



Government of **Western Australia**
Department of **Health**

IDEMP

**Infectious Disease Emergency Management
Plan, WA health system**

Foreword

The WA health system has expertise and specialist knowledge in the prevention and control of infectious diseases. When responding to infectious disease emergencies, the WA health system has two legal frameworks. Firstly, under the *Emergency Management Regulations 2006*, the State Human Epidemic Controller is prescribed as the Hazard Management Agency for human epidemic. Secondly, the Chief Health Officer has obligations under the *Public Health Act 2016* to have public health emergency management plans in place.

The Infectious Disease Emergency Management Plan outlines how the WA health system will undertake its legislative responsibilities to prepare for and respond to any infectious disease emergency within the jurisdiction of Western Australia. This plan supports the State Hazard Plan (Westplan) Human Epidemic and has been developed in conjunction with the Emergency Management Policy and the State Health Emergency Response Plan.

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Authorisation

This plan has been endorsed as the single, strategic, State-level plan that outlines how WA Health, as an agency, will respond to any infectious disease emergency within the jurisdiction of Western Australia.

Approved



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Date 20th September, 2017.

Amendment certificate

Any amendments to this plan are subject to the recommendation and approval of the WA Health Emergency Management Committee.

| Amendment | | Detail | Amended by |
|-----------|----------------|-----------------|------------|
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1. Introduction

The Infectious Disease Emergency Management Plan, (IDEMP) outlines how the WA health system will prepare for and respond to any declared infectious disease emergency within the jurisdiction of Western Australia. This plan may be activated in parallel to the State Hazard Plan (Westplan) Human Epidemic.

The IDEMP is a public health emergency management plan issued under Part 12, Division 2 of the *Public Health Act 2016*, and outlines how the WA health system will undertake its legislative responsibilities, to prepare for and respond to any infectious disease emergency within the jurisdiction of Western Australia.

1.1 Aim

This plan outlines the strategies to manage a flexible, scalable and proportionate WA health system response, with appropriate and timely interventions and allocation of resources, to minimise the health consequences of an infectious disease emergency.

1.2 Strategic objectives

This plan's strategic objective is to ensure a safe, effective, and coordinated WA health system response to an infectious disease emergency by:

- describing how, when, and where Health resources are mobilised;
- outlining the process of escalating and de-escalating the Health response;
- detailing high-level roles, delegations and authorities; and
- linking the WA health system's infectious disease emergency response into broader state and national response frameworks and arrangements.

1.3 Hazard definition

For the purpose of the IDEMP, an infectious disease emergency is defined as 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, and the management of which requires resources that exceed the capacity of existing health services.

The definition of an infectious disease emergency encompasses the definition of a human epidemic hazard, as defined in section 15 (g) of the *Emergency Management Regulations 2006*. As such, this plan may be activated in parallel with Westplan Human Epidemic to manage a human epidemic emergency.

Special and immediate actions are required to limit the spread of disease from infected persons and other sources of infections to the wider community.

1.4 Scope

While Westplan Human Epidemic outlines the multi-agency response to an infectious disease emergency in Western Australia, the IDEMP is an agency-specific infectious disease emergency management plan and may be activated in conjunction with, or in isolation from, the State Health Emergency Response Plan (SHERP) and Westplan Human Epidemic.

This plan focuses upon how the WA health system responds to infectious disease emergencies within the jurisdiction of Western Australia. Infectious disease emergencies originating from a criminal terrorist attack or incident will be managed by WA Police, as the controlling agency.

Infectious disease outbreaks that can be managed within the capacity of existing health services do not require activation of this plan.

1.5 Emergency management policy and legislation

The IDEMP is underpinned by the Emergency Management Policy, which establishes the WA health system's comprehensive approach to emergency management. As such, the IDEMP should be read in conjunction with the emergency management policy.

The IDEMP is underpinned by the following state, national, and international legislation:

- a) *Public Health Act 2016 (WA)*
- b) *Health Services Act 2016 (WA)*
- c) *Emergency Management Act 2005 (WA) (EM Act)*
- d) *Emergency Management Regulations 2006 (WA) (EM Regulations)*
- e) *Biosecurity Act 2015 (Commonwealth)*
- f) *National Health Security Act 2007 (Commonwealth)*
- g) *International Health Regulations 2005*

1.6 Related documents

1.6.1 Australian Government

- National Health Emergency Management Response Arrangements (NatHealth Arrangements) 2011 <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-response-arrangement-nov11>
- Australian Health Management Plan for Pandemic Influenza (AHMPPI) 2014 <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmpipi.htm>
- 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>
- Health Emergency Preparedness and Response <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-bio-index.htm>

1.6.2 State

- [State Emergency Management Plan](#)
- [Emergency Management Policy](#)
- Westplan Human Epidemic <https://www.semc.wa.gov.au/Pages/Westplans.aspx>
- State Health Emergency Response Plan
- State Health Emergency Management Arrangements
- St John Ambulance Biological Hazard Plan

1.6.3 Regional (district)

- [WACHS – Emergency \(Disaster\) Management Arrangements Policy](#)

1.6.4 Hospital (local)

- Hospital or health service infectious disease emergency management plans (however titled) and policies.

