Disaster Management Branch

Public Health Division

Public Health Emergency Management Plan

Version 2

April 2023

Government
of South Australia

SA Health

Document Control Information

Document Owner:	Disaster Management Branch
Title:	Public Health Emergency Management Plan
Description:	Outlines the responsibilities, authorities and mechanisms or if they occur, manage and recover from, declared or undeclared Public Health Incidents or emergencies within South Australia.
Subject:	Public health incident, public health emergency, public health declaration, South Australian Public Health Act 2011.
Document Location:	2019-07526
ISBN	978-1-76083-148-6
Next Review	July 2025

Version	Author	Comments	Approved	Date
1.0	Emergency Management Unit	Original version	Portfolio Executive	June 2015
2.0	Disaster Management Branch	Re-write of the document to include lessons learnt from COVID-19, and to further foster the partnership between Environmental Health Officers and SA Health in response to public health disasters.	Minister for Health and Wellbeing	April 2023

Contents

Introduction

Purpose

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 (PH) Incidents or PH Emergencies within South Australia.

Contains strategies for the prevention of PH emergencies and strategies for the containment of PH emergencies.

Contains triggers setting out circumstances in which an emergency could be declared to be a significant public health incident or to be a public health emergency.

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

Scope

Outlines working arrangements between SA Health, the collective name for the Health portfolio, and local government, in the management of a significant PH incident and a PH emergency.

Assumptions

The State emergency management arrangements and activities are outlined within the State Emergency Management Plan (SEMP). The PHEMP arrangements do not duplicate but are complimentary to what is described within the SEMP.

The SA Health Emergency Management Framework outlines the governance for state emergency management arrangements including reference to the Emergency Management Council (EMC) and State Emergency Management Committee (SEMC). It is assumed that the reader has an understanding of the governance within the state arrangements as described within the SA Health Emergency Management Framework.

Each local government area (Council) shall identify and develop relevant local arrangements for preventing, preparing for, responding to and recovering from public health incidents and 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 may be referred to in that document.

Under the all hazards approach, SA Health will adopt the SA Health Emergency Management Command Structure which outlines the statutory responsibilities of SA Health as a Control Agency (during a human epidemic or food and/or drinking water contamination) and Support Agency (for all other emergencies) and the command structure that will be implemented to respond to and manage such incidents/emergencies. Further details can be found in the SA Health Emergency Management Command Structure – Roles and Responsibilities.

If a public health incident or emergency has the potential to place the health system at the limit of its capacity or capability, or the incident is of state or national significance, SA Health has developed the SA Health Major Incident Plan which gives clear strategic direction to the whole of SA Health on responding to Major Incidents of any size or hazard. In addition, the plan provides actions and strategies that may be adopted by Health Commanders relevant to the scale/level of the Major Incident.

Public Health Incident Definition

A public health incident is defined as any event that may have negative consequences for human health on a population basis. The term includes incidents that have not yet led to disease in humans but have the potential to cause human disease through exposure to contaminated food, waters, animals, vectors, manufactured products or environment, and novel communicable diseases.

Examples of public health incidents include, but are not limited to, suspected contamination of a food source, environmental health risks, contamination of drinking water supply, outbreaks of communicable diseases, and the spread of a novel virus or organism that has significant clinical severity.

Review of the Public Health Emergency Management Plan

The PHEMP shall be reviewed by the SA Health Disaster Management Branch on behalf of the Chief Executive at least every five years and/or following structural or organisational changes impacting on SA Health operations.

For enquiries please contact:

Disaster Management Branch

Phone: (08) 7425 5932

Email: health.disastermanagement@sa.gov.au

Legal and Administrative Context

The *Emergency Management Act 2004* provides the legislative framework for managing emergencies in South Australia. The Act establishes the strategies and systems to enable effective response to and recovery from an emergency event, as well as appropriate planning and preparedness to mitigate emergencies.

The *South Australian Public Health Act 2011* (the Act) provides guidance for the protection of the health of the public of South Australia, and to reduce the incidents of preventable illness, injury and disability.

Part 11 of 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.

