FOI Request LEX 5631 – Average response times for ACT Policing attendance to incidents in Oaks Estate

This document has been created pursuant to section 17 of the *Freedom of Information Act 1982* (Cth).

Oaks Estate - P1 Average Response Times
Date Range - 2025 & 2024 Calendar Years

Priority	2024 & 2025	
	Average response time in seconds	Average response time in minutes
Priority 1	719	12.0

Source: CAD as at 20 May 2026

Oaks Estate - P2 Average Response Times
Date Range - 2025 & 2024 Calendar Years

Priority	2024 & 2025	
	Average response time in seconds	Average response time in minutes
Priority 2	1350	22.5

Source: CAD as at 20 May 2026

Oaks Estate - P3 Average Response Times
Date Range - 2025 & 2024 Calendar Years

Priority	2024 & 2025	
	Average response time in seconds	Average response time in minutes
Priority 3	37143	619.1

Source: CAD as at 20 May 2026

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Oaks Estate - # of Incidents

Date Range – 2024 & 2025 Calendar Years

	2024 & 2025 Number of Records
Priority 1	1
Priority 2	115
Priority 3	132

Source: CAD as at 03 August 2026

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P1 = Priority 1

P2 = Priority 2

P3 = Priority 3

CAD = Computer Aided Dispatch

Australian Capital Territory
Health Emergency Sub-Plan

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A supporting sub-plan of the ACT Emergency Plan that outlines the standing health sector emergency management arrangements in the Australian Capital Territory.

Version	Version 5.0
Replaces	Version 4.01, 7 December 2015
Date of release	May 2020
Date for review	May 2023
Contact	Health Emergency Management Unit ACT Health Directorate

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AUTHORITY

The Health Emergency Sub-Plan (HEP) for the Australian Capital Territory is a supporting sub-plan of the ACT Emergency Plan. It has been prepared in accordance with section 148 of the *Emergencies Act 2004*, authorised by the relevant Chief Officer, Legislated Statutory Officer or responsible officer as decided by the responsible agency, and endorsed by the Security and Emergency Management Senior Officials Group (SEMSOG).

The ACT Health Directorate is responsible for developing, reviewing and maintaining this plan.

s 22(1)(a)(ii)

Recommended

Dr Kerryn Coleman
Chief Health Officer
Chair, Health Sector Emergency Management Committee

Date 01.05.20

s 22(1)(a)(ii)

Endorsed

Richard Glenn
Chair, Security and Emergency Management Senior Officials Group

Date 4.5.20

s 22(1)(a)(ii)

Approved

Georgeina Whelan
Commissioner, Emergency Services Agency

Date 6.5.20

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VERSION CONTROL

Proposals for amendment or addition to the contents of the ACT Health Emergency Sub-Plan should be forwarded to:

Health Emergency Management Unit
ACT Health Directorate
Locked Bag 5005
WESTON CREEK ACT 2611
hpsops@act.gov.au

No.	Details	Date	Amended by:
4.05	Major changes to • Clarification of the ACT Health Sector and core roles and responsibilities. • Reflect the administrative arrangements for Canberra Health Services and the ACT Health Directorate. • Confirm broader ACT Health Sector emergency arrangements, including the activation / triggers of the ACT Health Emergency Sub-Plan.	April 2020	Chair HSEMC
4.01	Administrative changes to • Contact procedure – includes HEMU duty officer. • Legislation – Quarantine Act 1908 to Biosecurity Act 2015. • Update to training for health controller course with recommendation of national competencies. • Updated risk management guidance in line with ACT Insurance Agency guidelines.	July 2017	Chair HSEMC

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PART 1: INTRODUCTION

Purpose

The Health Emergency Sub-Plan (HEP) provides a framework for a coordinated ACT Health Sector emergency response, in accordance with the *Emergencies Act 2004* and the ACT Emergency Plan. The HEP aims to provide a safe, effective and coordinated health response to emergencies by:

- Describing key emergency governance and administrative arrangements for the ACT Health Sector;
- Identifying the ACT Health Sector emergency management arrangements and links with relevant ACT and Commonwealth emergency frameworks and legislation;
- Identifying the roles and functions of the Health Sector Emergency Management Committee (HSEMC) membership;
- Authorising an operational ACT Health Sector planning hierarchy in accordance with the provisions of the ACT Emergency Plan;
- Providing guidance to ACT Health Sector and whole of ACT government emergency communications, including the coordination of public health messages; and
- Describing the indicative administrative mechanisms for the HEP including activation, execution, review and maintenance requirements.

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Scope

The HEP provides strategic guidance about the ACT Health Sector emergency management arrangements. It is expected that all ACT Health Sector agencies identified in this plan have stand-alone emergency arrangements that plan for, respond to, and recover from emergencies using an all-hazards approach which are integrated with this plan.

The HEP will only be activated as the highest level of ACT Health Sector emergency management when doing so constitutes *an appropriate and proportionate response to a significant emergency*. Provisions for activating this plan are available in Part 4: Response.

Principles

The emergency management arrangements outlined in this plan are based on the following core principles (see Part 7: Glossary):

- Clear governance outlining **roles and responsibilities**;
- **Command and control** to be maintained at the lowest effective management level;
- Utilise the **all-hazards** approach to deal with all types of emergencies using the same set of management arrangements;
- Utilise the **comprehensive approach** as a range of strategies for risk assessment and management including Prevention, Preparedness, Response and Recovery (PPRR);
- Utilise the **all-agencies approach** to deal with emergencies that involve active partnership between all organisations;
- The **provision of health services** is provided in a timely, ethical, equitable and flexible manner;
- Common **incident management framework**;
- Regular **staff training and exercises**; and
- Continued **monitoring and review**.

PART 2: CONTEXT

Types of Emergencies

The HEP acknowledges that emergencies may pose a health risk to individuals and the broader community within the ACT and neighbouring NSW region, with examples including:

- **Public health emergencies** (e.g. epidemic infectious disease in humans, large scale pharmaceutical / medical device failure or contamination);
- **Mass casualty incidents** where the number of casualties exceeds the resources available, and has the potential to overwhelm the normal capacity of ambulance and health resources;
- **Health care facility internal disasters** resulting in prolonged reduction of clinical service provision;
- Widespread and prolonged **disruption of utilities** affecting healthcare facilities including power, water and sewerage;
- **Extreme weather events**, including heatwaves, thunderstorm asthma, and storms;
- Prolonged hazardous **air quality deterioration** (e.g. smoke, toxic materials); and
- Other natural and technological disasters (e.g. bushfires).

Chief Health Officer

The ACT Chief Health Officer (CHO) is the key authority for the ACT Health Sector emergency management arrangements covered in this plan. In the event of a significant emergency, the CHO provides the highest control level for a whole of ACT Health Sector response because of the legislated powers and responsibilities held by the office, and associated Commonwealth and ACT legislation and emergency plans (see Part 3: Planning and Preparedness).

The CHO fulfils their core functions as a member of the Security and Emergency Management Senior Officials Group (SEMSOG) and as the Chair of the Health Sector Emergency Management Committee (HSEMC). The CHO may also be appointed as an Emergency Controller under the *Emergencies Act 2004* and may appoint themselves as the Health Controller during a health sector response. A detailed list of the CHO's responsibilities during an emergency are covered under Part 4: Response.

