

health

Department of Health  
Public Health Control Plan 2012

This plan has been developed by the Health Protection Branch of the Department of Health in consultation with a range of key stakeholders. It applies to public health incidents and emergencies but may be relevant to other departmental program areas and regions, and other emergency management agencies in the Health and Human services sector. This plan replaces all previous public health emergency management plans.

This plan is issued by the Acting Director Health Protection, Acting Chief Health Officer and supported by the Executive Director, Wellbeing Integrated Care and Ageing, the Director, Health and Human Services Emergency Management and the Regional Directors Health and Aged Care.

The Public Health Control Plan will be reviewed at least every two years. Comments should be addressed to: [julian.meagher@health.vic.gov.au](mailto:julian.meagher@health.vic.gov.au).

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## Introduction

The Public Health Control Plan (PHCP) is a guide for the management of public health incidents and emergencies by the Department of Health. This plan reflects those established for emergency management in Victoria as contained in the Emergency Management Manual Victoria (EMMV).

The department's Health Protection Branch and region's responsibilities include small scale incident management associated with core business activities and as such may not be recognised as emergency management. It is acknowledged that the circumstances existing at the time of an emergency situation as it evolves may mean that procedures other than those referenced within this document may be followed. These circumstances may relate to the nature of the incident, staff and resource availability, time of day, urgency of competing demands, knowledge of the particular event, people involved or a range of other factors.

The response to public health incidents and emergencies requires cooperation and communication from all staff with the department's Health Protection Branch, other divisions of the department, the departments regions, the Department of Human Services (DHS), Emergency Service Organisations (ESO) and other agencies. A joint agency and an all hazards approach is generally preferred for the management of emergencies, including public health emergencies. In general, a public health emergency may require the engagement of officers from across the Health Protection Branch and other areas of the department in its management, especially where the incident may be widespread and/or prolonged and may also be of such magnitude that the whole of the department and other Victorian Government agencies/committees may be extensively involved.

Departmental staff working in emergency management should ideally have prior experience or specific training in the emergency management area relating to their role. Staff should ensure that where possible they undertake training opportunities and should be familiar with the broad range of plans and arrangements for managing emergencies in Victoria.

## Purpose

The purpose of this document is to:

- Establish and communicate the arrangements for when the department is the designated control agency.
- Provide a framework for defining authority for public health incidents and emergencies and outline the required notification/reporting arrangements.
- Summarise the types of public health incidents and emergencies and the business units responsible for initiating and managing a response.

## Background

The Department of Health's portfolio responsibilities in health, the *Emergency Management Act 1986* and the EMMV provide the basis for its emergency management responsibilities. In summary these are:

- Incident control responsibilities for:
  - retail food contamination
  - human disease
  - biological materials
  - radioactive materials
  - food/drinking water contamination.
- Pre-hospital ambulance and medical response to mass casualty incident sites (under the *State Health Emergency Response Plan (SHERP)*).
- Victorian Health Emergency Coordination (VHEC): VHEC is a function of the department and has a strategic role in the coordination, leadership and appropriate support, from response to recovery, for Victorian health services in the management of significant incidents.

These responsibilities are delivered via departmental and agency services and coordinated at both regional and state level. The Health & Human Services State Emergency Management Centre (H&HS SEMC) Arrangements set out the departmental coordination and communication structures through the shared service within the Emergency Management Branch (EMB) at DHS.

## Authority

The expertise to deal with public health emergencies resides within the business units of the Health Protection Branch:

- Communicable Disease Prevention and Control Unit (CDPCU)
- Environmental Health Unit (EHU)
- Food Safety and Regulation Unit (FSRU)

The authority and accountability rests, under current legislation and regulations, with the Chief Health Officer (CHO) but may be delegated to an appropriate senior manager who has technical and management expertise/authority to be able to undertake actions in relation to the control of an emergency.

The incident control function provides the overall strategic direction for managing the incident and its impacts on the agencies involved, but does not have responsibility for the management of the personnel of those agencies. In any emergency event, there is only ever one Incident Controller. Personnel deployed to the field may undertake activities for the Incident Controller and operate under their direction as “forward” or “field control”.

*The Public Health and Wellbeing Act 2008* and its associated statutory regulations give the department the powers to act, and to delegate the power to act, in the control or management of public health emergencies where there is a risk or perceived risk to public health.

All public health officers should understand and familiarise themselves with the range of legislation that the department may operate under and be trained specifically in areas where powers under legislation may need to be exercised. Refer to [www.health.vic.gov.au/legislation](http://www.health.vic.gov.au/legislation).

The following table details control responsibilities and delegations as per incident category and severity.

**Table 1 – The departments’ control responsibilities/responsible officers**

<b>Incident Type</b>			
Incident Category	Biological/Radiological Materials	Food /Drinking Water Contamination	Human Disease/Epidemic
Level 1	Unit Manager/Regional Director	Unit Manager/Regional Director	Unit Manager/Regional Director
Level 2	CHO/Assistant Director	CHO/Assistant Director	CHO/Assistant Director
Level 3	CHO	CHO	CHO

Depending on the nature of the incident or emergency, a Functional Leader (Deputy Incident Controller) may be appointed to manage the resources of the department in support of the Incident Controller. During events categorised as Level 1 or 2, a decision will be made as to the most appropriate location of the Functional Leader. In most circumstances, this decision will be made with consideration to the place where most activities will be undertaken and the location of other agencies involved in the emergency.

The CHO will facilitate this decision where necessary, and will assume incident control for all emergencies that are categorised as Level 3. For incident categorisation, refer to Appendix 1.

The department does not exercise control responsibilities for other emergency events however under Victoria’s emergency management arrangements, the department may be called on by other control agencies to provide support during any other emergency.

An appropriate liaison officer will be appointed to represent the department's interests and to participate in any incident or emergency management team as necessary at the incident area of operations or at the state strategic level.

## Key Roles

### Chief Health Officer/Incident Controller

The CHO (or delegate) is empowered to commit or arrange the commitment of resources to control a public health emergency. The position is also responsible for alerting and advising the Minister for Health, the Secretary and the State Health and Medical Commander in relation to public health emergencies and directs all control activities associated with a public health emergency. The position fulfils the control role under AIIMS, however may be delegated to a suitably qualified senior public health manager or officer.

