STATE HAZARD PLAN

Human Biosecurity

Note: This document contains information relating to the arrangements for managing emergencies resulting from the hazards of human epidemic and biological spillage, release or escape. It must be read in conjunction with the State Emergency Management Plan, which contains the generic emergency management arrangements.

Responsible Agency: State Human Epidemic Coordinator and State Health Coordinator, Department of Health
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Once printed, this is an uncontrolled version of the document. The current version is available on the State Emergency Management Committee website: www.semc.wa.gov.au
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AMENDMENT TABLE

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<td>May 2019 Amalgamation of Westplan – Human Epidemic and the biological component of Westplan – Chemical, Biological, Radiological and Nuclear⁴, new State Hazard Plan format, statement of fact changes, removal of duplication with the State Emergency Management Plan, inclusion of capability baseline and assurance activities, machinery of Government changes, and inclusion of additional text describing the roles of the Department of Water and Environmental Regulation and ChemCentre WA.</td>
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AMENDED BY: WA health system

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This State Hazard Plan is available on the State Emergency Management Committee internet site www.semc.wa.gov.au.

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¹ Copies of these Westplans and their amendment history are available from the State Emergency Management Committee upon request.
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1 INTRODUCTION

The State Hazard Plan for Human Biosecurity (the Plan) provides an overview of arrangements for two hazards, the management of a human epidemic and the actual or impending release of biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment. Collectively these two hazards are referred to as Human Biosecurity.

The Plan contains information on prevention, preparedness, response and initial recovery.

The Plan refers to a range of existing plans and documents relating to human biosecurity but does not duplicate the information contained in these, instead providing directions to websites or other sources where further information can be obtained if required.

The State Human Epidemic Controller (SHEC) is the Hazard Management Agency (HMA) for human epidemic.

The State Health Coordinator (SHC) is the HMA for an actual or impending spillage, release or escape of a biological substance.

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Table 1 - Hazard Management Agencies

1.1 SCOPE

This Plan covers emergency management arrangements within the geographic boundaries of Western Australia (WA), for human biosecurity emergencies. It describes risk reduction strategies, preparedness for, response to and initiation of recovery arrangements following the impact of a human biosecurity emergency. The nature of human biosecurity requires consideration of epidemics and pandemics that occur outside the WA boundary. The WA health system is alerted to national and international human biosecurity risks, more detail is provided in section 4.2 Detection and Notification channels.

1.1.1 Human Epidemic

The WA health system routinely manages minor epidemics and disease outbreaks through its disease surveillance and reporting systems. These epidemics and outbreaks are not considered emergencies, but are consistent with the definition of Level 1 incidents, as outlined in State Emergency Management Plan (State EM Plan) section 5.1.5. Such incidents do not warrant activation of this plan.

Activation of the response arrangements of this plan will be authorised by SHEC for a human epidemic when an infectious or transmissible disease occurrence or threat will require resources that exceed the capacity of existing health services.

1.1.2 CBR

CBR is an acronym for Chemical, Biological and Radiological. The biological component of this acronym relates to an actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment.
CBR agents are typically weaponised and use explosive devices, mechanical devices or binary reactions for their dispersal. CBR emergencies, whether the intent is terrorism, criminal, revenge, psychological or hoax, will require a police law enforcement response and may invokes other plans.

CBR emergencies have implications relating to Commonwealth, State and Territory responsibilities, public safety, health, public confidence, national security and international relations. Therefore, CBR planning involves many special considerations that will be required to cover a wide range of consequential hazards.

Chemical and radiological substances are out of scope for this plan. Arrangements for the management of emergencies arising from these hazards are included in State Hazard Plan – HAZMAT.

1.2 HAZARD DEFINITION

Events, situations and conditions prescribed as hazards under regulation 15 of the Emergency Management Regulations 2006 (EM Regulations) applicable to this Plan are:

- Human Epidemic (r. 18 EM Regulations).
- Actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment (r. 22(a) EM Regulations).

A human epidemic is the occurrence of more cases of an infectious disease than would be expected in the State’s population or a sub-group of the State’s population during a given time period. A human epidemic would be naturally occurring and not be the result of deliberate act.

The causes of a human biosecurity emergency may be naturally occurring, such as an epidemic, or the actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment.

These hazards are collectively referred to within this Plan as Human Biosecurity.

1.3 ORGANISATIONAL ROLES AND RESPONSIBILITIES

The State Human Epidemic Controller (SHEC) is the Hazard Management Agency (HMA) for human epidemic.

The State Health Coordinator (SHC) is the HMA for an actual or impending spillage, release or escape of a biological substance.

The Director General’s Delegate is an internal role that coordinates the WA health system, regardless of the hazard.

