACC assessment services have agreed to provide that assistance.

At the local level, the department is working with the Municipal Association of Victoria to identify the key worker for vulnerable clients who use multiple services. Local councils will use local networks of service providers to identify the most appropriate worker and then work with them to develop an emergency management plan for the individuals in their care. The department is encouraging the Commonwealth departments of Health and Ageing and Veterans' Affairs to take similar action with respect to their contracted service providers who have contact with vulnerable people in the community.

It is expected that the majority of clients will simply need to be prompted with information about how to care for themselves in heatwave conditions and be provided with the resources to develop an emergency management plan. It is expected they will take action on their own behalf, or with the assistance of relatives, to develop an emergency management plan and to care for themselves appropriately in a heatwave.

### *Other in-home services (mental health and alcohol and drug treatment/support)*

Clients and families living in their own homes will be provided with the CFA literature and tools to assist with individual planning and strongly encouraged to prepare for the summer fire season, with reference to CFA assessment tools and their local community approaches.

Support workers will assist with bushfire preparedness and ensure clients' additional needs are considered in the local planning context.

In a small number of cases, this individual planning may identify the need for further assistance. If requested, the departments will assist where possible with coordination and relocation of these individuals in conjunction with local councils.

### *Supported residential services (SRSs)*

All proprietors of these regulated services are required to identify their risk and prepare and plan for what they will do in a potential emergency situation, including Code Red warnings and declarations, or in an actual bushfire emergency.

SRSs will be provided with the department's assessment tools and CFA information to assist with their planning and will be strongly encouraged to prepare for the summer fire season, with reference to local emergency management planning processes.

Planning and response is the responsibility of the proprietors and managers of the service.

### *Other private health and residential aged care services*

Private health and residential aged care services will be provided with information regarding the CFA material (in collaboration with local governments) and offered the department's self-assessment tools.

## Summary

- Emergency management plans for all health and human services are being reviewed and updated as necessary, based on the outcomes of thorough planning and risk analysis.
- Consistent and rigorous local bushfire preparedness and response planning is being undertaken in a statewide context.
- Targeted and consistent direction, guidance, advice or information is being provided to departmental service delivery staff and external service provider partners.
- Departmental responses and the level of involvement in decision making will vary across and within program areas dependent on factors related to statutory responsibilities, legislative responsibilities, the responsibilities and roles of other levels of government and the nature of the relationship with external partners.
- The planning process for preparedness and response for clients and services will occur in the context of broader departmental, regional and local emergency management planning.

# General information for all health services

## **Emergency management responsibilities**

Under the existing state emergency management arrangements, the Department of Health has joint responsibility with the Department of Human Services for:

- emergency management recovery coordination
- public health emergency management
- state health emergency coordination and response.

Both departments have particular responsibility for aspects of the Victorian Government's bushfire preparedness, emergency response and recovery. They are also responsible for alerting the community to public health and mental health risks associated with bushfires.

The three aspects stated above are managed through a joint Health and Human Services Emergency Management capacity.

At a local level, local government has responsibility for:

- emergency planning including prevention, risk reduction and mitigation
- emergency response and recovery.

Emergency management planning occurs at national, state, regional and municipal levels through planning committees. Response begins at the municipal level and is escalated if local or state resources are insufficient.

It is important that these existing processes are utilised where possible and that the departments add value to these processes. This will ensure that health and residential services are connected into local government emergency management planning.

Local governments have varying capacity and resources to undertake these planning roles.

## **Programs/services in scope**

- Public sector health services (hospitals owned or funded by the department, including clinical mental health services within their organisation)
- Residential aged care owned or funded by the department
- Public sector mental health, alcohol and drug services funded by the department (including residential, community-based and non-residential services such as PDRS and in-home support)
- Public sector, centre-based day programs and community rehabilitation programs funded by the department
- Home and Community Care (HACC) services
- Supported residential services (SRSs)
- Private health and residential aged care services

### *Risk analysis/assessment (residential settings, day programs)*

In assessing the appropriate response to a Code Red forecast or a bushfire, a number of factors need to be considered:

- the nature of the threat – time, scope and proximity
- facility preparedness
- the location of the facility
- the current resident/patient profile – acuity, care needs
- the capacity to reduce resident numbers prior to the day
- the availability of suitable and safe alternative accommodation
- the availability of transport and road access

- safety to travel
- defendability of the facility and possible support from the CFA/MFB
- workforce and supplies availability.

