



SEMC Policy Statement  
Policy Number: 1/2015  
Issued: January 2015

# Emergency Management Framework for Vulnerable People

---

<b>Issue:</b>	Version 1.0
<b>Issuing Authority:</b>	The Emergency Management Framework for Vulnerable People is a policy issued by the State Emergency Management Committee (SEMC)
<b>Review:</b>	This policy will be reviewed after two (2) years unless there is a requirement for earlier review
<b>Approval Authority:</b>	Commissioner of Tasmania Police State Emergency Management Controller
<b>Approved:</b>	
<b>Issue Date:</b>	21 January 2015
<b>Review Date:</b>	January 2017

## Contents

Section 1 – Introduction .....	3
Authority.....	3
Purpose.....	3
Scope .....	3
Definitions.....	4
Background .....	4
Section 2 – Principles .....	6
Leadership and Coordination .....	6
Supporting and Encouraging Preparedness.....	6
Communication.....	7
Building Networks and Cross-Sector Partnerships.....	7
Determining the Scope and Scale of Essential Need Requirements .....	7
Information Sharing.....	7
Section 3 – Application of the Framework.....	8
Understanding Vulnerability.....	8
Business Continuity .....	8
Regional and Municipal Emergency Management Committees.....	9
Government Agencies .....	9
Section 4 – Access, Information Sharing and Key Messages .....	11
Access to Service Providers in an Emergency.....	11
Information Sharing.....	11
Key Messages to Vulnerable People and Special Facilities .....	12
Section 5 - Appendices .....	13
Appendix A – Potentially Vulnerable Groups, Risk Factors, Special Considerations and Linked Organisations .....	13
Appendix B – Regional and Municipal Emergency Management Committees - Planning.....	22
Appendix C – Government Agencies - Roles and Responsibilities .....	23
Appendix D – Register Considerations for Plans.....	26
Appendix E – Sharing of Information .....	27
Appendix F – Communication Strategies.....	28
Appendix G – Linkages and Further Reading .....	30

## Section 1 – Introduction

### Authority

- 1.0 The Emergency Management Framework for Vulnerable People is a policy issued under the authority of the State Emergency Management Committee in accordance with section 9 of the *Emergency Management Act 2006*.

### Purpose

- 1.1 The Emergency Management Framework for Vulnerable People (the Framework) is a state wide policy framework to assist in the development and maintenance of emergency management arrangements that:
- a. consider and prioritise the essential needs of vulnerable people before, during and after an emergency; and
  - b. enable service providers to readily identify, locate and communicate with vulnerable people in an emergency.

### Scope

- 1.2 The Framework is to be read in conjunction with the *Emergency Management Act 2006* (the Act) and the *Tasmanian Emergency Management Plan (TEMP)*. These describe the all hazards emergency management arrangements in Tasmania for prevention and mitigation, preparedness, response and recovery (PPRR). The Act and TEMP also outline roles and responsibilities of Management Authorities and Recovery organisations across the PRRR spectrum. During the response phase of an emergency, responsibilities for the response to specific hazards, including dissemination of emergency warnings and public information, are the responsibility of the designated Response Management Authority.
- 1.3 The definitions in the Act and TEMP apply to the Framework.
- 1.4 The Framework is consistent with the *National Strategy for Disaster Resilience* and the State Emergency Management Committee (SEMC) Strategic Directions Framework.
- 1.5 The Framework is to be implemented consistent with the key objectives of *the National Disability Strategy 2010-2020* as specified in the *National Partnership Agreement on Natural Disaster Resilience*.
- 1.6 The intent of the Framework is to provide high-level guidance and flexibility for all stakeholders to develop policies, plans and arrangements that are suitable for the needs of vulnerable people within their sector of responsibility.
- 1.7 The Framework applies to all levels of government, and stakeholders with statutory responsibilities or other duties for vulnerable people and/or emergency management planning, response and recovery. This includes Government Agencies and State Authorities as specified in Schedule 1 *State Service Act 2000*, Municipal Councils, Statutory Authorities, Management Authorities and Emergency Management Committees. It also applies to service providers that are funded by government agencies to provide services, care or support to vulnerable people.
- 1.8 Reference to ‘government agency’ or ‘government agencies’ in this policy is intended to include: Government Agencies, State Authorities and Municipal Councils.

- 1.9 The Framework is intended to focus on a clearly defined group within the community and does not seek to address all 'at-risk' individuals.

## Definitions

- 1.10 For the purposes of the Framework, the following additional definitions are applied:

### 1.11 **Vulnerable Person in an Emergency:**

A person who:

- a. is known to be reliant on external support from agencies, service providers, caregivers or community networks due to a dependency, disability or limitation that affects their capacity to prepare for, respond to, and/or recover from an emergency; and
- b. cannot identify or access personal or community support networks to help them in an emergency or have exhausted their usual support networks and resources.

### 1.12 **Special Facility**

Those facilities that house or service individuals that cannot care for themselves during an emergency or require special support services. These include:

- schools and child care centres;
- hospitals, aged care and community residential facilities; and
- correctional facilities.

## Background

- 1.13 Since 2009 there has been an increased awareness of the importance of addressing the needs of vulnerable people during an emergency. The recommendations of the Victorian Bushfires Royal Commission (VBRC) served to highlight the need nationally.

- 1.14 Between late January and February 2009, Victoria was impacted by catastrophic bushfires and the VBRC was established to investigate the causes and responses to the bushfires. The VBRC gave considerable attention to the issue of vulnerable people living in the community and highlighted recommended changes, including:

- document in local plans facilities where vulnerable people are likely to be situated;
- compile lists of vulnerable residents who need tailored advice of a recommendation to evacuate and provide it to local police and anyone else with pre-arranged responsibility for helping vulnerable residents evacuate; and
- encourage vulnerable people to relocate early.

- 1.15 In Tasmania, the Tasmania Fire Service responded to the VBRC recommendations by working towards developing Community Protection Plans for all bushfire-prone areas. These plans include the location of special facilities, key locations where vulnerable people are likely to frequent and other vulnerable high-value assets; however, these arrangements are confined to bushfires, are not applicable in an all hazard contexts and have not been completed for all areas at this time.

- 1.16 In December 2011, the Council of Australian Governments (COAG) agreed to the *National Strategy for Disaster Resilience* (the Strategy). The Strategy outlined a new

approach to emergency management that focuses on the Australian community accepting a shared responsibility to prevent, prepare, respond to and recover from natural disasters. The key messages of the Strategy are:

1. *disasters will happen* - Natural disasters are inevitable, unpredictable and significantly impact communities and the economy;
2. *disaster resilience is your business* - Governments, businesses, not-for-profit, communities and individuals all have a role to play and to be prepared;
3. *connected communities are resilient communities* - Connected communities are ready to look after each other in times of crisis when immediate assistance may not be available;
4. *know your risk* - Every Australian should know how to prepare for any natural disaster;
5. *get ready, then act* - Reduce the effects of future disasters by knowing what to do; and
6. *learn from experience* - We reduce the effects of future disasters by learning from past experiences.

1.17 In 2012 the SEMC recognised that having arrangements in place for identifying and supporting vulnerable people in an emergency was a significant issue that needed to be addressed. Subsequently, the SEMC endorsed the development of a Framework for Vulnerable People as an SEMC priority. In 2013 the Management of Vulnerable People in the Community Project commenced under the governance of SEMC.

1.18 In early 2013 catastrophic bushfires affected parts of Tasmania. Following a review of those fires, the 2013 Tasmanian Bushfires Inquiry Report included a recommendation that a state-level policy on evacuation be developed in the emergency management plans, including specific requirements for vulnerable people.