The following table summarises the HMAs and broad roles and responsibilities.
State Health Coordinator | State Human Epidemic Coordinator
--- | ---
HMA for an actual or impending spillage, release or escape of a biological substance | HMA for human epidemic
Appoint Incident Controller | Appoint Incident Controller
Activates State Health Incident Coordination Centre | Activates Public Health Emergency Operations Centre.
Commonwealth representation (via Chief Health Officer) or State representation (SECG) | Commonwealth liaison and representation

**Table 2 – Organisational roles and responsibilities**

Information regarding the response roles and responsibilities of relevant agencies under this Plan is detailed in Appendix C.

It is recommended that each agency with a role or responsibility under this Plan has appropriate operational procedures detailing their response arrangements in accordance with this Plan. These arrangements should be complementary to the agency’s operational procedures detailing their roles and responsibilities under the State EM Plan.

Arrangements for terrorist act resulting in a human biosecurity incident are covered in *State Hazard Plan – Terrorist Act* and the State EM Plan.

### 1.4 RELATED DOCUMENTS AND LEGISLATION

This Plan should be read in conjunction with the following documents:

- National Health Emergency Response Arrangements.
- *Domestic Health Response Plan for Chemical, Biological, Radiological or Nuclear Incidents of National Consequence* (Health CBRN Plan).
- *Australian Health Management Plan for Pandemic Influenza* (AHMPPPI).
- National Action Plan for Human Pandemic Influenza (NAP).
- National Health Security Arrangements.
- State Emergency Welfare Plan (interim).
- WA State Health Emergency Response Plan (SHERP)
- WA State Infectious Disease Emergency Management Plan (IDEMP).

Legislation and codes relevant to this plan include but are not limited to:

- Biosecurity Act 2015 (Commonwealth);
- Biosecurity and Agricultural Management Act 2007 (Commonwealth);
- Emergency Management Act 2005 (WA);
- Emergency Management Regulations 2006 (WA);
- Environmental Protection Act 1986 (WA);
- Health Services Act 2016 (WA);
- International Health Regulations 2007 (Commonwealth);
- Occupational Safety & Health Act 1984 (WA);
- Local Government Act 1995 (WA);
- Public Health Act 2016 (WA);
- Public Health Regulations 2017 (WA);
- Medicines and Poisons Act 2014 (WA)

1.5 ACTIVITIES INFORMING THE ASSURANCE PROCESS

The WA health system engages with intrastate agency stakeholders and national stakeholders to ensure a consistent approach to human biosecurity. This is guided by National Health Emergency Response Arrangements and Health CBRN Plan. The WA health system is a member of Communicable Disease Network Australia (CDNA) and mandates the use of CDNA’s Series of National Guidelines (SoNGs) as the operational guidelines for public health management of communicable diseases in WA.

Specialist business units within the WA health system provide response planning and capability. Emergency and incident response support capability is legislated in the Public Health Act 2016. The WA health system has internal standard operating procedures and an agency-specific plan to manage the response to human epidemic, the IDEMP. The State Emergency Management Committee (SEMC) oversees compliance of plans with the State EM arrangements (e.g. State hazard plan reviews and exercises).

Following the activation of this Plan, the WA health system undertakes a post operation report of the event to ensure quality improvement process are maintained.
2 PREVENTION AND MITIGATION

2.1 RESPONSIBILITY FOR PREVENTION AND/OR MITIGATION

The WA health system is responsible for undertaking prevention and/or mitigation activities in relation to the hazards.

2.1.1 Prevention Strategies

The WA health system maintains the following routine prevention and control programs that minimise the risk of a human epidemic by reducing infectious disease transmission:

a) Environmental health programs to minimise risk of disease transmission, such as those designed to ensure provision of safe food and water, and effective sewerage systems.

b) Immunisation programs against vaccine-preventable diseases.

c) Vector control programs, which prevent the transmission of vector-borne diseases.

d) Statutory and non-statutory surveillance systems which alert health authorities to cases and clusters of preventable diseases, and lead to the initiation of control activities.

e) Health promotion and education activities, targeting both health professionals and the public.

f) Collaboration with national and international health agencies on disease prevention and control activities, including biosecurity measures at national borders.

In addition, the following prevention strategies for biological release are in place:

g) The Australian Government Department of Health manages the Security Sensitive Biological Agent Regulatory Scheme.

h) Industries which use biological materials, or any related equipment, that could be used to manufacture biological agents or be used in a biological event, are to comply with the appropriate regulations for security and emergency planning.

2.1.2 Mitigation Strategies

WA health system maintains routine mitigation programs that minimise the impact of a human epidemic by ensuring early and effective control of infectious disease cases and outbreaks.

Outbreak management involves the rapid organisation of scientific investigations and application of disease control methods, including isolation, quarantine, border control, hospital infection control measures and provision of prophylaxis and/or treatment, as appropriate to the particular disease and outbreak scenario.

Local governments, the Water Corporation and the Department of Biodiversity, Conservation and Attractions monitor and undertake mitigation strategies for human epidemics that may become transmissible within their core business responsibilities.

The WA health system has a cache of antidotes and pharmaceutical treatments at its disposal along with Commonwealth arrangements to access volumes of these products.
3 PREPAREDNESS

3.1 RESPONSIBILITY FOR PREPAREDNESS
The HMAs are responsible for the development of plans and arrangements to manage Human Biosecurity emergencies.