### **Summer preparedness self-assessment tool**

The department distributed the *Summer preparedness self-assessment tool* to all public sector health and residential aged care facilities in early October 2009. **Departmental facilities are required to apply this tool** to help assess their risk profile. All other sites are advised to apply the tool.

The department is conducting a physical inspection of all department-owned facilities in the areas identified by the CFA as high risk, including the 52 higher risk areas.

### **Being prepared**

All organisations should identify their risk and plan and prepare for what they, as an organisation, will do in an actual or potential emergency.

This will require all departmental services within scope to consider the appropriate response to both:

- a Code Red forecast, where there is extreme heat and the *potential* of fire
- an actual fire event that may impact on the facility.

The CFA has identified 52 localities of higher fire risk across the state and is undertaking a process of implementing township protection plans (TPPs) for these townships. It is anticipated that health and residential services will be included in the TPP planning process. Services should ensure the needs of vulnerable groups are considered through active involvement in local emergency planning.

Clearly the 52 localities are not the only ones that may be impacted by a bushfire event and the CFA planning process may extend to other high-risk areas. In any event, these program guidelines for preparedness and response apply equally to all services.

### **Information for patients/clients**

Patients/clients will have varying levels of capacity to prepare personal plans and to respond to emergency situations.

Organisations are encouraged to assist clients to be aware of the need to be prepared, to plan for emergency events and to communicate with family, friends, neighbours and others as required. Further information is available at the CFA website at <[www.cfa.vic.gov.au](http://www.cfa.vic.gov.au)> and the Red Cross at <[www.redcross.org.au](http://www.redcross.org.au)>.

**This approach to preparedness and response applies equally to all services across the Victoria.**

# Public sector health services and residential aged care (owned or funded by the Department of Health)

## Program guideline

- The Department of Health will not mandate relocation.
- Decision making is best done at a local level in light of local conditions and resources.
- It is the responsibility of the boards and management of public health services or public hospitals and public sector residential aged care services to prepare and have appropriate emergency management plans.
- In advance of a Code Red day your facility plans – whether this includes planned relocation or remaining on site – should be conveyed to local government, the local CFA and departmental central and regional office as early as possible.

## Context

The Department of Health is preparing for potential emergency situations in the next summer season. These may occur as a result of bushfires and/or extreme weather events.

This program guideline provides a broad framework for the boards and management of public sector bed-based health and residential aged care services to help them plan, prepare for and respond to an actual or potential bushfire.

\*Targeted information and advice will be provided separately from this document to proprietors and managers of supported residential services.

## Roles of the department and health/residential aged care services

The Department of Health will not mandate relocation. Decision making is best done at a local level in light of local conditions and resources. Decisions regarding relocation (if assessed as the best option) need to be made early.

It is the responsibility of public health services or public hospital boards and management to: prepare appropriate emergency management plans; make informed decisions, including planned early relocation in response to Code Red days or evacuation in the event of imminent fire; and continue to deliver appropriate care.

The department is conducting a physical inspection of all department-owned facilities in locations identified by the CFA as high risk, including the 52 higher risk areas.

## Service management responsibilities

Victorian public health services or public hospitals are services as defined in the *Health Services Act 1988*. They are at arm's length from government, have separate legal status and are not part of the Crown. The objectives of health services are specified in by-laws and include ensuring high-quality health care and that they are efficiently managed and meet community needs.

Regulation and funding of residential aged care is primarily the responsibility of the Commonwealth Government. The Commonwealth defines an 'approved provider' as the operator/manager of the residential aged care service (RACS). The approved provider is responsible for the care and management of residents.

The Commonwealth legislation requires approved providers to have emergency management plans in place, to exercise judgement in decision making and to take responsibility for their residents and staff.

The majority of public sector residential aged care services (PSRACS) are part of a Victorian public health service. Therefore, these services are the responsibility of the board of governance and the health service's senior management. (A small number of these services are incorporated associations and have their own boards of management.)