Wherever possible, the community will be requested to voluntarily comply with public health directions. Where non-compliance is deemed a risk to the success of a public health strategy (e.g. where community engagement, communication and compliance promotion strategies have not been effective), relevant legislation may be enforced to ensure such compliance.

Roles and Responsibilities

Minister for Health and Wellbeing

The Minister for Health and Wellbeing is the designated authority responsible for the approval of the PHEMP as the Minister responsible for the Act. The Minister for Health and Wellbeing is a member of the Emergency Management Council (EMC) which is a Cabinet Committee. The Chair of EMC is the Premier, the Minister responsible for the *Emergency Management Act 2004*.

The Minister's functions in connection with the administration of the Act are outlined in Part 3, Division 1, Section 17.

Chief Executive, Department for Health and Wellbeing

The Chief Executive of Department for Health and Wellbeing is responsible for the preparation of the PHEMP. The Disaster Management Branch is the custodian of the PHEMP. Additional powers and functions of the Chief Executive are outlined in Part 11, Section 89 of the Act.

Chief Public Health Officer

The Chief Public Health Officer (CPHO) is appointed to this 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, s21 of the Act. These powers are able to be enacted at any time, without a declaration, as the CPHO sees fit.

The CPHO has additional powers with regards to local council as contained in Part 3, Division 4, s40 of the Act. These powers are also able to be enacted at any time, without a declaration, as the CPHO sees fit.

In addition, the CPHO has additional powers to be able to act in serious cases as contained in part 10, Division 1 and 2, s71 – 77 of the Act. These functions are also not specific to a declaration and can be enforced at any time.

Authorised Officers (State and Local) – Day to day powers

State Authorised officers are appointed by the Minister according to part 3, Division 5, s43 of the Act, with council using section.44 to appoint a Local Authorised Officer.

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

Functions of the Department for Health and Wellbeing (DHW)

Public Health Division

The Health Regulation and Protection Division works with and for the South Australian community to improve public health and clinical care with an aim to prevent and control infectious diseases in the community.

This encompasses providing services, advice, education, support, policy, leadership and advocacy, administering legislation and partnering with service providers, government agencies and the non-government sector to identify and respond to current and emerging public health and clinical issues and opportunities including vector control, wastewater treatment and management, and cooling tower regulations. Such activities support local government's role in public health and provide environmental health services to communities in regional and remote communities. Officers within Health Protection & Licensing Services are State Authorised Officers under the Act.

The Division includes the following areas:

Disaster Management Branch (DMB)

DMB provides cross functional coordination and interagency liaison by maintaining relationships across public health functions, mental health, Local Health Networks, Local Government, and the Outback Communities Authority. This assists in the coordination and response to incidents. The Branch provides the following specialist functions:

> A 24/7 emergency duty officer for notification, monitoring and escalation of all emergencies and adverse events.

> A leadership and coordination role for Disaster Management arrangements across SA Health and a range of disaster education and exercising services.

> Climate adaptation and climate risk preparedness.

> Recovery coordination, including engagement with all agencies.

Health Protection and Regulation (HPR)

> HPR makes an important contribution to the conditions and environments that keep people safe and healthy, promote health, enhance quality of life, and significantly reduce the need for treatment and anguish caused by illness and injury.

> This is achieved through developing and administering public health legislation on behalf of the Minister for Health and Wellbeing and the DHW to protect the South Australian community and provide authoritative high-level advice on public health issues by working in partnership with local government, other government agencies, business, non-government organisations and the community.

> HPR also actively works with local government, businesses and the community during emergency situations in relation to impacts on food, water, and environmental health.

HPR comprises:

Food Safety & Regulation

> The Food Safety & Regulation Branch protects the public from preventable health risks associated with the consumption of unsafe food.

> Administers the Food Act 2001 on behalf of the Minister for Health and Wellbeing, including providing service delivery directly to the community.

> Provides advice and education to government, the community, food businesses, health practitioners, and other food regulators.

> Works collaboratively with national, state and local governments and key stakeholders. Investigates and manages incidents associated with unsafe food.