The position is ultimately responsible for all actions undertaken by the department during an incident and although responsibilities will normally be delegated to other officers, the CHO may personally take over the management of an emergency at any time.

As per part 3 of the EMMV, the Incident Controller is a member of a control agency appointed to have overall responsibility for emergency response operations. The Incident Controller is normally appointed by the control agency, but can also be appointed by an Emergency Response Coordinator in circumstances where ss 16 or 16A of the *Emergency Management Act 1986* apply.

The Controller has the overall responsibility for management of the emergency, even when some of his/her responsibilities have been delegated.

The Incident Controller's principal responsibilities include:

- Overall responsibility for the management of all response activities undertaken to respond to an incident or emergency.
- Notification of support and recovery agencies.
- Management of the interaction with support agencies responding to an incident or emergency.
- Management of the interaction with agencies, communities and people affected by, or likely to be affected by, an incident or emergency.
- Establishment of an incident management system, including forming and leading an Incident Management Team (IMT) and an Emergency Management Team (EMT).
- Implementation of the control agency's incident management system.
- The collection, analysis and dissemination of information regarding the incident emergency (including use of the Rapid Impact Assessment process).
- Undertaking a risk assessment to identify operational risks and implementing risk treatments.
- Development of an Incident Action Plan (IAP).
- Consideration of impacts, or potential impacts, of the emergency on the community.
- Strategies to provide community information and community warnings if required.
- Ensuring timely information and warnings are provided to the community and support agencies.
- Ensuring consideration is given to the relocation or evacuation of affected communities.
- Facilitating media management.
- Ensuring that the relief coordination agency is engaged in the EMT and that a decision is made as to when relief services (including establishment of relief centres) should be established.
- Ensuring recovery agencies are engaged in the EMT and recovery transition is planned for.

### **State Health & Medical Commander (SHMC)**

In emergencies, the role of the SHMC is to direct (command) health and medical resources. This includes the authority and responsibility for effectively using available departmental and associated resources to ensure the department and the health sector is effectively prepared and able to respond to emergencies impacting the health of Victorians. This role rests with the Executive Director, Wellbeing, Integrated Care and Ageing (or delegate).

### **Incident Management Team (IMT)**

An IMT may be set up to manage smaller scale incidents or when an emergency event is large enough to require further management and communication than would be easily achieved within a particular unit.

Duties of the IMT will include, but are not limited to:

- To maintain communication with the incident scene(s) and other agencies.
- To assess the extent of the emergency.
- To determine public health effects, issues, priorities and assistance needed.
- To provide appropriate information and guidance to assist with the support of public health hot lines (i.e. Nurse on Call) and through the media, to answer public inquiries.
- To provide information to the department and the Minister for Health.

### **Emergency Management Team (EMT)**

The following information should be read in conjunction with the Practice Note *Emergency Management Teams* which explains in detail the functions and responsibilities of an EMT.

If an emergency requires a response by more than one agency, the Incident Controller is responsible for forming an EMT.

The EMT consists of:

- the Incident Controller
- support & recovery Agency Commanders (or their representatives)
- the Emergency Response Coordinator (or representative), and
- other specialist persons as required.

The function of an EMT is to support the Incident Controller in determining and implementing appropriate incident management strategies for the emergency. Although it is a collaborative decision making process, with the primary intent of unity and purpose of effort, the Incident Controller leads the team and retains control of the incident.

The EMT will identify one or more control strategies, and Agency Commanders may be tasked with a strategy or strategies to implement.

Support Agency Commanders shall then implement the strategy or strategies through their respective command structures, and report back to the Incident Controller.

The effective operation of an EMT relies heavily upon communication between agencies. The importance of an effective EMT to the successful management of an emergency cannot be overstated.

### **Health Protection Branch – Assistant Directors/Unit Managers**

Assistant Directors/Unit Managers must maintain Standard Operating Procedures (SOPs) for issues within their portfolio responsibilities.

Each Assistant Director/Unit Manager is responsible for:

- The development, implementation and maintenance of their unit's incident response plans and protocols and to ensure they are current and appropriate.
- Ensuring their staff are appropriately trained to respond to a public health incident or emergency.

During a public health incident or emergency, Assistant Directors/Unit Managers are required to:

- Assume the initial role of Incident Controller unless directed otherwise by the CHO.
- Brief the CHO (or delegate) of the occurrence and specific aspects of the incident or emergency.
- Where appropriate notify internal stakeholders, the H&HS SEMC, Regional offices, ESOs and other agencies as necessary.
- Ensure efficient operation of their unit during the incident or emergency.
- Brief unit staff and organise unit stand-by/stand-down procedures.
- Initiate emergency call-out procedures.
- Allocate roles and coordinate rosters.
- Liaise with relevant agencies.

### **Health Protection Branch & Regional Public Health staff**

Regional and central office staff may be called upon to support operations during public health incidents and emergencies, in particular where these are large complex and protracted in nature. Key functions include supporting the CHO and public health incident control functions as required and directed.

As this may require staff to work outside their given program area, where possible they should be familiar with the broader responsibilities of the Health Protection Branch and the department in its response to emergency events. Other staff from the department may also be called upon to assist.

It is recognised that some incidents may occur and evolve from within one or more regional environments and as such regional staff may from the outset have a role in conjunction with the Health Protection Branch to ensure a timely and effective intervention. However, regional Directors Health and Aged Care will be contacted if regional health staff (not already operationally involved in an incident) are required to provide support during a public health emergency. The type of resource requested and length of deployment will be dependant on the incident type and the capacity and availability of the resources within the region.

Responsibilities may include, but are not limited to:

- Assisting with the coordination and implementation of operational activities associated with public health involvement in relation to emergencies at a regional or central level.
- Undertaking public health risk assessments in affected communities.
- Supporting central office deployed specialists in investigations of public health emergencies.
- Responding to incidents and emergencies including food and drinking water contamination and implementing containment measures determined via agreed arrangements with central office.
- Providing information to the affected community.
- Liaising with community health services when programs are established to monitor long-term health effects.
- Liaising with municipalities, health services (rural regions), ESOs and other key stakeholders as appropriate.
- Participation in local and/or regional (Area of Operations) Operations, Control and Coordination Centres in conjunction with other agencies.