1.19 The *National Partnership Agreement on Natural Disaster Resilience* (the Agreement) was signed by the Commonwealth, States and Territories (referred to as the Parties) which outlines roles and responsibilities of the Parties with the primary objective of enhancing Australian communities' resilience to natural disasters. That Agreement requires that:

- it is to be implemented consistently with the objectives and outcomes of all National Agreements and National Partnerships, agreed by the Parties; and
- the implementation of the *Strategy* is to be consistent with the key objectives of *the National Disability Strategy 2010-2020* which seeks to improve the lives of people with disabilities, promote participation, and address the issue of social inclusion.

## **Section 2 – Principles**

### **Primary Responsibility**

- 2.1 Individuals, families and the local community have primary responsibility for their own safety, care and support relating to emergency planning, preparedness, response and recovery from an emergency.
- 2.2 Government agencies, special facilities, service providers and individual carers that have day-to-day responsibilities to provide guardianship, care, and/or support to vulnerable people maintain those responsibilities during and after an emergency.
- 2.3 Owners and operators of special facilities have primary responsibility for emergency planning, preparedness, response (including decision making, communication and evacuation) and recovery relating to those special facilities.
- 2.4 The higher the level of foreseeable vulnerability, the more comprehensive the emergency planning, preparedness, response and recovery activities are expected to be provided.

### **Leadership and Coordination**

- 2.5 It is widely recognised that non-government organisations (NGOs) and community groups have significant capabilities and play an important role during emergency response and recovery. This includes assisting:
  - a. to identify and support vulnerable people during an emergency; and
  - b. the delivery of targeted and tailored emergency warnings and public information to vulnerable people.
- 2.6 Government agencies with statutory responsibilities or other duties for the delivery of services to vulnerable people must take a leadership role in identifying, encouraging, and supporting NGOs and community groups within their sector of responsibility to contribute to, and accept responsibilities for, local emergency management planning, response and recovery activities.

### **Supporting and Encouraging Preparedness**

- 2.7 Vulnerable people, their caregivers and families have a responsibility to plan for and to take action to protect and support themselves in an emergency; however, enabling this requires access to suitable information and advice about the potential hazards and risks and information about emergency planning.
- 2.8 Government agencies, NGOs and community groups with links to vulnerable people, play a key role in building their level of independence and self-resilience by assisting and encouraging vulnerable people to undertake emergency planning for 'likely' emergencies and to develop family, neighbourhood and local networks that can support them in an emergency.

## **Communication**

- 2.9 Communicating emergency warnings and public information requires targeted and tailored advice being provided to vulnerable people and special facilities as early as possible, and delivered in a manner that is accessible to the range of vulnerable people and in a form that can be understood by these individuals.
- 2.10 Emergency warnings and public information issued by the Response Management Authorities can be tailored to vulnerable people by considering communication strategies that consider key NGOs and community groups with pre-arranged responsibilities for – or links to – vulnerable people.

## **Building Networks and Cross-Sector Partnerships**

- 2.11 No single government agency can provide all of the expertise needed for comprehensive planning for the essential need requirements for vulnerable people. Therefore the development of strong and resilient emergency management arrangements for vulnerable people relies on networking and engagement between the emergency management sector, key government agencies, non-government service providers and community groups.

## **Determining the Scope and Scale of Essential Need Requirements**

- 2.12 Effective emergency management planning and arrangements for vulnerable people and special facilities requires a shared understanding of the 'potential' scope and range of the essential needs of vulnerable people and special facilities. Enablers include identifying the limitations, disabilities and dependencies that can make a person vulnerable in an emergency and considering the resources, equipment, transportation and medical supplies that are likely needed to support vulnerable people before, during and after an emergency.

## **Information Sharing**

- 2.13 The timely sharing of information is critical to readily identify, locate, communicate with and support vulnerable people in an emergency. Arrangements to share personal or sensitive information between those individuals, government agencies and NGOs that have a 'need to know' during an emergency, need to be established before an emergency occurs.

## Section 3 – Application of the Framework

### Understanding Vulnerability

- 3.1 Evacuation planning for vulnerable people will require engagement with service providers and community groups that provide services, care and/or support to vulnerable people as they have well established links and expert knowledge about where they are located and their essential needs and personal support requirements during an emergency.
- 3.2 Understanding vulnerability means:
- a. identifying who is potentially vulnerable and the likely hazards and circumstances that makes them vulnerable;
  - b. identifying where they are likely to be located; and
  - c. identifying the essential needs and assistance required to communicate with, and support vulnerable people in an emergency, before an emergency occurs.
- 3.3 The majority of vulnerable people are likely to be known to existing service providers; however, there will be some who may be less well-known (e.g. tourists, isolated individuals, those not engaging with service providers and the homeless). By liaising with service providers and other stakeholders, emergency planners should be able to establish the scope and scale of those in potential need and prioritise resources, equipment, transportation and necessary ongoing care needs.
- 3.4 All government agencies and service providers for vulnerable people should:
- consider their obligations under Acts, Regulations and guidelines, both mandatory and voluntary in undertaking their emergency management planning, preparedness and decision making. These include: Commonwealth and State legislation, funding Agreements, contractual arrangements, Australian Standards and Compliance and Accreditation Standards;
  - be aware of the risks and external hazards that may impact their clients, services and continuity of service delivery; and
  - have in place appropriate emergency structures, plans and policies to fulfil their statutory duties pursuant to the *Work Health and Safety Act 2012* and *Work Health and Safety Regulations 2012*.
- 3.5 A list of potentially vulnerable groups, their risk factors, essential needs and those organisations that potentially may be able to identify vulnerable people is detailed at *Appendix A*.

### Business Continuity

- 3.6 Relates to those policies, plans, procedures and communication systems that enable organisations to withstand the impact of an emergency and maintain core service activities during and after an emergency. This will entail: understanding the organisations core functions and critical activities, assessing and recognising the organisations capacity and capabilities, prioritising the organisations services and activities, and then building organisational resilience.
- 3.7 Government agencies with responsibilities for the delivery of services, care or support to vulnerable people should take steps to ensure that emergency management is

embedded into normal service delivery activities and that they have in place suitable plans and arrangements for continuity of services and care to vulnerable people during and after an emergency, as far as reasonably practicable.

- 3.8 Government agencies and funding bodies should encourage special facilities, NGOs and community groups within their sector of responsibility to undertake appropriate business continuity management planning.
- 3.9 Non-government service providers providing community care, aged care or disability services are expected to have in place appropriate business continuity plans which consider the continuation of care and services to their care recipients during and after an emergency, as far as reasonably practicable. The safety of service delivery staff, including those involved with delivering community care and homecare services, should be a significant consideration when developing relevant plans, policies and procedures.

### **Regional and Municipal Emergency Management Committees**

- 3.10 The Act specifies powers and functions of Regional and Municipal Emergency Management Committees, which include:
  - a. responsibility for the preparation and review of Regional and Municipal Emergency Management Plans; and
  - b. the institution and coordination of emergency management within the region or municipal area.
- 3.11 Regional and Municipal Emergency Management Committees provide the principle mechanism for a holistic, integrated and cooperative approach to emergency planning for the essential needs requirements of vulnerable people and special facilities as they bring together the relevant emergency services, support agencies and other relevant stakeholders to develop and review emergency management plans.
- 3.12 Vulnerable people need to be provided the same opportunity to access information, protection and support as others in the general community. This includes emergency warnings and public health information, transportation, access to evacuation centres, and personal support.
- 3.13 Emergency management committees should consult with key stakeholders to inform the development of emergency management arrangements that consider the needs of vulnerable people.
- 3.14 Planning and communication considerations are outlined in *Appendix B* and *F*.

### **Government Agencies**

- 3.15 Emergency Management Committees rely on government agencies, and organisations fulfilling their statutory responsibilities as well as their emergency management roles and responsibilities. Those government agencies and organisations with responsibilities for delivering services, care and/or support for vulnerable people should be known to Emergency Management Committees, where appropriate, and encouraged to take a leadership role to facilitate coordination arrangements for vulnerable people and groups within their sector or local area.

