To be read in conjunction with the:

Human Disease Hazard Plan

Public Health Emergency Management Plan

June 2015
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### Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHPPC</td>
<td>Australian Health Protection Principle Committee</td>
</tr>
<tr>
<td>CDCB</td>
<td>Communicable Disease Control Branch</td>
</tr>
<tr>
<td>CE</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>CIMF</td>
<td>Common Incident Management Framework</td>
</tr>
<tr>
<td>CMCOP</td>
<td>Coordinated Mosquito Control Operations Plan</td>
</tr>
<tr>
<td>CPHO</td>
<td>Chief Public Health Officer</td>
</tr>
<tr>
<td>DHA</td>
<td>Department for Health and Ageing</td>
</tr>
<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
</tr>
<tr>
<td>EM</td>
<td>Emergency Management</td>
</tr>
<tr>
<td>enHealth</td>
<td>Environmental Health Standing Committee</td>
</tr>
<tr>
<td>EnvHealth</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>EPA</td>
<td>Environmental Protection Authority</td>
</tr>
<tr>
<td>FSANZ</td>
<td>Food Standards Australia and New Zealand</td>
</tr>
<tr>
<td>FSNB</td>
<td>Food Safety and Nutrition Branch</td>
</tr>
<tr>
<td>HDWG</td>
<td>Human Disease Working Group</td>
</tr>
<tr>
<td>HEMBCEC</td>
<td>Health Emergency Management Business Continuity Executive Committee</td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Association</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Association</td>
</tr>
<tr>
<td>MVEv</td>
<td>Murray Valley Encephalitis virus</td>
</tr>
<tr>
<td>NatHealth Arrangements</td>
<td>National Health Emergency Management Arrangements</td>
</tr>
<tr>
<td>NFIRP</td>
<td>National Food Incident Response Protocol</td>
</tr>
<tr>
<td>PH</td>
<td>Public Health</td>
</tr>
<tr>
<td>PH&amp;CS</td>
<td>Public Health &amp; Clinical Systems</td>
</tr>
<tr>
<td>PHEMP</td>
<td>Public Health Emergency Management Plan</td>
</tr>
<tr>
<td>PHGC</td>
<td>Public Health Governance Committee</td>
</tr>
<tr>
<td>PPRR</td>
<td>Prevention, Preparedness, Response, Recovery</td>
</tr>
<tr>
<td>SAPHC</td>
<td>South Australian Public Health Council</td>
</tr>
<tr>
<td>SC</td>
<td>State Controller</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>SCC-H</td>
<td>State Control Centre – Health</td>
</tr>
<tr>
<td>SC-H</td>
<td>State Controller - Health</td>
</tr>
<tr>
<td>SDHC</td>
<td>State Human Disease Committee</td>
</tr>
<tr>
<td>SEC</td>
<td>State Emergency Centre</td>
</tr>
<tr>
<td>SEMC</td>
<td>State Emergency Management Committee</td>
</tr>
<tr>
<td>SEMP</td>
<td>State Emergency Management Plan</td>
</tr>
<tr>
<td>TAC</td>
<td>Technical Advice Centre</td>
</tr>
<tr>
<td>VHF</td>
<td>Viral haemorrhagic fevers</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Preface

The Public Health Emergency Management Plan (PHEMP) outlines the responsibilities, authorities and the mechanisms to minimise, or if they occur, manage and recover from, declared or undeclared Public Health Incidents or Public Health Emergencies within South Australia. The PHEMP will be reviewed every 2 years or as required, by the Chief Executive (CE), SA Health, for the Minister for Health (the Minister).

This plan is relevant to any Public Health (PH) incidents or Public Health emergencies, whether declared or not, in accordance with the South Australian Public Health Act 2011.

The PHEMP relies on strong cooperative, coordinated and consultative relationships among state government agencies and local government. State government agencies and Local government maintain effective relationships with other service and equipment owners and operators, to ensure that an efficient and coordinated response can be made to any Public Health incident or Public Health emergency through the discretion of the state government and affected local government council. State government agencies and Local governments acting to prevent, respond to and recover from Public Health Incidents or Emergencies in South Australia should prepare their plans in consideration of the PHEMP.

The plan is intended for referral during ‘business as usual’ incidents or emergencies in regards to escalation processes within Prevention and Preparedness measures undertake by SA Health. The plan extends to be a reference document in the occurrence of a Public Health Incident or Emergency declaration and is to be used by senior members of SA Health as a reference point for actioning Response and Recovery operations.

The PHEMP is to work in conjunction with and complement the State Public Health Plan as outlined in the 4th priority ‘Sustaining and Improving Public and Environmental Health Protection’.

It is expected that the PHEMP shall outline and inform public health emergency management arrangements at a strategic / state level.

It is recommended that each local government area (Council), shall identify and develop relevant local arrangements for preventing, preparing for, responding to and recovering from public health emergencies. This may be in the form of guidelines, standard operating procedures, protocols and other relevant operational arrangements. Where a Council develops an all hazards emergency management plan, then public health arrangements shall be referred to in that document.

Whilst not mandated to provide any public health emergency management arrangements within the Regional Public Health Plans (s51), it is strongly encouraged that each Council seeks to establish communications and develop arrangements that engage other regional local government partners. This may be evidenced by the development of memorandums of understanding, service level agreements, resource sharing arrangements and possibly cross-council operational documentation, especially regarding the authorised powers assigned to Environmental Health Officers.

Review of the Public Health Emergency Management Plan

The Minister for Health is responsible for the PHEMP. The preparation and ongoing review of the plan will be undertaken by the Chief Executive, Department for Health and Ageing for the Minister for Health. Its strategies will be administered by the Department for Health and Ageing.
Responsibility for the coordination, maintenance and distribution of amendments to the PHEMP lies with:

Emergency Management Unit  
Department for Health and Ageing  
Level 8, 11 Hindmarsh Square  
ADELAIDE SA 5000  
Ph: (08) 8226 7115  
Fax: (08) 8463 3820  
Email: emergencymanagement@health.sa.gov.au

Legal and Administrative Framework

Part 11 of the South Australian Public Health Act 2011 (the Act) outlines the responsibilities relating to the management of declared Public Health Incidents and Emergencies including the powers and functions of the CE, SA Health, and the implementation of the PHEMP and provisions of the Emergency Management Act 2004 that apply to a Public Health Incident or Public Health Emergency declaration.

The Public Health Emergency Management Plan and a declaration under the Act does not detract from the ‘all hazards approach’1 of emergency management arrangements.

This plan does not assume a particular incident and is based on the All Hazards principles as endorsed by the Emergency Management Council and Emergency Management Australia.

The PHEMP allows for the notion that a declared Public Health Incident or Public Health Emergency in South Australia may be reviewed by the State Coordinator and re-declared under the Emergency Management Act 2004 arrangements to increase response levels and gain further state level powers to resolve an incident or emergency.

As control agency for human disease and food & drinking water contamination, SA Health will ensure it complies with the Emergency Management Act (2004) and State Emergency Management Plan (SEMP). As outlined in the Control Agency - Common Incident Management Framework (CIMF), SA Health will also ensure functional management is applied at emergencies at all levels, by embedding the 10 control agency responsibilities within its incident management arrangements, as outlined below. The established SA Health command & control structure and incident management arrangements facilitate the application of the control agencies responsibilities, (as indicated in diagram 6).

While the resolution of a human disease or food/drinking water contamination incident requires all 10 responsibilities to be addressed by SA Health, and accepting that Command and Control is a mandated staffed function, the incident management arrangements deployed to resolve the incident only require staffing of the functional areas deemed necessary. Public Information is likely to be a function that will always be staffed when SA Health is the control agency to ensure accurate and timely public and multi-agency messaging.

