

Annual Forward Plan of Reviews

2021



IGEM
Inspector-General
for Emergency
Management

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1 Introduction

The Inspector-General for Emergency Management (IGEM) is an independent role established under the *Emergency Management Act 2013* (the Act).

The objectives of the IGEM are to:

- provide assurance to the government and the community in respect of emergency management arrangements in Victoria
- foster continuous improvement of emergency management in Victoria.

Supporting the achievement of these objectives, IGEM undertakes system-wide reviews, including reviews of the emergency management functions of responder agencies and government departments as prescribed in section 66 of the Act.

These reviews are based on an Annual Forward Plan of Reviews (the forward plan), developed by IGEM in consultation with the emergency management sector¹ (the sector) and shared with the Minister for Police and Emergency Services (the minister). In addition, IGEM conducts reviews at the request of the minister under the provisions of section 64(1)(c) of the Act.

All IGEM's assurance activities are guided by the *Assurance Framework for Emergency Management* (2nd edition 2019) (the Framework), which provides the foundation for a coordinated and collaborative approach to sector-wide assurance.

Annual Forward Plan of Reviews – 2021

In developing the forward plan for 2021, IGEM considered possible matters for review as contained within its longer-term *Forward Projection of Reviews – 2020*.

IGEM also considered the risks and themes from monitoring of the COVID-19 response throughout 2020, and from complementary assurance activities such as the COVID-19 Hotel Quarantine Inquiry and relevant parliamentary inquiries.

Based on these considerations, IGEM will conduct one planned review in 2021 titled 'Victoria's preparedness for major public health emergencies, including pandemics' (the review).

This review will be conducted under section 64(1)(b) of the Act and will be the sole, planned review scheduled for conduct in 2021, in addition to completing Phase 2 of the independent Inquiry into the 2019–20 Victorian Fire Season.

Forward Projection of Reviews

Potential future reviews are included in the *Forward Projection of Reviews – 2020*². IGEM will review this document at a time closer to the delivery of the Inquiry into the 2019-20 Victorian Fire Season Phase 2 report and the review described in this forward plan.

¹ Defined in the *Emergency Management Act 2013* as '...comprising all agencies, bodies, departments and other persons who have a responsibility, function or other role in emergency management'.

² https://www.igem.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2020/04/3f/b7eb90d1c/IGEM%20-%20Forward%20Projection%20of%20Reviews%20-%202020.pdf

1.1 Document purpose

This document outlines IGEM's forward plan for 2021.

The intended audience is government and the emergency management sector in Victoria. The document will be available to the community on the IGEM website (www.igem.vic.gov.au).

The forward plan is prepared in accordance with section 66 of the Act and provides a high-level description of the review IGEM will conduct in 2021. This includes broad information specific to the context, aim, scope, stakeholders, approach, outputs, publication, implementation and intended review outcomes.

2 Annual Forward Plan of Reviews – 2021

2.1 Victoria's preparedness for major public health emergencies, including pandemics

2.1.1 Context

Victoria's health and emergency management sectors (the sectors) continue to respond to the global COVID-19 pandemic since the first Australian case was identified in Melbourne on 25 January 2020, in a person returning to Melbourne from China.

Pneumonia of unknown cause was first reported to the World Health Organisation (WHO) China offices on 31 December 2019. On 5 January 2020, the WHO notified Member States of an outbreak of pneumonia of unknown cause in Wuhan City, China, under the International Health Regulations (2005).

By 12 January 2020, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified as the causative pathogen and on 11 February 2020 the WHO formally named the disease coronavirus disease 2019 or COVID-19³.

The identification of this first case in Melbourne triggered a series of public health measures authorised under state and national legislation. These are detailed in the Background (section 2.1.2) of this document.

Victoria's response to the COVID-19 pandemic is coordinated and managed as a major public health emergency and falls into the Class 2 emergency classification for purposes of governance and accountability.

Class 2 emergency means a major emergency which is not –

a. A Class 1 emergency; or

b. A warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth; or

c. A hi-jack, siege or riot.