3.2 CAPABILITY BASELINE
To assist with planning and preparedness for emergencies relating to human biosecurity, agencies are to consider a capability baseline of providing support to incidents of the following magnitude:

- A human epidemic of an infectious disease that is easily transmissible to humans, resulting in excess of 1000 hospitalisations and several thousand cases presenting to general practice clinics and other primary health care settings across WA over a four month period.

- The Public Health Regulations 2017 details all urgently notifiable infectious diseases. The actual or impending release of any of those pathogens would risk a Human Biosecurity emergency.

3.3 PLANNING AND ARRANGEMENTS
The arrangements within this Plan will be used to manage human biosecurity emergencies at all levels (local, district and state) throughout WA.

The planning and preparedness information detailed below is intended to provide general advice to assist organisations to ensure they are prepared for a human epidemic.

The IDEMP is an internal plan that prescribes how the WA health system will manage its resources during an epidemic. Elements of this plan may be mirrored for a biological emergency utilising powers conferred in the Public Health Act 2016.

3.3.1 Special Needs Groups
The following groups are likely to be more susceptible to, and/or more vulnerable to the effects of a human biosecurity emergency:

- people who are immunologically compromised,
- the very young,
- the very old,
- people from Aboriginal and culturally and linguistically diverse (CaLD) backgrounds,
- homeless people,
- people living in custodial or residential care settings, and
- other marginalised and/or disadvantaged people.

Depending on the nature and geographic location of an epidemic, other groups may also need special consideration.

Identification of vulnerable populations, along with methods to access these populations in a timely fashion, to provide advice and support, are a critical part of the preparedness process.

3.4 COMMUNITY INFORMATION AND EDUCATION
Community education should be tailored to the specific disease/epidemic scenario. For example, preparedness activities for pandemic influenza may include community
education on hygiene, infection control, use of antiviral medications and vaccination.

### 3.5 COORDINATION/CONTROL ARRANGEMENTS WITH OTHER JURISDICTIONS

Issues affecting Western Australian borders will become significant in the event of a human biosecurity incident that has been identified outside of Australia or within the other States or Territories. In these cases, the response arrangements within State Hazard Plan – Human Biosecurity will be activated as appropriate.

In the event that State resources are unable to cope with the magnitude or complexity of a human epidemic, the WA health system may request, via the State Emergency Coordinator (SEC), interstate assistance from the Australian Health Protection Principal Committee (AHPPC).

The provision of Australian Government physical assistance is dependent upon established criteria and requesting arrangements. All requests for Commonwealth physical assistance are to be made in accordance with State Emergency Management Policy (State EM Policy) section 5.10 and State EM Plan section 5.6.
4 RESPONSE

4.1 RESPONSIBILITY FOR RESPONSE

The SHEC, as the HMA for the response to a human epidemic, is responsible for all response activities under the *Emergency Management Regulations 2016*.

The SHC, as the HMA for an actual or impending spillage, release or escape of a biological substance, is responsible for all response activities under the *Emergency Management Regulations 2016*, unless the release is a terrorist act, in which case the Commissioner of Police is the HMA and *State Hazard Plan - Terrorist Act* applies.

Section 5.1.2 of the *State EM Plan* describes the response arrangements for a Controlling Agency including where there are Multiple Consequential Hazards.

4.2 DETECTION AND NOTIFICATION CHANNELS

The WA health system may be notified of potential Human Biosecurity emergency through the following channels:

a) An increase in statutory notifications (from medical practitioners and /or laboratories) of a particular notifiable infectious disease recognised by staff of Metropolitan Communicable Disease Control and/or Regional Population Health Units or the WA health system’s Communicable Diseases Control Directorate (CDCD).

b) An increase in the occurrence of a particular non-notifiable disease or symptoms that could be due to an infectious disease recognised through a non-statutory surveillance system or by individual practitioners and reported to Metropolitan Communicable Disease Control and/or Regional Population Health Units or the CDCD.

c) An increase in notifications of a particular infectious disease recognised by another State/Territory and reported to the WA health system by the Communicable Diseases Network Australia.

d) Communicable Diseases Network Australia receive information of an increased number of cases of a particular infectious disease occurring overseas.

e) Notification of significant disease detection by the Department of Primary Industries and Regional Development’s Agriculture and Food division (WA).

f) Evidence of a biological release for criminal purposes may be reported by the WA Police Force or other police or security sources.

g) Notification by state/local government agencies.

4.3 RESPONSE ARRANGEMENTS

In the event of a Human Biosecurity emergency, the response will normally be activated in stages. If necessary, stages may be activated concurrently to accelerate the emergency response. The IDEMP document provides further information on the stages of activation.
4.3.1 Alert
This stage is activated when the WA health system receives notification of a potential human biosecurity emergency. During this stage, the WA health system monitors the situation to determine if the emergency can be dealt with at the local or district level, or if further action needs to be taken, as outlined in this Plan. Depending on circumstances, linkages with Communicable Diseases Network Australia will also be important.