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ACT Health Sector

In this plan, the ACT Health Sector will be defined as: **A collective term of all health-centric entities who have a shared responsibility in promoting sector resilience when responding to emergencies that impact the health of the ACT community.**

The ACT Health Sector comprises a range of government, private sector, non-government organisations and service providers that rely on cooperation to effectively manage significant emergencies. There is no single entity that can manage the consequences of a significant emergency affecting the ACT Health Sector; it is a shared responsibility.

The range of services and actions comprising the ACT Health Sector include:

- **Hospital and clinical services** for the ACT community;

- **Public health** actions to prevent public health emergencies, to monitor and enforce public health regulations, and to provide public health advice;
- **Environmental health** actions arising from air, water, soil and hazardous substances and the ongoing health, well-being and safety of people and the environment; and
- **Community sector** services incorporating primary health care and non-government organisations.

A full list of ACT Health Sector roles and responsibilities is available at Part 4: Response.

ACT Health Directorate and Canberra Health Services

In October 2018, the former ACT Health entity was divided into two Directorates; the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS):

- ACTHD are the stewards of the ACT Health Sector and have been entrusted with the careful and responsible management of the ACT's health system[1]; and
- CHS deliver acute, sub-acute, primary and community-based health services to the ACT, including Canberra Hospital, University of Canberra Hospital, three walk in centres, six community health centres, and other community based health services.[2]

Both organisations maintain separate internal emergency management arrangements and will collaborate to lead and strengthen broader emergency management within the ACT Health Sector.

ACT Ambulance Service

The ACT Ambulance Service (ACTAS) is an operational service under the ACT Emergency Services Agency (ESA), Justice and Community Safety Directorate (JACSD). ACTAS provide emergency, non-emergency and aero-medical services to the ACT community. Strategies have been developed between ACTAS and ACT Health Sector stakeholders to ensure a close operational relationship.

ACT and New South Wales Health Services

The ACT Health Sector regularly provides clinical services to residents from surrounding NSW health regions. ACT residents also regularly access health services in NSW. The ACT Health Sector works closely with neighbouring Southern and Murrumbidgee Local Health Districts (LHDs) on a routine basis and provides mutual aid and support during emergencies. The ACT Health Sector and NSW LHDs work collaboratively to plan and prepare for effective cross boarder emergency response and assistance.

On a state-wide level, the NSW Health State Preparedness and Response Branch supports the State Health Services Functional Area Coordinator (HSFAC) with coordinating emergency management planning, prevention, response and recovery effort across the NSW health system. In a significant emergency where the ACT would require NSW resources, the ACT will liaise directly with the NSW HEMU.

[1] ACT Health Directorate, A Healthier Canberra Strategic Plan: 2020-25, www.health.act.gov.au
[2] ACT Government, Organisational Structures, https://www.health.act.gov.au/about-our-health-system/organisation-structures

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Health Sector Emergency Management Committee

The Health Sector Emergency Management Committee (HSEMC) provides a forum for emergency management discussion and collaboration across the ACT Health Sector. This includes the preparation, testing and maintenance of the HEP and enhancing ACT Health Sector information sharing before, during, and after an emergency event.

The CHO chairs the HSEMC that comprises key agency representatives from the ACT Health Sector, ACTAS, and neighbouring NSW LHDs, as detailed in Appendix A.

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PART 3: PLANNING AND PREPAREDNESS

Commonwealth Arrangements

The Australian Health Protection Principal Committee (AHPPC) provides national health sector governance for emergency management. The AHPPC operates under the Australian Health Ministers Advisory Council (AHMAC) and is supported by the Commonwealth Department of Health's National Incident Room (NIR).[3]

The ACT Health Sector may be required to align and augment with national health sector arrangements to coordinate extra-jurisdictional health resources during a health emergency of national consequence. This includes emergencies occurring in the ACT and other jurisdictions. The ACT CHO is a member of AHPPC and is in the best position to coordinate health sector resources from / into the ACT.

There are other Commonwealth Plans that set out arrangements for requests for assistance from jurisdictions affected by emergencies. These plans include the Commonwealth Disaster Response Plan (COMDISPLAN), Defence Assistance to the Civil Community (DACC), and Defence Force Aid to Civil Authority (DFACA) arrangements. The ACT arrangements to support these plans are covered in the ACT Emergency Plan.

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Commonwealth Planning Framework

The table below provides a summary of Commonwealth emergency plans and mechanisms and their relevance for the ACT Health Sector emergency management arrangements:

National Emergency Plan	Relevance for ACT Health Sector
National Health Emergency Response Arrangements (NatHealth Arrangements) – Articulates the strategic coordination of the Australian health sector in response to emergencies of national consequence.	• ACT Health Sector to provide capacity update to CHO for ACT coordination. • CHO, as AHPPC member, has authority to make request for assistance to the AHPPC on behalf of ACT.
Australian Health Management Plan for Pandemic Influenza (AHMPPI) – Outlines the national measures in response to an influenza pandemic, including an overview of preparedness activities.	• ACT Health Sector to provide capacity update to CHO for ACT coordination. • CHO will report to AHPPC for national allocation and coordination of resources.
Australian Government Domestic Response Plan for Mass Casualty Incidents of National Consequence (AUSTRAUMA PLAN) – Relates to a coordinated health sector response to a mass casualty incident of national consequence.	• ACT Health Sector to provide capacity update to CHO for ACT coordination. • CHO will report to AHPPC for national allocation and coordination of resources.

[3] The National Incident Room will be established to ensure a nationally consistent and coordinated response to a national health emergency.

National Blood Supply Contingency Plan (NBSCP) – Outlines the coordinated response by the National Blood Authority (NBA) to manage a demand surge or supply failure at a jurisdictional or national level.	• ACT Health Sector to provide blood supply update to CHO for ACT coordination. • CHO will report to AHPPC and NBA Chair for national allocation and coordination of resources.
Health Chemical, Biological, Radiological, and Nuclear Plan (CBRN) – Outlines how health sector activities will fit into a broader government response.	• ACT Health Sector to provide capacity update to CHO for ACT coordination. • CHO will report to AHPPC for national allocation and coordination of resources.
National Medical Stockpile (NMS) – A strategic reserve of drugs, vaccines, antidotes and protective equipment for use in a national public health emergency.	• ACT Health Sector to provide requests to CHO for ACT coordination (e.g. masks). • CHO will request access for assistance from Commonwealth Department of Health.
Australian Medical Assistance Teams (AUSMAT) – Specialist trained medical teams that respond to disaster zones within Australia and internationally.	• ACT Health Emergency Management Unit maintains ACT AUSMAT Program and volunteer capacity and capability. • CHO will report to AHPPC for national allocation and coordination of resources.

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ACT Legislation and Plans

The *Emergencies Act 2004* (the Act) outlines the provisions for ensuring effective emergency management arrangements in the ACT. The Act also outlines arrangements to confer specific powers on an Emergency Controller, the declaration of a State of Alert or State of Emergency, and specific powers and responsibilities for emergency services.

The *Public Health Act 1997* (the PH Act) outlines the standards, rules, and powers used to preserve, protect and promote the public's health. The PH Act establishes the statutory position of the ACT Chief Health Officer (CHO). The PH Act also authorises the Minister for Health to declare a public health emergency (Section 119). While an emergency declaration is in force, the CHO may take any action, or give any direction, considered necessary to alleviate the emergency (Sections 120-121). Actions or directions may include:

- Direct a person to take actions (e.g. undergo a medical examination, remain in a specified area etc); and
- Provide authorised persons with emergency powers (e.g. prevent injury to any person, rescue any endangered person, prevent access to any place etc).