- 3.16 Government agencies are responsible for preparing their organisations and facilities for external emergencies and considering their response for those times that pose likely risks and emergency hazards that they are or may be exposed to. For example those days when bushfire, heatwave, floods and other emergencies pose a risk. They should have emergency management plans in place, inclusive of activation triggers and communication arrangements, and be prepared to act in the event that an emergency may impact on services and clients.
- 3.17 Government agencies that are funded or have a statutory responsibility to care or support vulnerable people need to undertake business continuity and emergency planning, and build both organisational and client resilience as part of normal business practices. This includes encouraging and supporting clients to take responsibility for their own safety, by promoting personal protection planning and support networks through family, friends and neighbours.
- 3.18 It is not expected that workers will be part of a client's emergency response or evacuation plan where it is outside agency responsibilities or practice; however, it is expected that clients will be supported to build their level of resilience and self-sufficiency. Government agencies should ensure that their own client lists of vulnerable people are up to date and available to share before, during and after an emergency.
- 3.19 Government agencies that fund, contract or commission non-government service providers to deliver services, care or support to vulnerable people should ensure that the service provider also considers appropriate plans, policies and arrangements relating to: emergency management and supporting client preparedness, business continuity, and continuity of service delivery in an emergency, as far as reasonably practicable.
- 3.20 A list of roles and responsibilities for government agencies is detailed at *Appendix C*.
- 3.21 The primary areas for emergency planning are identified in *Appendix B*.

## Section 4 – Access, Information Sharing and Key Messages

### Access to Service Providers in an Emergency

- 4.1 There are significant issues that restrict the creation and maintenance of a centralised register of vulnerable people. A more practical approach is to ensure that emergency plans contain the arrangements for identifying vulnerable people and their locations, and those organisations that may have a responsibility or duty for communicating with, evacuating and supporting them in an emergency.
- 4.2 The inclusion of this information into the emergency planning arrangements provides a centralised and up-to-date resource that enables emergency management planners and service providers to provide and access information to assist vulnerable people during and after an emergency.
- 4.3 Considerations for the type of information for inclusion in emergency management planning documents plans such as specialist resource lists are detailed at *Appendix D*.

### Information Sharing

- 4.4 Government agencies NGOs and community groups should share essential information about vulnerable people with those that have a 'need to know' in order to facilitate emergency planning, preparation, response and recovery.
- 4.5 Sharing of information must be in accordance with: Schedule 1 - Personal Information Protection Principles (the Principles) of the *Personal Information Protection Act 2004* (Tasmania), the *Privacy Act 1988* (Commonwealth) and agency specific legislation.
- 4.6 The Principles recognise that personal information may be disclosed where there is a reasonable belief that it is necessary to lessen or prevent:
  - a) a serious threat to an individual's life, health, safety or welfare, or
  - b) a serious threat to public health or public safety.

However all stakeholders need to be aware that the extent of information sharing during the Response stage may be different to the Preparedness stage.

- 4.7 The sharing of information relating to vulnerable people needs to balance the potential risk and potential harm to the individual if they do not share information against the individual or public interest in sharing the information as part of the response to an emergency.
- 4.8 Regional and Municipal Emergency Management Committees should consider whether there is a need for agreements or protocols covering information, use, access, disclosure, confidentiality and retention/destruction of information to facilitate emergency planning, particularly where those present are not state service employees or government employees (e.g. members of Tasmania Police or Emergency Services.)
- 4.9 Considerations to facilitate information and data sharing are detailed at *Appendix E*.

## **Key Messages to Vulnerable People and Special Facilities**

- 4.10 Government agencies and NGOs must manage the expectations of special facilities, vulnerable people and their caregivers about the capability and capacity of emergency service providers during an emergency. Key messages to the whole community include:
  - a. Emergency service resources will be in great demand during an emergency and access to your area may not be possible for a number of days;
  - b. Do not expect emergency services to be able to evacuate or assist you in an emergency; and
  - c. You must plan to be self-reliant for evacuation and shelter using the assistance of family, friends, neighbours and/or local networks.
- 4.11 Government agencies, Management Authorities and local government have a responsibility for educating stakeholders, networks and communities on potential hazard risks, impacts, personal responsibilities and preparedness measures required to minimise risk and impact.
- 4.12 Vulnerable people have a responsibility for preparing themselves for, responding to and recovery from, an emergency.
- 4.13 It is important to recognise the role of the individual, family, neighbours and local networks in emergency response and recovery activities for vulnerable people. All stakeholders have a responsibility for encouraging and supporting vulnerable people (or those responsible for their care) to:
  - a. take responsibility for their own safety and for the risks they live with;
  - b. develop an emergency plan that does not solely rely on emergency service providers to evacuate or assist them; and
  - c. build self-reliance by developing emergency support networks through family, friends, neighbours and/or local networks.
- 4.14 Wherever a special facility or vulnerable person's emergency plan depends on assistance from others, it is essential that those others fully understand and commit to their role.
- 4.15 Owners and operators of special facilities have primary responsibility for all aspects of emergency management relating to those special facilities, staff and vulnerable people in their care. This includes all aspects of decision making, communication, transportation and evacuation.
- 4.16 Special facilities must prepare and maintain emergency structures, plans and procedures to appropriately respond to an emergency, undertake an evacuation and communicate with emergency service organisations, at the earliest opportunity.
- 4.17 Emergency plans and procedures for aged care, residential and community care special facilities should take into account the transfer of the client base, the care staff, as well as medical/case records and medical equipment.
- 4.18 Special facilities providing residential or community care should not leave individuals who are in their care at evacuation centres or hospital emergency departments without prior arrangement, as well as providing an appropriate level of staff, medical/case records and specialised equipment to maintain their continuity of care.

## Section 5 - Appendices

### Appendix A – Potentially Vulnerable Groups, Risk Factors, Special Considerations and Linked Organisations

Potentially Vulnerable Group		Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
Children Where they are:	<ul style="list-style-type: none"> <li>• Unattended minors</li> <li>• Children living in foster care, group or half way homes</li> <li>• Children living in other residential living programs</li> <li>• Children with special care needs</li> </ul>	<ul style="list-style-type: none"> <li>• Children can behave unpredictably in response to stressful situations or may be overwhelmed because of their level of physical, cognitive and emotional development.</li> <li>• Lack the ability to independently access transportation assistance and services.</li> <li>• May become separated from family and caregivers.</li> <li>• May not have an appropriate level of understanding of the threat.</li> <li>• Susceptible to injury and depend on others for livelihood, decision-making and emotional support.</li> <li>• May suffer greater harm from exposure to smoke or chemical agents because of their size, metabolisms, respiratory rates and other factors.</li> <li>• More likely to develop dehydration, malnutrition and exhaustion quicker than adults and more susceptible to infectious diseases and severe forms of illness.</li> <li>• Treatments that would be adequate for adults might be inappropriate for children e.g. children need different medication doses and medical equipment sizes to adults. Water pressure used to decontaminate adults may be inappropriate for young children.</li> <li>• May have additional health care or medication needs but are unable to communicate those needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Evacuation centres will require trained staff.</li> <li>• May require personal support from care provider.</li> <li>• May require assistance with daily living activities.</li> <li>• May require communication support from parent or care provider.</li> <li>• Supervisory needs must be addressed.</li> <li>• Facilities serving children must have plans that meet the needs of the children they serve.</li> <li>• Mental health needs of children must be addressed separately from adults.</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Education (also has responsibilities for some child care centres as well as before and after school care)</li> <li>• Child care centres</li> <li>• Independent schools</li> <li>• Catholic schools</li> <li>• Department of Health and Human Services</li> <li>• Tasmanian Health Organisations</li> <li>• Community care services</li> <li>• Charities</li> <li>• Tasmanian Gateway Services (Mission Australia and Baptcare)</li> </ul>

