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State Operational Arrangements - COVID-19

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Approved by:

Emergency Management Commissione███████████

Date ██ 21.05.2020

Endorsed by:

State Controller – Health ████████

Date ██ 22/05/2020.

VERSION - 3.0

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State Operational Arrangements - COVID-19

1. Purpose

This document establishes the operational arrangements necessary to respond to a Class 2 emergency with the potential to impact the whole State and the governance and links to the National response to the COVID-19 Pandemic.

The State Health Emergency Response Plan (SHERP) outlines the Victorian emergency management arrangements for the coordinated response to the impacts and consequences of a significant health emergency.

The intent of this document is to have a comprehensive plan in place to ensure the effective management of the response to COVID-19 Health emergency. This document should be read in conjunction with the SHERP.

This document will be reviewed every 14 days, or where there is significant change, to ensure that the arrangements remain contemporary and fit for purpose in managing this class 2 health emergency.

2. Objective

The objective of this plan is to ensure the management of a Class 2 health emergency (major emergency) can be applied across the whole of government to support community resilience.

The intent is to:

- Apply the State Strategic Emergency Management Priorities to set direction.
- Reduce the morbidity and mortality associated with COVID-19.
- Slow the spread of COVID-19 in Victoria through rapid identification, isolation and cohorting of risk groups.
- Empower the Victorian agencies, health professionals and the community to ensure a proportionate and equitable response.
- Support containment strategies through accurate, timely and coordinated communication and community support.
- Mitigate and minimise impacts of the pandemic on the health system and broader community.
- Communicate regularly with the community regarding COVID-19 and its impacts (health, infrastructure and services), ensuring that delivery of public information and warnings are timely and effective
- Minimise the consequences on the economic and social impacts, infrastructure and services, through monitoring the potential impacts and working with stakeholders to promote effective business continuity planning.
- Ensure the coordinated response and management of the consequences, including the establishment and maintenance of relief and recovery as needed.

3. Audience

The audience for this plan is the Department of Health and Human (DHHS) as the Control Agency, Emergency Management Victoria (EMV) as the central body for emergency management in Victoria, other agencies with responsibilities in managing the impacts and consequences of a major health emergency.

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4. Background

Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very ill very quickly and others it may become fatal. There is evidence that it spreads rapidly from person to person.

The current outbreak of novel coronavirus (COVID-19) was first detected in Wuhan, Hubei Province, China in December 2019. Transmission of COVID-19 across China and internationally caused the World Health Organization (WHO) to declare a "public health emergency of international concern.

On 12 March 2020 WHO characterised COVID-19 as a pandemic. Cases of COVID-19 infection have now been detected in all states and territories in Australia

Information about clinical assessment and public health characteristics of COVID-19 is at: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

4.1   Implications for Victoria

Victoria continues to develop its response (including readiness and relief) in relation to COVID-19 using the well-practised emergency management arrangements of the State. Victorian health services, hospitals, primary care and emergency services have existing pandemic influenza preparedness arrangements.

There is a wide span of possibilities for the impact of a Victorian outbreak of COVID-19, but there is a high probability that the pandemic and its impacts will be prolonged. The trajectory of the COVID-19 pandemic is highly uncertain, but it is likely to coincide with the Australian influenza season, so the effects of both diseases may be felt simultaneously.

Although measures to reduce exposure such as social distancing, infection control and hygiene practices may be more effective for COVID-19 than influenza, we can expect human-to-human transmission via droplets, direct contact with nasal secretions or contact with objects or materials that carry the virus.

There will be increased, and potentially high, levels of workforce absenteeism. Older Victorians and people with chronic diseases are known to be at greater risk of COVID-19 infection. Early information suggests milder illness in children, particularly those nine years and under. Pregnant women are also reported to have no higher risk of severe disease than the general population.

However, the global situation is still evolving. As more data comes to hand, it is reasonable to expect that other groups (such Aboriginal and Torres Strait Islander communities or those with immunosuppression) may be reported as having a higher relative risk.

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5. Situation

5.1 Staged Response (Health Sector)

Victoria's response to COVID-19 is a four-stage process, working together with all states, territories and the Commonwealth. The four stages may overlap through the course of pandemic response.

Table 1: Four stages of health sector response

Stages of response	Description
Stage 1 - Initial containment	- Monitor and investigate outbreaks as they occur, identify and share accurate information about the virus on a timely basis; - Contribute to local and international research efforts; - Communicate with the community about the nature of COVID-19, risk reduction measures and ensure community cohesion; - Communicate with at-risk groups about preventive actions; - Prepare hospital surge management activities to be ready for potential increased demand; - Engage closely with the primary care sector to ensure appropriate clinical knowledge, response and capacity.
Stage 2 - Targeted action	In addition to the measures above: - Slow the disease transmission with social distancing, and coordination with the plans of other government agencies, including police, ambulance, fire services, SES, transport and education agencies; - Ramp up risk reduction communication activity across the community and especially at-risk groups; - Begin to implement hospital resource and demand management strategies to maximise resources available for containment; - Prioritise diagnostic testing to critical risk groups;
Stage 3 - Peak action	In addition to the measures above: - Coordinate and prioritise hospital activities to maintain essential services and support quality care; - Divert resources from less urgent care, implement alternate models of care, staff surge strategies and appropriate management of supplies; - Focus laboratory testing on areas of critical need.
Stage 4 - Stand-down and recovery	- Ceasing activities that are no longer needed; - Undertaking monitoring and surveillance for a possible further outbreak; - Transitioning the Victorian health system to normal business; - Working with the Victorian community on the ongoing work of recovery; - Undertaking an evaluation and revision of plans for the pandemic.

