Public Health Emergency Response Preparedness

Summary This Policy Directive defines the set of minimum standards for all Local Health Districts (LHDs) to to support the statewide public health network's ability to prepare for, respond to and recover from major public health events and support an equitable and consistent approach to public health preparedness in NSW.

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Applies to Public Health Units, Local Health Districts, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division

Distributed to Ministry of Health, Public Health System

Audience Public Health Units;Directors of Public Health Units;Local Health Districts & Network Executives

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

NSW Health

POLICY DIRECTIVE

Public Health Emergency Response Preparedness

POLICY STATEMENT

NSW Health aims to support the state-wide public health service's ability to prepare for, respond to and recover from major public health events by identifying a set of minimum preparedness standards for all Local Health Districts (LHDs).

It addresses high level planning and governance elements as well as more specific requirements around training, skills, information systems and equipment.

SUMMARY OF POLICY REQUIREMENTS

Local Health Districts must ensure that the basic immediate response capacity outlined in this document is available within Public Health Units (PHUs) or through partnerships with clinical services.

PHUs are to work closely with their Districts on emergency preparedness aspects, including participating in district planning and exercises, and obtaining support from districts for access to surge staff and resources during a response.

For cross-jurisdictional and/or complex public health responses, support can also be arranged from other PHUs and Health Protection NSW (HPNSW).

Priority populations may be disproportionately affected during an emergency and require special consideration when districts are preparing for and responding to emergencies.

LHDs must work within the emergency response structures identified by HEALTHPLAN and ensure compliance with the described governance, staffing and operational capabilities for public health preparedness.

PHUs must also train staff in the essential skills required in a public health emergency and be equipped with a minimum set of tools and equipment to operationalise a rapid public health response.

PHUs must have access to health information infrastructure and surveillance systems that are able to accept, process, analyse and share data for surveillance and epidemiological investigation activities.

LHDs are responsible for self-assessing their compliance via the checklist provided in *Appendix C: Public Health Emergency Response Preparedness Minimum Standards Annual Monitoring Checklist*.

Compliance with this Policy Directive is a requirement within the *NSW Service and Performance Metrics for Health Protection Functions* agreement.

HPNSW will issue correspondence to Chief Executives requesting signed forms and any supplementary explanation annually. Speciality networks (Sydney Children's and St Vincent's

Hospital Networks) are covered by the PHU that services the geographic areas they are located in.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2024_002 January 2024	Chief Health Officer & Deputy Secretary, Population and Public Health	Notable amendments were made in the following areas: • Strengthened inclusion of priority populations, particularly within governance structures and key preparedness training and exercises • Promoted continued engagement between other government, non-government and community organisations/groups that were developed or enhanced during the COVID-19 response • Highlighted a range of important training needs for workforce who may be responding to future public health emergency responses • Clarified governance structures and PHU role within NSW Emergency Management framework • Expanded operational functions and requirements within staffing and ICS sections • Incorporated a new communications section • Expanded IT systems, software and remote working capabilities available to PHU staff • Removed some statewide exhaustive equipment lists • Included equipment lists with LHD-specific resources and mechanisms to access.
PD2019_007 February-2019	Chief Health Officer & Deputy Secretary, Office of Chief Health Officer	The Policy Directive has been amended in the following areas: • Requirements for participation in emergency exercises, actual responses and training sessions, including debrief • Mass vaccination clinic activation timeframe • Privacy, confidentiality and data security during an emergency • Information management and analytics skills section expanded • Uniform requirements updated • Mobile phone, GPS, satellite phone, laptop and printer requirements updated • Signatories to Public Health Preparedness Minimum Standards Annual Monitoring Checklist now expanded to: Chief Executive, Public Health Controller and Health Services Functional Area Coordinator.
PD2013_039 November-2013	Deputy Director General	Policy directive introduced to define minimum standards for LHD public health emergency response preparedness.

CONTENTS

1. BACKGROUND

The *Public Health Emergency Response Preparedness* minimum standards aim to support the statewide public health network's ability to prepare for, respond to and recover from major public health events and support an equitable and consistent approach to public health preparedness by identifying a set of minimum standards for all Local Health Districts (LHDs). There is an emphasis on commencing and coordinating the first 48 hours of a local public health response.