Scientific Services

> The Scientific Services Branch focuses on the identification, monitoring, investigation and management of environmental factors that impact on the health of the South Australian community. It does this through the development and direct delivery of health protection legislation, policy, advice and services. approvals, monitoring and enforcing compliance of the Safe Drinking Water Act 2011.

> Management of water quality incidents.

> Issuing of licences, authorities, permits, undertakes inspections and enforces the Controlled Substances Act 1984.

> Supporting, advising and working with other jurisdictions for the consistent regulation of chemicals.

Health Protection Branch

> The Health Protection Branch focuses on the identification, monitoring, investigation and management of environmental factors that impact on the health of the South Australian community. It does this through the development and direct delivery of health protection legislation, policy, advice and services.

> Supports the implementation and administration of the South Australian Public Health Act 2011, Regulations and associated policies, codes and guidelines by State and local government.

> Undertakes public health planning and direct service delivery across the Out-of-Council Areas of South Australia, including remote and regional Unincorporated Areas and Aboriginal Communities.

> Provides advice, training and supporting documentation ensuring onsite wastewater systems are designed, constructed and operated effectively throughout South Australia.

Clinical Regulation Branch

> The Drugs of Dependence Unit administers delegated provisions of the Controlled Substances Act 1984, Controlled Substances (Poisons) Regulations 2011, to allow access to appropriate treatment and minimise the potential public health harms and costs associated with dependence, misuse, and diversion of prescribed drugs of dependence.

> Clinical Regulation Policy and Licensing (CRPL) is responsible for delivering the administrative and legislative activities committed to the Minister under Parts 6, 10 and 10A of the Health Care Act 2008, relating specifically to the licensing and regulation of private hospitals, private day procedure centres, and private ambulance operators.

> CRPL also contributes to and, when appropriate, leads the development, maintenance, and implementation of policy reform for the Controlled Substances Act 1984, Controlled Substances (Poisons) Regulations 2011, Health Care Act 2008, and Health Care Regulations 2008.

Blood Organ and Tissue Programs (BOT)

BOT is responsible for coordination and strategic oversight of the management, use and supply of blood and blood products, organ and tissue-related services, and the donation of bodies and tissues for scientific, teaching and research purposes throughout South Australia. BOT provides input to interstate and national bodies to inform national policy, and provides liaison between SA Health and a number of agencies, including:

> Australian Red Cross Lifeblood

> National Blood Authority (NBA)

> Therapeutic Goods Administration

> Australian Organ and Tissue Authority

> Australian Government Department of Health

> DonateLife SA

> Eye and Tissue Banks

> Public and private hospitals and pathology service providers

BOT has developed a South Australian Blood Supply Contingency Plan which aligns with the National Blood Supply Contingency Plan (NBSCP) to provide a framework for a coordinated and appropriate response to blood and blood product supply emergencies and shortages in South Australia. BOT Programs is responsible for working with the NBA to facilitate implementation of national responses in situations where the NBSCP has been activated. BOT Programs will also work with DMB as required, in response to major incidents, emergencies, and disasters.

Communicable Disease Control Branch (CDCB)

The Communicable Disease Control Branch (CDCB) aims to reduce the incidences of communicable and infectious diseases in South Australia. This is done by having specialist services in medical and epidemiological advice and coordination of state response to notifiable conditions, disease surveillance and investigation, immunisation programs and infection control services.

The Branch provides the following specialist functions:

> Specialist medical advice (24 hours per day, 7 days per week) to internal and external customers regarding communicable disease control, including outbreak investigation, immunisation, infection control, blood borne viruses and sexually transmitted infections, and quarantine issues to border control authorities.

> Liaises with national and international experts to ensure effective communicable disease control in South Australia, including participating in the Communicable Disease Network Australia (CDNA).

> Provides content for Public Health Alerts and Public Health Information for medical practitioners and hospitals.

> Collaborates with the Biosecurity SA Division of Primary Industries and Regions SA (PIRSA).

CDCB comprises the following sections:

Disease Surveillance and Investigation Section:

> monitors and analyses disease trends.

> examines incoming data to identify clusters and outbreaks of disease.

> investigates sporadic cases of disease, clusters, and outbreaks.

> conducts enhanced surveillance for vaccine preventable diseases.