If required, the SHEC will consult with members of the State Health Technical Advisory Group (SHETAG), the SHC and the SEC, and inform participating organisations of the potential need to become involved in the emergency response.

4.3.2 Standby
This stage is activated when the WA health system judges that the information received in the Alert stage warrants preparatory activities in readiness for an emergency response. Depending on the situation the SHC in concert with the SHEC may undertake the following actions:

a) Call meetings of the SHETAG to consider the situation, and to determine a possible response strategy.

b) Place appropriate staff at the Public Health Emergency Operations Centre (PHEOC), Metropolitan and Regional Human Epidemic Coordination Centre(s) (HECCs) on stand-by. Consult with the SHC and SEC, and provide participating combat agencies with information about the potential emergency response required, allowing them to undertake the preparations necessary for their involvement.

c) Inform the Director General (Department of Health) and the Minister for Health (WA) of potential resource implications of the response strategy.

d) Notify and consult with Communicable Diseases Network Australia and the AHPPC.

e) Initiate an Incident Support Group (ISG) comprising of members that have response role or responsibility, as detailed in Appendix C of this Plan.

4.3.3 Response
Human Epidemic
This stage is activated when an emergency response to a human epidemic is considered necessary by the SHEC. Depending on the situation, the SHEC may:

a) Appoint an Incident Controller (IC).

b) Activate the PHEOC.

c) Request the activation of the State Health Incident Coordination Centre (SHICC) under the authority of the SHC if required.

d) Activate Operational Area Support Group (OASG)/ISG meetings as required.

e) Consult with the SEC to discuss possible activation of the State Emergency Coordination Group (SECG) to assist in the provision of a coordinated multi-agency response to, and recovery from, a human epidemic.
f) Deploy departmental resources and resources supplied by participating combat agencies as required. This may include the dispatch of disease control teams to the relevant area(s) where they may:
   - Arrange the isolation and treatment of cases;
   - Conduct the tracing, testing and possible quarantining of contacts;
   - Administer vaccines and/or other treatments; and
   - Advise on, and institute, infection control measures as indicated by the specific circumstances of the epidemic.

g) Seek the cooperation of local health service providers and general practitioners and provide information as appropriate.

h) Provide ongoing briefings to the Director General (Department of Health), the SEC and the Minister for Health (WA) of the emergency response.

i) Issue media releases to address public concerns and to disseminate information on how to reduce the risk of infection, and what to do if infection is suspected.

Biological Release
This stage is activated when the HMA receives notification of an actual or impending release of a biological agent. Biological emergencies will be managed by a generic all-hazards approach. The SHC will appoint an IC and will determine the extent of the incident and deploy resources utilising a graduated approach principle. The considerations will include (and/or not limited to):
   - situation;
   - incident objectives;
   - incident control structure - Incident Management Team;
   - safety risks and hazards;
   - antidote or mechanism of treatment;
   - pre- and post-exposure prophylaxis;
   - constraints and other considerations; e.g. patient segregation and isolation requirements; and
decontamination.

4.4 NOTIFICATIONS
The notification of an actual or impending release of a biological agent via another agency is through the Health On Call Duty Officer (08) 9328 0553 (24 hour contact).

The HMAs are responsible for notifying:
   - The Minister for Health
   - Agencies with roles and responsibilities in Appendix C.

On activation of the response stage of this plan, the IC is responsible for determining the appropriate incident level and communicating the declaration of the incident in accordance with State EM Response Procedure 2.

4.5 PUBLIC WARNINGS/INFORMATION
Intense media and public interest can be anticipated during a human epidemic or human biosecurity emergency. The
following actions will assist with the handling of the media and public inquiries.

Overall responsibility for the preparation of WA Health media statements and coordination of media inquiries during an emergency event lies with the IC. Media statements are only to be made by persons authorised by WA Health.

Dissemination of alerts and public information upon activation of this plan will be coordinated by the IC. The activation of the State Support Plan – Emergency Public Information may be considered as required.

If control of the incident transfers to the WA Police Force as described in section 4.8 of this Plan - Terrorist Act Arrangements, responsibility for the coordination of public information will transfer to the WA Police Force with ongoing input from WA Health.

4.6 EVACUATION ARRANGEMENTS
Evacuation is a risk mitigation strategy that may be used to mitigate the effects of an emergency on a community.

Evacuation arrangements will be developed according to the State EM Policy section 5.7 and State EM Plan section 5.3.2 that are appropriate for Human Biosecurity emergencies.

4.7 ISOLATION, QUARANTINE AND CLOSURE ARRANGEMENTS
During a human biosecurity emergency, the State Emergency Welfare Plan (interim) may be activated to assist with the provision of welfare support services. These services may be extended to those individuals, their family household, and others who have been placed under home isolation or quarantine as part of the emergency response. The provision of these services will be prioritised by the Department of Communities in consultation with WA Health. In the situation of a human epidemic associated with a high mortality or disability rate, the Department of Communities will prioritise its services towards the care of children and dependents of deceased or seriously ill individuals.

