PD2015_002 - State Preparedness and Response Branch

Summary This policy explains the public health emergency management arrangements in support of HEALTHPLAN and promotes effective coordination of public health resources during an emergency response.

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Audience Health Services Functional Area Coordinators and those working in health protection

Secretary, NSW Health

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ATTACHMENTS

1. Public Health Services Supporting Plan to HEALTHPLAN - Procedures.

Public Health Services Supporting Plan to HEALTHPLAN

NSW GOVERNMENT Health

Policy Directive

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AUTHORISATION

The *New South Wales Health Public Health Services Supporting Plan* has been prepared as a supporting plan to the *New South Wales HEALTHPLAN* to coordinate public health resources during major incidents or health emergencies.

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1 INTRODUCTION

This is the *Public Health Services Supporting Plan* to the *NSW Health Services Functional Area Supporting Plan* (*HEALTHPLAN* PD2014_012).

Its purpose is to explain the public health emergency management arrangements in support of *HEALTHPLAN* and promote effective coordination of public health resources during an emergency response.

This plan must be read in conjunction with the *Public Health Emergency Response Preparedness Minimum Standards* policy directive (PD2013_039), which outlines the minimum planning, duties, skills, equipment and information system requirements that must be met by Local Health Districts (LHDs) to support public health emergency responses.

LHDs are to develop plans for public health services consistent with this plan, as well as the NSW and LHD *HEALTHPLAN*.

1.1 Principles

This plan is always 'active' and does not require 'activation'.

Public health responses occur on a spectrum:

- Routine health protection investigations that can be managed within the existing resources of a public health unit
- Moderate to significant health protection responses that necessitate coordination within the statewide health protection network and/or additional resources from the LHD
- Major responses that can affect a large number of people across a wide region for a prolonged period, require Health Service Functional Area Coordinator (HSFAC) coordination and continue well beyond the initial acute stage of a response.

The State Public Health Controller can implement strategies outlined in this document as appropriate.

Control and coordination aspects of public health emergency response and recovery will be conducted by the smallest effective functional unit.

Public health services support a comprehensive approach to emergency management including prevention, preparation, response, recovery (PPRR).

Consideration of the needs of vulnerable, diverse or disadvantaged populations is an essential aspect of all NSW Health public health emergency responses.

1.2 Public health services' role in emergency response

Public health services work within the emergency response structures identified by *HEALTHPLAN*.

Hazards with likely public health impacts include:

- Infectious disease outbreaks
- Chemical, biological, radiological (CBR) incidents
- Environmental events (eg floods, extreme heat, bush fires etc)
- Contamination incidents (eg of food, water, toys etc)
- Widely distributed medications or poisons that are unsafely formulated, packaged or labelled
- Point source emergencies (eg plane crash or building collapse).

Public health services identify and assess health risks and implement response strategies (eg vaccination clinics, antibiotic prophylaxis, boil water alerts, emergency decontamination of cooling towers, public communication campaigns etc) to:

- Prevent or mitigate the identified risk(s)
- Establish surveillance and monitoring systems to inform the response
- Communicate effectively with the community and relevant stakeholders (within NSW Health and partner agencies) regarding strategies to mitigate or prevent risk.

This document does not provide specific guidance on the operational response to particular hazards. This information can be found in a number of state and local policy directives, guidelines and response protocols, many of which are accessible on the NSW Health website. Public health leaders must be able to remotely access these key resources.

1.3 Legislation

Legislation (see Appendix A) can provide a powerful tool to support the public health response to an emergency. Examples of actions (in some cases undertaken by partner agencies) allowed by legislation and relevant to a public health emergency include:

- Mandating the reporting of a notifiable condition
- Sharing of health information within prescribed limits
- Enforcing isolation or quarantine requirements
- Issuing of boil water alerts or closure of a water supply deemed to present a risk to public health
- Issuing evacuation orders
- Issuing clean-up notices on polluters
- Requiring hazardous facilities to have emergency plans.

