BUNBURY EMERGENCY MANAGEMENT ARRANGEMENTS

BUNBURY AGED CARE EMERGENCY EVACUATION AND RECEPTION PLAN (BACEERP)
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<th>TOPIC</th>
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<td>Evacuation Coordinator</td>
<td>10</td>
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<td>Coordinator of receiving facility</td>
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<td>8.2.3</td>
<td>Director of Nursing (DON) / Manager crisis emergency</td>
<td>10</td>
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<td>8.2.4</td>
<td>Catering staff</td>
<td>11</td>
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<td>8.3</td>
<td>Resources - Emergency equipment checklists</td>
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<td>Procedures for evacuating residents to another aged care facility (short term -24 hours)</td>
<td>12</td>
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<td>8.5</td>
<td>Evacuation coordination/director of nursing checklist</td>
<td>14</td>
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<td>8.6</td>
<td>Resident identification protocol</td>
<td>15</td>
</tr>
<tr>
<td>Apx 1</td>
<td>Resident emergency admission to acute care listing</td>
<td>17</td>
</tr>
<tr>
<td>Apx 2</td>
<td>Resident to short term emergency accommodation listing</td>
<td>18</td>
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<td>Apx 3</td>
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<td>Apx 7</td>
<td><strong>Flow chart</strong> - Sending facility emergency evacuation procedures – Other care staff Roles</td>
<td>24</td>
</tr>
<tr>
<td>Apx 8</td>
<td>Aged care sector network contact list</td>
<td>25</td>
</tr>
</tbody>
</table>
INTRODUCTION

These procedures have been developed by the Aged/Community Care residential sector organisations listed below within the City of Bunbury in conjunction with the City of Bunbury Local Area Emergency Management Committee (LEMC).

Evacuation of aged/community care residents requires special consideration due to their medical condition and physical restrictions. Facilities that are best able to receive these evacuees are other aged care institutions within the local area.

The Local Welfare Emergency Management Support Plan (LWEMSP) is integral for the ongoing care and reception of evacuees and is to be read in conjunction with these arrangements. The LWEMSP has being developed by the Department for Child Protection for the City of Bunbury using local and regional facilities and organisations.

Aged Care Sector Network

The Aged Care facility agencies that are party to the memorandum of understanding and adopted these procedures are:

<p>| Bethanie Fields | Forrest Gardens Nursing Home |
| Principal Bunbury Gardens | Ocean Star Aged Care |
| Bethanie Elanora Villas Lodge | Wattle Hill Lodge |</p>
<table>
<thead>
<tr>
<th>DISTRIBUTION LIST</th>
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<tbody>
<tr>
<td>Bethanie Fields</td>
</tr>
<tr>
<td>Principal Bunbury Gardens</td>
</tr>
<tr>
<td>Bethanie Elanora Villas Lodge</td>
</tr>
<tr>
<td>Forrest Gardens Nursing Home</td>
</tr>
<tr>
<td>Ocean Star Aged Care</td>
</tr>
<tr>
<td>Wattle Hill Lodge</td>
</tr>
<tr>
<td>CoB Community Law and Safety</td>
</tr>
<tr>
<td>CoB Community Development</td>
</tr>
<tr>
<td>CoB Communications Officer</td>
</tr>
<tr>
<td>Dept. Child Protection</td>
</tr>
<tr>
<td>WA Police Bunbury District</td>
</tr>
<tr>
<td>WA Police SW District Office</td>
</tr>
<tr>
<td>FESA SW District Office</td>
</tr>
<tr>
<td>EMWA Perth HQ</td>
</tr>
<tr>
<td>ST John Ambulance</td>
</tr>
<tr>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Australian Red Cross (Bunbury Branch)</td>
</tr>
<tr>
<td>Salvation Army</td>
</tr>
<tr>
<td>Silver Chain (SW District Coordinator)</td>
</tr>
<tr>
<td>SW Health</td>
</tr>
</tbody>
</table>
Proposals for the amendment or addition to these arrangements should be forwarded to the Executive Officer of the Bunbury Local Emergency Management Committee

Review of Procedures

These procedures will be tested and reviewed by the Aged/Community Care Sector Network on a two yearly basis or following an evacuation event, whichever the earlier.

<table>
<thead>
<tr>
<th>AMENDMENT</th>
<th>DETAILS OF AMENDMENT</th>
<th>AMENDED BY INITIALS/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO.</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Feb.2008</td>
<td>Attachment from DEMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information template.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evacuation actions.</td>
</tr>
<tr>
<td>2</td>
<td>Sept 2009</td>
<td>Reformat &amp; Update contacts</td>
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<tr>
<td>3</td>
<td>April 2011</td>
<td>Complete review all</td>
</tr>
<tr>
<td></td>
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<td>stakeholders</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>BACCEERP</td>
<td>Bunbury Aged/Community Care Emergency Evacuation &amp; Reception Procedures</td>
<td></td>
</tr>
<tr>
<td>AIN</td>
<td>Assistant in Nursing</td>
<td></td>
</tr>
<tr>
<td>BEMA</td>
<td>Bunbury Emergency Management Arrangements</td>
<td></td>
</tr>
<tr>
<td>BEEP</td>
<td>Bunbury Emergency Evacuation Plan</td>
<td></td>
</tr>
<tr>
<td>BERMP</td>
<td>Bunbury Emergency Risk Management Plan</td>
<td></td>
</tr>
<tr>
<td>BOM</td>
<td>Bureau of Meteorology</td>
<td></td>
</tr>
<tr>
<td>CARER</td>
<td>Nurse/AIN/PCA – multi-skilled single stream care worker</td>
<td></td>
</tr>
<tr>
<td>CBR</td>
<td>Chemical, Biological and Radiological</td>
<td></td>
</tr>
<tr>
<td>COB</td>
<td>City of Bunbury</td>
<td></td>
</tr>
<tr>
<td>DCP</td>
<td>Department for Child Protection</td>
<td></td>
</tr>
<tr>
<td>DEMC</td>
<td>District Emergency Management Committee</td>
<td></td>
</tr>
<tr>
<td>EM</td>
<td>Emergency Management</td>
<td></td>
</tr>
<tr>
<td>ERM</td>
<td>Emergency Risk Management</td>
<td></td>
</tr>
<tr>
<td>HAZMAT</td>
<td>Hazardous Materials</td>
<td></td>
</tr>
<tr>
<td>HMA</td>
<td>Hazard Management Agency</td>
<td></td>
</tr>
<tr>
<td>IC</td>
<td>Incident Controller</td>
<td></td>
</tr>
<tr>
<td>ICS</td>
<td>Aust Inter-Service Incident Management System’s Incident Control System</td>
<td></td>
</tr>
<tr>
<td>ISG</td>
<td>Incident Support Group</td>
<td></td>
</tr>
<tr>
<td>LEMC</td>
<td>Local Emergency Management Committee</td>
<td></td>
</tr>
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<td>LEC</td>
<td>Local Emergency Coordinator</td>
<td></td>
</tr>
<tr>
<td>LG</td>
<td>Local Government</td>
<td></td>
</tr>
<tr>
<td>LWEMSP</td>
<td>Local Welfare Emergency Management Support Plan</td>
<td></td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>WA Police Bunbury District</td>
<td></td>
</tr>
<tr>
<td>PCA</td>
<td>Personal Carer Assistant</td>
<td></td>
</tr>
<tr>
<td>PPRR</td>
<td>Prevention, Preparedness, Response and Recovery</td>
<td></td>
</tr>
<tr>
<td>RC</td>
<td>Recovery Coordinator</td>
<td></td>
</tr>
<tr>
<td>SECG</td>
<td>State Emergency Coordination Group</td>
<td></td>
</tr>
<tr>
<td>SEMC</td>
<td>State Emergency Management Committee</td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>FESA - State Emergency Service</td>
<td></td>
</tr>
<tr>
<td>SM</td>
<td>Site Manager (person delegated within facility)</td>
<td></td>
</tr>
<tr>
<td>SREMP</td>
<td>State Recovery Emergency Management Plan</td>
<td></td>
</tr>
<tr>
<td>WESTPLAN</td>
<td>Western Australian Emergency Management Plan</td>
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</tr>
</tbody>
</table>
1. AUTHORITY

The Emergency Management Act (2005) gives authority for emergency management arrangements to be developed by LEMC’s in LG areas. Evacuation can be effected under section 41 of the Emergency Management Act 2005.

The BACEERP been prepared and endorsed by the Bunbury Local Emergency Management Committee (LEMC) and the City of Bunbury. They form a sub-plan of the Bunbury Emergency Management Arrangements (BEMA). They have been tabled for information and comment by the South West District Emergency Management Committee (DEMC).

2. SCOPE

Scope of this Plan will take into account the guidelines and considerations for emergency evacuation at the community level. These guidelines and considerations relate to both peacetime and hostility related emergencies. It applies to the circumstances where there may be a need to partially or totally evacuate areas of population in the City of Bunbury.

This Plan is not intended for use in site specific evacuations which are addressed under OH & S guidelines.

The plan will incorporate:

- activation mechanisms;
- responsibilities and tasks;
- recovery services;
- resourcing arrangements; and
- management structures and processes.

The geographical area covered by this plan shall be the City of Bunbury municipal boundaries, however, regional support will be an integral concept to the plan (Greater Bunbury).

In preparing these procedures it is assumed that the residents will:

- Only be cared for in the short term (up to a maximum of 24 hours)
- Arrive un-escorted
- Have limited documentation or history available to the receiving facility
- Will have no personal property except items worn at the time of the emergency

Managers / Owners of the facilities included in the plan will have entered into a ‘Partnering Agreement’ that addresses the financial and liability issues placed on the receiving facility and the capacity to assist for a period of up to 24 hours.
3. TITLE

The title of these arrangements is the Bunbury Aged Care Emergency Evacuation and Reception Plan (BACEERP)

4. AIM

The aim of the BACEERP is to provide for the coordination of evacuation, reception and recovery of affected individuals, as expediently as possible.

5. PURPOSE

The purpose of this document is not to develop plans for every evacuation scenario but to provide assistance to HMA’s and/or Area Coordinator and specifically to Aged Care Facility staff to rapidly develop an effective evacuation plan to cover a particular approaching threat.

Checklists provided are suggested considerations and are by no means all encompassing and may be expanded depending on the particular scenario.

Effectiveness of this plan centers on:

- Effective links with the media and community warning systems
- Aged Care Facility preparedness
- Knowledge and skills developed in conjunction with this plan for those responsible for implementing evacuations.
- Up to date resource list pertinent to evacuation requirements found in within this plan and knowledge of contacts within the Bunbury emergency management framework.

6. RISK ASSESSMENT

Bunbury Emergency Risk Management Plan (BERMP) identifies the two prime areas for evacuation being flood and fire. However a range of situations could present that may involve the need to evacuate persons from an area of impending danger. Some examples of these may be severe weather, hazardous materials incident, terrorist or civil disturbance.
7. INTERFACE WITH OTHER PLANS

The BEEP is a sub-plan of the BEMA and as such should not be viewed in isolation. Other Plans integral to the success of evacuation are the Bunbury Aged Care Emergency Evacuation and Reception Plan and the LWEMSP submitted by the DCP. The Bunbury Emergency Health Plan also forms a basis of assistance and may be enacted in conjunction with evacuation.

8. EMERGENCY EVACUATION PROCEDURES AND RESOURCES

Organisations have accepted responsibilities under the Bunbury Emergency Management Arrangements (BEMA). These roles may be enacted by the Hazard Management Authority (HMA) of the event as designated in Policy Statement 7 in line with the Emergency Management Act 2005.

8.1 Decision to evacuate
8.2 Roles and Responsibilities
8.2.1 Evacuation Coordinator
8.2.2 Coordinator of receiving facility
8.2.3 Director of Nursing (DON) / Manager crisis emergency
8.2.4 Catering staff
8.3 Resources - Emergency equipment checklists
8.4 Procedures for evacuating residents to another aged care facility (short term -24 hours)
8.5 Evacuation coordination/director of nursing checklist
8.6 Resident identification protocol
8.7 Resident emergency admission to acute care listing
8.8 Resident to short term emergency accommodation listing
Apx 1 Emergency reception of evacuees documentation

8.1 DECISION TO EVACUATE

For the purpose of this plan the decision to evacuate offsite for any local emergency, will be made by the Hazard Management Agency.
8.2 ROLES AND RESPONSIBILITIES

8.2.1. - Evacuation Coordinator

Role and responsibilities of the Evacuation Coordinator and other nursing and care staff are summarised in the flowchart shown in Attachment 1.

To ensure safe care can be provided to the evacuated residents it is important that a handover of information occurs. This may be done via the phone providing the residents are clearly identified using either photo identification or the use of a name band that cannot be removed. Alternatively, it may be achieved using previously prepared evacuation information sheets.

Irrespective of the manner of handover it is important that the following information is provided to the receiving facility:

- Special alert if the resident suffers from insulin dependent diabetes, epilepsy or is receiving palliative care.
- Details of the pharmacy that holds the medication information for the facility.
- Emergency contact information for the General Practitioner responsible for the resident.
- Name and contact phone number for the next of kin and significant others.

8.2.2 - Coordinator of Receiving Facility

1. Notify facility/site Manager
2. Notify Catering staff – during working hours
3. Identify and prepare an area to receive evacuees including copy documentation
4. Relieve staff of existing duties to assist as necessary
5. Assemble equipment ready for evacuees
   - Seating and refreshments
   - Incontinence products
   - Equipment for assessment
   - Oxygen
   - Medical supplies for skin tears
   - Linen skip identified for these evacuees
   - Additional blankets / linen

8.2.3 - Site Manager Crises Emergency

1. Resource additional staff: Ideally RN x 1 to 10 evacuees, Carer x 1 to 3 evacuees
2. Attend as soon as possible to assist with coordination
3. Communicate with outside resources and families

8.2.4 - Catering Staff

1. Prepare additional thickened fluids
2. Prepare soup
3. Supply cups
Emergency Equipment System Checklist

Evacuation Coordinator (sending facility)

Back-pack contents:

- Current resident handover sheets
- Current staff roster
- Blank staff identification badges
- Maps of the facility
- Copies of the resident identification cards
- The box with all current resident ID cards
- Velcro dots (1 for each resident)
- Copies of Evacuation Procedures
- Resealable plastic bags for medications, medication charts & care plans/transfer letters (1 per resident)

Evacuation Kit

An evacuation kit is to be assembled and kept in a location that is both readily accessible and secure. It should contain enough resources for the number of evacuees that the facility is able to accommodate, as a minimum it should contain the following:

- Identification devices
- Paperwork – Original template to be photocopied when required.
- Clothing including pyjamas and socks
- Plastic bags for notes and valuables
- Sticky labels for plastic bags
- Clipboard and pens

Education and Staff Training

- Training to receive evacuees is be included in all evacuation training sessions

Emergency Procedure manuals are to be updated to reflect these requirements
Responsibilities of Evacuation Coordinator (Sending Facility)

- Alert emergency services, request their assistance & provide them with information regarding the emergency and the planned response;
- Alert the Nurse Manager/Manager of the facility of the emergency & actions being taken;
- Oversee the internal evacuation process until emergency services personnel arrive;
- Contact receiving facilities & warn them of an impending arrival of temporary residents;
- Ensure that suitable numbers of staff are sent with residents where possible to receiving facilities for initial handover, confirmation of resident identification & immediate health needs;
- Ensure all staff sent to receiving facilities have suitable identification on them;
- Alert the contracted pharmacy of the emergency & request medications & resident profiles to be forwarded to the receiving facilities as soon as possible;
- Contact all GP’s to alert them of the situation and where their patient’s are temporarily accommodated;
- Contact each receiving facility & ensure all residents suitably housed;
- Remove own staff from receiving facility once receiving facility is satisfied with information provided;
- Decide which residents are to be transferred directly to an acute hospital and arrange transport in consultation with emergency services;
- Treat any minor injuries or immediate first aid/medical needs of remaining residents;
- Separate remaining residents into suitable groups ready for transfer to receiving facilities;
- Ensure that all residents have at least one form of identification on their person that cannot be easily removed by the resident;
- Where possible the following should be sent with the resident:
  - Transfer letter or care plan
  - Medication charts
  - Medications
- Contact representatives/families to ensure that they are aware of the situation and give details of temporary accommodation.

Other Care Staff (Sending Facility)

- Ensure that internal evacuation processes are followed;
- Ensure that all residents are suitably prepared for transfer to another facility;
- Ensure that the Nurse Manager is aware of any immediate medical needs of each resident;
- Continue with the evacuation process under direction of Evacuation Coordinator;
• Accompany residents to receiving facility as requested by the Nurse Manager,
• Provide information and assistance to receiving facility until identification is confirmed for all residents;
• Ensure that staff are easily identifiable for the receiving facilities;
**EVACUATION COORDINATOR/ DON CHECKLIST**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ACTIONS</th>
<th>CHECK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alert emergency services of emergency</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Alert Nurse Manager/Manager of the emergency</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Oversee evacuation until emergency services personnel arrive</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Contact receiving facilities &amp; alert them to impending arrivals</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Complete “Emergency evacuation transfer details” form for each receiving facility</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Alert contracted pharmacy</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Alert GP’s</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Check with receiving facilities for resident suitability</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Remove own staff once information is settled</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Send residents requiring acute care to closest facilities &amp; complete “Resident emergency admission to acute care listing”</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Treat minor injuries/immediate medical or first aid needs</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Separate residents into suitable groups for transfer &amp; alert representatives &amp; families of transfer</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Complete “Resident short term emergency accommodation listing”</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Collect Care plans &amp; medications &amp; medication charts if possible for transport with residents or complete transfer letter if possible</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Ensure that all residents have at least one form of identification on their person prior to transport <em>(see resident ID protocol below)</em></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Staff sent to receiving facilities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Contact Number</th>
<th>Staff Name &amp; Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

*See resident ID protocol below*
Objective: To ensure that all residents who have been evacuated from their care facility have correct photographic identification on their person prior to being transported to a temporary holding facility.

Scope: This process is required to include all residents of the evacuating facility.

Responsibility: Responsibility for the updating and application of the photographic identification cards remains with the Evacuation Coordinator or their delegated authority.

Requirements: Digital camera

(Technology) Coloured photo printer
Adobe Photoshop or equivalent software

Requirements: 80gsm card or greater

(Additional) 1 x plastic labelled box to hold the identification cards.
Suitable numbers of self-adhesive Velcro dots for every resident within the home

Identification Cards: The identification cards must contain the following information; resident name, date of birth, regular GP, GP phone number, next of kin, next of kin phone number, principle diagnosis. An example is displayed below:

<table>
<thead>
<tr>
<th>Name: _______________________</th>
<th>DOB: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular GP: _________________</td>
<td></td>
</tr>
<tr>
<td>Phone No: _________________</td>
<td></td>
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<tr>
<td>NOK: ________________</td>
<td></td>
</tr>
<tr>
<td>Phone No: _________________</td>
<td></td>
</tr>
<tr>
<td>Principle Diagnosis: _____________________</td>
<td></td>
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<tr>
<td>__________________________</td>
<td></td>
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<td>__________________________</td>
<td></td>
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<tr>
<td>__________________________</td>
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</tr>
</tbody>
</table>
Storage Location: Identification cards are to be kept in the labelled plastic box at all times. This box is to be kept within the emergency back-pack.

Backup System: It is vital that at least one set of either coloured or black & white copies of all identification cards are kept within the Emergency back-pack. This will enable identification of residents should they wander away during the emergency evacuation.

Identification: All identification cards are to have the following information **updates:** listed on the back:

```
“CORRECT AT (DATE) & (SIGNATURE)”
```

Current Residents: This process is to be completed at least once per year at the emergency policy & procedure reviews, and as individual resident health needs change.

New Residents: Identification cards are required to be updated as part of the regular admission process of new residents to the home. At this time, all discharged or deceased resident cards are removed and destroyed - the copies within the Emergency Backpack are also changed.

Identification: Identification cards are only to be used when the HMA has

Card use: indicated that residents are to be evacuated to another care facility. They are to be attached to the front left side of the resident’s clothing at chest height using the self adhesive Velcro dots. Where a resident is known to have high level dementia and will remove the identification card, it is to be attached to the resident’s back on their left scapula.
Appendix 1  RESIDENT EMERGENCY ADMISSION TO ACUTE CARE LISTING

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Transport Arranged  ✅ = Yes</th>
<th>Sent To</th>
<th>Representatives or Family Notified (Who)  ✅ = Yes</th>
</tr>
</thead>
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Appendix 3  EMERGENCY RECEPTION of EVACUEES DOCUMENTATION

ADMISSION

NAME .................................................. Date of Birth ............................
Regular Doctor ................................. Phone .........................................
Principle Diagnosis ...........................................................
Arrival Date .......... / ......... / ..........  Arrival Time ..............................
Escort: No / Yes  details ..........................................................
Written Information: No / Yes  details ..........................................................
Next of Kin ................................. Relationship ............ Contact ..............
Previous Facility ...........................................................
Pharmacy contact details ..........................................................

Assessment

Completed: Date ....... / .... / ....  Time ..............................
Name & Title ................................. Signature ..............................

Summary

Diet & Fluids ...........................................................
Behaviours ...........................................................
Mobility ............................................................
Continence ..........................................................

Medical Alerts ............................................................

Discharge

Date ....... / ....... / .......  Time ......................... .... ....
Discharged to: ..........................................................
............................................................

Mode of transport ..........................................................

Copy of Interim notes with resident Yes / No  details ..............................
Nursing Assessment

Cardio-Vascular
Pulse: Rate .......................... Character .........................
Blood Pressure: .... / ..... Lying / sitting / standing
Build: Slight / Average / Muscular / Overweight / Obese
B. S. L. .........................

Respiratory
Please explain any abnormality observed (Clubbing of fingers, Cyanosis, Dissymmetry of chest wall or signs of respiratory distress)
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Urinary
Continent: Bladder Yes / No Bowel Yes / No
Pads: Day ......................... Night .................
Catheter: Yes / No
Urinalysis: .................................................................

Communication
Language .................................................................
Orientated to time and place: Yes / No ...........................................
Able to verbalise needs: Yes / No .............................................
Details...........................................................................
.....................................................................................

Digestive
Device in-situ: No / Yes peg / N.G / other .........................
Special Diet critical: No / Yes ...........................................

Skin
Using the attached chart fully document any observed abnormality of the skin, including skin tears, bruises, lacerations, scars and rashes.
.....................................................................................
.....................................................................................
Surname: ........................................
Forenames: .....................................
I.D. Number: .................................
Appendix 5  GENERAL CARE GUIDELINES FOR AGED EVACUEES

Diet
For smooth diet and thickened fluids until full assessment can be completed.

Mobility
For assistance with two staff member until full assessment can be completed

Continence
Products to be used until continence assessment can be completed

Skin Care
To be re-positioned 2nd hourly until skin integrity assessment can be completed

Documentation
All staff interactions with evacuees are to be documented, this includes interactions such as offering fluids, re-positioning and urinary output, which are not usually recorded in an Aged Care setting. It is anticipated that an entry will be recorded every hour for every evacuee.

Activities of Daily Living
Full assistance is required until otherwise demonstrated.

Valuables
In progress notes, list and describe all articles that arrive with the new resident including but not limited to; Jewellery, watches, spectacles, hearing Aids, books, photographs.
## Evacuation Coordinator Role & Responsibilities

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>Staff &amp; Residents</th>
<th>Receiving Facility</th>
<th>Organisational Management &amp; Support Services</th>
<th>Family &amp; Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact the Fire Communications Centre (000) &amp; alert to the emergency</td>
<td>Allocate staff roles to Evacuate residents Care for residents Control resident movements</td>
<td>Contact all receiving facilities &amp; alert to arrivals needs</td>
<td>Contact Site Manager &amp; alert them to emergency</td>
<td>Answer queries as per protocol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liaise with Emergency Services when they arrive at the site</th>
<th>Ensure all residents have Identification Cards attached</th>
<th>Provide additional information to receiving facilities as requested</th>
<th>Contact:</th>
<th>Re-contact within 24 hours re: health status &amp; movement of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide resident information pertinent to evacuation safety &amp; transfer of residents</td>
<td>Allocate residents to appropriate alternative facilities</td>
<td>Alerts all receiving facilities once &quot;all clear&quot; has been given</td>
<td>Pharmacy</td>
<td>GP’s</td>
</tr>
</tbody>
</table>

| Locate & prepare all meds, med. charts & transfer letters or careplans for transfer | Arranges transport & staff assistance to return once "all clear" has been given | Arrange staff to assist at temporary holding facilities for set periods | Arranges payment to the receiving facility for assistance as per agreement |

| Ensure “Staff”, “Acute Care” & “Short Term” Lists are completed | | | |

23
### Appendix 7  SENDING FACILITY EMERGENCY EVACUATION PROCEDURES

#### Other Care Staff Role & Responsibilities (Sending Facility)

<table>
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<th>Residents</th>
<th>Receiving Facility</th>
<th>Representatives</th>
</tr>
</thead>
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<tr>
<td>Follow instructions of emergency services</td>
<td>Complete assigned roles as directed by Evacuation Co-ordinator</td>
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<tr>
<td></td>
<td>- Evacuate residents to set area</td>
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<tr>
<td></td>
<td>- Ensure resident dignity &amp; warmth</td>
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<td></td>
<td>- Prevent re-entry into building</td>
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<td></td>
<td>- Attach Resident ID cards</td>
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<td></td>
<td>- Treat residents for minor injuries &amp; health problems</td>
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<td></td>
<td>- Control resident movements at evacuation area</td>
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<td></td>
<td>- Arrange equipment for resident transfers &amp; complete transfers when requested</td>
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<tr>
<td></td>
<td>- Collect medications</td>
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<tr>
<td></td>
<td>- Collect medication charts</td>
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<td></td>
<td>- Collect careplans</td>
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<td></td>
<td>- Complete transfer letters as required</td>
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</tbody>
</table>

| Ensure appropriate care of residents at evacuation area |
| Wear uniform & ID badge |

| Ensure appropriate care of residents at temporary holding facilities |
| Liaise & work with facility staff until told otherwise by Evacuation Co-ordinator |

| Assist residents with transfers back to sending facility when requested by Evacuation Co-ordinator |

| Ensure they arrive at the correct time & care facility with the residents or meet them there |
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Due to confidentiality of personal contact details this section has been removed
BUNBURY EMERGENCY MANAGEMENT ARRANGEMENTS

ANIMAL EMERGENCY PLAN
INTRODUCTION

Animals are an integral part of community life in the City of Bunbury, both as companions and sources of income.