Potentially Vulnerable Group		Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
<p>Older Persons &gt;65 years of age Where they are:</p>	<ul style="list-style-type: none"> <li>• Frail</li> <li>• Mobility impaired</li> <li>• Suffering chronic disease</li> <li>• Suffering mental or cognitive impairment</li> <li>• Suffering diminished sensory awareness</li> <li>• Isolated from networks and family</li> </ul>	<ul style="list-style-type: none"> <li>• Sections of the elderly community may have specific health care needs</li> <li>• May require medical/mobility support equipment.</li> <li>• Emergency may disrupt treatment and management of medical conditions.</li> <li>• More likely to suffer from chronic disease including arthritis, hypertension, heart disease and respiratory ailments.</li> <li>• May suffer from mobility, cognitive, sensory, social and economic limitations that can impede their adaptability and ability to function in an emergency.</li> <li>• May have diminished sensory awareness</li> <li>• Health may deteriorate quickly because of extreme temperatures, poor nutrition, exposure to infection, interruptions in medical treatment, and emotional distress.</li> <li>• May require particular attention and support because of their frailties.</li> <li>• Older adults with cognitive problems may become agitated during a crisis or feel overwhelmed by crowding, noise, and lack of privacy in a shelter.</li> <li>• May be reluctant to leave their known surroundings or leave pets at home.</li> <li>• Residents of aged care facilities who are evacuated following an emergency are known to have a higher incidence of morbidity and mortality on return to the facility.</li> </ul>	<ul style="list-style-type: none"> <li>• May require transportation and evacuation assistance.</li> <li>• May be reliant on home-based services such as home care support or home-delivered meals that may be unavailable or interrupted.</li> <li>• Evacuation may separate older adults from family and caregivers.</li> <li>• Evacuation centres must be accessible and accommodate essential needs.</li> <li>• Emergency planning may require specific arrangements to source and dispense medication as well as prescriptions.</li> <li>• Medically managed individuals will need to be relocated to a facility that is equipped to handle their medical and care needs.</li> <li>• Evacuation centres may require a referral mechanism in place to facilitate timely health care assistance.</li> <li>• Need to ensure that dependent care facilities serving the elderly and people with disabilities are taking measures to support the clients that they serve.</li> <li>• Special facilities should consider emergency management options – relocation, shelter in place and evacuation and have triggers in place as well as guidance to assist those decisions.</li> </ul>	<ul style="list-style-type: none"> <li>• Aged Care &amp; Service Organisations</li> <li>• Tasmanian Health Organisations</li> <li>• Ambulance Tasmania</li> <li>• Religious Organisations</li> <li>• Charities</li> <li>• Service Clubs</li> <li>• Community Sector Organisations</li> <li>• Tasmanian Gateway Services (Mission Australia and Baptcare)</li> </ul>

Potentially Vulnerable Group		Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
Mobility impaired Where they experience:	<ul style="list-style-type: none"> <li>• Inability to walk or inability to walk more than short distances</li> <li>• Inability to walk without assistance or mobility aid</li> <li>• Inability to walk or inability to move from bed</li> <li>• Paralysis</li> <li>• Inability to move quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible transportation may be unavailable to evacuate the wheelchair bound or infirmed.</li> <li>• Evacuation will take longer to be completed and may rely on external support or assistance.</li> <li>• Normal family or care support may not be available to assist their movement</li> <li>• Evacuation centres may not have accessible entrances, toilets and dining areas or adequate medical care.</li> <li>• May be dependent on other specialised equipment or suffer other medical issues.</li> <li>• Movement of infirmed individuals may also require specialised medical staff.</li> </ul>	<ul style="list-style-type: none"> <li>• May require assistance if wheelchair is impeded and mobility is required.</li> <li>• May require accessible services including evacuation from home.</li> <li>• Evacuation centres will require appropriate entrance ramps, bathrooms and sleeping areas.</li> <li>• May require replacement mobility aids.</li> <li>• May require specialised transportation.</li> <li>• May be dependent on others for day to day activities.</li> <li>• May require vital equipment e.g. specialist beds.</li> <li>• May require medical assistance.</li> <li>• Need to check on and, if necessary, evacuate people who are severely disabled, ill or on life-support systems, frail elderly and people in dependent care.</li> </ul>	<ul style="list-style-type: none"> <li>• Community Care Services</li> <li>• Advocacy Groups</li> <li>• Department of Health and Human Services</li> <li>• Tasmanian Health Organisations</li> <li>• Ambulance Tasmania</li> <li>• Service Clubs</li> <li>• Community sector organisations, e.g. Diabetes Tasmania, Arthritis Tasmania, Asthma Tasmania</li> <li>• Tasmanian Gateway Services (Mission Australia and Bapcare)</li> </ul>

Potentially Vulnerable Group		Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
Mental / cognitive function impaired  Involving:	<ul style="list-style-type: none"> <li>• Severe chronic condition - impairment in physical, cognitive, speech or language, or self-care areas</li> <li>• Conditions that can affect moods, perceptions of reality, behaviour etc. (can sometimes be controlled with medication)</li> <li>• Have average or above intelligence but have a processing deficit, e.g. in communication, language, memory etc.</li> </ul>	<ul style="list-style-type: none"> <li>• May rely on caregiver or other supervision to comprehend warnings and make decisions.</li> <li>• May have fewer social networks and lack access to mainstream methods of communicating emergency information.</li> <li>• Economic dependence may limit their choices, including ability to stockpile medicine, access to transport to an evacuation site, or access to services.</li> <li>• Emergency responders who misunderstand their behaviour or are uncomfortable with them may mishandle their evacuation.</li> <li>• May not be able to fill out complicated documentation at evacuation centres for housing or other personal support purposes.</li> <li>• May have an inability to: <ul style="list-style-type: none"> <li>○ understand warnings and alerts</li> <li>○ read or comprehend signs or written information</li> <li>○ follow instructions from responders</li> <li>○ express their needs</li> <li>○ interpret events</li> </ul> </li> <li>• May be easily confused.</li> <li>• May be reliant on caregiver or supervision.</li> <li>• They are particularly vulnerable if they are separated from caregivers or in mass shelters as they may need to rely on caregiver etc. for assistance with daily living conditions.</li> <li>• May be on medications that impair some functions (e.g. thermoregulation) leading to vulnerability to extreme temperatures.</li> </ul>	<ul style="list-style-type: none"> <li>• Warnings should be communicated simply.</li> <li>• Information and directions should be repeated in a straightforward manner.</li> <li>• May require assistance in evacuation centres from people experienced with such disabilities.</li> <li>• May be necessary to arrange personal care assistance if in-home care support is unavailable.</li> <li>• May need to check on and, if necessary, evacuate people who are severely disabled, ill or on life-support systems, frail elderly and people in dependent care.</li> <li>• Dependent care facilities serving the elderly and people with disabilities must take measures for the continuation of support to their clients.</li> <li>• Mental health support services may be required.</li> <li>• Hospitalisation may be necessary.</li> <li>• May need support in remembering or responding to instructions and directions.</li> <li>• May be difficult to identify because their disability is often not obvious, and they may not ask for help.</li> <li>• May need help with registering, filling out claim forms etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Health and Human Services</li> <li>• Tasmanian Health Organisations</li> <li>• Aged Care Providers</li> <li>• Community transport providers</li> <li>• Neighbourhood Houses</li> <li>• Charities</li> <li>• Tasmanian Gateway Services (Mission Australia and Bapcare)</li> </ul>

Potentially Vulnerable Group		Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
<p>Sensory impaired</p> <p>Involving:</p>	<ul style="list-style-type: none"> <li>• Blind or visually impaired</li> <li>• Deaf or hearing impaired</li> <li>• Verbal (speech) communication difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• Limited ability to see or hear environmental sounds, emergency warnings or essential public health information.</li> <li>• May be unable to obtain critical information.</li> <li>• May be dependent on a service animal.</li> <li>• May be dependent on external support or specialised equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Warnings/information must be communicated in multiple and accessible formats.</li> <li>• Information should be provided in multiple formats such as Auslan interpreters, sms phone updates, Easy English version etc.</li> <li>• Auditory announcements and instructions should be provided.</li> <li>• Sign language and interpreters may be necessary in reception centres.</li> <li>• May require replacement aids.</li> <li>• May require assistance with orientation at evacuation centres.</li> <li>• Service animals are not classified as pets and should be located with the individual.</li> <li>• Evacuation centres may need to accommodate service animals.</li> </ul>	<ul style="list-style-type: none"> <li>• Department Health and Human Services</li> <li>• Tasmanian Health Organisations</li> <li>• Community care services</li> <li>• Service Clubs</li> <li>• GP Clinics &amp; Pharmacies</li> <li>• Community transport providers</li> <li>• Tasmanian Gateway Services (Mission Australia and Baptcare)</li> </ul>