> provides information to national communicable disease response agencies.

> publication of reports on disease activity including outbreak summaries.

> provision of epidemiological information to individuals, community and health care professionals.

> enhanced surveillance of food-borne diseases by OzFoodNet SA.

Infection Control Service (ICS):

ICS deals with control of healthcare associated infection (HAI) through monitoring and intervention. The aim of the ICS is to:

> monitor, control and prevent HAIs, including those due to multidrug-resistant organisms, in South Australian health care facilities.

> provide best practice guidelines and advice on infection control to health care professionals and the general public.

> provide educational resources and fact sheets on topics related to HAI.

> provide expert advice pertaining to reprocessing of reusable medical devices including sterilisation and instrument reprocessing.

> monitor and report on the progress of implementation of AS 4187:2014 by the Local Health Networks.

> appropriate use of antibiotic therapy and other antimicrobial programs.

Sexually Transmissible Infection and Blood Borne Virus Section:

> responsible for the coordination of the state's response to STIs, HIV, viral hepatitis and related diseases through policy and program development.

Immunisation Section:

Responsible for managing and distributing vaccines to all immunisation providers. The Immunisation Section:

> promotes immunisation within the SA community.

> distributes Commonwealth and State funded vaccines.

> provides professional support to both public and private immunisation providers via clinical advisory service.

> develops and distributes State and National policies regarding immunization.

> provides resources and support to immunisation providers to ensure that they have access to quality clinical management advice for program implementation.

> monitors vaccine safety and provides information and support to health care providers and members of the community.

Local Government / Councils

Council's Environmental Health Officers (EHOs) are Authorised Officers and have a duty of care to promote appropriate standards of public and environmental health under the *South Australian Public Health Act 2011* and associated Regulations. They undertake a variety of routine and complaint-based inspections to reduce the spread of communicable diseases and to ensure a high level of public health is maintained within their area to ensure a safe and healthy community.

Additional functions of councils are outlined in Division 4 of the Act.

The Outback Communities Authority (OCA)

The Outback Communities Authority (OCA) is responsible for facilitating a hybrid governance model incorporating aspects of Local Government and community Self-Management for the approximately 4500 people that occupy the 625,000 km2 of South Australia. Also known as the Unincorporated Areas, traditional Local Government models would be impractical for this area.

OCA Community Development officers work across outback South Australia and maintain up to date contact details for community groups and progress associations in the unincorporated areas. Such groups may be able to assist by undertaking health related activities in communities and are best placed to assist with reporting or response relating to incidents.

Comprehensive Approach

SA Health has a legislative obligation to prepare for and respond to public health incidents and emergencies. SA Health adopts an all-agencies and all-hazards approach to disaster and emergency incident management across the **prevention**, **preparedness**, **response** and **recovery** phases, known as the comprehensive approach.

Public health risks to manage include:

> Communicable diseases

> Drinking water quality

> Wastewater management

> Drugs and poisons

> Food safety and supply

> Hazardous waste

> Vector borne diseases

> Recreational water quality

> Pest management

> Vaccine supply (including cold chain management)

> Extreme weather and climate events, such as heatwaves, bushfires, flood and drought

Many of these examples overlap and are interlinked.

Prevention

Prevention in relation to public health is defined as those activities taken to mitigate, reduce or eliminate risk in the community from harmful effects on human health from a population-based perspective.

Prevention planning involves identifying and monitoring public health risks and a community's vulnerability to those risks prior to an incident or event. Key prevention activities are undertaken as part of everyday practice and provide the basis for public health disaster event and incident response capability.

SA Health

SA Health is responsible for providing prevention and protection strategies to control the spread of disease, support maintenance of safe food and water supplies, monitor vector control activities and provide expert risk assessment on the health of a community. Public Health prevention activities include:

> Monitoring state, national and international trends across all hazards

> Climate adaptation advice and disaster preparedness for climate related weather events

> Disease surveillance and outbreak detection and control

> Disease control including immunisation programs and infection control practices

> Mass vaccination campaigns, distributions of vaccinations and prophylaxis medication

> Contact tracing, prophylaxis and treatment

> Regulation and compliance activities to address potential or existing public health risks

> Government, non-government and community education and awareness programs

> Public health information and education

Local Government

Local Government is responsible for undertaking prevention and protection activities to control the spread of disease, ensure safe food and water supplies, monitor vector control activities and provide advice to the community.