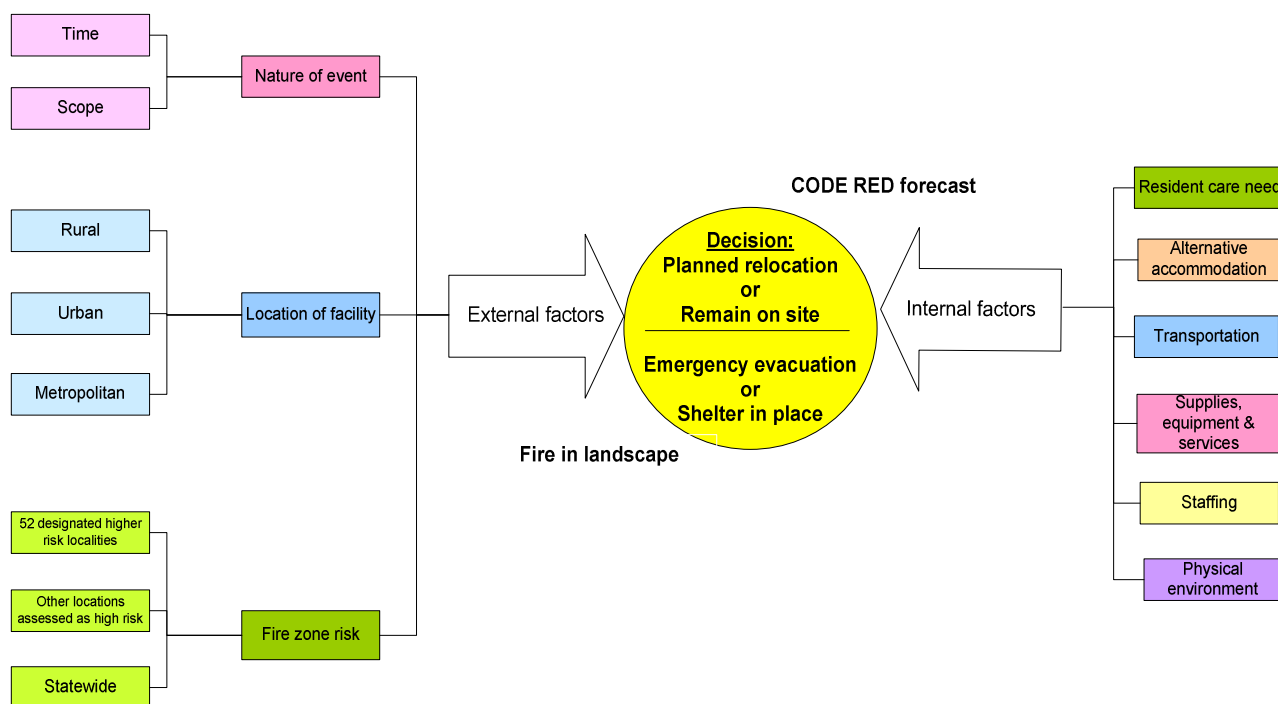
A national paper endorsed by the Commonwealth and State/Territory Ministerial Conference on Ageing in September 2009 outlines the respective roles of the different levels of government (state and Commonwealth) in working with RACS providers to manage emergency events.

The state has an expected role to assist RACS (and other residential services) as part of its emergency response and recovery responsibilities. The paper also spells out the specific aged-care-related roles of the Commonwealth.

The Commonwealth’s responsibilities include:

- assisting providers to build their capacity to respond
- monitoring the providers’ care of residents during and after an emergency
- supporting providers to access suitable alternative accommodation
- responding to resident, family and provider queries
- assisting with funding where required.

The following diagram depicts a recommended decision pathway for services facing a bushfire event.



Health services/PSRACS should have bushfire preparedness plans in order to carry out their obligations to their residents/patients and staff. There are difficult issues to consider in making a decision to relocate or stay, particularly in the pre-emptive stage in advance of Code Red weather alerts.

In exercising obligations in relation to high-dependency residents/patients in residential services, service operators also need to be aware of the impacts of their planning on decision making by the individuals concerned, and the views of family. Reasonable measures should be taken to ensure that residents/patients and family understand what a facility’s plans are and that these are communicated in a way that does not interfere with the rights of residents/patients to make their own decisions (or their guardian to do so).