Potentially Vulnerable Group		Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
<p>Significant health impairment or care dependency</p> <p>Where they are:</p>	<ul style="list-style-type: none"> <li>• Affected by conditions such as cardiovascular, respiratory or renal disease</li> <li>• Affected by chronic or temporary illnesses that require medication, without which life could be seriously affected / threatened</li> </ul>	<ul style="list-style-type: none"> <li>• This group includes those who are dependent on: <ul style="list-style-type: none"> <li>○ medical care</li> <li>○ medical supplies</li> <li>○ medical equipment</li> <li>○ medication</li> <li>○ electricity or safe water supply</li> </ul> </li> <li>• Emergencies often interrupt usual sources of treatments, medications, supplies and access to health care service providers.</li> <li>• They may require 24-hr medical care.</li> <li>• Equipment may require a constant power supply</li> <li>• Acute health care facilities have limited capacity to care for significant surge of people with chronic care needs as acute hospitals operate at capacity.</li> <li>• Evacuation may require the assistance of specialised medical staff or equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• May require assistance if mobility is necessary and speed is important.</li> <li>• Services must be accessible</li> <li>• May require supervision from caregiver or other medical assistance.</li> <li>• May require specialist assistance or advice in handling and moving equipment.</li> <li>• There should be as little separation from equipment as possible.</li> <li>• Require space for self-care needs</li> <li>• Evacuation centres will not provide an appropriate level of medical care and transfer to a hospital will be required.</li> <li>• Back-up electricity systems may be required.</li> <li>• There should be contingency plans for medical supplies, alternate medical services and medical referrals.</li> <li>• Need to check on and, if necessary, evacuate people who are severely disabled, ill or on life-support systems, frail elderly and people in dependent care.</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Health and Human Services</li> <li>• Tasmanian Health Organisations</li> <li>• Ambulance Tasmania</li> <li>• Community care services</li> <li>• TasNetworks</li> <li>• Telstra</li> <li>• GP clinics and pharmacies</li> <li>• Community Transport Providers</li> <li>• Service Organisations</li> <li>• Advocacy Groups</li> </ul>

Potentially Vulnerable Group	Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
Pregnant women	<ul style="list-style-type: none"> <li>• May have a decreased tolerance to hot weather conditions</li> <li>• May have essential needs and face increased risks during an emergency. These include premature deliveries, underweight infants and infant mortality.</li> <li>• May be required to deliver babies without the benefit of hospital care.</li> <li>• May need to be evacuated without access to medical records containing information critical to their welfare or that of their baby.</li> <li>• May lose access to essential medication.</li> <li>• Pandemic outbreaks may be particularly life threatening and exposure to other illnesses such as viruses in crowded evacuation centres may constitute a further hazard.</li> <li>• May also be caring for other children.</li> </ul>	<ul style="list-style-type: none"> <li>• May require assistance to move.</li> <li>• May require transportation.</li> <li>• May require special medical care, medication and prescriptions.</li> <li>• May require specialist care.</li> </ul>	<ul style="list-style-type: none"> <li>• GP Clinics &amp; Pharmacies</li> <li>• Tasmanian Health Organisations</li> <li>• Community care services</li> <li>• Neighbourhood Houses</li> <li>• Women shelters</li> </ul>

Potentially Vulnerable Group	Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
<p>Culturally and Linguistically Diverse) (CALD) and non-English speaking people</p>	<ul style="list-style-type: none"> <li>• There may be language barriers.</li> <li>• There may be a lack of understanding about early relocation.</li> <li>• May not understand communications, including emergency warnings or other public information.</li> <li>• May have limited access to support networks and services.</li> <li>• May have limited access to information on the internet.</li> <li>• May lack a reasonable understanding about what constitutes an emergency.</li> <li>• CALD people, particularly refugees, are more likely to be socially isolated.</li> <li>• Some CALD people may lack trust in government services or people in uniform due to past experiences.</li> <li>• There is a risk of re-traumatisation for those with trauma histories.</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency resource information should be made available in a number of languages and should be culturally appropriate.</li> <li>• This group may require transportation.</li> <li>• The format of information is important therefore alternate formats may be required such as: <ul style="list-style-type: none"> <li>○ written translations</li> <li>○ pictorial guides</li> <li>○ plain English &amp;/or easy English versions for low literacy people</li> <li>○ oral translations distributed through community meetings</li> <li>○ recorded voice messages for phone/computer</li> <li>○ ethnic radio announcements</li> <li>○ translated sms messages</li> <li>○ Facebook</li> <li>○ smart phone apps such as 'Talking Translations'</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Municipal Councils</li> <li>• Migrant Resource Centre (North, North West and South)</li> <li>• Community Groups</li> <li>• Charities</li> <li>• Religious Organisations (e.g. church groups)</li> <li>• Settlement services (e.g. Centrecare)</li> <li>• Immigration Detention (e.g. Centrecare)</li> <li>• Multicultural Council of Tasmania</li> <li>• Department of Immigration and Border Protection</li> <li>• Department of Education TasTAFE, University of Tasmania</li> <li>• Department of State Growth</li> </ul>

Potentially Vulnerable Groups	Risk Factors	Special Considerations	Organisations Potentially Able to Identify Vulnerable People
<ul style="list-style-type: none"> <li>• Tourists</li> <li>• Isolated communities</li> <li>• Socially isolated individuals</li> <li>• Homeless</li> </ul>	<ul style="list-style-type: none"> <li>• May not be aware of hazard risks in the local area and may not receive information.</li> <li>• May have difficulty with transportation.</li> <li>• May not have access to normal communication methods. Therefore less likely to be aware of the emergency.</li> <li>• May have no support networks.</li> <li>• Access to medical care may be limited.</li> <li>• May have no access to protective gear, radios, extra food, clothing and maps.</li> <li>• Tourists may be linguistically or culturally diverse, have difficulty communicating and be unfamiliar with emergency services or how to access assistance.</li> <li>• Tourists may not be familiar with geography or place names, making it difficult to follow directions.</li> <li>• Tourists may not be familiar with emergency processes and systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Planning should be coordinated with homeless service providers to support the transition of chronic homeless out of evacuation centres.</li> <li>• Support agencies will become the source of information, evacuation and recovery assistance for the homeless.</li> <li>• May require transportation.</li> <li>• Targeted emergency warnings and health information may be required.</li> </ul>	<ul style="list-style-type: none"> <li>• Municipal Councils</li> <li>• Transport and travel companies</li> <li>• Tourist Information Centres</li> <li>• Hotels and Accommodation Providers</li> <li>• Service Organisations</li> <li>• Support agencies</li> <li>• Charities</li> <li>• Homeless shelters</li> <li>• Tasmania Police</li> <li>• Housing Connect</li> </ul>