Animal owners are responsible for care of their pets and livestock at all times, including planning and welfare during emergencies.

When natural disasters occur, such as fires or floods, animal owners are often reluctant to leave the family residence as they have not adequately planned for, and are uncertain of what will become of their pets. Emergency planning increases owner awareness of responsibilities and assists them to be self-sufficient. Owners that must evacuate and/or cannot put in place a plan to look after their animals, may need assistance from the community to temporarily hold their animals, rescue their animals or reunite straying animals.

Exotic (foreign) diseases are a constant threat to the livestock industry in Australia. The City of Bunbury contains small parcels of rural land containing livestock. Disease outbreak can threaten the viability of livestock industries and potentially cause harm to human health. Exotic diseases can spread rapidly and are highly contagious. Once identified, urgent action must be taken to reduce spread of disease and limit impact on the community.
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</tr>
<tr>
<td>BUNBURY TROTTING CLUB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BUNBURY RACING ASSOCIATION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ELDERS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LANDMARK</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
AMENDMENT LIST

City of Bunbury
Emergency Recovery Arrangements

AMENDMENT RECORD

Proposals for the amendment or addition to these arrangements should be forwarded to the Executive Officer of the
Local Emergency Management Committee (LEMC)

<table>
<thead>
<tr>
<th>NO.</th>
<th>DATE</th>
<th>DETAILS OF AMENDMENT</th>
<th>AMENDED BY INITIALS/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td></td>
<td>First Issue</td>
<td>L R WINTER</td>
</tr>
<tr>
<td>1</td>
<td>Feb 08</td>
<td>Review/contacts</td>
<td>LRW</td>
</tr>
<tr>
<td>2</td>
<td>Mar 08</td>
<td>Review/content</td>
<td>CE Gick</td>
</tr>
<tr>
<td>3</td>
<td>June 08</td>
<td>Review/content</td>
<td>CE Gick</td>
</tr>
</tbody>
</table>
DEFINITIONS

AEG - Animal Emergency Group
AGWA - Dept of Agriculture
AOC - Animal Operations Centre
AWC - Animal Welfare Coordinator
AWT - Animal Welfare Team
BAEP - Bunbury Animal Emergency Plan
BEMA - Bunbury Emergency Management Arrangements
COB - City of Bunbury
DEC - Dept Environment and Conservation
DCP - Dept for Child Protection
ECC - Emergency Coordination Centre
EOC - Emergency Operations Centre
FESA - Fire and Emergency Services Authority
HMA - Hazard Management Agency
IC - Incident Controller
IMG - Incident Management Group
LAS - Livestock Animal Shelter
LEMC - Local Emergency Management Committee
LG - Local Government
Livestock - animals not normally contained or permitted inside a family residence and would normally stay outside on the property. Includes: Horses, Cattle, Sheep, Pigs, Goats, Poultry.
PAS - Pet Animal Shelter
Pets - small domesticated animals who are portable and would normally accompany the family when they leave the property. Includes: Dogs, Cats, Rabbits, Rodents, Fish, Tame Birds,
WARA - WA Rangers Association
1. AUTHORITY

These Arrangements have been prepared and endorsed by the Bunbury Local Emergency Management Committee (LEMC) and City of Bunbury.

1. SCOPE

Scope of this plan will take into account the following functions:
- Activation mechanisms;
- Responsibilities and tasks;
- Recovery services;
- Resourcing arrangements; and
- Management structures and processes.

The plan addresses emergency arrangement for pet and livestock animals in the City of Bunbury. The geographical area covered by these arrangements is the City of Bunbury municipal boundaries.

This plan does not address emergency arrangements for native or introduced wildlife. DEC is responsible for coordinating emergency arrangements for those animals.

Human life and safety will always take precedence over animal welfare.

2. TITLE

The title of these arrangements is the Bunbury Animal Emergency Plan (BAEP).

3. AIM

The aim of the BAEP is to define roles and responsibilities of the community in responding to animal welfare emergencies and outbreaks of animal disease.

4. PURPOSE

The purpose of providing this document is to prepare and assist the affected community towards management of pets and livestock in an emergency.
6. OBJECTIVES

- Identify and support HMA’S responsible for various aspects of animal welfare and management.
- Identify trigger(s) for the activation of these arrangements
- Coordinate the function of animal rescue and shelter during an emergency
- Facilitate community awareness to encourage self planning for their animals during an emergency
- Increase community confidence during an emergency that animal welfare will be considered
- Identify and prioritise risk groups requirements during emergencies
- Reunite owners with lost animals during and after emergencies
- Facilitate hygienic management of dead animal and animal waste disposal during and after emergencies
- Enlist support of community members with animal handling skills

7. INTERFACE WITH OTHER PLANS

The Bunbury Animal Emergency Plan is a sub plan of the Bunbury Emergency Management Arrangements and as such should not be read in isolation to these plans and arrangements.

8. MEMBER AGENCIES

The following agencies are recognised as key stakeholders in the Bunbury Animal Emergency Plan.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Department/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Bunbury</td>
<td>EM Officer</td>
</tr>
<tr>
<td></td>
<td>Communications Officer</td>
</tr>
<tr>
<td></td>
<td>Community Development Officer</td>
</tr>
<tr>
<td></td>
<td>Manager Community Law &amp; Safety</td>
</tr>
<tr>
<td></td>
<td>Parks &amp; Recreation Supervisor</td>
</tr>
<tr>
<td>RSPCA</td>
<td>Local Inspector</td>
</tr>
<tr>
<td></td>
<td>Chief Inspector – Perth Office</td>
</tr>
<tr>
<td>Department of Environment and Conservation</td>
<td>Nature Conservation Leader - Bunbury</td>
</tr>
<tr>
<td></td>
<td>Senior Wildlife Officer – Perth</td>
</tr>
<tr>
<td>FESA</td>
<td>SW District Office</td>
</tr>
<tr>
<td>Agriculture and Food Dept</td>
<td>Regional Vet</td>
</tr>
<tr>
<td>WA Police</td>
<td>OIC Local Emergency Coordinator</td>
</tr>
<tr>
<td>Harradines Vet Hospital</td>
<td>Head of Small Animals</td>
</tr>
<tr>
<td>Bunbury Vet Hospital</td>
<td>Practice Owner</td>
</tr>
<tr>
<td>McGregors Vet Clinic</td>
<td>Practice Owner</td>
</tr>
<tr>
<td>Bunbury Dog Club</td>
<td>President</td>
</tr>
<tr>
<td>SW Dog Club</td>
<td>President</td>
</tr>
<tr>
<td>Benotto Animal Management</td>
<td>Director</td>
</tr>
<tr>
<td>Department of Community Development</td>
<td>Emergency Services Coordinator</td>
</tr>
<tr>
<td>Department of Child Protection</td>
<td>Regional Emergency Services Coordinator</td>
</tr>
</tbody>
</table>
9. KEY TASKS & RESPONSIBILITIES

Key tasks and responsibilities for planning and actions are listed in the following sections.

9.1 Plan Activation
9.2 Operations and Planning
9.3 Service Prioritisation
9.4 Animal Operations Centre
9.5 Pet Animal Shelter
9.6 Livestock Animal Shelter
9.7 Exotic Diseases
9.8 Public Information
9.9 Data Management
9.10 Financial Reporting
9.11 Insurance
9.12 Managed Withdrawal

9.1 PLAN ACTIVATION

The decision to implement the plan will be determined by the Incident Controller (IC) of the relevant Hazard Management Agency (HMA).

The IC shall notify the Manager Community Law and Safety (MCLS) of the need to activate the plan.

Once notified, the MCLS will assign an Animal Welfare Coordinator (AWC) to implement the plan.

In a large event, an Animal Welfare Team (AWT) may be appointed by the AWC. The AWT shall consist of all persons assisting with the enacting of the BAEP in an emergency.

AWC appointment and roles shall be formalised by completing the ANIMAL WELFARE COORDINATOR form (see ANNEXURE 3)

AWT appointment and roles shall be formalised by completing the ANIMAL WELFARE TEAM form (see ANNEXURE 4)

Flow of authority in an animal emergency in the City of Bunbury is demonstrated in ANNEXURE 10
9.2 OPERATIONS AND PLANNING

The AWC - Roles

AWC ACTIONS

• Sit on the Incident Management Group for an incident
• Activate and coordinate service delivery;
• Request assistance from any person or organization with skills in animal care to form the Animal Welfare Team (AWT)
• Establish Animal Operations Centre (AOC)
• Request other City of Bunbury (CoB) departments to assist in the rescue, transport or relocation of animals
• In a large emergency the RSPCA and WARA will be notified if use of the Animal Emergency Group (AEG) and trailer or other assistance is required from Perth.

AWT ACTIONS

• Enact the rescue of trapped and threatened animals under the guidance of emergency responders.
• Complete ANIMAL RESCUE FORM (see ANNEXURE 2)
• Transport animals safely to Pet Animal Shelter (PAS) or Livestock Animal Shelter (LAS)
• Enact FUNCTIONS OF THE PAS (see ANNEXURE 5)
• Enact FUNCTIONS OF THE LAS (see ANNEXURE 6)

9.3 SERVICE PRIORITISATION

Priority in rescue and shelter must be given to:

• Assistance Dogs (guide dogs, hearing dogs etc) – note these animals are also permitted in Evacuation Shelters.
• Service Animals (search and rescue dogs, police dogs)
• Companion Animals of the elderly, disabled or high risk adults.
9.4 ANIMAL OPERATIONS CENTRE

The coordination of the plan shall occur from a central location – the Animal Operations Centre. This may be the Emergency Coordination Centre (ECC), the Bunbury Pound or another nominated location.

The function of AOC is to:
- liaise with AWC
- record and register all requests for assistance
- log all personnel and resources in the field
- record a register of rescued animals (ANNEXURE 7)

9.5 PET ANIMAL SHELTER

The Pet Animal Shelter (PAS) is the primary housing facility for the shelter of pets in an emergency.

The City of Bunbury Dog Pound on the corner of Robertson Drive and SW Highway (accessed from Halifax Dve) is the nominated PAS.

If the PAS is unavailable or insufficient, the AWC shall appoint a secondary or replacement PAS until the emergency period is over.

The PAS operational functions are in ANNEXURE 5

9.6 LIVESTOCK SHELTER

Livestock are at risk to themselves in emergencies, but also cause a serious hazard to others if uncontained.

The closest safe paddock should be used to temporarily hold livestock. When resources become available, attempts should be made to identify and contact owners. If the owners can not be found, consideration should be given to the impounding of livestock at a Livestock Shelter. Racetracks, trotting tracks, horse and pony clubs and equestrian centres are likely locations of a LAS.

The considerations and functions of a livestock shelter are in ANNEXURE 6.
9.7 **EXOTIC DISEASES**

Outbreaks in exotic animal diseases are an ongoing risk to animal and human health.

The HMA for exotic animal disease is the Dept of Agriculture and Food.

The WA State Exotic Animal Disease Controller shall be the AGWA Chief Veterinary Officer and shall coordinate the following procedures as per their AUSVETPLAN.

The AUSVETPLAN addresses issues such as
- Identification of disease
- Quarantine of stock and property
- Euthanasia and Disposal of stock, and
- Movement or standstill of stock, machinery, farm produce and people.

The City of Bunbury may be requested by the WA State Exotic Disease Controller to assist in operations implemented once an exotic disease has been confirmed.

9.8 **PUBLIC INFORMATION**

Provision of information to the public regarding animals in emergencies must be deliberate, planned and sustained.

Public information is to be coordinated and released through incident central information network via ECC.

**Planning Actions**
- Conduct public information session to launch Animal Emergency Plan
- Provide ongoing animals in emergency preparation information to residents.

**Emergency Actions**
- Display current animal rescue list on display at PAS **ANNEXURE 8**
- AWC to liaise with ECC to release public information
- Utilise print and electronic media to reunite owners and animals
9.9 DATA MANAGEMENT

The AWC shall be responsible for effective data management when the plan has been activated.

All relevant forms in the annexures should be completed, copied and secured to City of Bunbury TRIM records system for future reference.

9.10 FINANCIAL MANAGEMENT

In an emergency, the AWC shall be responsible for authorizing expenditure for animal supplies, veterinary expenses and other necessary requirements for the operation of the PAS and LAS. These expenditures shall be recorded in the Animal Emergency Expenditure Form (ANNEXURE 9)

Costs associated may be borne by the HMA or as described in the Emergency Management Act 2005 or by the City of Bunbury.

9.11 INSURANCE

Under the Emergency Management Act 2005, liability insurance shall be provided by the HMA for the event for all workers and volunteers working in the IMG structure and under direction of the IC of the HMA.

9.12 MANAGED WITHDRAWAL

The AWC shall be notified by the IC of the HMA when the emergency has ended. Organisational arrangements must be scaled down and responsibility for completion of outstanding tasks and actions assigned and acknowledged. The recovery phase may still involve actions from the AWC restoring the community to the point where normal social and economic activity may resume.

9.13 DEBRIEF/FINAL REPORTING

The AWC shall facilitate a debriefing session for all workers and volunteers after each enactment of this plan. The AWC shall prepare a report on the event including a debriefing report for LEMC and the MCMS.
# Annexure 2

## Animal Rescue Form

### Emergency Rescue Information

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>HAZARD</th>
<th>RESCUE LOCATION</th>
<th>OFFICER</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>HOLDING LOCATION</th>
<th>PEN NUMBER</th>
<th>REASON</th>
<th>RESCUE ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>OTHER</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>SEX</th>
<th>BREED</th>
<th>STERILISED</th>
<th>COLOUR</th>
<th>MICROCHIP</th>
<th>MARKINGS</th>
<th>VACCINATION</th>
<th>ID/REGISTRATION</th>
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</thead>
<tbody>
<tr>
<td>Dog</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
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<td>Other</td>
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<td></td>
</tr>
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<td></td>
<td></td>
<td>Other</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>ID/REGISTRATION</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td></td>
<td>Collar:</td>
</tr>
</tbody>
</table>

### Animal Description

- **Species:** Dog, Cat, Other
- **Sex:** Male, Female
- **Breed:**
- **Sterilised:** Yes, No, Unknown
- **Colour:**
- **Microchip:** Yes, No, Unknown
- **Markings:**
- **Vaccination:** Yes, No, Unknown
- **Age:** <6mths, 6m – 3yrs, 3yr+, Elderly or Age:
- **ID/Registration:**
  - **Number:**
  - **Collar:**

### Owner Information

- **Name:**
- **Address:**
- **Phone:** H: Mob: W:
- **Email:**
- **Owner Contact Running Sheet:**

---

**Bunbury Animal Emergency Plan** 15
### Owner Information

### Owner Contact Running Sheet (continued)

<table>
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<tr>
<th>Fees</th>
<th>Receipt Number</th>
</tr>
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</table>

### Release Summary

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<tr>
<th>Outcome</th>
<th>Person/agency released to</th>
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</thead>
<tbody>
<tr>
<td>Owner reunite</td>
<td></td>
</tr>
<tr>
<td>Re-homed</td>
<td></td>
</tr>
<tr>
<td>Euthanased</td>
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</table>

**Signature**
# ANIMAL WELFARE COORDINATOR (AWC) ROLES

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Date/Time</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the threat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is the AWC?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AWC appointed by:</td>
<td>date/time:</td>
<td></td>
</tr>
<tr>
<td>Is AOC required?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Does this event cross council boundaries?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Where is the nominated AOC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is an AWT required?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Members of the AWT first 24 hours</td>
<td>Name</td>
<td>Agency</td>
</tr>
<tr>
<td>Priority or high risk residents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare written brief on daily operations of AWT/PAS/LAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare written report on financial expenditure during emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debrief conducted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# ANNEXURE 4

## ANIMAL WELFARE TEAM (AWT) FORM

<table>
<thead>
<tr>
<th>AWT considerations – to be completed in first 24 hours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the threat?</td>
<td></td>
</tr>
<tr>
<td>Who is the AWC?</td>
<td></td>
</tr>
<tr>
<td>Location of primary PAS</td>
<td></td>
</tr>
<tr>
<td>Location of LAS (if required)</td>
<td></td>
</tr>
</tbody>
</table>

## Members of the AWT First 24 hours

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>In</th>
<th>Out</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Dogs rescued/assisted</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cats rescued/assisted</td>
<td></td>
</tr>
<tr>
<td>Number of Livestock and other assisted</td>
<td></td>
</tr>
</tbody>
</table>

## Notes to AWC:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
## ANNEXURE 5

### FUNCTIONS OF PAS

<table>
<thead>
<tr>
<th>FUNCTIONS OF PAS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify each assisted/rescued animal with an id number</td>
<td></td>
</tr>
<tr>
<td>Keep records of all animals in shelter or temporary transit by completion of the Animal Rescue Form</td>
<td></td>
</tr>
<tr>
<td>Ensure animals have fresh water daily</td>
<td></td>
</tr>
<tr>
<td>Ensure animals are fed at least once daily</td>
<td></td>
</tr>
<tr>
<td>Ensure animals are exercised at least once daily</td>
<td></td>
</tr>
<tr>
<td>Secure animals safely in a pen/crate or enclosed location</td>
<td></td>
</tr>
<tr>
<td>Facilitate the rapid reunion between animal and owner</td>
<td></td>
</tr>
<tr>
<td>Who is responsible for PAS security?</td>
<td></td>
</tr>
<tr>
<td>Ensure the Animal Rescue Public Display list is displayed outside PAS for 24hour access.</td>
<td></td>
</tr>
<tr>
<td>Ensure the Animal Rescue Public Display list is sent to communications officer at CoB</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE 6

FUNCTIONS OF LAS

<table>
<thead>
<tr>
<th>FUNCTIONS OF LAS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are livestock involved?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Is a LAS required?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Location of LAS if required</td>
<td></td>
</tr>
<tr>
<td>Identify each assisted/rescued animal with an id number</td>
<td></td>
</tr>
<tr>
<td>Keep records of all animals in shelter or temporary transit by completion of the Animal Rescue Form</td>
<td></td>
</tr>
<tr>
<td>Ensure animals have fresh water daily</td>
<td></td>
</tr>
<tr>
<td>Ensure animals are fed at least once daily with quality feed</td>
<td></td>
</tr>
<tr>
<td>Ensure animals are able to exercise</td>
<td></td>
</tr>
<tr>
<td>Secure livestock in safe, temporary location</td>
<td></td>
</tr>
<tr>
<td>Facilitate the rapid reunion between animal and owner</td>
<td></td>
</tr>
<tr>
<td>Number of Horses rescued/assisted</td>
<td></td>
</tr>
<tr>
<td>Number of Cattle rescued/assisted</td>
<td></td>
</tr>
<tr>
<td>Number of Sheep rescued/assisted</td>
<td></td>
</tr>
<tr>
<td>Number of other Livestock rescued/assisted</td>
<td></td>
</tr>
</tbody>
</table>
# Annexure 7

## Rescued Animals Register

<table>
<thead>
<tr>
<th>ID #</th>
<th>Species</th>
<th>Breed</th>
<th>Colour</th>
<th>Rescue Location</th>
<th>Holding Location</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

- **Date**
- **Time**
- **AWM Officer**
- **Rescue Location**
- **Holding Location**
- **Other**
## ANIMAL RESCUE PUBLIC DISPLAY LIST

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>DATE IN</th>
<th>TIME</th>
<th>ID #</th>
<th>SPECIES</th>
<th>BREED</th>
<th>DESCRIPTION</th>
<th>RESCUE LOCATION</th>
<th>PHOTO</th>
</tr>
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**BUNBURY ANIMAL EMERGENCY PLAN**

22

**ANNEXURE 8**
ANNEXURE 9

ANIMAL EMERGENCY EXPENDITURE

All expenditure to be approved by the AWC

<table>
<thead>
<tr>
<th>DATE</th>
<th>OFFICER</th>
<th>GOOD/SERVICE</th>
<th>PAID/UNPAID</th>
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ANNEXURE 10

FLOW OF AUTHORITY IN AN ANIMAL EMERGENCY IN CITY OF BUNBURY

IC

MCLS / EMO (CoB)

Animal Welfare Coordinator

Animal Welfare Team
Western Australian Government
Human Influenza Pandemic Plan

Revised November 2008

Preparing for a human influenza pandemic
Publication copyright

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The Western Australian Government Human Influenza Pandemic Plan is subject to periodic review and will be updated as required. The latest version of the Plan will be available from the website of the Office of State Security and Emergency Coordination, Department of the Premier and Cabinet (www.ossec.dpc.wa.gov.au). Please direct queries regarding this document to the Office of State Security and Emergency Coordination, +61 (0)8 9489 3107, or via email to ossec@dpc.wa.gov.au.

Acknowledgements

The Western Australian Government acknowledges the contribution of the Western Australian Government Human Influenza Pandemic Taskforce and members of its subcommittees in the development of this plan. The assistance is also acknowledged of the following plans in the preparation of the Western Australian Government Human Influenza Plan:

- New South Wales Interim Human Influenza Pandemic Plan
- The National Action Plan for Human Influenza Pandemic
- The UK Human Influenza Contingency Plan
- The US Influenza Pandemic Implementation Plan
FOREWORD

The World Health Organisation advises that the prospect of a human influenza pandemic is very real. A pandemic occurs when a new influenza virus emerges that spreads as easily as normal influenza – by coughing and sneezing. Once a fully contagious virus to which there is little or no immunity emerges, its global spread is considered inevitable. Infection and illness rates would be much higher than for normal influenza and the economic, social and community impacts would be severe.

Health authorities are particularly concerned that the avian influenza virus known as H5N1, which is known to have caused deaths in humans since 2003, could change to become easily transmissible between humans and spread rapidly across the world.

It is essential that we take steps to ensure that we are as prepared as possible for a potential human influenza pandemic.

The Western Australian Government is committed to working cooperatively with all other Australian governments, the community and the private sector to manage the impact of a human influenza pandemic across the State.

The Western Australian Health Management Plan for Pandemic Influenza aims to support national plans for responding to an influenza pandemic, facilitate preparedness by the Western Australian health sector, provide authoritative and up to date information, and limit severe illness and death from pandemic influenza in Western Australia.

The Western Australian Government Human Influenza Pandemic Plan, first released in July 2006, complements health planning and outlines measures the Government will take to minimise the economic, social and community impact of a pandemic in Western Australia.

The Western Australian Human Influenza Pandemic Taskforce was also established in July 2006 to support the Plan and ensure that there is a coordinated and integrated planning in Western Australia for a possible pandemic. The Taskforce has overseen this revised version of the Plan, which reflects the current state of planning in Western Australia and provides more detailed guidance for individuals, families, schools, businesses, and government and non-government agencies on how they can best plan and prepare themselves to meet the challenges and pandemic would bring.

Hon Colin Barnett MLA
Premier of Western Australia
November 2008
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Part 1 - Introduction

1.1 Background

The World Health Organisation (WHO) advises that the ongoing threat of a global human influenza pandemic demands continued vigilance. An influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, which is easily spread between humans and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can spread rapidly across the globe, causing worldwide epidemics or ‘pandemics’ with high numbers of cases and deaths.

It is essential that the community, business and all levels of government undertake planning and preparatory action to protect the community and minimise the impact of any pandemic.

1.1.1 Pandemic Influenza History

Previous influenza pandemics, including three during the 20th century, have caused large-scale illness, death and adverse socio-economic impacts worldwide. The WHO conservatively estimates that 40 million people worldwide died from the “Spanish” flu during 1918-19, and one million people died from the “Hong Kong” flu of 1968-69.

The highly pathogenic avian influenza virus known as H5N1 is a public health concern because of its potential to transform into a pandemic strain. As long as the virus continues to circulate in birds and animals, there will be opportunities for this virus to change and adapt to humans.

Health and agricultural authorities do not consider it likely that bird to human transmission of avian influenza would occur first in Australia, given our high standards of human and animal health and hygiene. Once a fully contagious virus emerges anywhere in the world, however, its global spread is considered inevitable. Given the speed and volume of international travel today, it is likely to spread much more rapidly than previous human influenza pandemics.1

The WHO has closely studied the development of previous pandemics and developed a model of the phases of pandemic development that has been used as the basis for pandemic planning by all Australian governments. These phases can be grouped into three broad periods:

- Phases 0–2, the early or ‘inter-pandemic’ period: a new form of the influenza virus emerges in animals and the risk of transmission to humans increases.
- Phases 3–5 the intermediate or ‘pandemic warning’ period: the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- Phase 6 the ‘pandemic’ period: the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

The length of each of these phases is uncertain, but the ‘pandemic’ period (phase 6) could come in several waves of up to 12 weeks each.

The Australian system of pandemic phases, based on the WHO phases, but designed to reflect the situation in Australia, is described on page 4. The current WHO pandemic phase can be found at http://www.who.int/csr/disease/avian_influenza/phase/en/index.html.

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1.1.2 Influenza Terms Defined

Seasonal (or common) influenza is a respiratory illness that can be transmitted from person to person. Most people have some immunity, and a vaccine is available.