Plans need to be communicated to local authorities as part of the municipal emergency management planning process and, in CFA-identified higher risk areas, through township protection planning.

In line with previous fire seasons, if requested, the department will assist *where possible* with coordinating the relocation of residents/patients in conjunction with the Commonwealth Department of Health and Ageing (destination accommodation for residential aged care

residents) and Ambulance Victoria (specialised transport). For the 2009–10 fire season, an operational guideline will be in place to ensure any relocation occurs in a coordinated way.

### **Preparing for Code Red days**

Under the new national warning system for bushfires, days meeting particular weather conditions may be declared a Code Red forecast. This does not mean that an actual fire event will take place, but emphasises the high risk of fire in particular areas.

For vulnerable groups of residents/patients, it may not be considered feasible or desirable to carry out 'pre-emptive' relocations in advance of an actual event as a general rule. (This is due to the implications for resident health, paucity of alternative accommodation on a wide scale, insufficient transport to relocate a number of facilities at one time and so on.) However, local planning, risk assessment and decision making for an individual facility – particularly if located in one of the 52 higher risk areas – may mean pre-emptive relocation is the preferred emergency planning response.

Boards of management and CEOs need to determine their relocation decisions well in advance, due to the frailty/special needs of the residents and patients, and availability of resources. It is a time-consuming process to relocate larger numbers of people, and their care needs can be significantly impacted by weather conditions and where they are evacuated to. For health facilities, consideration needs to be given to the flow-on effects of elective relocation, including how acute services can be maintained, the possibility of incoming casualties, and threats to business continuity/operations.

Facility plans – whether this includes planned relocation or remaining on site – should be conveyed to local government, the local CFA and departmental central and regional offices *in advance of a Code Red day*.

#### *Do early (as part of preparation)*

- Board and senior management confirm their position and plan.
- Ensure the plan is understood by departmental regional management, staff, residents and family.
- Communicate planned actions to the relevant emergency planning authorities.
- Ensure necessary staffing and supplies are arranged.
- Review all emergency management plan actions.

#### *Three days prior (and/or when a forecast/warning is issued)*

- Activate the plan and begin preparations. This may include starting to relocate residents if this is part of the plan.
- Confirm accommodation destination and transport arrangements.
- Update communications with residents, families and staff.
- Liaise with the department's regional office.

#### *One day prior*

- Implement relocation plans (during daylight hours)  
*or*
- Review readiness for staying in place and responding to a fire event if necessary.

### **Evacuation in response to a bushfire event**

Facilities may need to evacuate when an actual fire event threatens.

Planning ahead for every bushfire emergency scenario is not possible. Circumstances may be localised or regional in nature, and the speed at which an emergency may unfold will vary greatly. Planning should be undertaken in the days preceding a day of high fire risk in order to be prepared for a possible emergency evacuation.

Decisions will be best made at the local level and in conjunction with the relevant local

authorities. It should be a point-in-time decision based on local information.

The local incident controller will have responsibility to ensure warnings are disseminated to communities at risk. A facility that is impacted by fire but has decided to remain on site or no longer has the time or capacity to evacuate should ensure the Incident Control Centre is aware of their situation to enable decisions to be made regarding resources for site defence.

Health services and residential aged care services will need to advise (as early as possible) the department's Regional Emergency Operations Centre or the central Health and Human Services Emergency Coordination Centre of the:

- current situation and decision-making triggers
- need for coordinating specialised transport with Ambulance Victoria.

Residential aged care facilities will also need to advise the Commonwealth Department of Health and Ageing about the proposed relocation so they can help source alternative accommodation options appropriate to residents' needs.

# Public sector mental health and alcohol and drug services

## Program guideline

- The Department of Health will not mandate relocation.
- Decision making is best done at a local level in light of local conditions and resources.
- It is the responsibility of the boards and management of services to prepare and have appropriate emergency management plans.
- In advance of a Code Red day your plans – whether this includes planned relocation or remaining on site – should be conveyed to local government, the local CFA and departmental central and regional offices as early as possible.

## Context

The Department of Health is preparing for potential emergency situations in the next summer season. These may occur as a result of bushfires and/or extreme weather events. This program guideline provides a broad framework for public sector mental health and alcohol and drug services to help them plan, prepare for and respond to an actual or potential bushfire.