2. Response

The WA health system will respond to an infectious disease emergency using a five phase approach, consistent with the escalation process of the Australian Health Management Plan for Pandemic Influenza (AHMPPI).

- PREVENTION AND PREPAREDNESS phase;
- STANDBY phase;
- INITIAL ACTION phase;
- TARGETED ACTION phase; and
- STAND DOWN phase

A brief summary of the phased approach is listed in section 2.6. A detailed summary of the phased approach is listed in Annex A.

2.1 Prevention and preparedness phase

This IDEMP is maintained in the PREVENTION AND PREPAREDNESS phase as the default status.

2.2 Notification

The SHEC is to be formally notified of any actual or potential infectious disease emergency by telephoning **(08) 9328 0553** (24 hour paging service).

2.3 Authority to escalate

Authority to escalate to the phases of this plan rests with the SHEC. The SHEC is the Chief Health Officer of Western Australia (WA).

2.4 Triggers for escalation

Triggers for moving from PREVENTION AND PREPAREDNESS to STANDBY include:

- occurrence of an infectious disease outbreak in WA that is threatening to overwhelm the capacity of existing health services;
- advice received of an infectious disease outbreak in another jurisdiction that has potential to enter WA and cause an infectious disease emergency ; or
- advice received of an overseas outbreak that has potential to enter Australia and cause an infectious disease emergency.

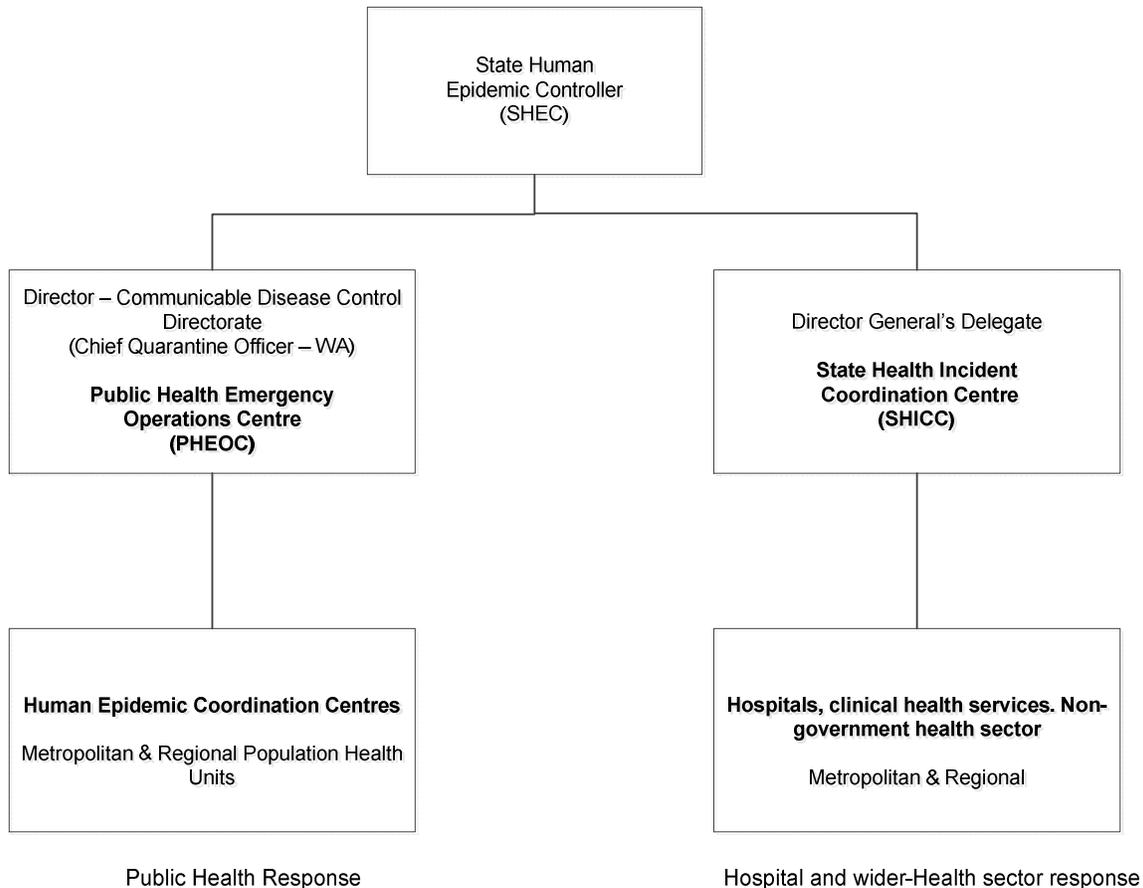
2.5 Incident coordination

The SHEC is responsible for coordination of the response to a human epidemic at the State level. This is performed in a two-pronged approach.