Avian influenza (or bird 'flu) is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. The WHO is coordinating the global response to human cases of H5N1 avian influenza and monitoring the corresponding threat of an influenza pandemic.

Pandemic influenza is virulent human influenza that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.

1.2 About this Plan

1.2.1 Aim of the Plan

The aim of the Western Australian Government Human Influenza Pandemic Plan (the Plan) is to outline governance arrangements, measures and mitigating strategies to protect the community and minimise the economic, social and community impacts of an influenza pandemic upon Western Australia.

1.2.2 Scope of the Plan

The Plan focuses on the occurrence of an influenza pandemic in humans, caused by any influenza strain. The declaration of limited human-to-human transmission anywhere in the world is the key trigger point for Australian governments taking action to prevent or contain a pandemic (i.e. WHO Overseas Phase 4).

The Plan is for use by government and the general public and is designed to complement existing emergency management arrangements. The Plan identifies key prevention, preparedness, response and recovery activities that are being and will be undertaken.

1.2.3 Planning Framework

This Plan sits within the national planning framework for managing the threat of avian influenza and human pandemic influenza.

This framework includes surveillance and biosecurity measures to prevent and respond to a possible outbreak of avian influenza in Australia, outlined in the Australian Veterinary Emergency Plan. The health response to pandemic influenza (whether caused by a mutated strain of the H5N1 virus or another strain) is set out in the Australian Health Management Plan for Pandemic Influenza and the Western Australian Health Management Plan for Pandemic Influenza.

The National Action Plan for Human Influenza Pandemic outlines how the Commonwealth, State, Territory and local governments will work together to protect Australia against the threat of an influenza.

Links to these plans and other resources are set out in Appendix H.

The objectives of this comprehensive planning framework are to:

- prevent the emergence of a potentially pandemic influenza virus, to the extent that this is possible;
- minimise the spread of the new virus, and if possible prevent a pandemic developing;
- provide timely, authoritative and up to date information to the public, business, government agencies, and the media throughout the period of a potential or actual pandemic;

---

2 Adapted from Centres for Disease Control (CDC), Atlanta 2006
• limit the number of illnesses and deaths;
• minimise the consequent general disruption to society;
• minimise economic consequences;
• assist maintenance of essential services;
• preserve continuity of essential government functions;
• assist business continuity; and
• aid government, business and community recovery from a pandemic.

1.2.4 Objectives
The particular objectives of this Plan are to:
• outline the Western Australian governance arrangements for, and approach to, minimising the
economic, social and community impacts of a human influenza pandemic;
• outline the Western Australian Government’s priorities during a pandemic and approach to
maintaining essential services;
• provide guidance to the community, businesses, families and individuals on what they can do
to prepare themselves; and
• outline roles and responsibilities of key agencies.

1.2.5 Planning Assumptions
It is not possible to predict the nature of the pandemic strain of influenza virus and, consequently,
it is difficult to accurately forecast all of the potential impacts. The numbers of those who have
needed medical attention, who have been unable to work or who have died during previous
pandemics have differed by an order of magnitude. The following assumptions, based on health
authorities’ advice about the likely nature of a new influenza pandemic, have been used as the
basis of planning:
• Susceptibility to the pandemic influenza virus will be universal.
• Efficient and sustained person-to-person transmission signals an imminent pandemic.
• The pandemic will occur in several waves with the second wave occurring within 3 – 9 months
of the first.
• A worst case scenario, based on the mortality rate of the 1918-1919 Spanish Flu, and if no
control measures were instituted, could result in more than 800,000 Western Australians
contracting the virus and as many as 20,000 deaths in Western Australia over a pandemic
wave.
• Risk groups for severe and fatal infection cannot be predicted with certainty but may include
infants, the elderly, pregnant women, and persons with chronic or immunosuppressive
medical conditions.
• The spread of disease can be limited by prevention and preparedness actions.
• Rates of absenteeism will depend on the severity of the pandemic. Current estimates
suggest that in a severe pandemic, absenteeism attributable to illness, the need to care for ill
family members, and fear of infection may reach 30-50% during the peak weeks of an
outbreak, with lower rates of absenteeism during the weeks before and after the peak.
Certain public health measures (closing schools, quarantining household contacts of infected
individuals) are likely to increase rates of absenteeism.
• The development and national delivery of an effective pandemic-specific vaccine may take
many months.
• The use of antiviral medications will need to be targeted, in accordance with a nationally
agreed approach, to try and prevent the spread of the disease and to treat those who are
sick.
• The economic and social impact of an influenza pandemic will be significant.
1.2.6 Australian and Western Australian approach to World Health Organisation pandemic phases

The WHO has developed a set of 6 pandemic phases that it uses to describe the global situation. Based on the WHO phases, Australia has developed a set of phases using the same numbering system that describe the situation in Australia and guide Australia's response. The Australian phases are set out in Table 1.

Since this plan was first published in 2006, the basis for Australian pandemic planning has evolved in light of new evidence and developments. As it is considered unlikely that the pandemic will emerge in Australia, planning has focussed on:

- delaying its entry into Australia (Phases OS4 and OS5);
- slowing its establishment once it has entered Australia (Phase 6a);
- sustaining the response until a customised pandemic vaccine is available (Phase 6b);
- controlling the pandemic with vaccine (Phase 6c); and
- recovering and preparing for the next wave (Phase 6d).

### Table 1: Australian pandemic phases

<table>
<thead>
<tr>
<th>Australian Phase</th>
<th>Description</th>
<th>Approach</th>
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<tbody>
<tr>
<td>OS1</td>
<td>Animal infection overseas: the risk of human infection or disease is considered low</td>
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<tr>
<td>OS2</td>
<td>Animal infection overseas: substantial risk of human disease</td>
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<tr>
<td>OS3</td>
<td>Human infection overseas with new subtype(s) but no human-to-human spread or at most rare instances of spread to a close contact</td>
<td>ALERT</td>
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<tr>
<td>OS4</td>
<td>Human infection overseas: small cluster(s) consistent with limited human-to-human transmission, spread highly localised, suggesting the virus is not well adapted to humans</td>
<td>DELAY</td>
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<tr>
<td>OS5</td>
<td>Human infection overseas: large cluster(s) but human-to-human transmission still localised, suggesting the virus is not well adapted to humans</td>
<td>DELAY</td>
</tr>
<tr>
<td>6a</td>
<td>Novel virus has arrived in Australia causing small number of cases and/or small number of clusters</td>
<td>CONTAIN</td>
</tr>
<tr>
<td>6b</td>
<td>Novel virus is established in Australia and spreading in the community</td>
<td>SUSTAIN</td>
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<tr>
<td>6c</td>
<td>Pandemic vaccine becomes widely available and is beginning to bring the pandemic under control</td>
<td>CONTROL</td>
</tr>
<tr>
<td>6d</td>
<td>Pandemic controlled in Australia but further waves may occur if the virus ‘drifts’ and/or is re-imported into Australia</td>
<td>RECOVER</td>
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Changes in Australian phases will be determined by the Prime Minister on the advice of the Commonwealth Government Minister for Health and Ageing. The Prime Minister will inform the State Premiers and Territory Chief Ministers, as well as the Governor-General. The Prime Minister will make a formal announcement of the change in phase.
1.3 The Hazard and Possible Impact on Western Australia

The possible effects of an influenza pandemic depend directly on the nature of the strain of virus that emerges, and are extremely difficult to predict. The expected impacts of an influenza pandemic on Western Australia would include health impacts, community impacts, social impacts and economic impacts.

1.3.1 Health Impacts

A significant proportion of the population may be unwell and unable to undertake normal daily activities. Modelling predicts that, in Western Australia, more than 6,000 people may require hospitalisation and more than 250,000 people may seek outpatient care. Possible other health impacts include:

- demands for health-care related to the pandemic will be significant and may have a significant impact on the delivery of non-pandemic related health care;
- special health-care arrangements, such as the establishment of fever clinics for assessment of cases, will be required to be activated;
- government and non-government agencies may be required to direct resources to support the Department of Health in order to maintain infection control policies (such as home quarantine), provide goods, personnel and security;
- mental health issues may occur in the community as a result of dealing with illness or death among family members, interruption of critical community services, loss of employment, and financial losses.

1.3.2 Economic Impacts

Like the rest of the world, the Western Australian economy is likely to suffer a significant adverse impact from a pandemic. Estimates of the potential impact vary. Analysis using the Commonwealth Government Treasury macro-economic model suggests that gross domestic product could contract by over 5% over the first year following an outbreak. Modelling by the Australian Bureau of Agricultural and Resource Economics indicates that a medium scale global influenza pandemic could result in a fall of 6.5% in Western Australia's gross state product, with impacts of -15.9% in tourism related activities and –10.9% in the air transport sector.

Even if Australia was successful in keeping the virus out, an influenza pandemic elsewhere in the world would have a significant economic impact. It is estimated that the effect of stringent border controls and reduced overseas demand for goods and services on Australia’s exports, combined with loss of consumer and investment confidence, could result in a 3% fall in Australia’s gross domestic product. The tourism sector would be particularly vulnerable to restrictions on, and declining demand for, international travel. Specific economic impacts of a pandemic may include:

- disruption of business activities, resulting in some business failure;
- loss of existing employment;
- sudden shifts in demand for goods and services;
- reduced cash flow in the community as people stay at home or have less money to spend due to reduced income;
- flow-on impacts on Australian financial markets from worldwide economic disruption.

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5 As above.
1.3.3 Community Impacts
Workplace absenteeism, due to the pandemic among employees or their family members, may threaten the supply of critical community services such as water supply, waste disposal, sanitation, and maintenance of infrastructure. In addition:

- decisions to close schools, businesses, and places of mass gathering including churches and entertainment venues to reduce the spread of infection will disrupt community life;
- other community activities may be ceased or postponed;
- community confidence in government may diminish;
- some community groups may have difficulty accessing and receiving services during a pandemic – these include, but are not limited to, migrant groups, communities in rural and remote locations and aboriginal groups;
- accommodation and support will be required for those in imposed quarantine or isolation particularly dependent family and friends and isolated tourists;
- if there are a large number of deaths, funeral and burial services may need to be simplified and numbers attending restricted.

1.3.4 Social Impacts
Health measures during a pandemic will include identifying and isolating people with influenza, and identifying and quarantining those who have been in close contact with an infectious person. People may also choose to isolate themselves and their families, causing general social disruption and adverse impacts upon businesses. Other social impacts may include:

- an increased requirement for support for vulnerable people (e.g., the elderly, the socially isolated, the homeless and people reliant on home based care services), while carers may be unable or unwilling to perform their usual role;
- a reduction in available volunteers, or a need for volunteer agencies to manage a sharp increase in the number of spontaneous volunteers coming forward;
- changes to work practices and the work environment due to measures introduced to limit the spread of disease, and increased numbers of staff choosing or requesting to stay at or work from home;
- an increased need for support for people who are sick or required to be in home quarantine.

Law and order issues may arise as people become anxious about the security and safety of their environment and law enforcement agencies may be called upon to provide additional services in support of the emergency response.

1.4 Governance and Administrative Arrangements
The Commonwealth, State, Territory and local governments have agreed to work together, in partnership with the community and business to minimise the spread of illness, loss of life, social impacts and economic disruption that would be caused by pandemic influenza.

All governments will cooperate under Australia’s emergency plans. To the greatest extent possible, government responses will be consistent nationally, while taking into account local needs and requirements.

Where the need arises and resources are available, the Commonwealth, State and Territory governments will support each other through combined resources.

1.4.1 Key Roles and Responsibilities
Consistent with the National Action Plan for Human Influenza Pandemic, the key roles and responsibilities for all levels of government are as follows:
The **Western Australian Government** will:

- determine and maintain pandemic influenza and related health policies, legislation and plans;
- work with the Commonwealth Government and other jurisdictions, reporting outbreaks of pandemic influenza and actions taken;
- implement agreed preparedness and prevention strategies in line with the National Action Plan for Human Influenza Pandemic and the Australian Health Management Plan for Pandemic Influenza;
- maintain pandemic influenza response and recovery capability, in line with the National Action Plan for Human Influenza Pandemic and the Australian Health Management Plan for Pandemic Influenza;
- have primary operational responsibility for animal health monitoring, surveillance and response within Western Australia;
- have primary operational responsibility to respond to an outbreak of pandemic influenza in Western Australia;
- seek assistance from or provide assistance to other jurisdictions if required;
- in an influenza pandemic, contribute to the national strategy for response and recovery;
- maintain public health surveillance and technical advice;
- administer emergency management arrangements within Western Australia; and
- work with local governments, businesses and communities.

The **Commonwealth Government** will:

- determine and maintain national policy and broad national strategies in close consultation with State and Territory governments;
- maintain the National Action Plan for Human Influenza Pandemic;
- declare pandemic phases as per the WHO guidelines and appropriate actions as outlined in the National Action Plan for Human Influenza Pandemic and the Australian Health Management Plan for Pandemic Influenza;
- determine Commonwealth Government prevention strategies and responses in the event of a human pandemic;
- maintain and provide national capabilities to deal with pandemic influenza;
- work with State, Territory and local governments reporting outbreaks and responding to and recovering from pandemic influenza in their jurisdictions;
- assist nation-states affected by pandemic influenza through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region;
- maintain cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation, and recovery from a pandemic;
- administer the Quarantine Act 1908 and border control measures; and
- coordinate the management of public health surveillance data and technical advice.

**WA Local Governments** will:

- determine and maintain pandemic influenza policies and plans consistent with the role of local government and complementing relevant Western Australian and national policies and plans;
- maintain business continuity plans to enable the delivery of local government essential services;
- support Western Australia’s response and recovery by representing the needs of local communities and contributing to their continuing viability; and
- support Western Australia’s emergency management framework.
1.4.2 Emergency Management in Western Australia

Western Australia’s emergency management framework sits under the auspices of the State Emergency Management Committee, which manages a number of emergency management and supporting plans on behalf of the Government.

Within that framework, a pandemic emergency would be managed under the State Human Epidemic Emergency Management Plan (WESTPLAN – HUMAN EPIDEMIC) and the Western Australian Health Management Plan for Pandemic Influenza, which is a standard operating guideline for health service providers. Other relevant support plans would be activated as needed, including those relating to public information, welfare services and recovery. Copies of all State emergency plans and support plans are available from the Fire and Emergency Services Authority website at www.fesa.wa.gov.au.

Planning for an influenza pandemic is being undertaken using the comprehensive emergency management framework of Prevention, Preparedness, Response and Recovery. Figure 1 provides an overview of the operational arrangements that apply to planning and preparedness for, response to, and recovery from, an influenza pandemic. Governance and administrative arrangements for these aspects of emergency management in the context of pandemic planning are set out in more detail in Parts 2, 3 and 4 of this plan.

1.5 Ethical Framework

In the event of a pandemic, governments will need to make a number of difficult decisions about a wide range of response and recovery issues, including decisions about restricting individual freedoms, and allocating limited resources. There may be conflicts between the needs and interests of individuals and those of the broader community and a need to prioritise assistance to those in need of support.

Drawing on the ethical framework agreed by the Australian Health Protection Committee to guide planning and actions in the health sector response to a pandemic, the following ethical values will underpin the Western Australian Government’s actions at all stages of a pandemic:

- **Protection of the public** ensuring that the protection of the community as a whole is a primary focus of government decisions and actions
- **Stewardship** ensuring that those in leadership roles are guided by the notion of stewardship and the principles of trust, ethical behaviour and good decision-making
- **Trust** enhancing the trust of the public, businesses, organisations and other stakeholders by ensuring transparency of decision-making
- **Equity** aiming to be as equitable as possible in planning and the implementation of responses, recognising the special needs of different members of the community
- **Proportionality** ensuring that measures taken to protect the public from harm do not exceed what is necessary to address the level of risk
- **Reciprocity** ensuring that when individuals are asked to take measures or perform actions for the benefit of society as a whole, their actions are appropriately recognised and legitimate needs associated with those actions are met to the extent possible
- **Forbearance** recognising that the impacts of a pandemic may adversely affect the ability of individuals, businesses, local governments and organisations to meet regulatory requirements and exercising forbearance where possible
- **Individual liberty** ensuring that the rights of the individual are upheld as much as possible
- **Privacy and confidentiality** protecting individuals’ right to privacy to the greatest extent possible, but recognising that in a public health crisis it may be necessary to override this right to protect others
1.6 Legislation and Powers

Key legislation supporting the Western Australian response to an influenza pandemic includes the *Emergency Management Act 2005 (WA)*, the *Health Act 1911 (WA)* and the *Quarantine Act 1908 (Cwth)*.

### 1.6.1 Emergency Management Act 2005 (WA)

The *Emergency Management Act 2005 (WA)* sets out the arrangements that are in place to manage emergencies in Western Australia including fire, flood, storm, earthquake, explosion, terrorist act or human epidemic. It covers prevention, preparation, response and recovery.

This Act, among other things, provides the Minister with responsibility for the Act with the power to declare a state of emergency and enables the State Emergency Coordinator (Commissioner of Police) to coordinate the activities of public authorities to ensure that essential services are maintained in an emergency.

Essential services may include: energy, power or fuel, production and delivery of food, transportation, emergency services, public health services, ambulance services, pharmaceutical products, garbage, sanitary cleaning and sewerage services, water, prisons and other such services that the State Emergency Coordination Group may declare as essential.

In accordance with the Act, the State Health Coordinator (to be changed to the State Human Epidemic Controller) is the Hazard Management Agency (HMA) for human infectious disease emergencies including pandemic influenza.

### 1.6.2 Health Act 1911 (WA)

The Chief Health Officer of the Department of Health carries out the roles of Executive Director, Public Health and Executive Director, Personal Health Services. Section 251 of the *Health Act 1911 (WA)* provides the Executive Director with special powers to check and prevent the spread of any dangerous infectious disease. The police or an environmental health officer can be required to apprehend any person who has failed to go into quarantine as ordered, or has escaped from quarantine.

The *Quarantine Act 1908 (Cwth)* has similar powers, which would, if such powers were called on, override State powers.

### 1.6.3 Commonwealth legislation

The Commonwealth Parliament has express legislative power in respect of quarantine. The *Quarantine Act 1908 (Cwth)* deals with external quarantining at the border and internal quarantine arrangements within Australia. The Act applies to agriculture and human health issues and empowers authorities to quarantine goods, vessels and people.

Details of other relevant Commonwealth legislative powers, such as the *Air Navigation Act 1920* and *Customs Act 1901*, are outlined in the *National Action Plan for Human Influenza Pandemic*.

### 1.6.4 Activation of Arrangements

Use of Western Australian legislation and associated emergency provisions, such as issuing orders and directions under the *Health Act 1911 (WA)*, or the *Emergency Management Act 2005 (WA)* would be considered when Overseas Phase 4 involving small clusters of human to human transmission is declared by the WHO.
Figure 1: Operational arrangements for Western Australia prior to and during a pandemic

**Prevention and Preparedness**

- Western Australian Human Influenza Pandemic Taskforce / Western Australian Influenza Pandemic Advisory Committee
- Two common members
- State Emergency Management Committee
- Western Australian Government Human Influenza Pandemic Plan
- National Action Plan for Human Influenza Pandemic
- WESTPLAN - Human Epidemic
- Australian Health Management Plan for Pandemic Influenza
- Western Australian Health Management Plan for Pandemic Influenza
- COAG Working Group on Influenza Prevention and Preparedness

**Response and Recovery**

- National Pandemic Emergency Committee (Commonwealth, States and Territories)
- State Disaster Council (Western Australia)
- State Human Epidemic Controller (Incident Controller)
- State Health Coordinator
- State Human Epidemic Emergency Management Committee
- Commonwealth Chief Medical Officer notifies State and Territory Chief Health Officers
- District/Local Emergency Coordinators / District/Local Emergency Arrangements (including Recovery)

**World Health Organisation declares Human Influenza Pandemic**
Part 2 - Prevention and Preparedness

(Equivalent to Overseas Phases 1, 2 and 3)

2.1 Planning Activities

The Western Australia Government is working closely with the Commonwealth and other State and Territory governments to plan and prepare for a human influenza pandemic. A wide range of businesses and non-government organisations are also actively planning and preparing themselves to be able to continue to deliver their critical services and minimise the impacts that an influenza pandemic could have on them.

2.1.1 Health Planning for Pandemic Influenza

The Department of Health, through the Western Australian Influenza Pandemic Advisory Committee is responsible for health planning in Western Australia in support of the national health plan. The Western Australian Health Management Plan for Pandemic Influenza sets out strategies for:

- surveillance, monitoring and reporting, including monitoring levels of influenza-like illness in people attending hospitals and laboratory reports of influenza diagnoses;
- infection control, including isolation and quarantine of cases and their contacts, and protective measures and precautions for healthcare workers and non-health sector workplaces;
- public communications regarding the disease and effective ways to minimise the risk of infection;
- administration and distribution of the Western Australian portion of the national medical stockpile and the Western Australian State medical stockpiles of equipment, personal protective equipment and medication. These resources will be deployed in accordance with agreed national principles and based on the level of risk of exposure to pandemic influenza and the ability to contain its further spread;
- administration and distribution of a pandemic vaccine (once it is developed), in conjunction with national arrangements.

2.1.2 Whole of Government Planning

To support planning for the non-health aspects of a pandemic, the Western Australian Human Influenza Pandemic Taskforce was established in July 2006. The Taskforce, which is supported by the Office of State Security and Emergency Coordination, is responsible for:

- reviewing and refining this Plan;
- ensuring consistency with national and Commonwealth pandemic plans; and
- overseeing the planning activities for whole-of-government actions, roles and responsibilities.

The Taskforce also makes recommendations to government on pandemic prevention, preparedness, response and recovery. It reports to the Western Australia Government through the Department of the Premier and Cabinet.

The Taskforce has worked closely with the Department of Health in relation to health issues and the State Emergency Management Committee on the emergency response and recovery arrangements. A number of sub committees established under the Taskforce facilitate coordinated planning by and between government agencies and stakeholders. Two of the Taskforce members represent Western Australia on the Council of Australian Governments Working Group on Influenza Pandemic Prevention and Preparedness.

The WA Human Influenza Taskforce structure and membership are at Appendix A.
2.1.3 Animal Disease Prevention and Preparedness Western Australia

Animal strains of influenza (including avian and swine) may give rise to a human influenza pandemic if the virus mutates to become easily transmissible human-to-human. The highly pathogenic avian influenza H5N1 virus is a particular concern because there have been recent outbreaks of the virus in wild birds and poultry in Asia, Europe and Africa, and transmission from birds to humans in some cases following very close contact.

It is not considered likely that bird to human transmission, or mutation of the virus to become easily spread between humans, would occur in Australia. Nevertheless, measures to prevent and contain animal infection are an important part of planning for a human influenza pandemic.

The Australian Veterinary Emergency Plan (AUSVETPLAN) is a coordinated national response plan for the control and eradication of animal diseases, including quarantine and movement controls, slaughter and disposal of infected and exposed animals, and occupational health and safety measures to protect exposed workers.

The State Emergency Management Plan for Animal and Plant Pests and Diseases outlines the Western Australian response to animal health emergencies and measures that will be employed to contain disease outbreaks to animals. The lead agency in an animal health emergency is the Department of Agriculture and Food.

2.1.4 Planning for State Government Agencies

Western Australian government agencies are required to undertake a structured risk assessment process to identify the risks facing their organisations and to have business continuity plans to ensure they can respond to and recover from any business disruption.

Since June 2006, the Government’s risk and self-insurance manager, RiskCover, has worked with government agencies to support effective business continuity planning by agencies, including appropriate planning to address the potential impacts of a human influenza pandemic.

A continuity of Executive Government plan has been developed by the Department of the Premier and Cabinet to ensure continuity of leadership and strategic decision-making continues during a pandemic emergency.

2.1.5 Planning for Local Governments

Under the Emergency Management Act 2005, local governments are responsible for ensuring that effective local emergency management arrangements are prepared and maintained for their district and for establishing Local Emergency Management Committees (LEMCs). The role of LEMCs include advising and assisting local governments in relation to local emergency management arrangements, and liaising with public authorities and other persons in the development, review and testing of those arrangements.

Local governments have a critical role in endeavouring to continue delivering services and supporting the community at the local level in any emergency, and managing recovery after an emergency affecting communities within their district. Local governments will also work with Western Australian government agencies in accordance with the responsibilities outlined in the National Action Plan for Human Influenza Pandemic.

The Western Australian Government has provided support to local government authorities through a series of workshops in 15 locations around the State on business continuity planning and pandemic influenza.

2.1.6 Planning for Business, Industry and Non-Government Organisations

All Western Australian businesses and organisations are strongly encouraged to ensure that their business continuity management practices take account of the risk and potential impact of an influenza pandemic.

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6 National Action Plan for Pandemic Influenza, pp2-3
A primary impact of influenza pandemic will be the availability of staff including staff required to maintain critical functions. Current estimates indicate that businesses should plan for up to 30-50% staff absenteeism at the peak of the pandemic, and for the pandemic to occur in up to three waves of infection. A pandemic may also result in disruptions in the availability of supplies, materials and services from subcontractors or other suppliers. Demand for services may also be affected. Fuel and energy supplies may be disrupted to some locations at times and the movement of people, imports and exports may be restricted or delayed by quarantine measures both within Australia and overseas.

The Commonwealth Government Department of Innovation, Industry, Science and Research has developed a Business Continuity Planning Guide for Australian Businesses to help Australian businesses plan how to manage the impact a pandemic might have on their business. A resource kit for non-Government organisations, Being Prepared – Pandemic Planning Tools for Non-Government Organisations has been developed by the Commonwealth Government Department for Families, Housing, Community Services and Indigenous Affairs to assist community organisations mitigate the adverse community and social impacts of a potential influenza pandemic or other crises/disasters.