## Appendix B – Regional and Municipal Emergency Management Committees - Planning

- 1.0 Effective emergency management planning will increase the likelihood of being able to distinguish vulnerable people from those who are self-reliant. Those involved in emergency response and recovery will rely on implementing the local plans and arrangements that have been established during the planning process.
- 1.1 The primary areas for emergency planning for vulnerable people and special facilities are:
  - a. building the resilience of vulnerable people and carers;
  - b. communication;
  - c. medication and medical care;
  - d. evacuation and transportation;
  - e. evacuation centres and mass care.
- 1.2 In accordance with Sections 16 and 22 of the *Emergency Management Act 2006*, the Regional and Municipal Emergency Management Committees have responsibility for the preparation and review of Regional and Municipal Emergency Management Plans and the institution and coordination of emergency management within the region or municipal area. Accordingly, plans and arrangements need to provide vulnerable people with the opportunity to access: emergency warnings, advice, public information, and support and recovery services (including Evacuation Centres) during and after an emergency.
- 1.3 Emergency Management Committees should:
  - a. determine whether planning for the essential needs of vulnerable people at the regional level will reduce the need for municipal plans to adopt individual approaches for vulnerable people and special facilities;
  - b. ensure that emergency management planning establishes appropriate governance and coordination arrangements relevant to the essential needs requirements of vulnerable people and special facilities;
  - c. identify key stakeholders, including non-government organisations and local groups that engage with vulnerable people, that should be consulted and included in the emergency management planning process for vulnerable people and special facilities;
  - d. identify special facilities and encourage their emergency management plans to align with Municipal and Regional Emergency Management Plans;
  - e. determine the scale and range of essential needs of vulnerable people and special facilities so that they are included in Regional and Municipal Emergency Management Plans and considered by emergency service providers and other organisations involved in emergency response and recovery activities;
  - f. put in place arrangements to make information available to vulnerable people and special facilities about individual and community resilience, and personal protection planning; and
  - g. put into place formal information sharing arrangements between the range of organisations that hold relevant data about the identity, location and essential needs requirements of vulnerable people and special facilities so that this information can be made available to emergency management planners, emergency responders and recovery organisations, as and when required.

## **Appendix C – Government Agencies - Roles and Responsibilities**

### **1.0 Emergency Management is Embedded into Normal Service Delivery**

- 1.1 Government agencies having responsibilities for the delivery of services to vulnerable people must have appropriate emergency management arrangements in place and support individual and community resilience planning as part of normal service delivery.
- 1.2 Organisations and service providers that are funded or commissioned by Commonwealth or State governments or government agencies should have standardised contracts whereby emergency management is incorporated into service level agreements, in addition to service provisions.
- 1.3 It is important to take steps to ensure that funded organisations and service providers are properly prepared for an emergency. For example:
  - a. nominating an emergency management officer who will be responsible for emergency response and recovery plans;
  - b. maintaining suitable and current emergency response and recovery plans;
  - c. maintaining a suitable and current Business Continuity Management Plan and policies which includes continuity of service delivery;
  - d. sharing relevant and appropriate information about vulnerable people with emergency management planners and service providers;
  - e. sharing resources as and when required to support emergency response and recovery activities; and
  - f. contributing to local and/or regional emergency management planning by working with emergency management committees.

### **2.0 Developing and Maintaining Emergency Management Plans**

- 2.1 Ensure emergency management plans are in place in order to respond to emergencies linked with likely hazard risk assessments.
- 2.2 *The Work Health and Safety Act 2012 and Regulation 43 Work Health and Safety Regulations 2012* impose a duty for all organisations and work places to prepare and have in place emergency plans and emergency management structures to manage emergency response.
- 2.3 Australian Standards: AS 4083-2010 *Planning for Emergencies – Health Care Facilities* and AS 3745-2010 *Planning for Emergencies in Facilities* are relevant for the development and implementation of emergency plans. For further guidance see:
  - Safe Work Australia, 2012, *Guidelines for Major Hazard Facilities: Emergency Plans*, Canberra, and
  - Safe Work Australia, 2011, *Managing the Work Environment and Facilities: Code of Practice*, Canberra.
- 2.4 Ensure appropriate senior level command and decision making on a 24/7 basis.
- 2.5 Ensure appropriate Emergency Operations Centre facilities are available to control and coordinate the response to and recovery from an emergency.
- 2.6 Undertake training and development of staff relating to emergency management arrangements and plans.

### **3.0 Communicating with Partner Organisations and the Public**

- 3.1 Establish and maintain lines of communication and arrangements with partner organisations within their sector that hold and maintain lists of information about vulnerable people.
- 3.2 Maintain arrangements to make available information on emergency management preparedness matters to the public.
- 3.3 Those dealing directly with vulnerable people have mechanisms in place to ensure emergency warnings can be received by those needing them, where appropriate.
- 3.4 Develop tailored and accessible message content such as incident facts, health risk warnings, pre-incident recommendations, evacuation guidance, and other protective measures. This includes developing strategies for when, where, how, and by whom information will be delivered.
- 3.5 Develop and maintain arrangements that address how information and assistance can be managed by organisations that are in regular contact with vulnerable people.

### **4.0 Business Continuity**

- 4.1 Maintain plans to ensure that they can continue to deliver their functions in the event of an emergency, so far as is reasonably practicable.
- 4.2 Assess both internal and external risks while developing and reviewing Business Continuity Management Plans.
- 4.3 Provide advice and assistance to businesses, non-government organisations and community groups about business continuity management in their sector to reduce reliance on government agencies and emergency service providers.
- 4.4 Standard *HB 221 – Business Continuity* is relevant for business continuity planning. Further guidance may be located at:
  - Australian National Audit Office, 2009, *Business Continuity Management: Building Resilience in Public Sector Entities - Better Practice Guide*, Canberra, and
  - <https://www.gov.uk/resilience-in-society-infrastructure-communities-and-businesses#business-continuity>

### **5.0 Sharing Information**

- 5.1 Ensure the sharing of information with other agencies, Response Management Authorities and relevant emergency authorities to enhance cooperation before, during and after an emergency.
- 5.2 Government agencies needing to share details of vulnerable people should agree on:
  - a. the kinds of information that can be made available before, during and after and emergency; and
  - b. trigger mechanisms for the sharing of information.
- 5.3 The following legislation is relevant to the lawful sharing of information:
  - *Privacy Act 1988* (Commonwealth)
  - *Personal Information Protection Act 2004* (Tasmania), and
  - Agency specific legislation.

5.4 *Appendix E – Sharing of Information* may be relevant to this issue.

## **6.0 Leadership and Coordination**

6.1 Develop and maintain networks and cross-sector collaboration with relevant non-government organisations and interested groups and promote the delivery of emergency management advice. This includes:

- a. encouraging personal emergency management planning and community resilience for vulnerable people as part of the broader whole-of-government education and awareness strategy;
- b. encouraging and supporting vulnerable people with emergency management planning;
- c. keeping up-to-date records on vulnerable people;
- d. working in partnership with non-government organisations and community groups to support inclusion of people receiving services, and to provide planning support and develop family and local networks;
- e. cooperating with emergency management planners and service providers to enhance coordination and efficiency when planning for, responding to and/or recovering from an emergency;
- f. engaging with Regional and Municipal Emergency Management Committees;
- g. encouraging the development of mutual aid arrangements between relevant stakeholders; and

## Appendix D – Register Considerations for Plans

1.0 To enable the timely provision of and access to information to support evacuation and to identify resources, consideration should be given to the inclusion of the following details in planning documents (i.e. a specialised resource list or standing operating procedure) such as :

- a. **Lists of Organisations** that hold key vulnerable people data with an agreement to provide it in an emergency;
- b. **Lists of Types of Vulnerability** identifying the potential range of vulnerable people and their essential needs within a local area, in advance of an emergency. This will assist with planning and response; and
- c. **Lists of Special Facilities and Locations** where vulnerable people may be located or congregate from time to time. When identifying special facilities, the following information should be considered:
  - facility identification: name, facility type (i.e. aged care / disability) and facility subset (i.e. group home, day program);
  - residential or non-residential address information: required in a format that is able to be GIS mapped;
  - contact information: two contacts (i.e. name/position and contact phone number) and an indication of availability (i.e. business hours / 24-hour). Wherever possible a relevant 24-hour contact should be provided.