The Commonwealth *Biosecurity Act 2015* (the Bio Act) aims to prevent the entry, emergence and spread of communicable diseases in Australia. The Bio Act is jointly administered by the Departments of Health, and Agriculture and Water Resources. The CHO is designated as the ACT Chief Human Biosecurity Officer and has the authority to impose Human Biosecurity Control Orders to monitor, treat and manage an individual suspected of having a Listed Human Disease.

The ACT Emergency Plan is the primary document for emergency management in the ACT. The ACT Emergency Plan describes the responsibilities, authorities and mechanisms to prevent, or if they occur, manage emergencies and their consequences within the ACT, in accordance with the requirements of the Act. The CHO is one identified ACT official who may be appointed as the Emergency Controller.

From the ACT Emergency Plan, there are a number of established hazard and supporting sub-plans, including the HEP. The HEP recognises that the activation of one or more of these emergency sub-plans would likely impact on the activation of the HEP, and vice versa.

ACT Health Sector Plans

The following documents are annexes to the HEP, which provide further guidance on specific hazards, risks and operational requirements:

- **ACT Health Sector Epidemic Infectious Disease Plan** – ACT Health Sector approach to managing outbreaks in the ACT;
- **ACT Health Sector Mass Casualty Incident (MCI) Plan** – ACT Health Sector coordination and response to an MCI event, with ACT Ambulance Service as lead response agency under the ACT MCI Plan; and
- **ACT Health Sector Healthcare Facility Medical Evacuation Coordination Plan (HealthMedivacPlan)** – Medical evacuation of patients at a health facility that requires coordination of ACT, interstate or national resources.

Other health sector plans may be developed as required to manage a health emergency (e.g. ACT Health Sector coordination for an increase in influenza numbers during the winter season, or an emergent novel virus originating from another country). The development of such health sector plans will be facilitated through HSEMC.

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Public Health and Emergency Arrangements

Public health is defined under the PH Act as:

- The health of individuals in the context of the wider health of the community; and
- The organised response by society to protect and promote health and prevent illness, injury and disability.

Public health goes beyond a clinical response at a health care facility to protect the community during an emergency. Public health also relies on strong cooperation and coordination by ACT Health Sector entities to manage an incident.

The CHO, as a statutory position established under the PH Act, is responsible for protecting the public health of the ACT community. The Health Protection Service (HPS), ACTHD, supports the CHO through the prevention, preparation, detection and response to public health threats. HPS business units manage communicable diseases, environmental hazards, the supply of pharmaceuticals and medicines, and an analytic laboratory.

Health Care Facility Emergency Plans

A health care facility is defined as a hospital, nursing home, residential care, or other facility that provides health care services.[4] All ACT hospitals and health care facilities are expected to maintain emergency plans that are consistent with legislation, Australian Standards and this Plan. These plans will outline the facility's capability to command and control the emergency impacting their facility.

The Australian Standard 4083-2010 Planning for Emergencies – Health Care Facilities provides an outline of requirements, which include:[5]

- A designated position of a Hospital Emergency Management Coordinator;
- An emergency planning committee to oversee emergency prevention, preparedness, response and recovery, relevant to its size and function;
- Procedures to establish a Hospital Emergency Operations Centre (HEOC);
- Appointment of a Hospital Commander and HEOC management structure;
- A standardised facility Situation Report (SitRep) template to be populated and distributed from the HEOC;
- Facility disaster plans including:
    - An external disaster plan incorporating MCI reception and detailed facility surge capacity and capability arrangements and mechanisms;
    - A facility evacuation, lockdown and shelter in-place plan;
    - Established protocols for evacuation, including contingencies for continuity of care, supply of medications and consumables, equipment use, medical records and patient tracking.
- An integrated facility business continuity plan.

Section 2.2 of the Australian Standard (AS:4083-2010) provides a colour code system for emergency identification, notification and plan activation within health care facilities. The table below sets out the emergency colour codes used in accordance with AS:4083-2010. Appendix B details the key roles and agency responsibilities for each of the emergency colour codes referenced in the standard.

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EMERGENCY CODES		
CODE BLUE **Medical Emergency**	**CODE RED** **Fire / Smoke**	**CODE ORANGE** **Evacuation**
CODE PURPLE **Bomb Threat**	**CODE YELLOW** **Internal Disaster**	**CODE BLACK** **Personal Threat**
CODE BROWN **External Disaster**		

[4] Australian Standard, 4083-2010 Planning for Emergencies – Health Care Facilities, page 9

[5] It is acknowledged that different hospitals and facilities will incorporate the identified requirements into their own planning models and arrangements.

Training and Exercises

Training is an important aspect of emergency management. HSEMC members will ensure staff who are expected to perform emergency management duties have undertaken appropriate training. Available training packages include:

- Major Incident Medical Management Support (MIMMS); and
- Australasian Inter-Service Incident Management System (AIIMS).

Exercises should be run regularly to test and refine the emergency management arrangements covered in the HEP and associated plans identified in this section. All staff who have a role in emergency management will participate in exercise activities as required.

Business Continuity Management

Best practice directs that business continuity plans are developed independent of emergency management plans. However, both processes must be aligned and able to be implemented concurrently.

The ACT Government uses the internationally accepted standard AS/NZS ISO 31000:2009 as the basis for best risk management practice within the ACT. Health Sector stakeholders must build business continuity management (BCM) into their usual processes to underpin organisational resilience and support the continued delivery of essential business in the face of disruptions.

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PART 4: RESPONSE

Emergency Notification

All emergency notifications relevant to this plan are made to the ACT Health Emergency Management Unit (HEMU) Duty Officer. Specific types of notifications may include:

- Hospital emergency codes, except Code Blue and Code Black;
- Activation of Emergency Operations Centre/s;
- Severe weather warnings; and / or
- An emergency that will likely impact the broader ACT Health Sector.

The HEMU Duty Officer is the conduit between the ACT Health Sector and broader ACT Government emergency management arrangements. By receiving emergency notifications, the HEMU Duty Officer can notify key stakeholders and initiate the provisions of this plan as outlined below.

The HEMU Duty Officer may be contacted 24 hours a day / 365 days a year on s 22(1)(a)(ii)

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Activation of the Health Emergency Sub-Plan

When an emergency occurs that may result in the activation of this plan, the HEMU Duty Officer will brief the CHO or on-call CHO (after hours).

The CHO will activate this plan if it is considered *an appropriate and proportionate response to a significant emergency*. The HEP will likely be activated in response to one or more of these scenarios:

- **Situational monitoring** is required during a high risk planned or unplanned event (e.g. identification of confirmed Ebola case in the ACT);
- An event where the number of **casualties is likely to exceed the available resources**, and has the potential to overwhelm the normal capacity of local health resources (e.g. MCI event, Code Brown);
- A **pandemic** has been declared by the World Health Organisation (WHO) or the AHPPC (e.g. influenza pandemic, COVID-19)
- An internal **emergency impacting one or more health care facilities** that requires significant coordination and support from the broader ACT Health Sector (e.g. hospital evacuation) or whole-of-government (e.g. State of Emergency);
- **Requests for inter-jurisdictional support** that requires coordination across the ACT Health Sector.

The HEMU Duty Officer will formalise the CHO's activation of the HEP by undertaking the following actions:

- Notify key stakeholders by email and SMS;
- Activate the Health Emergency Control Centre (HECC); and
- Establish an Incident Management Team.