The Public Health Emergency Operations Centre (PHEOC) is established at the Communicable Disease Control Directorate (CDCD) and is coordinated by the Director CDCD, who also acts as the Chief Human Biosecurity Officer for WA. The PHEOC coordinates the public health response to the infectious disease at the State-level.

Metropolitan and Regional Human Epidemic Coordination Centres, based in metropolitan and regional Health Service Providers, working under the control of the PHEOC, are responsible for coordination and implementation of the public health response to a human epidemic at the local level.

The Director General’s delegate, via the State Health Incident Coordination Centre (SHICC), will coordinate the hospital and clinical health services, and non-government health sector responses by activating continuity strategies to maintain the integrity of health system service delivery, overseeing logistical requests, and disseminating information to internal and external stakeholders.



2.6 Public health serious incident and emergency powers

Under Part 11 of the *Public Health Act 2016*, the Chief Health Officer may authorise the use of serious public health incident powers by authorised officers for the purposes of controlling or abating a serious public health risk.

When a public health state of emergency is declared by the Minister for Health under Part 12 of the *Public Health Act 2016*, the Chief Health Officer may sanction authorised officers and health professionals with certain public health emergency powers.

The serious public health incident powers and the public health emergency powers are detailed in parts 11 and 12 respectively of the *Public Health Act 2016*. These powers may include, but may not be limited to, the power to share information, use vehicles, control property, and quarantine people.

2.7 Phases of escalation

PREVENTION AND PREPAREDNESS PHASE (DEFAULT PHASE)

Synopsis of situation

- No infectious disease emergency currently exists.

Strategic actions

- Undertake planning for infectious disease emergencies, including staff training and exercising the IDEMP and related plans.
- Undertake routine disease control programs.
- Maintain resource stockpiles, including WA's allocation of the National Medical Stockpile.
- Implement routine immunisation programs.
- Undertake normal business activities.

STANDBY PHASE

Synopsis of situation

- An infectious disease outbreak in another jurisdiction has potential to enter WA and cause an infectious disease emergency ; **OR**
- An overseas outbreak that has potential to enter Australia and cause an infectious disease emergency.

Strategic actions

- Consider activating PHEOC and SHICC to commence coordination activities.
- Commence Public Health communications.
- Define/confirm case definitions and commence case notification.
- Check National Medical Stockpiles and confirm protocols.
- Implement border arrangements, as advised by Australian Government.

INITIAL ACTION PHASE (OPTIONAL PHASE)

Synopsis of situation

There is

- An occurrence of a novel infectious disease in WA that that has the potential to cause an infectious disease emergency; **OR**
- A sustained community transmission in other jurisdictions of a novel infectious disease in Australia; **OR**
- A declaration by World Health Organisation (WHO) of a pandemic of a novel infectious disease; **AND**
- Insufficient information about the infectious disease to move from Standby to Targeted Action.

Strategic actions

- PHEOC and SHICC commence, or continue to, undertake coordination activities.
- Manage initial cases and contacts and scale up disease surveillance.
- Identify and characterise the nature of the disease.
- Provide information to support best practice health care and to enable the community and responders to manage their own risk of exposure
- Deploy National Medical Stockpile items.
- Implement triaging and cohorting of patients and surge management strategies.

TARGETED ACTION PHASE

Synopsis of situation

There is

- An occurrence of a novel infectious disease in WA that that has the potential to cause an infectious disease emergency;
- A sustained community transmission in other jurisdictions of a novel infectious disease in Australia; **OR** a declaration by World Health Organisation (WHO) of a pandemic of a novel infectious disease; **AND**
- Sufficient information about the infectious disease causing the emergency to implement Targeted Action.

Strategic actions

- PHEOC and SHICC continue coordination activities.
- Implement and refine infection control protocols.
- Implement disease-specific immunisation programs if available.
- Develop communications to engage, empower and build confidence in the community.
- Implement triaging and cohorting of patients and surge management strategies.

STAND DOWN PHASE

Synopsis of situation

- The infectious disease emergency has abated.
- Health service capacity is no longer being exceeded.

Strategic actions

- Health services return to normal business activities.
- Discontinue heightened surveillance activities that are no longer required.
- Monitor for second wave and resistance to antibiotics / antiviral medication.
- Transition to routine infectious disease control or interim arrangements.