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1 The all hazards approach concerns arrangements for managing the large range of possible effects of risks and emergencies—Emergency Management Australia, http://www.sma.gov.au
Diagram 1: Common Incident Management Framework

Diagram 2: Control Agency Responsibilities

<table>
<thead>
<tr>
<th>FUNCTIONS</th>
<th>RESPONSIBILITIES OF THE CONTROL AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Command and Control</td>
<td>Take control of the response to the emergency (including the appointment of an Incident Controller and a management structure)</td>
</tr>
<tr>
<td>Safety</td>
<td>Ensure a safe working environment and safe systems of work</td>
</tr>
<tr>
<td>Communication</td>
<td>Ensure effective liaison, communication and cooperation with all involved</td>
</tr>
<tr>
<td>Intelligence</td>
<td>Continually assess the situation, identify risks and share information with all involved</td>
</tr>
<tr>
<td>Planning</td>
<td>Develop and share plans and strategies that meet the requirements of all persons and agencies responding to the emergency (Incident Action Plan)</td>
</tr>
<tr>
<td>Operations</td>
<td>Implement and monitor an Incident Action Plan</td>
</tr>
<tr>
<td>Logistics</td>
<td>Ensure the effective allocation and use of available resources</td>
</tr>
<tr>
<td>Public Information</td>
<td>Ensure the public is adequately informed and warned so as to enhance community resilience</td>
</tr>
<tr>
<td>Investigation</td>
<td>Facilitate the investigation of the emergency and review of response activities</td>
</tr>
<tr>
<td>Recovery</td>
<td>Ensure transition from response to recovery including the coordinated handover to the state recovery arrangements</td>
</tr>
</tbody>
</table>
Associations to subsequent acts

<table>
<thead>
<tr>
<th>Acts:</th>
<th>Related section:</th>
<th>Amendment of reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity Act 1996</td>
<td>Section 54</td>
<td>Amendment of reference</td>
</tr>
<tr>
<td>Emergency Management Act 2004</td>
<td>Section 3</td>
<td>Amendment of reference</td>
</tr>
<tr>
<td></td>
<td>Section 24A</td>
<td></td>
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<td></td>
<td>Section 25</td>
<td></td>
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<tr>
<td>Essential Services Act 1981</td>
<td>Section 6</td>
<td>Amendment of reference</td>
</tr>
<tr>
<td>Fire and Emergency Services Act 2005</td>
<td>Section 108</td>
<td>Amendment of reference</td>
</tr>
<tr>
<td>Gas Act 1997</td>
<td>Section 54</td>
<td>Amendment of reference</td>
</tr>
<tr>
<td>Health Care Act 2008</td>
<td>Section 51</td>
<td>Amendment of reference</td>
</tr>
<tr>
<td>Summary Offences Act 1953</td>
<td>Section 83B</td>
<td>Amendment of reference</td>
</tr>
</tbody>
</table>

Definition of the Public Health Emergency Management Plan

The Public Health Emergency Management Plan (s.3) means a plan (or a series of plans) prepared by the Chief Executive and approved by the Minister, comprising of strategies to be administered by the Department for the prevention of emergencies in this State. It ensures adequate prevention and preparedness for emergencies in this State, including strategies for the containment of emergencies, response and recovery operations and the orderly and efficient deployment of resources and services to conduct the response and recovery operations.

It is contemplated that the PHEMP will form part of, or be recognised in, the State Emergency Management Plan prepared under the Emergency Management Act 2004 (s.3 The Act). This plan should be read in conjunction with the SEMP and the Human Disease Hazard Plan (HDHP).

Definition of Incident

An incident is an emergency event or series of events which requires a response from the control agency and potentially from supporting agencies.

An incident is an occurrence that may lead to an increase of consequences however is still managed in ‘business as usual’ activities. A public health incident may be upgraded and declared as a public health emergency under the South Australian Public Health Act 2011 Part 11 section 87.

Reference to an incident should not be considered a declared incident unless stated as being declared.

Definition of Emergency

The definition of emergency for the purposes of this plan has the same meaning as in the Emergency Management Act 2004, which states: “Emergency means an event (whether occurring in the State, outside the State or in and outside the State) that causes, or threatens to cause—

(a) the death of, or injury or other damage to the health of, any person; or
(b) the destruction of, or damage to, any property; or
(c) a disruption to essential services or to services usually enjoyed by the community; or
(d) harm to the environment, or to flora or fauna;”
Note: This is not limited to naturally occurring events (such as earthquakes, floods or storms) but would, for example, include fires, explosions, accidents, epidemics, pandemics, emissions of poisons, radiation or other hazardous agents, hijacks, sieges, riots, acts of terrorism and hostilities directed by an enemy against Australia.

Reference to an emergency should not be considered a declared emergency unless stated as being declared.

Public Health

In accordance with the South Australian Public Health Act 2011 (s.3), public health means the health of individuals in the context of the wider health of the community.

Public Health (PH) for the Department for Health and Ageing falls within the Public Health and Clinical Systems (PH&CS) Division. Relevant areas in this division include:

- **Office of the Chief Public Health Officer:** The Chief Public Health Officer (CPHO) also advises the Minister and the Chief Executive of the Department of Health about proposed legislative or administrative changes related to public health and about other matters relevant to public health. The office oversees public health planning, reporting and evaluation.

- **Public Health Services:** Undertakes public health strategic planning and reporting; oversees and maintains public health legislation; provides high-level advice on public health issues to the department, the Minister, other government agencies, non-government organisations and the media; and coordinates Health in all Policies across state and local government agencies.

- **Communicable Disease Control Branch:** Undertakes communicable disease surveillance, public health response services, prevention activities and policy development to minimise the incidences and severity of communicable and infectious diseases in South Australia.

- **Emergency Management Unit:** Provides strategic leadership and direction for the implementation and management of SA Health’s response to major incidents, emergencies and disasters to ensure the department fulfils its role in any of these events that may occur in the state, nationally or internationally.
Prevention

Prevention is often regulatory and physical measures to ensure that emergencies are prevented or their effects mitigated (SEMP Glossary).

Prevention methods relative to the PHEMP relate to standing advisory groups and committees that meet and advise on a regular basis to ensure the health of the public. The various committees are responsible for producing plans, procedures and ensuring SA Health undertakes regular activities to prevent any public health event.

Diagram 3: Relevant Advisory Group
Supporting Advisory Groups

South Australian Public Health Council

The South Australian Public Health Council (SAPHC) is established under section 26 of the *South Australian Public Health Act 2011*.

The functions of the Council are outlined in section 31 and the composition of the SAPHC is outlined in section 27 of the Act.

The SAPHC may establish such committees and sub-committees as it thinks fit (which may, but need not, consist of or include members of the Council) to advise it on any aspect of its functions under the *South Australian Public Health Act 2011*.

The Council may delegate any of its powers or functions under the *South Australian Public Health Act 2011*.

Public Health Governance Committee

The Public Health Governance Committee (PHGC) holds members internal to SA Health with relation to Public Health.

The functions of the council include:

(a) Provide oversight of a system wide approach to public health planning, reporting, implementation and evaluation across SA Health.

(b) Provide oversight of the operation of the Act and its relationship with other public health legislation.

(c) Provide strategic leadership and oversight for:

   (i) Public Health Regulations, Policy and Guidelines

   (ii) Chief Public Health Officer’s Report

   (iii) State Public Health Plan

   (iv) Regional Public Health Plans

   (v) SA Health Public Health Action Plan

   (vi) Other significant public health policy and strategy – e.g. Public Health Partner Authorities

(d) Provide a forum for coordinating strategic public health contribution and advice into relevant state government strategy or priorities.

(e) Provide a forum for coordinating communication regarding the implementation of the Act and other key Public Health Legislation.

Health Emergency Management and Business Continuity Executive Committee

The Health Emergency Management and Business Continuity Executive Committee (HEMBCEC), chaired by the CPHO, shall provide strategic oversight on SA Health’s emergency management and business continuity arrangements. Focus shall be on an all hazards approach to prevention, preparedness, response and recovery (PPRR) activities and planning related to emergency management and business continuity matters.

State Human Disease Committee

The State Human Disease Committee (SHDC) is a multiagency committee which has an objective relating to human disease. The SHDC will promote the collective action of key government
departments, health service providers, and other key stakeholders to work in collaboration to reduce risk and provide strategic advice for South Australia’s involvement in relation to human disease outbreaks.

**Human Disease Working Group**

The Human Disease Working Group (HDWG) is an internal Health group designed to provide a forum for discussion, and debate on issues pertaining to human disease planning, preparation, response and recovery in South Australia. It is not a decision making body, nor does it have the power to authorise any action on recommendations or discussions.

**Links to National Arrangements**

**World Health Organization**

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters. For SA Health this provides guidance and information to assist in shaping the health research agenda, setting norms and standards and guiding policies and plans.

**Australian Health Protection Principal Committee**

The role of the Australian Health Protection Principal Committee (AHPPC) is to coordinate a national approach to preventing and responding to public health emergencies, communicable disease (excluding chronic disease) threats; and environmental threats to public health, including long-term threats. They are the decision making body for Health elements affecting the whole of Australia. The CPHO represents South Australia on this national committee.

**Environmental Health Standing Committee**

The Environmental Health Standing Committee (enHealth) is a standing committee of the AHPPC. enHealth is responsible for providing agreed environmental health policy advice, implementation of the *National Environmental Health Strategy 2012-2015*, consultation with key stakeholders, and the development and coordination of research, information and practical resources on environmental health matters at a national level.

The development of national advice by enHealth is based on significant collaboration and consultation with Federal and state and territory agencies, departments and organisations that deal with environmental health matters.

**National Health Emergency Response Arrangements**

The PHEMP is prepared in consideration of the National Health Emergency Response Arrangements (NatHealth Arrangements).

The NatHealth Arrangements have been prepared by the AHPPC with the assistance of the Australian Government’s Department of Health and Ageing (DoHA) to articulate the strategic arrangements and mechanisms for the coordination of the Australian health sector in response to emergencies of national consequence.