The WA health system, in consultation with local clinicians and public health officials, will decide if, and when, isolation and/or quarantine of persons and closure of places are required to reduce the risk of disease transmission. These measures will not be implemented without considering the effectiveness and feasibility of less disruptive disease control measures.

If isolation, quarantine or closures are required, the establishment of an SECG may be requested by the IC to facilitate a coordinated multi-agency approach to the relocation of displaced persons.

4.8 TERRORIST ACT ARRANGEMENTS
If the emergency is the result of a terrorist act, the incident will be dealt with in accordance with State Hazard Plan - Terrorist Act and the WA Police Force will take control of the emergency on behalf of the HMA, the Commissioner of Police.

An incident shall not be referred to as a terrorist act by any responding agency unless the Commissioner of Police has made this determination.
Where the cause of the emergency is not apparent and terrorism cannot be readily discounted, the WA Police Force shall be notified in order to commence investigations.

**Biological Release Emergency Controlled by WA Police Force**

In some circumstances, where the cause of the emergency is determined by the Commissioner of Police in consultation with the SHC to be a criminal act, other than a terrorist act, of such a nature and magnitude that it requires a significant and coordinated police investigative response, the SHC may handover control of the incident, by agreement, to the WA Police Force.

The WA Police Force may mirror counter terrorism arrangements in response to such an incident without the determination of a terrorist act, utilising powers conferred by the *Criminal Investigation Act 2006*.

The WA health system will continue to undertake a combat role for the biosecurity hazard where safe to do so. WA Health staff will be expected to operate to WA Police Force Incident Control and be tasked in accordance with WA Police Force procedures during such incidents.

WA Police Force will assume control for any terrorism related incident in accordance with State Hazard Plan - Terrorist Act and the National Counter-Terrorism Arrangements.

### 4.9 SITE MITIGATION

The Department of Water and Environmental Regulation’s (DWER) Pollution Response Unit will provide advice covering waste disposal and site mitigation actions to meet current environmental standards. ChemCentre WA has a role in advising on site mitigation through a thorough understanding of the chemistry and physics of the contaminant(s).

### 4.10 WASTE MANAGEMENT

Where required the HMA or Controlling Agency will develop a waste management plan in conjunction with other relevant agencies.

### 4.11 MANAGEMENT OF THE DECEASED

The management of the deceased will follow standard business practices, including the disaster victim identification (DVI) management arrangements within section 5.5.3 of the *State EM Plan*, unless the WA health system advises of additional quarantine arrangements. Annex L of the SHERP provides guidance that may be supported by the WA Police Force’s internal DVI plan.

The management of a significant number of fatalities, particularly within a short period of time, is challenging. The IC will work with partner agencies, including WA Police, the State Coroner, the Metropolitan Cemeteries Board, and other agencies, to implement strategies to accommodate a rapid increase in the number of deceased. The WA health system will undertake the following roles and responsibilities:

- legislative requirements for certification, including life extinct, cause of death and cremation;
- provision of transit certificates for the repatriation of cadavers and human remains;
- provision of post mortem services by PathWest;
• provision of expert public health advice for management of infectious/contaminated deceased persons; and
• development of relevant fact sheets (for example: health risks from dead bodies)

4.12 STAND DOWN AND DEBRIEFS

When the IC determines that the emergency response is no longer required, a stand-down of the activities initiated in the previous stages will occur.

The WA health system will:

a) Ensure that arrangements for recovery are in place.
b) Advise the State Emergency Coordinator.
c) Notify members of the SHETAG and the SECG (if established).
d) Notify all staff and relevant Emergency Management agencies.
e) Inform the Minister for Health (WA) and Director General (Department of Health).
f) Issue media statements to address public concerns and to reinforce previous information on how to reduce the risk of infection, and what to do if infection is suspected.
g) Determine arrangements for debriefing and evaluation

In compliance with State EM Policy statement 5.11.1, State EM Plan section 5.7 and State EM Response Procedure 22, the HMA will prepare a post-operation report on the incident for the SEMC.
5 RECOVERY

5.1 RESPONSIBILITY FOR RECOVERY

Local Governments are responsible for managing recovery following an emergency affecting the community in their districts.

Where recovery activities are beyond the capacity of the local community, State support may be provided through the State Recovery Coordinator as detailed in the State EM Plan.

The State’s recovery activities are underpinned by the National Principles for Disaster Recovery. Successful recovery relies on:

- Understanding the context: based on an understanding of the community context;
- Recognising complexity: responsive to the complex and dynamic nature of both emergencies and the community;
- Using community-led approaches: responsive and flexible, engaging with community and supporting them to move forward;
- Ensuring coordination of all activities: requires a planned, coordinated and adaptive approach, between community and partner agencies, based on continuing assessment of impacts and need;
- Employing effective communication: built on effective communication between the affected community and other partners; and
- Recognising and building capacity: recognises, supports and builds on individual, community and organisational capacity and resilience.