A detailed summary of phased actions, measures and considerations is listed in [Annex A](#).

2.8 Post incident activities

Upon completion of the STAND DOWN phase, the SHEC will de-escalate the IDEMP to PREVENTION AND PREPAREDNESS phase (noting that recovery efforts and hospital surge activities may still be continuing).

The following post incident activities are undertaken:

- Debriefing activities;
- Staff counselling and employee assistance, where appropriate;
- Financial recovery and reconciliation;
- Post incident analysis and identification of lessons learned;
- Formal reporting to the Director General for Health, WA Health Emergency Management Committee, State Emergency Management Committee, and other relevant bodies; and
- Updating of plans, processes and procedures, where appropriate.

Annex A. Measures that could be considered for implementation, by response stage.

| Measures | PREVENTION AND PREPAREDNESS (default status) | STANDBY | INITIAL ACTION (optional phase) | TARGETED ACTION | STAND DOWN |
|---|--|--|--|---|---|
| Planning | <ul style="list-style-type: none"> Develop and maintain (including testing exercising) the IDEMP and related plans. Incorporate planning for infectious disease emergencies into WA Health's and Health Service Providers' business continuity plans. | - | - | - | <ul style="list-style-type: none"> Debrief, evaluate and review management of the infectious disease emergency. Update plans/protocols in line with lessons observed. |
| Ensuring resources are available for rapid response and quality care | | | | | |
| Resources (stockpile) | <ul style="list-style-type: none"> Maintain WA allocation of national medical stockpile (NMS). Establish and maintain WA state medical stockpile. Maintain awareness of current stockpile levels. Regularly review deployment arrangements. Implement measures to support strong supply chains. Determine delivery sites. | <ul style="list-style-type: none"> Check the status of stockpiles. Raise awareness of protocols for accessing stockpiles. Confirm readiness of stockpile transport arrangements. Liaise with Australian Government about national medical stockpile. Confirm delivery sites. Pre-deploy equipment to Border Agencies (if undertaking border measures). | <ul style="list-style-type: none"> Deploy stockpile items to health services. Consider need for additional support to health systems in remote communities. Consider prioritisation of resources. Monitor health system capacity. | <ul style="list-style-type: none"> As for Initial Action stage. | <ul style="list-style-type: none"> Assess stockpile status and replenish as appropriate. |
| Resources (HR) | <ul style="list-style-type: none"> Consider arrangements to ensure maintenance of human resource availability, particularly in critical, highly skilled areas, such as emergency management, infection control, ICU/HDU, ED & public health. | <ul style="list-style-type: none"> Consider human resource availability, particularly in critical, highly skilled areas, such as emergency management, infection control, ICU/HDU, ED & public health. | <ul style="list-style-type: none"> Prepare health system surge staff. Consider need for additional support to health systems in rural and remote communities. Consider prioritisation of resources. Monitor health system capacity. | <ul style="list-style-type: none"> Surge and adjust staffing levels in accordance with health service requirements. Consider need for additional support to health systems in rural remote communities. Consider prioritisation of resources. Monitor health system capacity. | <ul style="list-style-type: none"> Support any resources that are depleted, in order to meet remaining demand. Implement interim arrangements if required. |
| Clinical Care & Public Health Management | <ul style="list-style-type: none"> Undertake routine infectious disease control programs, including outbreak management. Build the capacity in the health sector to manage infectious disease outbreaks. Sustain the core capacities of International Health Regulations (IHR). Maintain awareness of evidence of antiviral / antibiotic resistance. | <ul style="list-style-type: none"> Prepare arrangements for triaging in primary care. Prepare arrangements for cohorting of patients. Prepare arrangements for reducing non-urgent work: primary and secondary care. Prepare arrangements for providing additional support to at risk groups. Raise awareness of potential at risk groups. Liaise with the Department of Child Protection and Family Support, Silver Chain and other agencies to prepare contingency support for care of cases and contacts who are isolated/quarantined. Prepare arrangements for reducing non-urgent work: tertiary care <ul style="list-style-type: none"> prepare to review elective procedures; prepare for surge capacity in ICU/HDU beds/respiratory care beds; and prepare for increased ED demand. Prepare pre-hospital emergency care (ambulance and other medical transport). Prepare and raise awareness of infectious disease emergency response in schools, residential care, prisons and other institutions. | <ul style="list-style-type: none"> Implement arrangements for triaging in primary care. Implement arrangements for cohorting of patients. Implement arrangements for reducing non-urgent health sector work. Monitor and support needs of at risk groups. Manage cases and contacts, including providing specific treatment and prophylaxis to agreed target groups. Support infectious disease emergency response in schools, residential care, prisons and other institutions. Liaise with Department of Child Protection and Family Support, Silver Chain and other agencies to support the care of cases and contacts who are isolated/quarantined. Implement pre-hospital emergency care (ambulance and other medical transport). | <ul style="list-style-type: none"> As for Initial Action stage + Consider using different strategies to treat mild cases where resources are overwhelmed, e.g. <ul style="list-style-type: none"> innovative methods for contact tracing and supply of antivirals (call centres etc.); home based care, which may require contingency community services support (potentially telephone support); and clinics staffed predominantly by nurses via management protocols, with onsite or telephone medical support. | <ul style="list-style-type: none"> Resume pre-emergency, triage, clinical care and public health management arrangements for cases and contacts. Resume elective and non-urgent work health service work. |