2 GOVERNANCE ARRANGEMENTS

The State Public Health Controller is responsible to the State HSFAC under *HEALTHPLAN* for controlling and coordinating public health resources during an emergency. *HEALTHPLAN* identifies additional State Public Health Controller responsibilities[1], which apply also to LHD Public Health Controllers, within the context of the LHD. Appendices B and C contain competencies for Public Health Controllers and Commanders.

LHD Public Health Controllers are nominated by LHD HSFACs for appointment by the LHD Chief Executive, in consultation with the State Public Health Controller.[2] LHD Public Health Controllers are responsible for controlling and coordinating LHD public health resources during an emergency.

LHD Public Health Controllers report to LHD HSFACs during events requiring coordination across an LHD.[3] Smaller scale health protection responses may not require overarching LHD HSFAC coordination, although LHD HSFACs and Chief Executives still assist public health units as requested (eg logistic support).[4]

At times, depending on variable features of the response, significant operational direction or requests for information will also be received from the State Public Health Controller. This could occur when a public health response:

- Affects multiple LHDs, necessitating a consistent health protection approach or sharing of staff or other resources
- Is of a particularly sensitive or highly unusual nature
- Requires significant national coordination through the Australian Health Protection Principal Committee or subcommittees

In the event that LHD HSFACs and the State Public Health Controller issue conflicting instructions that cannot be resolved at a local level, the matter will be considered by the State HSFAC.

The State / LHD Public Health Controller may appoint a Public Health Commander to coordinate public health operations at an incident site (for state or LHD-coordinated responses, respectively). The Public Health Commander will report to the Health Commander for coordination of onsite activities and the State / LHD Public Health Controller (via the Operations Team Leader) for other operational matters, for example technical public health advice not available onsite.

[1] *HEALTHPLAN* PD2014_012 page 9
[2] *HEALTHPLAN* PD2014_012 page 14
[3] *HEALTHPLAN* PD2014_012 page 32
[4] *Public Health Emergency Response Preparedness Minimum Standards* PD2013_039 page 1

The State / LHD Public Health Controller may appoint a Public Health Liaison Officer as a single point of contact at the State / LHD Health Emergency Operations Centre. The State / LHD HSFAC may also choose a Health Liaison Officer with a public health background to represent NSW Health in other agencies' emergency operations centres. *HEALTHPLAN* outlines the role of a Health Liaison Officer.

HEALTHPLAN describes the role of the Chief Health Officer in routine health protection and emergency responses.[5]

The Public Health Emergency Management Group is the State Public Health Controller's leading advisory body on public health emergency preparedness. It does not have an operational function during a response.

3 PREVENTION AND PREPAREDNESS

3.1 Plans

Strategic and operational plans exist to guide the public health response to emergencies (eg communicable disease control guidelines and drinking water response protocols). In some situations, specific operational instructions will not be finalised until the details informing a particular response are available (eg case definition).

Preparedness checklists are included in both *Public Health Emergency Response Preparedness Minimum Standards* (PD2013_039) and the *Public Health Workforce Surge Guidelines* (GL2014_003).

This plan will be reviewed every five years, or following a major test of emergency arrangements (including an exercise), an administrative restructure or at the direction of the State Public Health Controller.

3.2 Training and exercises

The *Public Health Emergency Response Preparedness Minimum Standards* policy directive (PD2013_039) outlines the public health response duties and skills required within each LHD and makes recommendations about exercise participation. Training may be required to ensure a suitable number of people are able to meet these requirements.

In addition to existing online and face-to-face emergency preparedness training offered by NSW Health, training is available from a range of sources including the NSW Ministry for Police and Emergency Services, Australian Emergency Management Institute and others.

[5] *HEALTHPLAN* PD2014_012 pages 2 and 5.

Public health units should maintain registers of emergency training undertaken by staff members. This will support appropriate placement of personnel against positions during emergency responses.

Exercises are used to test a particular aspect of response arrangements. They may be held prior to a mass gathering or following the development or review of a key emergency management document as a way to improve operational readiness.

3.3 Surge capacity

The *Public Health Emergency Response Preparedness Minimum Standards* (PD2013_039) requires each LHD to have the capacity to surge its workforce to support a public health response.

The *Public Health Workforce Surge Guidelines* (GL2014_003) provide guidance and support tools for surging public health staff in response to public health events that exceed the existing capacity.