The public health roles outlined below may be performed as part of a Department of Health IMT located in a region or in central office:

### **Public Health Functional Leader**

Responsibilities:

- As directed by the CHO, undertake the role of Incident Controller.
- Manage the public health functions including, public health coordination and advice.
- Brief the CHO/SHMC of the proposed public health emergency response activities.
- Provide public health input into the development of the communications strategy.
- Ensure information is available to the affected community.
- Manage regular and appropriate communications with internal and external stakeholders.

### **Public Health Team Leader**

Responsibilities:

- Assemble public health teams at the request of the Functional Leader.
- Appoint team members to appropriate structural positions.
- Manage team members and provide regular briefings.
- Determine if additional resources/staff are required based on the incident.

### **Public Health Team Member**

Responsibilities:

- Undertake tasks as directed.
- Support other team members as required.
- Assess and manage resources as necessary.

### **Public Health Field Officer**

Responsibilities:

- Undertake tasks as directed. These may include:
  - Provide public health advice to the community.
  - Site inspections and coordinating remedial actions.
  - Support local government Environmental Health Officers (EHO) & Regional Public Health staff.
  - Attend and participate in community based meetings.
  - Support other team members as required.
  - Assess and manage resources as necessary.

### **Public Health Liaison Officer**

Responsibilities:

- Brief the Public Health Team Leader, Functional Leader or CHO on public health issues as appropriate.
- Provide regular updates to the H&HS SEMC.
- Liaise with ESOs and other agencies as required.
- Represent the department at meetings as directed.

### **Local Government**

A key role of local government in emergencies is to mitigate and manage public health risks that may affect their municipality. The responsibilities of councils in a public health emergency are extensive and they play a key role in supporting the department in a range of activities: These may include:

- Liaison with the local water authority regarding its implementation of protection strategies, which may include facilitating, supplementing or replacing the supply, disinfection and/or distribution of new water supplies.
- The investigation and management of food related incidents. Support may include:
  - inspection and investigation
  - food sampling
  - assistance with food recalls
  - assistance with outbreak or illness
- The investigation and control of gastrointestinal illness outbreaks. Support may include:
  - obtaining samples
  - assistance with food recalls
  - assistance with illness investigations.
- The conduct of vaccination sessions. Support may include the following:
  - locating or providing suitable vaccination venues
  - distributing information and advice to the community
  - assistance with coordinating vaccination sessions, including the collection of clinical data
  - providing refrigeration and storage areas
  - receiving vaccines and equipment
  - providing personnel
  - providing local information
  - providing waste management facilities
  - implementing the Municipal Influenza Pandemic Sub-Plan.
- Other public health risks:
  - Support the department in the investigation and control of incidents.
  - Facilitate the distribution of information and advice to the community.
  - Implement protection strategies
  - Assist with the determination of clean up requirements.

Municipal officers and other personnel with roles and responsibilities in emergency management are authorised by Council through their appointment and delegation of legislated functions and powers of Council. Municipal officers delegated with this authority may include officers holding any of the following positions (or equivalent):

- Team Leader Environmental Health
- Senior Environmental Health Officer
- Environmental Health Officer
- Medical Officer of Health

Other officers may also be authorised to perform specific public health functions.

The Municipal Association of Victoria (MAV) also plays a key role by supporting councils to undertake their roles and responsibilities under Victoria's emergency management arrangements through advocacy, guidance and practical assistance. This includes representing local government on most state-level committees and working groups.

## **Health and Human Services State Emergency Management Centre (H&HS SEMC)**

Emergency Management is delivered through a shared service between the Department of Human Services and the Department of Health. The H&HS SEMC is located on Level 1, 50 Lonsdale St and is used to coordinate the health and human services response and recovery operations of medium to large-scale emergencies.

The operations and coordination section is the foremost operational component of the health and community services sector response. It is through this section that organisations, systems and services external to the departments are managed. This includes the functions of:

- Public Health Control
- Health Command, and
- Recovery Coordination

The selection of staff asked to assist in the H&HS SEMC would normally be at the discretion of the Incident Controller and will normally include staff with experience in emergency management or skills appropriate to the needs of the emergency. It is important that persons who are asked to assist in the H&HS SEMC during an emergency, if not already aware, familiarise themselves with the exact arrangements for the centre on that day. This can best be achieved through direct discussion with the Incident Controller or H&HS State Duty Officer (H&HS SDO) responsible for the operation of the centre.

If the H&HS SEMC is being used for purposes in addition to a public health emergency, roles and duties may vary.

The resources of the Emergency Management Branch in DHS will be available for and utilised in support of the Department of Health exercising its control responsibilities.

## **General Operations and Incident Management**

All public health incidents and emergencies will apply and operate under the Australasian Inter-service Incident Management System (AIIMS).

AIIMS provides a common management framework to assist with the effective and efficient control of emergencies. The framework can be applied across a range of incidents from small to large and provides the basis for an expanded response as an incident grows in size or complexity. Incident management functions might include, but are not limited to:

- Control
- Planning
- Operations
- Logistics
- Intelligence
- Information
- Investigation

It brings together personnel, procedures, facilities, equipment and communications to facilitate the efficient management of an incident. A common organisational structure defines the responsibilities for managing the allocation of resources so that stated objectives and outcomes are accomplished effectively. The system prescribes delegation to ensure that all vital management and information functions are adequately performed. See Appendix 2 - Health Protection Branch Incident Management Structure.

### **Where the department is the Control Agency**

In events where the department is the designated control agency, it must:

- Assume control responsibility.
- Establish control structures and facilities.
- Assess incident or emergency cause and impacts.
- Establish an appropriate incident management structure.
- Develop an Incident Action Plan (IAP).
- Establish liaison with ESOs and agencies.
- Provide briefings to senior managers.
- Allocate tasks to senior managers.
- Ensure the safety of personnel involved.
- Ensure compliance with Health and Human Services Emergency Management Staff Deployment and Occupational Health and Safety Guidelines.
- Prepare and disseminate Situation Reports (Sit Reps).
- Manage media requirements.
- Manage risks associated with incident control.
- Review progress of incident control activities.
- Maintain records via the department's information management system.
- Maintain records for debriefing and incident reporting.