| MEASURES | PREVENTION AND PREPAREDNESS | STANDBY | INITIAL ACTION | TARGETED ACTION | STAND DOWN |
|---|---|---|---|--|---|
| Vaccination | <ul style="list-style-type: none"> Implement immunisation programs in accordance with state and national schedules. | <ul style="list-style-type: none"> Consider availability and role of immunisation. If appropriate, pre-deploy vaccine and available vaccination equipment; determine priority groups for vaccination; develop immunisation delivery strategy. | <ul style="list-style-type: none"> Develop/refine disease-specific immunisation programs. Consider immunisation of target groups. Consider surveillance for adverse events following immunisation. Prepare to deploy vaccination equipment from stockpile. | <ul style="list-style-type: none"> Implement disease-specific immunisation program. Implement immunisation of target groups. Implement surveillance for adverse events following immunisation. Deploy vaccination equipment from stockpile. | <ul style="list-style-type: none"> Transition to routine state and national immunisation schedules. Replenish stockpile of vaccination equipment. |
| Infection Control | <ul style="list-style-type: none"> Establish and maintain infection control guidelines. | <ul style="list-style-type: none"> Provide advice on: <ul style="list-style-type: none"> Hand hygiene and general infection control measures; and disease-specific infection control measures. | <ul style="list-style-type: none"> Confirm with responders the application of standard infection control strategies (or provide alternate advice if appropriate). | <ul style="list-style-type: none"> Implement infection control strategies appropriate to knowledge of transmissibility. | - |
| Identification of infectious disease emergencies | | | | | |
| Surveillance | <ul style="list-style-type: none"> Establish and maintain systems to collect surveillance data on notifiable and non-notifiable infectious diseases. Investigate outbreaks of diseases with potential to cause an infectious disease emergency. Identify at risk groups for infection and/or serious complications of infection. Liaise with state animal surveillance sector. Regularly monitor Australian and international infectious disease data. | <ul style="list-style-type: none"> Commence/maintain case notification system. Prepare/refine case definition. Prepare to investigate cases and conduct contact tracing. Confirm likely at risk groups. Consider need for enhanced surveillance and academic studies to learn about the disease/evaluate emergency response. Consider sustainability of surveillance systems. | <ul style="list-style-type: none"> Identify and describe the epidemiology and clinical features of the disease. Refine case definitions as needed. Confirm identification of at risk groups. Analyse and report WA data. Maintain case notification system. Commence academic studies using enhanced data to test assumptions. Monitor sustainability of surveillance systems. | <ul style="list-style-type: none"> Move from collecting detailed information from every case to collecting core data from established surveillance systems in order to detect any changes in the epidemiology of those getting sick, the clinical severity of the disease or characteristics of the virus. Consider standing down enhanced data collection. | <ul style="list-style-type: none"> Monitor for a second wave or change in the infectious organism. Complete academic studies and analysis of data from both enhanced and routine surveillance systems as necessary. |
| Laboratory Capacity | <ul style="list-style-type: none"> Establish and maintain laboratory testing capacity/capability. Develop and validate tests, and establish quality assurance for emerging infectious diseases. | <ul style="list-style-type: none"> Develop/ensure access to laboratory test capacity/capability. | <ul style="list-style-type: none"> Identify/isolate/characterise the infectious organism. Undertake laboratory testing as required to monitor the emergency and for individual patient care. Consider point of care testing. Develop and implement testing protocols to support case management, surveillance needs and to preserve laboratory capacity. Maintain laboratory capacity/capability to detect/test for the infectious organism. | <ul style="list-style-type: none"> Undertake laboratory testing as required to monitor the emergency and for individual patient care. Consider point of care testing. Develop and implement testing protocols to support case management, surveillance needs and to preserve laboratory capacity. Consider using different testing strategies where resources are overwhelmed, e.g. testing only hospitalised patients or a random sample of patients. | <ul style="list-style-type: none"> Monitor for a second wave or change in the infectious organism. |
| Communications | | | | | |
| Sharing information between responders | <ul style="list-style-type: none"> Establish and maintain health sector communication processes. Communicate significant infectious disease outbreaks to CDNA. Share information broadly amongst the health sector on diseases with potential to cause an infectious disease emergency. | <ul style="list-style-type: none"> Confirm health sector communication processes. Confirm expectations and responsibilities of key stakeholders in the health sector. Share information broadly among the health and emergency management sectors on the status of disease spread and the current response. Consider establishing an Aboriginal advisory group to advise on communication needs for this group. Liaise with national and inter-jurisdictional counterparts. Provide public health management guidance. Provide clinical health management guidance (primary care and hospital based) | <ul style="list-style-type: none"> Provide guidance on public health and clinical management. Share information on the status of disease spread and the current response among the health and emergency management sectors. Provide any information to CDNA for International Health Regulations (IHR) reporting arrangements. Liaise with national and inter-jurisdictional counterparts. | <ul style="list-style-type: none"> As for Initial Action stage. | <ul style="list-style-type: none"> Advise of the commencement of transition to routine arrangements and how this will be managed. Thank responders for their engagement in the response. Inform responders of recovery efforts that will be occurring. Provide information about the debriefing, evaluation and review process. |