6. Planning

The State Emergency Response Plan (EMMV, Parts 3 and 7) and State Relief and Recovery Plan (EMMV, Parts 4 and 7) are the foundational governance arrangements that guide the response to and recovery from emergencies, including this health emergency.

The *Victorian Action Plan for Coronavirus disease 2019 (COVID-19) Pandemic* has been prepared, along with a specific plan for the health sector, *COVID-19 Pandemic Plan for the Victorian Health Sector*. These plans provide the specific information and actions for the health sector in the management of this pandemic.

7. State Management

The Victorian Government Department of Health and Human Services (DHHS) is the control agency for this Class 2 public health emergency and will take action under legislation including the Public Health and Wellbeing Act 2008, Emergency Management Act 2013 and Commonwealth Biosecurity Act 2015 to safeguard the health and wellbeing of all Victorians.

7.1 Establishment of state control function

Control and Coordination arrangements are underpinned by the requirements of the *Emergency Management Act 2013*, in particular Section 39. For a Class 2 emergency, a State Controller is appointed by the head of the control agency, which is the Department of Health and Human Services.

Based on the intelligence and potential or actual impacts and consultation with the Emergency Management Commissioner, the Department of Health and Human Services as control agency will determine the need for;

- Control structures to be established
- Appointment of State Controller
- Need to establish and the activation level of the State Control Centre.

Table 2: COVID-19 Triggers for State Control

Type	Trigger
New Cases	• Increased number of new cases with the potential to impact the health system, or have increased impact on normal community functions, industry or economy in Victoria.
	• In support of containment or other response measures activated by the Commonwealth or another State or Territory.
Warnings to the Community	• Warnings, Direction or Advice are likely to be required (beyond general advice), requiring Chief Health Officer (CHO) or State Controller approval for issue.
Critical Infrastructure or Services	• One or more critical infrastructure sector is being directly impacted or predicted to be impacted.
	• Services providing direct care or safety to the community are being directly impacted or predicted to be impacted.
Concurrent Emergency	• The impact of any concurrent emergency on health, transport or supply or critical services.
	• A predicted concurrent emergency forecast or predicted to impact on current containment or response measures.

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Other factors may be considered in determining the need for establishing state control, and may include:

- Epidemiological modelling
- School and Transport responses
- Public holidays and major events
- World Health Organisation (WHO) statements or actions
- Public confidence.

7.2   State Controller – Health

The State Controller - Health is to ensure via the state governance teams (SCT, SEMT, SRRT and EMJPIC) that the following key actions are undertaken to:

- ensure all agencies provide consistent messages and information to the community, particularly regarding the health of vulnerable community members
- confirm agencies have resources and surge capacity in place to fulfil their responsibilities, including positioning Emergency Management Liaison Officers (EMLOs) from the key agencies in the SCC, where appropriate
- confirm agencies with call-taking responsibilities (e.g. Triple 000, Nurse on Call, VicEmergency Hotline etc) have resources and contingency plans in place for a surge in call load
- communicate strategies relating to known community impacts and social distancing actions, including, school, transport and mass gathering impacts and known cancelation of high priority services
- provide whole-of-government situation reports to the Emergency Management Commissioner and Government Ministers with relevant portfolio responsibilities.

7.3   Exercise of Control

Incident Management for a state-wide Health Emergency will be managed by a single Incident Management Team (IMT) that brings together Public Health Command Operations (Case and Contact Management, Laboratories, Ports of Entry, Specialist Advice), Planning (Health Service, Public Health and other services), supported by Intelligence, Public Information. The incident footprint is the State of Victoria. The Incident Controller is the Public Health Commander.

The Public Health Commander reports to the Chief Health Officer, Victoria's health response is working in conjunction with other States and National response, with Governance arrangements at a National level leading key National policy.

The State Controller – Health, where appointed, will manage impacts of COVID-19 across the broader community that require the coordination of agencies in response to the consequences. It is difficult to predict precisely where or when specific COVID-19 impacts are going to occur, so it has been determined that a state level response is the best method to manage these emergencies.

Management of the impacts and consequences of COVID-19 on the affected community will be undertaken by emergency management agencies and government departments. This management of consequences requires agencies and government to work together in a coordinated way, therefore, a coordination centre (remote or in a facility) may be established, to facilitate identification and manage the response to the consequences rather than to control the emergency.