5.2 CLEAN-UP

Direct on-site recovery and clean-up of hazardous materials and infrastructure is the responsibility of the entity that owns or is in control of the hazardous materials.

Under the Environmental Protection Act 1986, DWER may issue a statutory notice or direction to require the clean-up of wastes that have been discharged into the environment.

Recovery and clean-up of orphan hazardous material are the responsibility of the agency or entity who owns or is in control of the land. In cases where hazardous materials have been discharged into the environment, clean-up has to be completed to the satisfaction of DWER.

The SHEC will develop and implement a clean-up plan as required and specific to the Human Epidemic emergency.

5.3 TRANSITION TO RECOVERY

Certain persistent biological agents may require prolonged decontamination processes to achieve acceptable residue levels, so handover to local government may require continued assistance from the Department of Fire & Emergency Services (DFES), the WA health system, ChemCentre WA and DWER.

The WA health system will ensure that a recovery plan is developed in conjunction with key stakeholders. The recovery plan will address issues such as:
- re-establishment of normal health services,
- school and work attendance that may have been interrupted during the epidemic, and
- the mental health of epidemic or biological release survivors.
APPENDIX A: DISTRIBUTION LIST

This State Hazard Plan is available on the State Emergency Management Committee website (www.semc.wa.gov.au). The agencies below will be notified by the HMA (unless otherwise specified) when an updated version is published on this website.

- All agencies and organisations with responsibilities under this Plan
- Emergency Management Australia (SEMC Business Unit to notify)
- Minister for Emergency Services (SEMC Business Unit to notify)
- Minister for Health (WA)
- State Emergency Management Committee (SEMC), subcommittee and SEMC reference group members (SEMC Business Unit to notify)
- State Library of Western Australia (SEMC Business Unit to notify)
**APPENDIX B: GLOSSARY OF TERMS/ACRONYMS**

Terminology used throughout this document has the meaning prescribed in section 3 of the *Emergency Management Act 2005* or as defined in the SEMC Glossary. In addition, the following hazard-specific definitions apply.

### B1 GLOSSARY OF TERMS

| **BIOSECURITY** | Procedures or measures designed to protect the population against harmful biological or biochemical substances. |
| **DIRECTOR GENERAL’S DELEGATE** | An internal position to the WA health system, recognised through an instrument of delegation pursuant to section 24 of the *Health Service Act 2016* for the purposes of preventing; preparing for responding to; and recovering from emergencies, disasters and other disruptive events. |
| **HUMAN EPIDEMIC** | The occurrence of more cases of an infectious or transmissible disease than would be expected in the State’s population or a sub-group of the State’s population during a given time period. |
| **ISOLATION** | Separation of people known to have an infectious disease from other people, for the period of communicability, to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible to infection or who may spread the agent to others. |
| **HUMAN EPIDEMIC COORDINATION CENTRE (HECC)** | Metropolitan and Regional Human Epidemic Coordination Centres (HECCs) are established upon activation of the standby phase of this plan. Human Epidemic Coordination Centres are under the control of the Public Health Emergency Operations Centre (PHEOC), and are responsible for coordinating the public health response to the epidemic which includes, but is not limited to, disease surveillance, data management, and public health management of infected persons and their contacts. Metropolitan and Regional HECCs may be established at metropolitan Public Health Units and regional Population Health Units (these levels are comparable to the District Emergency Management level), as required. |
**ORPHAN HAZARDOUS MATERIALS**
Orphan hazardous materials are materials in which the 'owner' of the materials cannot be found to cover the cost for clean-up. They may also be materials in which the chemical composition and degree of hazard is unknown.

**PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)**
Located within the Communicable Diseases Coordination Directorate (CDCD), a directorate within the WA health system that oversees the public health activities of the Metropolitan and Regional Human Epidemic Coordination Centres, including oversight of disease surveillance, data management, and public health management of infected persons, and supports the SHEC and the SHETAG.

**QUARANTINE**
Legal restrictions imposed on a place or tract of land by the serving of a notice and limiting access or egress of specified animals, persons or things.

**STATE HEALTH COORDINATOR (SHC)**
The SHC is the HMA for the actual or impeding spillage or release or escape of a biological substance.

**STATE HUMAN EPIDEMIC CONTROLLER (SHEC)**
The SHEC is the HMA for the hazard of human epidemic.

**STATE HUMAN EPIDEMIC TECHNICAL ADVISORY GROUP (SHETAG)**
This group, appointed by the SHEC on an ad hoc basis as required, assists with the management of human epidemics by providing expert technical and scientific advice regarding epidemic control.

**STATE HEALTH INCIDENT COORDINATION CENTRE**
This State-level centre, under the direction of the SHC/Director General's Delegate, addresses strategic management of an incident/disaster as well as facilitating management of state-wide events. During a human epidemic, hospital, clinical health service, and non-public-health sector responses will be coordinated by the State Health Incident Coordination Centre, in conjunction with the State Human Epidemic Controller.