Links to these and other resources to assist business continuity planning are listed in Appendix H of this Plan, and are available from the Office of State Security and Emergency Coordination website at www.ossec.dpc.wa.gov.au.

2.2 Preparedness Activities

Exercising and reviewing plans is a key element of being prepared for any emergency. Western Australia has participated in and held a number of exercises aimed at testing preparedness for an outbreak of avian influenza or a human influenza pandemic.

- Exercise Eleusis in late 2005 tested Australia’s capability across government and industry to manage an avian influenza outbreak in poultry;
- Exercise Cumpston in October 2006 tested the capacity and capability of the Australian health system to prevent, detect and respond to an influenza pandemic. A further series of national exercises, Exercise Sustain 08, took place in 2008;
- Operation Perinthos, run by the Western Australian Department of Health in conjunction with Exercise Cumpston, evaluated the model for the establishment and operation of Fever Clinics and their ability to provide assessment, follow up, antiviral medications, and efficient monitoring and reporting systems;
- Multi-agency desktop exercises were held in December 2006 and November 2007 to test business continuity planning for an influenza pandemic by Western Australian state government agencies.

The Western Australian Government has also assisted in the development and conduct of exercises by critical infrastructure organisations.

A kit for agencies, businesses and organisations, to assist in the development and conduct of a simple pandemic desktop exercise in a Western Australian context, is available from www.ossec.dpc.wa.gov.au.

Western Australia will continue to participate in national simulation and desktop exercises and undertake State-based training and exercises to test the effectiveness and interoperability of Western Australia’s preparation plans for an influenza pandemic.

2.3 Communications and Public Information

Robust and effective operational communications arrangements are important at all stages of an influenza pandemic to support preparedness, response and recovery actions. Consistent, accurate and timely public information delivered before, during and after a pandemic will help to
minimise health, economic and social impacts, to positively influence attitudes and behaviours, and to encourage individuals to take an active role in preparing for a human influenza pandemic.

The Western Australian Government is working cooperatively with the Commonwealth, States and Territories and local government to develop communications and public information strategies that will deliver timely and accurate information at all stages of a pandemic.

Appendix E to this plan outlines the Western Australian whole of government approach and arrangements for managing operational, stakeholder and public communications during an influenza pandemic, in support of health and national whole of government communication objectives.

A range of information and guidance materials have been developed to raise awareness of the nature and likely impacts of an influenza pandemic and to assist the Western Australian community and health sector to prepare for a pandemic.

Pandemic information for health providers, and health-related information for business and the community, is available from the Western Australian Department of Health website at http://www.public.health.wa.gov.au/1/422/2/pandemic_influenza.pm.


- fact sheets setting out advice on what individuals, families, communities, businesses and organisations can do to prepare for and minimise the impact of pandemic influenza;
- information about Western Australian Government pandemic planning and preparedness activities;
- resources to assist pandemic planning in the workplace; and
- links to national information and resources.

2.4 Building Community and Individual Resilience

Everyone has a responsibility to be prepared for and assist in managing emergencies. No amount of preparation can prevent emergencies from happening, but being prepared assists people and communities to respond to, and recover swiftly from, an emergency, and will help minimise the impact it may have on them.

While Western Australians can rely on assistance from emergency services when needed, a severe human influenza pandemic could challenge the ability of emergency management and essential service agencies to provide immediate support and assistance to affected people. The Western Australian Government strongly encourages individuals, families and community groups to prepare for all hazards, including an influenza pandemic. Information to assist preparation by individuals, families, households and community groups is contained in resources listed in Appendix H.

Local communities, the not-for profit sector and relevant private businesses are encouraged to develop plans to enable them to continue to deliver community support services, particularly those for which there may be a greater need during a pandemic. Such plans will encompass a broad range of needs fundamental to minimising the community and social impacts of a pandemic, including the need for information, food, income support, debt management, counselling and personal support.
Part 3 - Response
(OS Phase 4 and 5, Aus Phases 6a, 6b, 6c, 6d)

3.1 Response Strategies

In the event of an influenza pandemic, the hazard management agency in Western Australia is the State Health Coordinator (to be changed to the State Human Epidemic Controller). The health response will be managed within the Western Australian emergency management arrangements co-ordinated by the Chair of the State Emergency Coordination Group (SECG) as outlined in the Emergency Management Act 2005 (WA).

In the event of a human influenza pandemic:

- the Director, Communicable Disease Control Directorate, Department of Health, acting as State Human Epidemic Controller, is responsible for the overall coordination of the public health and medical emergency response including provision of guidance on infection control and treatment strategies;
- the SECG, chaired by the State Emergency Coordinator (Commissioner of Police), will be responsible for the coordination of the overall response to the pandemic in Western Australia. The SECG will liaise with the National Pandemic Emergency Committee and provide direction to public authorities to support implementation of plans;
- Western Australia’s peak emergency strategic and policy decision-making body, the State Disaster Council will be established if a state of emergency is declared. The State Disaster Council is chaired by the Premier and includes relevant Ministers and senior officials;
- District and Local Emergency Coordinators, under direction from the SECG and with support from the State Emergency Coordinator, will be responsible for providing assistance to the Department of Health at the district and local levels.

Unlike normal emergencies, the nature, potential duration and scale of an influenza pandemic will require the State Emergency Coordinator (Commissioner of Police) to operate with a number of non-emergency management agencies, such as the Department of Education and Training and the Disability Services Commission. Such agencies would be required to identify area coordinators/liaison officers to assist the SECG with whole of government responses. If necessary, the State Emergency Coordinator (Commissioner of Police) may also invite relevant businesses, non-government and other organisations to participate in the SECG.

Western Australia will support activation of the response arrangements in the National Action Plan for Human Influenza Pandemic and Australian Health Management Plan for Pandemic Influenza, and implement the response phases of WESTPLAN – HUMAN EPIDEMIC, the Western Australian Health Management Plan for Pandemic Influenza and relevant State emergency support plans. Key roles and responsibilities for Western Australian government agencies in the response phase of a pandemic are outlined in detail in Appendix C.

All Western Australians, businesses and organisations should support the response to an influenza pandemic by complying with official directions from the Department of Health and emergency management agencies.

Government priorities

While the order of priority will be determined according to the scope and severity of the pandemic and its impact, the following are considered to be government priorities in Western Australia during a pandemic:

- production, supply and distribution of energy resources, food, water and liquid fuel supplies;
- continuity of Government;
- health services including hospitals, ambulance services, aged care facilities, quarantine facilities and primary care services;
- waste and wastewater management;
- maintenance of communication networks;
- maintenance of emergency service provision;
- maintenance of law and order (including police services, the judicial system and the correctional system);
- supporting business continuity and minimising economic impacts;
- maintenance of mortuary services (identification, certification, religious practices, storage, burials and cremations);
- services to populations at risk (e.g., in large residential centres and group homes, priority home care services, people who are carer-dependent);
- child protection, children in care and community wellbeing;
- accommodation – ensuring there is enough accommodation available and accessible for displaced persons with food, transport, medical and communication services;
- maintenance of banking and financial services; and
- recovery of Government, business and community services from a pandemic.

### 3.1.1 Governance and activation of arrangements

#### Strategy
Activate relevant State arrangements, provide and request support in accordance with the National Action Plan for Human Influenza Pandemic, and participate in National Pandemic Emergency Committee and national health response coordination processes.

#### Actions
- The Commonwealth Government’s Chief Medical Officer will notify the Chief Health Officer about the emergence of a novel human influenza virus and activate the Australian Health Management Plan for Pandemic Influenza.
- The Premier will receive notification of changes in phases from the Prime Minister.
- The Premier consults with other Premiers, Chief Ministers and the Prime Minister.
- The State Human Epidemic Controller convenes the State Human Epidemic Emergency Committee, activates the Western Australian Health Management Plan for Pandemic Influenza and initiates activation of other relevant emergency management plans.
- A State Emergency Coordination Group (SECG) is established to support the Hazard Management Agency and coordinate the whole of government response to the emergency, if a state of emergency is declared. An SECG may also be established by the State Emergency Coordinator, at the request of the HMA, or on his or her own initiative and in consultation with the relevant HMA, if an emergency occurs or is imminent.
- Western Australian representatives participate in national coordination mechanisms for health response, whole of government response, and communications.
- State government agencies implement their business continuity plans to ensure continuity of critical functions and services.

### 3.1.2 Pandemic Threat (Phases OS 4 and 5)

#### Strategy
The initial approach will be to try to delay the entry of the virus into Australia through increased surveillance and the use of border screening and control measures. Travel may be restricted to certain areas that are pandemic-free. Overseas travellers may be unable or unwilling to return to their home countries due to travel restrictions. The Department for Child Protection will support the Commonwealth Government Department of Foreign Affairs and Trade in coordinating support to stranded travellers in affected areas. The Department of Health is responsible for travellers who are stranded because of quarantine or medical reasons.
International and Inter-jurisdictional Border Control

To attempt to stop or delay the arrival of the pandemic in Australia, the Commonwealth Government may rely on its powers to control border access under the Quarantine Act 1908. The Commonwealth Government will also maintain surveillance activities and liaise closely with the WHO.

The Department of Health is undertaking preparedness activities in support of Commonwealth quarantine planning including training of border nurses to undertake screening at key air and sea ports. When enhanced border surveillance commences, international flights into Broome and Port Hedland airports will cease.

Actions

- Implement appropriate border control strategies in cooperation with the Commonwealth and other jurisdictions, guided by the rate and geographic spread of the pandemic.
- Assist the Commonwealth in the increase of border control measures, including entry screening and health reports for incoming aircraft/sea vessels.
- Close Broome and Port Hedland international airports when appropriate.
- Increase clinical and laboratory surveillance, monitoring, reporting and response activities.
- Activate the relevant stage of the communications strategy.
- Implement appropriate community-level public health strategies.

3.1.3 Pandemic: Phases 6a, 6b, 6c

Strategy

Once the pandemic virus enters Australia, the initial approach will be to try to contain the outbreak. Once the virus is established in the community, the approach will be to minimise transmission of the virus, minimise social economic impacts, and sustain the response until a customised pandemic vaccine becomes available. Once a vaccine is available, the approach will be to control the pandemic through vaccination of the entire population.

The Western Australian Government will manage its response in accordance with advice from WHO, the Department of Health and the State Human Epidemic Emergency Committee, and in consultation with the Commonwealth Government, other jurisdictions, and the National Pandemic Emergency Committee.

Actions

- Premier consults regularly with the Prime Minister and other Chief Ministers and Premiers.
- Assist in the maintenance of routine border control activities.
- Coordinate deployment of the State and national medical stockpile in accordance with nationally agreed arrangements.
- Maintain health services to identify and treat infected people and their contacts.
- Maintain community-level public health strategies, including social distancing measures where necessary.
- Continue public information campaigns with relevant updates.
- Continue clinical and laboratory surveillance, monitoring and reporting activities.
- Provide access to assistance for people in need.
- Continue co-ordinated deployment of the national medical stockpile, including vaccines as they become available.
- SECG, working with relevant government agencies and private sector organisations, coordinates the maintenance of essential services to the community including power, water and energy.
- Continue delivery of community support services.
- Maintain law and order, including at fever clinics, vaccination sites and medical stockpiles.
Maintain the continuity of government agencies, businesses and authorities that provide priority products and services.

### 3.1.4 Stakeholder and Public Communications

The Western Australian Government will work with the Commonwealth, State and Territory and local governments to support the provision of nationally consistent communications in accordance with agreed communications protocols.

Communication and consultation with key stakeholders, such as industry, local government and non-government peak bodies and key organisations, will be ongoing and coordinated by the relevant agencies.

In the event of an influenza pandemic threatening Australia, the Commonwealth Government will activate a high profile, comprehensive national human health public information campaign to support the community through education and preventive strategies. Following advice from the WHO that human-to-human transmission has occurred overseas (global phase 4), a mass communication campaign will be implemented with practical advice on how people should best protect themselves and their families, and information on the availability of social and community services and government assistance. The campaign is likely to include a mix of television, radio and print advertising, brochures, promotion of emergency numbers and other activities, and would continue throughout the duration of a pandemic to meet community needs.

The Department of the Premier and Cabinet and the Department of Health will be responsible for the coordination of Western Australian government information and public education during a pandemic and will be supported by the Public Information Group of the SEMC. 1800 telephone hotline numbers, website addresses and other sources of information will be widely publicised.

The Western Australian Government will conduct complementary health promotion campaigns and deliver State-specific information, such as the location of pandemic health care facilities, help and emergency numbers and websites, the introduction of measures such as the closure of child care services and schools, and the status of the pandemic locally.

Health related inquiries will be managed by the Department of Health through its HEALTHDIRECT service. The Department for Child Protection may activate its crisis care phone line in support of coordinating the provision of assistance to those in need. Other agencies are responsible for implementing appropriate call centre arrangements to manage inquiries about their services.

If necessary, the State Public Advice Line (SPAL) will be activated in accordance with arrangements set out in the State Public Information Emergency Management Support Plan (WESTPLAN – Public Information). The public will be notified via the mass media of a contact phone number(s) as soon as the SPAL is operational.

In an emergency of national significance, the Commonwealth Government may establish the National Emergency Call Centre (NECC) to provide a high-capacity first point of contact for public enquiries. The NECC will complement existing State emergency public information arrangements.

### Actions

- Activate Public Information Group in support of SECG
- Relevant State officials work with established Commonwealth and State/Territory information networks to coordinate nationally consistent messages.
- Provide accurate and timely information to the community, businesses, local government and government agencies through media briefings, public announcements, relevant government agency websites and established networks.
- Consult with industry, non-government and other organisations through relevant agencies and the SECG.
- Maintain and publicise 1800 number hotlines and website information for relevant agencies including the Department of Health, Department of Education and Training and the Public Transport Authority.
- Activate State Public Advice Line when appropriate.
The Western Australian Government works with the Commonwealth Government to support the provision of accurate and timely information through the National Emergency Call Centre, if activated.

3.1.5 Infection Control

Health authorities advise that there are simple steps that everyone can take to minimise the spread of infection during a pandemic. These include washing your hands frequently with soap and water or alcohol-based hand rub; covering your nose and mouth with a tissue when you sneeze and cough, and disposing of the tissue in an appropriate waste receptacle afterwards; standing or sitting back from other people in public or the workplace; and keeping your home and work space clean, using water and regular cleaning products. Other infection control strategies may include the use of appropriate personal protective equipment, if advised by health authorities.

The Department of Health will provide updated information on evolving strategies to prevent the spread of infection, once more is known about the epidemiology of the virus.

**Actions**

- Reinforce personal, household and workplace hygiene measures through public communications and media.
- Department of Health to widely publicise and update as necessary advice on the use of appropriate personal protective equipment.

3.1.6 Social Distancing

‘Social distancing’ means reducing normal physical and social interaction to slow the spread of a pandemic. Some social distancing measures may be implemented by government decisions while others may be voluntarily adopted by people. Possible social distancing measures include:

- temporary closure of child care facilities and schools;
- restrictions or cancellation of public transport;
- cancellation or postponement of public events where many people gather;
- special arrangements for shopping hours to avoid overcrowding; and
- encouragement for people to avoid crowded places and to keep at least a metre distant from others and practise personal infection control measures.

Australian governments have agreed that the rationale for implementing social distancing measures, including closures of facilities, will as far as possible be consistent across jurisdictions. There may need to be flexibility in the implementation of measures, depending on the nature and location of an outbreak. Not all parts of the State would necessarily be affected at the same time – if an outbreak occurred in metropolitan Perth, for example, there may be no need to implement social distancing measures in regional areas.

In the event of a pandemic, the Government’s approach will be to continue normal operations for as long as feasible. Closures and restrictions will only be implemented if it is necessary, in the view of health experts, to protect the health and safety of the Western Australian community. Decisions will be based on an assessment of the risk of infection, not made as an automatic response to a trigger (such the first confirmed human to human transmission of pandemic influenza in Western Australia).

The Western Australian Government recognises the significant social, community and economic impacts that could result from closure of child care services, schools and other places where people congregate. Closure of child care services and schools in particular will have an immediate impact on the community and economy if working parents are unable to come to work. **Appendix G** provides more information about the basis on which decisions to close child care service and schools during a pandemic would be made.

Businesses and organisations of all sizes are encouraged to review working from home, leave provisions and other employment arrangements as part of their business continuity planning, to ensure that they are prepared and able to implement social distancing in their workplace.
The Western Australian Government has issued a discussion paper, Implications of a human influenza pandemic for employment and workplace relations, to provide advice to employers and employees to help manage the employment and workplace implications of an influenza pandemic and, where possible, continue business operations during a pandemic (available from http://www.ossec.dpc.wa.gov.au/documents/workplacerelationspaper_003.pdf).

**Actions**
- Liaise with Commonwealth, State and Territory governments over implementation of appropriate social distancing measures.
- Communicate decisions to implement social distancing strategies and the reasons for them to stakeholders and the community.
- Monitor impact of measures on spread of disease and regularly assess the need to continue them.
- Withdraw social distancing measures on the basis of evidence that they are no longer necessary or effective in controlling the spread of infection.

### 3.2 Health Case Management

Management and care of people who are infected with influenza or who are exposed to others infected by pandemic influenza is outlined in detail in the Western Australian Health Management Plan for Pandemic Influenza. Arrangements for assessment and treatment of pandemic influenza cases will be widely publicised by the Department of Health, together with advice on what to do if you or someone in your family or household becomes infected.

#### 3.2.1 Home quarantine and isolation

In the early stages of a pandemic, patients confirmed to be infected with the pandemic influenza strain will be given antiviral medicine and required to stay at home or, if severely ill, isolated in a hospital until recovered. Health authorities will seek to trace recent contacts of people infected with influenza and provide them with post-exposure prophylaxis, and may advise them to stay at home for up to a week.

The isolation of people who have contracted the virus, and voluntary home quarantine of people who have come into contact with them, will play a significant role in reducing the risk of transmission between infected and non-infected individuals.

**Actions**
- Department of Health to manage isolation of cases and implementation of home quarantine in accordance with the Western Australian Health Management Plan for Pandemic Influenza.
- State Welfare Emergency Committee to coordinate emergency welfare support for those people in isolation or home quarantine who need assistance.

#### 3.2.2 National and State Medical Stockpiles

The Department of Health is responsible for deployment of equipment and medication from the National Medical Stockpile and supplies stockpiled by the State Government in accordance with nationally agreed principles. The State Human Epidemic Controller will decide, consistent with agreed national principles, how the stockpile allocated to Western Australia should be deployed. Access to medication and equipment in the stockpile will be based on the level of risk of exposure to pandemic influenza and the ability to contain its further spread.

**Actions**
- The Department of Health to deploy the National and State Medical Stockpiles in accordance with nationally agreed principles.
3.2.3 Vaccination

The Commonwealth Government has contracted two vaccine manufacturers to supply vaccine for the Australian population during a pandemic. Western Australia will receive a supply proportionate to the population and risk. Venues identified in Area Health Service pandemic plans will be activated as vaccination centres and/or fever clinics.

The Department of Health will distribute and administer the pandemic vaccination program in accordance with the national arrangements. Priority groups to receive the initial doses of vaccine will be determined at the time, taking into account the infectiousness of the pandemic virus and its impact on different population groups.

**Actions**

- The Department of Health to administer arrangements for distribution of vaccine in accordance with nationally agreed principles.

3.3 Community Support

An influenza pandemic is likely to place an unprecedented level of demand on community support services in all affected areas.

There will be a continued need for many of the community support services normally provided by State government agencies, local governments and non-government organisations. Services on which people depend, such as personal care and delivery of essential food supplies for the elderly or disabled, will need to continue throughout a pandemic emergency. Other community services such as children’s playgroups, youth centres and recreational activities, will be less essential or may even not be able to continue due to social distancing measures. All agencies and organisations which provide essential community services should develop business continuity plans which identify critical functions and strategies to maintain them in the event of staff shortages and other possible impacts of an influenza pandemic.

Additionally, there is likely to be additional demand for community support services for those directly affected by the pandemic. This may include people who need support to remain in home quarantine, financial and other support for people who have suffered a loss of income due to workplace closures or business shutdowns, and bereavement and grief counselling.

A severe pandemic will not be 'business as usual': the ability of government and non-government agencies and organisations to provide direct support to people affected by the emergency may be stretched. The provision of community support to people who are in home quarantine or isolation will be a shared responsibility between individuals, the community and all levels of government.

Individual, family and community resilience and preparedness will play a key role in reducing the number of people who are in need of emergency assistance in a pandemic.

To ensure that support services can be prioritised and directed to those who are most at risk:

- all Western Australians should take responsibility for preparing themselves and for caring for themselves, their family and people in their community to the greatest extent possible;
- community organisations and community service providers should work to provide support to their own client groups to the greatest extent possible, and, in their planning, identify means to maintain or increase capacity in the event of a pandemic.

During the response phase, the *State Welfare Emergency Management Support Plan* (WESTPLAN - Welfare) will be activated to coordinate emergency welfare support to individuals and families who are in significant need during a pandemic and do not have the necessary support networks. The Plan sets out arrangements for the provision of welfare support services to persons affected by an emergency, by coordinating the welfare resources of State/Commonwealth departments and agencies, together with the welfare resources of voluntary organisations and private industry.

Dependent upon the scale of the pandemic, it is likely that these resources will be limited and may require prioritisation. Priorities for the provision of emergency welfare will be determined on the basis of greatest need of assistance.
The emergency welfare arrangements are supported by a number of voluntary organisations. Volunteer management during a pandemic, including registration and placement of new volunteers over a prolonged period, will require cooperation between government and non-government agencies.

**Actions**

- State Welfare Coordinator, Department of Child Protection, to activate *State Welfare Emergency Management Support Plan* in consultation with or upon request of Department of Health.
- Western Australian Government to liaise and work cooperatively with the Commonwealth Government and other States and Territories to determine and support national level welfare responses.
- Western Australian Government to work cooperatively with the Commonwealth Government, Volunteering Western Australia and voluntary organisations to support volunteer recruitment and management.
Part 4 - Recovery
(OS 4 and 5, AUS 6a, 6b, 6c and 6d)

4.1 Recovery Approaches

Recovery is the coordinated process of supporting communities affected by a disaster in the reconstruction of infrastructure and the restoration of emotional, social, economic and physical well-being. Unlike most crises or disasters, an influenza pandemic emergency will spread over a wide geographic area and over a period of months. Assistance may need to be provided to affected people and communities over an extended period of time. Long-term recovery may also be complex and protracted. The focus of recovery activity will not be clear until the impacts of the pandemic are known.

Recovery will require government, businesses, community and individuals to work together to support those affected.

The focus of recovery will be to:

- restore services and provision of basic functions such as food, water, shelter, income and utilities where these have been disrupted;
- provide a “safety-net” to assist communities to access those basic functions; and
- promote community and individual resilience.

The Emergency Management Act 2005 provides that local governments are responsible for managing recovery following an emergency affecting the community in their districts. Local emergency arrangements should include local recovery plans to maximise the effective recovery of the community following an emergency. As a pandemic influenza outbreak will affect communities in different ways, depending on location and severity, local governments will need to consider issues specific to their own locality.

In the event of an emergency requiring State-level coordination of the recovery, or an interstate or international emergency that impacts on Western Australian communities, the State Government will assume responsibility for coordinating the recovery process in accordance with the State Emergency Management Plan for State Level Recovery Coordination (WESTPLAN - Recovery Coordination).

This higher-level coordination, managed by the Recovery Services Sub-Committee of the State Emergency Management Committee, ensures that all affected communities have equitable and appropriate access to available resources. The management of recovery activity must still be determined at the local level.

4.1.1 Social and Community Recovery

The Western Australian Government will work with the Commonwealth, other States and Territories, local governments, business and community groups to promote social and community recovery before, during and after an influenza pandemic. Building individual and community resilience prior to a pandemic will help to ensure a swifter recovery following a pandemic emergency.

Measures may include:

- encouraging and assisting planning and preparedness on the part of individuals, families, households and community groups to mitigate the impact of a pandemic;
- ensuring a return to normal delivery of services as soon as possible consistent with risk and capacity. Steps such as reopening schools and child care services after a period of closure will have a significant impact in restoring normal social functioning;
- providing counselling and personal support – including increasing the availability of telephone counselling;
• providing support to isolated families with children – including increased delivery of on-line educational programs, activities for children at home and remote strategies for family support;
• providing care and support to vulnerable groups; and
• maintaining essential community services, including non-government welfare services.

4.1.2 Economic Recovery

The goals of economic recovery are to maintain or restore household incomes, assist businesses in maintaining or restoring their operations, and assist people who have lost their livelihoods through retraining and re-employment. The actual economic impacts of a pandemic will depend on the nature and severity of the pandemic and recovery will require flexible responses that take account of local impacts.

The Western Australian Government will work with the Commonwealth, other States and Territories, local governments and businesses to support economic recovery. Building resilience through the promotion of business continuity management and an awareness of the risk and possible impacts of an influenza pandemic will help to support economic recovery following a pandemic.

Strategies include:

• encouraging and assisting the development and implementation of business continuity plans by Western Australian businesses;
• income assistance (as co-ordinated by the Commonwealth Government); and
• maintaining effective communications with business and industry throughout and following a pandemic.