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There is no control function at the regional tier, the role is coordination of agencies. The Regional Coordination Team plays a key leadership and coordination role with its REMT in identifying emerging risks with communities and supporting consequence management arising from the health emergency - they are not responsible for managing the health outbreaks or the public health system response.

Emergency Response Coordinators (Victoria Police), at the appropriate tier, will convene their respective Emergency Management Team to ensure agencies with a role in managing the impact and consequences of the emergency are coordinated in their approach. Emergency Response Coordinators are the conduit for sharing information from regions to the state and from the state to regions.

7.4   State Control Centre Activation

The State Controller will determine the Readiness/Activation level of the SCC with consideration to the following triggers. The SRC/SC is required to approve the activation.

Table 3: COVID-19 Triggers for SCC Activation

Activation	Trigger
Tier 1 (Blue)	• Pandemic stage 1 initial containment, where there are more than 10 confirmed cases.
Tier 2 (orange)	• Pandemic stage 2- targeted action; or • Increased number of confirmed cases; or • Need to activate and support state governance teams.
Tier 3 (Red)	• Pandemic stage 3 - peak action; or • Large clusters of community transmission; or • Impacts to critical services for government requiring state coordination across government.

* The above is a guide only and the Emergency Management Commissioner, Chief Health Officer and State Controller - Health will make an assessment on the overall potential or actual impacts on Victoria, National or Interstate impacts or decisions may also impact of Victorian arrangement
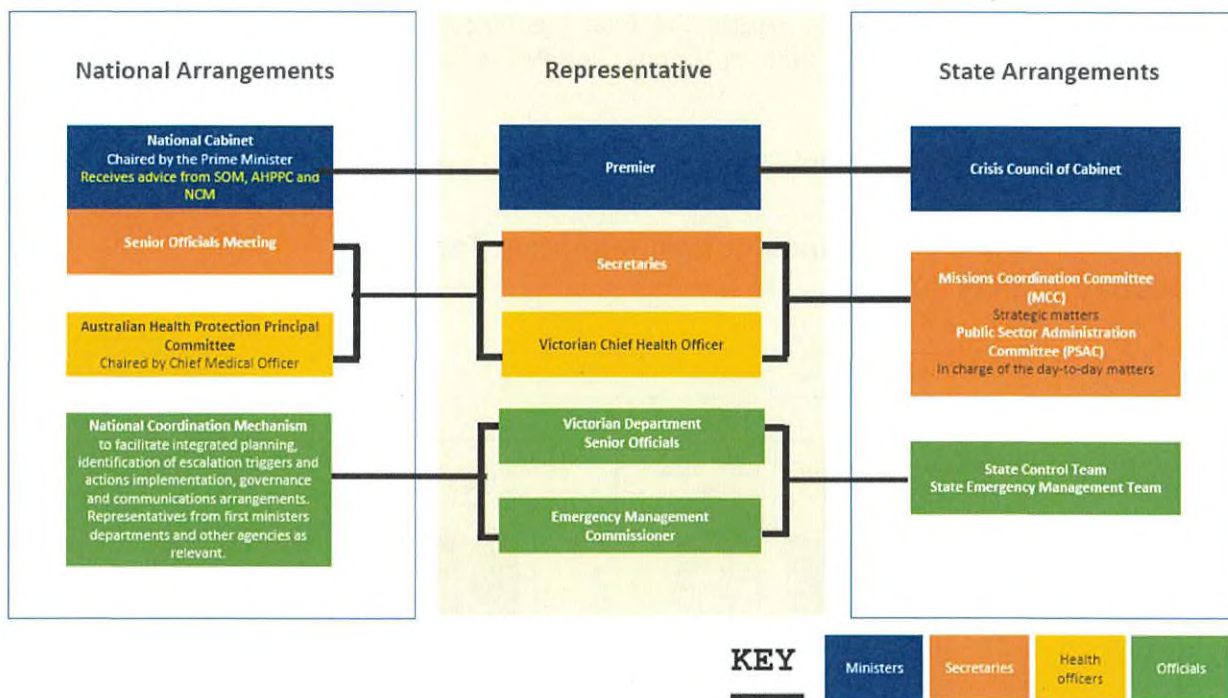
8. National Arrangements

Due to the scale and complexity of this health emergency there are several committee and mechanisms that contribute to the sharing of information and support decision making at the National level.

Diagram 1: National Governance Structures

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9. Incident Management

COVID-19 is managed at Incident level by the DHHS Public Health Commander and an IMT, the Public Health Commander reports to the Chief Health Officer, Victoria's health response is working in conjunction with other States and National response, with Governance arrangements at a National level leading key National policy.