### **Where the department is a Support Agency**

In all events involving the department (whether the department is the control agency or a support agency), it must:

- Establish operational support facilities.
- Assess operational involvement.
- Ensure notifications are made to all major stakeholders.
- Establish appropriate liaison with emergency management agencies at the Municipal Emergency Coordination Centre (MECC) or State Emergency Response Coordination Centre (SERCC) or State Crisis Centre (SCC).
- Respond to tasks as directed by the Incident Controller.
- Report to the Incident Controller.
- Manage/implement operational activities.
- Review progress of tasks.
- Maintain records via the department's information management system.
- Maintain records for debriefing and incident reporting.
- Ensure compliance with Health and Human Services Emergency Management Staff Deployment and Occupational Health and Safety Guidelines.

### **Public health incident response**

Key functions may include:

- Establishing and monitoring surveillance systems linking laboratory, medical and health information.
- Responding to incidents as the control agency for biological and radiation incidents and food and drinking water contamination.
- Performing the role of support agency for other incidents with public health risks.

- Participating in hazard impact/threat assessment with ESOs and other authorities to develop multi-agency response protocols. Key considerations include:
  - Health impact assessment (hazard source intelligence).
  - Control & containment activities for threats to human health.
  - Establishing response protocols with ESOs and health personnel 'first responders'.
- Providing advice on medical response protocols to health services, the medical community and the departments' regional/local public health personnel.
- Providing 'risk' communication briefings to the public and leading community information programs.
- Ensuring appropriate case management/medical liaison arrangements.

The CHO will determine the needs of the emergency in consultation with relevant senior staff. This will generally include the formation of an IMT as detailed under AIIMS and the development of an IAP to guide the management of the operational response.

It may also require deployment of staff and operations in the field. Resourcing for this may come from central office staff, the regions or in the first instance through agreed mutual aid arrangements from local government via the MAV.

## Types of Public Health Emergencies

This section contains details of the types of events that may constitute a public health incident or emergency and the relevant unit within the Health Protection Branch that is to be notified and who will manage the response.

Note also that all incidents will be logged and managed using the Request, Incident & Emergency Management System (RIEMS).

## The department as a Control Agency

### Biological Incidents and Emergencies

#### Notification

After hours, notification is via the department's emergency pager service **1300 790 733**. (Quote nature of the incident and the relevant on call officer will be paged).

The initial notification or recognition of an incident or emergency may come from a number of sources. These include, but not limited to, the following:

- Recognition of an outbreak or threat from surveillance of routine notifications or other surveillance activities.
- Notification of a case or outbreak through regions or directly by external agencies, medical practitioners or members of the public.
- Report of a threat of disease by the occurrence of case/s overseas.
- Report of a Chemical Biological or Radiological (CBR) threat or incident by ESOs.
- Quarantine Services.

#### Immediate Response

The immediate Health Protection Branch response to biological incidents and emergencies is detailed in the following documents:

- The Health Protection Branch CDPCU response to infectious disease emergencies document, Standard Operating Procedures for Emergency Incidents involving Infectious Disease. This document outlines the wide range of potential infectious disease emergencies and will guide CDPCU staff actions in response.

#### Role and Responsibilities

The Health Protection Branch is responsible for the monitoring, investigation and control of infectious diseases in Victoria. The CDPCU carries out these functions.

The CDPCU conducts surveillance for infectious diseases via medical practitioners and pathology services who are required by legislation to notify the department when they suspect or diagnose certain infectious diseases. Reports of disease outbreaks are also received from community sources such as schools, municipal councils, the department's regional offices, health services or the general public.

All notifications go through a process of surveillance for high-risk cases, as well as clusters and outbreaks of disease. Cases are investigated and transmission of infectious disease is contained by CDPCU using procedures outlined in standard protocols, plans and guidelines.

The department through the CDPCU, is the control agency for human illnesses/epidemics in Victoria. The Environmental Health Unit (EHU) is responsible for controlling incidents and emergencies involving biological contamination of drinking water, pools, spas and cooling towers. In the case of a suspected intentional release of an agent, Victoria Police is the control agency.

Where biological contamination of food or drinking water results in cases of illness or infectious disease, the responsibility for managing the incident or emergency lies with the department's Health Protection Branch through the CDPCU in collaboration with the FSRU and the EHU as appropriate.

CDPCU is also responsible for both authorising and coordinating laboratory testing through the State Reference laboratories, Microbiological Diagnostic Unit (MDU) and the Victorian Infectious Diseases Reference Laboratory (VIDRL).

### **Possible types of biological incidents or emergencies**

These may include:

- food/waterborne illness
- gastrointestinal illness
- communicable diseases from an animal source (such as Avian Influenza)
- diseases spread by vectors (such as Murray Valley Encephalitis spread by mosquitoes)
- emerging infectious diseases (such as SARS)
- pandemic influenza
- CBR incidents of a biological nature (such as Anthrax, Smallpox, etc.)
- exotic diseases (such as Viral Haemorrhagic Fever)

### **Legislation**

Details of the relevant legislation applicable and the powers able to be exercised are contained in:

- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- *Quarantine Act 1908 (Commonwealth)*
- *Quarantine Regulations 2000 (Commonwealth)*
- *Health Records Act 2001*
- *National Health Security Act 2007 (Commonwealth)*
- *Food Act 1984*

## Food Incidents and Emergencies

### Notification

After hours, notification is via the department's emergency pager service **1300 790 733**. (Quote nature of the incident and the relevant on call officer will be paged).

The initial notification or recognition of an incident or emergency may come from a number of sources. These include, but are not limited to the general public, government agencies, laboratories, CDPCU, the department's regions, local government, food manufacturers and retailers and Victoria Police.

### Immediate Response

The immediate Health Protection Branch response to food related incidents and emergencies is detailed in the following documents:

- Food safety emergency response on-call folder used by the FSRU on-call team.
- Standard Operating Procedures (SOPs) for food incidents and emergencies. These SOPs include:
  - deliberate contamination of food
  - food recalls.