By putting recovery plans in place early, Western Australians will be better prepared to meet the challenges that may arise from a human influenza pandemic and return to normal life as quickly as possible.
Part 5 - Appendices

Appendix A: Structure and membership of the WA Human Influenza Taskforce

The Premier and Cabinet

Human Influenza Pandemic Taskforce
Department of the Premier and Cabinet
Department of Health
Department of Industry and Resources
Department of Consumer and Employment Protection
Department of the Attorney General
Department of the Treasury and Finance
Fire and Emergency Services Authority
Department for Child Protection
WA Police
Tourism Western Australia
Department of Education and Training
Western Australian Local Government Association

Human Influenza Pandemic Executive
Department of the Premier and Cabinet
Department of Health
Department of Industry and Resources
Department of Consumer and Employment Protection
Department of the Attorney General
Department of the Treasury and Finance
Fire and Emergency Services Authority
Department for Child Protection
WA Police
Western Australian Local Government Association

Public Health
(WA Influenza Pandemic Advisory Committee)
- Delivery of health services
- Pharmacy services
- Environmental health
- Disease control
- Mortuary
- Cemeteries

Maintenance of Society
DPC
- Infrastructure Logistics
- Transport
- Food Supply
- Lifelines
Social Services
- Vulnerable people
- Remote groups
- Education
- Volunteers
- Welfare
- Not for profit sector
Emergency Services
- Law & Order
- FESA
- Security services
- Media Communications

Economy
DoIR
- Maintenance of the economy
- Business continuity
- Government
- Industry
- Small Business
- Entertainment sector
- Insurance (Riskcover)

Employment
DoCEP
- Employment issues
- Government
- Private
- Industry
- Workplace relations
- Public sector HR issues

Legal & Administrative
AG’s/DPC
- Continuation of Government administration
- Justice services
- Corrective services
- Legal issues

Financial Resourcing
DTF
- Financial services sector business continuity
- Access to banking
- Maintenance of income
- Appeal management
Appendix B: Summary of key response phase actions

<table>
<thead>
<tr>
<th>Pandemic phase</th>
<th>Key actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pandemic alert – global phase 4</td>
<td></td>
</tr>
</tbody>
</table>
| **Phase Overseas 4:** Small cluster(s) consistent with limited human to human transmission overseas but spread is highly localised, suggesting the virus is not well adapted to humans. | • Prime Minister consults Premiers and Chief Ministers; response phase of the National Action Plan implemented  
• Increase surveillance, monitoring and reporting of pandemic virus  
• Implement border control measures, including consideration of a mechanism to reduce travel from affected areas  
• Implement public education and awareness campaign |
| Pandemic – global phase 5 | |
| **Phase Overseas 5:** Larger cluster(s) overseas but human to human spread still localised overseas, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). | • Prime Minister consults Premiers and Chief Ministers  
• Continue heightened surveillance, monitoring and reporting of pandemic virus  
• Continue increased border management and quarantine measures  
• Continue public information campaign with relevant updates |
| Pandemic – global phase 6 | |
| **Phase Overseas 6:** Increased and sustained transmission in the general population overseas. | • Declaration of a pandemic by the WHO  
• Prime Minister consults Premiers and Chief Ministers  
• Continue enhanced surveillance, monitoring and reporting of pandemic virus  
• Continue to enforce enhanced border management and quarantine measures  
• Continue public information campaign with relevant updates |
| **Phase Australia 6a:** Novel virus has arrived in Australia causing small number of cases and/or small number of clusters | • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic in Australia after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association  
• Implement measures to contain spread of infection  
• Support maintenance of essential infrastructure and services  
• Monitor and support supply of food, supplies and services to affected areas  
• Targeted distribution of antiviral drugs and strategic deployment of the national medical stockpile  
• Implement localised community-level strategies, including social distancing measures  
• Strengthen public information campaign with relevant updates |
| **Phase Australia 6b:** Novel virus is established in Australia and spreading in the community | • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be spreading in Australia after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association  
• Continue measures to contain spread of infection  
• Support maintenance of essential infrastructure and services  
• Monitor and support supply of food, supplies and services to affected areas  
• Distribute antiviral drugs and strategic deployment of the national medical stockpile  
• Maintain delivery of community support services  
• Implement widespread community-level strategies, including social distancing measures  
• Strengthen public information campaign with relevant updates |
<table>
<thead>
<tr>
<th>Pandemic phase</th>
<th>Key actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase Australia 6c:</strong></td>
<td>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be subsiding in Australia after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association</td>
</tr>
</tbody>
</table>
| Pandemic vaccine becomes widely available and is beginning to bring the pandemic under control | • Continue measures to contain spread of infection  
• Distribute and administer vaccine nationally when available  
• Support maintenance of essential infrastructure and services  
• Review extent of social distancing and border management measures  
• Restock national medical stockpile as needed  
• Continue public information campaign with relevant updates  
• Evaluate and review communication strategies |
| **Phase Australia 6d:**              | • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares next wave of pandemic after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association |
| Pandemic controlled in Australia but further waves may occur if the virus ‘drifts’ and/or is re-imported into Australia | • Continue measures to contain spread of infection  
• Maintain delivery of community support services  
• Support maintenance of essential infrastructure and services  
• Implement community-level strategies, including social distancing measures  
• Continue public information campaign with relevant updates |
Appendix C: Roles and responsibilities

1. Emergency management and pandemic planning structures and statutory positions

Western Australian Influenza Pandemic Advisory Committee
- Develop a management plan for Western Australia, consistent with the Australian Health Management Plan for Pandemic Influenza, to minimise the adverse health and social impact from pandemic influenza
- Promote and support the development of the pandemic influenza management plans by major stakeholders

Western Australian Government Influenza Pandemic Taskforce
- Review and refine the Western Australian Government Human Influenza Pandemic Plan
- Ensure consistency with the National Action Plan for Human Influenza Pandemic
- Oversee the planning activities for whole-of-government actions, roles and responsibilities against each of the WHO 6 phases
- Ensure coordinated pandemic planning in Western Australia
- Facilitate engagement on pandemic influenza planning between government, industry, business and the community sectors

State Emergency Coordinator (Commissioner of Police)
- Coordinate the response to an emergency during a state of emergency
- Provide advice to the Minister in relation to emergencies
- Provide advice to the State Disaster Council during a state of emergency
- Provide advice and assistance to hazard management agencies as appropriate
- Carry out other emergency management activities as directed by the Minister

State Emergency Management Committee
- Advise the Minister on emergency management and the preparedness of the State to combat emergencies
- Provide direction, advice and support to public authorities, industry, commerce and the community in order to plan and prepare for an efficient emergency management capability for the State
- Provide a forum for whole of community coordination to ensure the minimisation of the effects of emergencies
- Provide a forum for the development of community wide information systems to improve communications during emergencies
- Develop and coordinate risk management strategies to assess community vulnerability to emergencies

State Emergency Coordination Group
- Ensure the provision of coordinated emergency management by public authorities and other persons
- Provide advice and direction to public authorities and other persons to facilitate effective emergency management
- Liaise between emergency management agencies and the Minister
District Emergency Coordinators
- Provide advice and support to the district emergency management committee for the district in the development and maintenance of emergency management arrangements

Local Emergency Coordinators
- Provide advice and support to the local emergency management committee for the district in the development and maintenance of emergency management arrangements
- Assist the Hazard Management Agency in the provision of a coordinated response during a pandemic emergency in the district

District Emergency Management Committees
- Assist in the establishment and maintenance of effective emergency management arrangements for the district

Local Emergency Management Committees
- Advise and assist the relevant local government in ensuring that local emergency management arrangements are established for its district
- Liaise with public authorities and other persons in the development, review and testing of local emergency management arrangements

Local Government Authorities
- Ensure that effective local emergency management arrangements are prepared and maintained for their districts
- Manage recovery following an emergency affecting the community in their districts

2 State Government Agencies - roles and responsibilities
All agencies
- Undertake a structured risk management process and develop business continuity plans to support the continuity of critical agency functions in the event of emergencies
- Review plans and develop specific measures to address the likely impacts of a human influenza pandemic on staff health and absenteeism

Western Australian Department of Health
- Chair WA Influenza Pandemic Advisory Committee and maintain the Western Australian Health Management Plan for Pandemic Influenza
- Develop policy and strategy on pandemic influenza health-related issues
- Advise on change of phase in a pandemic
- Perform surveillance, monitoring, and reporting activities
- Advise on infection control and social distancing measures appropriate to the pandemic strain of influenza
- Perform case definition and management
- Develop policy for, and co-ordinate the distribution and use of, the national and State medical stockpiles in Western Australia
- Disseminate information on human health through the National Health Emergency Media Response Network
- Support Commonwealth Government border control and quarantine measures, working with other concerned agencies

**Western Australian Police**
- Develop and implement planning for continuity of law enforcement services
- Maintain social order during a pandemic
- Provide support to the Hazard Management Agency as required
- Plan and implement security of the National Medical stockpile and State Medical Stockpile in cooperation with the Department of Health

**Fire and Emergency Services Authority**
- Develop and implement planning for continuity of emergency services
- Provide support to the Hazard Management Agency as required

**Department of the Premier and Cabinet**
- Develop and implement planning for continuity of Executive Government in the event of a pandemic
- Chair the Western Australian Government Human Influenza Pandemic Taskforce
- Coordinate and contribute to whole of government exercises
- Provide support to the SECG in communication and coordination of government activities
- Activate and chair the State Recovery Services Sub-committee to provide State-level recovery coordination

**Department for Communities**
- Liaise with child care service providers to support response to directions to close during a pandemic

**Department for Child Protection**
- Coordinate and implement planning for continuity of essential welfare support services, including services to people in crisis accommodation
- Develop and implement planning for continuity of essential welfare support services to vulnerable members of the community including people in supported accommodation, children in foster care, in group homes during a pandemic
- Activate and chair State Welfare Emergency Committee as required to coordinate emergency welfare services during a pandemic such as counselling, temporary accommodation, catering, clothing for affected members of the community

**Department of the Attorney General**
- Develop and implement planning for continuity of judicial system in the event of a pandemic

**Department of Corrective Services**
- Develop and implement planning for continuity of correctional facilities during a pandemic

**Department of Treasury and Finance**
- Administer requests for financial resources associated with pandemic preparedness, response and recovery measures
Disability Services Commission

- Develop and implement planning for continuity of essential disabilities services including care facilities and group homes

Department of Education and Training

- Develop and implement pandemic planning for schools and TAFE sectors
- Manage public education sector response to directions for school closures during a pandemic and liaise with private education sector

Water Corporation

- Develop and implement planning for continuity of water supply and distribution and wastewater management during a pandemic

Synergy Energy, Western Power, Verve Energy and Horizon Energy

- Develop and implement plans for continuity of electricity supply during a pandemic

Cemeteries Boards

- Develop and implement plans to manage increased deaths in the community during a pandemic
Appendix D: National whole-of-government pandemic influenza coordination arrangements for public announcements

**Protocols**

1. Each government agency will release only information for which it has responsibility. Spokespeople needing to respond to issues outside their direct area of responsibility must use cleared whole-of-government information.

2. In the event of a national emergency, communications will adhere to the National Emergency Protocol between the Prime Minister, Premiers, Chief Ministers and the President of the Australian Local Government Association.

3. Agencies with responsibility for agriculture will coordinate the dissemination of information on animal infection through the Primary Industry National Communications Network.

4. Agencies with responsibility for health will disseminate information on human health through the National Health Emergency Media Response Network.

5. The Department of Foreign Affairs and Trade will coordinate information relating to the protection of Australians and Australian interests internationally.

<table>
<thead>
<tr>
<th>CASES OVERSEAS</th>
<th>CASES IN AUSTRALIA</th>
<th>RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• provide accurate, consistent and timely information;</td>
<td>• continue to provide accurate, consistent and timely information;</td>
<td>• support continuation of normal life as far as possible; and</td>
</tr>
<tr>
<td>• prepare the community should a pandemic occur e.g. consistent advice about personal and community safety;</td>
<td>• prepare the community should a pandemic occur e.g. consistent advice about personal and community safety;</td>
<td>• restore public confidence.</td>
</tr>
<tr>
<td>• maximise containment (minimise transmission of disease);</td>
<td>• maximise containment (minimise transmission of disease);</td>
<td></td>
</tr>
<tr>
<td>• demonstrate government, and support private sector preparedness and planning; and</td>
<td>• maintain essential services;</td>
<td></td>
</tr>
<tr>
<td>• support continuation of normal life as far as possible.</td>
<td>• maximise public confidence; and</td>
<td></td>
</tr>
<tr>
<td>► Experts</td>
<td>► Political leaders</td>
<td>► Political leaders</td>
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<tr>
<td>► Relevant ministers</td>
<td>► Relevant ministers</td>
<td>► Relevant ministers</td>
</tr>
<tr>
<td>► On the ground spokespeople</td>
<td>► Experts</td>
<td>► Experts</td>
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<tr>
<td></td>
<td>► On the ground spokespeople</td>
<td>► On the ground spokespeople</td>
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</tbody>
</table>

**Communication objectives**

**Potential spokespeople**
Appendix E: Western Australian Whole-of-Government Pandemic Communications Strategy

Part 1
This strategy sets out communications considerations, objectives, methods and actions for the Western Australian Government in the context of preparing for, responding to, and recovering from a human influenza pandemic. It is intended to provide a whole of government framework for pandemic communications by Western Australian government agencies. The strategy forms an appendix to the Western Australian Government Human Influenza Pandemic Plan and should be read in the context of that Plan.

The strategy addresses three types of communications:

1. Operational - communications processes and mechanisms which support whole-of-government preparedness, response and recovery actions in respect of an influenza pandemic.
2. Stakeholder - communications to engage key public sector, private sector and community stakeholders.
3. Public communications - information that is prepared to address the information needs of the community, disseminated through print and electronic media, public advice services and websites.

A summary of communications objectives and actions for each of these communications categories, and for each stage of a pandemic, is set out in Part 2 of this strategy.

Communications Context
Effective communications arrangements are central to the management of all phases of an influenza pandemic. Effective operational communications are essential to support emergency management and decision making in the event of a pandemic. Effective stakeholder and public communications will help to minimise health, economic and social impacts of a pandemic and encourage businesses, organisations, communities and individuals to take an active role in preparing for an influenza pandemic.

Communications activities to support Australia’s preparedness for, response to and recovery from an influenza pandemic will be carried out by all levels of government. The Western Australian Government is working cooperatively with the Commonwealth Government, other State and Territory governments and local government to develop a whole of governments approach to managing stakeholder and public communications for an influenza pandemic.

Effective communications will:

- promote best-practice preparation, response and recovery actions for government agencies, businesses, organisations and the community;
- support effective government decision-making and actions;
- deliver coordinated, consistent, accurate and up to date information and advice to all affected sectors as a pandemic event develops; and
- sustain public confidence.

The overall national public communications objective is to ensure all levels of government work together to deliver consistent and accurate public messages nationwide which:

- are strongly informed by health advice and consistent with health communications;
- are recognised as being from authorised and credible sources;
- are nationally consistent, timely, accurate and relevant to keep people well informed, including where to find further information and how to seek health care or other support;
• provide assurance that governments are as prepared as possible and taking appropriate action;
• support individuals and communities to reduce the impacts of pandemic influenza on their social and economic functioning;
• are understandable to user groups, including those where English is a second language and/or with weak literacy skills; and
• provide assurance regarding the rationale for significant government actions such as distribution of antivirals and vaccines.

Aim and Scope of Strategy

The aim of the Western Australian Government Human Influenza Pandemic Communications Strategy (the Strategy) is to outline the approach and arrangements to manage operational, stakeholder and public communications prior to, during and after an influenza pandemic.

The Strategy is for use by government to operate in a cooperative and coordinated manner and in accordance with agreed roles, responsibilities and procedures. It provides advice on what and how the State Government will be able to communicate with the public and other key stakeholders, such as State and local government agencies and the non-government sector, in the event of an influenza pandemic. The Strategy identifies key prevention, preparedness, response and recovery activities that are being and will be undertaken and the messages that will need to be delivered.

The Strategy is consistent with and supports existing emergency management arrangements and national pandemic communications arrangements.

Objectives

The objectives of the Strategy are to:

• outline governance arrangements for operational, stakeholder and public communications in an influenza pandemic;
• outline the communication roles and responsibilities of key agencies during all pandemic phases; and
• ensure effective management of public information in order to mitigate the impact of an influenza pandemic, and to assist in a swift post-pandemic recovery.

Key Outcomes

Desired outcomes of the Strategy are:

• communication processes and key messages are clearly defined, roles and responsibilities are identified;
• information about the threat and likely impacts of an influenza pandemic is communicated to stakeholders in a way that is coordinated and consistent with national communication objectives; and
• information about an outbreak of pandemic influenza is coordinated and well managed.

Relationship to Other Plans

The Strategy forms an appendix to the Western Australian Government Human Influenza Pandemic Plan. It has been developed in the context of, and complements, the following plans:

• Communications Plan for Pandemic Influenza (annex to the Western Australian Health Management Plan for Pandemic Influenza);
• State Public Information Emergency Management Support Plan;
• National Action Plan for Human Influenza Pandemic;
• Australian Health Management Plan for Pandemic Influenza (AHMPPI) 2008 (currently draft);
• National Influenza Pandemic Public Communications Guidelines (supplement to the National Action Plan for Human Influenza Pandemic).

Governance and Administrative Arrangements
All governments and jurisdictions are responsible for developing operational communications arrangements that will support decision-making and emergency management in the context of an influenza pandemic and for managing stakeholder and public communications activities during all phases of a pandemic.

National Coordination Arrangements
Operational arrangements prior to (prevention and preparedness) and during a pandemic (response and recovery) are set out in Figure 1 of the Western Australian Government Human Influenza Pandemic Plan and in the National Action Plan for Human Influenza Pandemic.

The National Influenza Pandemic Public Communications Guidelines (the Guidelines), currently under development, will be the overarching framework for all levels of government to facilitate a whole-of-government approach to managing stakeholder and public communications prior to and during an influenza pandemic. The Guidelines, which are intended to be appended to and form part of the National Action Plan for Human Influenza Pandemic, do not replace the existing arrangements or plans of each jurisdiction, but rather complement, support and link existing Commonwealth, State, Territory and local government public communications arrangements.

The Guidelines set out arrangements for cooperation and consultation between jurisdictions on communications activities during the preparedness phase, and arrangements and mechanisms to ensure coordination in communications activities during the response and recovery phases of a pandemic.

In the event of a pandemic, the consultation and strategic decision-making on national communications issues will be achieved via the National Pandemic Emergency Committee (NPEC). High-level cooperation between Australian governments will be achieved through the Prime Minister, State Premiers and Territory Chief Ministers. High level coordination arrangements, agreed between governments, are set out in the National Action Plan for Human Influenza Pandemic.

Consultation and coordination on detailed communications issues will be achieved via the National Communications Officers Network, coordinated by the Department of the Prime Minister and Cabinet.

As the Guidelines state, detailed or specialised public messages specific to each jurisdiction (consistent with NPEC decisions) can be developed and delivered to the public via the existing mechanisms of each State or Territory Government. However, consultation with relevant jurisdictions and/or agencies should occur in the following circumstances:

• where the information has the potential to affect or overlap with the responsibilities or interests of another agency or jurisdiction;
• where the information may have broader national policy implications (i.e. border control, school or work closures); or
• where the information is of a particularly sensitive nature (i.e. morbidity or mortality rates, access to antivirals, access to critical infrastructure).

Other national communications coordination mechanisms
The National Health Emergency Media Response Network (NHEMRN) plays a lead role in coordinating the provision of nationally consistent public information. The Department of Health’s Public Affairs Branch is a member of this network.

Agencies with responsibility for agriculture will coordinate the dissemination of information on animal infection through the Primary Industry National Communications Network.
The Commonwealth Department of Foreign Affairs and Trade will coordinate information relating to the protection of Australians and Australian interests internationally.

**Western Australian Communications Arrangements and Coordination**

Under Western Australia’s emergency management arrangements, the State Human Epidemic Controller is the Hazard Management Agency (HMA) responsible for human infectious disease emergencies, including pandemic influenza. The State Emergency Coordination Group, in accordance with provisions of the *Emergency Management Act 2005 (WA)*, is responsible for ensuring coordinated emergency management by public authorities and other persons, and providing advice and direction to public authorities to facilitate effective emergency management.

Arrangements for whole of government operational communications are set out in the diagram on p. 39.

While all Western Australian government agencies share a responsibility to engage their stakeholders on the issue of pandemic preparedness, the Department of Health and the Department of the Premier and Cabinet are responsible for the coordination of information and public awareness-raising prior to a pandemic. Specifically, the Department of Health has the lead role in communicating human health issues to the Western Australian public. The Department of the Premier and Cabinet, in support of the Western Australian Government Human Influenza Pandemic Taskforce, has the lead role in coordinating the non-health related information and communication activities.

Communications arrangements that will be used during an influenza pandemic are guided by:

- **WESTPLAN** – Public Information (an emergency management support plan for all emergencies); and
- Communications plans under the *Western Australian Health Management Plan for Pandemic Influenza* and the *Western Australian Government Human Influenza Pandemic Plan*.

Support for stakeholder and public information activities will be provided by State Emergency Public Information Coordinator, and the Public Information Group of the State Emergency Management Committee (PING).

Critically, each agency will only release information for which it has responsibility (for example; Public Transport Authority on public transport issues, Department of Education and Training on school closures). Spokespeople needing to respond to issues outside their direct area of responsibility must use cleared whole-of-government information.

Communications between the Government and stakeholders during a pandemic will have four main channels:

1. public communications via websites, media release, advertisements, media briefings, mobile phone messages, automatic dial up alerts to neighbourhood telephones, etc;
2. direct communication between the State Emergency Coordination Group and key stakeholders such as owners and operators of critical infrastructure, peak bodies and associations;
3. communication between HMA and relevant agencies and their networks (e.g. Department of Education and Training with schools, TAFEWA, the Association of Independent Schools of Western Australia, and the Catholic Education Office); and
4. communication to small communities via local governments and local emergency management committees.

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7 Draft Communications Plan, Annexe to WAHMPI, p 3
Communication methods

In the preparedness phase, stakeholder and public communications aim to raise awareness of the risk and likely impacts of an influenza pandemic, and to promote business continuity planning and individual and organisational preparedness for a pandemic. The key communications methods utilised by the Western Australian Government during the preparedness phase are:

- stakeholder and public briefing sessions;
- targeted workshops (e.g. for local governments);
- advertising and public health campaigns (such as the seasonal flu campaign);
- information websites (Department of Health and Department of the Premier and Cabinet); and
- information materials including fact sheets, discussion papers and other resources, available to download.

During a pandemic, communications methods will include:

- media releases, interviews and media conferences;
- announcements broadcast via electronic and print media;
- websites; and
- telephone hotlines.

Media

The media is a primary source of information for the community and business, particularly during emergency situations. Media conferences and press releases (and interviews where appropriate) will play a key role in public communications in all phases of an influenza pandemic. It is therefore vital that this sector be engaged with and supported, through providing accurate and timely information from an authoritative source.

The Department of Health’s Public Affairs Branch will be responsible for the distribution of media kits containing relevant information such as frequently asked questions and the preparation of media releases on health related matters. The State Emergency Public Information Coordinator will support the Department of Health in managing the public information function and coordinate non-health related media releases, input into media kits and media conferences.

Media conferences

Media conferences will be held as frequently as necessary during a pandemic, with key State Government and relevant department spokespeople. Sound bytes and transcripts from these will be posted on the web for downloading and use by the media which cannot attend. Talking points for the speaker will be prepared and circulated via the NHEMRN, PING and SECG.

Consideration will be given in a pandemic influenza to the use of media pool arrangements if required.

Television, radio and newspaper advertising

The Western Australian Government will conduct health promotion campaigns that complement national campaigns and deliver State-specific information. Various communications channels will be utilised to ensure comprehensive access particularly to reach non-English speaking households, Indigenous communities, the hearing and visually impaired and people living in remote and rural areas of the State.

Languages other than English

Engaging ethnic and Indigenous media and community organisations is vital to the communications objectives of the plan.
The Department of Health will enlist the services of interpreters to translate locally produced printed information and to review printed material to ensure information is released in a culturally sensitive and appropriate manner. The Australian Government will widely distribute printed information in a number of languages, covering key facts, disease prevention strategies and what communities and individuals can do to prepare and protect themselves.

Calls from the international media will be referred to the Australian Government if translation services are required.

**Call centre arrangements**

As outlined in the *Communications Plan for Pandemic Influenza* (annex to the *Western Australian Health Management Plan for Pandemic Influenza*), all health related queries from the public will be managed by HealthDirect. All other inquiries will be managed by the relevant agencies according to the services sought.

The State Public Advice Line (SPAL) would be activated when appropriate in accordance with arrangements set out in the *State Public Information Emergency Management Support Plan* (WESTPLAN – Public Information). The public will be notified via the mass media of a contact phone number(s) as soon as the SPAL is operational. The SPAL will provide coordinated and regularly updated advice on the situation and referrals to other information services if necessary.

**Information for Travellers**

If a virus of pandemic potential is detected overseas, in liaison with the Department of Foreign Affairs and Trade, information targeting travellers will be prepared and provided to such places as ports, airports, hostels, hotels and car rental businesses.
Whole of Government decision-making and communications during a human influenza pandemic

The Premier consults the Prime Minister and State and Territory Premiers, supported by National Pandemic Emergency Committee (NPEC) members.

NPEC achieves high level coordination between governments and coordinates nationally consistent public information messages.

Department of Health manages emergency public information function with support of State Emergency Public Information Coordinator.

Media briefings/Government website updates / State Public Advice Line used to communicate public information updates and advice.

State Human Epidemic Controller advises the SECG through State Health Coordinator.

Consultation and briefings with stakeholders through existing channels and networks.

SECG coordinates emergency management by public authorities and others, provides direction to public authorities.

SECG consults with and communicates decisions directly to relevant agencies.

Department of Premier and Cabinet communicates decisions and information affecting whole of government to agency CEOs.