1.1 The tables below provide an example of a template.

**Table 1 – Organisations**

Organisation	First Name	Last Name	Title	Location/Address	Phone Contact	Email
Overarching Organisation						
Government Agencies						
Advocacy Groups						

**Table 2 – Categories and Locations**

Potentially Vulnerable	Organisation	Location	Address	Contact Details	Phone Contact	Estimated Numbers	Issues
Children	Dunalley Primary School		1073 Main Road Dunalley	Principal J. Smith		100 children <10 years	Prep – G6 Evaluation Plan in place
	Dunalley Child Care Centre						
Older Persons	Northbridge Aged Care Centre				62XX-XXXX 04XX-XXX-XXX (24/7)		5 x Wheelchair 1 x 24 seat bus available

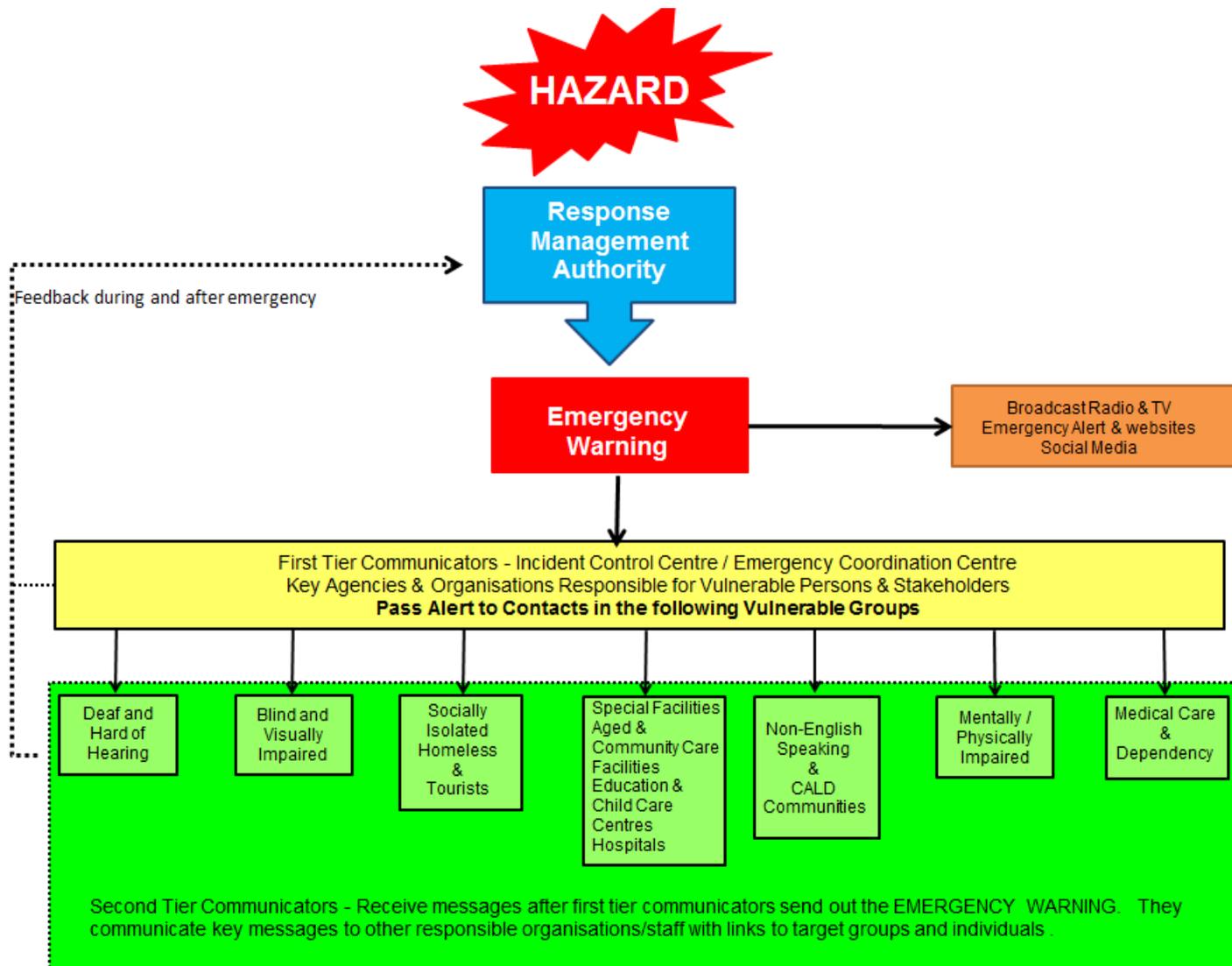
## Appendix E – Sharing of Information

- 1.0 During an emergency, the timely sharing of information with those involved in the emergency response and recovery is critical if vulnerable people and special facilities are to receive the level of protection, support and care that they need to make them safe. The establishment of arrangements that enable the timely sharing of information between those holding information about the identity, location and essential needs of vulnerable people, and emergency responders is essential as it enables responders to prioritise their activities, resources and equipment to those who are at greatest risk of perishing first.
- 1.1 Information sharing about vulnerable people and special facilities requires that emergency management authorities as well as those organisations and agencies holding sensitive information have a mutual understanding of information sharing parameters — i.e. the amount of sensitive information, who will receive it, its use and subsequent protection.
- 1.2 To maintain a centralised and up-to-date list of all vulnerable people and special facilities is not practical; however, at the planning stage, stakeholders can take a number of steps to alleviate perceived issues:
  - a. **Develop Information Sharing Protocols:** As the collection and sharing of information about vulnerable people in a local area is likely to involve a number of government and non-government parties, the use of an information sharing protocols (ISP) can help to allay concerns that partner organisations may have. Wherever an ISP is deemed appropriate, the parameters as to who the information can be shared, its use and confidentiality must be clearly established and communicated to emergency management partners early in the planning process.
  - b. **Sharing Less Detailed Information:** This could include an indication of the type and indicative numbers of vulnerabilities that may exist in certain geographic areas. More specific information about an individual may only need to be shared when the incident is imminent. For example, it may be enough for the planning purposes to know the number of people within a certain geographic area that require prescription medicine. This can allow preliminary allocation of health (or equivalent) resources. The detail of those who require medication and the specific type of medication may only need to be shared when an incident is imminent.
  - c. **Agree the Method and Format:** A common format for information to be shared in the event of an emergency will ensure that the receiving parties will be able to view, use and share the information.
  - d. **Trigger mechanisms for Information Sharing:** Trigger mechanisms should be incorporated into information-sharing arrangements so that all parties are in agreement as to what level of information will be shared and when. For example, prior to an emergency an estimate of numbers might be shared. During a developing emergency, accurate numbers for at risk areas might be shared. In the event of assistance being required or an evacuation, some details of individuals might be shared. These triggers may differ between different organisations depending on the assessment of risk. Agencies and organisations that share details of vulnerable people should agree on:
    - the kinds of information can be made available in advance; and
    - what categories of information will only be shared in the event of, or in anticipation of, an emergency.

## Appendix F – Communication Strategies

- 1.0 Communicating emergency warnings and public information is an essential part of emergency management. Management authorities and relevant government agencies should develop emergency warnings and public information in a manner tailored to and appropriate for those special requirements of vulnerable people.
- 1.1 The Response Management Authority maintains primary responsibility for initiating emergency warnings and public information. The development of communication strategies and arrangements that involve key organisations with linkages to vulnerable groups are intended to both support increase the capabilities of the various Response Management Authorities and Support Agencies to disseminate emergency warnings and public information to those who need to receive it.
- 1.2 Government agencies and emergency management authorities (including Regional and Municipal Emergency Management Committees) that have responsibilities for developing hazard-specific plans should give consideration to a broad range of communication strategies that tailor information to vulnerable groups. These include:
  - a. how to communicate to special facilities within an affected area;
  - b. how to communicate with those who are sensory impaired;
  - c. how to communicate / access isolated or transient populations; and
  - d. how to communicate with those whom English is not their first language.
- 1.3 Messages must not only inform and educate, but they must also enable people to follow directives. Where possible, communication strategies for the dissemination of public health and safety information to vulnerable people and special facilities should involve those identified local networks and organisations that already engage with the vulnerable people and special facilities. They should be used to enhance the existing communication plan.
- 1.4 Organisations with responsibilities for vulnerable people are more likely to understand the traditional communication barriers experienced by vulnerable people and are better positioned to deliver messages to vulnerable people. Even when vulnerable people have access to mainstream media, they may be more responsive (and therefore more willing to follow directions) if someone they know or trust delivers the message.
- 1.5 Over-arching organisations that fund or partner with smaller, direct service providers are often best placed to start engaging the community.
- 1.6 The diagram below illustrates an indicative communications strategy to target vulnerable people and special facilities.