**WA HEALTH SYSTEM**
Western Australia’s public health care system which comprises of:
- The Department of Health (the system manager)
- health service providers
- contracted health entities.
### B2 ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AHPPC</td>
<td>Australian Health Protection Principle Committee</td>
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<tr>
<td>CBR</td>
<td>Chemical, Biological, Radiological</td>
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<tr>
<td>CDCD</td>
<td>Communicable Diseases Coordination Directorate</td>
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<tr>
<td>CDNA</td>
<td>Communicable Disease Network Australia</td>
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<tr>
<td>DFES</td>
<td>Department of Fire &amp; Emergency Services</td>
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<tr>
<td>DVI</td>
<td>Disaster victim identification</td>
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<tr>
<td>DWER</td>
<td>Department of Water and Environmental Regulation</td>
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<tr>
<td>HECC</td>
<td>Human Epidemic Coordination Centre</td>
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<td>HMA</td>
<td>Hazard Management Agency</td>
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<tr>
<td>IC</td>
<td>Incident Controller</td>
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<tr>
<td>IDEMP</td>
<td>Infectious Disease Emergency Management Plan</td>
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<tr>
<td>ISG</td>
<td>Incident Support Group</td>
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<tr>
<td>OASG</td>
<td>Operational Area Support Group</td>
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<tr>
<td>PHEOC</td>
<td>Public Health Emergency Operations Centre</td>
</tr>
<tr>
<td>SEC</td>
<td>State Emergency Coordinator</td>
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<tr>
<td>SECG</td>
<td>State Emergency Coordination Group</td>
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<tr>
<td>SEMC</td>
<td>State Emergency Management Committee</td>
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<td>SHERP</td>
<td>State Health Emergency Response Plan</td>
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<tr>
<td>SHEC</td>
<td>State Human Epidemic Controller</td>
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<tr>
<td>SHETAG</td>
<td>State Human Epidemic Technical Advisory Group</td>
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<tr>
<td>SHICC</td>
<td>State Health Incident Coordination Centre</td>
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<tr>
<td>SoNGs</td>
<td>Series of National Guidelines</td>
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APPENDIX C: RESPONSE ROLES AND RESPONSIBILITIES

The WA health system has the primary role of coordinating the response to human biosecurity emergencies.