Emergency Management Act 2013; State Emergency Management Plan 2020

The Emergency Management Act (s 3) defines Class 1 and 2 emergencies and authorises agencies to respond or take action, and the State Emergency Management Plan (SEMP) (2020) assigns roles and responsibilities.

³ <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ssba-news-COVID-19#:~:text=The%20International%20Committee%20on%20Taxonomy,SARS%20outbreak%20in%202003.>

The response to non-major emergencies is managed through business-as-usual activities led by a responsible agency until such time as response triggers indicate the need to escalate levels of control in accordance with the emergency's designation (for example, Class 2). Once triggered, responses to all classes of emergency are coordinated and guided by legislation, policies and plans.

The response to the COVID-19 pandemic (a Class 2 emergency) remains on-going at this time. However, IGEM believes it is timely to consider if Victoria's arrangements were effective in preparing the state for this major public health emergency, and the wider group of emergencies designated as Class 2.

2.1.2 Background

The COVID-19 pandemic is a significant and devastating major public health emergency and will be the key case study which underpins the focus of this preparedness review.

Major public health emergencies

Many situations, events and public health issues impact on human health and wellbeing. When these situations cause widespread illness and death or overwhelm the usual response systems, they become a major health or public health emergency.

There are many causes of major public health emergencies including:

- communicable diseases such as measles, gastroenteritis, and influenza
- blue-green algae in waterways
- chemical spills
- radiological and biological emergencies.

Emergency Risks in Victoria (EMV July 2020) identifies two health risks in the 14 most significant emergency-related risks for Victoria – being heatwave and pandemic influenza. In addition to these risks, the impacts of emergencies such as COVID-19, the 2014 Hazelwood mine fire, and 2016 thunderstorm asthma event, have stretched the emergency management and health sectors, and resulted in significant mortality, morbidity, and cost to the Victorian community.

The consequences of public health issues and emergencies are significant and often devastating. For example, annual seasonal influenza causes significant mortality and morbidity with 310,000 people affected and 900 deaths occurring nationally during the 2019 season.

A pandemic is defined as 'an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people'⁴. In very early times pandemics were largely confined to continents and countries. An early documented worldwide pandemic was the 1847–48 influenza epidemic. Recent worldwide respiratory and influenza-type global pandemics include the 1911 Spanish Flu, the 1957 Asian Flu, the 2002 SARS outbreak, and the 2009 Swine Flu Pandemic.

Influenza occurs routinely in the winter period in both the northern and southern hemispheres. This can become a major public health emergency or a pandemic. The effective preventive and preparedness activities in place for seasonal influenza includes vaccination, monitoring and surveillance.

Major public health emergencies – by definition of not being a major fire, or any other major emergency where Fire Rescue Victoria, Country Fire Authority or Victoria State Emergency Service are the designated control agency – are managed as Class 2 emergencies when required.

In addition, many Class 2 emergencies occur as a consequence of, concurrently with or immediately following Class 1 emergencies such as a bushfire or major flood. This was apparent in the aftermath of the 2019–20 bushfires including the impacts of smoke, power supply, and water supply and contamination issues in affected townships. Other examples are episodes of gastroenteritis in fire-affected areas or in bushfire staging grounds. The occurrence of concurrent emergencies adds considerable complexity to their management and IGEM will consider the effectiveness of arrangements to manage this.

⁴ Last JM, ed. A dictionary of epidemiology. 4th ed. New York: Oxford University Press, 2001.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease 2019 (COVID-19)

Communicable diseases are generally (but not always) transmitted between like-species such as human-to-human or animal-to-animal. They can also reside in vectors (such as insects, bats) without causing disease in the vector.

A pathogen (the organism that causes human or animal disease) that jumps from a non-human species to humans or undergoes structural change can be problematic. When this occurs for the first time it is termed a 'novel' pathogen.

