

GL2014_001 - State Preparedness and Response Branch

Summary This guideline provides practical advice on issues that must be considered prior to public health personnel undertaking a field response and an overview of roles that public health personnel may undertake in the 'field'.

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Audience Health Protection NSW staff;Public Health Unit staff;Health Service Functional Area Coordinators

PUBLIC HEALTH FIELD RESPONSE GUIDELINES

PURPOSE

The purpose of this guideline is to provide practical advice on issues that must be considered prior to public health personnel undertaking a field response and an overview of roles that these personnel may undertake in the 'field'.

KEY PRINCIPLES

Deployed public health personnel may fulfil a number of important functions:

- Supply public health advice to other agencies
- Supply public health advice to groups of affected community members
- Coordinate public health aspects of case and contact management in the field
- Gather information to support rapid, medium-term and long-term public health needs assessments
- Undertake active disease surveillance/collect epidemiological data
- Better understand the social context of the incident.

The guideline also suggests considerations for selecting team members and promoting a safe environment.

USE OF THE GUIDELINE

This guideline is designed to support health protection staff and emergency management colleagues coordinating public health field responses by clarifying team roles, selection and pre- and post-deployment considerations.

REVISION HISTORY

Version	Approved by	Amendment notes
January 2014 (GL2014_001)	Deputy Director General, Population and Public Health	New Guideline

ATTACHMENTS

Public Health Field Response Guidelines

Public Health Field Response Guidelines



Issue date: January 2014

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1 PURPOSE AND SCOPE OF DOCUMENT

The purpose of this Guideline is to:

- Provide practical advice on issues that must be considered prior to public health personnel undertaking a field response
- Provide an overview of roles that public health personnel may undertake in the 'field'.

The phrase 'field response' applies to situations where a member of the public health workforce (likely in a public health unit or Health Protection NSW) is requested to undertake work outside of his or her normal work environment (eg the office/conferences/courses). Field responses may be short-term and local, with no overnight requirement, or slightly longer.

While many of the same principles will apply, this Guideline does not cover interstate or international deployment of public health staff, which is covered by NSW Health AUSMAT (Australian Medical Assistance Team) arrangements. Information about AUSMAT deployments can be obtained from Local Health District Health Service Functional Area Coordinators (LHD HSFACs).

2 PUBLIC HEALTH FIELD RESPONSE (RESPONSE)

Deployed public health personnel may fulfil a number of important functions, details of which, along with examples (not exhaustive), are outlined below.

- a. Supply public health advice to other agencies
 - Assess establishment and management of evacuation centres or mass gathering venues
 - Join a multi-agency group to assess whether residents are able to return to a community affected by a natural disaster.
- b. Supply public health advice to groups of affected community members
 - Provide advice to passengers recently disembarked from a cruise affected by an infectious disease outbreak
 - Attend a community meeting to discuss any human health risks following an unplanned chemical release from an industrial plant or new cases of Hendra virus on nearby properties.
- c. Coordinate public health aspects of case and contact management in the field
 - Establish a mass vaccination/prophylaxis clinic in a community centre
 - Conduct interviews (on occasions when face-to-face interviews are preferable to phone interviews).

- d. Gather information to support rapid, medium-term and long-term public health needs assessments:
 - Identify the public health needs of an affected community (eg neighbourhood or evacuation centre survey following impact by extreme weather)
 - Identify all facilities within a potentially affected area used by vulnerable groups of people (eg playgrounds, childcare facilities, schools and aged care facilities)
 - Identify particular sources of community concern (eg cases of illness, fish-kills, bird-kills)
 - Ensure all locally relevant exposure pathways have been identified (eg home-grown fruit and vegetables, fish or shellfish, recreational waters or swimming pools, rainwater tanks or ground water sources).
- e. Undertake active disease surveillance/collect epidemiological data:
 - Identify presentations of specific syndromes to health services at evacuation centres or mass gathering venues.
- f. Better understand the social context of the incident:
 - Is community interest particularly high? Are there issues about which the community has a history of being concerned?

It is also important to understand the roles and responsibilities of partner agencies, particularly agencies with which public health works closely, such as the Environment Protection Authority. Building and maintaining professional relationships with local colleagues from partner agencies supports a more detailed understanding of each other's respective roles in 'the field'.