3.4 State Medical Stockpile and public health cache

The Ministry of Health maintains a stockpile of essential medical supplies (eg personal protective equipment). The stockpile enables the availability of discrete supplies of resources which may not be available in a timely manner through normal procurement channels during times of increased national or international demand. For this reason, detailed information about the stockpile is confidential.

LHDs can request stockpiled goods using request forms made available during an emergency response. The Chief Health Officer will determine how stockpiled goods will be allocated.

In exceptional circumstances the Chief Health Officer may consider providing stockpiled resources to those outside the NSW Health system. However, business continuity planning to avoid scarcity of resources is essential.

The Chief Health Officer may also request deployments from the National Medical Stockpile.

The Public Health Emergency Response Preparedness Minimum Standards policy directive (2013_039) outlines the equipment each LHD is required to hold to support public health responses. The Ministry of Health also maintains a cache of uniforms (in accordance with health response team uniform requirements), field crates, emergency operation centre kits, deployment backpacks, and communication equipment including mobile phones, laptops, wireless cards, radios, cameras, satellite phones and navigation systems to support public health responses; these items can be requested from the State Public Health Controller.

4 RESPONSE

4.1 Incident Control Systems

Incident Control Systems (ICS) is a concept of emergency management used widely in Australia, including by NSW Health.[6] ICS creates a common management framework for agencies involved in emergency responses, enabling more effective control of incidents and integration between multiple agencies contributing to a major response.

Ministry of Health / Health Protection NSW (under delegation from the State Public Health Controller) may implement ICS when taking on a statewide coordination role of multiple public health units contributing to the same health protection response, particularly when shared expertise or resources are required. The decision to move from routine operational structures to ICS will depend on the circumstances. Factors to be considered include:

- The likely duration and scale of the response
- The evolving / changing nature of the response
- The number of surge staff required
- The value of using the activity as an opportunity to practice ICS methods
- The need for coordination of resources and decision making across public health unit boundaries
- The need to separate response workload from routine workload
- Anticipated degree of interoperability with other parts of NSW Health or partner agencies.

Individual public health units or Health Protection NSW may also choose to implement an ICS structure within their own teams for a more moderate or localised response. A statewide response is not a pre-requisite for using ICS. LHD Public Health Controllers should liaise with their HSFACs regarding the implementation of ICS for responses that require HSFAC coordination, as a whole-of-LHD approach to ICS implementation may be preferred.

Public Health Controllers should consider during planning phases who amongst their staff would be appropriate for each ICS team, whether any particular team needs enhancement and which teams are most likely to require surge staff during major responses.

Additional resources are available for public health responders:

- ICS online education modules – available on Health's online education platform
- Job action cards for ICS positions – available on PopNet (statewide health protection network 'wiki')
- *Application of ICS by Population Health Division* – available on PopNet
- *Statewide use of ICS* – available on PopNet.

[6] *HEALTHPLAN* PD2014_012 page 22

4.2 Rapid health assessment

Rapid Health Assessments (RHAs) may be completed during an emergency response to gather information about the health status and needs of an affected population. This information assists in planning, directing and implementing an appropriate response.

RHAs are a systematic and objective way of collecting information in a complex situation such as an emergency. The World Health Organization's identified objectives for an RHA include:

- Assess the extent of an emergency
- Define the type and size of interventions and priority activities
- Plan the implementation of these activities
- Pass information collected to decision makers within Health and partner agencies to appropriately tailor an emergency response.

RHAs should be completed early in an emergency response, and a preliminary report made available as soon as possible. However, public health interventions need not be delayed while waiting for the completion of the RHA.

Multidisciplinary teams may be formed to conduct an RHA; public health services have a lead role in determining an appropriate population to survey, what surveillance information should be collected and how the assessment tool should be structured.

4.3 Operational interface

4.3.1 Operations centres and internal communications

Public health emergency operations centres provide a nucleus for an emergency response. To promote efficiency and ease of communication, an overarching public health response can be coordinated from a single point. LHDs must have the ability to set-up and run a local public health emergency operations centre.[7]

Operations centres should be able to be rapidly activated. Instructions for equipment use, templates of common forms and job action cards have been prepared by Population and Public Health Division (available to the health protection network for local adaptation from PopNet).