It applies to public health services or public hospitals and community service organisations.

## Roles of the department and sector agencies

The Department of Health will not mandate relocation. Decision making is best done at a local level in light of local conditions and resources. Decisions regarding relocation (if assessed as the best option) need to be made early.

It is the responsibility of agency boards and management to: prepare and have appropriate emergency management plans; make informed decisions, including planned early relocation in response to Code Red days or evacuation in the event of imminent fire; and continue to deliver appropriate care.

The department is conducting a physical inspection of all department-owned facilities in the locations identified by the CFA as high risk, including the 52 higher risk areas.

## Service types in scope

### 1. Mental health and drug residential facilities (large)

- Mental health services – this includes the 24-hour and non-24-hour staffed adult residential rehabilitation facilities and supported accommodation programs.
- Alcohol and drug services – this includes all 24-hour staffed services providing treatment and support to people with problematic substance use issues (eight-bed or larger).

### 2. Mental health and drug residential (home-like)

- Mental health services – youth residential rehabilitation programs including the 24-hour and non-24-hour staffed programs.
- Alcohol and drug services – less than eight beds, smaller residential youth and adult alcohol and drug services, for example, Tabor House, Nova House and Coulter Street.

### 3. Non-residential mental health and drug programs (community-based day services)

- A number of community-based programs operate across Victoria. These include: psychiatric disability and rehabilitation support (PDRS) day programs; youth alcohol and other drug day programs; and intensive community alcohol and drug rehabilitation, counselling and support services that are generally staffed during weekday business hours.



consider in making a decision to relocate or stay, particularly in the pre-emptive stage in advance of Code Red weather alerts.

Exercising obligations in relation to high-dependency residents/patients in residential services, service operators also need to be aware of the impacts of their planning on decision making by the individuals concerned, and the views of family. Reasonable measures should be taken to ensure residents/consumers and family understand what a facility's plans are and that these are communicated in a way that does not interfere with the rights of residents/consumers to make their own decisions (or their guardian to do so).

Plans need to be communicated to local authorities as part of the municipal emergency management planning process and, in CFA-identified higher risk towns, through township protection planning. If requested, the department will assist, *where possible*, with coordinating relocation of residents/patients. For the 2009–10 fire season, an operational guideline will be in place to ensure any relocation occurs in a coordinated way. Agencies are to be aware of restrictions on the availability of assistance from services such as the CFA and Ambulance Victoria during bushfires.

### **Particular considerations for these client groups**

Services and facilities should exercise judgement in planning and decision making to take responsibility for their consumers/clients (residents, inpatients and outpatients) and staff in the event of fire. Services should have comprehensive bushfire emergency management plans that take account of any vulnerabilities or special needs of staff and consumers/clients.

Consideration should be given to any risks associated with relocating clients and the appropriateness of alternative accommodation within community settings.

Services and facilities are to ensure all clients, staff and, where appropriate, carers and significant others, are aware of emergency management plans including any relocation plans. Services and facilities are to ensure staff and clients are made aware of the plans at induction/intake to the service in a manner that reassures rather than alarms.

Agencies must discharge their duty of care responsibility to vulnerable clients living in the community who may not have an appropriate emergency plan, access to suitable transport or require support to relocate/evacuate. It is advisable that collaborative individual service planning specifically include planning for safety and continuity of care.

Consideration is to be given to involving management, staff, consumers/clients and carers in the development of emergency and relocation plans to ensure the wishes and needs of interested stakeholders are met.

It is the agency's responsibility to ensure bushfire emergency and relocation plans are reviewed and updated regularly and that they are communicated routinely as appropriate to consumers and their families.

Developing, reviewing and amending plans should be completed within current resources.

### **Preparing for Code Red days**

Under the new national warning system for bushfires, days meeting particular weather conditions may be declared a Code Red forecast. This does not mean an actual fire event will take place, but emphasises the high risk of fire in particular areas.

For this vulnerable group of residents/consumers, it may not be considered feasible or desirable to carry out 'pre-emptive' relocations in advance of an actual event as a general rule. (This is due to the implications for resident health, paucity of alternative accommodation on a wide scale, insufficient transport to relocate a number of facilities at one time and so on.) However, local planning, risk assessment and decision making might determine pre-emptive relocation as the preferred strategy.