The Chief Public Health Officer, will represent South Australia at the AHPPC.

NatHealth Arrangements are to be used to:

> Inform and guide a coordinated Australian health sector response to, and recovery from, an emergency of national consequence; and
> Provide a strategic planning framework to guide and inform the development of new health sector emergency plans and the revision of existing plans.

NatHealth Arrangements acknowledge that primary responsibility for managing the impacts of domestic emergencies lies with the State and Territory and Local governments within their respective jurisdictions.
**Preparedness**

Preparedness is arrangements to ensure that, should an incident or emergency occur, whether declared or not, all resources and services which are needed to cope with the effects can be efficiently mobilised and deployed (SEMP Glossary).

The preparedness aspect of the PHEMP is around the preventative plans that are in place to ensure that the state is prepared and has direction if required during the onset of an incident or emergency.

Administrative powers under the South Australian Public Health Act 2011 are considered in the preparedness stage as the powers can assist in the containment, every day management and control of potential public health risks.

**Diagram 4: Preventative Plans**
Public Health Emergency Management Plan

Links to National Plans

**Australian Health Management Plan for Pandemic Influenza**

The Australian Health Management Plan for Pandemic Influenza (AHMPPPI) has been developed by the Office of Health Protection in the Department of Health and Ageing following extensive consultation and feedback from peak bodies, advisory groups and eminent experts in pandemic influenza.

The AHMPPPI is a national health plan for responding to an influenza pandemic, based on international best practice and evidence. The purpose of the document is to outline the measures that the health sector will consider in response to an influenza pandemic and to provide an overview of the preparedness activities being undertaken to ensure that the health sector is adequately prepared for an influenza pandemic.

The purpose of pandemic planning within the health sector is to ensure preparedness to assess the situation, make decisions quickly, take action and most importantly, work together to reduce the impact and recover as quickly as possible.

A coordinated response across all levels of government namely, Australian, state, territory and local, and across all sectors (for example, transport, power, food, telecommunications, welfare) is required to effectively respond to an influenza pandemic.

Links to State Plans

**State Public Health Plan**

The State Public Health Plan is prepared under section 50 of the South Australian Public Health Act 2011. While providing a comprehensive assessment of the state of public health in South Australia, the State Public Health Plan also identifies existing and potential public health risks and develops strategies for addressing and eliminating or reducing those risks. The State Public Health Plan may also take into account any plan, policy or strategy as appropriate.

**State Emergency Management Plan**

This plan has been prepared in conjunction with the SEMP. The PHEMP forms part of the State’s comprehensive Emergency Management arrangements under the SEMP which gives the Department for Health and Ageing authority for the Human Disease Hazard. The SEMP and Emergency Management Act 2004 remain the primary documents.

The detail contained within this plan is additional to the detail contained within the SEMP. The detail of this plan does not replace, or derogate from, the SEMP.

**SA Health Emergency Management Framework**

The SA Health Emergency Management Framework has been developed to establish a clear and consistent approach to Emergency Management (EM) for all of SA Health.

The framework is designed to provide direction to, and support SA Health and key personnel to establish and maintain EM planning processes and the development and maintenance of robust, flexible and well exercised plans.

**SA Health Emergency Management Policy**

The policy has been developed to give clear directions to SA Health of emergency management working arrangements and the principles which underpin them.
The policy is a guide to assist with the differing levels of maturity across the many areas of SA Health.

**Human Disease Hazard Plan**

The HDHP is prepared under the provisions of the SEMP.

To ensure a consistent approach to the management of emergencies, whether declared under the Emergency Management Act 2004 or the South Australian Public Health Act 2011, the content of the Human Disease Hazard Plan and its support plans may be used to form additional detail to this plan.

The HDHP includes:

- a description and risk assessment of human disease hazards in South Australia;
- mitigation strategies for human disease hazards;
- detail regarding the coordination of information resources for preparedness and response to human disease hazards;
- detail regarding coordination of decision making in the various stages of human disease hazards;
- detail concerning the responsibilities of agencies to respond to human disease hazards;
- public information requirements to better manage human disease hazards;
- detail relating to quarantine;
- identification of issues relating to critical infrastructure that could be affected by a human disease hazard.

It is not intended for the detail of the HDHP to be duplicated in this plan. The HDHP (including its support plans) is considered as forming part of the PHEMP.

For the purposes of the management of a declared public health incident or emergency, any reference to the PHEMP is to be read so as to include the HDHP.

**Links to Regional Public Health Plans**

A council or, if the Minister so determines or approves, a group of councils, must prepare and maintain a plan for the purposes of the operations of the council or councils under the Act.

A regional public health plan must be in a form determined or approved by the Minister.

The requirements of a regional public health plan for councils is outlined in Part 4, Division 2 of the Act.

**Health Incident Management System**

The SA Health Incident Management System (HIMS) applies the principles of the CIMF (see diagram 1) to incident management in the context of SA Health.

The Gold, Silver, Bronze Command structure is a fundamental element of HIMS. For further details refer to the SA Health Emergency Management Framework.

Where a declaration is made under the South Australian Public Health Act 2011 then the Gold Commander role will be undertaken by the CPHO or person appointed to act as the CPHO.

Where a declaration is made by the State Coordinator under the Emergency Management Act 2004, then the Gold Commander title and task shall be replaced with State Controller – Health.
**GOLD COMMANDER**

<table>
<thead>
<tr>
<th>TASK</th>
<th>“Sets the Strategy for the response”</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL / FOCUS</td>
<td>State level <em>(Strategic)</em> support and planning</td>
</tr>
<tr>
<td>NUMBER / QUANTITY</td>
<td>1 for SA (not including SA Ambulance)</td>
</tr>
<tr>
<td>STAFFING ALLOCATION</td>
<td>CPHO or CPHO nominated person</td>
</tr>
</tbody>
</table>

**SILVER COMMANDER**

<table>
<thead>
<tr>
<th>TASK</th>
<th>“Takes the Strategy and develops action plans”</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL / FOCUS</td>
<td>Regional level <em>(Tactical)</em> support and planning</td>
</tr>
<tr>
<td>NUMBER / QUANTITY</td>
<td>1 per Regional incident or 1 per council area involved in a regional incident</td>
</tr>
<tr>
<td>STAFFING ALLOCATION</td>
<td>Member from DHA</td>
</tr>
</tbody>
</table>

**BRONZE COMMANDER**

<table>
<thead>
<tr>
<th>TASK</th>
<th>“Takes the action plans and implements a response”</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL / FOCUS</td>
<td>Local level <em>(Operational)</em> support and incident response</td>
</tr>
<tr>
<td>NUMBER / QUANTITY</td>
<td>1 per Council area</td>
</tr>
<tr>
<td>STAFFING ALLOCATION</td>
<td>• EHO Supervisor/Manager working with a member from DHA</td>
</tr>
</tbody>
</table>

For further detail on the roles of Gold, Silver and Bronze please refer to Appendix 2 from the Emergency Management Framework.

**Relevant administrative responsibilities**

**Minister for Health**

The Minister for Health is the designated authority responsible for the approval of the PHEMP. The Minister for Health is a member of the Emergency Management Council ensuring a consistent link...
with the emergency management arrangements established under the *Emergency Management Act 2004*.

The Minister’s functions in connection with the administration of the *South Australian Public Health Act 2011* are outlined in Part 3, Division 1, Section 17.

**Chief Executive, SA Health**

The CE for SA Health, or person holding or acting in the position of Chief Executive is responsible for the preparation of the PHEMP with approval being sought from the Minister for use by the Department.

**Chief Public Health Officer**

The CPHO is appointed to that position by the Governor on the recommendation of the Minister. The CPHO has qualifications and experience in the field of public health, or a related field determined by the Minister to be suitable.

The functions of the CPHO are contained in Part 3, Division 2, Section 21 of the *South Australian Public Health Act 2011*. These powers are able to be enacted at any time, without a declaration, as the CPHO sees fit.

**State Controller**

The State Controller (SC) is appointed by the State Emergency Management Committee to be responsible for the Health and Medical Functional Service (H&MFS) which includes the coordination of any health related operation throughout the State during a critical incident.

In a case where the incident is related to Public Health the SC would work in conjunction with the CPHO.

**State Coordinator**

The State Coordinator is the person for the time acting in or holding the position of Commissioner of Police.

It is the responsibility of the State Coordinator to manage the response and recovery operations in accordance with the *Emergency Management Act 2004* and the State Emergency Management Plan.

**Authorised Officers (State and Local)**

State Authorised officers are appointed by the Minister (s.43). A council may appoint a person to be a Local Authorised Officer (s.44).

An Authorised Officer is responsible for the administration or operation of the Act and do not require a declaration to exercise or discharge a function, power or duty under the Act. Details of powers are within section 47.

**Emergency Officers**

Emergency officer means a police officer or a person, issued with an appropriate identity card, who is appointed by the Chief Executive as an emergency officer under the Act.