Regulation and compliance activities address potential or existing public health risks including but not limited to:

> Food preparation and sale

> Wastewater management

> Safe drinking water

> Pest and vermin control (including mosquitos and other vectors)

> Monitoring of swimming pools

> Supporting vaccination campaigns

> Local Government and community education and awareness programs

> Public health information and education

Preparedness

Public health preparedness encompasses the activities required to build capacity of the community, government and non-government agencies to mitigate and/or manage public health risk within their local community.

One of the key strategies for preparedness is to increase community awareness of known public health risks and educating government, non-government, businesses, and communities on where to access public health risk information. The four main pillars of preparedness are:

> Stakeholder engagement and relationship management (e.g. with local government and other partner agencies)

> Planning framework

> Education

> Exercising and training

SA Health

SA Health is the primary agency in the government of South Australia with responsibility for the vision and strategic priorities of promotion, protection, prevention and progress of the health and wellbeing of all South Australians.

SA Health's priorities include:

> Preventing and control infectious diseases in the community.

> Protecting and enhance public health by minimising potential environmental health risk factors arising from air, water, soil and hazardous substances.

> Implementing a range of policies and strategies to promote, improve and protect the health of the whole population, targeting those who are most disadvantaged.

> Developing and administering public health legislation in conjunction with local government.

> Providing expert advice and education to a variety of stakeholders.

> Performing regulatory activities in relation to food safety and suitability and food standards.

> Performing a range of licensing and regulatory functions.

Essential components of preparedness also include disaster management training of SA Health staff, exercise programs and ensuring public health disaster management documents are updated with current and accurate information. The SA Health Disaster Management Training Framework sets the minimum requirements for training and exercising for staff within identified roles at SA Health.

These preparedness activities should occur in advance of the disaster or emergency incident.

During all phases of planning, preparedness, response and recovery, SA Health will aim to maintain relationships with local government EHOs, providing training and support resources and advice as required.

Local Government

Local government public health preparedness will encompass an extension of the same roles undertaken in prevention; however, with a focus on managing the public health impacts of incidents that cannot be prevented. This links in with the wider Council emergency management documentation that defines local risks, relationships, community strengths and capacity. Documentation aims to be relevant to the local area and community and will direct staff training and support.

Examples of local government public health preparedness may include:

> Contributing public health considerations to the development of local or regional disaster and emergency management plans. It is during this planning period that roles and responsibilities are negotiated and defined.

> Providing disaster management training opportunities to relevant council officers including Authorised Officers (EHOs).

> Raising community and business awareness about the need to plan for disasters.

> Maintaining contact details for key service providers that may be called upon in response to an incident or disaster e.g. liquid waste contractors.

> Identifying potential public health risks to the community and developing mitigation strategies.

> Formalising resource sharing relationships with neighboring councils.

> Dissemination of information to the community relating to the risks of and response to incidents/ emergencies of a public health nature.

> Ensuring adequate resources (including human resources) are on standby.

Response

Response activities are the activation of preparedness arrangements to put in place effective measures to deal with an incident.

Response activities are undertaken to minimise the consequences of an incident on the health system and the community. SA Health is the Control Agency for Human Epidemic and Food and Drinking Water Contamination and is responsible for managing the response to an outbreak, including reporting to State and National authorities. SA Health is a supporting agency for all other hazards.

SA Health

> SA Health has developed detailed response plans, encompassing an all hazards approach to the variety of incidents/emergencies that could occur in South Australia.

> PH incidents can be classified according to three levels detailed below. See Appendix 1 for description of the classification of PH incidents.

> The focus of the PHEMP is to describe the working arrangements between SA Health, the wider health system and Local Government in the management of a significant PH incident, or PH emergency.

> Local Level PH Incidents are managed at a local government level, with input from SA Health as requested.

> Public health risks associated with a significant PH incident are managed by local government with support from SA Health.