Consistent with the SERP and the SHERP Sub Plan, the Incident Tier reports directly to the State Tier with the incident footprint as the State of Victoria. Redacted

Redacted

Diagram 2: Incident Management Structure

**COVID-19 Public Health Incident Management Team
Tuesday 12 May 2020**
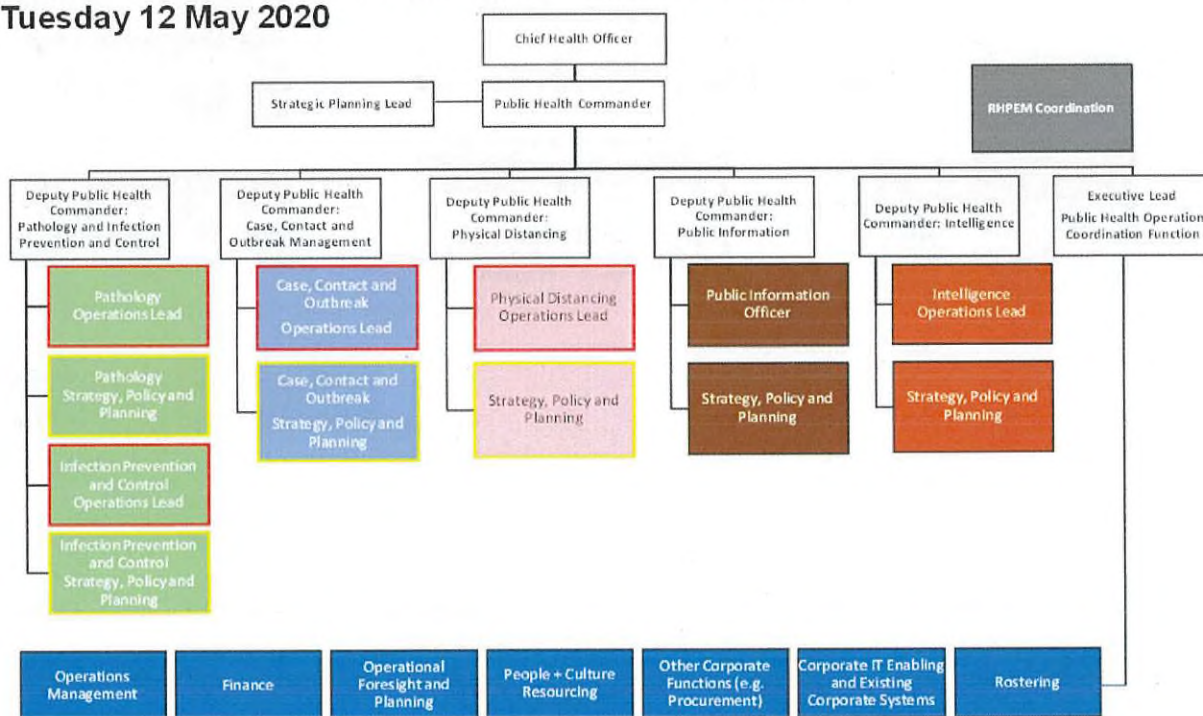
10. Regional management

There is no specific control function at the Regional tier, the role is one of coordination of agencies who have responsibilities for managing consequences associated with the Health Emergency. Relief, Public Health Control and Health Coordination will be led at State tier. Regions will be a vital conduit between local government, health care providers and local support agencies. The state tier structures will provide regular information to regions to support the sharing of information to guide activities at all tiers of emergency management, this may include weekly regional teleconferences.

Leadership of COVID-19 at the regional tier will be through a Regional Coordination Team comprising of the following representatives:

- Regional Emergency Response Coordinators (RERCs) (Co-Chair),
- DHHS Regional Health Coordinator (Co-Chair)
- Regional Health Commander,
- DHHS Regional Relief and Recovery Managers
- Regional Controller (Class 1)
- Regional Police Commander (Class 3)

The Regional Coordination Team and their REMT play a critical role in identifying emerging risks with communities and supporting consequence management arising from this health emergency.

At least once a week, the Regional Emergency Response Coordinator (VicPol) will convene the Regional Coordination Team and the REMT during this emergency. The RERC is responsible for ensuring agencies within the REMT have activated their Pandemic Plans and/or arrangements. They will be supported by VicPol corporate staff to ensure minutes and an actions register are established and maintained.

The Regional Health Coordinator (DHHS) will work with the RERC and the Regional Coordination Team to ensure that COVID-19 related impacts and consequences are being considered by the REMT and being managed by the relevant agency at the regional tier. Where impacts or consequences are not able to be managed at the regional tier, or where the impacts and consequences are state-wide, they should be escalated to the State Health Coordinator.

The Regional Relief and Recovery Manager (DHHS) with local government, is responsible for identification, planning and coordination of relief functions at a regional and local level in consultation with the State Relief and Recovery Manager. Regions may choose to establish a Regional Relief Coordination Team chaired by the Regional Relief and Recovery Manager with senior representation from councils and regional relief agencies to share information and discuss relief coordination arrangements. Local Government Pandemic Plans or Municipal Emergency Management Plans provide arrangements for relief services should they be required a Municipal level.

The State Relief and Recovery Manager and Regional Relief and Recovery Managers will meet regularly to discuss key issues, constraints, opportunities and residual risks and other issues as required (intelligence) from the municipal tier. The Regional Relief and Recovery Manager will meet regularly with the municipal tier to inform this approach.