The Public Health Emergency Operations Centre (PHEOC, also known as the 'Bunker') is the state operations centre for public health responses coordinated by the Ministry of Health and Health Protection NSW. In some cases, a 'virtual' PHEOC may be established.

The PHEOC links in closely with the State Health Emergency Operations Centre (SHEOC), if established, and directly with the State HSFAC, or delegate, if the

[7] *Public Health Emergency Response Preparedness Minimum Standards* (PD2013_039)

SHEOC is not activated. Specific health protection information will also move between state and LHD public health response teams, including operations centres, if activated.

During a public health emergency response the amount of available information can be immense, and often changes quickly. Accessibility to accurate and timely information is one of the most critical aspects of public health emergency response coordination. *HEALTHPLAN* outlines how information moves between key emergency response position holders (eg HSFACs and Controllers). [8]

Logged records must be maintained of decisions made, requests received and actions assigned regardless of whether the information was initially conveyed verbally, in email or in another format. This is important during the operation, but also afterwards, for debriefing and incorporating recent experience into revised plans.

Reporting requirements for public health services and public health field teams will be determined at the onset of a response and depend on several factors, including scope and severity. LHD public health services may be asked to contribute to a whole-of-Health situation report or incident action plan, at an LHD level, and/or a 'whole-of-public-health' report at a state level.

Certain documents may be used during a public health response (templates available to the health protection network on PopNet):

- Document logs – a record of new or revised documents, including policy directives, guidelines, fact sheets, public communications, situation reports, incident action plans etc
- Situation reports (SITREPS) – a concise report on the current situation
- Incident action plans – an incident action plan outlines proposed strategies to achieve response objectives as well as providing information on resources used and the impact of the response on public health services
- Operations logs
- Epidemiological reports – provide information on specific risks and/or the epidemiology of the incident
- Rapid health assessments (including risk assessments)
- Job action sheets.

Web-based incident and information management tools may be used during response and recovery stages of a public health emergency. The expectations for contributing to and using such tools will be made clear at the beginning of a response. It is important that each public health service has a core group of staff members trained to use any supported information management system.

[8] *HEALTHPLAN* PD2014_012, page 32

4.3.2 Field response

Public health professionals may be deployed to a field response locally (eg to a school or incident site), intra / interstate or internationally. The *Public Health Field Response Guideline* (GL2014_001) 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'.

Public health uniform and equipment requirements for LHDs are detailed in the *Public Health Emergency Preparedness Response Minimum Standards* (PD2013_039). Additional equipment and uniforms are available through the State Public Health Controller.

Public health professionals may also provide pre-departure advice to deployments on relevant public health risks arising at the location to which a broader health team is being deployed (eg public health risks following a natural disaster).

4.3.3 Clinical partners

It is important that appropriate channels for communication with clinicians are identified early in a public health emergency response. In some cases, these channels may not be the ‘usual’ ones; communication may need to go via the State / LHD HSFAC or Medical Controller, through an operations centre for logging and tasking or via a specialist advisory group established to support the response. The State Public Health Controller may implement temporary arrangements for disseminating disease control and other health protection information through discussion with the State HSFAC, Controllers and pillar organisations (eg Agency for Clinical Innovation, Clinical Excellence Commission).

Public health services need to work with clinical colleagues to:

- Provide advice on disease containment or prevention activities
- Collect data about community health needs
- Collect surveillance information
- Provide education regarding disease transmission mitigation
- Communicate key health messages to the public.

Data collected from clinical services should be interpreted and fed back to those services to assist with future service planning.

At times, people may appear well but require treatment for disease containment activities (eg treating mild cases of influenza in a pandemic) or for disease prevention activities (eg clearance antibiotics for contacts of a patient with meningococcal disease). Public health services must clearly explain to clinical colleagues why they are being asked to manage patients in a particular way.