These standards support the following public health principles:

1. Investment in public health emergency response infrastructure
2. Consultation and considerations for priority populations, including Aboriginal and Torres Strait Islanders peoples, across all facets of the response, and
3. Enhance the emergency preparedness and response skill base of the public health network.

1.1. About this document

This Policy Directive outlines the operational requirements for Public Health Units (PHUs) in NSW. The Public Health network (i.e. Health Protection NSW and Public Health Units) have a key role in identifying health risks and implementing response strategies during incidents or emergencies which may affect the health of a population.

Having a well-prepared workforce, accessible systems, tools and equipment to support investigation and public health intervention is important for a strong operational response.

This policy defines the minimum levels of knowledge, training, skills and equipment necessary for staff of PHUs to be able to adequately fulfill the roles and responsibilities described in the NSW Health Policy Directive *New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)* (PD2014_012).

This policy directive must be read in conjunction with the NSW Health Policy Directive *Public Health Services Supporting Plan to HEALTHPLAN* (PD2015_002).

1.2. Key definitions

Local Health Districts (LHD)	Local health districts (LHDs) manage and provide a range of health care services to defined geographical areas and facilities across the state. They are responsible for promoting, protecting and maintaining the health of the NSW community.
Public Health Units (PHU)	Public Health Units (PHUs) provide public health services to protect, promote, improve and maintain the health of the population in each LHD.
Incident Control Systems (ICS)	Incident Control Systems (ICS) are used to facilitate

	the management of services to respond to incidents or emergencies. They are scalable, adaptable, driven by objectives, managed by function, structured clearly, and demonstrative of command and control.
Public Health Emergency Operations Centre (PHEOC)	A Public Health Emergency Operations Centre (PHEOC) is a physical location or virtual space in which designated public health emergency management functions are performed. PHEOCs play a vital role in coordinating the preparation for, response to, and recovery from public health emergencies.

1.3. Justice Health & Forensic Mental Health Network

The public health emergency response requirements of the Justice Health & Forensic Mental Health Network (JHFMHN) vary to those of LHDs due to the unique work environment and the lack of field deployment. There are some amendments to the checklist for the standards relevant to JHFMHN (Appendix B and C).

2. GOVERNANCE, STAFFING AND OPERATIONAL CAPABILITIES

NSW PHUs work within the emergency response structures identified by NSW HEALTHPLAN and under governance arrangement detailed in the NSW Health Policy Directive *Public Health Services Supporting Plan to HEALTHPLAN* (PD2015_002).

2.1. Governance

LHDs must ensure the following aspects of public health preparedness are met:

Public health membership on the LHD's emergency committee(s) and regular engagement with emergency management committee representatives on preparedness, response and recovery.

Working relationships between the PHU and internal and external stakeholders as required and relevant in an emergency response. For example, local disaster managers and media and communications teams, LHD priority population and digital health teams (or equivalent agencies), pathology laboratories, Aboriginal Medical Services, Primary Health Networks and local councils.

Ensure business continuity plans are in place.

Cultural governance is embedded within emergency response structures. For guidance, refer to:

- *Pandemic Preparedness and Response with Aboriginal Communities in NSW*
- *Engage, understand, listen and act: evaluation of Community Panels to privilege First Nations voices in pandemic planning and response in Australia*

- Embedding Aboriginal cultural governance, capacity, perspectives and leadership into a local Public Health Unit Incident Command System during COVID-19 in New South Wales, Australia.

2.2. Staffing

LHDs must ensure the following aspects of public health preparedness are met:

The capability to surge public health staff from outside the PHU, including from within the LHD(s) in accordance with the *Public Health Workforce Surge Guideline* (GL2014_003).

The capability to deploy locally in response to a public health incident within two hours of receiving a notification (noting that while best endeavours will be taken to meet the standard, out-of-hours and rural responses may require additional time).

The capability to operate a staffing roster for a public health incident for up to 16 h/day for five days (up to 16 h/day for seven days for JHFMHN).

The continual operation of a roster of on-call staff for public health risk assessment.

Enough people available to fill each of the key ICS positions described in Section 4.3 to allow for: absenteeism, shift rotation, fatigue management and, for rural areas, coverage over broad geographic areas.

Capacity to operationalise a proportionate public health response, with technical and communicable disease control skills, which may include an Authorised Medical Officer, rostering support, procurement, and call centre management experience.

Protocols in place to ensure public health responder health and safety, including appropriate compliance with the NSW Health Policy Directive *Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases* (PD2023_022).