Boards of management and CEOs need to determine their relocation decisions well in advance due to the special needs of residents and the availability of resources. It is a time-consuming process to relocate larger numbers of people, and their care needs can be significantly impacted by weather conditions and where they are evacuated to.

For health facilities, consideration needs to be given to the flow-on effects of elective relocation, including how acute services can be maintained, additional demand can be met, and threats to business continuity/operations can be managed.

Facility plans – whether this includes planned relocation or remaining on site – should be conveyed to local government, the local CFA and departmental central and regional offices *in advance of a Code Red day*.

### **Evacuation in response to a bushfire event**

Facilities may need to evacuate when an actual fire event occurs.

Planning ahead for every bushfire emergency scenario is not possible. Circumstances may be localised or regional in nature, and the speed at which an emergency may unfold will vary greatly. Planning should be undertaken to be prepared for a possible emergency evacuation scenario.

Decision making will be best made at the local level and in conjunction with the relevant local authorities. It should be a point-in-time decision based on local information.

The local incident controller will have responsibility to ensure warnings are disseminated to communities at risk. A facility that is impacted by fire but has decided to remain on site or no longer has the time or capacity to evacuate should ensure the Incident Control Centre is aware of their situation to enable decisions to be made regarding resources for site defence.

Mental health and alcohol and drug residential services will need to advise (as early as possible) the departmental Regional Emergency Operations Centre and the central Health and Human Services Emergency Coordination Centre of their:

- situation and decision-making triggers
- need for coordination of specialised transport with Ambulance Victoria.

# Public sector day programs and centre-based community rehabilitation programs

## Program guideline

- The Department of Health will not mandate cessation of service.
- Decision making is best done at a local level in light of local conditions and resources.
- It is the responsibility of the boards and management of services to prepare and have appropriate emergency management plans.
- In advance of a Code Red day your plans should be conveyed to local government, the local CFA and departmental central and regional offices as early as possible.
- In cases where statutory clients are unable to attend programs due to cancellation or relocation, it will be necessary to inform the relevant statutory body.

## Context

The Department of Health is preparing for potential emergency situations in the next summer season. These may occur as a result of bushfires and/or extreme weather events.

The department has developed this policy guideline to help organisations that deliver non-bed, community-based health and aged care services from a centre, including community rehabilitation programs, to plan, prepare for and respond to an actual or potential bushfire.

It applies to day programs provided by public mental health services or public hospitals and community service organisations.

## Roles of the department and sector agencies

The Department of Health will not mandate closure or cessation of services. Decision making is best done at a local level in light of local conditions and resources. Decisions regarding closure or cessation of service (if assessed as the best option) need to be made early.

It is the responsibility of agency boards and management to: prepare appropriate emergency management plans; make informed decisions, including planned early relocation in response to Code Red days or evacuation in the event of imminent fire; and continue to deliver appropriate care.

The department is conducting a physical inspection of all department-owned facilities in areas identified by the CFA as high risk, including the 52 higher risk areas.

## Service management responsibilities

Ultimately, decisions on how to act in specific circumstances on specific days are a matter for the leadership of each organisation, taking into account local factors including:

- the organisation's role in local bushfire and emergency management plans
- the location, nature and operation of each facility
- the nature of specific services (including outreach services to locations that may involve a different level of risk from the base facility)
- the vulnerability of clients
- staffing considerations, including the possibility that staff may be unavailable as a result of implementing personal fire plans or because conditions prevent access between their homes and the facility.

## Being prepared

All organisations should identify their risk and prepare and plan for what they, as an organisation, will do in an emergency or extreme weather event.

Plans should consider the local planning arrangements in each local government area. It is important to talk with the local council about appropriate responses and key contacts in the event of an emergency.

Plans should be well considered, understood and practised by the managers and staff to ensure they are well prepared to implement the plan in the event it is necessary.

### **Summer preparedness self-assessment tool for health services**

The department has developed a self-assessment tool to assist services in their preparation (see General information section).

While some questions in the *Health services – Summer preparedness self-assessment tool* apply only to bed-based services, most apply to all services and facilities and provide a good checklist for testing the comprehensiveness of organisations' preparedness and planning for the summer.