There are seven coronaviruses that cause mild to severe respiratory human disease. Three new human pathogenic coronaviruses have emerged from animal reservoirs over the past two decades that have caused serious and widespread illness and death.⁵ A change of transmission was the case when the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified as the cause of the COVID-19 respiratory illness that was emerging as a pathogen of concern.

The challenges of a novel pathogen are significant. There are knowledge gaps (transmissibility, incubation periods, population vulnerability) and a lack of proven interventions (vaccines).

The characteristics of a human pathogen, population features and a country's response systems contribute to a pandemic occurring. These include pathogen transmissibility, clinical severity (including mortality), the capacity and limitations of a health system, vulnerable population groups and the effectiveness of interventions such as vaccination, treatment, infection control or border control.

Good planning, prevention and preparedness is highly effective in managing the significant impacts of communicable disease as it is for other public health emergencies.

The weight of expert opinion suggests that similar emergences of novel viruses will continue and threaten population health and wellbeing. The WHO is encouraging countries to use the current pandemic experience to invest in longer-term health emergency preparedness and improve their responses to future and potentially greater threats beyond the current pandemic.

The COVID-19 pandemic in Victoria

Following the identification of the first Victorian (and Australian) case of COVID-19 on 25 January 2020, the numbers increased slowly (total nine cases at 1 March 2020) and then increased rapidly as the pandemic gathered momentum (total 959 cases at 1 April 2020).

The first case triggered a series of legislative actions and public health measures. SARS-CoV-2 was identified in Australia as having pandemic potential. By 30 January 2020 the WHO listed COVID-19 as a Public Health Emergency of International Concern, and then on 11 March 2020 it was declared a pandemic.

The first wave in Victoria occurred between March and June 2020, with cases decreasing and restrictions easing by June. However, as the sporadic number of cases started rising it was apparent that a second wave was occurring that was significantly worse than the first. This wave occurred between the end of June and peaked on or around 7 August. At its peak there were almost 700 daily confirmed cases, 6768 active cases and 25 daily deaths. The peak finally subsided until there were no new cases on 26 October.

Victoria declared a 'State of Emergency' on 16 March under the *Public Health and Wellbeing Act 2008* – the first use of these powers. The State of Emergency enabled the Chief Health Officer to make public health directions such as detention and restriction or prevention of movement to protect the health of Victorians. Similar powers were conferred on the Australian Health Minister through Commonwealth legislation.

On 2 August, the Victorian Government declared a 'State of Disaster' for only the second time since it had been first detailed in the *Emergency Management Act 1986*. The State of Disaster provides Victoria Police and Authorised Officers with additional powers to enforce the public health measures.

⁵ <https://www.niaid.nih.gov/diseases-conditions/coronaviruses>

Some measures, such as working from home, quarantine and restrictions on international travel were instigated at the outset of the first peak and remain in place at this time.

During the second wave Victorians were restricted in their movements from home through curfews, a 5-kilometre limit on travel from their home, and specific reasons to leave their homes. All other state and territory borders were closed to Victorians.

Visitors to homes were not allowed, and numbers of people allowed to gather in public places for purposes of weddings and funerals were restricted. People were also required to wear masks at all times, with few exceptions.

The bulk of commercial premises were required to close; supermarkets and food outlets were allowed to remain open, and restaurants and cafes were allowed to operate for purposes of take-away operations.

The second wave resulted from the hotel quarantine program, and the Hotel Quarantine Inquiry (December 2020) estimated that this wave caused 750 deaths, more than 18,000 infections and incurred a cost of \$195 million.

As at 13 January 2021 the pandemic has 20,414 total confirmed cases and caused 820 deaths in Victoria.

Arrangements for major public health emergencies

Governance, roles and responsibilities

At national level the Australian Government Crisis Management Framework, including the Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements (National CD Plan) (May 2018) details the commonwealth's 'all hazards' arrangements to oversee and coordinate Australia's response to communicable diseases.