### Role and Responsibilities

The Health Protection Branch is responsible for emergencies involving food contamination in Victoria along with food regulation through administration of the *Food Act 1984* and, as a consequence, the Australia New Zealand Food Standards Code (the Code). The FSRU carries out these functions. In the case of a suspected deliberate contamination, Victoria Police is the control agency.

As part of its statutory responsibilities, the FSRU responds to laboratory notifications of specific pathogens in food, food recalls, investigation of food complaints and breaches of the code. Many of these responsibilities relate closely to actions required during a food emergency.

The unit carries out its work in close cooperation with local government, the department's regions, the commonwealth, other state, national and international legislators and regulatory bodies and with other state government departments. It also works closely with industry bodies, community and consumer organisations and training providers.

### Potential food risks

The risk to food for sale for human consumption can come from a number of sources, such as:

- microbiological contamination
- chemical contamination
- physical contamination
- deliberate contamination.

### Possible types of food incidents or emergencies

- Contamination of food during manufacturing, storage, transport or through contaminated raw materials or other natural means.
- Contamination of food following natural emergencies. For example, floods and bushfires leading to loss of refrigeration and food spoilage.
- Threatened or deliberate tampering and contamination of food.
- Infectious diseases outbreaks arising from food preparation and consumption.

**Legislation**

Details of the relevant legislation applicable and the powers able to be exercised are contained in:

- *Food Act 1984*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*

## Radiation Incidents and Emergencies

### Notification

After hours, notification is via the department's emergency pager service **1300 790 733**. (Quote nature of the incident and the relevant on call officer will be paged).

The initial notification or recognition of an emergency may come from a number of sources. These include, but not limited to: regulated user groups, government agencies, ESOs, laboratories, the department's regions and the general public.

### Immediate Response

The immediate Health Protection Branch response to radiation incidents and emergencies is detailed in the following documents:

- Standard Operating Procedures for Radiation Emergencies. These are documents that are regularly reviewed and revised by the EHU. The SOPs cover:
  - Transport accidents involving radioactive material.
  - Reports of the finding of suspected radioactive material.
  - Reports of stolen or lost radioactive material.
  - Other emergencies involving dispersal of or a breach in containment of radioactive material.

### Role and Responsibilities

The department is the control agency for radiation incidents and emergencies in Victoria. For example: an accidental or deliberate loss of control of a radiation source that presents a risk to human health and potentially involves occupational health, public health, and environmental protection elements. The Radiation Safety Team (RST), as the radiation regulator for Victoria, also fills an important role in relation to threats to deliberately caused radiation emergencies (in conjunction with Victoria Police) and in relation to radiation exposure.

The RST has the following specific responsibilities in relation to radiation incidents and emergencies:

- Protection of health in actual, perceived and threatened radiation related emergencies.
- Investigation.
- Restoration of radiation controls where a loss of control has occurred.
- Preparing appropriate information and advice for the public, radiation users, hospitals and general practitioners, and ESOs in response to actual, threatened or perceived radiation emergencies.
- Environmental sampling for estimation of the radiation health impact, including air, water, soil and effects on animals.
- Arrangements for radiation sample analysis with accredited laboratories.
- Assessment of radiation health risks from food and water, if considered necessary or if affected by the incident or emergency.
- Provision of advice on the return of potentially affected areas to normal use.
- Regulation of radiation users throughout Victoria requiring the development of site-specific plans and policies and procedures to minimise radiation risks associated with their practices.

### Potential health risks from radiation

Health risks from radiation incidents are dependent on the type of radiation, the nature of the exposure, and the characteristics of the exposed individual. Public confusion may arise because of misconceptions concerning ionising (like x-rays and gamma rays) and non-ionising radiation (like microwaves).

Ionising radiation may be particulate (alpha and beta particles, and neutrons) or electromagnetic waveforms (x-rays and gamma rays). Radioactive material may be concentrated in sealed sources or dispersed as a contaminant by opening a sealed source.

Exposure variables include the nature of the source, the route of exposure, distance from the radiation source and the presence of shielding. Unshielded ionising radioactive materials that exist in concentrated form (i.e. sealed solids) may present significant external gamma radiation hazards. Internal contamination with dispersed radioactive material may occur via ingestion, inhalation or entry through wounds and may also represent significant health risk.

Radiation exposures can become an emotional community issue. Health Protection Branch emergency responders need to provide appropriate, considered, balanced and effective information and initiate actions to protect human health and the environment.

### **Possible types of radiation incidents or emergencies**

Examples of these include:

- Transport accidents involving radioactive material.
- The finding of suspected radioactive material.
- Lost or stolen radioactive material.
- Loss of control of radioactive material associated with an authorised practice (for example; spillage or unintended dispersion).
- Unintended disposal of a radioactive source via a refuse stream (for example; to a tip).
- Radioactive fallout from the re-entry of radioactive satellite debris.
- A breach of a reactor containment associated with the visit of a Nuclear Powered Warship (NPW) to Victoria.
- Intentional dispersion of radioactive material via a 'dirty bomb'.
- Intentional addition of radioactive material to food or water.
- Terrorism (which may include some of the above).

### **Legislation**

Detail of the relevant legislation applicable and the powers are contained in:

- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- *Radiation Act 2005*
- *Radiation Regulations 2007*
- *Emergency Management Act 1986*

## Water Incidents and Emergencies

### Notification

After hours, notification is via the department's emergency pager service **1300 790 733**. (Quote nature of the incident and the relevant on call officer will be paged).

The initial notification or recognition of an emergency may come from a number of sources. These include, but not limited to: a water supplier, the department's regions, testing laboratories, Department of Sustainability and Environment (DSE), Environment Protection Authority (EPA), CDPCU, Victoria Police and the general public.

### Immediate Response

The immediate Health Protection Branch response to water incidents and emergencies is detailed in the following documents:

- Standard Operating Procedures for Water Emergencies. These are documents that are regularly reviewed and revised by the EHU in conjunction with water authorities, EPA and Victoria Police. These SOPs cover:
  - Chemical recorded above health related guideline value as part of routine testing.
  - Chemical spill in drinking water supply.
  - Detection of E Coli in drinking water in non-chlorinated supply.
  - Detection of E Coli in drinking water.
  - Failure of chlorine disinfection equipment for drinking water.
  - Failure of UV disinfection equipment for drinking water.
  - Widespread public complaint.
  - Blue-Green Algae.