3 WHO TO SEND?

Public health field responses are generally led by a team leader, or public health commander. Competencies for public health commanders have been previously endorsed and are available for health protection staff from the 'emergency management' section of [PopNet](#). Those chosen to lead public health field responses should meet these competencies. Public health directors/controllers may use their discretion for exceptions to this recommendation when selecting leaders for local, short-term field responses (eg an afternoon at a school clinic).

LHDs may have additional training requirements (eg MIMMS); LHD public health controllers should speak with their HSFACs about these requirements.

In deciding who to select for a field response public health directors/controllers need to have a clear understanding of what is to be achieved by the field response and what expertise is necessary to successfully complete the tasks.

Some field responses will present a very different work environment and may be quite demanding. Directors/controllers will also need to be conscious of the personality traits of staff members that may make them more or less appropriate choices for inclusion as part a field response (eg flexible, adept at assessing risk, strong problem-solving skills,

confident asking questions when something is unclear, experienced working in groups etc).

Field responses can also involve a greater range of physical activity than more routine deskwork (eg rolling deployment kits, moving tables and chairs to set up a clinic space, walking on uneven surfaces as part of inspections). Staff who cannot perform these tasks and cannot be safely accommodated (eg reallocation of specific tasks to other group members) should not be selected.

4 PRE-DEPARTURE PREPARATIONS (PREPARATION)

Public health teams need to be given comprehensive briefings and the opportunity to ask questions prior to departing for a field response.

The briefing may cover:

- Situational awareness – what has happened?
- Governance (including clarification of team roles and responsibilities and who the public health commander reports to both onsite and within the public health response structure)
- Details on the team's specific tasking and any associated timeframes
- Site information (location, access, on-site leadership, safety)
- Contingency planning and risk management (identification of risks, staying safe, 'plan B')
- Reporting structures (content, structure and timing of information submissions from the team)
- Communication (equipment and key contact details)
- Resources (equipment, uniforms, personal protective equipment)
- Ensuring team members have made domestic arrangements as necessary, including providing partners/dependants with a point of contact in case teams are in an area without mobile coverage during the field response (relevant mainly for overnight responses).

Most of these topics fit neatly into the 'SMEACS' briefing format (situation, mission, execution, administration, communication and safety). Templates for health protection staff are available on [PopNet](#).

The coordinator of the public health field response (likely public health controller or operations team leader) needs to familiarise him or herself with the relevant human resource policies and award conditions to ensure that the response is occurring within the parameters of acceptable work practices. Any questions should be resolved prior to staff members departing for the response.

Public health team members should have available the tools required to undertake their assigned tasks and be clearly identifiable during the field response. Each public health unit holds, at a minimum, a field kit, an emergency operations centre kit, two uniforms and high

visibility tabards¹. Additional resources (uniforms, tabards, kits, laptops, phones, radios) are held centrally and can be requested from the Ministry's Office of the Chief Health Officer.

5 UPON RETURN (RECOVERY)

Each field response presents an opportunity to refine the way we operate. For this reason, the public health director/controller should consider holding a structured debrief post-response (templates on [PopNet](#)). Depending on the size and complexity of the response, participants may be included in an overarching debrief or reviewed in more detail in a separate debrief.

The public health commander should also be encouraged to complete a concise 'upon return' report shortly after the field response, so that key features of the response, as well as aspects which worked and which could be improved are documented (see Attachment 1). This document will be more or less detailed depending on the length and complexities of the response.

Any resources deployed with the team should be checked upon return to make sure they are in good condition (eg uniforms cleaned and emergency operations centre kits restocked).


Ensuring employees are aware of employee support and assistance programs should be part of regular operations, but may be particularly pertinent following a more confronting field response (eg visiting a town damaged by extreme weather).

6 LIST OF ATTACHMENTS

1. 'Upon return' report – sample template

¹ [Public Health Emergency Response Preparedness Minimum Standards PD2013_039](#)

Attachment 1: 'Upon return' report – sample template

Public health field response 'upon return' report		
Date(s):		
Location:		
Team leader:		
Team members (and assigned roles if relevant):		
Summary of situation:		
Summary of field response tasks:		
What worked well? Please consider resourcing, communications etc.		
What could be improved? Please consider resourcing, communications etc.		
Notes:		
Form completed by:	Date completed:	