2.3. Operational capabilities

LHDs must ensure the following aspects of public health preparedness are met:

The capability to identify, assess and advise on risks related to infectious diseases and environmental hazards.

The capability to gather data and conduct surveillance and epidemiological analyses.

Documented arrangements in place with partners who could rapidly provide additional resources to a public health response (e.g. appropriately skilled staff and/or equipment, including Information Technology (IT) capacity, not held by the PHU).

The capability to set-up and run a local public health emergency operations centre (PHEOC).

PHUs must be able to raise and access through their Emergency Management Committee (EMC) the appropriate space and equipment for a PHEOC.

The capability to set up a mass vaccination clinic within 24 hours (for guidance refer to *Mass Vaccination Clinics during an Influenza Pandemic*, GL2018_008).

In many cases these requirements will be met through existing arrangements with the LHD Health Services Functional Area Coordinator (HSFAC), for example, setting up a mass vaccination clinic, coordination of an operations centre or broader surge planning.

2.3.1. Debrief process

PHUs must have a procedure in place for conducting a debrief activity following a significant response to identify lessons learned. The debrief process can take a range of approaches from an immediate 'hot debrief' to an Early-or After-Action Review (AAR) depending on the size and complexity of the response.

An implementation plan for lessons learned should be developed to continually improve response capabilities.

For guidance and adaptable Early Action Review (EAR) toolkits, PHUs may refer to the WHO resource: Guidance and tools for conducting an early action review (EAR): rapid performance improvement for outbreak detection and response

2.3.2. Communications

PHUs need to be able to support timely public communications regarding public health emergency events.

Existing relationships with LHD media and communications teams should be leveraged during a response. Communications are to consider target populations and be developed with the input of cultural and technical experts.

PHUs should be prepared to provide a response to small to moderate surge in inbound enquiries over a short time.

3. TRAINING AND REQUIRED SKILLS

A diverse range of skills may be required during a public health response depending on the underlying threat. LHDs must ensure that the training and skill mix of available personnel is sufficient to meet the needs of public health emergencies.

In the event of an incident or response PHUs may choose to source supporting staff from outside the PHU. Formal arrangements must be in place to ensure the correct skills, training and orientation requirements are met. For example, a checklist for surge staff might include: orientation to the issue and current status; a site orientation checklist; PHU ICS structure available to view; description of roles and responsibilities across the response (action cards); and a series of just-in-time training modules (e.g. to relevant IT systems).

3.1. Training

In addition to local requirements, all staff are required to complete and maintain currency in mandatory training modules, which may include key training on privacy and confidentiality, Respecting the Difference, cybersecurity and Child Wellbeing and Child Protection.

All PHU staff who may take part in an emergency response must complete the online modules below (available through My Health Learning) within three months of commencement:

1. PHEM: Public Health Emergency Management, Course Code: 184674532
2. Introduction to Incident Control System (ICS), Course Code: 133756489
3. Public Health Incident Control Systems, Course Code: 184677169

Standard processes to protect privacy and confidentiality when accessing, collecting, analysing, using, maintaining, and disseminating data must always be maintained, including during an emergency response.

There are non-mandatory privacy and confidentiality modules that are targeted at NSW Health staff in particular roles. Including:

1. Use and Disclosure of NSW Health Data for the Purpose of Analytics, Course Code: 160761816
2. MHPOD: Confidentiality and Privacy in Practice, Course Code: 97548274

Additionally, there are non-mandatory culturally responsive training modules that may assist PHU staff in a public health emergency response, including:

1. Culturally responsive health care, Course Code: 39962639
2. Assessing the need for an Interpreter, Course Code: 178399920
3. Asking the Question: Improving the Identification of Aboriginal People, Course Code: 103260592
4. Meeting the healthcare needs of refugees, Course Code: 116308950.

3.2. Emergency response exercises

All PHU staff who may be involved in a public health emergency response are required to take part annually in at least one emergency exercise, actual response or relevant training session. This includes re-familiarisation with personal protective equipment (PPE) if this is relevant to the risks identified in their response role.

The training should include the involvement of priority populations (for example, those in boarding houses, social housing, aged and disability services, Aboriginal and culturally and linguistically diverse [CALD] communities) in the response exercise and review.

Exercises should also consider the impact of geography on workforce and service access and test the LHD's capacity to support public health emergency response.