In the occurrence of a declaration under the Act all Authorised Officers are to be referred to as Emergency Officers.

Powers that may be exercised are increased and based on the powers following the provisions of the *Emergency Management Act 2004* with prescribed modifications. Powers are outlined in s.90.
Emergency Management Act Authorised Officers

EM Act Authorised Officers require a declaration under the Emergency Management Act 2004 to exercise their powers.

Following a declaration under the EM Act and declaration under the Public Health Act ceases as do the powers to the Emergency Officers.

The powers of EM Authorised Officers include all powers outlined within section 25 of the Emergency Management Act 2004.

Human Disease Hazard Leader

The Department for Health and Ageing is the Hazard Leader for Human Disease. As Hazard Leader, it is the agency responsible for providing a leadership role for planning emergency management activities pertaining to the prevention of, preparedness for, response to, and recovery from, a human disease hazard.

Its role is to lead a multi-agency approach to planning for a human disease hazard. It is required to provide an oversight role to the total planning of all agencies relative to human disease. It reports to the State Emergency Management Committee (SEMC), through the State Mitigation Advisory Group (SMAG) as outlined in the SEMP.

The responsibilities or reporting structure of the Human Disease Hazard Leader do not alter under the PHEMP. The arrangements established under the Emergency Management Act 2004 and SEMP remain unchanged.

Control Agency

In accordance with the provisions of the SEMP, the Department for Health and Ageing (DHA) is the nominated Control Agency for Human Disease incorporating food/drinking water contamination, and human epidemic. It is expected that any declaration of a Public Health Incident or Public Health Emergency made under the South Australian Public Health Act 2011 may fall within the scope of these types of emergencies.

As outlined in the SEMP (paragraph94) the responsibilities of the Control Agency in resolving an emergency are, so far as is reasonably practicable to:

> Take control of the response to the emergency (including the appointment of an incident controller and management structure);
> Ensure a safe working environment and safe systems of work;
> Ensure effective liaison, communication and cooperation with all involved;
> Continually assess the situation, identify risks and share information with all involved;
> Develop and share plans and strategies that meet the requirements of all agencies responding to the emergency (Incident Action Plan);
> Implement and monitor the Incident Action Plan;
> Ensure the effective allocation and use of available resources;
> Ensure the public is adequately informed and warned so as to enhance community resilience;
> Facilitate the investigation of the emergency and review of response activities;
> Ensure transition from response to recovery, including the coordinated handover to the state recovery arrangements.
Health and Medical Functional Service

SA Health, excluding SA Ambulance Service, has the allocated responsibility for the Health and Medical Functional Service (H&MFS) as per the Emergency Management Act 2004.

The role of the H&MFS is to mobilise and coordinate health and medical service including the provision of:

- Hospital, specialist health and medical services required for the treatment and care of a large number of casualties, including Mental Health care.
- Field medical teams in the event of a Mass Casualty Incident.
- Public Health directives to prevent and control infectious diseases in the community by minimising potential environmental health risk factors arising from air, water, soil and hazardous substances.
- Environmental Health directives concerned with the health, well-being and safety of people and the environment in which they live, work or visit.

Health Incident Management Team

The Health Incident Management Team (IMT) is the name given to the team managing an event. The team includes members of the Health department investigating an event along with related Health representatives, the CPHO and Gold Commander (or State Controller – Health during a declaration). The team will generally meet in the State Control Centre – Health (SCC-H), Level 8, 11 Hindmarsh Square, Adelaide.

For details and guides around the SCC-H reference can be made to the SCC-H Operations Room Manual.

Local Councils

According to the South Australian Public Health Act 2011 a council is ‘the local public health authority for its area’. A council has the requirement to preserve and protect public health. Part 3, Division 4 of the South Australian Public Health Act 2011 outlines the requirements of a Council.

A Council is recognised as an authority to manage local public health concerns and as a participating agency to assist and work with the State for larger incidents.

According to the Local Government Association website, guidance for Emergency Management, in regards to pandemic influenza, is sought from the National Action Plan for Human Influenza Pandemic produced by the Department of the Prime Minister and Cabinet.

This national action plan outlines Local government responsibilities to develop and maintain plans in accordance with local communities and relevant State and National plans.

In response to this the Local Government Association of South Australia has developed Human Pandemic Influenza Business Continuity Guidelines.

Notification

As sources and levels of notification vary a level of incident table has been established in Diagram 3. The purpose is to assist in the notification processes and acknowledgement for each variable size and type of incident.

Acknowledgement is made to the fact that not all incidents will neatly fit into an incident level as indicated, and in any such circumstance additional notifications, for information purposes, is the alternative over limited information sharing.
Diagram 5: Incident Level reference

This diagram is to be used for guidance:

**Localised Incident**
- Possible sources of Information:
  - Resident/Rate payers
  - Emergency Services
  - Utility providers
  - State (EnvHealth or CDCB)
- Impact Triggers:
  - 1 x Council Area (1 x single Council)
  - >1 Council impacted (managed as separate Councils)
  - <3 Businesses impacted
- Primary Notification & Responsibility:
  - Council Managers/Councillors
  - Public Health & Clinical Systems, SA Health
- Primary Actions:
  - Management and Control of incident
  - Appoint EHO or EHO Supervisor/Manager
  - Guidelines
  - Standard Operating Procedures
  - Plans
  - Incident Management Team (local level)

**Regional Incident**
- Possible sources of Information:
  - Neighbouring Councils
  - Resident/Rate payers
  - Emergency Services
  - Utility providers
  - State (EnvHealth or CDCB)
- Impact Triggers:
  - >1 Council Area (across Council borders)
  - 4-6 x Businesses impacted (in 1-Council areas)
- Primary Notification & Responsibility:
  - General Managers of related Councils
  - State Government department as per incident type
  - CPHO
  - Consider SA Health EMU
- Primary Actions:
  - Management and Control of incident at local level
  - Appoint EHO or EHO Supervisor/Manager, Council Manager or appropriate DHA division member as Silver Command
  - Incident Management Team
  - Regional Plans
  - Discussion between Councils

**State Incident**
- Possible sources of Information:
  - Emergency Services
  - Local Government
  - Technical Advice Centre (TAC)
  - GP’s/Hospitals
  - Laboratories
- Impact Triggers:
  - 1 x Health Service impacted (3+ sites)
  - >2 x Health Services impacted (>2 x site each)
  - 7+ x Business Units impacted (DHA)
  - 5+ Councils affected
- Primary Notification & Responsibility:
  - Chief Executive (SA Health)
  - CEO (of any Health Service impacted)
  - SA Health EMU Duty Officer
  - State Government department as per incident type
  - LGA and affected Council CEO’s
  - Notify SA Health Media
  - Inform Minister for Health
  - Inform State Controller
- Primary Actions:
  - Management and Control of incident at State level
  - CPHO or CPHO nominated person as SA Health Commander
  - Consider partial or full activation of Health Incident Room and/or State Control Centre – Health
  - Contact with Council areas affected
Response

Any measures taken during an [incident or] emergency to protect life or property or to otherwise respond to the [incident or] emergency (s.3 Emergency Management Act 2004).

Diagram 6: Graded Response

Please refer to Appendix 8 for specific and directed information related to potential public health incidents.

There are different levels of response that occur due to a public health risk. Initial notification of a risk is investigated under normal business parameters. The response only escalates when it is determined that a higher level of response is required.

It is important to note that food related emergencies may be managed by National Food Incident Response Protocol (NFIRP).

When an incident adds additional strain to the standard workload and SA Health is working at full capacity, urgency provisions from within the Public Health Act increase the ability of power, and therefore tasks able to be undertaken by the CPHO allowing further control around regulations with notifiable contaminants and controlled notifiable conditions.

Once an incident exceeds the standard working arrangements and reaches a scale of resources being overwhelmed, a declaration can be made under the South Australian Public Health Act 2011 where the incident becomes a ‘declared incident or emergency’.

If a multi-agency response or national response is required on an incident or an incident reaches a scale of the resources being overwhelmed from a South Australian Public Health Act 2011 declaration, then the incident can be declared under the SA Emergency Management Act 2004 as a ‘identified major incident, major emergency, or disaster’. See SEMP annex D for declaration guidelines.
Diagram 7: Outline of a PH event to an incident or emergency

**Business as Usual**
- Regular health intelligence gathering and monitoring
- Internal management of any incident arising
- Powers of Chief Public Health Officer (CPHO) (PH Act s.22, 40, 71-77)
- Powers of CPHO implemented by delegates, if required, (PH Act s.24)
- Powers of Public Health Authorised Officers, if required, (PH Act s.47)

If the incident is no longer contained, a declaration may be made as a declared Public Health Incident or a declared Public Health Emergency by the Chief Executive with the approval of the Minister. (PH Act Part 11)

**Public Health Declaration ‘Declared Incident or Emergency’**
- SA Health response
- Powers of CPHO, if required, (PH Act s.22, 40, 71-77)
- Powers of CPHO implemented by delegates, if required, (PH Act s.24)
- Powers of Public Health Emergency Officers, if required (PH Act s.90)

During a Public Health Declaration, SA Health can revoke the declaration to allow the incident or emergency to be declared under the Emergency Management Act. Any declaration under the Emergency Management Act supersedes the Public Health declaration already in place (s.24A, 22(1), 23(1)).