The Regional Controller (Class 1) is responsible to ensure responder agencies have activated their pandemic plans or arrangements and to communicate any emerging issues with response capabilities (compromised response times, inability to provide a capability type, support required from another agency) for the responder agencies and to ensure effective control of Class 1 emergencies can be managed with contingencies given the likely impact of the pandemic. Regional Controllers will support

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the RERC with emergency management advice and systems support through their Executive Officers. The Regional Controller Executive Officer will maintain the Regional Coordination Team and REMT contact lists and updates into emergency management systems (Fireweb).

Each Agency/Department on the REMT is accountable for managing consequences within their portfolio and flagging emerging issues with their State Agency Commander or function lead in the COVID-19 State Control Team. The escalation process for unresolved issues at a regional level is to the RERC, if the issue continues to be unresolved the RERC is to escalate the issue to the VicPol SPLO who will discuss with State Controller-Health and/or relevant Functional Lead. Regional Relief and Recovery managers are responsible for reporting emerging risks and issues associated with the emergency food relief program to the SRRM.

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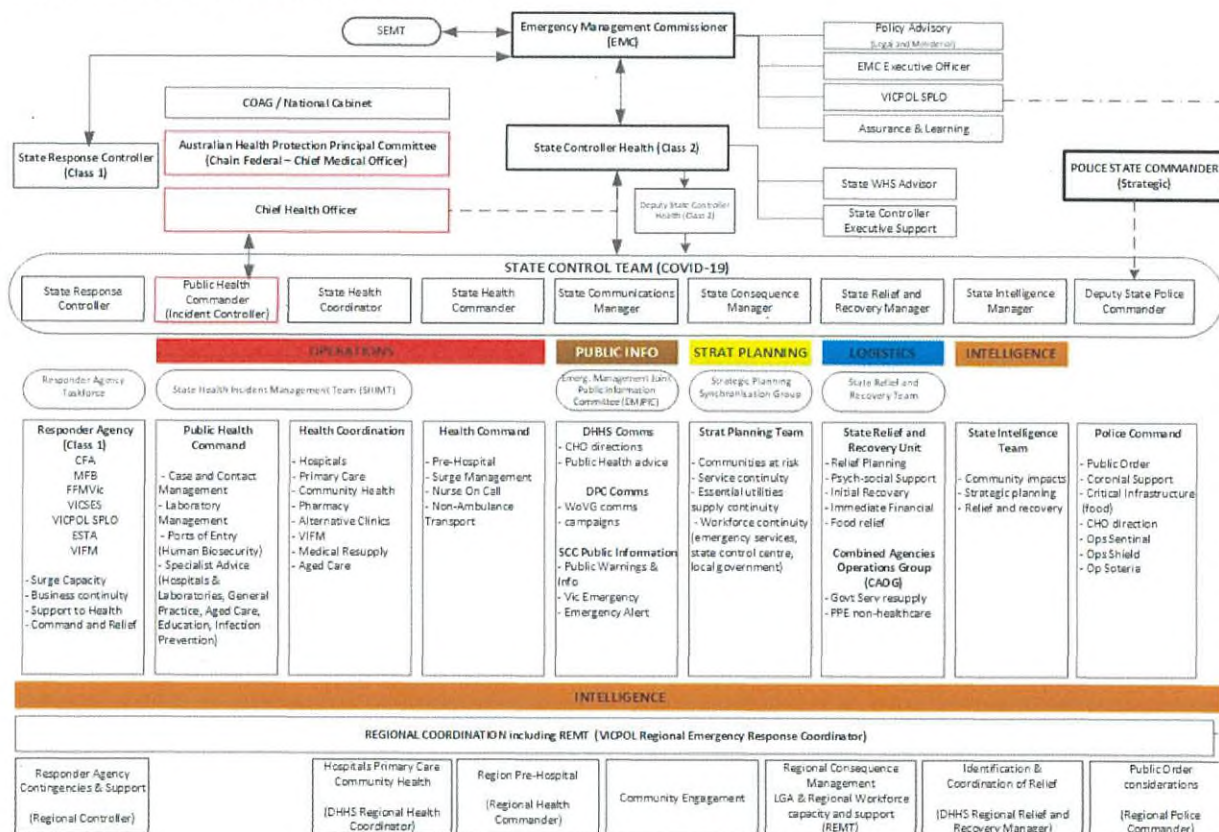EMERGENCY
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11. State Governance Structure

The Emergency Management Commissioner in consultation with the Chief Health Officer and Department of Health and Human Services, has established the state governance structure – class 2 health pandemic. This structure has been established to assist in the operation of the response required by government and the emergency management sector to COVID-19 pandemic.

These governance arrangements cater for the fact that the COVID-19 pandemic may be of a prolonged duration and need to be sustainable for a period of time. Therefore, this structure acknowledges the interaction with other classes (class 1, 2 and 3) of emergencies (an actual or potential) that may be related to or unconnected to the COVID-19 pandemic.

Diagram 3: State Governance Structure

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11.1 State Control Team COVID-19

Role and function

To advise and recommend strategic operational actions to the State Controller- Health on the response of emergency management agencies.

