



SEMC
STATE EMERGENCY
MANAGEMENT COMMITTEE

Human Biosecurity

STATE HAZARD PLAN

RESPONSIBLE AGENCY

Chief Executive Officer,
Department of Health

APPROVED BY

State Emergency Management
Committee

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Amendment Table

Date	Details	Amended by
May 2019	Amalgamation of Westplan – Human Epidemic and the biological component of Westplan – Chemical, Biological, Radiological and Nuclear ¹ , 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.	WA health system
June 2020	Version 01.01 – Amendments to reflect amendments to the <i>Emergency Management Act 2005</i> and <i>Emergency Management Regulations 2006</i> and statement of fact amendments approved by SEMC (Resolution Number 39/2020) as per State emergency management documents amendments table v02.03 .	SEMC Business Unit
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December 2022	Version 2.01 - Amendments approved by SEMC Executive Officer (Resolution Number 17/2021). Statement of fact changes and updated hyperlinks to new SEMC website as per amendments table December 2022 .	SEMC Business Unit
October 2023	Version 2.02 - Consequential amendments approved by SEMC to reflect change in terminology from 'welfare' to 'emergency relief and support' and related terms (resolution number 77/2023) and statement of fact and accessibility amendments approved by the SEMC Executive Officer (resolution number 17/2021) as outlined in State EM documents amendments table October 2023 .	SEMC Business Unit
March 2024	Version 2.03 - SEMC approved an extension to the comprehensive review of the plan from May 2024 to December 2024 (resolution number 17/2024).	SEMC Business Unit

The SEMC acknowledges the Aboriginal peoples throughout the state of Western Australia as the Traditional Custodians of the lands where we live, work and volunteer. We recognise Aboriginal peoples' continued connection to land, waters and community, and pay our respects to Elders both past and present.

This document was designed to be viewed electronically and aims to meet the West Australian Government's accessibility and inclusivity standard, including meeting the World Wide Web Consortium's Web Content Accessibility Guidelines version 2.1 (WCAG 2.1) at level AA. If anything in this document is inaccessible to you, or you are experiencing problems accessing content for any reason, please contact the State Emergency Management Committee Business Unit at semc.policylegislation@dfes.wa.gov.au.

All of the State emergency management legislation and documents can be accessed via the [State Emergency Management Framework](#) page of the [State Emergency Management Committee website](#).

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Part One:

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 Chief Executive Officer, Department of Health is the Hazard Management Agency (HMA) for:

- human epidemic
- an actual or impending spillage, release or escape of a biological substance.

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 the HMA 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 invoke 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 Chief Executive Officer, Department of Health is the HMA for human epidemic and 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 lists summarise the HMAs and broad roles and responsibilities.

HMA roles and responsibilities for actual or impending spillage, release or escape of biological substance include:

- appoints Incident Controller
- activates State Health Incident Coordination Centre
- Commonwealth representation (via Chief Health Officer) or State representation (SECG).

HMA roles and responsibilities for human epidemic include:

- appoints Incident Controller
- activates Public Health Emergency Operations Centre.
- activates State Health Incident Coordination Centre (if required)
- Commonwealth liaison and representation
- State representation – State Disaster Council (if requested).

Director General's Delegate roles and responsibilities include:

- control and coordination across the WA health system (including hospitals)
- deployable assets
- patient allocation
- State representation – Operational Area Support Group/Incident Support Group.

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* (AHMPPI)
- Communicable Disease Network Australia (CDNA) Series of National Guidelines (SoNGs) and publications for specific infectious diseases <http://www.health.gov.au/cdnasongs> and <http://www.health.gov.au/internet/main/publishing.nsf/Content/Publications-12>
- Emergency Response Plan for Communicable Disease Incidents of National Significance <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-cdplan.html>
- *National Action Plan for Human Pandemic Influenza (NAP)*
- National Health Security Arrangements
- *State Support Plan – Emergency Public Information*
- *State Support Plan – Emergency Relief and Support*
- [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*
- *Emergency Management Regulations 2006*
- *Environmental Protection Act 1986*
- *Health Services Act 2016*
- *International Health Regulations 2007* (Commonwealth)
- *Occupational Safety & Health Act 1984*
- *Local Government Act 1995*
- *Public Health Act 2016*
- *Public Health Regulations 2017*
- *Medicines and Poisons Act 2014*.

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 emergency management 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.



Part Two:

**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.



Part Three:

Preparedness

3.1 Responsibility for Preparedness

The HMA is 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 At Risk Groups

The following groups are likely to be more susceptible to, and/or at greater risk 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
- other marginalised and/or disadvantaged people.

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

Identification of at risk 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.