Health Controller

Once the HEP is activated, the CHO will appoint a Health Controller to coordinate and control the ACT Health Sector response to an emergency. The CHO may assume the role of

the Health Controller or appoint a suitable delegate. The key roles of the Health Controller include, but are not limited to:

- **Advise and take direction from the Emergency Controller**, if appointed;
- **Oversee strategic planning and coordination** of the ACT Health Sector through establishment of the HECC;
- Communicate strategic planning direction to stakeholders through the development and distribution of an **Incident Action Plan** (IAP) from the HECC;
- Provide regular, timely and accurate **Situation Reports** (SitReps) to the Director-General and key stakeholders while the HECC is activated;
- Ensure that the ACT Health Sector response is **integrated into the whole of government arrangements** and mechanisms in accordance with the Act and the ACT Emergency Plan;
- Liaise with and augment to **national level health sector mechanisms** and arrangements (through the CHO) as required;
- Consider the **short, medium and long term recovery implications** for the ACT Health Sector to inform the ACT Recovery Committee following the immediate response and transition into the recovery phase;
- **Deactivate the HEP** when the emergency has been resolved or the emergency has been downgraded to a lower risk that no longer requires central control of the ACT Health Sector (See Part 5: Recovery); and
- Ensure that **post operational debriefs** and reviews are conducted at the various tiers of response and ensure that the findings are utilised to revise and improve response and preparedness procedures.

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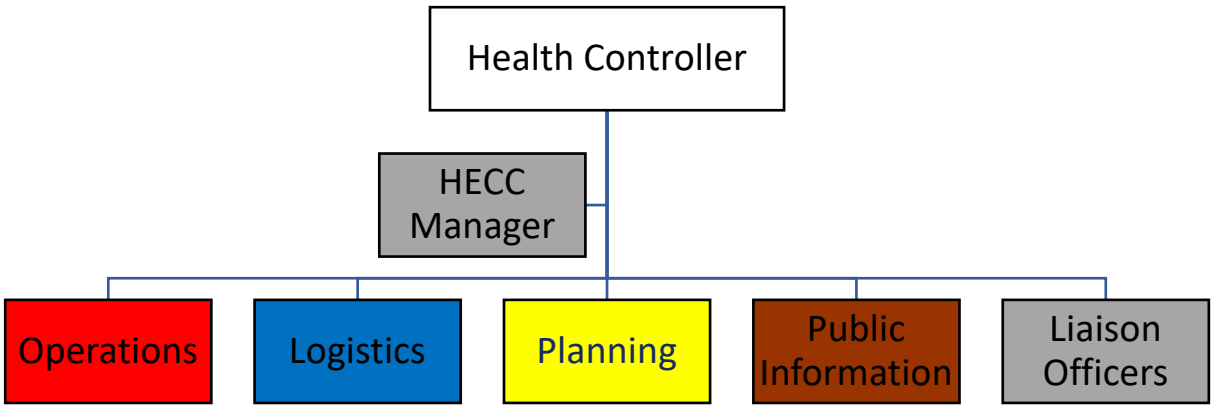
Health Emergency Control Centre

The Health Controller will control an emergency response through the Health Emergency Control Centre (HECC). The HECC is established in a dedicated work area in the HPS with seconded ACTHD staff placed in key roles. A secondary site for the HECC is the Health Directorate offices at Bowes Street.

Liaison Officers from appropriate stakeholders are also requested to attend the HECC to provide coordination across the ACT Health Sector and government as required. The HECC staffing is illustrated in the figure below, which is based on the AIIMS structure.



Links to other Emergency Operations Centres

If the HECC is established to respond to a significant emergency, other Emergency Operations Centres (EOCs) may also be established. This includes, but not limited to:

- ACT Emergency Coordination Centre (ECC);
- Police Operations Centre (POC);
- Local Disaster Control Centre (LDCC);
- ACT Public Information Coordination Centre (PICC); and
- Hospital EOCs (both public and private).

ACTHD and CHS will provide liaison officers to the identified EOCs upon request.

The HECC is the highest control centre in the ACT Health Sector emergency response arrangements. All health-centric EOCs (e.g. Calvary EOC) will report to the HECC. It is important that all EOCs establish communication pathways in a timely manner, which may include the rostering of liaison officers, scheduling teleconferences, and distributing incident information. Appendix C provides an outline of HECC and EOCs within ACT Government.

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Key Roles and Responsibilities

(alphabetical order)

ACT Ambulance Service

- Provide staff to perform incident management and liaison officer roles at the HECC if requested
- In consultation with the Health Controller, coordinate the movement of patients to and between health care facilities
- Coordinate the activation of agreements with other ambulance services to increase the availability of ambulance resources

ACT Emergency Services Agency

- Activate the ACT Emergency Coordination Centre when requested
- Provide technical specialist support as requested (e.g. risk and planning)
- Provide staff and facilities to perform incident control and liaison roles
- Provide staff and facilities for coordination of response agencies

ACT Health Directorate

- **Director-General**
  - Brief the Minister for Health and Head of Service as required
  - Attend SEMSOG as requested
  - Provide the Health Controller with additional resources necessary to sustain activation of the HECC and response
  - Consider ACT Health Directorate business continuity and recovery needs
- **Chief Health Officer**
  - Appoint a Health Controller, who will:
    - Establish the HECC
    - Control and coordinate ACT Health Sector resources to lead or support response activities

    - Manage public health matters in accordance with the PH Act
    - Attend SEMSOG as requested
    - Represent the ACT on AHPPC
- **Health Emergency Management Unit**
    - Maintain a 24/7 duty officer roster
    - Advise the CHO on emergency management arrangements
    - Activate the HECC on behalf of the CHO
    - Support the Health Controller as HECC Manager
    - Provide staff to assist with incident management and whole of government liaison officer roles
- **Health Protection Service**
    - Prevent and respond to public health incidents
    - Monitor and enforce public health regulations
    - Provide public health advice to the CHO and Health Controller
- **Communicable Disease Control**
    - Manage immunisation, disease surveillance, and infection control mechanisms
    - Provide public health and / or technical advice
- **Environmental Health**
    - Provide advice, education, and regulatory oversight for food and environmental health risk activities
    - Provide environmental health and / or technical advice
- **ACT Government Analytical Laboratories**
    - Provide advice and testing in toxicology and forensic chemistry, environmental chemistry and microbiology
- **Health Media and Communications**
    - Develop and distribute public health messaging with Health Controller approval
    - Provide staff to assist with liaison officer roles

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Australian Defence Force

- Provide staff to liaison officer roles if requested
- Coordinate Defence Assistance to the Civil Community (DACC) requests

Australia Red Cross (ACT)

- Provide staff to liaison officer roles if requested
- Establish and operate a registration and inquiry service (Register. Find. Reunite.) as agreed with Australian Federal Police

Calvary Bruce Private Hospital

- Establish a Hospital Emergency Operations Centre (HEOC) as requested
- Undertake a rapid bed capacity assessment
- Enact surge capacity measures if required
- Manage and treat patients transported or transferred to the hospital
- Provide staff to act as liaison officers at the HECC if requested

Calvary John James Hospital

- Establish a HEOC if required
- Undertake a rapid bed capacity assessment
- Enact surge capacity measures if required
- Manage and treat patients transported or transferred to the hospital
- Provide staff to act as liaison officers at the HECC