The assistance and cooperation of other agencies and organisations operating within their functional areas are necessary for an effective and timely response. A summary of response arrangements, as detailed throughout this State Hazard Plan or the State Emergency Management Plan (which contains the generic emergency management arrangements), are below.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)</th>
</tr>
</thead>
</table>
| **Australian Red Cross Blood Service (ARCBS – WA)** | a. Provide blood and blood products if required for the treatment of infected individuals.  
b. Assess the transmissibility of the epidemic agent by blood transfusion, and take action to prevent transmission.  
c. Provide specialist consultation on transfusion medicine if required. |
| **Australian Health Protection Principal Committee** | a. A national committee reporting to the Australian Health Ministers’ Advisory Council and to which the Communicable Diseases Network Australia reports. This committee provides national coordination of emergency operational activity in health responses to disasters and health protection issues of national significance, including epidemics. |
| **ChemCentre WA**                                  | a. Provide, maintain and operate a mobile response laboratory, for the purpose of detecting, identifying, and monitoring hazardous materials or substances, involved in the Human Biosecurity emergency on a 24/7 basis;  
b. Provide information with respect to any potential chemical incompatibilities and methods of neutralization, including any reactivity’s with any media used to control the hazardous materials and substances;  
c. If required, confirm adequacy of decontamination procedures applied to equipment and personal protective equipment;  
d. Provide a written report and/or participate in post operation debriefs on the emergency, as required. |
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<th>Organisation</th>
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<tr>
<td><strong>Communicable Diseases Network Australia</strong></td>
<td>a. An inter-jurisdictional forum for development of national policy and coordination of national response to communicable disease threats. The Director, CDCD may seek advice and collegiate support from the group. The group provides expert technical and scientific advice regarding control of communicable diseases in humans.</td>
</tr>
</tbody>
</table>
| **Department of Primary Industries and Regional Development** | a. Alert CDCD to new, emerging or notifiable infectious diseases in agricultural stock which are potentially transmissible to humans.  
   b. Contain the spread of infectious diseases in animal stock which may be transmissible to humans, consistent with the Animal Health National Response arrangements and State Hazard Plan – Animal and Plant Biosecurity. |
| **Department of Communities** | a. To assist with the welfare response to a human epidemic. This may include, but is not limited to, assisting people under home isolation and home quarantine, and their dependents.  
   b. Provide a Liaison Officer to the Incident Support Group, if required. |
| **Department of Education** | a. Assist with the provision of information to school leaders, school staff, students and parents.  
   b. Assist with the provision of health services. This may include, but is not limited to use of school facilities for mass vaccination and medication distribution.  
   c. Support implementation of disease control measures such as home isolation and home quarantine.  
   d. To have an identified liaison person from the Department of Education to enable a two-way communication process to be implemented with an identified WA health system liaison person.  
   e. Liaise with the Catholic Education Office and the Association for Independent Schools in Western Australia to allow a collaborative education sector approach. |
<table>
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</tr>
</thead>
</table>
| Department of Fire and Emergency Services (DFES) | a. Assist ChemCentre WA personnel with respect to contaminated site entry, sample collection and agent identification.  
b. Facilitate contaminated site entry for ambulance personnel to undertake, patient triage, treatment and rescue.  
c. Undertake mass decontamination procedures, as required.  
d. Provide a Liaison Officer to the Incident Support Group, if required. |
| Department of Health | a. Activate the SHICC and PHEOC as appropriate.  
b. Appoint an Incident Controller.  
c. Liaise with Commonwealth committees AHPPC and CDNA regarding response and other measures.  
d. Provide technical and scientific advice regarding the Human Biosecurity emergency.  
e. Provide guidance to Local Government Environmental Health officers in managing local response.  
f. Activate the SHERP if required.  
g. Provide advice on potential dangers to public health and actions to be undertaken to mitigate the hazard effects.  
h. In conjunction with local health facilities, dispatch disease control teams as appropriate.  
i. Deploy resources from the Disaster Contingency Warehouse.  
j. Develop clean-up or waste management plans specific to the emergency.  
k. Provide technical advice for the management of infected/contaminated deceased persons.  
l. In conjunction with agencies, develop a waste management plan, public information and clean-up plans as required.  
m. Undertake Post Incident Analysis and reporting in line with State EM Policy and Plan requirements. |
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</table>
| Department of Water and Environmental Regulation (DWER) | a. Provide advice on minimisation of impacts on the environment, including containment, confinement and clean-up, decontamination, minimisation of wastes, and waste disposal;  
   b. Coordinate post-incident environmental sampling and provide interpretation of environmental monitoring data and results where required.  
   c. Provide a Liaison Officer to the Incident Support Group, if required.                                                                 |
| Local Government                                 | a. Provide Environmental Health Officers to Metropolitan and Regional Human Epidemic Coordination Centres, as required.  
   b. Assist with the investigation of human epidemics.  
   c. Assist with monitoring of food safety.  
   d. Assist with the safe disposal of contaminated waste.  
   e. Assist with the control of vermin or insect infestations, including reservoir elimination programs.  
   f. Provide support with other local resources as requested by the SHEC or local State, Metropolitan or Regional Human Epidemic Control Centres. The capability and commitment of each Local Government to undertake the tasks and meet the responsibilities identified in the State Plan should be confirmed by the HMA and detailed in the Local Emergency Management Arrangements (LEMA). This will ensure the varying capabilities of individual Local Governments are recognised and agreed to by all parties. |
| St John Ambulance Australia (Western Australia) Inc | a. Provide an Ambulance Commander and assume site control functions at the request of the IC for location (s) in cases where there is an actual or impeding spillage or release or escape of a biological substance.  
   b. Coordinate and provide ambulance services if required for the transport of infected individuals or other persons in the course of the human epidemic or human biosecurity emergency.  
   c. Provide a Liaison Officer to the Incident Support Group, if required.                                                                  |
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| PathWest and private pathology laboratories   | a. Report confirmed or suspected cases to the CDCD without delay if an epidemic is anticipated, suspected, or in progress.  
|                                                | b. Provide diagnostic pathology services for human, animal and environmental samples as relevant to the human epidemic.  
|                                                | c. Facilitate communication with medical practitioners through the laboratory service network.      |
| Public Transport Authority                    | a. To assist with the provision of transport for infected persons, their contacts and health staff, as required.  
|                                                | b. Coordinate the use of public transport services at the request of the SHEC.                      
|                                                | c. Provide a Liaison Officer to the Incident Support Group, if required.                           |
| Royal Flying Doctor Service                   | a. Coordinate and provide air ambulance services, if required and as appropriate, for the transport of infected individuals or other persons in the course of the human epidemic.  
|                                                | b. Provide a Liaison Officer to the Incident Support Group, if required.                           |
| WA Police Force                                | a. Assist with isolation, quarantine and evacuation, if agreed, to deal with a human epidemic  
|                                                | b. Assist the road network owner with road traffic management where agreed.                        
|                                                | c. Provide a Liaison Officer to the Incident Support Group, if required.                          
|                                                | d. In the event of mass casualties, provide Disaster Victim Identification.                      
|                                                | e. Maintain public order where required.                                                          |
| Water Corporation                              | a. Sample drinking water supplies for testing  
|                                                | b. Provide alternative safe drinking water if needed.                                              
|                                                | c. Monitor the adequacy of waste water disposal  
|                                                | d. Provide alternative safe methods of waste water disposal if needed.                            
|                                                | e. Provide a Liaison Officer to the Incident Support Group, if required.                          |