3.3. Incident Control System skills

The State Public Health Controller may activate ICS to support a public health emergency response. This response would be coordinated by the Population and Public Health Division of the NSW Ministry of Health.

LHD Public Health Controllers may also activate ICS on a local level, either in isolation, or as part of, an LHD ICS activation.

LHDs must be able to operate within an ICS structure during a public health response. At a minimum, sufficient staff must be prepared to fulfil the roles of:

- Public Health Controller (for competencies refer to the NSW Health Policy Directive *Public Health Services Supporting Plan to HEALTHPLAN,* PD2015_002)
- Public Health Commander (for competencies refer to the NSW Health Policy Directive *Public Health Services Supporting Plan to HEALTHPLAN,* PD2015_002)
- Liaison Officer (for competencies and training details refer to *Health Liaison Officer*, IB2019_001 and *NSW Health Emergency Management Education Training Framework*, IB2018_031).

Training for Public Health Commanders and Controllers will be facilitated through Health Protection NSW.

As managed by the LHD, staff may also be required to fulfil other functional responsibilities (such as planning/intelligence, operations, logistics) in a public health emergency response ICS (or LHD emergency response ICS as necessary). These responsibilities may include:

- Collecting, evaluating, disseminating, and using information about the incident and status of resources
- Coordinating public health aspects of case and contact management, conducting inspections, collection of epidemiological data and supply of public health advice (such as infection control)
- Managing public health resources, facilities, transport, catering, security, materials and IT required to support an emergency operation.

3.4. Technical and communicable disease control skills

LHDs must have a documented process for PHUs to access skilled personnel within and external to the PHU to:

- Conduct interviews with the affected population and case contacts (after just-in-time training by the PHU)
- Follow-up contacts and venues of concern, provide infection control advice and effectively communicate risk
- Collect environmental samples in the field (for example water samples)
- Collect clinical samples in the field (alternately the PHU must have access to a facility where people can be taken to have their clinical samples urgently collected)
- Carry out clinical examinations (alternately the PHU must have access to a facility where people can be taken to have their clinical examinations carried out)
- Enact public health legislation when required (for example public health orders)
- Connect with primary, community and tertiary care settings
- Operationalise a surge response including rostering support, procurement, and call centre management experience.

3.5. Information management and analytics skills

The critical analysis of data can provide crucial support to a public health emergency response. To deliver this support PHUs must ensure that sufficient staff members are trained and experienced in the use of the public health systems and applications as listed in Appendix A.

PHUs must have the ability, and tools made available, to conduct rapid epidemiological surveys and statistical and spatial analysis of data as required for outbreak and emergency situations, including the use of bespoke tools.

4. EQUIPMENT

PHUs must be equipped with, or have systems in place, to allow for rapid access to equipment to support surge staff and establish a PHEOC and/or field response. PHUs must also be equipped to rapidly operationalise an onsite and/or offsite bunker as required during a public health response.

Formal arrangements must be in place to allow PHUs rapid access to the following equipment (usually with LHD Emergency Departments [EDs], pathology laboratories or pharmacies):

- Clinical sample collection containers
- PPE for identified risks (infectious disease or environmental)
- Cold chain management equipment - in compliance with the *National Vaccine Storage Guidelines Strive for* 5
- Transport/cars
- Water sample collection equipment
- Uniforms that identify the wearer as NSW / Public Health employees and are comfortable and practical
- All equipment detailed in Section 7.2 (Appendix B – PHU ‘field kit’ contents list)

Maintenance, testing and rotation strategies must exist for equipment and technology. LHDs may choose to integrate electronic equipment into regular use outside of emergencies to facilitate maintenance and currency. Equipment must be ready to be deployed at any time, but not necessarily stored within the kit.

5. INFORMATION SYSTEMS

PHUs must have access to health information infrastructure and surveillance systems that are able to accept, process, analyse and share data for surveillance and epidemiological investigation activities.

Plans must be in place to address local information systems to minimise disruption to local networks, applications and platforms during planned or unexpected downtime. PHU offices may also consider alternate locations with generators within the LHD in the event of power outages.

Certain information infrastructure features must be standard in a PHU. They are:

- Internet connectivity
- Secure Local Area Network (LAN)
- Records management installed on computers
- Local telephony arrangements for inbound and outbound calls (multiple or dual carriage where possible).