Oversee the implementation of operational actions of emergency management agencies, in the context of operational consequence management, response, relief and recovery.

Membership

The following representatives have been identified to form the SCT COVID-19

- Emergency Management Commissioner
- State Controller – Health (Chair)
- Chief Health Officer (CHO)
- Public Health Commander
- State Health Coordinator
- State Health Commander
- State Response Controller (SRC)
- Victoria Police, Deputy State Commander
- State Strategic Communications Manager (SSCM)
- State Relief and Recovery Manager (SRRM)
- State Consequence Manager (SCM)
- Senior Police Liaison Officer (SPLO)
- CAOG Manager
- State Intelligence Manager
- SCC Room Manager
- Emergency Management Commissioner Executive Officer (EMC EO)
- Observer: SCC Assurance and Learning
- Observer: Department of Premier and Cabinet (DPC)
- Observer: Inspector-General for Emergency Management (IGEM)

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11.2 Public Information Function

Role and structure

Clear communication across stakeholder groups and to Victorian communities will help organisations plan for and respond to a COVID-19 pandemic. It will also help communities understand the risks associated with a COVID-19 pandemic and how they should respond. Effective communication during the various stages of a pandemic is vital to help minimise transmission, provide continuity of government and essential services, and support recovery.

Victoria's whole-of-government communications for COVID-19 are led by DPC working with the EMC and DHHS as the Control Agency. Victorian state government communications are coordinated through the Emergency Management Joint Public Information Committee (EMJPIC).

Victorian government departments and agencies are responsible for using approved public health messaging for communications to their staff, stakeholders, audiences and service users and managing public information around impacts to their services. The DHHS website is to be utilised as the single point of truth for information, and disseminating via the VicEmergency channels, The State Controller is responsible for issuing public information and warnings via the VicEmergency platform to help protect the Victorian community.

National announcements and messages

The Australian Department of Health will coordinate national health messaging via the National Health Emergency Media Response Network (NHEMRN) to maintain consistency in public messaging.

The Commonwealth Department of Health National Incident Room provides a point of communication with the Australian Government for health incidents.

During all stages of a COVID-19 pandemic the National Incident Room will provide timely situation reports to relevant Australian Government agencies, state and territory health authorities and other relevant stakeholders.

11.2.1   Key spokesperson

The nominated spokesperson will vary depending on the incident and media comment on COVID-19 may be included as part of another emergency event. The following people may potentially be spokespeople for the Victorian Government in relation to COVID-19 pandemic:

- Victorian Premier or relevant Minister
- Chief Health Officer - Victoria, (Chief Medical Officer for National)
- State Controller – Health COVID-19
- Emergency Management Commissioner

11.2.2   Governance Committee

Emergency Management Joint Public Information Committee will support the public information function.

The purpose of EMJPIC

- Provide assurance that whole of Victorian Government communication planning, strategy and delivery related to emergencies has appropriate oversight
- Support agencies and departments in strengthening whole of Victorian Government communications and set priorities for EMJPIC in communications and engagement

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- Support strategic media and communication where an emergency requires multiple agency response, is the portfolio responsibility of multiple Ministers or is an incident that has the potential for significant consequences for communities.

Membership

The following representatives have been identified to form EMJPIC.

- Executive Director, Communications DJCS (Chair)
- Senior Communications Executive(s)
- State representative of agencies responsible for the management and coordination of communications, as per the State Tier Governance Arrangements for EMJPIC.

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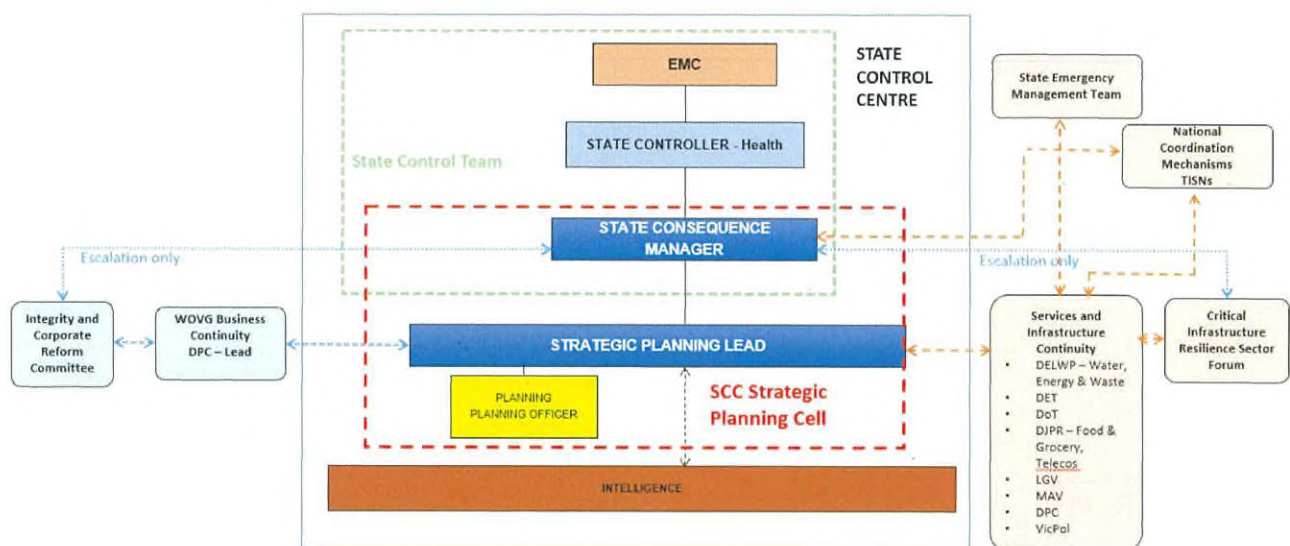## 11.3 Strategic Planning Function