| MEASURES | PREVENTION AND PREPAREDNESS | STANDBY | INITIAL ACTION | TARGETED ACTION | STAND DOWN |
|------------------------------|--|--|---|---|---|
| Public communications | <ul style="list-style-type: none"> Provide information on infectious disease prevention and management. Provide the media with information about diseases with potential to cause an infectious disease emergency. | <ul style="list-style-type: none"> Provide information on the status of disease spread, the current response, infection control/prevention and how to find more information. Provide tailored advice to at risk groups and those with special needs (e.g. culturally and linguistically diverse, Aboriginal, pregnant). Provide the media with access to regular updates on the status of disease spread and the current response. Coordinate state-based public messaging with the National Health Emergency Media Response Network as required. Monitor feedback and refine communications to address issues and concerns identified. | <ul style="list-style-type: none"> As for Standby stage + Provide media with access to daily updates on the status of disease spread and the current response. | <ul style="list-style-type: none"> As for Initial Action stage + Reduce frequency of media updates. | <ul style="list-style-type: none"> As for Targeted Action stage + Thank the public for their cooperation in the response. |
| Other | | | | | |
| Border activities | <ul style="list-style-type: none"> Implement routine quarantine arrangements. Build capacity of human quarantine officers and health sector to implement border arrangements. | <ul style="list-style-type: none"> Liaise with airline/airport and seaport/shipping industries and recruit health staff to implement border arrangements as advised by national government. | <ul style="list-style-type: none"> As for Standby stage + Provide information to travellers. | <ul style="list-style-type: none"> As for Initial Action stage. | <ul style="list-style-type: none"> Liaise with airline/airport and seaport/shipping industries and recruit health staff to resume routine quarantine arrangements as advised by national government. |
| Governance | <ul style="list-style-type: none"> SHEC to establish and maintain capacity required to activate a SHICC and a PHEOC | <ul style="list-style-type: none"> SHEC to <ul style="list-style-type: none"> to coordinate the public health response to an infectious disease emergency via the PHEOC request the Director General's delegate to activate the SHICC to command the coordinated provision of a hospital and clinical health service response to, and recovery from, an infectious disease emergency | <ul style="list-style-type: none"> Recommend to the State Emergency Coordinator (SEC) that a State Emergency Coordination Group (SECG) be established +/- a State of Emergency be declared if the infectious disease emergency has, or threatens to have, a significant impact at the State level; and/or requires significant coordination of support from outside the health sector. | <ul style="list-style-type: none"> Recommend to the State Emergency Coordinator (SEC) that a State Emergency Coordination Group (SECG) be established +/- a State of Emergency be declared IF the infectious disease emergency has, or threatens to have, a significant impact at the State level; and/or requires significant coordination of support from outside the health sector. | <ul style="list-style-type: none"> Notify relevant staff and agencies of stand down. |

Annex B: Glossary of terms/acronyms

| | |
|------------------------------------|--|
| CDCD | Communicable Diseases Control Directorate, see Annex C. |
| CDNA | Communicable Diseases Network Australia This organisation provides national leadership to multi-jurisdictional outbreak investigations and surveillance of communicable and notifiable diseases. |
| Disaster | see Emergency |
| Director General's delegate | This role is the delegated officer with the authority to command the coordinated use of all health resources within WA, for response to and recovery from, the impacts and effects of a major emergency or disaster situation. During an infectious disease emergency, hospital and clinical health service, and non-public-health sector responses, will be coordinated by the Director General's delegate, in conjunction with the SHEC. |
| Emergency | The occurrence or imminent occurrence of a hazard which is of such a nature or magnitude that it requires a significant and coordinated response |
| HMA | Hazard Management Agency A public authority, or other person, prescribed by the Emergency Management Regulations 2006 to be a hazard management agency for emergency management, or an aspect of emergency management, of a hazard. The HMA for infectious disease emergencies, or human epidemics, is the State Human Epidemic Controller. |
| IDEMP | Infectious Disease Emergency Management Plan This plan outlines how the WA health system will prepare for and respond to any declared infectious disease emergency within the jurisdiction of Western Australia. |
| IMT | Incident Management Team A group of incident management personnel comprising the incident controller, and the personnel he or she appoints to be responsible for the functions of operations, planning and logistics. The team headed by the incident controller which is responsible for the overall control of the incident. |

Infectious disease emergency

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.