PHU offices must also be equipped with:

- Computers running more than one web browser
- Fax, dedicated phone line and analogue phone
- Power bank compatible with laptop and phone
- Access to laptops for all central roles in the ICS structure
- Access to LHD electronic medical records (eMR), virtual networks (VPNs) and remote working software and capabilities for relevant staff.

6. RESOURCES

C. B. Dalton, T. D. Merritt, D. N. Durrheim, S. A. Munnoch, and M. D. Kirk, “A structured framework for improving outbreak investigation audits,” *BMC Public Health*, vol. 9, no. 1, Dec. 2009, doi: https://doi.org/10.1186/1471-2458-9-472.

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K. Crooks, K. Taylor, C. Law, S. Campbell, and A. Miller, “Engage, understand, listen and act: evaluation of Community Panels to privilege First Nations voices in pandemic planning and response in Australia,” *BMJ Global Health*, vol. 7, no. 8, p. e009114, Aug. 2022, doi: https://doi.org/10.1136/bmjgh-2022-009114.

NSW Health Services Emergency Management Education Framework - NSW Health System Management Branch, July 2018 (IB2018_031)

New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) - NSW Health System Management Branch, May 2014 (PD2014_012)

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Public Health Preparedness Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*. Office of Public Health Preparedness and Response, Atlanta, 2018.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Public Health Preparedness & Response Core Competency Model: Knowledge, Skills, Attitudes*. Office of Public Health Preparedness and Response & Association of Schools of Public Health, Atlanta, 2012.

World Health Organisation, *Guidance for conducting a country early action review (EAR): rapid performance improvement for outbreak detection and response.* Geneva, 2023.
Rapid Risk Assessment of Acute Public Health Events. Geneva, 2012.

World Health Organisation, *Framework for a Public Health Emergency Operations Centre.* Geneva, 2015.

World Health Organisation, *Rapid Risk Assessment of Acute Public Health Events.* Geneva, 2012.

7. APPENDICES

7.1. Appendix A – Systems and Applications*

Applicable staff	Name of system / application	Requirement
Staff performing • Surveillance • Contact tracing • Management of outbreaks • Data analysis and synthesis • Applied Epidemiology	NSW Public Health Rapid, Emergency, Disease and Syndromic Surveillance (PHREDSS) system* **not required for JHFMHN*	Understand how to: • Access PHREDSS reports for LHD emergency presentations and ambulance call outs • Analyse reports to support epidemiological enquiry • Obtain further information from the Ministry's Rapid Surveillance team
	Notifiable Conditions Information Management System (NCIMS)	Access is restricted to staff involved in public health follow up of notifiable conditions. Staff must be trained to use the system before full access is provided. Users must be able to navigate a series of menus, tabs, wizards and workflows to view, enter and edit information, and generate reports, letters and surveys.
	Secure Analytics for Population Health Research and Intelligence (SAPHaRI)	Where staff are using SAPHaRI to perform data analysis they must understand how to access, extract and analyse data securely. PHUs without data analytics staff may source expertise from other PHUs or HPNSW. Relevant assets contained within SAPHaRI include Notifiable Conditions Records for Epidemiology and Surveillance (NCRES) and Human Immunodeficiency Virus (HIV) notifications. For more information on assets available in SAPHaRI: Pages - Data assets accessible via SAPHaRI (sharepoint.com) SAPHaRI also enables access to statistical programs including SAS and R.
	Office 365	To provide access to Microsoft products including Outlook, Teams and Sharepoint. Teams provides an acceptable internal collaboration space for cross jurisdictional outbreak management. Staff must be able to access relevant team channels, contribute to chat, upload and edit documents, manage inboxes, and arrange and access meetings through the platforms.
	Accellion (Kiteworks)	Secure platform for sharing personal and health information with internal and external stakeholders. This is the recommended platform to send personal and health information. Staff must be able to access their respective PHU or HPNSW Kiteworks account.
	A-Z infectious diseases portal	Publicly available notifiable conditions data, derived from NCIMS (two days delay from current notifications data).