4.3.4 Laboratory interface

The State Public Health Controller liaises with the State Pathology Controller regarding laboratory testing requirements during a public health emergency response. *HEALTHPLAN* and NSW Health Pathology response plans provide additional detail on the emergency role of NSW Health Pathology and the laboratory response to a health emergency. Health Protection NSW collaborates with NSW Health Pathology and laboratories regarding operational guidelines for laboratory response to public health emergencies.

Laboratory tests can enhance public health intelligence by indicating the entry into NSW of an emerging communicable disease, the occurrence and extent of a known communicable disease, response to therapy and the level of exposure or protective immunity in the population.

Laboratories may consult with public health services and clinician groups to determine the prioritisation of testing – who needs to be tested, for what and when tests cease to be useful in managing the response.

Public health services support NSW Health Pathology and Local Pathology Controllers in their work with both public and private laboratories to better understand the laboratories' preparedness activities, especially when they will impact upon the public health emergency response capacity (including laboratory plans for surge response, specimen transport, rapid testing and reporting of results, and consideration of stockpiling specimen collection materials, reagents and point-of-care tests).

Public health practitioners can also help patients and clinicians better interpret results. The value of some tests changes with the prevalence of the disease in a population. By informing people of the prevalence of disease, the interpretation of both positive and negative test results becomes easier.

4.3.5 Integration with partner agencies

During preparation phases, public health services should establish and maintain collaborative relationships with colleagues in local government (eg environmental health officers)[9] and other agencies that may support a public health emergency response. Existing relationships also facilitate early engagement during the development or testing of multi-agency plans or other emergency response arrangements.

Communication (including resource or support requests) with partner agencies during a major emergency response generally occurs via the LHD HSFAC to the State HSFAC and then to the State Emergency Operations Centre.

[9] The *Public Health Act 2010* s122(b) grants public health officers the power "to co-ordinate activities and local government authorities in that part of the State in relation to the reduction of any risks to public health in that part of the State".

In limited situations public health services will communicate directly with partner agencies, for example:

- Health protection incidents that do not require a broader 'whole of Health' response
- Ongoing technical discussion between public health and partner agencies (eg risk assessment following an industrial chemical release, coordination during a zoonosis outbreak response).

LHD Public Health Controllers should ensure their HSFAC and the State Public Health Controller are aware of ongoing discussions with partner agencies. Requests for emergency support / resources from external agencies should continue to be placed via the State HSFAC to the State Emergency Operations Centre. In exceptional circumstances, the State Public Health Controller may request specific health protection resources (eg epidemiologists) directly from partner agencies after consulting with the State HSFAC.

In the majority of situations, agency-to-agency discussion will occur at the state level. Exceptions could include, but are not limited to:

- Public health unit environmental health officers working with colleagues from local government or NSW Food Authority
- A public health unit making arrangements with a local school or aged care facility to investigate a possible outbreak
- Working with animal health colleagues to identify human contacts of an animal with a zoonotic disease.

4.3.6 Expert advisory groups

Health risk assessment is a key part of public health emergency response and is used to determine what effects an exposure may have on the health of the exposed populations and to inform public health action.

The Ministry of Health / Health Protection NSW may convene expert panels or advisory groups and engage the 'pillar organisations' (eg Agency for Clinical Innovation or Clinical Excellence Commission) and independent consultants (eg specialist risk assessors, toxicologists or epidemiologists) with relevant expertise to contribute to health risk assessments.

Advisory groups may exist prior to a response or be established during a response to provide specific expertise (eg risk assessment, primary care, infectious diseases, Aboriginal health, respiratory/maternal/renal medicine etc). Existing channels (eg networks hosted by the Agency for Clinical Innovation) should be used as much as possible.

Usually such groups will be convened at a state level to support consistency in the response, but consultation with local advisory groups may be appropriate for specific, localised responses.

These groups serve a dual purpose: to inform the public health response using members' expertise and to filter information about the response back through members' established networks.

Advisory groups with an ongoing mandate may also participate in shaping policy on relevant topics (eg incorporation of primary care services during an infectious disease emergency).

4.4 Public communication

Public communication is a cornerstone of any public health emergency response. Extensive efforts are undertaken to ensure communication is clear, consistent and timely. Effective communication can provide essential information, help protect the health of the community and assist with compliance with public health advice.