**Emergency Management Declaration ‘Identified Major Incident, Major Emergency or Disaster’**
- Multiagency response
- Powers of State Coordinator and EM Authorised Officers (EM Act s.25)
- Police Officers working as EM Authorised Officers (EM Act s.17)
- Declaration under this act supersedes any made under the Public Health Act
- Only the Governor can upgrade a declaration to a Disaster (EM Act s.24)

All incidents or emergencies will have a form of debrief, record keeping aspects, recovery efforts and formal closure.
Public Health Incident Response

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<tr>
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<th>Public Health ‘Incident’</th>
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Routine and Investigation Health Responses

Local Government frequently and competently manages minor public health incidents through its documented arrangements and in consultation (where required) with the DHA.

SA Health has internal, departmental procedures to deal with the day to day monitoring and analysis of disease trends and examining incoming data to identify clusters and outbreaks of disease.

Notification, management and escalation of a disease event are through internal processes to the CPHO potentially utilising the CPHO powers under the Act and the Authorised Officers under the Act.

The length of an incident is dependent on the type and severity. There is the potential that it can be managed, investigated and contained before an outbreak or the possibility of it developing to an unmanageable state where immediate investigation recognises the need for a declaration.

SA Health has established relationships with internal and external stakeholders both locally and nationally to allow information notifications, appropriate response and management of an incident.

Emergency management arrangements are utilised to support the management element of a public health incident without the requirement of a declaration. This will include the Control and Command Model of Gold, Silver and Bronze Commanders, Control Centre/s, and the use of incident management teams.

A template example of the Command Model is shown as an example below. This is to be considered as a guide only as each incident or emergency will dictate the requirements of activated roles at each level.
SA Health will ensure that all business units undertake effective cost capture when responding to and recovering from a public health incident.

If the Minister considers a disease or medical condition to be of urgent concern to public health and of urgent circumstance, the Minister may declare the disease or medical condition to be a notifiable condition (s.63 (2)) or a controlled notifiable condition (s. 70(2)), by notice of the Government Gazette. In this instance the CPHO is able to exercise all powers under the PH Act.

There is an overriding principle that members of a community have a right to be protected from a person whose infectious state or behaviour may present risk, however individuals have a personal responsibility to act in a manner that will not put them at risk.

It is important to remember that the infectious person also has rights. They need to ensure precautions are taken to avoid infecting other people or placing others at risk.

There are specific principles outlined in s.14 of the Act that apply for the purposes of Part 10 and Part 11 of the PH Act. The principles cover any steps necessary to protect or to minimise risks while still ensuring privacy, appropriate care/treatment, ability to make informed decisions and that any restrictions account to the level of risk.

**Key responsibilities under a Public Health Incident**

**Chief Public Health Officer**

The CPHO has a number of functions (Part 1, Division 2) and powers to act (s40 and s71 - 77). These functions are not specific to a declaration and can be enforced at any time.

**Authorised Officers**

Authorised officers may be appointed to administer or operate the Act without the need of a declaration.
An authorised officer may, for any purpose connected with the administration or operation of the Act or with the performance, exercise or discharge of a function, power or duty under the Act –

a) At any reasonable time, enter or inspect any premises or vehicle; and

b) During the course of the inspection of any premises or vehicle:
   i. Ask questions of any person found in the premises or vehicle; and
   ii. Inspect any article or substance found in the premises or vehicle; and
   iii. Take and remove samples of any substance or other thing found in the premises or vehicle; and
   iv. Require any person to produce any plans, specifications, books, papers or documents; and
   v. Take photographs, films or video recordings; and
   vi. Take measurements, make notes and carry out tests; and
   vii. Remove any article that may constitute evidence of the commission of an offence against the Act; and

c) Require any person to answer any question that may be relevant to:
   i. Ascertaining whether the person is suffering from a notifiable condition; or
   ii. The administration or enforcement of the Act.

Section 47 of the Act outlines the full list of powers relating to authorised officers.

An authorised officer appointed under the South Australian Public Health Act 2011 must be issued with an identity card in a form approved by the CPHO (s46.1).

**State Authorised Officers**

Under the *South Australian Public Health Act 2011*, Section 43, authorised officers for the state are appointed by the Minister. Appointment is subject to conditions or limitations as the Minister sees fit.

A State authorised officer is subject to direction by the Chief Public Health Officer.

On ceasing to be an authorised officer for any reason, the identify card must be surrendered to the CPHO.

**Local authorised officers**

Under the *South Australian Public Health Act 2011*, Section 44, a council may, by instrument in writing, appoint a suitably qualified person to be a local authorised officer.

A local authorised officer is subject to conditions or limitations as the council sees fit and is subject to direction from the council.

A local authorised officer may only exercise its powers within the boundaries of the council whereby its powers have been assigned.

Upon ceasing to be an authorised officer for any reason, the identify card must be surrendered to the council that made the appointment.

**Command Structure**

Within a Public Health Incident response, the Health established command structure may be activated. This would be to support the management of an incident, to assist with containment and potentially avoiding escalation.

There is the possibility that during an incident only the Bronze or the Bronze and Silver levels will be activated with Gold having knowledge but no participating role. This is dependent on the level of incident.
Gold Commander
Within the occurrence of a minor incident that can be managed internally or at a local level the Gold Commander should have knowledge of the incident occurring. This is to allow for response in a potential escalation and can be utilised as a source of information.

Silver Commander
Within an incident the Silver Commander may be required to assist a local area in managing a response and providing additional resources or equipment for an incident.

In the occurrence that the Silver Commander needs strategic direction or additional support the role of Gold Commander is activated.

Bronze Commander
Within an incident the Bronze Commander will manage the response at a local level. If the Bronze Commander feels that the response requires additional resources and/or a higher level of management above that which can be provided at a local level, the Bronze Commander can use the established change of command to address a Silver Commander, to receive additional assistance.

Local Government Environmental Health Officers
Local Government Environmental Health Officers (EHOs) provide enforcement at a local level, to protect public health. A part of this involves the administering and enforcement of legislation related to environmental health. Some of the tasks involve inspecting food premises, investigating public health concerns and implementing disease control.

Local Government emergency management plans (e.g. the Local Government Association (LGA) Model Community Emergency Risk Management Plan guidelines) include identifying risks within the community. Acknowledging capabilities and logistical support as contribution to a state coordinated disease control response and reviewing facilities, plant and equipment and operators (i.e. health staff) lists for elements appropriate to disease control. Such elements particular to a pandemic influenza example may include facilities for vaccine management, the distribution of anti-viral medication or community information and opportunities to access health care personnel.

If the incident is no longer contained, a declaration may be made as a declared Public Health Incident or a declared Public Health Emergency by the Chief Executive with the approval of the Minister. (PH Act Part 11)
Public Health Declaration Response

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<td>Powers of CPHO, if required, (PH Act s.22, 40, 71-77)</td>
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<tr>
<td>Powers of CPHO implemented by delegates, if required, (PH Act s.24)</td>
</tr>
<tr>
<td>Powers of Public Health Emergency Officers, if required (PH Act s.90)</td>
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A PH declaration response includes and builds on from all information occurring within a public health incident response.

Depending on different circumstances the extent and length of the incident stage can vary from an escalation process to potentially starting at a declaration after immediate initial investigations.

Public Health Act Declarations

An escalation of an incident may lead to the declaration of a PH incident or PH emergency as outlined in part 11 of the *South Australian Public Health Act 2011*.

Authorisation to Declare

The Chief Executive, after consulting the CPHO and the State Coordinator and any other person the Chief Executive deems appropriate, may determine whether an emergency, that has occurred, is occurring, or is about to occur, should be declared to be a Public Health Incident or a Public Health Emergency, and whether to make such a declaration subject to the approval of the Minister (Part 11 s. 86 and 87 of the Act).

Declaration Guidelines

Guidelines have been prepared to assist in determining the need to make a declaration under the *South Australian Public Health Act 2011*. Those guidelines are contained in Annex 1.

The declaration format is contained within Annex 2.

Extending Declarations

The declaration of a **Public Health Incident** remains in force while response operations are being carried out in relation to the incident, and may last for up to 12 hours. There is no provision for the extension of a declared Public Health Incident however an Incident can be re-declared under the South Australian Public Health Act 2011.

The declaration of a **Public Health Emergency** remains in force for a period as specified in the declaration but which must not exceed 14 days. A Public Health Emergency declaration may be extended for further periods (of any length) at the approval of the Governor.