Applicable staff	Name of system / application	Requirement
		Users can create and download counts of notifications by LHD, age, sex and time.
	Electronic Medical Records (eMR) system	Access is restricted to staff involved in public health follow up of outbreaks or public health incidents. Users must be able to securely navigate a series of tabs to view integrated patient data.
All staff	Infectious Diseases (ID) Network and NSW Health Public Health Response SharePoint pages	Understand how to locate routine and emergency management documents.
	NSW Health Emergency Preparedness Webpages	Publicly available webpages that can be referred to when preparing and responding to emergencies (includes information on floods, fires, heatwaves etc). NSW Health Emergency Preparedness (health.nsw.gov.au)

* Additional case management and analytical tools may be required including spatial mapping, task planning and survey software. These may be accessed via escalation across the network, to HPNSW or through LHD pathways.

7.2. Appendix B – PHU 'Field Kit' Contents List

Each PHU (excluding JHFMHN) is required to maintain the designated '*Core Equipment*' list below.

Each PHU must also have the capacity to purchase and store additional equipment relevant to their specific geographic and population needs, and the public health response required. PHUs must conduct a needs assessment and list their required resources in the '*PHU Required Equipment*' table below prior to completion of the annual monitoring checklist (appendix 7.3).

Core Equipment (across all PHUs)	
Ability to access and use IT / communications equipment remotely e.g. Laptop with mobile internet access, laptop charger, USB memory stick*, Office 365 (including MS TEAMS), power board/adaptors, smartphone and charger with data access**, satellite phone for rural PHUs***	☐
Ability to document e.g. writing pad and paper, pens, highlighters, NSW Health stamp, relevant templates (health risk assessments, questionnaires, checklists, situation reports, field reports).	☐
Ability to protect staff against disease, safety and environmental risks e.g. Surgical masks, disposable nitrile gloves, insect repellent, first aid kit, sunscreen, earplugs, safety goggles, torch and batteries.	☐
Ability to be recognised as NSW Health officials e.g. Reflective public health vests/tabards, ICS vests (controller, deputy, operations, logistics, planning).	☐

*In accordance with NSW Health cybersecurity training, only to be used in critical instances (i.e., when networks are not functioning).

**Where all deployable PHU staff have not been provided with a work smart phone and data access, inclusion of a GPS device, mobile phone and digital camera should be considered.

***Rural LHDs who do not maintain a satellite phone should consider including alternative communication methods/tools in emergency preparedness plans and kits.

PHU Required Equipment (completed by each PHU)			
Public health response	**Equipment / resources**	**Number required**	**Access point**
Example: *Legionella field investigation kit*	***Example:*** • *Portable colorimeter, capable of testing for bromine, chlorine and pH (e.g. Hach DR900)* • *250 mL sterile bacteriological water sample bottles – with thiosulphate added* • *Thermometer* • *PPE (see AS 3666-1990)* • *Car refrigerator or polystyrene cooler / ice bricks* • *Torch and batteries* • *3-4 m ladder and access to larger ladders, roof racks and octopus straps* • *Screw drivers, pliers and shifting spanners* • *Cooling tower database, map and directory*	***Example:*** *X1* *X2*	***Example:*** *All equipment currently stored in PHU office* *Extra supplies able to be procured through HealthShare (Catalogue Services)*
Example: *Site visit to investigate outbreak/infection control practices (e.g. childcare centre)*	***Example:*** • *Risk register documentation* • *Standard PPE (incl. fit tested n95 mask)* • *Respiratory swabs – bacterial and viral* • *Biohazard specimen collection bag* • *Sterile specimen collection jars* • *Reflective NSW Health vest, name badge, NSW Health ID card*		

PHU Required Equipment (completed by each PHU)			
Public health response	**Equipment / resources**	**Number required**	**Access point**

7.3. Appendix C – Public Health Emergency Response Preparedness Minimum Standards Annual Monitoring Checklist

LHDs and JHFMHN are responsible for annually self-assessing their compliance with the minimum standards using this checklist. Correspondence will be issued to Chief Executives annually requesting signed forms and any supplementary explanation.