Public health arrangements, health sector and emergency management sector responses are the responsibility of the jurisdictions. For example, the State Health Emergency Response Plan (SHERP) describes arrangements for health emergencies in Victoria. However, state arrangements must sit within these national arrangements when communicable disease outbreaks are of national significance and require national coordination.

Victoria's responsibilities are met through **legislation** including: the Emergency Management Act 1986 and 2013, the *Emergency Management Legislation Amendment Act 2018*, and the *Public Health and Wellbeing Act 2008*; **policies and plans** including: the SEMP, the SHERP and area-specific plans including Regional Emergency Management Plans (REMP) and Municipal Emergency Management Plans (MEMP); and **hazard-specific plans, sector and agency operational plans/procedures** including Standing Operating Procedures (SOPs), and Joint Standing Operating Procedures (JSOPs).

In accordance with the obligations established in the Act, the SEMP has been prepared by the Emergency Management Commissioner (EMC) and endorsed by the State Crisis and Resilience Council (SCRC).

The SEMP currently identifies the Department of Health and Human Services (DHHS) as having mitigation responsibilities for major public health risks (heatwave, pandemic influenza); as control agency for multiple public health emergencies (biological spills, human disease, and food and water contamination); and as lead agency for relief and recovery activities involving public health/health protection and health and medical assistance (the latter delivered through Ambulance Victoria).

The machinery of government changes relating to DHHS effective from 1 February 2021 regarding roles for control (Department of Health) and relief and recovery (Department of Families, Fairness and Housing) will necessitate changes to the SEMP.

The IGEM *Review of response to the thunderstorm asthma event of 21–22 November 2016 - Final Report* made recommendations pertaining to that rapid onset, Class 2 emergency. Recommendation 1 identified that DHHS should establish or utilise existing governance arrangements to improve planning and preparedness for emergencies involving the health sector. Recommendation 14 called on Emergency Management Victoria to consider all emergency management resources, infrastructure and systems to respond to both Class 1 and 2 emergencies. IGEM noted that potential improvements in information sharing could result from the utilisation of all State Control Centre systems and resources. Implementation monitoring activities undertaken in relation to these prior recommendations will be considered as part of this review.

Since the onset of the pandemic, other operational assurance activities have considered or made recommendations in relation to governance.

Recognising the importance of Recommendation 74 of the *Hotel Quarantine Inquiry*, IGEM will consider the mechanisms for, and effectiveness of, public health emergency management integration into Victoria's broader emergency management arrangements. It will also examine the effects on and interplays between executive and operational governance arrangements in major public health emergencies.

Class 2 emergencies

The SEMP assigns roles and responsibilities to agencies for mitigation, relief and recovery based on the type of hazard, emergency, or role. The SEMP also details separate response arrangements for Class 1, 2 and 3 emergencies.

While the focus of the review is major public health emergencies (normally managed as Class 2 emergencies), with the COVID-19 pandemic as a base study, and recognising the importance of Recommendation 77 of the *Hotel Quarantine Inquiry*, the review will also examine the Class 1, 2 and 3 hierarchy of emergencies in Victoria.

The review will consider the implications for planning and preparedness for the future management of relevant Class 2 emergencies, within the context of broader emergency management policy, including the sector's commitment to consider all emergencies and all communities.

IGEM will examine and assess planning and preparedness for the hazards and risks that would constitute a major public health emergency and be controlled as a Class 2 emergency. The COVID-19 pandemic response will provide multiple examples of policies and processes implemented as the pandemic progressed, adjustments that were deemed necessary, and their effectiveness in application.

Pandemic planning and preparedness

The review will examine the lead-up to the COVID-19 pandemic, what was in place (including public health and broader emergency management arrangements), the gaps identified as the response escalated, and what might have since changed to enhance levels of preparedness.

The review will consider public health emergency and broader emergency management plans and preparedness activities at state and national level.

The lead agency identified in the SEMP for human disease, including pandemics, is DHHS. Victoria has planned for pandemic influenza for many years. Pandemic influenza is also one of 14 emergency risks assessed as significant for the state with core capabilities, associated tasks and roles and responsibilities detailed in the SEMP.