Role and structure

The intent of the State Strategic Planning function is to coordinate the identification, definition and monitoring of coherent mitigation actions for key emerging risks, issues and associated consequences that are not being addressed through the normal business continuity arrangements within departments, agencies, service providers, and infrastructure owners/operators.

The State Strategic Planning function will be accountable for the following tasks:

- Identify emerging risks and consequences for continuity of service delivery for WoVG and Services/Infrastructure providers (both public and private providers) by analysing available intelligence.
- Coordinate links with national coordination process operating for service/infrastructure continuity.
- Connect and exchange information with portfolio departments, and services/Infrastructure providers (both public and private providers).
- Connect with State Emergency Relief Coordination and CAOG to manage risks and issues identified for essential relief needs and logistical service delivery.
- Document and maintain State Strategic Operational Plan, Issues and Risk Register and SEMT Reporting.

Diagram 4: State Strategic Planning Structure

Governance Committee

Services and Infrastructure Continuity Group will be the governance committee to support the State Strategic Planning Unit.

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Membership

The following representatives have been identified to form the Services and Infrastructure Continuity Group.

- State Consequence Coordinator (Chair)
- Department of Health and Human Services
- Department of Land Water and Planning
- Department of Education
- Department of Transport
- Department of Jobs, Precincts and Regions
- Local Government Victoria
- Municipal Association of Victoria
- Department of Premier and Cabinet
- Others as required

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11.4 State Emergency Relief Coordination

Role and structure

The State Relief and Recovery Manager will lead the State Relief and Recovery Unit

The State Emergency Relief Coordination function will:
- Coordinate and support the delivery of immediate emergency relief services required in response to COVID-19.
- Deliver an agile, dynamic and solution focused function that can support the priorities defined in the State Emergency Relief Plan, in line with the State Emergency Management Priorities.
- Holistically manage risks and issues identified by the Consequence Management Unit in relation to essential relief needs and logistical service delivery.
- Assess and manage key risks and issues that are not being addressed through the normal relief or supply arrangements or through already established efficient and effective mechanisms.

Governance Committee

State Relief and Recovery Team (SRRT) will support the State Relief and Recovery Manager.

The Function of the SRRT
- To implement a State emergency relief plan that meets the needs of the community and ensures the coordinated delivery of relief coordination.
- To provide relief expert advice and coordination for the delivery of relief operations.
- To monitor and contribute to emergency relief situational awareness and operations, for the preservation of life and provision of essential needs.

Membership

State representative of agencies responsible for the management and coordination of relief and recovery functional areas.

11.4.1   State Relief and Recovery Unit

Role and structure

The State Relief and Recovery Unit will be responsible for;
- Review and update State Emergency Relief Plan
- Gain understanding of consequences and risks from strategic planning unit
- Determine relief priority and assess if these can be addressed through existing arrangements and relief system
- Provide state coordination of the emergency food relief program including reporting.
- Work with other agencies in the longer term relief planning and contribute to the risk and issues register
- Identify financial implications of emergency relief requirements
- Reporting on emergency relief needs and uptake of programs.

Governance Committees

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Relief Triage Sub-Group will support the State Relief and Recovery Unit.

The Function of the Relief Triage Sub-Group

To provide advice and raise any issues in relation to the effective operation of the emergency food relief program.

Membership

The following representatives have been identified to form the Relief Triage Sub-Group

- State Relief and Recovery Manager (Chair)
- Department of Health and Human Services
- Local Government Victoria
- Municipal Association of Victoria
- Victorian Council of Churches - Emergency Ministry
- Australian Red Cross
- DELWP Customer Service Centre
- State Relief and Recovery Unit

11.4.2   Combined Agencies Operations Group (CAOG)

Role and structure

The Combined Agency Operations Group will be responsible for;

- Implementing strategies for addressing the immediate humanitarian relief needs of identified individuals, households or communities.
- Identifying solutions to essential supply chain issues that cannot be addressed through normal agency arrangements and processes.
- Centralised procurement of Personal Protective Equipment (PPE) distributed in accordance with approved priorities for Government Departments (non-Health) and Agencies that are unable to be sourced through existing arrangements and on charged on a cost recovery basis
- Maintaining offers of assistance register and coordinate offers as appropriate

The following representatives have been identified as critical to the effectiveness the COAG team in addition to EMV and related SCC functions.