***Please note: any 'in progress' or 'no' responses must have comments provided about actions underway to meet the minimum requirement.**

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
1. Governance, staffing and operational capabilities (refer to Section 2)				
Governance				
LHDs must ensure the following aspects of public health preparedness are met:				
1.1 Public health membership on the LHD's (or JHFHMN) emergency committee(s) and regular engagement with emergency management committee representatives on preparedness, response and recovery	☐	☐	☐	
1.2 Business continuity plans are in place	☐	☐	☐	
1.3 Cultural governance is embedded within emergency response structures (For guidance, refer to Section 6. Resources)	☐	☐	☐	
1.4 Working relationships between the public health service and: LHD disaster managers, media and communications teams, priority populations, and digital health teams (or equivalent agencies in LHDs), pathology laboratories, Aboriginal Medical Services, Primary Health Networks and local councils (JHFHMN only where relevant)	☐	☐	☐	

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
Staffing				
LHDs must ensure the following aspects of public health preparedness are met:				
1.5 Capability to surge public health staff from outside the PHU, including from within the LHD(s) in accordance with the *Public Health Workforce Surge Guideline* (GL2014_003)	☐	☐	☐	
1.6 Capability to deploy locally in response to a public health incident within two hours of receiving a notification (noting that while best endeavours will be taken to meet the standard, out-of-hours and rural responses may require additional time)	☐	☐	☐	
1.7 Capability to operate a staffing roster for a public health incident for up to 16 hrs/day for five days (seven days for JHFHMN)	☐	☐	☐	
1.8 Continual operation of a roster of on-call staff for public health risk assessment	☐	☐	☐	
1.9 Enough people available to fill each of the key ICS positions described in Section 3.3 to allow for: absenteeism, shift rotation, fatigue management and, for rural areas, coverage over broad geographic areas	☐	☐	☐	
1.10 Capacity to operationalise a proportionate public health response, with technical and communicable disease control skills, which may include an Authorised Medical Officer, rostering support, procurement, and call centre management experience	☐	☐	☐	
1.11 Protocols in place to ensure public health responder health and safety, including appropriate compliance with the NSW Health Policy Directive *Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases* (PD2023_022)	☐	☐	☐	

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
Operational Capabilities				
LHDs must ensure the following aspects of public health preparedness are met:				
1.12 The capability to identify, assess and advise on risks related to infectious diseases and environmental hazards	☐	☐	☐	
1.13 The capability to gather data and conduct surveillance and epidemiological analyses	☐	☐	☐	
1.14 Documented arrangements in place with partners who could rapidly provide additional resources to a public health response (e.g. appropriately skilled staff and/or equipment, including IT capacity, not held by the PHU)	☐	☐	☐	
1.15 The capability to set-up and run a local PHEOC	☐	☐	☐	
1.16 PHUs must be able to raise and access through their EMC the appropriate space and equipment for a PHEOC	☐	☐	☐	
1.17 The capability to set up a mass vaccination clinic within 24 hours (for guidance refer to *Mass Vaccination Clinics during an Influenza Pandemic*, GL2018_008)	☐	☐	☐	
Debrief Process				
1.18 Procedure in place for conducting a debrief activity following a significant response including development of a plan to identify and implement lessons learned	☐	☐	☐	
Communications				

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
1.19 PHUs must be able to support timely public communications regarding public health emergency events	☐	☐	☐	
1.20 PHUs should be prepared to respond to small and moderate surges in inbound enquiries over a short time	☐	☐	☐	
2. Training and required skills (refer to Section 3)				
General				
2.1 Formal arrangements are in place to ensure the correct skills, training and orientation requirements are met for staff supporting from outside the PHU (such as a checklist developed for surge staff)	☐	☐	☐	
Training				
2.2 All staff have completed and maintained currency in mandatory training modules, which may include training on privacy and confidentiality, Respecting the Difference, cybersecurity and Child Wellbeing and Child Protection	☐	☐	☐	
2.3 All PHU staff who may take part in an emergency response have completed the following online modules within three months of commencement: • PHEM: Public Health Emergency Management, Course Code: 184674532 • Introduction to Incident Control System (ICS), Course Code: 133756489 • Public Health Incident Control Systems, Course Code: 184677169	☐	☐	☐	
2.4 All PHU staff who may take part in an emergency response are aware of various training modules that may assist in their role (e.g. HETI privacy, culturally responsive healthcare and/or confidentiality training)	☐	☐	☐	