The Health and Human Services Sector Emergency Management Policy (DHHS July 2019) supports the health and human services sector by defining their responsibilities and requirements to prepare for emergencies. The policy has an emphasis on bushfire risk, however, the intent is for service providers to comply with their obligations to prepare emergency management plans in relation to all hazards.

Pandemic planning, particularly for influenza pandemics, has been well established at state level and supported by the Commonwealth. The WHO is well practised at supporting national and global pandemic outbreaks as detailed in the Pandemic Influenza Risk Management (WHO May 2017).

Nationally the Australian Health Management Plan for Pandemic Influenza (Australian Government August 2019) provides national oversight of the jurisdictional plans and operational guidance. It sits within the Australian National Health Emergency Response Arrangements and supports the Emergency Response Plan for Communicable Disease Incidents of National Significance (National CD Plan).

The Australian Health Management Plan for Pandemic Influenza (August 2019) notes that it does not cover situations where there is a novel pathogen. Two key factors of interest promoted in this national approach prescribe the use of existing systems and governance mechanisms and stronger linkages with the emergency management response arrangements.

The 'Victorian action plan for pandemic influenza' (2015) sets out Victoria's approach for reducing the social and economic impacts and consequences of a pandemic influenza on communities.

These plans are focused on pandemic influenza – with known transmissibility, known population vulnerabilities, and effective interventions including immunisation. Pandemic influenza is significantly likely to occur when a known strain of influenza undergoes a structural change, or the mode of transmission alters. Regardless, there are still many known factors that will support the management and response to an influenza pandemic such as the 2009 H1N1 Influenza A pandemic.

The National CD Plan assigns responsibilities to emergency management agencies and a number of these are relevant to preparedness:

- Develop, maintain and exercise emergency management arrangements.
- Support cross-government sharing of information and situational awareness.
- Develop, maintain and exercise national emergency management sector arrangements.

The SEMP describes the required activities of emergency management sector agencies to prepare for and reduce the effects of emergencies by having plans, capability and capacity for response and recovery. The Victorian Preparedness Framework (VPF) is the sector's guide to meet its obligations in preparing for emergencies.

The VPF sets out the five core capability elements (people, resources, governance, systems, and processes) and the 21 core capabilities that underpin emergency management activities in all phases. Various activities by this sector (such as developing SEMP subplans, exercising and annual preparedness briefings) contribute to its preparedness.

The VPF outlines the following scenario for pandemic influenza preparedness planning:

'The pandemic influenza scenario outlines that the Australian Health Protection Principle Committee (AHPCC) has met and Australia has declared that we are in the Initial Action stage of a pandemic. Within 3 weeks Victoria has 10,000 cases (2,500 require hospitalisation and of those 1,000 have died). Cases are also occurring in every other State/Territory as well as spreading across the world. Hospital emergency departments and general practices are overwhelmed with cases and the worried as well. Selected school closures are taking place. Voluntary quarantine and isolation is taking place in the community. Victoria has up to 580,000 cases (presumptive). The duration of the pandemic in Australia could be seven to ten months.'

Any pandemic preparedness activities undertaken in accordance with the VPF could be guided by this base scenario.

Searching for historic parallels is a valuable tool to make sense of a current crisis. Value is apparent in understanding policy lessons and how communities have reacted to the stresses of health crises. There is evidence emerging that the experience of a prior pandemic (SARS, H1N1, MERS) has been used effectively to respond to COVID-19.

It is important to remember and consider the crucial contextual differences and unique problems experienced by those responding to COVID-19.

Related assurance activities informing this review

IGEM commenced monitoring and maintained a watching brief over a range of COVID-19 response activities in March 2020. The monitoring focused on system-level activity as well as those federal decisions that affected decisions being made in Victoria. IGEM collected and explored information that was publicly available or obtained from its observations of relevant meetings and committees.