Where appropriate, protocols, MoUs, and emergency plans are agreed between the department, water authorities, Victoria Police and DSE.

The above documents cover the arrangements for testing and analysis of water contaminants, the existing in-advance agreements for public warnings, when to advise that drinking water supplies should not be consumed and arrangements for scaling up response activities.

### Role and Responsibilities

The Health Protection Branch is responsible for incidents and emergencies involving the contamination of drinking water along with the effects of recreational exposure to blue-green algae. The EHU carries out these functions.

This section does not address public health risks from water used in industrial process or for medical treatment (for example; for renal dialysis) where there is water treatment in addition to that of the reticulated supply. Arrangements are in place between the department and DSE in relation to the control/support role of each agency during a water emergency that may also involve an impact to public health. The arrangement is in the form of an MoU, which states that the agency responsible for the predominant issue will assume control agency status and the other agency will be a support agency, and also provides for the sharing of information.

Other plans and protocols relating to drinking water must be taken into account in drinking water emergency situations. Interaction with the EPA would only be necessary during incidents involving spills to the environment.

Responsibilities include:

- Investigating sources of illness outbreaks associated with drinking water.
- Preparing information and advice for water suppliers, the community and ESOs in response to waterborne public health risks.
- Overseeing microbiological monitoring and testing programs conducted by water suppliers.
- Providing advice to the community about risks associated with drinking water supplies.
- Developing plans, policies and procedures to minimise risks associated with drinking water supplies.
- Liaison with the H&HS SEMC and the regions, regarding recovery in relation to the emergency.

### **Possible types of water incidents or emergencies**

These can include:

- Loss of disinfection of a drinking water supply.
- Microbiological or other contamination of a drinking water supply.
- Toxic blue-green algae detected in drinking water supply systems or recreational waters.
- Cases where unauthorised access to a drinking water supply has been detected.
- Threats made to contaminate a drinking water supply system. (Victoria Police will be the control agency and the department will provide support).
- Terrorism/deliberate drinking water contamination. (Special arrangements are in place for Victoria Police, the department and water authorities to work together in these situations).

### **Legislation**

Detail of the relevant legislation applicable and the powers able to be exercised are contained in:

- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- *Safe Drinking Water Act 2003*
- *Safe Drinking Water Regulations 2005*
- *Food Act 1984*
- *Australian Drinking Water Guidelines*

## **The department as a Support Agency**

### **Chemical Incidents and Emergencies**

#### **Notification**

After hours, notification is via the department's emergency pager service **1300 790 733**. (Quote nature of the incident and the relevant on call officer will be paged).

The initial notification or recognition of an emergency incident may come from a number of sources. These include, but not limited to: the general public, other agencies, ESOs, laboratories, the department's regions, EPA and Victoria Police.

#### **Immediate Response**

The immediate Health Protection Branch response to chemical incidents and emergencies is detailed in the following documents:

- Standard Operating Procedures for Chemical Emergencies. These documents are regularly reviewed and revised by the EHU. These SOPs include:
  - Chemical incident involving fire or a spill.
  - Large scale fire or incident involving asbestos.
  - Notification of fish death.
  - Human illness relating to chemical exposures.
  - Chemical exposures resulting from natural emergencies (including bushfires, storms and floods).
  - Exposures due to deliberate events i.e. terrorism.

#### **Role and Responsibilities**

The Health Protection Branch has the following responsibilities in relation to human health and chemical-related incidents and emergencies:

- Support the fire services (the control agency) during chemical emergency events not related to food or drinking water.
- Upon request, provide toxicological advice from a public health perspective during and after chemical incidents. This advice includes the assessment of potential chemical health risk(s) to the community, identification of ways to manage risks and assistance in the communication of risks to agencies and the public.
- May assist other areas of the department in managing impacts of chemical related emergencies.

#### **Potential routes of exposure of people to chemicals in the environment**

(Including chemicals in solid, liquid and gaseous forms)

- inhalation
- ingestion
- skin contact.

NB: People who have not been exposed to chemicals during an event may believe they have been exposed and may self present at hospitals. The Health Protection Branch may be required to provide information and reassurance.

### **Possible types of chemical incidents or emergencies**

Risks to public health from chemicals can come from a number of sources:

- Major fires, releases or accidents involving chemicals and asbestos.
- Historical chemical contamination of land.
- Natural emergencies including bushfires, windstorms and floods.
- Deliberate acts/terrorism.

Chemical related emergencies may potentially lead to human illness either acutely or long term. There may be a requirement for the department to develop and maintain a listing of affected persons. For example, an exposure register and health event records.

### **Legislation**

Detail of the relevant legislation applicable and the powers able to be exercised are contained in the:

- Environment Protection Act 1970
- Environment Protection (Amendment) Act 2006
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009

## Incidents and Emergencies arising from Natural Events

### Notification

After hours, activation is through the department's emergency pager service **1300 790 733**. (Quote the nature of the incident and the relevant on call officer will be paged).

The initial notification or recognition of an emergency incident may come from a number of sources. These include, but not limited to: the general public, other agencies, laboratories, the department's regions, food manufacturers and retailers, ESOs and Victoria Police.

### Immediate Response

The immediate Health Protection Branch response to these emergencies will be dependant on both the scale and the public health impact.

Overall, the procedures for the handling of natural event emergencies will be as close as possible to the procedures for the management of other emergency events. Particular reference should be made to the EMMV when any question arises about the responsibilities of government agencies. All Health Protection Branch Units and Regional Offices will be expected to contribute staff and resources to the management of major emergencies.

It is important to ensure that an early and balanced assessment is conducted of the public health issues associated with a natural emergency so that appropriate and coordinated resources can be applied to efficiently manage the emergency. Issues may include water quality, immunisation, pest control, waste disposal and other issues normally managed by public health units.

### Role and Responsibilities

Emergencies arising from natural events may have significant impacts at both a state, national or international level. These events may require consideration of the public health consequences of one or multiple simultaneous public health issues.

A wide range of adverse public health consequences can arise from these events including spoiled food, dead animals, contaminated drinking water, infectious disease outbreaks, growth of fungus and moulds in buildings and many others. The role of the Health Protection Branch and its various units will be to lead the response to issues of public health significance arising out of a natural disaster.