Diagram 1 – Indicative Communications Strategy



## **Appendix G – Linkages and Further Reading**

Attorney-General's Department, 2013, *Communicating with People with Disability: National Guidelines for Emergency Managers Handbook 5*, Australian Emergency Management Handbook Series, Australian Emergency Management Institute, Canberra

Attorney-General's Department, 2011, *Disaster Health Handbook 1*, Australian Emergency Management Handbook Series, Australian Emergency Management Institute, Canberra

Attorney-General's Department, 2013, *Evacuation Planning Handbook 4*, Australian Emergency Management Handbook Series, Australian Emergency Management Institute, Canberra

Australian Emergency Management Institute (AEMI) Resources (brochures, toolkits and publications) relating to community awareness, community engagement and emergency preparedness can be located at:

- <http://www.em.gov.au/Resources/Pages/default.aspx>
- <http://www.em.gov.au/Publications/Communityawarenesspublications/Pages/default.aspx>

Aged Care Act 1997 & *Quality Care Principles 2014*

Anti-Discrimination Act 2012

Australian Standard: AS 4083-2010 *Planning for Emergencies – Health Care Facilities*

Australian Standard: AS 3745-2010 *Planning for Emergencies in Facilities*.

Australian National Audit Office, 2009, *Business Continuity Management: Building Resilience in Public Sector Entities - Better Practice Guide*, Canberra

Business Continuity Management (Overview can be located at:)

- <https://www.gov.uk/resilience-in-society-infrastructure-communities-and-businesses#business-continuity>

California Emergency Medical Services Authority, 2014, *Hospital Incident Command System Guidebook*, California Emergency Services Authority.

Centres for Disease Control and Prevention, *Public Health Work Book: To Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency*, U.S. Department of Health and Human Services

Centres for Disease Control and Prevention, *Identifying Vulnerable Older Adults and Legal Obligations for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities*, Atlanta: U.S. Department of Health and Human Services; 2012

The Centre for Emergency Preparedness and Response, 2008, *Checklist to Facilitate Health Emergency Planning for At-Risk People*, Public Health Agency of Canada, Ottawa.

COAG, 2011, *National Strategy For Disaster Resilience: Building Resilience of our Nation to Disasters*, Council of Australian Governments, Canberra

COAG, 2011, *National Disability Strategy 2010-2020*, Commonwealth of Australia, Attorney-General's Department, Canberra

Commonwealth of Australia, 2008, *Emergency Warnings: Choosing Your Words*, Attorney-General's Department, Canberra

Commonwealth of Australia, 2014, *National Partnership Agreement on Natural Disaster Resilience: Intergovernmental Agreement on Federal Financial Relations*

Comrie, N, 2011, *The Review of the 2010-11 Flood Warnings & Response: Final Report*, Victoria, Chapter 4, P 150-161

Department of Health, 2012, *Department of Health Emergency Preparedness Clients and Services Policy – Summer 2012-13*, Government of Victoria

Department of Health, 2012, *Residential Aged Care Services Natural Hazards Ready Resource*, Government of Victoria

Department of Health, 2013, *Relocation, Shelter In Place and Evacuation: Guidance note for public and private health services, hospitals and residential aged care services*, State Government of Victoria

Disability Services Act 2011

Emergency Management Act 2006

FEMA 2008, *Interim Emergency Management Planning Guide for Special Needs Populations*, US Department of Homeland Security

FEMA, 2011, *A Whole Community Approach to Emergency Management Principles, Themes, and Pathways for Action*, US Department of Homeland Security

FEMA 2010, *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*, US Department of Homeland Security

Government of South Australia, 2013, *People with Vulnerabilities in Disasters: Environmental Scan and Gap Analysis of Projects/Programs for People with Vulnerabilities in Disasters*, Attorney-General's Department, Adelaide

Health and Human Services Emergency Management, *Vulnerable People in Emergencies Policy V1.0* November 2012, Victoria

Hyde, M, 2013, *2013 Tasmanian Bushfires Inquiry*, Tasmanian Bushfires Inquiry, Hobart

Los Angeles County Emergency Medical Services Agency, 2012, *Evacuation and Shelter in Place Guidance for Healthcare Facilities*

Ministerial Council for Police and Emergency Management – Emergency management, 2008, *National Disaster Resilience Framework*, MCPPEM-EM, Attorney-General's Department, Canberra

New Hampshire State Functional Needs Committee, 2010, *Functional Needs Guidance: State Emergency Operations Plan Support Annex*, Version 3, State of New Hampshire

NSW Health Disaster Plan Incorporating Emergency Evacuation Procedures and NSW Health Disaster Plan Template for Aged Care Facilities (Is located at:)

- <http://www.emergency.nsw.gov.au/content.php/959.html>

Personal Information Protection Act 2004

Privacy Act 1988 (Commonwealth)

RAND Public Health Preparedness, *Enhancing Public Health Emergency Preparedness for Special Needs Populations: A Toolkit for State and Local Planning and Response*.

Red Cross REDiPlan brochures, preparedness booklet and toolkits – See the following:

- <http://www.redcross.org.au/emergency-resources.aspx>
- [http://www.redcross.org.au/files/REDiPlan\\_booklet.pdf](http://www.redcross.org.au/files/REDiPlan_booklet.pdf)
- <http://www.qld.gov.au/emergency/dealing-disasters/rediplan.html>
- [http://www.redcross.org.au/files/Emergency\\_services\\_household\\_preparedness\\_for\\_people\\_with\\_a\\_disability.pdf](http://www.redcross.org.au/files/Emergency_services_household_preparedness_for_people_with_a_disability.pdf)

Safe Work Australia, 2012, *Guidelines for Major Hazard Facilities: Emergency Plans*, Canberra

Safe Work Australia, 2011, *Managing the Work Environment and Facilities: Code of Practice*, Canberra

Standing Council on Health, 2013, *National Primary Health Care Strategic Framework*, Commonwealth of Australia, Canberra

Teague, B, McLeod, R & Pascoe, S, 2010, *2009 Victorian Bushfires Royal Commission: Interim Report*, Victorian Bushfires Royal Commission, Melbourne

Teague, B, McLeod, R & Pascoe, S, 2010, *2009 Victorian Bushfires Royal Commission Final Report*, Victorian Bushfires Royal Commission, Melbourne

Tasmanian Emergency Management Plan, 2013, Issue 7.1

United Kingdom Cabinet Office, 2008, *Identifying People Who Are Vulnerable in a Crisis: Guidance for Emergency Planners and Responders*, Cabinet Office, London

United Kingdom Cabinet Office, 2011, *Strategic National Framework on Community Resilience Community Resilience*, Cabinet Office, London

United Kingdom Cabinet Office 2012, *Business Continuity Management: Revision to Emergency Preparedness*, Cabinet Office, London

U.S. Department of Health and Human Services, 2010, *Hospital Evacuation Decision Guide*, Agency for Healthcare Research and Quality, Rockville, MD

Waikato Civil Defence Emergency Management Group, 2012, *Disability and Disaster Preparedness*, Waikato District Health, New Zealand

Work Health and Safety Act 2012 and Work Health and Safety Regulations 2012

World Health Organisation, 2008, *Older Persons in Emergencies: An Active Aging Perspective*, WHO Press, Paris