State Disaster Council (SDC) liaises with, and provides advice and support to, the State Government and to the State Emergency Coordination Group (SECG) via the State Emergency Coordinator (SEC).
Part 2 - Summary of communications objectives and actions

Pre-pandemic Phase (OS1-3)

1. Objectives
   
   **Operational Communications**
   - Ensure operational communications processes and mechanisms are robust and appropriate to support decision-making and coordinated communications activities
   
   **Stakeholder Communications**
   - Raise awareness of risk and likely impacts
   - Promote preparedness and business continuity planning by agencies, businesses and organisations
   - Promote and build resilience and capacity
   - Reinforce health sector and key agency awareness and preparedness
   - Identify key communication channels between agencies, business and government
   
   **Public Communications**
   - Build public awareness of pandemic influenza
   - Make available information about risk and likely impacts of pandemic influenza
   - Provide assurance that Government has plans in place to minimise impacts
   - Promote personal infection control measures for seasonal influenza
   - Promote and build personal, business and community resilience and preparedness

2. Messages

   - What is bird flu/influenza pandemic?
   - What is the current disease situation?
   - What is the State Government doing to prepare for pandemic influenza?
   - What can you do to protect yourself from pandemic influenza?
   - Planning in the workplace
   - How to undertake business continuity planning and why it is important
   - Take basic precautionary measures
   - Where can you get further information

3. Actions

   **Operational Communications**
   - Develop and test operational communications mechanisms and processes to support decision making and coordinated communications activities
   - Participate in national communications coordination forums and processes

   **Stakeholder Communications**
   - Build awareness of relevant structures and plans
   - Coordinate communications with Commonwealth, States and Territories
   - Target and engage government agencies, peak bodies and other stakeholders
   - Use existing communication channels to promote awareness, preparedness, resilience and business continuity planning

   **Public Communications**
   - Media interviews through Department of Health’s Health Protection Group and Communicable Disease Control spokespeople
   - Special articles in medical press
   - Train reserve spokespeople for agencies involved in public communications
Background briefings for the media
- Preparation of FAQs, information about what the Government is doing and talking points developed
- Maintain websites (Department of Health, Department of the Premier and Cabinet, State Emergency Management Committee) with up to date information and links to other resources
- Exercise public information coordination processes and mechanisms

Delay (OS 4, 5, 6)

1. Objectives

   **Operational Communications**
   - Ensure operational communications processes and mechanisms are robust, understood and appropriate to support decision-making and coordinated communications activities

   **Stakeholder Communications**
   - Reinforce communication principles (accuracy, consistency and timeliness)
   - Ensure communication lines are clear
   - Increase focus on preparedness and business continuity planning by agencies, businesses and organisations, mobilise stakeholders
   - Ensure that health sector and other key stakeholders have information they need to understand, support and participate in a coordinated health response

   **Public Communications**
   - Provide accurate and consistent information about situation and risk on a regular basis
   - Modify information as situation develops in consultation with health professionals
   - Promote authoritative sources of information (Commonwealth and Western Australian Health Departments)
   - Provide swift response to misinformation
   - Increase focus on preparedness
   - Promote reasonable community expectations of pandemic impact
   - Provide information as to what people should do if they believe they have pandemic influenza
   - Build awareness of the public health measures put in place to prevent pandemic influenza arriving in WA and to minimise spread of illness
   - Ensure that public are aware of strategies in place to support the community’s recovery

2. Messages

As for pre-pandemic phase, with the addition of:
- Informing media, industry and health care workers about animal infections and risks to human health
- Encouraging volunteering

3. Actions

Building on the actions from the previous phase:

   **Operational Communications**
   - Review operational communications mechanisms and processes to support decision making
   - Review processes for coordination of stakeholder and public communication and for managing updates of information resources such as websites
Stakeholder Communications
- Target and engage government agencies, peak bodies and other stakeholders
- Review and update information materials as necessary
- Review communications infrastructure to ensure optimal functioning
- Ensure contact lists are up to date
- Engage with news media regarding pandemic response preparedness, building on working relationship established in pre-pandemic phase

Public Communications
- Regular updates to websites
- Regular media updates and public statements by appropriate spokespeople
- Commission and publicise public information hotlines when appropriate

Response (AUS 6a,b,c)
1. Objectives
   Operational communications
   - Collect and provide accurate information on a regular basis to support decision-making and response efforts
   - Ensure coordinated response and actions across whole of government

   Stakeholder communications
   - Provide accurate information about situation and risk on a regular basis
   - Ensure accurate information available to decision-makers to support response (e.g. availability of essential services)
   - Provide clear instructions and directions to agencies, peak bodies and other stakeholders affected by emergency response decisions, including in relation to workplace and personal protective measures

   Public communications
   - Provide accurate information about situation and risk on a regular basis
   - Disseminate clear instructions and directions regarding health services and personal protective measures
   - Provide timely and accurate information about availability of public services, advice and assistance
   - Maintain community confidence in public authorities and health measures
   - Acknowledge and empathise with public anxiety, grief and distress associated with the pandemic
   - Provide information about when services return to normal functioning, especially primary care services

2. Messages
   - What is the current disease situation?
   - What can you do to protect yourself from pandemic influenza?
   - What should you do if you or a family member becomes sick?
   - What is the Government doing to respond to the situation?
   - What services are available to assist people affected by the pandemic?
   - What services (e.g. transport) are affected by the pandemic?
   - How can you contribute to the response effort?
   - Where can you get further information?
3. **Key Spokespeople**
   - Premier
   - Other relevant Ministers
   - *Commissioner of Police* (State Emergency Coordinator and Chair of State Emergency Coordination Group)
   - *Director, Communicable Disease Control Directorate, Department of Health* (State Human Epidemic Controller): Responsible for overall coordination of public health and medical emergency response including provision of guidance on infection control and treatment strategies
   - *Directors General* of relevant agencies

4. **Actions**
   
   **Operational Communications**
   - Participate in national coordination and decision-making forums
   - SECG and government agencies engaged to ensure accurate, up-to-date and relevant information is prepared
   - Effectively disseminate information to whole-of-government to rapidly implement government decisions

   **Stakeholder Communications**
   - Target and engage government agencies, peak bodies and other stakeholders
   - Consult stakeholders and involve in decision-making processes as appropriate
   - Review and update information materials as necessary
   - Review communications infrastructure to ensure optimal functioning.
   - Ensure contact lists are up to date.
   - Engage with news media regarding pandemic response preparedness, building on working relationship established in pre-pandemic phase

   **Public Communications**
   - Regular updates to websites
   - Regular media updates through press conferences, media releases and public statements by appropriate spokespeople, advertising
   - Commission (if not already commissioned) and publicise information hotlines
   - Regular updates to information available through call centres and hotlines

**Recover (AUS 6d)**

1. **Objectives**

   **Operational communications**
   - Provide accurate information about situation on a regular basis to support recovery
   - Improve processes and mechanisms for possible further pandemic waves

   **Stakeholder communications**
   - Provide accurate information about situation on a regular basis
   - Maintain smooth communication between agencies and key stakeholders during recovery process
   - Maintain awareness of possible subsequent pandemic waves
   - Assess effectiveness of this communications strategy
   - Assess effectiveness of communications in individual agencies
   - Encourage key stakeholders to engage in similar reviews
Public communications
- Provide accurate information about situation on a regular basis
- Promote maintenance of health measures in immediate post-pandemic period
- Maintain community confidence in public authorities and recovery measures
- Focus on boosting community resilience through promoting hygiene and healthy food
- Maintain awareness of and acknowledge uncertainties surrounding subsequent pandemic waves

2. Messages
- What is the current situation?
- What is the risk of further waves of pandemic influenza?
- What is the Government doing to assist recovery?
- What services are available to assist people affected by the pandemic?
- When are services affected by the pandemic being restored?
- How can you contribute to the recovery effort?
- Where can you get further information?

3. Key Spokespeople
- Commissioner of Police (State Emergency Coordinator and Chair of State Emergency Coordination Group)
- Director, Communicable Disease Control Directorate, Department of Health (State Human Epidemic Controller): Responsible for overall coordination of public health and medical emergency response including provision of guidance on infection control and treatment strategies
- Premier
- Other Ministers

4. Actions

Operational communications
- Collect and provide information to support the recovery effort as necessary
- Review operational communication arrangements and update plans

Stakeholder communications
- Continue briefing and engagement with key stakeholders
- Strengthen / revise communications strategies where necessary

Public communications
- Regular media updates
- Regular updates to websites
- Decommission public information hotlines when appropriate
Appendix F:  Preparedness for regional Western Australia including remote Indigenous communities

Western Australia’s size and rural and remote communities give rise to particular challenges and issues in preparing for a human influenza pandemic including transport, health service delivery and communications. While the remoteness of many of the State’s non-metropolitan communities may delay the spread of pandemic influenza, mobility and travel patterns, including the growing trend of ‘fly in / fly out’ workers in remote areas, mean that no part of the State is absolutely protected from the spread of pandemic influenza.

Western Australia has nearly 300 rural and remote Indigenous communities with a total population of about 17,300, concentrated in the State’s far north and eastern Goldfields. Aboriginal and Torres Strait Islander people have significantly worse health than the general population and are likely to have higher mortality and morbidity rates during a pandemic.

Particular challenges for managing an influenza outbreak in remote communities include:

- difficult road access for many communities, particularly in the ‘wet’ season between December and April, and long distances from some of these communities to serviced towns;
- the use of Aboriginal languages and literacy issues, requiring a different educational approach;
- poor health for many Indigenous people, making them potentially more vulnerable to influenza;
- a lack of good environmental health (i.e. housing and essential services) and / or a lack of local health services; and
- limited access to telecommunications, particularly efficient internet connections for smaller communities.

In many remote indigenous communities, essential services (such as water, power and sewerage) are currently provided by private and community sector providers contracted by the Commonwealth Government, while in others they are provided by State or local government authorities.

Roles and responsibilities

A number of State and Commonwealth agencies have a role in the development and implementation of appropriate plans to manage a pandemic affecting remote indigenous communities in Western Australia.

The WA Department of Health provides a significant proportion of primary health care for Aboriginal and Torres Strait Islander people (in addition to Commonwealth Government funded Aboriginal Community Controlled Health Services) in many remote communities. Area Health Services and Population Health Units should develop plans and protocols for the preparation for and management of a pandemic in indigenous communities in their jurisdiction.

Local governments are responsible for ensuring that effective local emergency management arrangements are prepared and maintained for their districts, including arrangements for remote indigenous communities within their local government areas.

Local governments are also responsible for managing recovery following an emergency affecting communities in their districts. As noted in Part 4, in the event of an emergency requiring State-level coordination of the recovery, or an interstate or international emergency that impacts on Western Australian communities, the State Government will assume responsibility for coordinating the recovery process in accordance with the WESTPLAN Recovery Coordination.

Local Emergency Management Committees and District Emergency Management Committees, which bring together representatives of key government and non-government agencies within a district to assist in the development of effective local emergency management arrangements, have a key role in emergency management planning for Indigenous communities.
Work is continuing, coordinated through FESA, to build emergency management capacity in Indigenous communities, however, many are at an early stage of preparedness.

The Western Australian Government will continue to work in consultation with relevant communities and the Commonwealth, State and Territory and Local governments to support the development of effective approaches to managing influenza pandemic in remote indigenous communities.
Appendix G: Principles governing the closure of schools and other educational facilities in Western Australia during an influenza pandemic

Social distancing measures implemented to control the spread of infection during an influenza pandemic may include the temporary closure of schools and other educational facilities. Depending on the extent and duration of the closures, it is recognised that this measure would have significant social, community and economic impacts.

These principles have been developed to explain the basis on which decisions to close educational facilities in Western Australia during an influenza pandemic would be made. The principles are intended to assist Western Australian schools, TAFE colleges and tertiary institutions to develop their own plans to prepare for and respond to a pandemic.

**Principle 1:** Decisions on closures of educational facilities in Western Australia during an influenza pandemic are the responsibility of the Western Australian Government

Under Western Australia’s emergency management arrangements, the State Emergency Coordination Group (SECG) would be activated in a pandemic emergency to coordinate emergency management, media and public communications, liaise with Commonwealth agencies and other jurisdictions, and provide advice and direction to the Premier, Ministers and agencies.

Powers which enable the closure of educational facilities would be exercised in consultation with the SECG, Ministers, the Director General, Department of Education and Training and relevant bodies. It should not be assumed that closures of educational facilities in one State or Territory will necessarily mean that facilities in other States and Territories would also close. All governments have agreed on the need for regional flexibility in the implementation of social distancing measures depending on the nature and location of an outbreak of influenza.

As far as possible, however, the rationale for implementing measures, including facility closures, will be consistent across jurisdictions. States and Territories will also collaborate closely to ensure that the community and other key stakeholders receive information which is consistent and from authoritative sources at all levels of government and through all phases of the pandemic.

**Principle 2:** Decisions to close educational facilities during a pandemic will only be made if and when necessary

The Western Australian Government recognises the significant social, community and economic impacts that could result from educational facility closures during an influenza pandemic. In the event of a pandemic, the Government’s approach would be to continue normal operations for as long as feasible. Educational facilities will only be closed if necessary to protect the health and safety of the Western Australian community.

Decisions to close educational facilities will be based on the attack rate of pandemic influenza in Western Australia and the location of the spread across metropolitan and regional areas. The length of time that educational facilities remain closed will depend on the success in containing the spread of infection.

**Principle 3:** Decisions on closures of educational facilities will be based on assessment of the risk of spread of infection

The risk of spread of any infectious disease is generally higher in primary schools because children are high ‘shedders’ of virus and their social behaviour is not fully developed. Hygiene
measures are particularly difficult to supervise or implement among younger children. Accordingly, the closure of primary schools is likely to have a higher impact on containing the spread of the disease than the closure of facilities such as secondary schools and universities. Health authorities will monitor the situation closely and advise whether it is safe to send children to school.

Decisions to close secondary schools, TAFE colleges and tertiary institutions would be made if considered necessary and would be based on the attack rate and location of the spread of cases across metropolitan and regional areas.

**Principle 4:** Decisions on educational facility closures will be made in response to the actual situation in Western Australia, not in response to a pre-determined trigger

Closures of educational facilities will not be an automatic response to a trigger such as a change in the Australian pandemic phases or the first confirmed human to human transmission of pandemic influenza in Western Australia.

Decisions will be made at the time depending on the attack rate and location of spread of the disease. Closures in other parts of Australia would not necessarily lead to closures in Western Australia if there were no cases here.

**Principle 5:** Not all educational facilities in Western Australia would necessarily be closed at the same time.

The extent of educational facility closures will depend on how widespread the disease is and the location of cases. Given movement patterns, geographic areas would normally be closed, rather than single schools. Facilities in areas and regions where there is no evidence of cases would not be closed if there was no direct link to other cases and there was a low risk of people travelling from affected areas. Decisions to close schools will apply in the same way to all government and non-government schools.

**Principle 6:** Communication with stakeholders and the community will be integrated into the decision-making process

Timely and appropriate communications strategies will be implemented to minimise disruptions arising from decisions to close educational facilities in a pandemic. The way in which decisions are communicated to facilities and the community will take account of duty of care obligations and practical realities, particularly in relation to schools.

On the basis of advice from the health authorities, the Government will advise whether it is safe for children and students to attend school, college or universities. There is a possibility, however, that staff, parents and students may choose not to attend facilities due to fear of influenza exposure even if no decision has been made to close facilities or they have been reopened after a period of time.

The communication of clear, timely and accurate information about the risk and the reason for decisions will help to address concerns and ensure compliance with official directions. The diagram on the page 50 sets out the communication process for the education sector that will apply during a pandemic.

**Principle 7:** Closure of educational facilities does not necessarily mean a complete cessation of educational programming for students

The impact of a pandemic on students and their families will be reduced if measures are taken to minimise disruption to education delivery. Schools and other educational facilities are
encouraged to plan for the delivery of educational programming material and learning support processes even when they are not open.

A pandemic has the potential to disrupt assessment activities such as exams, and to affect students’ abilities to prepare and complete assignments. Educational authorities will develop flexible approaches that take account of a pandemic’s impact and minimise the disruption.

**Principle 8: The impact of educational facility closures will be subject to ongoing assessment during a pandemic with the aim that facilities be reopened as soon as possible to minimise social, community and economic impacts**

The Western Australian Government recognises the importance of educational facilities continuing to operate to the greatest extent possible during a pandemic to minimise the social, community and economic impacts of the pandemic. A return to normal functioning as soon as possible will also be critical to recovery once an outbreak is over. Once a decision to close facilities has been made, its impact on the spread of the disease will be regularly assessed and the decision reviewed in light of the impact.

**Principle 9: During a period of school closure, school facilities will only be used for pandemic response activities where that is the best available option.**

The Western Australian Government recognises the need to respect the educational and psychological needs of school communities. Recovery processes following a pandemic will be greatly enhanced if school buildings can be reopened as quickly as possible for school purposes. School facilities will only be used for purposes such as vaccination clinics during a period of school closures where that is the best available option.
Communications during a pandemic: Schools and other educational facilities

- National Pandemic Emergency Committee (Commonwealth, States and Territories)
- Communicable Disease Control Directorate (Department of Health) recommends closure of educational facilities
- Consultation with Department of Education and Training (DET) and educational peak bodies Pandemic Coordinators
- State Emergency Coordination Group (and State Disaster Council, if operational) decides what action will be taken
- Department of Health (DoH) advises universities of decision to close, if taken; closure arrangements activated by university authorities
- SECG coordinates media statements with Department of Health Public Affairs Branch in consultation with DET or relevant educational body
- DET activates school closure arrangements; liaises with Technical and Further Education WA (TAFEWA) Association of Independent Schools WA (AISWA) and Catholic Education Office (CEO)
- TAFEWA, AISWA and CEO activate closure of relevant campuses
- DET communication strategies activated
- Communication strategies activated
- Activation of public enquiries strategy: information on school closures available on DET 1800 number / website, DoH website and State Public Advice Line
- Public announcements
- District/Local Emergency Management Coordinators / District/Local Emergency Management Arrangements
Appendix H: Pandemic influenza planning websites and information

International

- The World Health Organisation is coordinating the global response to human cases of H5N1 avian influenza and monitoring the corresponding threat of an influenza pandemic. The WHO website includes both technical guidelines and information useful for the general public, www.who.int/csr/disease/avian_influenza/en/index.html

National


- The Commonwealth Department of Agriculture, Fisheries and Forestry website contains information about Australia’s preparedness to prevent and manage an outbreak of avian influenza in Australian birds. www.daff.gov.au/birdflu

- The Commonwealth Department of Foreign Affairs and Trade travel advisory website includes bulletins on travel health issues including avian influenza. www.smartraveller.gov.au

- The Australian Local Government Association website contains information and links for Local Government emergency managers about the nature of the pandemic influenza threat, the likely impacts on their community, and planning underway at the international, national, state and territory level. www.alga.asn.au/policy/emergman/fluPandemic


Western Australia

- The Department of Health website includes information about the Western Australian Department of Health’s planning and preparation for an influenza pandemic. www.public.health.wa.gov.au/1/422/2/pandemic_influe.pm

- The Office of State Security and Emergency Coordination website contains information about Western Australian planning for a pandemic and links to other resources. www.ossec.dpc.wa.gov.au/pandemic


Business Continuity Planning


- The **Commonwealth Department of Innovation, Industry, Science and Research** has produced a range of tools to assist Australian businesses prepare for a possible human influenza pandemic in Australia, including a kit for small businesses. [www.innovation.gov.au/General/Corporate/Pages/BusinessContinuityPlanning.aspx](http://www.innovation.gov.au/General/Corporate/Pages/BusinessContinuityPlanning.aspx)

- The **Western Australian Small Business Development Corporation** can provide free advice and guidance to Western Australian businesses to support them to develop effective business continuity plans. [www.sbdc.com.au](http://www.sbdc.com.au)

- The **Nationalsecurity.gov.au** website explains why businesses of all sizes need to be ready to manage any emergency or adverse situation that might affect them. [www.nationalsecurity.gov.au](http://www.nationalsecurity.gov.au)

- The Australian Standard for Risk Management. AS/NZS 4360 (1999) can be purchased through the **Standards Australia** website [www.standards.com.au](http://www.standards.com.au). Other useful references include:
  - HB 221: 2004 Business Continuity Management
  - HB 293- 2006 Executive Guide to Business Continuity Management

Abbreviations

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<th>Abbreviation</th>
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<tr>
<td>AHMPPI</td>
<td>Australian Health Management Plan for Pandemic Influenza</td>
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<td>AUSVETPLAN</td>
<td>Australian Veterinary Emergency Plan</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer of Australia</td>
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<td>NPEC</td>
<td>National Pandemic Emergency Committee</td>
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<td>SDC</td>
<td>State Disaster Council</td>
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<td>SECG</td>
<td>State Emergency Coordination Group</td>
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<td>SEMC</td>
<td>State Emergency Management Committee</td>
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<td>WAHMPPI</td>
<td>Western Australian Health Management Plan for Pandemic Influenza</td>
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Definitions


Epidemic: Rapid spread of a virus through a population in a generalized area.

First ministers: The Prime Minister of Australia, Premiers of the States and Chief Ministers of the Territories.

H5N1 avian influenza (bird flu): Type A virus affecting birds but transmissible in rare circumstances to humans who are in close contact with affected birds. It causes severe influenza-like symptoms and may result in death.

Influenza (the flu): A highly contagious disease of the respiratory tract caused by the influenza virus.

Influenza Type A: Occurs in humans and animals.

Pandemic: Epidemic on a global scale.
BUNBURY EMERGENCY MANAGEMENT ARRANGEMENTS

MEDICAL SUPPORT PLAN

SOUTH WEST HEALTH CAMPUS (SWHC)
INTRODUCTION

This support plan details the arrangements to render first aid, medical treatment, public health, collection and transportation of casualties for evacuation and hospitalisation during local emergencies.
1. CONTENTS

This support plan is produced under the authority of the Bunbury LEMC.

2. AIM

To provide first aid, triage, medical treatment, ambulance transportation, hospitalisation, mental health, pharmaceutical and medical supply services for those affected by emergencies.

3. CO-ORDINATION

The Bunbury Regional Hospital is responsible for the provision of a Medical co-ordinator. All agencies involved in this plan shall ensure they act under the arrangements detailed by the Medical Coordinator.

4. ACTIVATION

On advice from the Bunbury Local Emergency Coordinator, the Medical Coordinator shall activate key personnel of Support Organisations participating in the Medical Support Plan and those named in the SWHC Emergency Procedures – Code Brown – External Emergency.

5. KEY PERSONNEL & CONTACT FACILITIES

Contact details are in the SWHC Emergency Procedures Manual and the BEMA Emergency Contacts Directory
6. HEALTH ORGANISATIONS

6.1 HEALTH COORDINATOR

All participating health organisations are coordinated in support of the Control Authority by the Bunbury Regional Hospital (BRH) - Director of Acute Care (DAC) or, in absence, by the Duty Nurse Manager (DNM).

Tasks

Treat and or hospitalise casualties:
- At SWHC
- Arrange transfer of an appropriate referral point
- Provide on site Mobile Medical Team (MMT)

6.2 AMBULANCE SERVICE OF WA

Ambulance Service – Provide ambulance transport, patient care and transportation of medical personnel and facilities.

St John Ambulance Brigade – Provide first aid services.

6.3 HEALTH CENTRES

Health Centres are designated at the SWHC as:
- a) Bunbury Regional Hospital
- b) St John of God Hospital

6.4 AGENCIES RESPONSIBILITIES

The following is the primary task allocation for participating organisations. Organisations that are capable of performing more that their primary tasks may be called upon to assist according to the requirements at the time.

1. BRH
   - Provide a medical Co-ordinator
   - Provide reception and hospitalisation for casualties
   - Provide triage and medical teams as required
   - Co-ordinate medical resources
   - Process hospitalised casualties for evacuation
   - Provide an off site Mobile Medical Team as required
7. CONTINGENCY PLAN

TITLE: SOUTH WEST HEALTH CAMPUS EMERGENCY PROCEDURES EXTERNAL EMERGENCY – CODE BROWN

PURPOSE: Guidance for an emergency (disaster) situation

PLAN: The (DAC) Director of Acute Care or the Duty Nurse Manager DNM will provide direction to personnel

PROCEDURE:

1. In the event of notification of an external emergency (disaster) the person taking the call will record the details and location of the disaster
2. The DAC/DNM will be notified immediately
3. Personnel will take directions for the DAC/DNM until such time as a command post is established
4. If case of off site requirements the MMT will operate out of a designated site determined safe by the Incident Controller of the event.
5. The site will be under the control of the Medical Commander of the MMT.
6. The Campus will continue in “disaster” mode until the all clear is given
7. Debriefing post incident ASAP. DAC/DNM to arrange.
BUNBURY EMERGENCY MANAGEMENT ARRANGEMENTS

ENVIRONMENTAL HEALTH
EMERGENCY MANAGEMENT SUPPORT PLAN
INTRODUCTION

The Environmental Health Emergency Management Support Plan formalises Environmental Health support to Bunbury’s Local Emergency Management Arrangements as authorised by the Local Emergency Management Committee (LEMC) and sanctioned by the City of Bunbury.

It is not a ‘stand alone’ document as it references other documents at Table 1 (b) that should be considered as component parts.