### Potential risks

The risk in these types of emergencies can come from a number of sources:

- disease transmission from vectors
- microbiological contamination
- chemical contamination
- radiation contamination
- physical contamination
- illness or injury related to exposure, extremes of heat or cold.

Examples of these include:

- Water contaminated with sewage or other contaminants such as ash run off.
- Food contaminated due to ineffective storage allowing growth of pathogenic micro-organisms due to loss of refrigeration and food spoilage or through improper preparation.
- Infectious diseases outbreaks arising from food or water, unsanitary conditions, vectors (i.e. mosquitos, vermin).

- Environmental effects such as chemicals or growth of moulds and fungus.

### **Possible types of natural event emergencies**

Natural event emergencies may include but are not limited to:

- drought
- bushfire
- flood
- severe storms
- landslides
- heatwave
- earthquake and
- tsunami.

### **Legislation**

Details of the relevant legislation applicable and the powers able to be exercised within Victoria are contained in:

- *Emergency Management Act 1986*
- *Food Act 1984*
- *Food Act Amendment 2010*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- *Safe Drinking Water Act 2003*

## Appendix 1

### Department of Health – Incident Management Classification

As per the EMMV (Part 3, Response Management Arrangements Control, Incident Management Levels) there are three classifications of emergency response relevant to an Incident Management System (IMS).

#### Level 1

Characterised by being able to be resolved through the use of local or initial response resources only.

In a Level 1 incident or emergency response, the major function is operations to resolve the incident or emergency. Control is limited to the immediate area, and therefore, the operations function can usually be carried out by the Incident Controller.

The Incident Controller considers which other functions need to be undertaken, e.g. Planning, Operations, Logistics, information etc.

As the scale and complexity is relatively minor, the other IMS functions will generally be undertaken concurrently by the Incident Controller.

#### Level 2

More complex incident or emergency response, either in size, resources or risk. Level 2 response is characterised by the need for:

- deployment of resources beyond initial response
- sectorisation of the emergency
- the establishment of functional sections due to the levels of complexity or
- a combination of the above.

#### Level 3

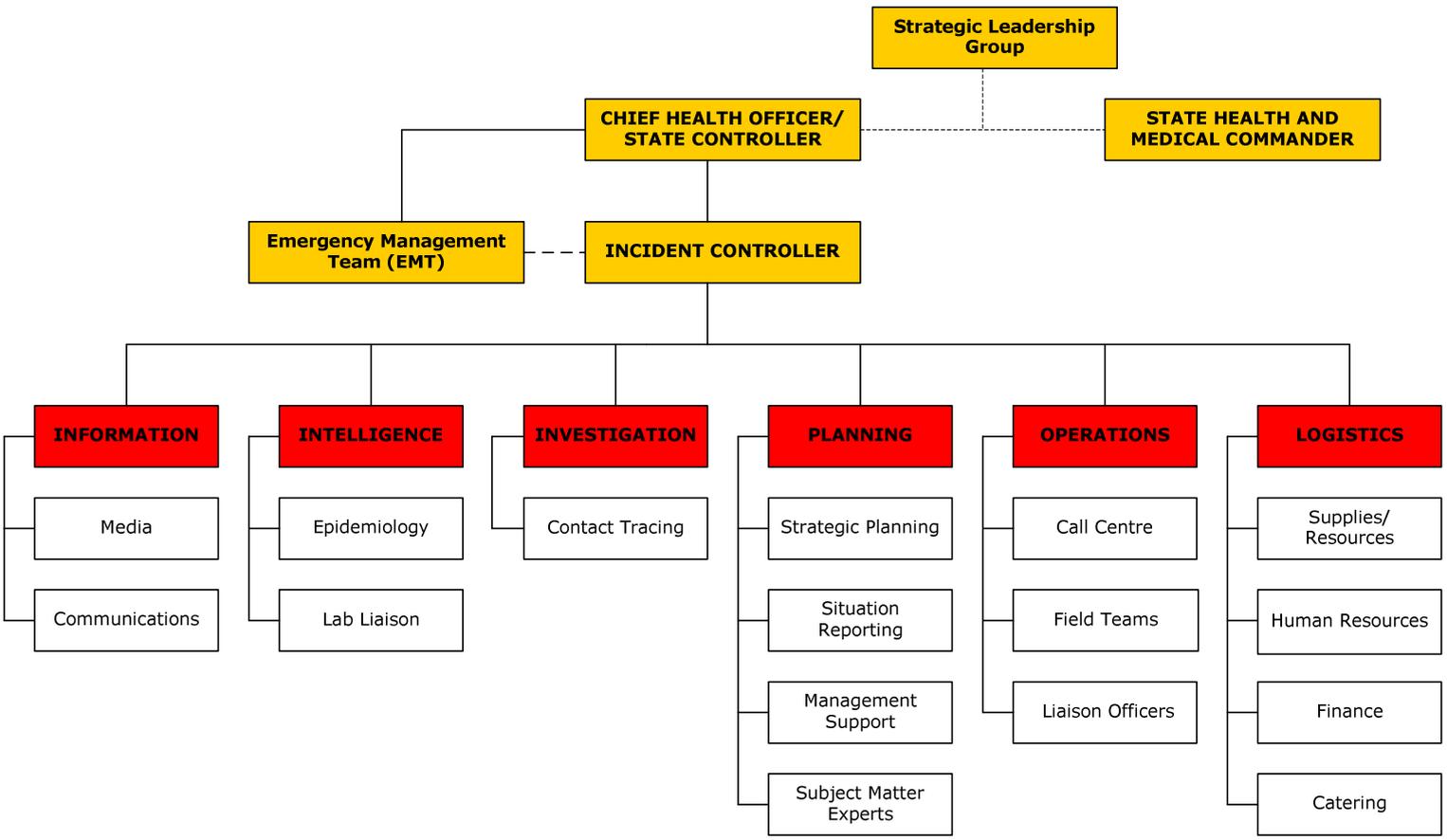
Characterised by degrees of complexity that may require a more substantial establishment for management of the situation. These emergencies will usually involve delegation of all incident management functions.