Calvary Public Hospital Bruce

- **Chief Executive Officer**
  - Appoint a Hospital Commander
  - Establish a HEOC if required
  - Enact surge capacity measures if required
- **Emergency Department**
  - Undertake a rapid bed capacity assessment
  - Provide staff to act as liaison officers at the HECC as requested
- **Clinical Services**
  - Manage and treat casualties transported or transferred to the hospital

Canberra Health Services

- **Chief Executive Officer**
  - Appoint a Hospital Commander
  - Establish a HEOC if required
  - Enact surge capacity measures if required
  - Attend SEMSOG as requested
- **Emergency Management Coordinator**
  - Provide staff to act as liaison officers at the HECC
- **Clinical Services**
  - Manage and treat casualties transported or transferred to the hospital

Capital Health Network

- Provide General Practitioners to support evacuation centres when requested

Murrumbidgee and Southern NSW Local Health Districts

- Manage and treat casualties presenting, transferred or transported to NSW hospitals in consultation with the HECC
- Provide staff to act as liaison officers at the HECC if requested

National Capital Private Hospital

- Establish a HEOC if required
- Manage and treat patients transported or transferred to the hospital
- Provide staff to act as liaison officers at the HECC if requested

Security and Emergency Management Branch, JACS

- Provide whole of government incident notification, as identified in the ACT Government Incident Notification Framework

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St John's Ambulance (ACT)

- Provide first aid assistance to people affected by the emergency at evacuation centres or other sites as requested

Media and Communications

If the HECC is the highest level operational centre activated, all emergency-related media and communications should be provided, released and authorised by the Health Controller through the Public Information Officer within the HECC. This is to ensure consistent messaging (e.g. referring patient presentations between Emergency Departments and Walk-in Centres).

If the Public Information Coordination Centre (PICC) is activated, all health related media input must be provided through the PICC for release by the Public Information Coordinator (PIC) in accordance with the ACT Community Communication and Information Plan (CCIP).

A Public Health Alert is an available tool for the CHO under s.118A of the PH Act. A Public Health Alert provides notice for the public on the risk and precautions to take to deal with the public health risks associated with the incident provided by the CHO.

Access Canberra are also an important tool in the provision of information to the community. Access Canberra can also be utilised to support a public health response, including managing public enquiries through contact centre arrangements or utilising regulatory compliance functions alongside the HPS.

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PART 5: RECOVERY

Deactivation of the Health Emergency Sub-Plan

The HEP will be deactivated by the Health Controller when either scenario occurs:

- The emergency has been resolved by the current response arrangements; or
- The emergency has been downgraded to a lower risk that no longer requires central control of the ACT Health Sector.

The deactivation of the HEP will result in the subsequent deactivation of the HECC, associated EOCs, and any other emergency management arrangements.

ACT Recovery Plan

The ACT Recovery Plan outlines the coordination of recovery efforts by the ACT Government and other agencies following a significant emergency. The recovery phase may be a complex, dynamic and protracted process, and as such, the ACT Health Sector will support the ACT recovery process as required.

ACT Health Sector Resupply

ACT Health Sector resources may be depleted or exhausted following a prolonged or large scale emergency response. The HECC should remain activated until major hospital resupply issues are adequately addressed. Hospital EOCs should have the ability to track essential stores and rapidly identify potential issues and special stores requirements beyond routine supply arrangements. Critical stores issues may be escalated to the HECC when routine resupply options have been exhausted.

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After Action Review

The CHO may request for an After Action Review (AAR) to be coordinated by HEMU after every HECC deactivation or an exercise where the HEP is tested. The CHO may also request a written AAR report.

An AAR should review the emergency management response, identify lessons learned, and identify and initiate any necessary changes to health sector emergency plans. The AAR may take either or both of these forms:

- A 'hot debrief' conducted within 48 hours of deactivation of the HECC; and
- A multi-agency debrief should be conducted within fourteen days of deactivation.

Psychosocial Support

Emergencies may have adverse short and long-term psychological effects on staff and the individuals directly and indirectly involved. Provision for the identification and management of adverse psychological effects for responding personnel should be an integral part of emergency planning.

Early intervention strategies such as psychological first aid may minimise the psychosocial effects that may be associated with an emergency or disaster. Analysis of the requirement for psychological support must be considered as a component of initial hot debriefs following deactivation and reviewed again during multi-agency debriefing.

PART 6: PLAN ADMINISTRATION

HEP Review Requirements

The HEP and associated annexes will be updated as required and reviewed by the HSEMC at least every three years. At the discretion of the HSEMC Chair (the CHO), administrative revisions (e.g. naming conventions for business units, but not for the transference of functions between agencies) will not require SEMSOG re-endorsement.

Expenditure and Recovery of Funds

The cost of providing ACT Government medical, public health and mental health services for the purposes of this plan will be met from within the area's normal budgetary allocation.

All participating agencies should keep a detailed account of costs incurred in contributing to the health sector response. Specific financial arrangements, for the recovery of anticipated expenditure, may be negotiated between the ACTHD and the private sector as a component of operational planning. The point of contact for identification of expenditure and recovery of funds for agreed costs will be the CHO. Private sector and non-government organisations will be required invoice ACTHD in relation to costs which have been agreed to by the CHO.

In some circumstances, expenditures incurred during response or recovery operations following natural disasters or emergencies may be recovered under Commonwealth funding arrangements.

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PART 7: GLOSSARY

ACT Ambulance Service: ACTAS is an operational service within the ACT ESA and is responsible for providing emergency and non-emergency ambulance and aeromedical ambulance services to the ACT and surrounding south east NSW region.

ACT Emergency Plan: The ACT Emergency Plan describes the responsibilities, authorities and the mechanisms to prevent, or if they occur, manage emergencies and their consequences within the ACT in accordance with the requirements of the *Emergencies Act 2004.*

ACT Health Directorate (ACTHD): ACTHD is responsible for the stewardship of the health system in the ACT. ACTHD provides a strong policy and population health capability, develops strategies, and sets the direction to ensure services meet community needs.

ACT Health Sector: A collective term of all health-centric entities who have a shared responsibility in promoting sector resilience when responding to emergencies that impact the health of the ACT community.

All agencies approach: Arrangements dealing with emergencies involve active partnership between all organisations.

All-hazards: Dealing with all types of emergencies or disasters and civil defence using the same set of management arrangements

Australasian Inter-Service Incident Management System (AIIMS): An incident management framework used to manage emergencies. AIIMS is based on five principles: management by objectives; functional management; span of control; flexibility; and unity of command.

Australian Health Protection Principal Committee (AHPPC): AHPPC provides advice to the Australian Health Ministers' Advisory Council (AHMAC) on health protection matters and national priorities. AHPPC is also tasked with mitigating emerging health threats related to infectious diseases, the environment, and natural and human made disasters.

Australian Medical Assistance Team (AUSMAT): AUSMAT are multi-disciplinary health teams that can rapidly respond to a disaster zone to provide lifesaving treatment to casualties, in support of the local, national or international health response.

Canberra Health Services (CHS): CHS provides acute, sub-acute, primary and community-based health services to the ACT (approximately 400, 000 people) and surrounding Southern NSW region. CHS administers the Canberra Hospital, University of Canberra Hospital, three walk in centres, six community health centres, and other community based health services.

Command: The direction of members and resources of an organisation in the performance of the organisation's roles and tasks. Authority to command is established by legislation or by agreement with the organisation. Command relates to organisations only and operates vertically within the organisation. (Source: Emergency Management Australia Glossary).