> A PH emergency will be managed by SA Health and depending on the size and scale of the emergency, this could be coordinated through the State Control Centre Health (SCCH).

Local Government

The period immediately following a disaster usually involves rapid utilisation of resources to assess damage and determine the risk of situations further deteriorating. Local Government public health response activities include to control the spread of disease, ensure safe food and water supplies, monitor vector control activities and provide advice to the community.

Examples of local government public health response may include:

> The undertaking of rapid needs assessment by Authorised Officers (EHOs) to identify and assess significant public health issues, develop and prioritise mitigation strategies i.e. contacting food premises to assess for contamination and storage conditions.

> The rapid development or dissemination of materials to support public health safety throughout the local community.

> Liaising with property owners and contractors to ensure contamination is retained onsite and does not spread.

> Authorised Officers working in a disaster situation will need to be able to operate effectively and safely under stressful conditions, think on their feet and have adequate personal protective equipment (PPE).

> EHOs will need to have the ability to both work independently and respond to instructions as necessary.

Incident Levels and Triggers

SA Health has developed a scalable response to PH incidents and emergencies which seeks to provide guidance and define response to incidents of increasing complexity and size, recognising the relationship between the type/ size of an incident and resources required.

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 additional co-ordination and resources are required.

Table 1. Classification of Public Health Incidents and Emergency

Local Level Public Health Incident	Significant Public Health Incident	Public Health Emergency
Overview: Business as usual Local council makes decisions on needs and priorities with no/minimal assistance and advice from SA Health	**Overview**: Beyond the resources of Local Government Councils in affected areas make decision on needs and priorities with a high level of assistance and advice from SA Health	**Overview**: Managed at a State Level Statewide response led by State Government to a particular public health incident or emergency
Local Level Incident Triggers: Example: Single Council area More than one council but managed as separate councils Less than three businesses or properties impacted Response within existing resources	**Public Health Incident Triggers:** Example: Response outstrips council resources Incident across council borders or response beyond existing council resources Geographic size of area within one council requires additional resources for coverage 4-6 or more businesses or properties impacted in one or more council areas	**Public Health Emergency Triggers:** Example: Incident involves complexities requiring substantial management and co-ordination from the Chief Public Health Officer

For further detail on description and examples of public health incidents, refer to Appendix 1

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

Drinking water or sewage related emergencies are managed under the Water, Wastewater Incident and Communication Protocol which is an agreement between larger providers of potable water and sewage services and SA Health to ensure that suitable responses are actioned and communication to stakeholders, including the public is managed.

Recovery

Recovery activities are those which assist a community in the restoration of emotional, social, economic and physical wellbeing, reconstruction of the physical infrastructure and restoration of the environment.

The Recovery process begins at impact, operates in parallel to the response phase and then continues after the response phase is complete. The South Australian emergency management arrangements define recovery as the restoration or improvement of livelihoods and health, as well as the economic, physical, social, cultural and environmental assets, systems and activities of a disaster-affected community or society, aligning with the principles of sustainable development and 'build back better' to avoid or reduce future disaster risk.

Recovery activities will be identified through a community led process and delivered in collaboration with the affected community/industry. Recovery needs will vary with the type, nature, location, duration, scale and impacts of the incident.

SA Health

On the declaration of a public health incident or emergency the provisions for recovery outlined in Part 4, Division 5 of the South Australian Emergency Management Act 2004 apply. This will require the CE DHW to take any necessary action to implement the Public Health Emergency Management Plan and to cause such response and recovery operations to be carried out as they think appropriate. (Part 11, s 89, *South Australian Public Health Act 2011*).

SA Health has developed the SA Health Major Incident Community Recovery Arrangements which ensures SA Health provides an all hazards approach to recovery operations, regardless of the size/level of the event, to support the community in accordance with the State Arrangements by:

> Outlining the governance structure for recovery.

> Identifying SA Health's responsibilities in recovery.

> Clarifying who is responsible for the delivery of recovery services on behalf of SA Health.

> Describing how SA Health arrangements connect with the broader state and national emergency response and recovery arrangements.