The process for extending a declaration is contained in Annex 3.
Key responsibilities under a Public Health declaration

Minister for Health

Before a declaration is made the Minister must be consulted for approval.

A declared PH Incident may be made orally by the CE but must be put in writing and a copy provided to the Minister as soon as reasonably practicable.

A declared PH Emergency must be in writing and published in a form (see appendix 4) determined by the Minister (s.86 and 87).

The Minister may, if he or she considers it necessary in the interest of public health because of urgent circumstances, by notice in the Government Gazette, declare:

- a disease or medical condition to be a controlled notifiable condition (s70.2)
- a contaminant to be a notifiable contaminant (67.2)
- The Minister may, by further notice in the Government Gazette, revoke a declaration

Chief Executive

Before making a declaration the CE must consult with the CPHO and the Minister.

On the declaration of a PH Incident or PH Emergency (and while that declaration remains in force) the CE must take any necessary action to implement this plan and cause such response and recovery operations to be carried out as he/she thinks appropriate (Section 89 (1) of the Act).

The CE must provide information relating to a declared PH Incident or PH Emergency to the State Coordinator in accordance with any requirements of the State Coordinator (Section 89 (2) of the Act).

Chief Public Health Officer

The CPHO will fulfil the role of Gold Commander within a declaration under the Public Health Act unless determined otherwise by the CE.

Command Structure

Within a PH Declaration response the Health command structure will be activated.

Gold Commander

An incident management team for the Department for Health and Ageing will be established to fulfil the coordination role of SA Health assets during an incident and to support the State Controller-Health in developing strategies for the response.

Silver Commander

Within a declared incident or emergency the Silver Commander will need to develop incident action plans in relation to the strategies set by the State Controller – Health.

There will need to be set briefings between Gold and Silver command levels at regular intervals.

Bronze Commander

Within a declared incident or emergency the Bronze Commander will fulfil the same role and responsibilities as an identified public health incident.

Bronze will need to ensure effective communication to the Silver level and will need to establish regular briefings.
Emergency Officers

Following a declaration Authorised Officers (State or Local), under the Act are to be known as Emergency Officers (s90.2c). All police officers are also Emergency Officers as per the Act.

The CE may appoint, individually or by class, such persons to be emergency officers for the purposes of the South Australian Public Health Act 2011 as the CE thinks fit (s.48). An appointment of Emergency Officer(s) may be subject to conditions specified by the CE.

Emergency Officers hold powers outlined in s.90 of the Act and are activated only after a Public Health declaration is made and for the term of the declaration.

On the declaration of a public health incident or public health emergency, provisions within the Emergency Management Act 2004 apply in relation to the emergency as if those provisions formed part of this Act but are subject to some specific modifications.

An Emergency Officer, other than a police officer, will be issued with an identity card containing the person's name and a photograph of the person; and stating that the person is an Emergency Officer for the purposes of the South Australian Public Health Act 2011.

An Emergency Officer appointed under the South Australian Public Health Act 2011 must, on ceasing to be an Emergency Officer for any reason, surrender his or her identity card and any insignia or special apparel or equipment issued to the Emergency Officer to the CE or a person nominated by the CE.

Terminating Declarations

The CE may, at any time, revoke a declaration made under a PH Incident or Public Health Event (s86.3 and 87.3).

At the request of the State Coordinator the CE must revoke a declaration made under the Act (s.88.3).

Upon a public health incident or emergency being declared under the Emergency Management Act 2004 the Public Health Act will cease.

The State Coordinator shall make the decision as to when the response can be scaled down and ended in consultation with the control agency and any other agency that is able to provide information (SEMP s.127).

During a Public Health Declaration, SA Health can revoke the declaration to allow the incident or emergency to be declared under the Emergency Management Act. Any declaration under the Emergency Management Act supersedes the Public Health declaration already in place.
Escalating to an Emergency Management Act Declaration

The declaration of a public health incident or emergency under the South Australian Public Health Act does not preclude any subsequent declaration being sought and made under the provisions of the Emergency Management Act 2004 should the incident or emergency escalate requiring a whole-of-government, or national response (Emergency Management Act s.24A).

At any time during a Public Health Declaration, SA Health can request that the event be declared under the Emergency Management Act 2004 or the State Coordinator can override the PH declaration and declare the event under the Emergency Management Act 2004. Once this occurs all actions under the PH Act cease.

The process for a declaration under the Emergency Management Act is outlined in the SEMP (paragraph 126 and 127).

Key Responsibilities under an Emergency Management Declaration

**State Coordinator**

It is the responsibility of the State Coordinator to identify and declare a major incident or major emergency under the *Emergency Management Act 2004*.

Under a declaration the State Coordinator has the powers listed under section 25 of the Emergency Management Act.

It is also the responsibility of the State Coordinator to ensure the SEMC, which holds the responsibility over leadership and maintenance of emergency management planning in South Australia is provided with full and adequate information in order to fulfil monitoring functions of SEMP activities during a declaration.

**Command Structure**

Within an Emergency Management Act Declaration response, the Health established command structure will be activated.

**State Controller –Health (Gold Commander)**

Within the occurrence of a declaration the Gold Commander becomes known as the State Controller-Health (SC-H).

An incident management team for the Department for Health and Ageing should be established to fulfil the operational role of an incident and to support the SC-H in developing strategies for the response.
Under this declaration, the State Emergency Centre (SEC) will also be activated. The SEC is a facility where the State Coordinator, Functional Services and other come together to share information, coordinate the State’s resources and address strategic issues in support of response and recovery operations (SEMP). Health will need to have a presence within the SEC while also operating the SCC-H.

**Silver Commander**

Within an Emergency Management Act identified major incident, major emergency or disaster, the Silver Commander will need to develop action plans in relation to the strategies set by the SC-H.

There will need to be set briefings between Gold and Silver command levels at regular intervals.

**Bronze Commander**

Within an Emergency Management Act declared major incident, major emergency or disaster, the Bronze Commander will be located at the local level of the incident or emergency site. The Bronze Commander has the role of support and incident response set by the action plans developed at the Silver level.

Bronze will need to ensure effective communication to the Silver level and will need to establish regular briefings.

**Authorised officers under the Emergency Management Act 2004**

The State Coordinator under the Emergency Management Act 2004 may appoint, individually or by class, such persons to be an authorised officer for the purpose of the Emergency Management Act 2004.

Appointment as an authorised officer is predetermined prior to a declaration.

Conditions for the appointment are subject to specifications outlined by the State Coordinator and are recorded in Part 3, Section 17 of the Emergency Management Act 2004.

An Authorised Officer has certain powers available to them upon the declaration of a major incident, major emergency or disaster. These powers are mentioned in section 25 of the Emergency Management Act 2004, Part 4 Division 4 (Powers of State Coordinator and authorised officers).

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*All incidents, whether declared or not, or made as a declaration under either the Public Health Act or the Emergency Management Act will have a form of debrief, record keeping aspects, recovery efforts and formal closure.*
Recovery

The *Emergency Management Act 2004* (s.3) defines recovery operations as: any measures taken during or after an emergency to assist the re-establishment of the normal pattern of life of individuals, families and communities affected by the emergency and includes:

- the restoration of essential facilities and services; and
- the restoration of other facilities and services necessary for the normal functioning of a community; and
- the provision of material and personal needs; and
- the provision of means of emotional support.

Recovery Operations

On the declaration of a public health incident or emergency the provisions for recovery outlined in Part 4, Division 5 of the *Emergency Management Act 2004* apply.

The CE must, after the declaration of a PH Incident or PH Emergency, ensure such recovery operations be carried out as to what he or she thinks appropriate (s89.1).

An Emergency Officer may be assisted by volunteers in carrying out recovery operations and may give such directions to a volunteer as the Officer thinks necessary for that purpose (*South Australia Emergency Management Act 2004* s27.2).

SA Health will assist the State Recovery Office, and in turn the State Recovery Committee, with recovery related matters that commence with response activities i.e. health effects, Centrelink payments of assistance and environmental monitoring programs. On the completion of response activities the recovery activities will be on-going.

Recovery activities for the social setting of South Australia are coordinated by the Emergency Relief Functional Service and the H&MFS, in conjunction with their participating agencies and Local Government (s161 SEMP).

Debrief

Ideally within three (3) weeks however no more than six (6) weeks of the completion of the response activities to a declared Public Health Incident or Emergency, a formal debrief will be convened by the Department for Health and Ageing. To ensure consistency with pre-existing emergency management arrangements, this debrief will utilise the Multi-Agency Debrief guidelines and Debrief Template as outlined in the SEMP (Annex E).

A debrief summary including recommendations and actions will be supplied to the Minister for Health and the State Coordinator.
Appendix 1

Declaration Guidelines

It is important to note that the State Emergency Centre (SEC) can be activated without the need of a declaration. The activation of the SEC provides:

> A multi-agency response
> The resources of other agencies and functional services required for a more appropriate response
> A coordinated whole-of-government response
> Briefing for whole-of-government

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The following questions are not an exhaustive list; the Chief Executive, in consultation, may consider any other relevant information prior to making a declaration under the South Australian Public Health Act 2011.