The department will also develop other resources to help improve bushfire preparedness.

### **Preparing for Code Red days**

Under the new national warning system for bushfires, days with particular weather conditions may be declared a Code Red forecast. This does not mean an actual fire event will take place but emphasises the high fire risk to particular areas.

It is strongly recommended that all services operating centre-based community services, day programs and community rehabilitation programs from sites that the organisation has assessed as being at high risk develop a plan for ceasing services at those sites and make a decision whether to activate that plan by midday on the day prior to a predicted Code Red day.

The plan should clearly indicate arrangements for communicating planned cessation of services to clients with appointments and to staff. Clients, potential clients and staff need to be made aware that services may cease at certain sites on Code Red days.

The following trigger points are recommended:

- **At the earliest warning** of a predicted Code Red day an organisation that assesses its risk as high for that event should consider enacting its early cessation of services plan. The plan should include what will be communicated to clients, carers and staff about potential early closure at this point. Organisations will need to consider whether they schedule any new appointments at affected sites from this time for the predicted Code Red day and, if they do, to ensure that clients, carers and staff are aware that such appointments may need to be cancelled or relocated at short notice.
- **Three days prior** to a predicted Code Red day an organisation that assesses its risk as high for that event should ensure that service recipients, carers and staff are aware of their plans.
- **One day prior** to a predicted Code Red day an organisation that assesses its risk as high for that event should make a final decision by midday. To avoid any confusion, organisations should not change that decision even if the weather prediction is subsequently revised. Organisations should communicate the final decision on cessation of services at a site to clients, carers and staff. This will include relocating or rescheduling appointments.

*In cases where statutory clients are unable to attend programs due to cancellation or relocation, it will be necessary to inform the relevant statutory body.*

Organisations are encouraged to advise the department's regional office and the local emergency management key contacts of their plans at each of the trigger points.

### **Evacuation in response to a bushfire event**

Irrespective of any plans in place, conditions may change on a given day and facilities may need to evacuate when, for example:

- directed by local fire and emergency authorities or departmental emergency management staff
- they are at risk of danger from an active fire
- poor air quality or problems with water supplies are a threat to the wellbeing of clients or staff.

It should be a point-in-time decision. The local incident controller will have responsibility to ensure warnings are disseminated to communities at risk. A facility that is impacted by fire but has decided to remain on site or no longer has the time or capacity to evacuate should ensure the Incident Control Centre is aware of their situation to enable decisions to be made regarding any available resources for site defence.

# Home and Community Care (HACC)

## Program guideline

- The Department of Health will provide information to raise awareness of the risk of fires and the need to be prepared.
- The department will also provide resources to service providers to assist and support HACC clients in planning for the summer season.

### Context

The Department of Health is preparing for potential emergency situations in the next summer season. These may occur as a result of bushfires and/or extreme weather events.

This program guideline provides a broad framework for organisations providing Home and Community Care (HACC) services to prepare for and respond to a bushfire.

HACC providers support a diverse client group of frail older people and younger people with moderate, severe or profound disabilities and their carers.

It is expected that most people in this group will simply need to be prompted with information about how to care for themselves in heatwave conditions and be provided with information about how to develop a personal emergency management plan. It is expected that they will take action on their own behalf or with the assistance of relatives, friends or neighbours to develop a personal emergency management plan and to care for themselves appropriately in a heatwave.

**Services should prompt clients to take this action and supply them with relevant information (see the list of resources below). The department will provide further information to support people in the community as it becomes available.**

Organisations should work with their staff to ensure they have the resources they need to have a discussion with clients about summer planning.

Organisations should encourage their staff to prompt all clients to identify their risk, to plan for what they will do in an emergency or extreme weather event and to discuss their plan with family, friends and neighbours so that it is realistic and able to be implemented.

HACC-funded, group-based activity providers should consider hosting group discussions about how to plan and prepare for summer. Providers can use the resources available (see below) to structure the discussion and provide copies for clients if appropriate.

### Additional resources

The following bushfire preparedness resources are readily available.