The State Public Health Controller works closely with the State Health Communications Controller and the State HSFAC to ensure that effective public communication occurs in a timely manner (in some cases this may occur via the Public Information Functional Area Coordinator).

LHD Public Health Controllers, in conjunction with LHD HSFACs and Health Communications Controllers, should be aware of the general demographics of their region and give special consideration to communicating appropriately with communities who may not access information from 'mainstream' media. Multicultural health communication services should be consulted regarding best practice communication with culturally and linguistically diverse communities.

Public health incidents can result in a surge of both inbound (eg enquiries of public health services from the public) and outbound (eg welfare checks of people in quarantine/isolation) phone calls. LHDs should consider what local options already exist within telecommunication infrastructure for managing a moderate, localised surge in calls during a public health incident.

A range of options are available to the State Public Health Controller for managing a surge in public enquiries during a major public health response, including activating a centralised internally-operated contact centre or outsourcing some functions to external telephony providers. Contact centre activation guidelines are maintained by the Ministry of Health.

Ensuring consistency and currency of information being relayed to callers is of utmost importance. For this reason, any contact centre must be fully integrated with the response's ICS structure. Contact centre managers should attend regular briefings and work with the planning team to ensure that scripts are updated and reviewed for accuracy regularly.

Data from the contact centre may be a useful source of surveillance information during an emergency response. The planning team will work with contact centre

managers to determine which call data are most appropriate for inclusion in reports.

4.5 Surveillance and epidemiology

Epidemiology is a fundamental tool for understanding the needs of affected populations, the nature of a disease or exposure and making control recommendations during public health emergency responses. This may include identifying and linking outbreaks, epidemics and clusters, case finding and contract tracing, determining causation of disease, and assessing exposure and disease risk.

Surveillance activities are normally performed by the Ministry of Health's Population and Public Health Division as well as public health surveillance officers and epidemiologists from public health units. Surveillance systems are particularly important in supporting a public health emergency response. Any changes to surveillance practices during a major response will be communicated to public health units by the Public Health Emergency Operations Centre.

Routine sources of surveillance information include:

- Notifiable Conditions Information Management System (NCIMS) - collects information on conditions notifiable by laboratories, clinicians and institutions under the NSW Public Health Act 2010
- Reports from clinicians or institutions about unusual clusters of illness
- Data from registers such as the Registry of Births, Deaths and Marriages
- General practitioner respiratory disease surveillance
- Public Health Real-time Emergency Department Surveillance System (PHREDSS) – continuously monitors near real-time separation data for a number of conditions from most emergency departments across NSW, as well as ambulance dispatch data for metropolitan Sydney
- Drinking and recreational water monitoring data
- Workplace absenteeism data from the Australian Government.

During a public health emergency response, additional monitoring and surveillance activities may be rapidly developed, for example:

- Monitoring the nature of calls to public health contact centres
- Hospital-based surveillance of patients admitted to hospitals and/or intensive care units with suspected or confirmed illness
- Monitoring of self-reported rates of illness in the community through the NSW health survey program
- Sentinel surveillance through hospitals, outpatient clinics or community-based health services
- Monitoring the effectiveness of and adverse events associated with medications and vaccines

- Actively gathering information from international and national surveillance networks and the media to monitor changes in disease and health events of interest
- Monitoring health services and / or school absenteeism rates.

Maintaining close links with epidemiologists in veterinary disease surveillance is important for promoting awareness of potential environmental hazards and supporting effective exchange of information during outbreaks of zoonotic disease.

Maintaining business continuity for core population health information systems through careful workforce planning and appropriate infrastructure provider arrangements is essential.

5 RECOVERY

The *NSW State Emergency Management Plan* (EMPLAN) identifies the recovery arrangements in NSW. If a multi-agency recovery committee is established, the State/LHD HSFAC may request that public health services contribute to Health's representation on the committee.