The Environmental Health Emergency Management Support Plan was prepared by the Environmental Health Emergency Management Support Group – having consulted LEMC members, the Senior Policy Officer (Disaster Management) Department of Health, the Disease Control Coordinator South West Population Health Unit and the City’s Executive Manager City Services and Waste Manager.
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<td>2.2 Department of Health Contacts</td>
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<td>2.3 LEMC Contacts</td>
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<thead>
<tr>
<th>Organisation</th>
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<td>Department of Health</td>
<td>Senior Policy Officer Disaster Management</td>
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<tr>
<td>City of Bunbury</td>
<td>Waste Management Manager</td>
<td>1</td>
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<tr>
<td>S W Population Health</td>
<td>Disease Control Coordinator</td>
<td>1</td>
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<tr>
<td>Bunbury LEMC</td>
<td>Members as per distribution list</td>
<td>1 per member</td>
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<tr>
<td>Amendment No.</td>
<td>Date</td>
<td>Details of Amendment</td>
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<td>1.</td>
<td>April 2006</td>
<td>Inclusion of Pandemic Influenza Arrangements</td>
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<td>2.</td>
<td>October 2006</td>
<td>Various minor updates</td>
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<td>April 2007</td>
<td>Various minor updates (references)</td>
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<td>5.</td>
<td>May 2009</td>
<td>Minor updates &amp; formatting</td>
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<td>6.</td>
<td>March 2010</td>
<td>Various updates &amp; contact list</td>
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<td>7.</td>
<td>July 2011</td>
<td>Minor updates &amp; formatting</td>
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<td>9.</td>
<td></td>
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<td>10.</td>
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</table>
GLOSSARY OF TERMS

AQWEST
“AQWEST” is synonymous with “Bunbury Water Board”

Bunbury Emergency Recovery Arrangements
All that is contained within the document entitled “Bunbury Emergency Recovery Arrangements”.

Bunbury Emergency Recovery Committee
An Emergency Recovery Committee authorised to administer Bunbury’s Emergency Recovery Arrangements.

Bunbury Local Emergency Management Arrangements
All that is contained within the document entitled “Bunbury Local Emergency Management Arrangements”.

Bunbury Water Board
The Bunbury Water Board is a statutory authority responsible for the provision of potable water throughout the City of Bunbury.

Department of Health
Western Australian Department of Health

Designated “Function” Support Agency
Those agencies listed at Appendix G of the Western Australian Emergency Management Arrangements - Policy Statement No 7.

Emergency
An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which, for this plan, is beyond the resources of a single organisation or which requires the co-ordination of a number of significant emergency management activities.

Environmental Health Service
The Environmental Health Service refers to a service provided by the City of Bunbury, which generally works to mitigate adverse environmental influences on human health. During the course of an emergency, Environmental Health Service officers will become focussed on their responsibilities within the Environmental Health Emergency Management Support Group.

Local Emergency Coordinator
The person designated as “Local Emergency Coordinator” in accordance with Bunbury’s Local Emergency Management Arrangements.

Environmental Health
Environmental influences on human health.
**Environmental Health Assistant**
A person engaged by the Environmental Health Support Coordinator to assist Environmental Health Emergency Management Support Group

**Environmental Health Emergency Management Support Group**
All Environmental Health Officers appointed by the City of Bunbury and other qualified Environmental Health Officers authorised by the Local Emergency Coordinator to pursue the Environmental Health Emergency Management Support Plan.

**Environmental Health Emergency Response Kit**
A collection of items that may be useful for an Environmental Health Officer attending an emergency and assembled in a kit that can be readily procured and transported.

**Environmental Health Support Coordinator (EHSC)**
The person appointed by the City of Bunbury as Manager Health and fulfilling the functions described at Appendix 1.2.

**Environmental Health Officer**
A person appointed by the City of Bunbury as an “Environmental Health Officer” in accordance with the provisions of the Health Act S27.

**Environmental Health Plan**
A plan that serves to satisfy the City of Bunbury’s Strategic Plan by documenting current and future environmental health activities. It also provides rationale and procedural arrangements for many of the tasks undertaken by Environmental Health Officers.

**Health Coordinator**
The person designated as “Health coordinator” in accordance with State Health Emergency Management Support Plan.

**Hazard Management Agency (HMA)**
An organisation which, because of its legislative responsibility or specialised knowledge, expertise and resources is responsible for ensuring that all emergency management activities pertaining to the prevention of, preparedness for, response to and recovery from a specific hazard are undertaken. Such organisations are either designated by legislation or detailed in State level emergency management plans. *(A list of HMAs is at Annex F to Western Australian Emergency Management Arrangements – Policy Statement No 7. This policy statement may be accessed via the web address reference on the end page to this document).*

**Local Emergency Management Committee (LEMC)**
A Local Emergency Management Committee authorised to administer Bunbury’s Local Emergency Management Arrangements.
Medical Officer of Health
A medical practitioner appointed by the City of Bunbury as “Medical Officer of Health” in accordance with the provisions of the Health Act S27.

Recovery Coordinator
The person designated as “Recovery Coordinator” in accordance with Bunbury’s Local Emergency Management Arrangements.

Risk
The probability that a hazard may be realised at a specific level in a given span of time.

South West Population Health Unit
A regional arm of the Department of Health

Support Organisation
An organisation whose response in an emergency is either to restore essential services (e.g. Western Power, AQWEST, Water Corporation etc) or to provide such support functions as welfare, medical and health, transport, communications, engineering etc. The Environmental Health Emergency Management Support Group provides support functions for the City of Bunbury.

Water Corporation
The Water Corporation provides a reticulated sewerage system and a sewage treatment facility for Bunbury householders, businesses and industry. The Water Corporation also supplies water to the Pelican Point area.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>BERA</td>
<td>Bunbury Emergency Recovery Arrangements</td>
</tr>
<tr>
<td>BERC</td>
<td>Bunbury Emergency Recovery Committee</td>
</tr>
<tr>
<td>DEC</td>
<td>Department of Environment and Conservation</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>EHSC</td>
<td>Environmental Health Support Coordinator</td>
</tr>
<tr>
<td>HMA</td>
<td>Hazard Management Agency</td>
</tr>
<tr>
<td>LEMC</td>
<td>Local Emergency Management Committee</td>
</tr>
</tbody>
</table>
1. AUTHORITY

Environmental Health works directly under the WA Health Act and as such plays a critically important role in community health particularly in non-routine and disaster situations.

2. SCOPE

Environmental Health functional areas will be considered and addressed according to the circumstances of an emergency with emphasis on the “Recovery Phase”. The plan is reliant upon the application of other plans and guidelines where they relate to a particular emergency. (Refer to Table 1)

Table 1 (a)

<table>
<thead>
<tr>
<th>Functional Areas</th>
<th>Reference No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe water</td>
<td>1, 2, 6, 7, 8</td>
</tr>
<tr>
<td>Safe food</td>
<td>1, 2, 4, 5, 6</td>
</tr>
<tr>
<td>Solid waste collection and disposal (general)</td>
<td>1, 2, 5, 6</td>
</tr>
<tr>
<td>Hazardous waste</td>
<td>1, 2, 4, 5</td>
</tr>
<tr>
<td>Sewage and Sullage disposal</td>
<td>1, 2, 6</td>
</tr>
<tr>
<td>Control of vectors and vermin</td>
<td>1, 2, 6</td>
</tr>
<tr>
<td>Disease control</td>
<td>1, 2, 4, 5, 6</td>
</tr>
<tr>
<td>Emergency shelter and housing</td>
<td>1, 2, 5, 6</td>
</tr>
<tr>
<td>Disposal of dead animals</td>
<td>1, 2, 6</td>
</tr>
<tr>
<td>Personal hygiene and disinfection</td>
<td>1, 2, 4, 5</td>
</tr>
<tr>
<td>Human Remains</td>
<td>1, 2, 5, 6</td>
</tr>
<tr>
<td>Safe mass gatherings</td>
<td>1, 2, 3</td>
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Table 1 (b)

<table>
<thead>
<tr>
<th>Key</th>
<th>References</th>
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<tbody>
<tr>
<td>1</td>
<td>City of Bunbury Environmental Health Plan</td>
</tr>
<tr>
<td>2</td>
<td>Bunbury Local Emergency Management Arrangements and Bunbury Emergency Recovery Arrangements (BERA).</td>
</tr>
<tr>
<td>3</td>
<td>Guidelines for Concerts, Events and Organised Gatherings – Released by the Department of Health December 2009.</td>
</tr>
<tr>
<td>4</td>
<td>South West of WA Human Epidemic Emergency Management Plan</td>
</tr>
<tr>
<td>5</td>
<td>South West Management Plan for Pandemic Influenza</td>
</tr>
<tr>
<td>6</td>
<td>Floods: An environmental health practitioner’s emergency management guide – National Environmental Health Forum Monographs – Counter Disaster Series No 1.</td>
</tr>
<tr>
<td></td>
<td>The 2004 Bunbury Risk Management Project, through a process of community consultation, identified “floods” as presenting one of the most</td>
</tr>
</tbody>
</table>
significant risks to the City. Floods within the City potentially call upon a 
broad range of environmental health treatments, many of which may be 
applicable to discrete emergencies. (e.g. sustained power or sewerage 
outages). For this reason, “flooding” has been specifically addressed through 
this reference, with the intent that elements within the monographs may be 
applied independently according to the circumstances of a particular 
emergency; except that precedence shall be given to anything documented 
within this plan and the Bunbury Local Emergency Management 
Arrangements.

7 AQWEST Water Quality Incident Management Plan
8 AQWEST Memorandum of understanding with the Department of Health

In addition to the plans referenced at Table 1 (b), the State government has various “health” orientated 
emergency management plans that may be activated in the event of an emergency within the City of 
Bunbury. These include:

- WA State Health Emergency Management Support Plan,
- WA Chemical, Biological and Radiological Emergency Management Plan (available only to key 
  participants), **THIS IS A STATE PLAN, WITH FESA as HMA**, and WA Hazardous Materials 

3. **AIM**
To guide the Environmental Health Emergency Management Support Group and support agencies in 
providing coordinated effective environmental health emergency services within the municipality.

4. **ENVIRONMENTAL HEALTH EMERGENCY MANAGEMENT SUPPORT GROUP**
The Environmental Health Emergency Management Support Group members, their lines of authority and 
contact details are provided at Appendix 2.1.

5. **ENVIRONMENTAL HEALTH FUNCTIONS**
Refer to Appendix 1 for the functions of the Environmental Health Emergency Management Support 
Group and its members.

6. **RESPONSE FUNCTIONS**
The Environmental Health Emergency Management Support Plan will be activated by the EHSC upon 
direction by an HMA or the Local Emergency Coordinator.

Activation will involve the following sequences:
STAGE 1 - ALERT

As soon as possible, following a warning or advice that an emergency may occur or has occurred, the EHSC shall ensure that the following people are appropriately briefed:

- Members of the Environmental Health Emergency Management Support Group (refer to Appendix 2.1),
- Mayor, City of Bunbury,
- Chief Executive Officer, City of Bunbury,
- Executive Director Population Health,
- Medical Officer of Health - City of Bunbury,
- Chief Executive Officer of the South West Area Health Service,
- Director of the South West Population Health Service, and
- Other City of Bunbury officers (depending upon the need).

STAGE 2 - STANDBY:

As the impact of an emergency becomes imminent:

- the EHSC shall notify the Health Coordinator,
- the EHSC shall liaise with the Local Emergency Coordinator and brief all members of the Environmental Health Emergency Management Support Group, and
- the members of the Environmental Health Emergency Management Support Group will report to a designated place and prepare for action.

STAGE 3 - CALL OUT:

Upon a decision to involve the Environmental Health Emergency Management Support Group, all members shall assume their functions according to the circumstances of the particular emergency.

Refer to Appendix 1 for Functional Descriptions and to Appendix 5 for information relating to an “Environmental Health Emergency Response Kit”.

Note: It is likely that the role of the group and its members will become more prominent as the “Recovery Phase” approaches.

STAGE 4 - STAND DOWN

On receiving an order from an HMA or the Local Emergency Coordinator to terminate the “Response Phase”, the EHSC will advise the Environmental Health Emergency Management Support Group accordingly.
7. **RECOVERY FUNCTIONS**

**AIMS OF RECOVERY**

With regard to environmental health matters, the “Recovery Phase” aims to:

- Provide assistance to affected persons according to identified priorities and needs.
- Mitigate or where possible, rectify environmental health anomalies.
- Contribute to the rehabilitation of victims.

**RECOVERY SERVICES**

Environmental health activities involved in the Response Phase seamlessly flow to the longer term “Recovery Phase” which focuses on the following matters:

- Ensuring that environmental health services are both comprehensively available and readily accessible by satisfying the Functional Descriptions detailed at Appendix 1;
- Ensuring that environmental health assistance takes into account the social and cultural environment of the affected community;
- Supporting affected people in managing their own affairs; (So far as is practicable it is generally preferable to “assist” rather than “do” and “supplement” rather than “supply” so as to best utilise limited human, material, and financial resources.)
- Disseminating information on environmental health services so as to encourage their use;
- Structuring the provision of environmental health services so that they best meet the demands of any particular emergency. (This may involve securing additional human, material, and/or financial resources.)

The “Recovery Phase” will be finalised by a report by the Environmental Health Support Coordinator on the activities of the Environmental Health Emergency Management Support Group. This report will be made available to the Local Emergency Management Committee for consideration during the review process.

8. **TRAINING**

Members of the Environmental Health Emergency Management Support Group will be encouraged to attend relevant emergency management training. Members will also be encouraged to participate in exercises run at the LEMC to set plans and arrangements.

9. **REVIEW**


The review will incorporate the auditing of:

- Names and other details of Key Personnel (Appendix 2)
- Environmental Health resources
- Currency of the document
- This Support Plan will be tested by emergency LEMC exercises.
1.1 ENVIRONMENTAL HEALTH EMERGENCY MANAGEMENT SUPPORT GROUP

The duties and responsibilities of the Environmental Health Emergency Management Support Group include:

- Developing strategies to ensure that adequate Environmental Health standards are provided, maintained and where necessary, re-established;
- Regular assessment of the Environmental Health Service’s readiness for an emergency; and
- Liaison with committees or other groups pursuing the State Health Emergency Management Support Plan or Bunbury’s Local Emergency Management Arrangements.

1.2 ENVIRONMENTAL HEALTH SUPPORT COORDINATOR

The duties and responsibilities of the Environmental Health Support Coordinator include:

- Activation of Environmental Health Emergency Management Support Plan;
- Leadership of the Environmental Health Emergency Management Support Group;
- Assessment of ‘needs’ arising from an emergency;
- Membership of the Local Emergency Management Committee;
- Membership of Bunbury LEMC’s Health and Wellbeing Sub-Committee;
- Convening regular meetings of the Environmental Health Emergency Management Support Group;
- Membership of the South West of WA Human Epidemic Emergency Management Committee;
- Membership of the South West Pandemic Influenza Management Committee
- Notifying the District Human Epidemic/Pandemic Coordinator immediately upon being aware of a possible human epidemic/pandemic;
- Subsequent to the direction of Local Emergency Coordinator, provision of a support Service to, and liaison with, all combatant authorities, supporting agencies and adjoining municipalities;
- Coordination of all matters relating to Environmental Health;
- Media releases agreed to by the Local Emergency Coordinator;
• Coordination of Health teams to ensure that all preventative Environmental Health measures are taken and the restoration of normal services are facilitated where and as soon as possible; and
• The provision of regular and up-to-date situation reports to the Local Emergency Coordinator and Recovery Coordinator.

1.3 DEPUTY ENVIRONMENTAL HEALTH SUPPORT COORDINATOR

When not performing the role of EHSC, the deputy shall assist the EHSC in planning and preparation for an emergency and in operational matters during and after an emergency. Refer to Appendix 3.1.

1.4 ENVIRONMENTAL HEALTH OFFICERS

The duties and responsibilities of Environmental Health Officers include:

• Organisation and Field Surveillance work;
• Control of Infectious Disease

Work is undertaken in accordance with the City of Bunbury’s Environmental Health Plan, except that when activated, the South West Population Health Unit’s Human Epidemic Plan or South West Management Plan for Pandemic Influenza shall take precedence.

• Investigation of Outbreaks of Infectious Disease and Food Poisoning in cooperation with the South West Population Health Unit;
• Safety of food supplies and catering areas, including:
  - Monitoring of all food outlet hygiene standards,
  - Inspection of all donated food,
  - Supervising the disposal of contaminated food,
  - Monitoring of food transport vehicle hygiene standards,
  - Supervising the siting and assessing the suitability of emergency kitchens, dining areas and mobile fridge/freezer units, and
  - Examination and Analysis of food and water (when necessary);
• Hygiene practices of food handlers, including:
  - Briefing food handlers on appropriate food handling procedures, and
  - Monitoring food handler hygiene practices;
• Monitoring of food hygiene standards in relation to food preparation areas and dining areas, including:
  - Inspection of food equipment and appliances for cleanliness,
  - Inspection of crockery, cutlery and dining area for cleanliness, and
  - Assessment of cleaning procedures;
• Responding to food recalls in accordance with Department of Health directions;
- Cooperating with the Department of Health and AQWEST to ensure the availability of safe water. 
  (It should be noted that the Department of Health is responsible for the provision of community 
  advice whilst AQWEST is responsible for maintenance of a suitable supply of drinking water – 
  including the supply of carted water).

- Safety of sewage and sullage wastes, including:
  - Safe sanitary treatment and disposal of human waste and drainage,
  - Locating, inspection and identifying existing on-site effluent disposal systems,
  - Inspections of on-site effluent disposal systems,
  - Pursuing the removal of waste from defective effluent disposal systems, 
  and
  - Liaison with relevant Water Corporation personnel to determine whether or 
    not the sewerage system is jeopardised;

The Water Corporation is responsible for the provision and maintenance of a reticulated sewerage 
scheme within the City of Bunbury. Environmental Health Officers must also liaise with the Water 
Corporation on the state of the scheme, so as to determine whether or not alternative arrangements 
are necessary.

- Disposal of refuse and rubbish, including:
  Safe disposal of all refuse including spoilt or damaged food from homes, food premises, food 
  warehouse, cool stores, cool rooms, ice works etc., where affected by the emergency including power 
  failure,

As routine waste collection and disposal services are undertaken by the City’s Waste Management 
Services, close liaison is required with the City of Bunbury’s Waste Manager regarding the removal of 
all putrescible matter, i.e. food, from damaged building including those affected by power shortage

  - Determining alternative areas of disposal in consultation with other relevant personnel. e.g. City of Bunbury’s Waste Management Manager, Department of 
    Environment & Conservation (DEC) officers, Department of Health (DoH) 
    officers, engineers etc,
  - Liaison with the City of Bunbury’s Waste Manager regarding collection and 
    disposal of waste and debris which may be strewn throughout the environment,
  - Liaison with the City of Bunbury’s Waste Manager regarding the coordination of 
    waste collection services including the provision of adequate bins and containers 
    within emergency relief areas, and
  - Liaison with the City of Bunbury’s Waste Manager regarding the provision of 
    suitable garbage receptacles for people who have re-inhabited their dwellings or 
    who have established temporary accommodation on their properties;
• Disposal of hazardous, toxic or radioactive waste (in co-operation with the City of Bunbury’s Waste Manager, the DEC and the DoH);

• Vermin and vector control, including:
  - Co-ordinating pest and vermin control activities at “relief” facilities,
  - Co-ordinating pest and vermin control activities in areas affected by the emergency, and
  - Advising the community on the most practicable means of controlling pests and vermin;

• Suitability of emergency housing, including:
  - Ascertaining the habitability of damaged buildings from a health and hygiene perspective. Any building considered to be structurally unsound will be brought to the attention of the City’s Building Surveyors for assessment,
  - Inspection of temporary accommodation units - e.g. caravans,
  - Co-ordinating temporary toilets, showers and laundry facilities and the disposal of wastes from the same,
  - Provision of electricity,
  - Provision of a safe and adequate water supply, and
  - Provision of suitable and sufficient garbage receptacles;

• Suitability of Recovery/Evacuation centres (halls, schools, etc);

  1. The Department for Child Protection is responsible for the coordination of Recovery or Evacuation Centres for any emergencies requiring “welfare” support. These services include:
     Registration and inquiry;
     Financial Assistance;
     Emergency Accommodation (Centres and other venues);
     Catering and;
     Personal Support Services

  2. The Environmental Health Service Officers are responsible for pursuing:
     Adequate floor space (so as to avoid overcrowding);
     Acceptable protocols to ensure safe food and water;
     Cleanliness of buildings;
     Adequate ventilation;
     Sufficient and suitable garbage receptacles;
     De-sludging of septic tanks and other effluent receptacles;
     Unhealthy accumulations of refuse and rubbish;
     Measures necessary to control the spread of vermin and vectors, and
     Food poisoning outbreaks
• Disposal of dead animals;

**Advice on means of disposal after consulting the Department of Agriculture with respect to animal deaths caused by zoonotic diseases such as anthrax.**

• Disposal of human bodies;

**This is the responsibility of the Coroner’s Office (Department of Justice), however, the Environmental Health Officer may be asked for advice on temporary mortuaries facilities i.e. cool stores, mobile refrigeration units.**

• General advice on Environmental Health matters such as:
  - Personal and community health,
  - Control of domestic pets,
  - Disposal of rubbish,
  - Immunisation,
  - Provision of disinfectants, cleaning agents and antiseptics
  - Minimising health nuisances, and
  - Appropriate relevant organisations and personnel, e.g. welfare, registration centres, doctors, financial advisers, interpreters, councillors etc;

• Terminal disinfection of buildings and clothing;

**Disinfection of buildings and clothing will follow outbreaks of infections or exotic diseases or buildings inundated with floodwaters, sewage or other potentially infectious matter. This work is carried out after consultation with DoH and the City of Bunbury’s Medical Office of Health.**

• Addressing Food sabotage; and

**Environmental Health Officers have a combat role in such instances, in liaison with the DoH and the City of Bunbury’s Medical officer of Health and the Police.**

• Adherence to relevant plans and guidelines.

**Environmental Health Officers shall, at the discretion of the Environmental Health Support Coordinator (EHSC), pursue:**
  - Bunbury’s Local Emergency Management Arrangements,
  - Environmental Health Plan, and
  - National Environmental Health Monographs – Counter Disaster Series 1.

### 1.5 ENVIRONMENTAL HEALTH ASSISTANTS

Environmental Health Assistants may be engaged at the discretion of the EHSC.
2.1 Environmental Health Emergency Management Support Group

2.2 Department of Health Contacts

2.3 LEMC Contacts

2.4 Emergency Contacts Directory

2.1 ENVIRONMENTAL HEALTH EMERGENCY MANAGEMENT SUPPORT GROUP

The following are the contact details for members of the Environmental Health Emergency Management Support Group:

*Due to confidentiality of personal contact details this section has been removed*
2.2 DEPARTMENT OF HEALTH CONTACTS

**HEALTHDIRECT** 24 Hour Service – 1800 022 222

*Due to confidentiality of personal contact details this section has been removed*

2.3 LEMC CONTACTS

Refer to Bunbury’s Local Emergency Management Arrangements for a list of key LEMC personnel.

2.4 EMERGENCY CONTACTS DIRECTORY

Refer to Appendix 5 of Bunbury's Local Emergency Management Arrangements.
Each year in Australia many houses and other buildings are damaged by flood. The following information is intended for distribution in flood stricken areas and should assist homeowners repair their homes at minimum cost and inconvenience.

**SUMMARY**

It may take months, rather than weeks to get a house back into the condition it was in before the flood. However, it is important to start work just as soon as the rains have stopped and water receded. The tasks, which need to be done as quickly as possible, are:

- Clear up, drain and start drying out the house as soon as the floodwater recedes.
- Take out everything that is wet and can be moved - floor coverings, furniture, bedding and clothing.
- On dry days, keep all doors and windows open. On wet days, keep windows ajar.
- Drain away water under the house, and try to increase the airflow there to assist drying.
- Check for trapped water and mud in all cavities, as well as under such things as shower trays, baths, benches and bottom shelves.

Any able-bodied person can do most of the cleaning up and drying out, while a competent home handyman could easily cope with most of the repairs and redecorating. Some jobs, however, must be done by a tradesperson or other qualified person, and should never be attempted by the homeowner; for example, the checking of electrical and gas fittings (these MUST be checked before re-using).

A City of Bunbury Building Surveyor is available to provide advice on statutory requirements of any structural work that may be proposed. If in doubt – please find out before proceeding.

The final two tasks must only be done after the structure has dried out completely.

- Replace wall linings, floor coverings, etc. only after the structural timber is dry. Drying could take months.
- Leave redecorating for at least three months after finishing the repairs. Paint and paper too soon, and you risk mould, blistering and peeling.

**WARNING**

The hints given assume that there is no structural building damage, such as leaning walls or foundation damage. If there are any signs that the house has moved on its foundations - buckled floors, new cracks in walls, or out of shape door frames - consult a qualified structural engineer or building consultant.

**ELECTRICAL AND GAS FITTINGS**

Ensure all electrical and gas fittings have been checked by an electrician or gas fitter/gas supply technician (as appropriate) before reusing.
THE FLOOR

* Particle board flooring

Particle board is likely to lose some strength when saturated and re-dried. Any parts carrying load should be carefully checked, particularly if they show any sign of swelling swollen or soft particle board should be removed.

As soon as possible, assist the drying out by removing any varnish or sealer from the floor by sanding, making sure that there is good ventilation once the board is sanded. Clean the floor with a fungicide and allow to dry.

* Tongue and groove timber flooring

If the floor is made of tongue and groove timber, scrub and allow the floor to dry. Again, removing any varnish by sanding, and having good ventilation, will assist drying.

* Concrete floors

Concrete floors are easily washed and swept clean. The surface soon dries; however, the interior of the concrete dries very slowly, so that it may be some time before floor coverings can be replaced.

The following simple test will give a general indication of how dry a concrete floor is:

Tape all four edges of square metre of clear polythene to the floor, away from sunlight. Cover with a blanket and leave for 24 hours. If condensation forms on the underside of the polythene, the floor is too damp for laying vinyl or carpet with rubber underlay or backing. Lift the polythene and place another piece in a few days (don't leave the same piece taped to the floor). Wait until the polythene stays dry for two or three consecutive days.