- CAOG Manager (Chair)
- Australian Defence Force (logistical advice)
- Department of Transport (as required for transport and warehousing)
- Department of Jobs, Precincts and Regions (supplier identification)
- Department of Premier and Cabinet (Policy and Offers of Assistance)
- Department of Treasury and Finance (Procurement)

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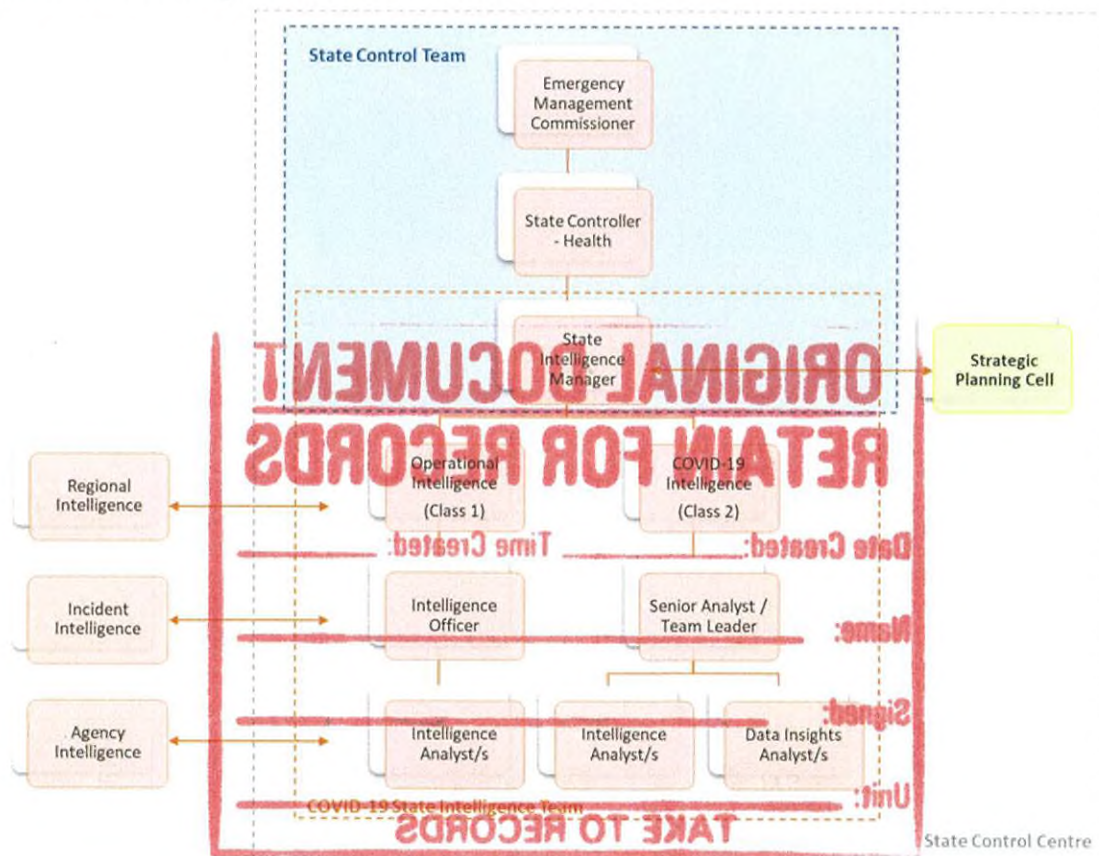
11.5 State Intelligence Team

Role and structure

The State Intelligence Team will support the SCT and the Emergency Management Commissioner through provision of accurate, relevant and timely intelligence regarding the COVID-19 pandemic.

The State Intelligence Team is overseen by the State Intelligence Manager who is supported by the Operational and COVID-19 Intelligence Sections.

- Operational Intelligence supports the regular SCC reporting expectations and manages the workload of reporting units, focused on Class 1 emergencies.
- COVID-19 State Intelligence supports the COVID-19 specific reporting expectations.

Diagram 6: State Intelligence Team Structure

Governance

The activities of the State Intelligence Team will be determined by the SCT, through an endorsed work plan that is regularly reviewed and adjusted in line with changing priorities and risks relating to the COVID-19 pandemic.

The State Intelligence Manager is responsible for regularly briefing the SCT on key intelligence issues and trends, in particular any strategic insights that inform longer-term response planning.

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The SCT may issue intelligence tasks/requests to the State Intelligence Team at any time via the State Intelligence Manager.

Membership

Composition of the State Intelligence Team will vary based on the intelligence work plan endorsed by SCT.

The State Intelligence Team is expected to develop and maintain close intelligence sharing relationships with various health and emergency services organisations, including but not limited to:

- DHHS
- Victoria Police
- Ambulance Victoria
- ESTA
- DELWP (energy and water)
- Victorian Institute of Forensic Medicine.

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