Public health services play an important role in recovery aspects of an emergency response, many of which will begin while a primary response is still underway. Examples of public health service involvement during the recovery phase include:

- Scaling back response activities and incorporating new features (eg new surveillance tools) into 'business as usual' as appropriate
- Restoring any disrupted public health services
- Supplying public health advice to multi-agency recovery committees as well as health professionals and members of the public in the affected area
- Maintaining disease surveillance
- Planning for second waves of disease or subsequent events
- Monitoring for longer term outcomes.

During recovery periods, public health services should:

- Ensure that staff are aware of employee support and assistance programs (part of regular operations but may be particularly pertinent following a response)
- Conduct debrief sessions to identify response strengths, as well as opportunities for refinement or adjustment to plans
- Document debrief findings in post-operation reports and/or revised plans/procedures
- Evaluate technical aspects of the response and share findings with the broader health protection community, where appropriate
- Ensure that resources used during a response are cleaned and stored in good working order.

6 ATTACHMENTS

6.1 Appendix A: Legislation

Australian Government legislation

- *Quarantine Act 1908*

This Act aims to prevent the introduction of specified diseases into Australia and prevent the spread of such diseases within Australia.

- *National Health Security Act 2007*

This Act provides for the exchange of public health surveillance information between the Australian Government and the states and territories, and, where relevant, the World Health Organization.

New South Wales legislation

- *State Emergency Rescue and Management Act 1989 (as amended)*

This Act details the emergency management framework in NSW.

- *Public Health Act 2010 and Regulation 2012*

This Act outlines public health management in NSW, including infectious diseases and environmental health hazards.

- *Health Administration Act 1982*

This Act establishes the Health Administration Corporation and outlines the functions of the NSW Minister of Health.

- *Health Records and Information Privacy Act 2002*

This Act governs the management of health information in the NSW public and private sectors.

- *Health Services Act 1997*

This Act outlines the structure of the NSW public health system.

- *Local Government Act 1993*

This Act governs the functions (including regulatory functions) of local councils in NSW.

- *Poisons and Therapeutic Goods Act 1966 and Regulation 2008*

This Act and Regulation regulate the packaging, storage and supply of medicines and poisons, authorise inspectors to remove illegal substances from sale and allow the Secretary to direct the distribution of medication in an emergency response.

- *Protection of the Environment Operations Act 1997*

This Act is the key piece of environment protection legislation administered by the Environment Protection Authority and allows the Government to set out explicit protection of the environment policies.

- *Radiation Control Amendment Act 2010 & Regulation 2013*

This Act and Regulation govern the security of radiation sources, radiation safety practices and radiation registration.

- *Rural Fires Act (1997)*

This Act outlines the co-ordination of bush fire fighting and bush fire prevention throughout New South Wales.

- *Work Health and Safety Act 2011*

This Act aims to protect workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work or from specified types of substances or plant.

6.2 Appendix B: Public Health Controller Competencies

A Public Health Controller must be able to:

1. Describe the public heath role in emergency response in a range of emergencies that might arise, following completion of the NSW Health public health emergency management e-learning course, or equivalent.

2. Understand and be able to apply the Incident Control System (ICS), following completion of the NSW Health public health ICS e-learning course, or equivalent.

3. Understand and be able to apply methods for addressing the media, following media techniques training.

4. Describe the governance arrangements in emergency response:
    a. Between the Local Public Health Controller and the Local Health District (LHD) Health Services Functional Area Coordinator (HSFAC)
    b. Between a Local Public Health Controller and the State Public Health Controller

5. Understand the links between local, state and national responses to public health emergencies.

6. Be familiar with the *NSW State Emergency Management Plan (EMPLAN)*, *HEALTHPLAN,* relevant emergency standard operating procedures and public health unit plans.

7. Describe the functional role of a Public Health Controller (as per *HEALTHPLAN*) and demonstrate that role in regular drills.

8. Able to assess risk and deploy resources to mitigate risk and reduce impact.

9. Demonstrate awareness of the likely communications equipment to be used in an emergency response, including accessing relevant websites and ensuring the incident management team has access to those with expertise to use all likely methods of communication (eg: radio, fax-stream).