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Comprehensive Approach: The development of emergency and disaster arrangements to embrace the aspects of prevention, preparedness, response, and recovery (PPRR). PPRR are aspects of emergency management, not sequential phases. (Source: Emergency Management Australia Glossary).

Control: The overall direction of the activities, agencies or individuals concerned. Control operates horizontally across all agencies / organisations, functions and individuals. Situations are controlled. (Source: Emergency Management Australia Glossary).

Coordination: The bringing together of agencies and individuals to ensure effective emergency or rescue management but does not include the control of agencies and individuals by direction. (Source: Emergency Management Australia Glossary).

Health Controller: The Health Controller will coordinate and control the ACT Health Sector response during an emergency.

Health Sector Emergency Management Committee (HSEMC): An ACT Health Sector committee that provides a forum for discussion and collaboration across the ACT Health Sector in the area of emergency management.

Hospital Commander: Sector level Commander, commanding a responding hospital.

Health Emergency Control Centre (HECC): The HECC controls and coordinates the ACT Health Sector response to a significant emergency. The HECC is a physical operational centre established in a dedicated work area in the Health Protection Service. A secondary location for the HECC is the Health Directorate offices at Bowes Street.

Health Protection Service (HPS): HPS supports the CHO through the prevention, preparation, detection and response to public health threats. HPS focuses specifically on communicable diseases, environmental hazards, and the supply of medicines and poisons. In addition, HPS runs an analytic laboratory providing Toxicology and Forensic Chemistry, Environmental Chemistry and Microbiology testing.

Hospital Emergency Operations Centre (HEOC): The HEOC controls and commands a single hospital's response to an emergency.

Liaison Officer: A person, nominated or appointed by an organisation, to represent that organisation at a control centre / emergency operations centre / coordination centre to maintain communications and conveys directions / requests to their organisation (Source: Emergency Management Australia Glossary).

Major Incident Medical Management Support (MIMMS): A systematic approach to disaster medical management that can be applied to any major incident.

National Incident Room (NIR): The NIR will be established in the Commonwealth Department of Health to ensure a nationally consistent and coordinated response to a national health emergency.

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Public Health: Public health is defined as the health of individuals in the context of the wider health of the community, and the organised response by society to protect and promote health and prevent illness, injury and disability.

Public Health Alert: A notice authorised by the CHO for the public to take precautions for public health risks associated with an emergency (s.118A *Public Health Act 1997*).

Public Health Emergency: A declaration by the Minister for Health to enable the powers of the CHO and authorised officers in alleviating an emergency (s.119 *Public Health Act 1997*).

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APPENDIX A – HEALTH SECTOR EMERGENCY MANAGEMENT COMMITTEE MEMBERSHIP

- ACT Chief Health Officer – Chairperson

Members are derived from ACT Health Sector representatives who participate on behalf of their agency or area in an emergency response:

- Executive Branch Manager, Health Protection Service (ACTHD)
- Chief Operating Officer, Canberra Health Services
- General Manager Operations, ACT Ambulance Service
- General Manager, Calvary Public Hospital Bruce
- General Manager, Calvary Bruce Private Hospital
- General Manager, Calvary John James Hospital
- General Manager, National Capital Private Hospital
- Regional Health Director SNSW, Joint Health Command (ADF)
- Manager, Joint Operations Support Staff ACT-SNSW, (ADF)
- Director of Critical Care | Critical Care Unit, Southern NSW Local Health District (SNSWLHD)
- Health Services Functional Area Coordinator, Murrumbidgee Local Health District (MLHD)
- Disaster Manager, MLHD & SNSWLHD
- Chief Executive Officer, Australian Red Cross (ACT)
- Chief Executive Officer, St John Ambulance (ACT)
- Chief Executive Officer, Capital Health Network
- Director, ACT Health Media and Communications
- Senior Manager, Community Participation Group (Community Services Directorate)
- Emergency Management Officer, ACT Emergency Services Agency (ESA, ECC)
- Executive Branch Manager, Security and Emergency Management Branch, (Justice and Community Safety)
- ACT Policing, Emergency Management & Planning (Australian Federal Police)
- Director, Health Emergency Management Unit

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APPENDIX B – KEY ROLES AND RESPONSIBILITIES BY PRIORITY FOR DECLARED EMERGENCY CODES

Code	Affected Hospital Commander (EOC)	Health Controller (HECC)	Other Non-Affected Hospitals (EOC)
BLUE	Not Required – medical incident management only	Not Required	Not Required
RED	1. Establish facility **Command** 2. Activate EOC for major incident, consider need for escalation 3. Incident Management (ACTF&R will assume Incident Control) 4. Initial notification, risk assessment/s and regular SitReps	1. Activate HECC for major incident only 2. Provide **Coordination** for the affected hospital 3. Establish **Control** of the Health sector if the affected hospital becomes or is likely to become unserviceable or inoperable	1. Stand-By arrangements 2. Review hospital status
ORANGE	1. Establish facility **Command** 2. Activate EOC for major incident (if not already activated) 3. Incident **Control** (if no emergency services on site) 4. Initial notification, risk assessment/s and regular SitReps	1. Activate HECC for major incident only 2. Establish **Control** of the health sector 3. Provide **Coordination** for affected hospital 4. Develop transport plan with ACTAS 5. Manage patient redistribution, ACT and interstate	1. Establish Facility **Command** through EOC 2. Take tasking from the HECC 3. Activate *External Disaster Plan* and surge capacity arrangements 4. Provide HECC with assessment of reception capability
PURPLE	1. Establish facility **Command** 2. Activate EOC for major incident 3. Incident Management (AFP-ACT Policing will assume Incident Control) 4. Initial notification and regular SitReps (cleared by AFP)	1. Activate HECC for major incident only 2. Provide **Coordination** for affected hospital	1. Stand-By arrangements 2. Review hospital status
YELLOW	1. Establish facility **Command** 2. Incident **Control** (if no emergency services on site) 3. Activate EOC for major incident only 4. Incident Management 5. Initial notification, risk assessment/s and regular SitReps	1. Activate for HECC for major incident only 2. Provide **Coordination** for affected hospital 3. Establish **Control** if affected hospital becomes or is likely to become unserviceable or in operable.	1. Stand-By arrangements 2. Review hospital status
BLACK	1. Establish facility **Command** 2. Activate EOC for major incident 3. Incident Management (AFP-ACT Policing will assume Incident Control) 4. Initial notification, risk assessment/s and regular SitReps (Cleared by AFP)	1. Activate for major incident only 2. Establish **Control** of the health sector if clinical services at the facility become significantly compromised due to prolonged security event. 3. Provide **Coordination** for affected hospital	1. Stand-By arrangements 2. Review hospital status
BROWN	1. Establish Facility **Command** through EOC 2. Take tasking from the HECC 3. Prepare facility to receive large numbers of critically ill patients. 4. Activate *External Disaster Plan* and surge capacity arrangements	1. Establish **Control** of the health sector **2. Declares Code Brown** 3. Deployment of health sector assets 4. Tasking of responding facilities and agencies	1. Establish Facility **Command** through EOC 2. Take tasking from the HECC 3. Activate *External Disaster Plan* and surge capacity arrangements