Can the incident be managed internally?

> Are the day-to-day powers of the CPHO and Public Health Authorised Officers (including local government) sufficient for the management of the incident;
> Can the powers of other agencies such as police and fire services under existing legislation be utilised to assist in the management of the emergency without a declaration being made?

Is there a need for a Public Health Declaration?

> Are the additional powers provided by Part 11 of the South Australian Public Health Act 2011 upon a declaration required;
> Is the activation of Public Health Emergency Officers with powers outlined in s.90 of the Act required?

What time frame is this incident or emergency likely to require?

Less than 12 hours:

**Public Health Incidents (s86)**

If it appears to the Chief Executive that the nature or scale of an emergency that has occurred, is occurring or is about to occur, is such that it should be declared to be a public health incident, the Chief Executive may, with the approval of the Minister, declare the emergency to be a public health incident.

A declaration under this section—

(a) may be made orally (but if made orally must, as soon as is reasonably practicable, be reduced to writing and a copy provided to the Minister); and

(b) subject to this section, remains in force while response operations are being carried out in relation to the emergency (**but not for a period exceeding 12 hours**).

Greater than 12 hours:
**Public Health Emergencies (s87)**

If it appears to the Chief Executive that an emergency has occurred, is occurring or is about to occur, the Chief Executive may, with the approval of the Minister, declare the emergency to be a public health emergency (whether or not the emergency has previously been declared to be a public health incident under section 37A).

A declaration under this section—

(a) must be in writing and published in a manner and form determined by the Minister; and

(b) remains in force for a period specified in the declaration *(which must not exceed 14 days) and for such further periods (which may be of any length) as may be approved by the Governor.*

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**Considerations for escalation to a South Australian Emergency Management Act 2004 declaration**

The considerations below are not to be used as a guide for a declaration under the *Emergency Management Act 2004*, but rather as a guide for determining if a public health declaration should be escalated to a declaration under the *Emergency Management Act*.

Please note: at any time the State Coordinator can review an incident or emergency and override a Public Health declaration to declare the incident or emergency under the Emergency Management Act.

**Is the full activation of the SEMP including Coordination Centres and Functional Service Control Centres required?**

- Does the appropriate management of the emergency require a multi-agency response?
- Will the response operations be better managed through the SEC? Are the resources of other agencies and functional services required for a more appropriate response?
- Is a coordinated whole-of-government response required?
- Is the impact of the emergency likely to affect more than the health service?
- Are other Functional Services likely to be required for response activities?

**What time frame is this incident or emergency likely to require?**

- The timeframes allocated to an Identified Major Incident (s.22) and a Major Emergency (s23) under the *Emergency Management Act 2004* mirror those allocated to a Public Health Incident and Public Health Emergency under the *South Australian Public Health Act 2011*.
- Under the *Emergency Management Act 2004* the State Coordinator is responsible for the declaration.
- Is a State-wide declaration of ‘disaster’ required?
Disasters
If it appears to the Governor that a major emergency has occurred, is occurring or is about to occur and the Governor is satisfied that the nature or scale of the emergency is, or is likely to be, such that it should be declared to be a disaster under section 24 of the South Australia Emergency Management Act 2004, the Governor may (whether or not the emergency has previously been declared to be an identified major incident under section 22 or a major emergency under section 23) declare the emergency to be a disaster.

A declaration under this section—

(a) must be made in writing and published in a manner and form determined by the Minister; and

(b) remains in force for the period specified in the declaration (which must not exceed 30 days) and for such further periods (which may be of any length) as may be approved by resolution of both Houses of Parliament.

The Governor may, at any time, revoke a declaration under this section.
SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

DECLARATION OF A PUBLIC HEALTH INCIDENT

I, David Swan, Chief Executive of the Department for Health and Ageing in the State of South Australia, pursuant to section 86 of the South Australian Public Health Act 2011, declare that a public health incident is occurring or is about to occur in respect of:

DECLARED at ………………………… on this ……… day of …………………20…… at ………… hours, for a period of ………………. hours

CHIEF EXECUTIVE

SA Health
SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

DECLARATION OF A PUBLIC HEALTH EMERGENCY

I, David Swan, Chief Executive of the Department for Health and Ageing in the State of South Australia, pursuant to section 87 of the South Australian Public Health Act 2011, declare that a public health emergency is occurring or is about to occur in respect of:

DECLARED at …………………………… on this ……… day of …………………20…… at …………… hours, for a period of ………………… hours / days.

CHIEF EXECUTIVE

SA Health
Appendix 3

Process for the extension of a Public Health declaration

The process for the extension of a declared Public Health incident or emergency will follow that which has been determined for an extension of a declaration under the Emergency Management Act 2004.

> The Chief Executive, after consulting with the Chief Public Health Officer and the State Coordinator and any other person he/she considers appropriate makes a declaration of a Public Health Incident/Emergency.

**Public Health Incident**

> The Chief Executive, after consultation, may determine that an extension of a Public Health Incident is required under s 86 of the South Australian Public Health Act 2011.

> In this instance a declaration for the same Public Health incident needs to be made, rather than requesting an extension.

**Public Health Emergency**

> The Chief Executive, after consultation, may determine that an extension of the Public Health Emergency is required under s 87 (2)(b) of the South Australian Public Health Act 2011.

> The Chief Executive will coordinate the preparation of the cabinet submission and the declaration with the Cabinet Office.

> This coordination role includes:

  - Contacting the Clerk of Executive Council, Cabinet Office who holds the templates for the Cabinet Submission.
  - Assessing the Cabinet Submission (CABSUB) content.
  - Consulting with the Crown Solicitor to ensure the CABSUB complies with the requirements of the relevant legislation and any other legal requirements.

> The Clerk of the Executive Council is to coordinate the cabinet meeting.

> Cabinet submission is endorsed by Cabinet and signed by the Premier, with the Chief Executive present.

> The Governor in Executive Council approves the Cabinet Submission.

> The Chief Executive signs the declaration for the extension of the Public Health Emergency.

> The original documents are retained with the Clerk of the Executive Council with copies to the Chief Executive.
TO: Commissioner of Police

REQUEST FOR EMERGENCY OFFICERS UNDER A PUBLIC HEALTH DECLARATION

I, David Swan, Chief Executive of the Department for Health and Ageing in the State of South Australia, pursuant to section 48 of the South Australian Public Health Act 2011, request the assistance of <insert number required> Police Officers to fulfil and act in the role of Public Health Emergency Officers in relation to the powers outlined in section 90 of the South Australian Public Health Act 2011 under direction from myself, as Chief Executive.

REQUESTED at ....................... on this ........ day of ...............20...... at .............. hours, for a period of ................. hours

CHIEF EXECUTIVE
SA Health
SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

TO: <Commissioner of Police> <Chief Executive PIRSA> <Chief Officer SAMFS> <Local Council/s>

REQUEST OF PARTICIPATION FROM A PUBLIC AUTHORITY

I, Professor Paddy Phillips, Chief Public Health Officer under the South Australian Public Health Act 2011, request the assistance of <insert organisation name> under section 22 of the South Australian Public Health Act 2011, as it is believed provided intervention may be useful in producing a response to the current occurring circumstance: <insert incident name/details>.

Requested intervention and response requirements include:

<List some of the resources/activities that are being requested of the public authority and how they will assist with the current incident>

REQUESTED at ......................... on this ........ day of ....................20...... at .......... hours, for a period of ................... hours

CHIEF PUBLIC HEALTH OFFICER

SA Health

Please review legislative requirements on the back of this form
South Australian Public Health Act 2011

Section 22 subsection 1

If—

(a) the Chief Public Health Officer becomes aware of the existence of, or potential for the occurrence of, a situation putting a section of the community or a group of individuals at an increased risk of avoidable mortality or morbidity; and

(b) the Chief Public Health Officer considers that effective solutions exist for the reduction or elimination of those risks,

the Chief Public Health Officer may request the participation of any public authority whose intervention may be useful in identifying or producing a response to the circumstances being faced.

Section 22 subsection 2

A public authority that receives a request under subsection (1) must consider the request and then respond to the Chief Public Health Officer within a reasonable time.