Local Government

Recovery activities require close collaboration and relationship building with communities. For this reason, Local Governments are of critical importance, in particular EHOs will need to work closely with a number of council services, the community and business to assist them to re-establish and operate in a way that minimises risk to public health.

Examples of recovery operations that may be undertaken by local government include:

> Rebuilding and strengthening environmental health services and systems to prevent further public health risk to the public.

> Supporting individuals and businesses to comply with relevant public health regulations.

> Economic development activities with local industry.

> Assessment of plans and applications for reconstruction.

> Road and infrastructure redevelopment including public health infrastructure.

> Support for community groups/clubs to increase community cohesion.

> Preparation of grant requests for assistance.

Declaration under the South Australian Public Health Act

On the declaration of a PH incident or emergency, the provisions of the *Emergency Management Act 2004* (Pt 11 s90) apply in relation to the emergency as if those provisions form part of the Act.

While the declaration remains in force, the Chief Executive of DHW must take any necessary action to implement the PHEMP (this document) and cause such response operations, under the powers of the Acts, to be carried out as he or she thinks appropriate.

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.

Additional Powers under a Declaration

The Chief Executive, SA Health, or an emergency officer may, if of the opinion that it is necessary to do so, do or cause to be done all or any of the powers listed in the South Australia Emergency Management Act 2004. Division 4 Section 25 – Powers of State Co-ordinator and authorised officers.

Levels of Declaration under the South Australian Public Health Act 2011

A declaration under the Public Health Act allows for the following 2 levels:

Public Health Incidents (s86)

> The SA Health Chief Executive has the authority to declare a public health incident (with the approval of the Minister) for a period not exceeding 12 hours.

> A declaration under this section—

  o 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

  o 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).

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 86).

> A declaration under this section—

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

  o 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.

Considerations for Declaration under the South Australian Public Health Act

The Chief Executive, in consultation with the Minister and the CPHO, may consider the following questions and any other relevant information prior to making a declaration under the Act:

Can the incident be managed through existing arrangements?

> 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 legislative day-to-day powers of other agencies standing powers, for example, the Fire and Emergency Services Act 2005, be utilised to assist in the management of the emergency without a declaration being made?

Is there a need for a Public Health Emergency Declaration?

> Is the activation of Public Health Emergency Officers with powers outlined in s.90, (which allows the provisions of powers under the Emergency Management Act 2004 to be applied) required?

> What is to be achieved by the declaration, e.g. is it to signify the seriousness of the event (public confidence)?

> Does the State Coordinator (SAPOL Commissioner) want to invoke a declaration under the Emergency Management Act 2004?

> If a declaration is considered, the State Coordinator must agree, as is required.

Advantages in Public Health Emergencies being declared under EM Act (as opposed to SAPH Act)

> Other agencies, in carrying out response operations in relation to an emergency, are subject at law, to the control of the control agency (see s. 20(3) EM Act). There is no equivalent provision in the SAPH Act, so the CE, DHW would be relying upon the voluntary cooperation of other agencies when they carry out response operations in relation to an emergency declared under the SAPH Act.

> The various government agencies which have a part to play in any response and recovery to emergencies are familiar with the EM Act and "how it works" given previous experience and training/exercises over the years.

Key responsibilities under a Public Health declaration

Minister for Health and Wellbeing

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 2) 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 (s67(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 State Coordinator, in accordance with s.88 (2) of the Act.

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).

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.

State Controller - Health

The State Controller (SC) provides overall control to the response and management of the incident. This role will be performed by the CPHO when SA Health is the control agency and when there is a declaration under the Act.

Public Health Act - Emergency Officers – Under a declaration

The CE may appoint, individually or by class, such persons to be additional emergency officers for the purposes of the Act 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 PH declaration is made and for the term of the declaration.

The powers of a PH Emergency Officer include all powers outlined within s.25 of the *Emergency Management Act 2004.*

Emergency Management Act - Authorised Officers – Under a declaration

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

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

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

Terminating Declarations

The CE may, at any time, revoke a declaration made under a PH Incident or PH Emergency (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.