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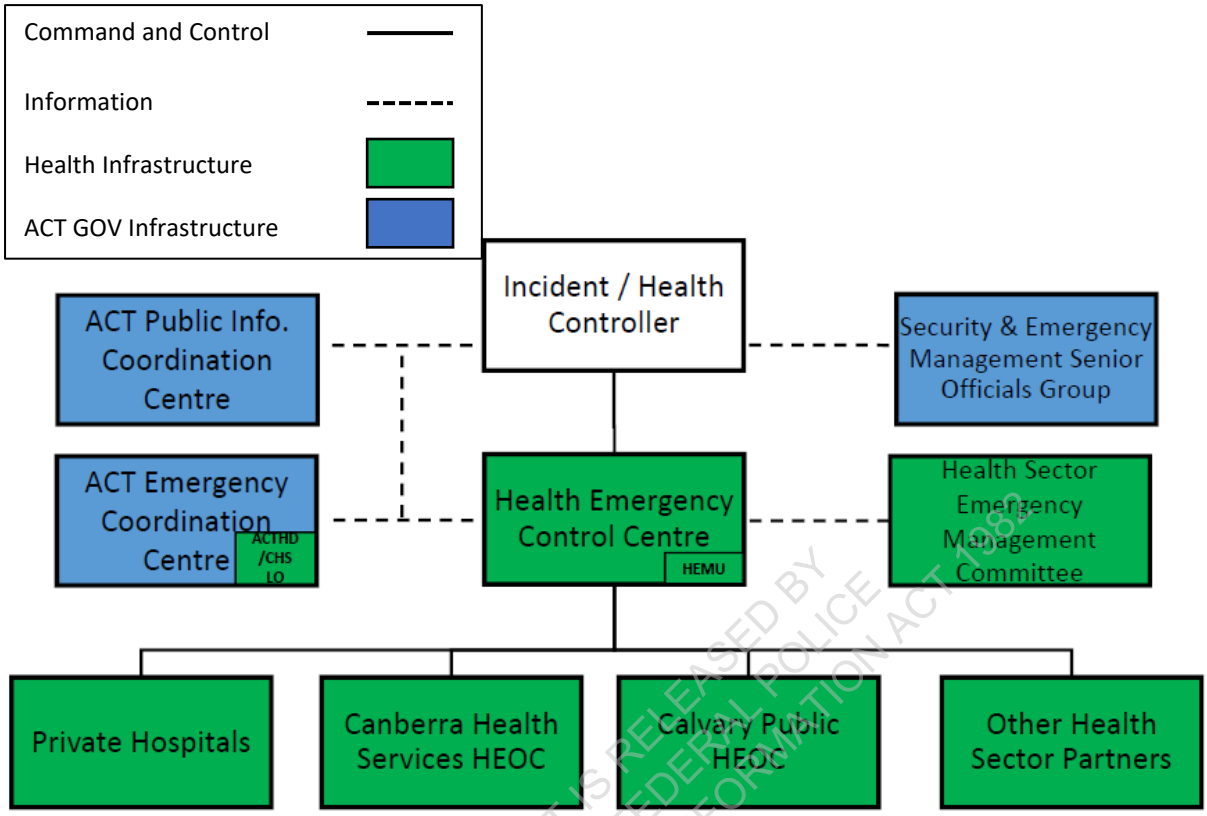
Major Incident: Code Red: major facility fire or major clinical service consequence arising from fire. Code Black: sustained facility lock down, active siege, active shooter. Code Yellow: Hazardous substance release and exposure, or facility wide sustained loss of utility or technology affecting clinical services for greater than Maximum Allowable Outage, or two external services on site for response (e.g.; ACTFB and ActewAGL). Code Orange: Major vertical evacuation or greater than 20% of facility in-patients requiring long term relocation off facility. Code Purple: AFP-ACT Policing Bomb Squad on facility. Code Brown: Declaration of a State of Emergency; or appointment of an Emergency Controller; or activation of the ACT MCI Plan.
Coordination from the HECC includes 1) the provision of additional equipment and resources to the affected hospital. 2) Liaison (notifications and regular SitReps) as required to EC, HEMSC and ESA, SEMB, NSW Local Health Networks and the NIR. 3) Media management including drafting and release of media releases and talking points. 4) Ministerial liaison. 5) Manage/minimise the consequences of bypass on the health sector. 6) Development of short and medium term operational contingency for the possibility that the affected hospital becomes unserviceable or inoperable in terms of the provision of clinical services

APPENDIX C – ARRANGEMENTS FOR ACT EMERGENCY OPERATIONS CENTRES



This graph represents a health-led emergency. Based on ACT Emergency Plan (2014), Figure 3, Emergency Arrangements for a significant incident with no Emergency Controller appointed

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Pages 30 through 33 redacted for the following reasons:
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AFP
AUSTRALIAN FEDERAL POLICE

Memorandum of Understanding

for the collaborative working relationship between

the

Australian Federal Police

and

ACT Ambulance Service

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1. Participants

1.1 The participants to this Memorandum of Understanding (MOU) are:

- the Australian Federal Police (AFP) - ACT Policing
- ACT Ambulance Service (ACTAS)

2. Purpose

2.1 This MOU establishes the framework for the working relationship between the participants. It sets out the general principles and agreed areas of cooperation by which the participants will work collaboratively and provide mutual assistance, to the extent permitted by law.

2.2 Nothing in this MOU is intended to create any legally binding obligations between the participants.

3. Interpretation

3.1 Unless a contrary intention is stated, the acronyms and terms used in this MOU have the following meanings:

ACT	means the Australian Capital Territory.
ACT Policing	means the Australian Federal Police, providing policing services to the ACT pursuant to section 8(1)(a) of the *Australian Federal Police Act 1979* (Cth) and the ACT Policing Purchase Agreement.
ACT Policing and ACTAS Operational Working Group	means the committee with responsibility for providing oversight of this MOU.
ACTAS	means the ACT Ambulance Service.
ACT Policing Purchase Agreement	means the agreement or agreements between the Australian Federal Police and the ACT Government for the delivery of policing services to the ACT through ACT Policing.
AFP	means the Australian Federal Police.
DOM	is a sworn Sergeant undertaking the ACT Policing Duty Operations Officer. The DOM manages resources across the whole of the ACT Policing business under the ACT Policing dispatch protocols. The DOM is the point-of-contact for the Police Forward Commander when seeking clarification or requesting more resources at an incident. The DOM must provide support, advice and assistance to first responders and the Police Forward Commander at an incident.
MOU	means this Memorandum of Understanding.
Participants	means the participants to this MOU, being the AFP (ACT Policing) and ACTAS.
Policing Services	means the services provided by ACT Policing under the ACT Policing Purchase Agreement.

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4. Roles of the participants

4.1 The AFP provides police services as described in Section 8 of the *Australian Federal Police Act 1979* (Cth). The AFP delivers policing services to the ACT, pursuant to the *Purchase agreement between the ACT Minister for Police and Emergency Services, the Commissioner, Australian Federal Police, and the Chief Police Officer for the ACT for the provision of policing services to the Australian Capital Territory* ('ACT Policing Purchase Agreement').

4.2 ACTAS is responsible for providing emergency and non-emergency ambulance services and transport within the ACT. Additionally, ACTAS provides intensive care paramedics to the SouthCare Toll rescue helicopter and are responsible for the day to day management of the local helicopter service together with New South Wales, providing aeromedical rescue and retrieval services to the ACT and southern-eastern New South Wales.