Section 22 subjection 3

A response under subsection (2) must include details about—

(a) any steps already being taken by the public authority that may be relevant in the circumstances; and

(b) any plans that the public authority may have that may be relevant in the circumstances; and

(c) any steps that the public authority is willing to take in the circumstances; and

(d) any other matter relating to the public authority that appears to be relevant.
Appendix 6
Disease Processes and Further Information

Pandemic Influenza processes and actions

Response Summary:

<table>
<thead>
<tr>
<th>Condition:</th>
<th>Notifiable and Controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Priority:</td>
<td>High</td>
</tr>
<tr>
<td>Response time:</td>
<td>Response times in accordance with the AHMPI and the national pandemic influenza series of national guidelines</td>
</tr>
<tr>
<td>Case management:</td>
<td>Isolate cases where possible and apply appropriate Personal Protective Equipment</td>
</tr>
<tr>
<td>Contact management:</td>
<td>Medication and hospitalization where required</td>
</tr>
</tbody>
</table>

Reference Material:

> South Australia Pandemic Influenza Plan 2015
> Pandemic Influenza sub plans
> Human Disease Hazard Plan

Background:

Pandemic influenza is caused by a new Influenza A virus subtype and is characterised as concurrent outbreaks throughout the world

> sometimes occurring outside of the usual influenza season (e.g. summer);
> high attack rates in all age groups, although can be more so in either young people or the elderly;
> waves of disease before and after the main pandemic.

Influenza A, influenza B and less commonly influenza C can cause influenza. However, only influenza A virus is known to be responsible for influenza pandemics.

The SA Health Operational Plan for Pandemic Influenza 2011 considers the human, social and economic impacts on the health system of an influenza pandemic and aims to:

> minimise the impact of an influenza pandemic on the SA community and the health sector by provision of appropriate information to enable the system to respond to and manage a pandemic and protect the community; and
> reduce morbidity and mortality from all causes during an influenza pandemic by preventing or delaying the transmission of pandemic influenza; maintaining all essential services; and providing clinical services which will minimise morbidity and mortality across the population of South Australia.
### Food borne diseases processes and actions

<table>
<thead>
<tr>
<th><strong>Response Summary:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Condition:</strong> Notifiable and Controlled</td>
</tr>
<tr>
<td><strong>Public Health Priority:</strong> High, Medium or Low dependant on risk</td>
</tr>
<tr>
<td><strong>Response time:</strong> Reflected according to priority classification</td>
</tr>
<tr>
<td><strong>Case management:</strong> Notification through Food Safety and Nutrition Branch (FSNB)</td>
</tr>
<tr>
<td><strong>Contact management:</strong> Medication and hospitalisation where required</td>
</tr>
</tbody>
</table>

### Reference Material:
- Food Act 2001
- Food Standards Code
- Food-borne incident response plan
- Memorandums of understanding (MoU) with supporting agencies:
  - Biosecurity
  - Dairy Authority of South Australia
  - Local Government

### Background:
Notification of a potential incident may come to Food Safety and Nutrition Branch (FSNB) through:
- reports of food borne illness to CDCB
- laboratory reports from routine surveys
- local government
- direct from a member of the public

Investigations concentrate on identifying outbreaks involving more than one person to:
- Form a response team (which may include stakeholder agencies) and develop a response plan.
- Identify the source or likely cause of an incident.
- Assess ongoing risk through environmental investigation and microbiological or chemical analysis or food and/or environmental samples.
- Apply sanctions to prevent recurrence. This may include:
  - Application of limitations or restrictions to food businesses involved
  - Recall of affected food from distribution or the market place
  - Notification to the public via media release.
- Monitor effectiveness of actions taken to eliminate further cases.
- Apply condition(s) for businesses to resume activities.
- Conduct of a post incident review to assess the effectiveness of actions taken.

In cases where food may have been exported to interstate destinations, application would be made to Food Standards Australia and New Zealand (FSANZ) to invoke the National Food Incident Response Protocol (NFIRP).
Water borne diseases processes and actions

<table>
<thead>
<tr>
<th>Response Summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition:</td>
</tr>
<tr>
<td>Public Health Priority:</td>
</tr>
<tr>
<td>Response time:</td>
</tr>
<tr>
<td>Case management:</td>
</tr>
<tr>
<td>Contact management:</td>
</tr>
</tbody>
</table>

Reference Material:

> Safe Drinking Water Act 2011

Background:

The Water Quality section protects public health by providing high level specialist advice and policy direction on all public health matters relating to:

> marine and freshwaters,
> provision of drinking water
> management and reuse of wastewaters.

The Safe Drinking Water Act 2011 applies to all public drinking water supplies, with the exception of small supplies derived from rainwater tanks in low-risk accommodation and community facilities.

The Safe Drinking Water Act 2011 includes a requirement for all drinking water providers to have an approved incident notification protocol for communication of potential public health risks to SA Health.

The section administers the Government Water/Wastewater Incident Notification and Communication Protocol which governs communication between SA Health, SA Water and the Environmental Protection Authority (EPA). The protocol is coordinated by the Water Incident Coordinator who is based in SA Health and provides a single 24 hour point of contact within Government for notification of water and wastewater incidents.

This ensures communication of the incident to required agencies and Ministers by facilitating the development of a coordinated response including communication of the incident to the public, if required.
Murray Valley Encephalitis (MVE) processes and actions

Response Summary:

<table>
<thead>
<tr>
<th>Condition:</th>
<th>Notifiable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Priority:</td>
<td>High, Medium or Low dependant on risk</td>
</tr>
<tr>
<td>Response time:</td>
<td>In accordance with disease specific national and state arbovirus plans and guidelines</td>
</tr>
<tr>
<td>Case management:</td>
<td>Individual case management is the responsibility of the treating doctor. There is no specific treatment available for Murray Valley encephalitis virus (MVEv) infection. Patients who become unwell require supportive management by primary care or hospital services depending on the severity of illness.</td>
</tr>
<tr>
<td>Contact management:</td>
<td>Medication and hospitalization where required</td>
</tr>
</tbody>
</table>

Reference Material:

- Public Health Coordinated Mosquito Control Operations Plan (CMCOP)
- South Australian Public Health Act 2011

Background:

Murray Valley Encephalitis virus (MVEv) is a mosquito-borne virus which is endemic in the north of Western Australia and the Northern Territory in a cycle involving waterbirds and mosquitoes. Occasionally, in association with periods of flooding in central Australia and the subsequent migration of infected waterbirds, MVEv is detected and/or causes human cases of disease in South Eastern Australia (particularly in the Murray Valley).

It is estimated that approximately one person in a thousand will develop disease symptoms after being bitten by an infected mosquito. Most people do not develop any symptoms at all. In those who develop symptoms (fever, drowsiness, confusion, headache, nausea, tremors, dizziness) the disease can range from mild to severe. About a quarter of the people with the severe form of illness will not survive, while others may take several months to recover and some people are left paralysed or with permanent brain damage.

Historically, MVEv cases in SA and/or VIC have always occurred during strong La Niña events (1918, 1951, 1974 and most recently 2011). Climate change may result in increased frequency of MVEv epidemics in South Australia or in endemic MVEv in South Australia.

Mosquito borne diseases are minimised through the combined efforts of local council and SA Health officers. Activities to minimise cases include:

- Larval control
- Adult mosquito control
Health promotion – ‘Fight the bite’
In most instances state and local authorised officers would have sufficient powers to carry out necessary activities under the provisions of section 47 of the *South Australian Public Health Act 2011*. However, if a widespread stage B state coordinated response (as detailed in the CMCOP) was implemented, it would be necessary to recruit people who are not authorised officers under the *South Australian Public Health Act 2011* to field surveillance and mosquito control teams.

In such instances it may be deemed necessary to declare a public health emergency so that surveillance and control team members can be appointed emergency officers, enabling them to enter private land as required to perform their duties.
Viral haemorrhagic fevers (VHF) processes and actions

<table>
<thead>
<tr>
<th><strong>Response Summary:</strong></th>
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<tbody>
<tr>
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<tr>
<td>Response time:</td>
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<tr>
<td>Case management:</td>
</tr>
<tr>
<td>Contact management:</td>
</tr>
</tbody>
</table>

**Reference Material:**
- SA Contingency Plan for Viral Haemorrhagic Fevers - CDCB

**Background:**

Viral haemorrhagic fevers (VHF) are a group of highly infectious, and often fatal, diseases caused by several different viruses. Four viral haemorrhagic fevers, Ebola, Marburg, Crimean-Congo and Lassa, are quarantinable diseases in Australia. These diseases are caused by viruses which may rapidly produce life threatening illness due to multi-organ failure.

There has never been a notified case of a VHF infection reported in Australia. In each Australian capital city there is an appropriately equipped medical facility for the treatment of persons with VHF. The National High Security Quarantine Laboratory, located in Melbourne, maintains a capability to perform diagnostic tests for VHF.

**Action to be taken:**
- confirm the onset date and symptoms of illness;
- confirm results of relevant pathology tests, or recommend further tests;
- establish that the case or care-giver has been told the diagnosis before interview;
- ensure correct infection control measures are in place;
- identify the likely source of infection.

Inform the Director of the Communicable Disease Control Branch (who is also the Chief Quarantine Officer) who will inform the Australian Government, Department of Health (National Incident Room, Ph. 02 6289 3030).
For more information

Emergency Management Unit
System Performance and Service Delivery

Telephone: (08) 8226 7115
www.sahealth.sa.gov.au

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