- [www.health.vic.gov.au/bushfires](http://www.health.vic.gov.au/bushfires): this website has information about preparing for summer from both a service provider and client perspective.
- *Living in the bush, bushfire survival plan workbook*: this is a workbook to help individuals prepare for bushfire and can be found at <<http://www.cfa.vic.gov.au/residents/summer/litb-workbook.htm>>.
- *Emergency REDiPlan: Household preparedness for seniors*: this is a resource to help people be better prepared in case of any emergency. It is targeted particularly to older people and can be found at <[http://www.redcross.org.au/ourservices\\_acrossaustralia\\_disasteremergencyservices\\_default.htm](http://www.redcross.org.au/ourservices_acrossaustralia_disasteremergencyservices_default.htm)>. The Red Cross is prepared to train service staff in how to help clients use the plan.

### Vulnerable people requiring additional support

There is a small group of vulnerable people in the community who may be unable to effectively prepare and plan for an emergency.

Organisations should consider identifying their most vulnerable clients using the following indicators:

- social isolation
- some level of cognitive impairment
- living in a high-risk area.

'Vulnerability' is used in the sense that people with these characteristics may be unable to develop an emergency management plan for themselves.

Flags for social isolation include some or all of the following characteristics:

- living alone with no co-resident carer
- having no next of kin identified in their client record
- needing an interpreter
- a client of the HACC Response Service
- a community connection client
- no family/friends or social networks nearby
- no near neighbours or no neighbours they have a connection with.

Some of these flags will be available from client records. Others, such as cognitive impairment or the level of risk in the person's environment, may only be available through the knowledge of assessment staff or direct care workers. Agencies should consider contacting people who fit this profile to check the status of their emergency plan. Non-designated HACC assessment services can refer such clients to their local HACC assessment service.

Agencies designated as HACC assessment services and Linkages case managers can use the HACC program resources to work with these clients to develop their emergency management plans.

Note that in assisting these clients to develop their emergency management plans, the focus needs to be on connecting them with their neighbours and/or reconnecting them with family or friends who can offer assistance in an emergency.

### **Identifying 'vulnerable' people**

People who have the characteristics of vulnerability in this context can be identified by a range of assessment staff and services working with this client group in the community. They may come to the notice of aged care assessment teams, community health centres, district nursing services, packaged care providers or other community service organisations. The key issue for all providers is to check whether the person has a personal emergency management plan.

### **Identifying key workers**

Local network meetings, whether Primary Care Partnership service coordination working groups or planning groups, are useful for determining who will be the key worker for vulnerable people using multiple services.

## Appendix: 52 higher risk areas by departmental region

### **Barwon-South Western**

Aireys Inlet (Aireys Inlet/Mogg Creek/Fairhaven)  
Angelsea  
Barongarook  
Barwon Downs  
Bolwarra  
Breamlea  
Carlisle River  
Deans Marsh  
Dunkeld  
Forrest  
Jan Juc  
Kawarren  
Laver's Hill  
Lorne  
Marengo  
Nelson  
Peterborough  
Wye River (Wye River/Kennett River/Separation Creek)

### **Eastern**

Dandenong Ranges 3  
Dandenong Ranges 4  
Dandenong Ranges 5  
Warrandyte/North Warrandyte\*  
Dandenong Ranges 1\*  
Dandenong Ranges 2\*

### **Gippsland**

Anderson Inlet (Inverloch, Venus Bay, Walkerville)  
Bemm River  
Cann River  
Loch Sport  
Mallacoota  
Noojee  
Sandy Point

### **Grampians**

Blackwood  
Creswick  
Daylesford  
Dereel  
Greendale  
Halls Gap  
Hepburn  
Mt Helen/Mt Clear  
St Arnaud  
Steiglitz  
Trentham

### **Loddon Mallee**

Bendigo  
Castlemaine  
Eaglehawk  
Junortoun  
Kangaroo Flat  
Macedon  
Maiden Gully  
Mount Macedon  
Woodend

### **Southern\***

Blairgowrie  
Cockatoo  
Gembrook  
Rye/St Andrews  
Upper Beaconsfield

#### \*Notes

- No higher risk areas identified by the CFA in Hume region.
- Dandenong Ranges 1 and 2 are part of both Eastern and Southern metropolitan regions.
- Warrandyte/North Warrandyte are part of both Eastern and North & West metropolitan regions. No other higher risk areas identified in North & West metropolitan region.