5. Relationship between the participants

5.1 The following principles will guide the interactions between the participants of this MOU.

(a) The participants are committed to a cooperative working relationship based on mutual respect for each participant's respective roles and responsibilities.
(b) The participants are committed to collaborating and fostering opportunities to work together on issues of mutual interest or concern.
(c) The participants will afford such assistance to each other as practical and required, taking into consideration the level of resources and priorities of their respective agencies.
(d) The participants recognise the need for clear communication, ongoing support, and joint leadership to develop and sustain the cooperative working relationship.

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6. Areas of Cooperation

6.1 The participants will endeavour to collaborate and assist each other through joint or mutually supportive actions in the following areas:

(a) Communications: ensuring a shared understanding for the categorisation of priorities, dispatch guidelines and command structure.
(b) Operational response: coordinated and proactive activities to support and strengthen capacity to achieve the safe and effective management of emergency events and critical incidents in the ACT.
(c) Information sharing: to support the operational and strategic requirements of the participants, including to support a prosecution and victims of crime.
(d) Coordinated training and education: activities to support and strengthen the capacity of operations of the participants.
(e) Any other activities that may be mutually decided by the participants.

6.2 Refer to subsidiary arrangements for prescriptive elements of these joint activities, a table of documents is at **Schedule 1**.

7. Term

7.1 This MOU will commence on the date the last signature is affixed to this MOU and will operate until it is terminated in accordance with clause 17.

7.2 This MOU does not replace any existing agreements or arrangements.

8. Transition arrangements

8.1 Operational matters set out in the schedules under this MOU will remain in operation until such time as new subsidiary arrangements are established under clause 9 of this MOU.

9. Subsidiary arrangements

9.1 The participants will enter into subsidiary arrangements to support the operation of this MOU and will be incorporated into this MOU, unless otherwise mutually decided upon by the participants.

9.2 Subsidiary arrangements will be jointly developed and negotiated by the participants and established by formal letters of exchange.

9.3 In the event of a conflict between any of the terms of this MOU and a subsidiary arrangement, the subsidiary arrangement will prevail to the extent of the inconsistency.

9.4 A subsidiary arrangement incorporated to this MOU, will cease effect from the date this MOU is terminated in accordance with clause 17.1, unless otherwise mutually decided upon by the participants.

10. Governance

10.1 The ACT Policing and ACTAS Operational Working Group will:

(a) meet monthly

(b) oversee the performance, delivery and management of agreed activities under this MOU

(c) ensure that agreed activities performed under this MOU are administered and applied co-operatively and efficiently

(d) address implementation issues and disputes as they arise

(e) identify opportunities for increased interoperability, efficiencies and better operational practices between the participants

(f) annually evaluate this MOU.

11. Confidentiality of information

11.1 The participants agree that any information shared under this MOU is provided and received on the basis that it will be handled in a manner that complies with Commonwealth and Territory legal and policy requirements for the security, privacy and disclosure of information.

11.2 Where operationally sensitive information is to be shared, the originating participant is responsible for ensuring that appropriate guidance is provided to the other participant on appropriate measures to safeguard that information. The participants will respect any issues raised regarding the security or sensitivity of the material.

11.3 Where a participant is legally compelled to disclose information received under this MOU, the responsible participant will promptly notify the originating participant of the production or disclosure requirement. The participants will consult each other on any action considered necessary to preserve the confidentiality of the information to the extent permitted by law, if requested to do so.

11.4 Where information provided under this MOU becomes the subject of an inadvertent or unauthorised disclosure, access or loss, the responsible participant will, as soon practicable, notify the originating participant of the nature of the breach. The participants agree to consult each other on any remedial measures or actions

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considered necessary to mitigate any risks associated with the privacy or security breach.

12. Communication, policy and media strategy

12.1 The participants will proactively consult each other as soon as is reasonably practicable about:

(a) briefs to Ministers on operational matters involving both participants

(b) proposed legislative changes that may impact on the other participant, before seeking approval for the proposed legislative change from Ministers

(c) media purposes, including preparation of media statements. The participants will agree on a case-by-case basis as to which participant shall be the lead agency for media purposes.

12.2 The participants will ensure timely notice is given to the other participant of any changes, or proposed changes, to an operative procedure, policy or directive that may affect the operation of this MOU, or any subsidiary arrangement incorporated to this MOU.

13. Dispute resolution

13.1 If a difference or dispute arises in relation to this MOU, the participants will attempt to resolve the matter at the workplace operational level.

13.2 If agreement cannot be reached at the workplace operational level, then the disagreement should be escalated to the Operational Working Group (clause 10).

13.3 Should the process in clauses 13.1 and 13.2 fail to resolve the dispute, the matter will be referred to ACT Policing and ACTAS Senior Officers.

13.3 Until such time as a disagreement is resolved in accordance with clause 13, the participants agree that they will continue to discharge their obligations to each other in accordance with the MOU, except in so far as those obligations touch upon the subject matter of any unresolved aspects of the disagreement or difference.

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14. Variation

14.1 This MOU may be varied by written agreement of both participants at any time.

14.2 Where the participants mutually determine to vary this MOU, the variation will be made jointly by the participants' authorised representatives, in the form of either an exchange of letters or electronic communication.

14.3 A variation to this MOU will commence on the date it is signed by the authorised representatives for both participants, or the date the last authorised participant signs or confirms by electronic communication an agreement to vary the MOU.

15. Review

15.1 The ACT Policing and ACTAS Senior Officers will conduct formal reviews of this MOU and any subsidiary arrangement incorporated into this MOU, to ensure maintenance of a successful partnership. This review will be conducted by the Operational Working Group. The first formal review will occur 12 months after execution of the MOU and thereafter on a triennial basis, or as determined and agreed in writing by the participants.

16. Key Contacts

16.1 Key contacts relevant to the MOU are listed at **Attachment 1.**

17. Termination

17.1 Either participant may terminate this MOU without reason by giving the other participant 28 days' notice in writing.

17.2 Termination does not affect liabilities and obligations separately established by law and legislation.

18. Notices

18.1 Any notice, or other communication, required to be given or sent to either participant under this MOU will be in writing and given to the relevant representative. A notice will be deemed to have been received by the recipient on the expiration of two business days after the date on which it was sent.

SIGNED for and on behalf of the
Australian Federal Police by
Deputy Commissioner Scott Lee APM
Chief Police Officer for the ACT

s 47E(c)

Date: 06 MAY 2024.

SIGNED for and on behalf of the
ACT Ambulance Service by
Mr Howard Wren PSM
Chief Officer ACT Ambulance Service

s 22(1)(a)(ii)

Date: 6/5/24.

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Attachment 1

ACT Policing:

Communications s 22(1)(a)(ii)
Duty Operations Manager: s 22(1)(a)(ii)
Alpha 8 – on call Duty Officer Inspector: s 22(1)(a)(ii)

ACT Ambulance Service

Communications: Communications Coordinator/Team Leader: s 22(1)(a)(ii)
Duty Officer s 22(1)(a)(ii)

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Schedule One

Table of subsidiary arrangements (in draft)

Number	Title	Last reviewed
Schedule One	Table of subsidiary arrangements	
Schedule One	Information sharing	
Schedule Three	Operation Response: Agency response responsibilities, including Watch House	
Schedule Four	Education and training	
Schedule Five	Categorisation of response priorities Decision matrix Terminology Command Structure	
Schedule Six	Operational Working Group Terms of reference	
Schedule Seven	Exchange of members	

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