Classification	Criteria	Management
<b>Level 1:</b> Small, simple with minimal threat / impact	<ul style="list-style-type: none"> <li>• Simple incident with minimum complexity</li> <li>• LGA/Regional resources sufficient to manage</li> <li>• Generally small in impact/duration</li> <li>• Minimal threat/impact to the community</li> <li>• Managed within normal business operations</li> <li>• Overall risk rating 'minor consequences'.</li> </ul> <p>(Routine food recalls, localised outbreak of infectious diseases, single house fire support or localised severe weather events)</p> <p>Notifications and communications are to key contacts only.</p>	Management can generally be effectively undertaken by one or two people ensuring all functional elements of incident management are addressed.

Classification	Criteria	Management
<p><b>Level 2:</b> Larger in area, complex, involves multiple agencies and resources, media management is required and moderate – major consequences are possible.</p>	<ul style="list-style-type: none"> <li>• Is more complex in either size, control, and/or risk factors;</li> <li>• Inter-regional resources and extended operations required;</li> <li>• A specific incident management facility will be established;</li> <li>• Multi-agency response and coordination;</li> <li>• Media management is required;</li> <li>• Overall risk rating ‘<i>moderate – major consequences</i>’.</li> </ul> <p><i>(Moderate level outbreak of infectious disease, accident with multiple fatalities/injuries, water supply contamination in a small rural town and up to 100 houses destroyed or seriously damaged).</i></p> <p>Notifications and communications are sent to key contacts and some external partners.</p>	<p>A management structure will generally be required with functional delegation of tasks to section leaders.</p> <p>Resources may be required across multiple shifts and an action plan outlining objectives and strategies and resource allocation will be required.</p> <p>Representation on an Emergency Management Team is likely.</p> <p>Liaison officers may be deployed to other emergency service management centres.</p>
<p><b>Level 3:</b> High level of complexity, is long in duration, involves significant resources and agencies and may have major – catastrophic consequences.</p>	<ul style="list-style-type: none"> <li>• High levels of complexity in terms of size, risk factors and/or difficulty to control.</li> <li>• Escalating inter-regional resource requirements.</li> <li>• Long term operations.</li> <li>• Expanded incident management structure.</li> <li>• Numerous agencies will be involved.</li> <li>• Threat or impact to the community will be large.</li> <li>• High media interest/management;</li> <li>• Overall risk rating ‘<i>major – catastrophic consequences</i>’.</li> </ul> <p><i>(Major disease outbreak, actual or suspected terrorist attack, major utility outage, an event with major numbers of casualties, natural disaster affecting multiple municipalities and significant CBR incidents involving multi-agency response, greater than 100 houses destroyed or seriously damaged).</i></p> <p>Notifications and communications are sent to all stakeholders.</p>	<p>A full incident management structure will be established with all functional sections delegated.</p> <p>Resources will extend across multiple shift periods with potential for 24 hour operation.</p> <p>An action plan will be required outlining objectives, strategies and resource allocations.</p> <p>Liaison officers will be deployed to other emergency service management centres.</p> <p>Representation on an Emergency Management Team is required.</p>

Appendix 2

Health Protection Branch Incident Management Structure



\* This is only an example of a structure the department may implement. This is flexible and dynamic and caters for an escalation or change in the severity of any public health incident.

**Role**

**Function**

## Appendix 3

## Glossary of Terms

This glossary is not exhaustive and should be read in conjunction with the EMMV Glossary of Terms (contained in Part 8).

Term	Explanation
Australasian Inter-service Incident Management System (AIIMS)	The model that the department applies to its emergency management activities to ensure appropriate coordination and management of any emergency incident.
Command	Refers to the direction of personnel and resources of an agency in the performance of that organisations role and tasks. Authority to command is established in legislation or by agreement within an agency. Command relates to agencies and operates vertically within an agency.
Control	The overall direction of response activities in an emergency. Authority for control is established in legislation or in an emergency response plan, and carries with it the responsibility for tasking other agencies in accordance with the needs of the situation. Control relates to situations and operates horizontally across agencies.
Control Agency	The agency identified in the EMMV as the agency responsible for the control of a particular type of event. The department is the nominated control agency for specific incidents.
Coordination	Coordination involves the bringing together of agencies and resources to ensure effective response to and recovery from emergencies. The main functions of coordination are: <ul style="list-style-type: none"> <li>• In relation to response, ensuring that effective control has been established and maintained.</li> <li>• The systematic acquisition and allocation of resources in accordance with the requirements imposed by emergencies.</li> </ul>
Core business activities	The activities that are undertaken on a routine basis by a business unit of the department. These activities may or may not fit within the technical definition of an emergency under the <i>Emergency Management Act 1986</i> .
Emergency	High levels of complexity in terms of size, risk factors and/or difficulty to control and may require the engagement of additional staff/resources where the incident may be widespread and/or prolonged. It may also be of such magnitude that the whole of the department and other Victorian Government agencies/committees may be extensively involved.
Emergency Management Team (EMT)	An EMT is the team which assists a controller in formulating a response strategy and in its execution by all agencies, and which assists the Emergency Response Coordinator in determining resource acquisition needs and in ensuring a coordinated response to the emergency.
Health & Human Services State Emergency Management Centre (H&HS SEMC)	This centre is used by the Department of Human Services and the Department of Health to coordinate the health and human services response and recovery operations of medium to large-scale incidents.
Incident	Core business operations and can generally be effectively managed by minimal staff ensuring all functional elements of incident management are addressed.
Incident Action Plan (IAP)	Developed by the Planning Unit and approved by the Incident Controller to enable the application of appropriate measures in responding to or recovering from an incident.
Incident Management Team (IMT)	An IMT may be established by any control agency (or Incident Controller) to support the management of an incident. The IMT may be staffed by a single agency or may have multi-agency representation (depending on the event and the decision of the Incident Controller).
Incident Category	The category applied to each incident as per this plan. All emergency management incidents are categorised as Level 1, 2 or 3.
Incident Controller (IC)	The person appointed by the control agency to have overall responsibility for the development of strategies and management of the response to the incident
Situation Reports (Sitrep)	Agency Situation Report of an event, outlining the background of the situation and the action taken by the agency responding.