As a result of this significant collection of evidence, IGEM has observed a number of issues that will guide the planning and conduct of this review.

Assurance activities have also been conducted or commissioned by the Victorian and the Australian governments (refer Section 3) and conducted by responsible agencies. In accordance with the Framework, the reports, their conclusions and recommendations will be considered during the conduct of this review.

Significant incidents fitting the category of Class 2 emergencies which have been subject to other assurance activities include the community smoke impact of the 2014 Hazelwood mine fire and the 2016 thunderstorm asthma event. These inquiries/reviews identified opportunities for improvement which IGEM has subsequently monitored for implementation, and in some cases, considered the effectiveness of improvements made.

The knowledge gained during the conduct of relevant assurance activities will support this IGEM review. The review will consider and build on recommendations arising from these assurance activities where relevant and as appropriate.

2.1.3 Aim

The aim of this review will be to examine Victoria's preparedness for major public health emergencies, using the current COVID-19 pandemic as a case study of the implementation and effectiveness of the governance, policies and practices in Victoria to prepare for such emergencies. At a broad level, the review will examine:

- preparedness arrangements for major public health emergencies including governance, risk assessment, planning and exercising prior to the COVID-19 pandemic
- appropriateness and effectiveness of arrangements developed for and refined during the COVID-19 response
- accountability for decision-making, interaction between executive and operational governance, information flow and transparency of decisions made
- interaction between the emergency management and health sectors and the workforce capability and capacity across both
- appropriateness of designation of classes of emergencies in Victoria with respect to future emergency management outcomes.

Where appropriate, the review will identify improvements for the future management of major public health emergencies and, where applicable, to other Class 2 emergencies within the context of the broader emergency management framework.

2.1.4 Preliminary scope

The review will focus on the governance, policies and activities developed and implemented by Victoria to plan and prepare for major public health emergencies, including pandemics.

For the purposes of the review, preparedness activities for major public health and other Class 2 emergencies will include: governance, risk assessment, planning, and exercising. The VPF identifies a number of foundational elements and component parts that can support the review – these include a capability model, capability elements (people, resources, governance, systems and processes) and 21 core capabilities with associated critical tasks.

The review will also examine selected activities and processes conducted in preparing for Class 1 and 3 emergencies, in order to compare levels of effectiveness and identify potential improvements in preparing for Class 2 emergencies.

The issues identified in recommendations from the *Pre-pandemic planning and Role of the control agency and Ministerial accountability* sections and recommendations of the *COVID-19 Hotel Quarantine Inquiry* will form key themes of this review. The review will also consider state and relevant national assurance activities including but not limited to the *Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime*, the *Investigation into the detention and treatment of public housing residents arising from a COVID-19 'hard lockdown' in July 2020* and the independent *Review into St Basil's Home for the Aged and Epping Gardens nursing homes*.

The review scope will not include the following matters:

- A detailed examination of preparedness for emergencies classified as Class 1 and 3 emergencies; except as described in sections 2.1.3 and 2.1.4.
- Relief and recovery matters relevant to the COVID-19 pandemic.

2.1.5 Stakeholders and consultation

Stakeholders for this review include relevant emergency management sector agencies as prescribed in section 60A of the Act and those identified with a role in the management of state risks and preparedness for and response to major public health emergencies. The latter will include, however not be restricted to, the Department of Health, the Chief Health Officer, and the EMC.

In addition, IGEM will consult with other organisations and subject matter experts as required.

The level and methods of community engagement conducted throughout this review will be determined through detailed review project planning. The emergency management sector has committed to engaging with and involving the Victorian population in planning and preparedness activities. Accordingly, this review will provide an opportunity to explore the involvement of community in preparing and planning for Class 2 emergencies in accordance with the scope of the review.

2.1.6 Proposed approach and timing

In the conduct of this review IGEM will consider Victoria's preparedness for major public health emergencies (including pandemics) and other relevant Class 2 emergencies.

The review will be conducted as an assurance activity in accordance with the Framework and aligned with the IGEM Practice Manual.