> *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.*

Appendix 1   Classification of Public Health Incidents and Emergencies

Level	Description	Examples	Accountability	Communication
Local Level Incident	▪ Local level incidents are largely 'business as usual' scenarios for local authorities. ▪ Local Councils manage local level incidents that impact on public health in their area on a regular basis using the powers conferred under the Act and other relevant public health legislation e.g. Food Act, 2001. ▪ Local level incidents are usually notified through official reporting channels and protocols (e.g. Communicable Disease Control Branch or Health Protection and Regulation) or through a community complaint. ▪ Some Local Level public health incidents may require a small amount of support from the department i.e. may require expert advice. However, the overall accountability for the management of the public health incident rests with the Council. ▪ Local Health Networks occasionally have public health incidents occurring at a hospital.	▪ Detections of a notifiable condition or contaminant associated with a business or property in the area. ▪ Local environmental issues such as isolated uncontrolled mosquito breeding during periods of high arbovirus risk or sewage overflow that creates a risk of disease transmission. ▪ Outbreak of communicable disease (e.g. gastro) within local area where overall impact is within a Council and can be managed with no state or national implications. ▪ Actual or potential transmission of blood borne virus due to, for example, sterilisation breach.	▪ The incident is investigated and managed by the local council using the expertise of authorised officers supported by any relevant guidance and the provisions and powers of the relevant Act(s). ▪ The local council has the existing resources required to manage the incident. ▪ Incidents are managed a hospital level (infection control services).	▪ The local council holds responsibility for all communication related to the incident. ▪ SA Health can support local council with communication related to the incident.

Level	Description	Examples	Accountability	Communication
Significant Public Health Incident	• A significant public health event is one that is of such a nature or extent that responding to it while maintaining other necessary public health services is beyond the resources of the local council. • The incident may affect multiple councils (e.g. a region). It is an incident that does not trigger a 'declared public health incident or emergency' (as defined by the Act) or state-wide emergency management arrangements, however, requires additional support and resources to be deployed to ensure it is managed effectively. • Local councils may seek the support of neighbouring councils or SA Health to ensure the event is appropriately managed or that essential public health services can be maintained while resources are dedicated to responding to the event.	• An extended power failure that impacts multiple food businesses in an area. • Significant weather events that create conditions that increase the risk of an outbreak of mosquito borne disease, particularly flaviviruses such as MVEV.	• The incident is investigated and managed by multiple local authorities using the expertise of authorised officers supported by any relevant guidance and the provisions and powers of relevant Act(s). • SA Health expertise may also be required to coordinate activities or support responses.	• In recognition of local needs, the local authority will lead communication with those directly impacted in their area. • SA Health will lead communication more broadly.

Level	Description	Examples	Accountability	Communication
Public Health Emergency	• A Public Health Emergency may occur simultaneously with a disaster (e.g. flood) or may be a stand-alone, large-scale public health event (e.g. novel pandemic influenza outbreak). • Usually involves complexities requiring substantial management and coordination of emergency response. The event may have major or severe impact on normal operations in multiple Councils and across SA Health. • A Public Health Emergency can be declared by the CE of SA Health under s. 86 and 87 of the Act. • May involve engagement with national bodies such as the Australian Health Protection Principal Committee (AHPPC) or activation of national arrangements and national plans.	• Major public health event – widespread biological or chemical contamination /sabotage of food or water supply. • Outbreak of a communicable disease that has significant state-wide and/or national implications (e.g. COVID-19)	• SA Health as control agency • Expertise from local council authorised officers many be required to manage local elements of the incident.	SA Health Councils to amplify SA Health messaging

Appendix 2

Declaration Templates

SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

DECLARATION OF A PUBLIC HEALTH INCIDENT

I, ………………………..., Chief Executive of the Department for Health and Wellbeing 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, …………………, Chief Executive of the Department for Health and Wellbeing 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

Government
of South Australia

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.

Appendix 4

Emergency Officer Request Template

SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

TO: Commissioner of Police

REQUEST FOR EMERGENCY OFFICERS UNDER A PUBLIC HEALTH DECLARATION

I, …………………………., Chief Executive of the Department for Health and Wellbeing 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

Appendix 5

Public Authority Request Template

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, ………………………………………., 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 subsection 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.

Government
of South Australia

SA Health