PHEOC

Public Health Emergency Operation Centre

The Public Health Emergency Operation Centre is the State-wide Emergency Operation Centre for an infectious disease emergency. The Public Health Emergency Operation Centre is managed and controlled by a person appointed by the SHEC and is responsible for coordinating the public health response to an infectious disease emergency which includes, but is not limited to, disease surveillance, data management, and public health management of infected persons and their contacts..

Quarantine

Separation of healthy contacts of an infectious case from other people.

SHEC

State Human Epidemic Controller

The SHEC is responsible for commanding and coordinating the emergency response.

SHICC

State Health Incident Coordination Centre

This State-level centre addresses strategic management of an incident/disaster as well as facilitating management of state-wide events. During an infectious disease emergency, hospital, clinical health service, and non-public-health sector responses will be coordinated by the SHICC, in conjunction with the SHEC.

WA health system The WA health system comprises of:

- The Department of Health (*the system manager*);
- health service providers; and
- contracted health entities.

Annex C: Roles and Responsibilities of WA health system agencies in responding to an infectious disease emergency

Communicable Disease Control Directorate

a. Role: To provide expert advice to the SHEC and assist in the public health response to an emergency caused by an infectious disease.

b. Responsibilities:

- 1) Develop and maintain the IDEMP.
- 2) Advise the SHEC when activation of the IDEMP is required.
- 3) Establish and manage the PHEOC which is responsible for coordinating the State public health response to the epidemic. Activities included in the public health response include, but are not limited to, disease surveillance, data management, and public health management of infected persons and their contacts.
- 4) Ensure effective public health response. This may require establishment and management of Metropolitan/Regional Human Epidemic Coordination Centres.
- 5) Coordinate public health activities of all participating organisations.
- 6) Provide staff for the PHEOC.
- 7) Provide timely information updates to the SHEC.

State Human Epidemic Controller (SHEC)

The Chief Health Officer is the SHEC

a. Roles:

- 1) Determine when activation of Westplan – Human Epidemic is required.
- 2) Determine when stand down is appropriate and coordinate stand down process.
- 3) Manage and control the public health response to an infectious disease emergency.

b. Responsibilities:

- 1) Ensure that appropriate state-wide measures are in place for the prevention of, preparedness for, response to, and recovery from, infectious disease emergencies.
- 2) Ensure State-wide policy direction, advice and assistance regarding epidemic control.
- 3) Ensure timely information updates to the State Emergency Management Committee, WA Health Communications Directorate, Director General (WA Health) and Minister for Health (WA).
- 4) Ensure timely information is delivered, in conjunction with WA Health Communications Directorate, to the public.
- 5) Ensure timely information is delivered, in conjunction with the State Health Coordinator, to health service providers.
- 6) Ensure a debriefing of all participants and the preparation of a post-operation report.
- 7) Request additional resources where required.

Director, Communicable Disease Control Directorate

a. Roles:

- 1) Manage and control the State-wide public health response to an infectious disease emergency with the assistance of the Director General's delegate.
- 2) Coordinate the multi-agency response to an infectious disease emergency.
- 3) Advise when stand down is appropriate and coordinate stand down process.
- 4) Acts as the Chief Human Biosecurity Officer for Western Australia.

b. Responsibilities:

- 1) Manage and control the PHEOC which is staffed by an IMT.
- 2) Provide timely information updates to the State Emergency Management Committee, WA Health Communications Directorate, Director General (WA Health) and Minister for Health (WA).
- 3) Provide timely information, in conjunction with WA Health Communications Directorate, to the public.
- 4) Provide timely information, in conjunction with the Director General's delegate, to health service providers.
- 5) Arrange a debriefing of all participants and the preparation of a post-operation report.
- 6) Advise the SHEC if additional resources are required.

State Health Coordinator

a. Role: In conjunction with the SHEC, to coordinate the provision of the hospital and clinical health service and non-public-health service response to, and recovery from, an infectious disease emergency.

