

Tool kit for Health/Communication Managers and Staff involved in daily communication activities

Resource: Country information sheet - DENMARK

Objective: Provide a general overview of the Danish context in terms of levels of responsibility and entities involved in the management of health crisis.

Levels of responsibility in crisis management

In Denmark the crisis and emergency management structure is de-centralized, and on two levels: the national and the municipal level. The operational at local level has the power to make decisions without first consulting the national level.

- **National level:** at national level the **ministries** are responsible for planning within their respective areas of responsibility. Their tasks are to maintain the functions of the Government and public administration, producing necessary legislation and providing guidance to regional and municipal authorities. Municipalities and regional councils must prepare contingency plans for all assignments that they are responsible for.

The **Danish Emergency Management Agency (DEMA)** is a governmental agency that has the coordinating responsibility on behalf of the Minister of Defence. DEMA manages national rescue preparedness, supervises and supports national and municipal rescue preparedness with advices to the authorities on matter of preparedness planning.

The strategic level (local level)

- The police director
- The strategic level is made up of senior management and aims to determine the overall and long-term guidelines, including the goals, means and methods. For major accidents can also the local emergency response team be called.

Operation level (local level)

- Daily management
- Police
- At the police station the management has the operational responsibility. In major incidents is created a commando station(KSN), typically at the police station, where the police director strategic decisions is translated to operational measures of coordination of the tasks that lies outside the area of action.

The tactical level (area of action)

- On-site commander, fire rescue and the coordination medical (KOOL)
- Commander-police (ISL-PO) as the police responsible leader in the area of action, creating a commando state (KST) in collaboration with the other efforts of management. On the basis of the KST carries ISL PO coordinating the management of all functions in the area of action in such a way that the total effort in the area of action is as efficient as possible.

Figure 1 - Details of responsibilities in the Danish Emergency System

- **Local/municipal level:** each **municipality** implements the effort, possibly with assistance from neighbouring municipalities. The municipal support is staffed by the municipalities' own full-time and part-time employees or volunteers while DEMA makes the needed equipment available. If the municipality does not have the capacity to handle an accident with their own resources alone, they can call in assistance from the DEMA emergency centres which send out teams and equipment that can be received all over the country within approximately two hours.

The general principles for emergency work in Denmark are:

- **Sector responsibility principle:** the authority responsible for an area on a daily basis retains responsibility in a crisis situation. The principle of sector responsibility means that the respective authorities are responsible for the whole range of activities from prevention to emergency plans.
- **The principle of equality:** the organization and the procedures and responsibilities used on a daily basis will, as far as possible, also be used in a crisis situation.
- **Subsidiarity:** emergency tasks are solved, as far as possible, on the organizational level closest to the citizen.

Main entities involved in health crisis situations:

National level

- Danish Emergency Management Agency - DEMA
- Government Security Committee
- Senior Officials' Security Committee
- Crisis Management Group

Local/Municipal level

- Fire and rescue service
- Emergency medical service
- Police

More information can be found on the “HEALTH C Background report” available at:

http://healthc-project.eu/wp-content/uploads/2013/10/D2.3-Background-report_final1.pdf