This review will include an examination of publicly available documents, doctrine and effectiveness evidence provided by sector stakeholders (Section 2.1.5) and the significant amount of information generated by the state and national inquiries and reviews into the COVID-19 pandemic.

The review will also consider relevant findings delivered during the conduct of prior IGEM and sector assurance activities into other emergencies - including however not restricted to the Hazelwood Mine Fire Inquiries and IGEM's *Review of response to the thunderstorm asthma event of 21–22 November 2016 – Final Report*.

The review will draw on the extensive COVID-19 monitoring undertaken by IGEM since March 2020 in order to reduce the burden on departments and agencies, where possible. It will give consideration to the work undertaken through other reviews and inquiries considered relevant to the final lines of inquiry and only reference that work as appropriate. IGEM will not unnecessarily duplicate the work of others.

The review is planned to be conducted in two phases:

- **Phase 1** (May 2021 to December 2021) – focuses on major public health emergency preparedness arrangements prior to January 2020, as they relate to the actions, policies, processes and structures guiding responses to the initial onset of COVID-19.
- **Phase 2** (January 2022 to May 2022) – considers the effectiveness of preparedness measures implemented in responding to COVID-19 in 2020.

2.1.7 Review output, publication, implementation, and outcome

The primary output from this review will be reports for the minister detailing the key observations, findings and recommendations for improvement as appropriate.

In accordance with section 70(1) and section 70(3) of the Act, IGEM will provide agencies affected by the review with a draft copy of each report for comment and will take into account any relevant recommendations and findings from Victorian and national inquiries pertaining to COVID-19 in preparing each report for the minister.

Any public release of IGEM reports or any part of each report is subject to the minister's approval under the provisions of section 70(6) of the Act and will be supported by a detailed communications strategy.

IGEM will promote and support sector-wide continuous improvement through monitoring and reporting on the implementation of recommendations considered appropriate by the minister (in agreement with other relevant ministers) and provided under section 70(8) of the Act to the SCRC for implementation.

The intended outcome of the review is to strengthen Victoria's preparedness for major public health emergencies, including pandemics and other Class 2 emergencies.

2.1.8 IGEM contact

For further information or to contribute to this review, please contact:

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3 Related assurance activities

Assurance activities conducted or commissioned by the Victorian and Australian governments, and conducted by responsible agencies, to be considered during the conduct of this review.

Victorian Government

COVID-19 Hotel Quarantine Inquiry Interim Report and Recommendations, November 2020

COVID-19 Hotel Quarantine Inquiry Final Report and Recommendations, December 2020

Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime, Parliament of Victoria December 2020

Inquiry into the Victorian Government's response to the COVID-19 pandemic Interim report, Parliament of Victoria August 2020

Investigation into the detention and treatment of public housing residents arising from a COVID-19 'hard lockdown' in July 2020, Victorian Ombudsman December 2020

Independent Review of COVID-19 outbreaks at • St Basil's Home for the Aged in Fawkner, Victoria • Heritage Care Epping Gardens in Epping, Victoria, December 2020

Business continuity during COVID-19, VAGO (due 2021)

Management of spending measures in response to the COVID-19 emergency, VAGO due 2021

Parliament of Victoria consideration of reports on the declaration of the State of Emergency and extension of the declaration under the *Public Health and Wellbeing Act 2008* (Victoria)

Parliament of Victoria consideration of reports on the declaration of State of Disaster under the *Emergency Management Act 1986* (Victoria)

Australian Government

National Review of Hotel Quarantine Arrangements Interim report, August 2020

National Review of Hotel Quarantine Arrangements. Final report, October 2020

National Contact Tracing Review, November 2020

COVID-19 North West Regional Hospital Outbreak Interim Report, April 2020

Independent Review of Response to the North-West COVID-19 Outbreak, November 2020

Special Commission of Inquiry into the Ruby Princess, August 2020

Select Committee on the Australian Government's response to the COVID-19 pandemic, due July 2022

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