10. Describe the communication arrangements in an emergency response:
    a. Within the local public health unit
    b. Between the Health Communications Controller (as per *HEALTHPLAN*) and the Public Information Functional Area Coordinator (as per *EMPLAN)*
    c. Between the State HSFAC and State Controllers (as per *HEALTHPLAN*)

d. Between LHD HSFACs and LHD Controllers (as per *LHD HEALTHPLAN*)
e. With laboratories
f. With partners (eg local government)
g. With the media
h. With the general public
i. With local health providers (general practitioners, pharmacies etc)
j. With clinicians within LHDs

11. Communicate public health information/roles/capacities/legal authority accurately to all emergency response partners, such as the NSW Food Authority, water utilities, other health agencies and other government agencies during planning, drills and actual emergencies (eg: includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution).

12. Maintain regular, timely and accurate communication with emergency response partners (includes maintaining a current directory of partners and identifying appropriate methods for contact in emergencies as per *HEALTHPLAN* and *EMPLAN*).

13. Have the capacity to and recognise the value of emergency management exercises to ensure the quality of public health responses. Public Health Controllers are required to demonstrate participation in one exercise or actual emergency response annually.

14. Identify limits to own knowledge / skill / authority and identify key system resources for referring matters that exceed these limits.

15. Apply creative problem solving and flexible thinking to unusual challenges within functional responsibilities and evaluate effectiveness of all actions taken.

16. Recognise deviations from the norm that might indicate an emergency and describe appropriate action (eg communicate clearly within the chain of command, be willing to activate an ICS structure to ensure human and other resources are managed appropriately).

17. Evaluate every emergency response, including practice exercises, to identify and implement needed internal and external improvements.

18. Identify what further training opportunities are available through the NSW Ministry for Police and Emergency Services, Emergency Management Australia or other organisations.

Endorsed by the Public Health Emergency Management Group in December 2011 and updated in 2014.

6.3 Appendix C: Public Health Commander Competencies

A Public Health Commander must be able to:

1. Define a major incident, emergency and disaster.

2. Be familiar with Health Response Team Uniform protocols (eg PD2009_048).

3. List the hierarchy of command during an emergency response.

4. Describe the public heath role in emergency response in a range of emergencies that might arise, following completion of the NSW Health public health emergency management e-learning course or equivalent.

5. Understand the Incident Control System (ICS), following completion of the NSW Health public health ICS e-learning course or equivalent.

6. Define the command and control structures and state their importance and interrelationship (including Site Control, Health Commander and Operations Team relationships).

7. Understand how to keep safe in a potentially dangerous environment and communicate those requirements to team members.

8. Be able to lead field teams to assess, mitigate and to reduce public health risk.
9. Be proficient in preparing incident action plans and understand the need for structured briefings (eg SMEACS formula), debriefings and reporting (eg: field situation reports).

10. Describe the importance of communication during a major emergency, especially in the coordination and management of the scene.

11. Be familiar with the various ways that public health services communicate with field team members including:
    a. Radio (including radio networks, voice procedures and phonetic alphabet and numbers)
    b. Satellite phone
    c. Internet (including email and secure systems such as PopNet and Citrix)
    d. Secure data collection (eg Notifiable Conditions Information Management System)

12. Demonstrate an ability to consult with expert advisors regarding the resources required for a particular type of field operation (eg environmental inspection vs immunisation clinic vs medication dispensing) and request those resources from the logistics team.

13. Consider the needs of the team for the safe delivery of public health services (eg adequate clinic space for an immunisation clinic, space for data collection in an evacuation centre) and communicate these to the site controller.

14. Describe the responsibilities and functions of other response officers in the field.

15. State the dynamics of a well organised health service emergency response with different components that work together and complement each other.

16. State the importance of exercising, training and maintenance of the equipment in relation to work efficacy and cost-effectiveness.

17. State how to undertake welfare checks with team members and how to identify and manage issues or conflicts that arise amongst team members.

18. State how to obtain assistance for team members who may require medical assistance or psychological first aid.

19. Identify what further training opportunities are available through the NSW Ministry for Police and Emergency Services, Emergency Management Australia or other organisations.

The *Public Health Field Response Guideline* (GL2014_001) provides an overview of functions public health personnel may undertake in the field.

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