FLOOR COVERINGS

* Carpets

There are two major problems - (a) relaxation shrinking occurs when the carpet is wet and then dried without constraint, and (b) degradation of the jute and cotton of carpet backing occurs when the carpet is left damp, and exposed to the atmosphere.

As carpet fabric and design varies considerably, the carpet manufacturer’s advice should be taken following flood damage. In the absence of such advice, the following procedures should be considered as soon as possible:

a) Take up the carpet and hose it down if it is muddy.

b) Dry it as quickly as possible to minimise degradation of the jute and cotton backing. If the house has warm air heating, it may be beneficial to hang the carpet inside.

c) While the carpet is drying, try to retain its original dimensions, by careful stretching and tensioning.

d) After it has dried, an assessment should be made of its condition, noting such points as:
• shrinkage;
• degradation of backing materials and adhesives;
• degradation of the pile fibre (synthetic piles should be unaffected, but wool may show some degradation, if left dry for some weeks); and
• colour, pattern and texture retention. Extractives from the jute backing may stain the pile fibre, but this is readily removable from all fibre except wool. In certain carpets, the yarn used for the pile may have been ‘set’ for special effects, and this may have been lost.

e) If the carpet is considered suitable for re-use, it should be supplied to the cleaners and fungicide treatment specified. On re-laying, the carpet should fit into its original area but, if it is of an intricate shape, it may not fit perfectly.

* Carpet underlays

In the case of carpet underlays, the procedures depend on the type of underlay:

a) Hairfelts. If saturated with water, these will generally be ruined. On lifting, they will often break up and, after drying, will have become compressed and useless as underlay.

b) Synthetic foams and rubbers. These may be salvageable. They should be hung up, and hosed to remove trapped and solid matter, and dried. An assessment can then be made of their condition and, if suitable for re-use, a fungicide treatment would be desirable.

* Floor tiles or sheeting

If you need to remove vinyl tiles or sheets, they will probably need replacing with new material. Ceramic tiles can be left in place, provided they do not crack as the floor or substrate dries out.

WARNING

• Do not attempt to enter the house if there is any chance of walls or roof collapse, and then only after electricity, gas and sewerage services have been checked by relevant trades persons or the relevant authorities.

• Remember, not all damage can be seen. Take the utmost care. Hidden damage can endanger health and safety. If the house is badly damaged and looks unsafe, occupants should stay out until the building has been checked by a qualified structural engineer or building consultant.

• Do not light fires in brick fireplaces for at least two weeks, and then only use small fires until the firebricks have dried out.

• Because flood water is often polluted with sewage:
  a) Throw out any contaminated food.
  b) Keep children away during cleaning up.
  c) Use disinfectant when cleaning, and always wash your hands before eating, drinking and smoking.
  d) Disinfect cuts quickly, and cover with a waterproof dressing.
  e) Bury all accumulations of faecal matter quickly.
CLEARING OUT

Everything that is wet and can be moved - floor coverings, furniture, bedding, clothing, etc. - should be taken outside for cleaning and drying whenever the weather permits. Leave nothing that can trap moisture and prevent the structure from drying.

In the case of mattresses affected by contaminated water, these must be steamed cleaned by an approved contractor, or thrown out.

The easiest way to lift vinyl tiles is to gently lever them up with a garden spade. If there is particleboard underneath, take extra care. A spade can damage this flooring material.

To remove a sheet of vinyl, lift a corner and slowly and carefully pull up the rest.

Any refrigerator or freezer to be thrown out should be degassed before depositing at the tip, and not thrown out with the general rubbish. It is important to advise the tip operator on arrival at the tip.

DRAINING, CLEANING, DRYING AND REPAIRS

Once all the wet contents of the house are outside, cleaning up and drying can begin.

To assist drying, linings may have to be cut out. What is taken out can usually be put back on later. It will take several weeks, and longer in winter, to completely dry out the house.

On dry days, keep all doors and windows open. On wet days, leave windows ajar - the inside of the house will only dry if moisture can get out.

Turn on heaters in as many rooms as possible, leaving the windows open. Don't use more heaters than is necessary. Some heat will drive off the moisture, but too much may warp and crack wood.

Look for trapped moisture and mud in the less obvious places - under shower trays, benches, baths and bottom shelves. Remove the skirting board or plinth covering these places, and hose out the mud.

Wetting for a short period does not usually cause permanent damage to many building materials, but they should be dried out as soon as possible. Check for hidden pockets of water, and consider ways to facilitate drying. In most cases, especially with masonry materials, for example, bricks and concrete blocks, drying can take a very long time, possibly months.

Any mould that grows on wet linings and timber should be ignored until drying is complete. It can then be removed with household bleach, using several applications, if necessary. Remember, however, that bleach can affect the colour of some materials.

UNDER THE FLOOR

Drain away any water lying under the house. It may be necessary to dig a pit and pump out the water that collects. Where there is no access, cut a trap door in the floor or wall. Getting rid of excess water under wood or particle board floors is especially important in avoiding decay.

If debris, sewage or silt collects under the house, contact the City for advice on clearing and removal.
To increase the airflow under the house, and to assist drying:

- Knock out the ventilation grates in the foundations.
- Cut back, or dig out, plants or debris which is obstructing any vents.
- Leave any access doors open.
- Remove part of the foundation enclosure, such as base-boards or sheet materials where fixed to the outside of the stumps.

THE WALLS

Clean mud and dirt off brickwork and concrete blocks with water, detergent and a nylon or bristle brush. Using acid, instead of detergent, may cause staining.

A white salt growth (efflorescence) is likely to appear on bricks and concrete blocks during drying out. This is not serious and should stop when the wall is fully dried out. It can often be removed with a bristle broom.

Re-pointing and other repairs to cracked brickwork or concrete masonry are best left until the foundation soil has dried out the foundations and movements have ceased. Some cracks may actually close up as the foundations’ soil dries out. Minor cracks are not serious in brick veneer structures as there is usually a large amount of structural safety.

Timber weatherboards should be cleaned with water, detergent and a cloth or soft bristle brush, making sure that all the detergent is subsequently rinsed off.

If the flood level was higher than the floor, water can be trapped in the external wall cavity. Drain the cavity by wedging out the bottom row brick or veneer block every metre. In both cases, this should be done around the entire house. Hose out any mud or silt in the cavity, and let it dry out. Householders should note that this method of cleaning and repairing veneer cavity walls is usually best tackled by a tradesperson.

It may, in fact, be easier to clean the cavity from inside the house. Take out the skirting board and wall linings, and remove the insulation material. If that sounds like a lot of work, remember that everything is probably wet, and in need of replacement anyway.

Plaster sheet is very weak when wet, but may recover its strength when dry. If it is not obviously damaged, get any load off it, and let it dry - it will probably be all right, particularly if is reinforced with glass fibre.

Bulk insulation material can act like a sponge, soaking up water to the full height of the walls. The inside wall linings on the external walls may therefore have to be completely removed. Apart from having lost most of its insulation value, wet insulation material may hold moisture for months, causing dampness and mould to appear after redecorating has been done.

If water entered the roof, take out the wet ceiling insulating material as soon as possible. The extra weight of the wet insulation may damage the ceiling. Cellulose fibre insulation (a loose fill material made
of newspaper pulp) should be discarded and replaced with new insulation as water reduces its resistance to fibre spread.

Water can also be trapped in the internal wall cavities, behind the wall lining. Remove the skirting boards and cut out all damaged or wet linings up to the first horizontal piece of timber above the watermark. Hose out any mud or silt, and leave the cavity open so that it can dry. Remember that with timber frames, there may be noggings in the form way up, which could hold mud.

A local building surveyor may wish to inspect the wall timber and may ask for a few sheets of lining (the full height of the studs) to be removed.

Don't repaint walls too soon, and drying will be quicker if furniture and pictures are kept away from them. It may be necessary to remove vinyl wall coverings to help drying process.

DOORS

Hollow doors will probably be ruined and so could be removed to help drying. Solid wooden doors need to be dried slowly and evenly. Don't be tempted to hurry the drying by placing a heater close to or facing a door.

Don't rush into repairing things until the timber has had a chance to dry. A door may have swollen and jammed while it is still wet. Don't trim it off while wet. Wait until it is dry - it will probably fit again then. It may help to take off the architraves to help drying. Oil all locks and hinges immediately to prevent rust.

REDECORATING

Redecorating should be left for at least another three months after repairs have been finished. Painting or papering too soon may result in mould, blistering and peeling. Laying vinyl too soon may trap moisture.

The one exception to this is carpet. Provided there is no rubber underlay or backing, carpet allows moisture from the floor to evaporate, so it can be laid earlier.

The main message is “DO NOT RUSH”. Drying out will take a long time but when complete most troubles remaining will be decorative and easily repairable.

DUCTED HEATING OR VENTILATION

If situated under the house it will have to be dismantled and cleaned out.

If in the ceiling and affected by rain or flood water, it will need checking and dismantling as above, if roof was affected by flood waters.

DISINFECTION

Where the house has been affected by contaminated flood water (e.g. sewerage), all floors, walls, cupboards and such must be disinfected with an appropriate disinfectant after hosing down and removing all silt, sewerage and such extraneous matter. Suitable disinfectants are usually available from
supermarkets and hardware stores. In the event that they are difficult to access, the City of Bunbury’s Environmental Health Service will assist in identifying a supply.

If land around the house has been contaminated with sewerage, the use of lime spread over the affected area may (depending on the circumstances) be a suitable means of remediation. However, lime should be used with caution as unprotected skin and eyes can be damaged upon contact. Children **MUST** be prevented from entering the treated areas by any practicable means available. The City’s Environmental Health Service will offer further advice upon request and will assist in coordinating safe treatment of contaminated areas.

**HOT WATER SYSTEMS**

A flooded Hot Water System should be repaired by a suitably qualified person. Where not flooded but the water is full of sediment, flush out completely.

**DOMESTIC WATER MAINS/PIPES**

Flush out all taps for at least 5-10 minutes to clear pipes of sediment, once main water supply system has come back into operation.

P.N: Check with AQWEST or the City of Bunbury’s Environmental Health Service on safety of water if in doubt.

**SEPTIC TANK AND SWIMMING POOL**

If it is necessary to pump out your septic tank or swimming pool, ensure both are filled or refilled with at least 25% of water, to prevent either lifting out of the ground due to rising water table. In regards to a swimming pool, ensure area around pool is made secure to prevent children falling into pool.
1. FOOD MANAGEMENT

A. General

Unless proper sanitary measures are applied to the storage, preparation and distribution of food under emergency conditions, mass feeding will be a constant danger to health. Food is easily contaminated, especially when being prepared and distributed in conditions which may prevail during and after an emergency.

It may be better to opt for barbecue type foods where possible, e.g. meat, onions, potatoes and tomatoes. Caution still required with meats.

B. Temporary Kitchen Facilities

In certain situations, it may be necessary to set up temporary kitchens. Siting and construction should be in accordance with the guidelines of this section.

2. FOOD POISONING

A. Protection Aspects

Special attention must be paid to the services associated with the protection of food, namely:

- Water supply;
- Waste disposal; and
- Vector control.

B. Sanitation Requirements

These services may have to be carried out in an improvised manner. Failure to maintain proper sanitary conditions in the area of food preparation and distribution could lead to a secondary emergency with response personnel and emergency affected people having food poisoning.

C. Disease Risk

In emergencies, conditions are often conducive to an outbreak of food-borne disease, the consequences of which could be overwhelming. As both medical and environmental health services might already be short staffed and fully focused on urgent situations, they would be further stressed in the event of an epidemic. Such circumstances would highlight the need for the proper planning and operation of sound food safety procedures in emergencies. The scope of such procedures should include:

- quantities and types of food;
- lines of supply;
- premises and preparation; and
- means of distribution.
D. Food and Feeding Plan

Initial survey and planning is essential with all relevant personnel involved in the provision of food in order to develop a plan for the supervision of food and feeding centres. This is the prime responsibility of the Department for Community Development which has a Welfare Service Support Function in accordance with Policy Statement No 7. As the Environmental Health Emergency Support Group has an interest in the hygienic preparation and service of food will cooperate with the Department to that end.

3. EMERGENCY FOOD PRODUCTION and PREPARATION

Proper sanitary conditions in food preparation and distribution areas are essential.

Measures that can be applied to ensure safe emergency food production including the following:

- Quality control of incoming food in order to detect spoilage and contamination, including knowledge of the source and type of food.
- Knowledge of the water supply to ensure its safety or, if necessary, its treatment.
- Control of insects and rodents in stores, kitchens and feeding centres.
- Provisions for the proper storage of food, e.g.: freezers, refrigerators, dry store.
- Provision for the proper disposal of solid and liquid food wastes, e.g.: grease traps, burial, cartage, and incineration.
- Provision of the proper washing and sanitising of utensils, e.g.: cutting boards.
- Supervision of food preparation areas.
- Supervision of food servicing, e.g.: appropriate cooking methods.
- Supervision of food handling personnel, including:
  - health,
  - training and
  - adequate numbers.
- Provision of separate toilet and hand washing facilities for food handlers where possible, to prevent cross-infection (chemical toilets if necessary).
- When possible, food should come from a reliable source, e.g.: supermarket.

4. SPECIAL FOOD SURVEILLANCE

Areas that need special attention and supervision include:

- the method for transporting food, e.g.: trucks, cars, aircraft;
- examination of donated food, e.g.: wholesomeness;
- examination of emergency affected food;
- conditions under which food has been stored and transported, e.g.: temperature;
- regular supervision of feeding areas, particularly during the early state of a emergency when personnel are operating 24 hours a day, usually in shifts of six hours; and
- examination of food suppliers, e.g.: food warehouses and supermarkets.
5. SUPERVISION OF FOOD HANDLERS

A. Screening and Selection

The kitchen supervisor will probably have to use whatever workforce is available, e.g.: volunteers or organised responders. Medical screening of food handlers is never a particularly effective exercise and will be impossible under these conditions. The most that can usually be done is to exclude anyone with diarrhoea, vomiting, infectious lesions or exposed areas of infected skin, or a recent history of illness.

B. Food Handling Rules

Certain rules, as set out briefly below, must be followed:

- The temperature of the food should be maintained below 5°C or above 60°C at all times.
- Only those with a job to do should be allowed in the kitchen.
- Only those who are healthy and clean should be chosen to work in the kitchen.
- The kitchen staff should have a ‘dirty job group’ (cleaners) whose duties do not include food handling.
- Adequate hand washing facilities must be available and their use enforced.
- The kitchen, surrounds and utensils must be kept clean.
- Keep animals out of kitchen and surrounds.
- Keep all kitchen refuse in sealed and cleaned bins, and remove as often as is necessary.
- The use of garbage bags is recommended.
- Separate ablution, latrine and toilet facilities for the exclusive use of kitchen staff should be provided where possible.
- Personal hygiene is of the utmost importance.
- Food handlers with dirty hands and clothing, unhygienic and careless habits and active or latent communicable diseases are just as often responsible for food contamination as are flies, spoiled utensils and other unsanitary conditions in kitchens and eating areas.

C. Untrained Personnel

If there are not enough suitably trained workers for the supervision of feeding centres, any suitable persons can be trained to assist with the inspection of food premises and reporting any deficiency or fault.

6. MASS FEEDING

It may be necessary to provide food for emergency-affected persons who have left an emergency area or to take catering services to survivors still in the area. These numbers can be small or large depending on the size of the emergency, type of emergency and the duration of the emergency.

A. Centres

Mass feeding is provided for at Primary Evacuation Centres documented at Annex F to Part 3 of the Bunbury’s Local Emergency Management Arrangements.
B. Emergency Food Supplies

Another item to be taken into consideration is a list of after hours telephone numbers and addresses of owners in food manufacturing plants and large retail food stores. This would assist in cases where emergency food supplies are required urgently; also if premises are close at hand (provided they have not been affected by the emergency). **Where possible, utilise local business as much as possible.**

C. Organising Feeding Centres

Some important points for the organisation of mass feeding centres are as follows:

- The location and layout of mass feeding centres should be identified to ensure reasonable sanitary safeguards.

- Whenever possible, use should be made of existing buildings such as restaurants, hotel dining rooms, schools, public assembly halls and churches, which may offer suitable conditions, e.g.: water, toilets, kitchen, power for maintaining a satisfactory standard of cleanliness, and protection against the invasion of rodents and insects.

- Only safe potable water may be used for drinking in feeding centres; where there is no piped supply, water must be transported, stored and handled in a sanitary manner.

- The source of the water must be known, as well as the means of conveyance of the water to the emergency site.

- A sufficient number of basins, each with soap, nailbrush and clean disposable towelling must be provided exclusively for the use of food handlers.

- Separate bins should be provided for washing and rinsing, eating and cooking utensils.

- Before washing, any grease or food scraps on the eating and cooking utensils should be scraped into a refuse bin.

- Serving of raw vegetables and soft skinned fruits should be avoided unless for dietary reasons. In such cases the vegetables and fruits must be thoroughly washed.

- Separate toilet and latrine installations for the food handlers should be provided (if possible) close to the mass feeding centres: it being assumed that people eating at the feeding centres can make use of the general facilities: toilets (and where applicable, latrines), must be kept in the best possible state of cleanliness at all times.

- Solid wastes from kitchens must be deposited immediately into refuse bins (garbage cans). No filled bins may remain in the preparation and cooking areas. Bins must be tidily covered and removed outside for collection and disposal (the use of garbage bags is recommended).

- A refuse removal service must be promptly started as proper collection and disposal obviates many problems, particularly fly breeding, rodent invasion and fire risk.

- Attempts should be made to separate refuse into categories of:
  - dry refuse - papers, cartons, cardboard;
  - putrescible - food scraps, fruit, vegetables; and
  - indestructible - tins, bottles and plastics.
Where refrigeration facilities are non-existent or inadequate, perishable foods should only be bought on a daily basis and cooked and served as soon as possible.

Condensed or powdered milk must be reconstituted with safe potable water only, and under the best possible sanitary conditions. If fresh milk is available for infants and hospital patients, it must be boiled before use.

An adequate cleaning supply of detergents, disinfectants, brushes, clean cloths, brooms and other cleaning necessities must be provided.

Disposable plates and cups should be used in mass feeding centres.

D. Sanitary Conditions

The measures applied to maintain a sanitary environment in the feeding centres and to protect food from contact with contaminated matter would be more effective if the cleanliness and health of the personnel working in these centres are of a high standard.

7. EXAMINATION OF DAMAGED FOOD

A. Checking and Sorting

Damaged food can be checked and often it will be safe if it is used quickly and handled properly. Perishable foods can be sorted out and used first. In the event of power loss of more than 36 hours, frozen food will have to be consumed or destroyed. If power is cut off or even rationed, refrigerators will have to be kept for essentials.

B. Care in Use

The use of damaged food and the priority for its order of consumption must receive careful consideration.

C. Risk of Contamination

Damaged food that is potentially contaminated (bottled food affected by floodwaters) will have to be replaced. Take no chances, destroy it, but if food is scarce, judgement may be difficult.
8. EXAMINATION OF DONATED FOOD

Food donations should be discouraged unless essential.

A. Inspection and Storage

When an emergency occurs, donations of all forms are brought into the emergency area, including food. It is essential that all such foods be brought to a central inspection area where they can be examined by a trained person and correctly stored pending distribution.

B. Acceptance and Disposal

It is better to accept all food donations, even if it is obvious that they are unsuitable, and to dispose of food after the donor has left the site. This overcomes the problems of:

- unauthorised food distribution; and
- embarrassment to the donor who, in good faith, may have travelled a long distance to donate the food not knowing its suitability.
APPENDIX 5 – MAINTENANCE OF ESSENTIAL SERVICES THROUGHOUT AN INFLUENZA PANDEMIC

Contingency arrangements addressing the absence of City of Bunbury personnel with an active role in mitigating illness within the community are documented below:

**LEMC Representatives**

- Should there be any difficulty in identifying appropriate replacement staff, the matter will be decided by the Executive Manager City Development, the Chief Executive Officer or in their absence, any other Executive.

**Waste Services Staff**

- In the absence of the Manager Waste Services, the Supervisor Waste Services shall assume responsibility for the proper functioning of the Waste Service.
- In the absence of both the Manager Waste Services and the Supervisor Waste Services, the Executive Manager City Services shall delegate an officer to assume the role of Manager Waste Services.
- Upon entering Phase 4 of a pandemic influenza alert, reserve waste collection vehicle drivers shall be trained. (The Western Australian Management Plan for Pandemic Influenza explains Phase 4. Essentially it will be invoked upon the first clusters of “human to human” disease transmission).
- Depending on circumstances, media releases may be drafted requesting the cooperation of the public. (For instance householders may be asked to hold innocuous rubbish and recyclables and to compost kitchen and other organic waste where possible).
- Waste collection routes may be adjusted to give priority to problematic areas. (e.g.: businesses generating significant quantities of putrescible waste).
- As the maintenance of contracted local waste and recycling services is important, assistance by the City will be considered on the basis of “need” and “available resources”.
- The City’s Waste Services staff will cooperate with the Bunbury/Harvey Regional Council in maintaining operations at the Stanley Road Landfill Facility.

**Environmental Health Service Staff**

- In the absence of the Manager Health, a Deputy Manager Health assumes responsibility for the proper functioning of the Environmental Health Service.
- In the absence of both the Manager Health and the Deputy Manager Health, professional staff will share the responsibility for the proper functioning of the Environmental Health Service under the guidance of the Executive Manager City Development.
- Assistance from the Department of Health will be provided as far as may be feasible.
- Assistance for Health Services of regional local governments will be sought on a needs basis.
Protection of the Key Staff

- Antivirals and vaccines will be made available at the discretion of the Department of Health to the aforementioned staff, rangers who may be called upon for security, and to the following peak decision makers:
  
  Mayor
  Deputy Mayor
  Chief Executive Officer
  Executive Manager City Development
  Executive Manager City Services
APPENDIX 4 – ENVIRONMENTAL HEALTH EMERGENCY RESPONSE KIT

Container stored in the Environmental Health Service laboratory

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<tbody>
<tr>
<td>1.</td>
<td>Protective Coveralls (2 pair)</td>
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<tr>
<td>2.</td>
<td>Thermometer Probe Type</td>
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<tr>
<td>3.</td>
<td>Sampling equipment:</td>
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<tr>
<td></td>
<td>• 1 dozen yellow cap sterile containers with gauze swab</td>
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<td></td>
<td>• 1 dozen 220ml plastic water sample bottles</td>
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<td></td>
<td>• 1 dozen plastic screw top food sample containers</td>
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<td>4.</td>
<td>Tape Measure</td>
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<td>5.</td>
<td>Magnifying Glass</td>
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<tr>
<td>6.</td>
<td>Torch</td>
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<td>7.</td>
<td>Clipboard, paper &amp; biros</td>
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<td>8.</td>
<td>Fir Aid Kit</td>
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<td>9.</td>
<td>Lovibond Comparator and reagents</td>
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<tr>
<td>10.</td>
<td>Felt Tip Marking Pens</td>
</tr>
<tr>
<td>11.</td>
<td>List of contact telephone numbers</td>
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<tr>
<td>12.</td>
<td>Identification Vet (Tabard)</td>
</tr>
<tr>
<td>14.</td>
<td>Environmental Health Service Emergency Support Plan</td>
</tr>
<tr>
<td>15.</td>
<td>Twin Canister Respirator (Combined Class A, B, P2)</td>
</tr>
<tr>
<td>16.</td>
<td>Safety Glasses</td>
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<tr>
<td>17.</td>
<td>Disposable Gloves</td>
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<tr>
<td>18.</td>
<td>Rubber Gloves (Industrial)</td>
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<tr>
<td>19.</td>
<td>Cigarette Lighter</td>
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<td>20.</td>
<td>Disposable Paper Towels</td>
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<td>21.</td>
<td>Pocket Knife</td>
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<tr>
<td>22.</td>
<td>Back Pack</td>
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<tr>
<td>23.</td>
<td>Respirator and Canisters</td>
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<tr>
<td>24.</td>
<td>Tweezers</td>
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<tr>
<td>25.</td>
<td>Sharps Container</td>
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<tr>
<td>26.</td>
<td>“Danger” Barrier Tape</td>
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Additional Items (Readily accessible – stored separately)

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<tbody>
<tr>
<td>1.</td>
<td>Rubber Boots - Car boot – BY759</td>
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<tr>
<td>2.</td>
<td>Esky - Laboratory</td>
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<tr>
<td>3.</td>
<td>Freezer Bricks - Laboratory freezer</td>
</tr>
<tr>
<td>4.</td>
<td>Helmet - Laboratory cabinet</td>
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<tr>
<td>5.</td>
<td>Mobile phone - Sourced from EHOs</td>
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<tr>
<td>6.</td>
<td>Batteries (for Torch &amp; Thermometer) - Sourced from EHOs</td>
</tr>
<tr>
<td>7.</td>
<td>Gas Blowtorch - Laboratory cabinet</td>
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<tr>
<td>8.</td>
<td>Digital camera - Sourced from EHOs</td>
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<tr>
<td>9.</td>
<td>Tape recorder - Laboratory cabinet</td>
</tr>
<tr>
<td>10.</td>
<td>Twin Canister Respirator - Laboratory (Combined Class A, B, P2)</td>
</tr>
</tbody>
</table>
REFERENCES

1. Australian Institute of Environmental Health (Victoria Division) – Model Public Health Sub Plan (1999)

2. Bunbury Local Emergency Management Arrangements incorporating Bunbury Emergency Recover and Evacuation Arrangements

3. City of Bunbury Environmental Plan (2006)