At times when dealing with internal emergencies, system wide coordination of state health resources is required to achieve an optimal response this role is referred as the Director General's delegate.

b. Responsibilities:

- 1) Provide staff for and operate the SHICC.
- 2) Coordinate and facilitate communications with hospitals through the SHICC.
- 3) Coordinate the management of all hospital resources planned for and utilised under this plan.
- 4) Distribute timely information, provided by the SHICC, to hospitals and hospital-based health service providers.

Health Service Providers

a. Roles:

- 1) To coordinate the prevention of, preparedness for, and the public health response to, infectious disease emergencies at the Health Service (metropolitan) or Regional (non-metropolitan) level (these levels are comparable to the District Emergency Management level).
- 2) To provide WA Health's health care response in response to an infectious disease emergency, if and when requested by the SHEC.
- 3) To assist in the recovery from infectious disease emergencies at the Health Service (metropolitan) or Regional (non-metropolitan) level (these levels are comparable to the District Emergency Management level).

b. Responsibilities:

- 1) Ensure that the Health Service Provider has appropriate measures are in place for the prevention of, preparedness for, and response to, infectious disease emergencies.
- 2) Establish, manage and provide staff for Metropolitan and Regional Emergency Operation Centres (REOCs), using own staff +/- surge capacity staff
- 3) Membership of the Metropolitan and Regional Emergency Operation Centres may include, but is not limited to:
 - i. the Health Service Provider's public health medical officer/physician, public health and infection control nurses and administrative support staff;
 - ii. a community health nurse manager (only applies to regional Population Health Units); and

- iii. an environmental health officer (employed by the Population Health Unit or Local Government).
- 4) Implement epidemic control strategies as directed by the SHEC.
 - 5) Establish and manage Local Emergency Operation Centres (LEOCs) to provide the local level health response to an infectious disease emergency, as directed by the SHEC.
 - 6) Manage staff deployed to LEOCs.
 - 7) Provide Community Health staff for the local level public health response to an infectious disease emergency (relevant to Regional Population Health Units only).
 - 8) Provide triage/ isolation/treatment facilities for infected individuals in public hospitals and ambulatory care services.
 - 9) Assist with quarantine measures and mass vaccination clinics as directed.
 - 10) Provide staff for the Health Service Provider's response to an infectious disease emergency, if and when requested by the SHEC.
 - 11) Report confirmed or suspected infectious disease emergency cases to the CDCD or local Population Health Unit without delay.
 - 12) Support the collection and management of epidemiological data.
 - 13) Provide timely information updates to the SHEC.

PathWest

a. Role: To assist with the collection and testing of specimens from humans and other relevant sources during the management of an infectious disease emergency, as required.

b. Responsibilities:

- 1) Report confirmed or suspected cases to the CDCD without delay if an epidemic is anticipated, suspected, or in progress.
- 2) Provide diagnostic pathology services for human samples as relevant to the human epidemic.
- 3) Provide diagnostic pathology services for animal and environmental samples if required and by agreement with the Department of Agriculture and Food and ChemCentre.
- 4) Facilitate communication with medical practitioners through the laboratory service network.

Environmental Health Directorate

a. Role: To manage the environmental health component of the public health response to an infectious disease emergency, as required.

b. Responsibilities:

- 1) Provide advice on water safety, including the interpretation of water sample results and the treatment options for drinking and recreational water of unsuitable quality.
- 2) Provide advice on food safety and food quality monitoring.
- 3) Provide advice on the safe disposal of human and animal wastes and the establishment of emergency sanitation.
- 4) Provide advice on vermin/vector control.
- 5) Provide advice on hazardous materials and the toxic properties of chemicals.
- 6) Provide guidance to Local Government Environmental Health Officers to manage local response.
- 7) Provide resources as directed by the SHEC.

Annex D: Guidelines for public health management of communicable diseases and emergencies

In accordance with Operational Directive 0660/16 'Adoption by the WA health system of 'Series of National Guidelines' (SoNGS) produced by the Communicable Diseases Network Australia for public health management of communicable diseases', Health staff should be guided by the relevant SoNG when managing an infectious disease emergency in WA.

1. CDNA SoNG (www.health.gov.au/cdnasongs);
2. Other CDNA publications (<http://www.health.gov.au/internet/main/publishing.nsf/Content/Publications-12>); and
3. National Health Emergency publications (<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf>)

Where national guidelines do not exist for a specific communicable disease, the latest versions of communicable disease control policies and guidelines should be used, where these exist.

For additional information, and for communicable diseases not covered by CDNA or national publications or WA health system operational guidelines, the latest editions of the following resources should be used to guide public health management:

Control of Communicable Disease Manual. American Public Health Association (currently 20th edition, 2015, Heymann DL, Ed.).

The Australian Immunisation Handbook (currently 10th edition, 2013, updated in 2015).

Therapeutic Guidelines. Antibiotic (currently Version 15, 2014).



This document can be made available in alternative formats on request for a person with a disability.

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