Part Four:

Response

4.1 Responsibility for Response

As the HMA, the Chief Executive Officer, Department of Health is responsible for all response activities under the *Emergency Management Regulations 2006*, for human epidemic and an actual or impending spillage, release or escape of a biological substance 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 CDNA.
- d. CDNA 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 CDNA will also be important.

If required, the HMA will consult with members of the State Health Technical Advisory Group (SHETAG) 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 SHECHMA 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 SHECHMA. Depending on the situation, the SHECHMA 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 SHCHMA 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:
 - i. arrange the isolation and treatment of cases
 - ii. conduct the tracing, testing and possible quarantining of contacts
 - iii. administer vaccines and/or other treatments
 - iv. 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 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 Spillage, Release or Escape

This stage is activated when the HMA receives notification of an actual or impending spillage, release or escape of a biological substance. Biological emergencies will be managed by a generic all-hazards approach. The HMA 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/but 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
- 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 HMA is 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 4.2.

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 Support Plan – Emergency Relief and Support may be activated to assist with the provision of emergency relief 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 Spillage, Release or Escape 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 HMA 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 HMA 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*, as required.

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 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

- 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 SEC
- 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 Chief Executive Officer (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 section 5.11.1, State EM Plan section 5.7 and State EM Response Procedure 4.22, the HMA will prepare a post-operation report on the incident for the SEMC.



Part Five:

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
- 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 HMA 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
- the mental health of epidemic or biological release survivors.



Appendices

Appendix A: Distribution List

This State Hazard Plan is available on the [SEMC website](#). 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

B1 Glossary of Terms

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

Term	Definition
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 <i>Health Service Act 2016</i> for the purposes of preventing; preparing for responding to; and recovering from emergencies, disasters and other disruptive events.
Chief Executive Officer, Department Of Health	The HMA for the hazard of human epidemic and the actual or impending spillage, release or escape of a biological substance.
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.
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.

Term	Definition
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.
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 Control Directorate (CDCD), a directorate within the WA health system that oversees the public health activities of the Metropolitan and Regional Human Epidemic Coordination Centres (HECC), including oversight of disease surveillance, data management, and public health management of infected persons, and supports the HMA 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 Human Epidemic Technical Advisory Group (SHETAG)	This group, appointed by the HMA 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 (SHCC)	This State-level centre, under the direction of the HMA/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 HMA.

Term	Definition
WA Health System	<p>Western Australia's public health care system which comprises of:</p> <ul style="list-style-type: none">• The Department of Health (the system manager)• health service providers• contracted health entities.

B2 Acronyms

Term	Definition
AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPPC	Australian Health Protection Principle Committee
CaLD	Culturally and linguistically diverse
CBR	Chemical, Biological, Radiological
CDCD	Communicable Diseases Control Directorate
CDNA	Communicable Disease Network Australia
DFES	Department of Fire & Emergency Services
DVI	Disaster victim identification
DWER	Department of Water and Environmental Regulation
HECC	Human Epidemic Coordination Centre
HMA	Hazard Management Agency
IC	Incident Controller

Term	Definition
IDEMP	Infectious Disease Emergency Management Plan
ISG	Incident Support Group
NAP	National Action Plan for Human Pandemic Influenza
OASG	Operational Area Support Group
PHEOC	Public Health Emergency Operations Centre
SEC	State Emergency Coordinator
SECG	State Emergency Coordination Group
SEMC	State Emergency Management Committee
SHERP	State Health Emergency Response Plan
SHETAG	State Human Epidemic Technical Advisory Group
SHICC	State Health Incident Coordination Centre
SoNGs	Series of National Guidelines

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.

Organisation	Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)
Australian Red Cross Blood Service (ARCBS – WA)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

Organisation	Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)
Communicable Diseases Network Australia	<ul style="list-style-type: none"> 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.
Department of Primary Industries and Regional Development	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> a. To assist with the emergency relief and support 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	<ul style="list-style-type: none"> 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.

Organisation	Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)
Department of Fire and Emergency Services (DFES)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> a. Activate the SHICC and PHEOC as appropriate. b. Appoint an Incident Controller (IC). 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 State EM Plan requirements.

Organisation	Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)
Department of Water and Environmental Regulation (DWER)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> a. Provide Environmental Health Officers to Metropolitan and Regional HECCs, 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 HMA or local State, Metropolitan or Regional HECCs. <p>Note: The capability and commitment of each Local Government to undertake the tasks and meet the responsibilities identified in the State EM 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.</p>

Organisation	Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)
St John Ambulance Australia (Western Australia) Inc	<ul style="list-style-type: none"> 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 impending 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.
PathWest and private Pathology Laboratories	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

Organisation	Response Responsibilities (see State EM Plan Appendix E for full all-hazards roles and responsibilities)
WA Police Force	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