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
Emergency Response Exercises				
2.5 All PHU staff who may be involved in a public health emergency response have taken part in at least one emergency exercise, actual response or relevant training session in the past 12 months (e.g. ICS training)	☐	☐	☐	
2.6 Relevant staff have been re-familiarised with correct use of PPE in the past 12 months (JHFMHN: see Respiratory Protection Program manual for guidance)	☐	☐	☐	
2.7 The annual exercise was designed to include the involvement of priority populations in the response and review, and consider the impact of geography on workforce and service access (where possible)	☐	☐	☐	
Incident Control System Skills				
2.8 Staff nominated and prepared to fulfil the following roles within an ICS structure: Public Health Controller, Public Health Commander and Liaison Officer	☐	☐	☐	
2.9 Staff able to fulfil other functional responsibilities within an ICS structure (such as planning/intelligence, operations and logistics functions)	☐	☐	☐	
Technical and Communicable Disease Control Skills				
LHDs must have a documented process for PHUs to access skilled personnel (either within or external to the PHU) to:				
2.10 Conduct interviews with the affected population and case contacts (after just-in-time training by the PHU)	☐	☐	☐	
2.11 Follow-up contacts and venues of concern, provide infection control advice and effectively communicate risk	☐	☐	☐	

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
2.12 Collect environmental samples in the field (for example water samples)	☐	☐	☐	
2.13 Collect clinical samples in the field (alternately the PHU must have access to a facility where people can be taken to have their clinical samples urgently collected)	☐	☐	☐	
2.14 Carry out clinical examinations (alternately the PHU must have access to a facility where people can be taken to have their clinical examinations carried out)	☐	☐	☐	
2.15 Enact public health legislation when required (for example public health orders)	☐	☐	☐	
2.16 Connect with primary, community and tertiary care settings	☐	☐	☐	
2.17 Operationalise a surge response including rostering support, procurement, and call centre management experience	☐	☐	☐	
Information Technology Skills				
2.18 PHUs must have sufficient staff members trained and experienced in the use of the public health systems and applications as listed in 7.1 (Appendix A – Systems and Applications)	☐	☐	☐	
2.19 PHUs must have escalation pathways to access bespoke tools as required for outbreak and emergency situations	☐	☐	☐	
3. Equipment (refer to Section 4)				
3.1 PHUs must be equipped with or have systems in place to allow for rapid access to equipment to support surge staff, and establish a PHEOC and/or field response	☐	☐	☐	

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
3.2 PHU must be equipped to rapidly operationalise an onsite and/or offsite bunker as required during a public health response	☐	☐	☐	
3.3 Formal arrangements must be in place to allow PHUs rapid access to the following equipment (usually with LHD EDs, pathology laboratories or pharmacies): • Clinical sample collection containers • PPE for identified risks (infectious disease or environmental) • Cold chain management equipment - in compliance with the National Vaccine Storage Guidelines Strive for 5 • Transport/cars • Water sample collection equipment • Uniforms that identify the wearer as NSW / Public Health employees, are comfortable and practical	☐	☐	☐	
3.4 Formal arrangements must be in place to allow PHUs rapid access to all equipment detailed in Section 7.2 (Appendix B – PHU 'Field Kit' Contents List)	☐	☐	☐	
3.5 Maintenance, testing and rotation strategies must exist for equipment and technology (must be ready to be deployed at any time, but not necessarily stored within kit in PHU)	☐	☐	☐	
4. Information systems (refer to Section 5)				
4.1 PHUs must have access to health information infrastructure and surveillance systems that are able to accept, process, analyse and share data for surveillance and epidemiological investigation activities	☐	☐	☐	
4.2 Plans must be in place to address local information systems to minimise disruption to local networks, applications and platforms during planned or unexpected downtime	☐	☐	☐	
4.3 PHU information systems must be equipped with the following: • Internet connectivity	☐	☐	☐	

Public Health Preparedness Minimum Standards	Status			Comments
	Yes	In progress*	No*	
• Secure Local Area Network (LAN) • Records manager installed on computers • Local telephony arrangements for inbound and outbound calls (multiple or dual carriage where possible).				
4.4 PHU offices must be equipped with the following: • Computers running more than one web browser • Fax, dedicated phone line and analogue phone • Power bank compatible with laptop and phone • Access to laptops for all central roles in the ICS structure • Access to LHD eMR systems, VPNs and remote working software and • capabilities for relevant staff (JHFMHN: eMR access not required)	☐	☐	☐	

I have reviewed the self-assessment performed against the *Public Health Emergency Response Preparedness Minimum Standards*. Any gaps in preparedness have been noted and are being addressed.		
Name of LHD/JH&FMHN:		
Chief Executive name:	Signature:	Date:
Public Health Controller Name:	Signature:	Date:
HSFAC name:	Signature:	Date: