



Human Biosecurity

STATE HAZARD PLAN

Responsible Agency
Chief Executive Officer,
Department of Health

Approved by
State Emergency
Management Committee

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DRAFT FOR CONSULTATION

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Amendment Table

Date	Details	Amended by
May 2019	Amalgamation of Westplan – Human Epidemic and the biological component of Westplan – Chemical, Biological, Radiological and Nuclear ¹ , new State Hazard Plan format, statement of fact changes, removal of duplication with the State Emergency Management Plan, inclusion of capability baseline and assurance activities, machinery of Government changes, and inclusion of additional text describing the roles of the Department of Water and Environmental Regulation and ChemCentre WA.	WA health system
June 2020	Version 01.01 – Amendments to reflect amendments to the <i>Emergency Management Act 2005</i> and <i>Emergency Management Regulations 2006</i> and statement of fact amendments approved by SEMC (Resolution Number 39/2020) as per State emergency management documents amendments table v02.03 .	SEMC Business Unit
December 2020	Version 01.02 – Amendments approved by SEMC (Resolution Number 84/2020) as per State emergency management documents amendments table v02.06 .	SEMC Business Unit
October 2021	Version 2.00 - Accessibility redesign approved by SEMC (Resolution Number 32/2021). Statement of fact amendments and amendments to improve accessibility as per State emergency management documents amendments table October 2021 .	SEMC Business Unit

Date	Details	Amended by
December 2022	Version 2.01 - Amendments approved by SEMC Executive Officer (Resolution Number 17/2021). Statement of fact changes and updated hyperlinks to new SEMC website as per amendments table December 2022 .	SEMC Business Unit
October 2023	Version 2.02 - Consequential amendments approved by SEMC to reflect change in terminology from 'welfare' to 'emergency relief and support' and related terms (resolution number 77/2023) and statement of fact and accessibility amendments approved by the SEMC Executive Officer (resolution number 17/2021) as outlined in State EM documents amendments table October 2023 .	SEMC Business Unit
March 2024	Version 2.03 - SEMC approved an extension to the comprehensive review of the plan from May 2024 to December 2024 (resolution number 17/2024).	SEMC Business Unit
Proposed for December 2024	DRAFT Version 2.04 - Proposed draft for Consultation as part of Comprehensive review undertaken by the Department of Health.	Department of Health

The SEMC acknowledges the Aboriginal peoples throughout the state of Western Australia as the Traditional Custodians of the lands where we live, work and volunteer. We recognise Aboriginal peoples' continued connection to land, waters and community, and pay our respects to Elders both past and present.

This document was designed to be viewed electronically and aims to meet the West Australian Government's accessibility and inclusivity standard, including meeting the World Wide Web Consortium's Web Content Accessibility Guidelines version 2.1 (WCAG 2.1) at level AA. If anything in this document is inaccessible to you, or you are experiencing problems accessing content for any reason, please contact the State Emergency Management Committee Business Unit at semc.policylegislation@dfes.wa.gov.au.

All the State emergency management legislation and documents can be accessed via the [State Emergency Management Framework](#) page of the [State Emergency Management Committee website](#).

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Part One:

Introduction

The State Hazard Plan for Human Biosecurity (the Plan) provides an overview of prevention, preparedness, response and initial recovery arrangements for two hazards:

- human epidemic (also referred to as 'epidemic' in this Plan)
- actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment (also referred to as a biological incident or biological emergency in this Plan).

Collectively the hazards are referred to as human biosecurity.

The Chief Executive Officer, Department of Health, is the Hazard Management Agency (HMA) for these two hazards under regulation 22 of the *Emergency Management Regulations 2006* (EM Regulations).

The Plan refers to a range of existing plans and documents relating to human biosecurity but, with a few exceptions, does not duplicate the information contained in these, instead providing directions to websites or other sources where further information can be obtained if required.

1.1 Scope

This Plan covers emergency management arrangements within the geographic boundaries of Western Australia (WA), for human biosecurity emergencies. The Plan describes risk reduction strategies, preparedness for, response to and initiation of recovery arrangements following the impact of a human biosecurity emergency.

The nature of human biosecurity requires consideration of epidemics and biological incidents that occur outside the WA boundary. The WA health system is alerted to national and international human biosecurity risks, through several channels (see section 4.2: Detection and Notification Channels).

The Plan does not include specific response arrangements for routine infectious disease outbreaks and epidemics (see section 4.3) or the

deliberate use of chemical, biological and radiological substances, as described in section 1.1.1 below.

1.1.1 CBR

CBR is an acronym for Chemical, Biological and Radiological. CBR agents are typically weaponised (deliberately dispersed) and use explosive devices, mechanical devices or binary reactions for their dispersal.

Non-intentional acts resulting in biological incidents or emergencies are not considered CBR incidents and are within scope of this Plan.

Deliberate acts resulting in biological incidents or emergencies are considered CBR incidents and are out of scope for this Plan. Arrangements for the management of such emergencies are covered in State Hazard Plan – Hostile Act or State Hazard Plan – Terrorist Act, and the State EM Plan. See also section 4.8 of this Plan.

All chemical and radiological incidents or emergencies (whether deliberate or non-intentional) are out of scope for this Plan. Arrangements for the management of emergencies arising from these hazards are included in the State Hazard Plans for HAZMAT, Hostile Act and Terrorist Act.

CBR emergencies have implications relating to Commonwealth, State and Territory responsibilities, public safety, health, public confidence, national security and international relations. Therefore, CBR planning involves many special considerations that will be required to cover a wide range of consequential hazards.

1.2 Hazard Definition

Collectively referred to as human biosecurity, the following events, situations and conditions are prescribed as hazards under regulation 15 of the EM Regulations:

Human epidemic (r. 15(f) and 22(aa))

A human epidemic (epidemic) is the occurrence of more cases of an

infectious or transmissible disease than would be expected in the State's population or a sub-group of the State's population during a given time period.

An epidemic incident or emergency would be naturally occurring and the result of a non-intentional act.

Actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment (r. 15(f) and 22(a)).

Where specific arrangements are required, this hazard is referred to throughout this plan as a biological incident or biological emergency. A biological incident or emergency, relevant to these arrangements, would be the result of a non-intentional act.

1.3 Organisational Roles and Responsibilities

The Director General, as Chief Executive Officer of the Department of Health, is the HMA for a human epidemic and an actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or environment. In the case that the biological incident or emergency is a terrorist or hostile act, the Commissioner of Police is the HMA and the State Hazard Plan – Terrorist Act or State Hazard Plan – Hostile Act applies (see section 4.8 and also section 1.1.1).

The following lists summarise the broad roles and responsibilities across this Plan:

HMA roles and responsibilities an epidemic include:

- appointing an Incident Controller (IC)
- activating the Public Health Emergency Operations Centre (PHEOC).
- activating the State Health Incident Coordination Centre (SHICC) (if required)

- Commonwealth liaison and representation
- State representation at the State Emergency Coordination Group (SECG) / State Disaster Council.

HMA roles and responsibilities for a biological incident or emergency include:

- appointing an IC
- activating the SHICC
- Commonwealth liaison and representation via the Chief Health Officer (CHO)
- State representation at the SECG / State Disaster Council.

IC roles and responsibilities include:

- control and coordination across the WA health system (including hospitals)
- deployable assets
- patient allocation
- State representation via the Operational Area Support Group (OASG) or Incident Support Group (ISG), as required.

Other supporting agencies and organisations

Information regarding the roles and responsibilities of relevant agencies and organisations under this Plan is detailed in Appendix C.

It is recommended that each agency and organisation with a role or responsibility under this Plan has appropriate operational procedures detailing their response arrangements in accordance with this Plan. These arrangements should be complementary to the agency's or organisation's operational procedures detailing their roles and responsibilities.

1.4 Related Documents and Legislation

This Plan is to be read in conjunction with the [State Emergency Management Framework](#) including the *Emergency Management Act 2005* (EM Act),

EM Regulations, State Emergency Management Policy (State EM Policy), State EM Plan, State Emergency Management Procedures and emergency management guidelines.

Additional documents relevant to this Plan include, but are not limited to:

- National Health Emergency Response Arrangements (NatHealth Arrangements) 2011
- [Domestic Health Response Plan for Chemical, Biological, Radiological or Nuclear Incidents of National Consequence](#) (Health CBRN Plan)
- *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) 2019
- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)
- Communicable Disease Network Australia (CDNA) Series of National Guidelines (SoNGs) and other publications for specific infectious diseases
- Emergency Response Plan for Communicable Disease Incidents of National Significance (CD Plan) 2016
- *National Action Plan for Human Pandemic Influenza 2009*
- National Health Security Agreement
- *State Support Plan – Emergency Public Information*
- *State Support Plan – Emergency Relief and Support*
- State Health Emergency Response Plan (SHERP)
- Infectious Disease Emergency Management Plan (IDEMP)
- State Public Health Plan for Western Australia 2019-2024
- Public health plans prepared by each local government

Additional legislation and codes relevant to this plan includes but is not limited to:

- *Biosecurity Act 2015* (Commonwealth)
- *Biosecurity and Agricultural Management Act 2007*
- *Environmental Protection Act 1986*
- *Health Services Act 2016*
- *International Health Regulations 2005*
- *Work Health and Safety Act 2020*
- *Local Government Act 1995*
- *Public Health Act 2016* (Public Health Act)
- *Public Health Regulations 2017*
- *Medicines and Poisons Act 2014*
- *Mental Health Act 2014*
- *National Health Security Act 2007* (Commonwealth).

1.5 Activities Informing the Assurance Process

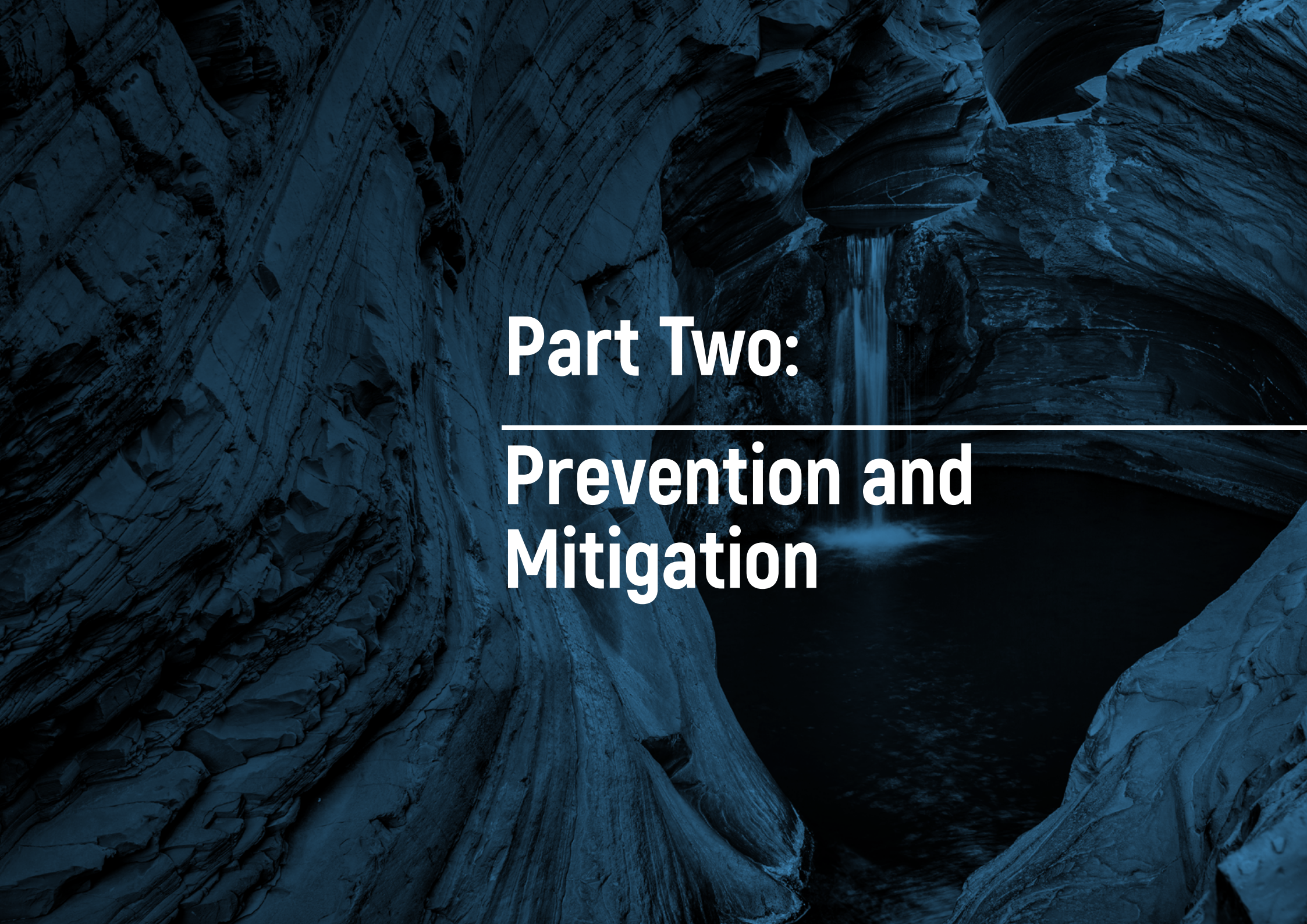
The WA health system engages with jurisdictional and national stakeholders to ensure a consistent approach to human biosecurity. This is guided by National Health Emergency Response Arrangements and the Health CBRN Plan. The Department of Health has a jurisdictional representative as a member of the CDNA and endorses the use of the CDNA SoNGs as the operational guidelines for public health management of notifiable infectious diseases in WA.

The WA Health Emergency Management Committee is the peak emergency management body for the WA health system with responsibility for strategic direction for emergency management across the WA health system.

Specialist business units within the WA health system provide response planning and capability. Emergency and incident response support capability is legislated in the Public Health Act. The WA health system has internal standard operating procedures and an agency-specific plan, the IDEMP, to manage the response to an infectious disease emergency (as defined in the IDEMP).

The WA health system undertakes a post operation report following an activation of this Plan to ensure quality improvement processes are maintained.

The State Emergency Management Committee (SEMC) oversees compliance of plans within the State emergency management framework (such as comprehensive plan reviews and exercises).



Part Two:

**Prevention and
Mitigation**

2.1 Responsibility for Prevention and/or Mitigation

The WA health system is responsible for undertaking prevention and/or mitigation activities in relation to the hazards.

The prevention and mitigation roles and responsibilities of relevant agencies under this Plan are detailed in Appendix C.

2.1.1 Prevention Strategies

The WA health system maintains the following routine prevention and control programs that minimise the risk of an epidemic by reducing infectious disease transmission:

- environmental health programs to minimise risk of disease transmission, such as those designed to ensure provision of safe food and water, and effective sewerage systems
- immunisation programs against vaccine-preventable diseases
- vector control programs, which prevent the transmission of vector-borne diseases
- statutory and non-statutory surveillance systems which alert health authorities to cases and clusters of infectious diseases, and lead to the initiation of control activities
- health promotion and education activities, targeting both health professionals and the general public
- collaboration with national and international health agencies regarding disease prevention and control activities, including biosecurity measures at national borders.

In addition, the following prevention strategies for biological incidents are in place:

- the Australian Government Department of Health and Aged Care manages the [Security Sensitive Biological Agent Regulatory Scheme](#)
- industries which use biological materials, or any related equipment, that could be used to manufacture biological agents or be used in a biological event, are to comply with the appropriate regulations for security and emergency planning.

2.1.2 Mitigation Strategies

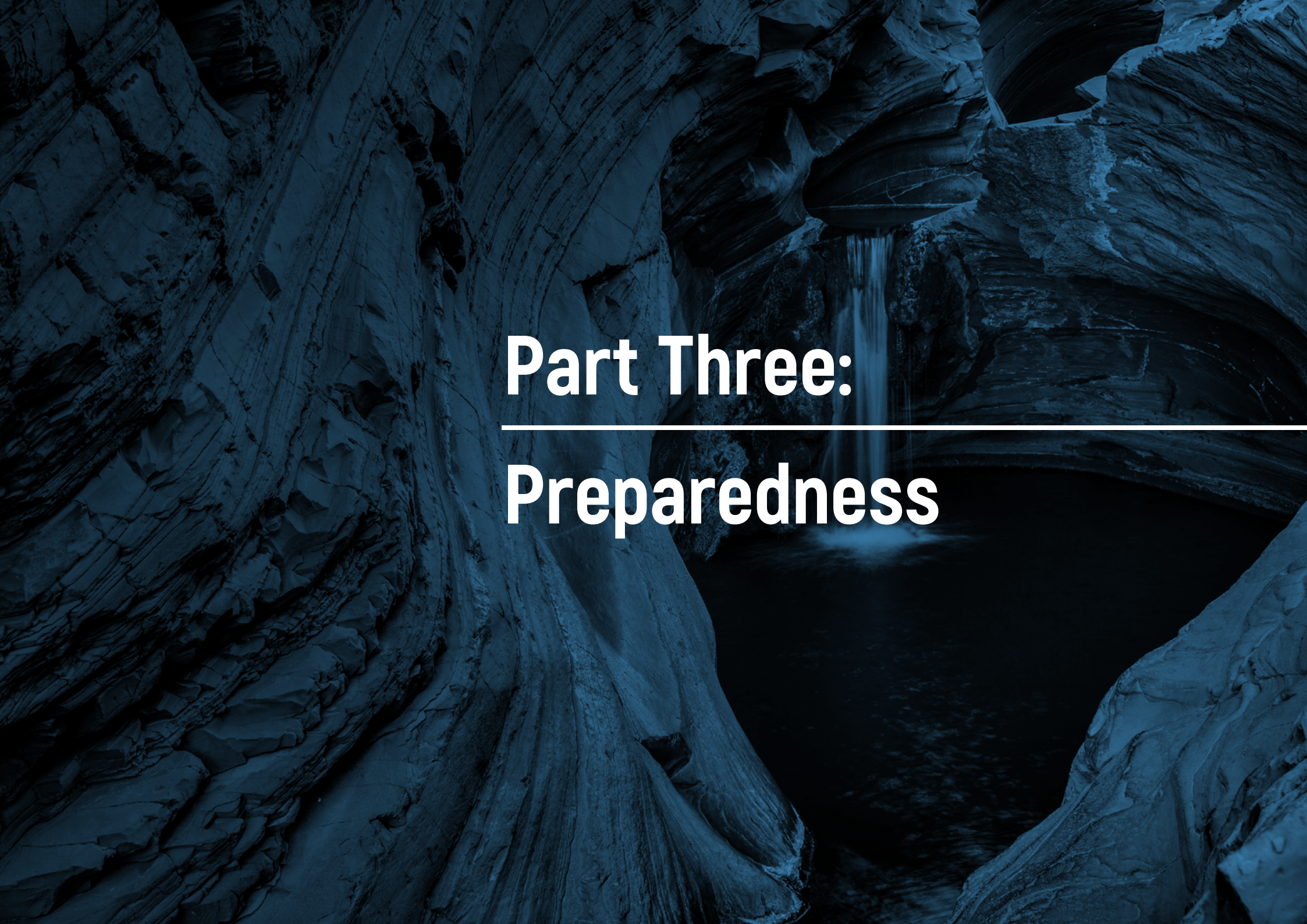
The WA health system maintains routine mitigation programs that minimise the impact of an epidemic by ensuring early and effective control of infectious disease cases and outbreaks.

Outbreak management involves the rapid organisation of scientific information and application of disease control methods, including isolation, quarantine, border control, infection prevention and control (IPC) measures, and provision of prophylaxis and/or treatment, as appropriate to the disease and outbreak circumstances.

Local governments, the Water Corporation, the Department of Primary Industries and Regional Development, and the Department of Biodiversity, Conservation and Attractions monitor and undertake mitigation strategies, within their core business, for infectious diseases that may result in a human epidemic.

The WA health system has a cache of antidotes and pharmaceutical treatments at its disposal, along with Commonwealth arrangements to access volumes of these products.

The actual or impending release of an infectious agent could risk a human biosecurity emergency. The Public Health Regulations detail notifiable infectious diseases in WA and specify which are urgently notifiable.



Part Three:

Preparedness

3.1 Responsibility for Preparedness

The HMA is responsible for the development of plans and arrangements to manage human biosecurity emergencies.

The preparedness roles and responsibilities of relevant agencies and organisations under this Plan are detailed in Appendix C.

3.2 Capability Baseline

To assist with planning and preparedness for emergencies relating to human biosecurity, agencies are to consider a capability baseline of providing support to a human biosecurity emergency where the operation of an agency's business continuity plans would be significantly impaired due to the magnitude of the impacts of the emergency. In this context, capability means the ability to achieve a desired operational effect under specified standards and conditions through a combination of means and ways to perform a set of tasks (aim, why, what, how, who, with).

This capability baseline is based on actual examples of significant human biosecurity incidents involving highly contagious pathogens that are not fatal to all that are infected such as:

- Commencing in 2019, SARS COVID-19 rapidly spread from Wuhan, China, to the rest of the world. In 2024 this outbreak is still affecting people. As of June 2024, over 775.5 million cases and 7 million deaths have been reported worldwide including almost 12 million cases and over 25,000 deaths in Australia.¹
- The 2014–2016 outbreak in West Africa was the largest Ebola outbreak since the virus was first discovered in 1976.² There were more cases and deaths in this outbreak than all other Ebola outbreaks combined. By July 2014, it had reached the capital cities of three countries and in August 2014, WHO declared the outbreak a Public Health Emergency of

International Concern. Prior to the outbreak being declared over (June 2016), the infections had spread to ten countries, including the United Kingdom and the United States of America, with more than 28,600 people infected and 11,325 deaths.

Agencies should structure their response assuming a protracted event lasting up to several years, and involving sustained absenteeism and significant multi-agency impact including on public infrastructure and public utilities.

3.3 Planning and Arrangements

The arrangements within this Plan will be used to manage human biosecurity emergencies at all levels (local, regional and state) throughout WA.

For many human biosecurity emergencies, it is not possible to predict the nature, duration, extent and severity of the incident. It is therefore important to incorporate sufficient flexibility into arrangements and planning processes using a capability-based planning approach.

The planning and preparedness information detailed below is intended to provide general advice to assist agencies and organisations to ensure they are prepared for a human biosecurity emergency.

The IDEMP is an internal plan that prescribes how the WA health system will prepare for, and respond to, an infectious disease emergency within WA. Elements of this plan may be mirrored for a biological emergency utilising powers conferred in the Public Health Act.

Noting the high potential of the CBR agents to affect the larger population psyche and behaviours, coupled with the low general CBR literacy, it is imperative that all plans are based upon valid assumptions about human behaviour, that is, what people are likely to do, not what they should do.

Notes

¹ World Health Organisation COVID-19 cases (data.who.int/dashboards/covid19).

² Ebola outbreak 2014–2016 - West Africa (www.who.int/emergencies/situations/ebola-outbreak-2014-2016-West-Africa).

3.3.1 At-Risk Groups

The following groups are likely to be more susceptible to, and/or at greater risk, to the effects of a human biosecurity emergency:

- people with certain health conditions or who are immunocompromised
- the very young and the very old
- people with complex and significant disability
- Aboriginal people
- people from culturally and linguistically diverse backgrounds
- people experiencing homelessness
- people living in custodial or residential care settings
- other marginalised and/or disadvantaged people, or those with limited access to healthcare.

Depending on the nature and geographic location of a human biosecurity emergency, other groups may also need specific arrangements.

Identification of at-risk populations and methods to access these populations in a timely fashion to provide advice and support are a critical part of the preparedness process. The sharing of relevant information is essential to ensure the best possible common operating picture and analysis.

3.3.2 Local Communities

Local communities, in conjunction with the not-for-profit sector and relevant businesses, should develop plans to enable continued delivery of community support services, particularly those where greater needs or risks may be present during a human biosecurity emergency. Such plans may encompass a broad range of needs fundamental to minimising the impacts of the emergency including information, food, income support, debt management, counselling, and personal support needs. These plans should safeguard the health of the responder.

3.3.3 Business, Industry, and Non-Government Organisations

Businesses and organisations are encouraged to ensure that their business continuity management practices incorporate human biosecurity emergencies. Such emergencies may impact the availability of staff, and disruptions to the availability of supplies, materials and services from subcontractors or other suppliers. Demand for services may also be affected. Fuel and energy supplies to some locations may be disrupted at times, and the movement of people, imports and exports may be restricted or delayed by quarantine measures.

Businesses and organisations should ensure the health, safety, and welfare of employees before and during an emergency, and ensure strong, timely communications to staff, clients, customers and stakeholders.

3.3.4 Individuals and Households

Households are encouraged to plan for human biosecurity emergencies and consider how they can best prepare. Households should prepare for a possible prolonged stay at home by considering how they ensure there is two weeks' supply of food and medication on hand for all residents and pets. It is expected that drinking water supply will be unaffected during an epidemic.

Western Australians are encouraged to always undertake good hygiene practices, including proper hand washing techniques and etiquette during coughing and sneezing, including staying at home when not feeling well and / or symptomatic.

Western Australians are also encouraged to build and maintain their support networks, including neighbours, and use them during an emergency. Emergencies impact on the mental health of individuals in varying ways and individuals should seek and provide support where appropriate.

3.4 Community Information and Education

Community information and education should be tailored to the specific disease or circumstance and target audience. For example, preparedness activities for pandemic influenza may include community education on hygiene, IPC, physical distancing, use of antiviral medications and vaccination.

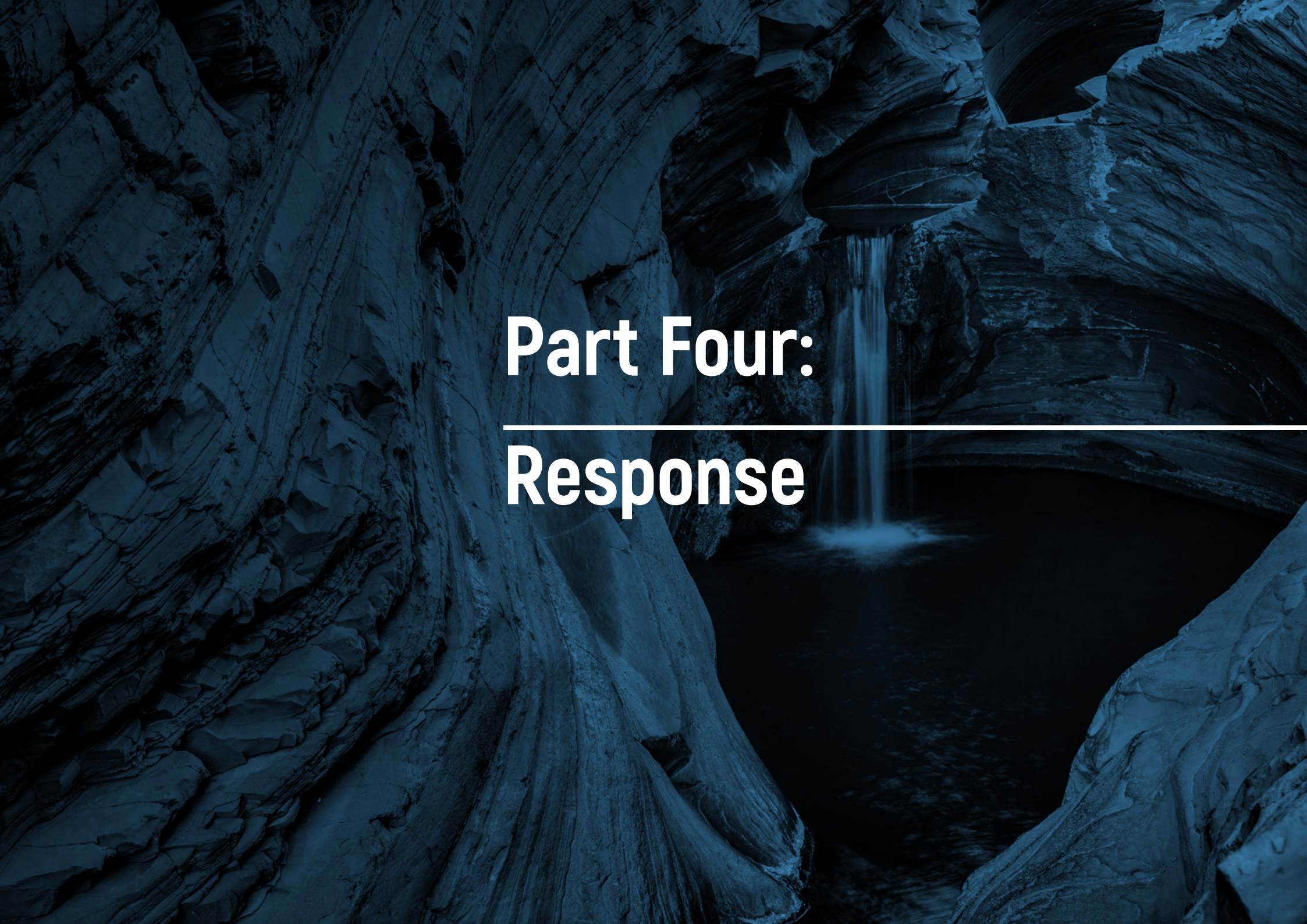
Where possible, education and resources should be developed in collaboration with the target communities, including schools. Peak Aboriginal health organisations can assist with ensuring that education and resources are culturally appropriate for Aboriginal communities.

3.5 Coordination/Control Arrangements with other Jurisdictions

Issues affecting Western Australian borders will become significant in the event of a human biosecurity incident that has been identified outside of Australia or within the other States or Territories. In these cases, the response arrangements within this Plan will be activated as appropriate.

If State resources are unable to cope with the magnitude, complexity or duration of a human biosecurity incident, the WA health system may request, via the State Emergency Coordinator (SEC), interstate assistance from the Australian Health Protection Committee (AHPC).

The provision of Australian Government physical assistance is dependent upon established criteria and requesting arrangements. All requests for Commonwealth physical assistance are to be made in accordance with State EM Policy section 5.10 and State EM Plan section 5.6.



Part Four:

Response

4.1 Responsibility for Response

The HMA has responsibility for responding to epidemics and biological incidents or emergencies as described in this Plan (noting sections 1.1 and 4.8 regarding scope, CBR and terrorist or hostile acts).

Section 5.1.2 of the State EM Plan describes the response arrangements for a Controlling Agency where there are multiple consequential hazards.

The response roles and responsibilities of relevant agencies under this Plan are detailed in Appendix C.

4.2 Detection and Notification Channels

The WA health system may be notified of potential human biosecurity emergencies through the following channels:

- An increase in statutory notifications (from medical practitioners and / or laboratories) of a particular notifiable infectious disease recognised by Public Health Unit or Communicable Disease Control Directorate (CDCD) staff.
- An increase in the occurrence of a particular non-notifiable disease or symptoms that could be due to an infectious disease reported through a non-statutory surveillance system or by medical practitioners and/or laboratories to a Public Health Unit(s) or the CDCD.
- An increase in notifications of a particular infectious disease recognised by another State/Territory and reported to the WA health system by the CDNA.
- Information received by the CDNA of an increased number of cases of a particular infectious disease occurring overseas.
- Notification of significant disease detection by the Department of Primary Industries and Regional Development's Agriculture and Food division (WA).

- Evidence of a biological release for criminal purposes reported by the WA Police Force or other police or security sources.
- Notification by state/local government agencies.

4.3 Response Arrangements

In the event of a human biosecurity incident or emergency, the response will normally be activated in stages. If necessary, stages may be activated concurrently to accelerate the emergency response. For epidemics, the IDEMP provides further information on the stages of activation.

Response arrangements of this Plan will not be activated for routinely managed infectious disease outbreaks (as defined in the IDEMP) and epidemics identified through disease surveillance and reporting systems. These outbreaks are not necessarily considered emergencies but are consistent with the definition of Level 1 incidents, as outlined in section 5.1.5 of the State Emergency Management Plan (State EM Plan).

Activation of the response arrangements of this Plan will be authorised by the HMA for an epidemic when an infectious or transmissible disease occurrence or threat will require resources that exceed the capacity of existing health services, or when activation is otherwise required following consideration of the typical conditions for Level 2 and Level 3 incidents outlined in section 5.1.5 of the State EM Plan.

The HMA has powers in relation to human biosecurity under the Public Health Act which are normally adequate to respond to human biosecurity incidents or emergencies. Should additional powers be required, the EM Act can be used to access emergency powers through the declaration of an 'Emergency Situation' or a 'State of Emergency'.

If an incident results in the declaration of an Emergency Situation under section 50 EM Act, additional arrangements contained within section 5.2.3 of the State EM Plan will also apply.

If an incident results in the declaration of a State of Emergency by the

Minister of Emergency Services, under section 56 (1) of the EM Act, additional arrangements contained within section 54.2 of the State EM Plan will also apply. In the case of an epidemic resulting in a declaration of a State of Emergency, specific additional arrangements can be found within State EM Plan (Appendix XXXX).

4.3.1 Alert

This stage is activated when the WA health system receives notification of a potential human biosecurity emergency. The WA health system monitors the situation to determine if the emergency can be dealt with at the local or regional level, or if further action (as outlined in this Plan) needs to be taken. Depending on circumstances, linkages with the CDNA will also be required.

4.3.2 Standby

This stage is activated when the WA health system judges that the information received in the Alert stage warrants preparatory activities in readiness for an emergency response. Depending on the situation, the CHO may undertake the following actions:

- Place appropriate response staff at the PHEOC and in metropolitan and regional Public Health Units on stand-by.
- Consult with the State Health Coordinator (SHC) and the SEC and provide participating combat agencies with information about the potential emergency response required, allowing them to undertake the preparations necessary for their involvement.
- Inform the Director General (Department of Health) and the Minister for Health (WA) of potential resource implications of the response strategy.
- Notify and consult with the CDNA and AHPC.
- Initiate an OASG / ISG comprising of members that have response roles or responsibilities, as detailed in Appendix C.

4.3.3 Response

Epidemic

This stage is activated when the CHO considers an emergency response to an epidemic is necessary (see also section 4.3). Depending on the situation, the CHO may:

- Appoint an IC.
- Activate, in the first instance, the PHEOC. If required, the SHICC may be activated, in which the PHEOC will be incorporated.
- Activate OASG/ISG meetings as required.
- Consult with the SEC to discuss possible activation of the SECG to assist in the provision of a coordinated multi-agency response to, and recovery from, an epidemic.
- Deploy departmental resources as required. This may include the dispatch of disease control teams to the relevant area(s) where they may:
 - arrange the isolation and treatment of cases
 - conduct the tracing, testing and/or quarantine of contacts
 - administer vaccines and/or other treatments
 - advise on, and institute, infection control measures as indicated by the specific circumstances of the epidemic.
- Request resources be supplied by participating combat agencies.
- Seek assistance from local health practitioners and service providers, including general practice and Aboriginal health organisations, and provide information as appropriate.
- Provide ongoing briefings to the SEC and the Minister for Health (WA) regarding the emergency response.
- Issue media releases to address public concerns and to disseminate information on how to reduce the risk of infection, and what to do if infection is suspected.

Biological Emergency

This stage is activated when the HMA receives notification of a non-intentional actual or impending biological emergencies. Such emergencies will be managed using a generic all-hazards approach. The HMA will appoint an IC and will determine the extent of the incident and deploy resources utilising a graduated approach principle. The considerations will include, but are not limited to:

- situation
- incident objectives
- incident control structure - Incident Management Team (IMT)
- safety risks and hazards
- antidote or mechanism of treatment
- pre- and post-exposure prophylaxis
- constraints and other considerations (such as patient cohorting and isolation requirements)
- decontamination.

4.4 Notifications

The notification from another agency or organisation of an actual or impending release of a biological agent is through the Department of Health On Call Duty Officer (08) 9328 0553 (24 hour contact).

The HMA is responsible for notifying:

- the Minister for Health
- agencies with roles and responsibilities in Appendix C.

On activation of the response stage of this Plan, the IC is responsible for determining the appropriate incident level and communicating the declaration of the incident in accordance with State EM Response Procedure 4.2.

4.5 Public Warnings/Information

Information sharing is critical to provide a consistent and effective whole of government response by supporting better resource coordination and providing relevant, informed information and advice to decision makers.

Intense media and public interest should be anticipated during a human biosecurity emergency. This interest can occur before formal notification or identification of the agent, through social media platforms. The following actions will assist with the handling of the media and public inquiries.

Overall responsibility for the preparation of WA Health media statements and coordination of media inquiries during an emergency event lies with the IC. Media statements are only to be made by persons authorised by WA Health.

Dissemination of alerts and public information upon activation of this Plan will be coordinated by the IC. The activation of the State Support Plan – Emergency Public Information may be considered as required.

If control of the incident transfers to the WA Police Force (see section 4.8: Hostile or Terrorist Act Arrangements), responsibility for the coordination of public information will transfer to the WA Police Force with ongoing input from WA Health.

4.6 Evacuation Arrangements

Evacuation is a risk mitigation strategy that may be used to mitigate the effects of an emergency on a community.

Evacuation arrangements that are appropriate for human biosecurity emergencies will be developed according to the State EM Policy section 5.7 and State EM Plan section 5.3.2.

4.7 Isolation, Quarantine and Closure Arrangements

During a human biosecurity emergency, the State Support Plan – Emergency Relief and Support may be activated to assist with the provision of emergency relief support services. These services may be extended to those individuals, their household, and others who have been placed under home isolation or quarantine as part of the emergency response. The provision of these services will be prioritised by the Department of Communities in consultation with WA Health. In the situation of an epidemic associated with a high mortality or disability rate, the Department of Communities will prioritise its services towards the care of children and dependents of deceased or seriously ill individuals.

The WA health system, in consultation with local clinicians and public health officials, will decide if, and when, isolation and/or quarantine of persons and closure of places is required to reduce the risk of disease transmission. These measures will not be implemented without considering the effectiveness and feasibility of less disruptive disease control measures.

If isolation, quarantine or closures are required, the establishment of an SECG may be requested by the IC to facilitate a coordinated multi-agency approach to the relocation of displaced persons.

4.8 Hostile or Terrorist Act Arrangements

The Commissioner of Police is the HMA for hostile and terrorist acts. Included in the EM Regulations, the definition of a Hostile Act is an event or situation in which an explosive substance or hazardous substance (as defined in the EM Act) is used (deliberate act) to cause loss of life, prejudice to the safety of, or harm to the health, of persons or animals, or, unlawful destruction of, or damage to, property or any part of the environment. The deliberate use of a hazardous substance (as per the definition of a hostile act which includes biological substances) may have implications relating to Commonwealth, State and Territory responsibilities, public safety, health, public confidence, national security, and international relations.

It may take some time before it becomes apparent that a human biosecurity emergency was the result of a hostile or terrorist act. An incident should not be referred to as a hostile or terrorist act by any responding agency unless the Commissioner of Police has made this determination. Where the cause of an emergency is not apparent and a hostile or terrorist act cannot be readily discounted, the WA Police Force shall be notified and may deploy forward to commence investigations.

If the emergency is the result of a hostile act or terrorist act, the incident will be dealt with in accordance with the State Hazard Plan – Hostile Act or State Hazard Plan – Terrorist Act respectively, and the WA Police Force will take control of the emergency on behalf of the HMA, Commissioner of Police.

Where a human biosecurity emergency is the result of (or is suspected to be a result of) a hostile act or terrorist act, WA health system staff will operate under a WA Police Force Commander. Once it is determined that the emergency is not the result of, or is no longer, a terrorist or hostile act emergency, the Director General (or delegate) of the Department of Health will, assume roles and responsibilities as the HMA.

Response agencies will respond to an emergency according to standard emergency response procedures and, if activated, in accordance with the response section of this Plan.

Biological Incident Controlled by WA Police Force

In some circumstances, where the cause of a biological incident is determined by the Commissioner of Police in consultation with the HMA to be a criminal act (other than a terrorist act) of such a nature and magnitude that it requires a significant and coordinated police investigative response, the HMA may hand over control of the incident, by agreement, to the WA Police Force.

The WA Police Force may mirror counter terrorism arrangements in response to such an incident without the determination of a terrorist act, utilising powers conferred by the *Criminal Investigation Act 2006*, as required.

The WA health system will continue to undertake a combat role for the biosecurity hazard where safe to do so.

WA Police Force will assume control for any terrorism related incident in accordance with State Hazard Plan - Terrorist Act and the national counter-terrorism arrangements.

4.9 Site Mitigation

The Department of Water and Environmental Regulation's (DWER) Pollution Response Unit will provide advice covering waste disposal and site mitigation actions to meet current environmental standards. ChemCentre has a role in advising on site mitigation through a thorough understanding of the chemistry and physics of the contaminant(s).

4.10 Waste Management

Where required the HMA or Controlling Agency will develop a waste management plan in conjunction with other relevant agencies.

4.11 Management of Deceased

Management of the deceased will follow standard business practices, including the disaster victim identification (DVI) management arrangements within section 5.5.3 of the State EM Plan, unless the WA health system advises of additional quarantine arrangements. Annex L of the SHERP and the Mass Fatality Mortuary Sub-Plan (Official Sensitive) provide guidance regarding management of the deceased.

The management of a significant number of fatalities, particularly within a short period of time, is always challenging. The IC will work with partner agencies, including the WA Police Force, the State Coroner, the Metropolitan Cemeteries Board and other agencies, to implement strategies to accommodate the need for a rapid processing of an increased number of fatalities. The WA health system will undertake the following roles and responsibilities:

- legislative requirements for certification, including life extinct, cause of death and cremation

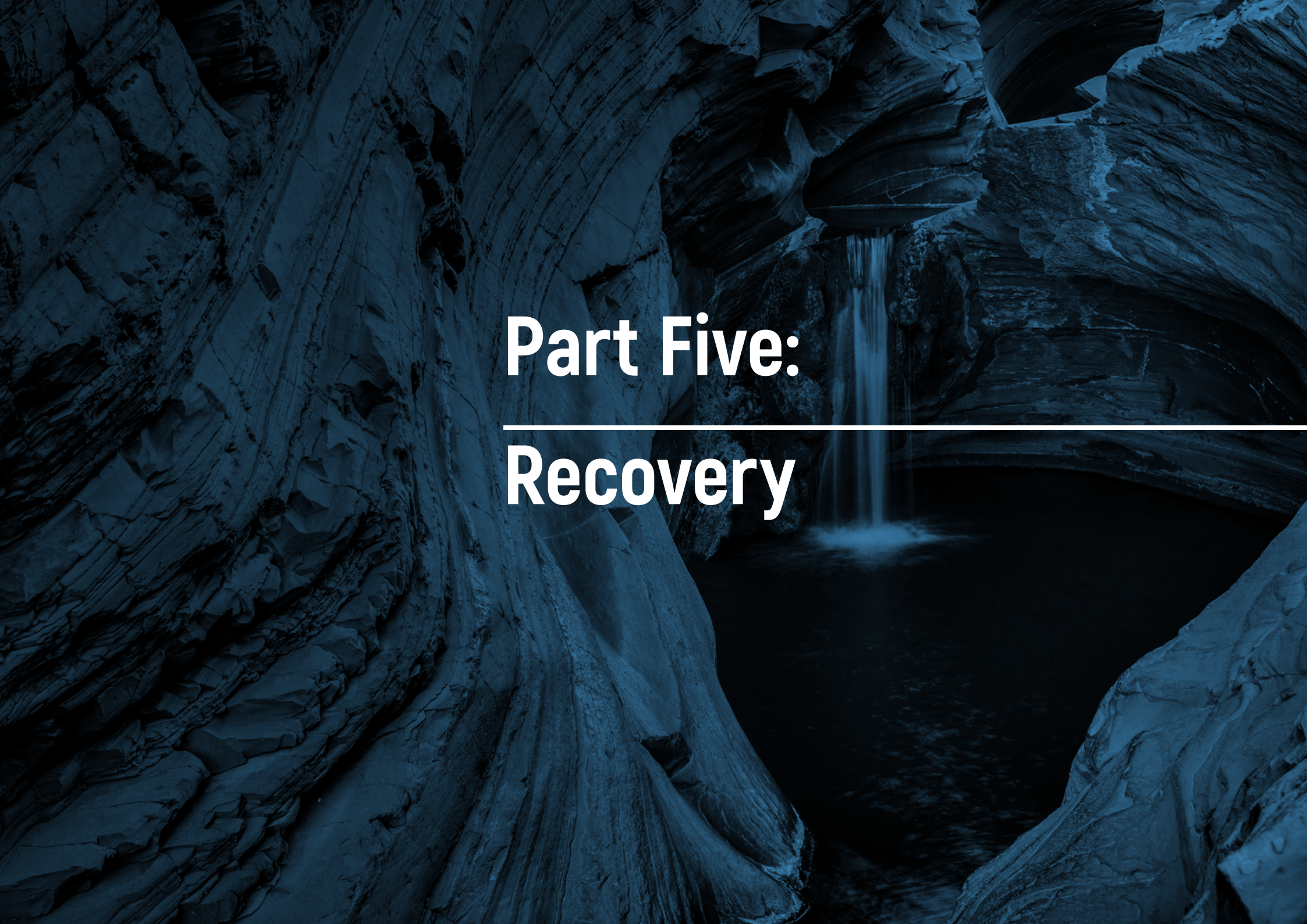
- provision of transit certificates for the repatriation of cadavers and human remains
- provision of post mortem services by PathWest
- provision of expert public health advice for management of infectious/contaminated deceased persons
- development of relevant fact sheet (e.g., health risks from dead bodies).

4.12 Stand Down and Debrief

When the IC determines that the emergency response is no longer required, a stand-down of the activities initiated in the previous stages will occur. The WA health system will:

- ensure that arrangements for recovery are in place
- advise the SEC
- notify members of the SECG (if established)
- notify staff and relevant emergency management agencies and organisations
- inform the Minister for Health (WA) and Director General (Department of Health)
- issue media statements to address public concerns and to reinforce previous information on how to reduce the risk of infection, and what to do if infection is suspected
- determine arrangements for debriefing and evaluation of the activities conducted.

In compliance with State EM Policy section 5.11.1, State EM Plan section 5.7.2 and State EM Response Procedure 4.22, the HMA will prepare a post-operation report on the incident for the SEMC.



Part Five:

Recovery

5.1 Responsibility for Recovery

Local Governments are responsible for managing recovery following an emergency affecting the community in their districts.

Where recovery activities are beyond the capacity of the local community, State support may be provided through the State Recovery Coordinator as detailed in the State EM Plan.

In the event of an interstate or international emergency that impacts on Western Australian communities, the WA Government will assume responsibility for coordinating the State recovery process in accordance with the arrangements set out in the State EM Policy and the State EM Plan.

The use of State recovery arrangements will ensure that all affected local government areas have equitable and appropriate access to available resources. The management of local recovery activity will still be determined at the local level.

The State's recovery activities are underpinned by the [National Principles for Disaster Recovery](#). Successful recovery relies on:

- understanding the context – based on an understanding of the community context
- recognising complexity – responsive to the complex and dynamic nature of both emergencies and the community
- using community-led approaches – responsive and flexible, engaging with community and supporting them to move forward
- ensuring coordination of all activities – requires a planned, coordinated and adaptive approach, between community and partner agencies, based on continuing assessment of impacts and need
- employing effective communication – built on effective communication between the affected community and other partners

- recognising and building capacity – recognises, supports and builds on individual, community and organisational capacity and resilience.

The recovery roles and responsibilities of relevant agencies under this Plan are detailed in Appendix C.

5.2 Clean-Up - Biological Incident or Emergency

Direct on-site recovery and clean-up of hazardous materials and infrastructure is the responsibility of the entity that owns or is in control of the hazardous materials.

Under the *Environmental Protection Act 1986*, DWER may issue a statutory notice or direction to require the clean-up of wastes that have been discharged into the environment.

Recovery and clean-up of orphan hazardous material are the responsibility of the agency or entity who owns or is in control of the land. In cases where hazardous materials have been discharged into the environment, clean-up must be completed to the satisfaction of DWER.

The HMA will develop and implement a clean-up plan as required and specific to the biological incident or emergency.

5.3 Transition to Recovery - Biological Incident or Emergency

Prior to the cessation of a response, the Controlling Agency is responsible for the coordination of an assessment of all impacts relating to all recovery environments (State EM Policy section 6.2). This includes a risk assessment and treatment plan to provide for safe community access to the affected area.

A documented handover process will be applied to declare that the situation

has passed from the response to the recovery phase, and responsibility has passed from the HMA to those identified as responsible for recovery.

Certain persistent biological agents may require prolonged decontamination processes to achieve acceptable residue levels. Therefore, following handover for recovery, continued assistance may be required from the Department of Fire & Emergency Services, the WA health system, ChemCentre, WA Police Force and DWER.

The WA health system will ensure that a recovery plan is developed in conjunction with key stakeholders. The recovery plan will address issues such as:

- re-establishment of normal health services
- school and work attendance that may have been interrupted during biological incident
- mental health consequences.

5.4 Transition to Recovery – Epidemic

The nature of an epidemic and Western Australia's COVID-19 experience³ indicates it is likely a State Recovery Controller will have responsibility for coordinating and overseeing the State's recovery efforts and leading the development of the WA Recovery Plan for an epidemic where this Plan's response arrangements have been activated.

During the response phase of an epidemic, the HMA should engage with the State Recovery Coordinator to confirm whether State-level recovery arrangements will be implemented.

Notes

³ Review of WA's COVID-19 Management and Response (p49), <https://www.wa.gov.au/organisation/departments-and-cabinet/review-of-was-covid-19-management-and-response>.

A dark, blue-toned photograph of a rocky canyon. The rock walls are layered and textured, with a small waterfall cascading into a pool of water in the center. The word "Appendices" is written in white, bold, sans-serif font, underlined, and positioned in the upper right quadrant of the image.

Appendices

Appendix A: Distribution List

This State Hazard Plan is available on the [SEMC website](#). The agencies below will be notified by the HMA (unless otherwise specified) when an updated version is published on this website:

- All agencies and organisations with responsibilities under this Plan
- National Emergency Management Agency (SEMC Business Unit to notify)
- Minister for Emergency Services (SEMC Business Unit to notify)
- Minister for Health (WA)
- State Emergency Management Committee (SEMC), subcommittee and SEMC reference group members (SEMC Business Unit to notify)
- State Library of Western Australia (SEMC Business Unit to notify).

Appendix B: Glossary of Terms / Acronyms

B1 Glossary of Terms

Terminology used throughout this document has the meaning prescribed in section 3 of the EM Act or as defined in the State Emergency Management Glossary. In addition, the following hazard-specific definitions apply.

Term	Definition
Biosecurity	Procedures or measures designed to protect the population against harmful biological or biochemical substances.
Chief Executive Officer (Director General), Department of Health	The HMA for the hazard of human epidemic and the actual or impending spillage, release or escape of a biological substance that is capable of causing loss of life, injury to a person or damage to the health of a person, property or the environment.
Communicable Disease Control Directorate	A Directorate within the Department of Health responsible for monitoring, planning and coordinating the public health response to prevent and manage notifiable infectious diseases in WA, including preparedness for communicable disease emergencies and emerging infectious notifiable diseases.
Controlling Agency	An agency nominated to control the response activities to a specified type of emergency. The responsibility for being a Controlling Agency stems from either legislation other than the EM Act or by agreement between the relevant HMA and one or more agencies.
Health CBRN Plan	Domestic Health Response Plan for Chemical, Biological, Radiological or Nuclear Incidents of National Significance
Human epidemic	The occurrence of more cases of an infectious or transmissible disease than would be expected in the State's population or a sub-group of the State's population during a given time period.
Incident Controller	The person(s) responsible for the overall management and control of an incident within an incident area and the tasking of agencies in accordance with the needs of the situation.
Infection prevention and control	Practices to reduce the risk of transmission of infections.

Term	Definition
Isolation	Separation of people known to have an infectious disease from other people, for the period of communicability, to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible to infection or who may spread the agent to others.
Orphan hazardous materials	Materials in which the 'owner' of the materials cannot be found to cover the cost for clean-up. They may also be materials in which the chemical composition and degree of hazard is unknown.
Public Health Emergency Operations Centre	Coordinates the public health response to an incident at the State level and supports the HMA. The PHOEC is coordinated by the Director of CDCD and oversees the public health activities of the metropolitan and regional Public Health Units, including oversight of disease surveillance, data management and public health management of infected persons.
Quarantine	Legal restrictions imposed on a place or tract of land by the serving of a notice and limiting access or egress of specified animals, persons or things.
State Emergency Coordinator	The State Emergency Coordinator is the Commissioner for Police and is responsible for coordinating the response to an emergency during a State of Emergency.
State Health Coordinator	A position internal to the WA health system, recognised through an instrument of delegation pursuant to section 24 of the <i>Health Service Act 2016</i> for the purposes of preventing, preparing for, responding to, and recovering from emergencies, disasters and other disruptive events.
State Health Incident Coordination Centre (SHICC)	This State-level centre, under the direction of the HMA, addresses strategic management of an incident/disaster as well as facilitating management of state-wide events. During a human biosecurity incident, hospital, clinical health service, and non-public-health sector responses will be coordinated by the SHICC, in conjunction with the HMA.
WA health system⁴	Western Australia's public health care system which comprises of: • The Department of Health (the system manager) • health service providers⁵ • contracted health entities.

Notes

⁴ Section 19(1) of the *Health Services Act 2016*.

⁵ As established under the section 32 of the *Health Services Act 2016*.

B2 Acronyms

Term	Definition
AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPC	Australian Health Protection Committee
CBR	Chemical, Biological, Radiological
CDCD	Communicable Disease Control Directorate
CDNA	Communicable Disease Network Australia
CHO	Chief Health Officer
DVI	Disaster victim identification
DWER	Department of Water and Environmental Regulation
HMA	Hazard Management Agency
IC	Incident Controller
IDEMP	Infectious Disease Emergency Management Plan
IPC	Infection prevention and control
ISG	Incident Support Group
NAP	National Action Plan for Human Pandemic Influenza

Term	Definition
OASG	Operational Area Support Group
PHEOC	Public Health Emergency Operations Centre
SEC	State Emergency Coordinator
SECG	State Emergency Coordination Group
SEMC	State Emergency Management Committee
SHERP	State Health Emergency Response Plan
SHICC	State Health Incident Coordination Centre
SoNGs	Series of National Guidelines

Appendix C: Roles and Responsibilities

The WA health system has the primary role of coordinating the response to non-intentional human biosecurity emergencies. The assistance and cooperation of other agencies and organisations operating within their functional areas are necessary for an effective and timely response.

This appendix outlines the hazard specific roles and responsibilities of agencies and organisations under this Plan; however some all-hazards information is provided. The State EM Plan (Appendix E) provides an outline of the all-hazards roles and responsibilities across the prevention, preparedness, response, and recovery spectrum.

The EM Act, EM Regulations, State EM Policy, Plan and Procedures, State Hazard Plans and State Support Plans should be referenced for a comprehensive understanding of the roles and responsibilities within the emergency management framework.

All agencies should maintain appropriate internal plans and procedures in relation to their specific responsibilities, including business continuity.

C1: Prevention

Organisation	Prevention Responsibilities
Communicable Diseases Network Australia	a. As requested by the Director, CDCD, provide expert technical and scientific advice regarding control of communicable diseases in humans.
Department of Health	a. Liaise with Commonwealth committees AHPC and CDNA. b. Engage and consult with peak Aboriginal health organisations. c. Provide guidance to Local Government Environmental Health Officers. d. Provide advice on potential dangers to public health and actions to be undertaken to mitigate the probability of an occurrence of a human biosecurity emergency and the potential impacts resulting from such an emergency. e. Maintain the State medical stockpile and, to the extent located in WA, the National Medical Stockpile.
Department of Primary Industries and Regional Development	a. Alert the Communicable Disease Control Directorate to new, emerging, or notifiable infectious diseases in agricultural stock which are potentially transmissible to humans. b. Contain the spread of infectious diseases in animal stock which may be transmissible to humans, consistent with national arrangements and the State Hazard Plan – Animal and Plant Biosecurity.

Organisation	Prevention Responsibilities
PathWest and private pathology laboratories	a. Report confirmed or suspected cases to the Communicable Disease Control Directorate if an epidemic is anticipated or suspected. b. Facilitate communication with medical practitioners through the laboratory service network.

C2: Preparedness

Organisation	Preparedness Responsibilities
ChemCentre	Maintain detection/analytical equipment and deployable capability to support a biological incident or emergency.
Communicable Diseases Network Australia	As requested by the Director, CDCD, provide expert technical and scientific advice regarding control of communicable diseases in humans.
Department of Education	Have an identified liaison person from the Department of Education to enable a two-way communication process to be implemented with an identified WA health system liaison person.
Department of Health	Maintain the PHEOC and SHICC, including associated policies and procedures, together with business continuity arrangements, in a state of readiness. Ensure policies and procedures are in place to support use of the State medical stockpile and, to the extent located in WA, the National Medical Stockpile.
Local Government	Ensure that effective local emergency management arrangements are prepared and maintained for its district (through the advice and assistance of the Local Emergency Management Committee).

C3: Response Responsibilities

Organisation	Response Responsibilities
Australian Health Protection Committee	a. Provide national coordination of emergency operational activity in health responses to disasters and health protection issues of national significance, including epidemics.
Australian Red Cross Lifeblood	a. Provide blood and blood products if required for the treatment of infected individuals. b. Assess the transmissibility of the epidemic agent by blood transfusion and take action to prevent transmission. c. Provide specialist consultation on transfusion medicine if required.
ChemCentre	a. Provide, maintain and operate a mobile response laboratory, for the purpose of detecting, identifying, and monitoring hazardous materials or substances, involved in a human biosecurity emergency on a 24/7 basis. b. Provide information with respect to any potential chemical incompatibilities and methods of neutralisation, including any reactivities with any media used to control the hazardous materials and substances. c. If required, confirm adequacy of decontamination procedures applied to equipment and personal protective equipment. d. Provide a written report and/or participate in post operation debriefs on the emergency, as required
Communicable Diseases Network Australia	a. As requested by the Director, CDCD, provide expert technical and scientific advice regarding control of communicable diseases in humans.
Department of Communities	a. Assist with the emergency relief and support response to a human biosecurity incident. This may include, but is not limited to, assisting people under home isolation and home quarantine, and their dependents. b. Provide a Liaison Officer to the ISG, if required.

Organisation	Response Responsibilities
Department of Education	a. Assist with the provision of information to school leaders, school staff, students and parents. b. Assist with the provision of health services. This may include, but is not limited to, use of school facilities for mass vaccination and medication distribution. c. Support implementation of disease control measures such as home isolation and home quarantine. d. To have an identified liaison person from the Department of Education to enable a two-way communication process to be implemented with an identified WA health system liaison person. e. Liaise with the Catholic Education Office and the Association for Independent Schools in Western Australia to allow a collaborative education sector approach.
Department of Fire and Emergency Services	a. Assist ChemCentre personnel with respect to contaminated site entry, sample collection and agent identification. b. Facilitate contaminated site entry for ambulance personnel to undertake patient triage, treatment and rescue. c. Undertake mass decontamination procedures, as required. d. When requested, on behalf of the HMA undertake incident site Commander functions. e. Provide a Liaison Officer to the ISG, if required.

Organisation	Response Responsibilities
Department of Health	a. Activate the PHEOC and SHICC as appropriate. b. Appoint an IC. c. Liaise with Commonwealth committees such as the CDNA and AHPC regarding response and other measures. d. Engage and consult with peak Aboriginal health organisations. e. Provide technical and scientific advice regarding the human biosecurity emergency. f. Provide guidance to local government Environmental Health Officers in managing local response. g. Activate the SHERP if required. h. Provide advice on potential dangers to public health and actions to be undertaken to mitigate the hazard effects. i. In conjunction with local health facilities, dispatch disease control teams as appropriate. j. Deploy resources from the Disaster Contingency Warehouse. k. Develop clean-up or waste management plans specific to the emergency. l. Provide technical advice for the management of infected/contaminated deceased persons. m. In conjunction with agencies, develop public information and clean-up plans as required. n. Co-ordinate the distribution and use of the State and National Medical Stockpiles in Western Australia. o. Support Australian Government border control and quarantine measures. p. Engage with the State Recovery Coordinator to determine whether state-level recovery arrangements will be implemented.
Department of Primary Industries and Regional Development	a. Alert the Communicable Disease Control Directorate to new, emerging or notifiable infectious diseases in agricultural stock which are potentially transmissible to humans. b. Contain the spread of infectious diseases in animal stock which may be transmissible to humans, consistent with national arrangements and the State Hazard Plan – Animal and Plant Biosecurity.

Organisation	Response Responsibilities
Department of Water and Environmental Regulation	c. Provide advice on minimisation of impacts on the environment, including containment, confinement and clean-up, decontamination, minimisation of waste, and waste disposal. d. Provide a Liaison Officer to the ISG, if required.
Local Government	a. Provide Environmental Health Officers to metropolitan and regional Public Health Units, as required. b. Assist with the investigation of epidemics. c. Assist with monitoring of food safety. d. Assist with the safe disposal of contaminated waste. e. Assist with the control of vermin or insect infestations, including reservoir elimination programs. f. Provide support with other local resources as requested by the HMA or metropolitan or regional Public Health Units. Note: When there is a response occurring (or an impending response), if a Local Government recognises particular constraints in their capability and commitment to undertake the tasks and meet the responsibilities identified in this Plan, they should advise the HMA. This will ensure the varying capabilities of individual Local Governments are recognised. Details may be found in the Local Emergency Management Arrangements.
PathWest and private pathology laboratories	a. Report confirmed or suspected cases to the Communicable Disease Control Directorate without delay if an epidemic is anticipated, suspected, or in progress. b. Provide diagnostic pathology services for human, animal and environmental samples as relevant to the human epidemic. c. Facilitate communication with medical practitioners through the laboratory service network.
Public Transport Authority	a. To assist with the provision of transport for infected persons, their contacts and health staff, as required. b. Coordinate the use of public transport services at the request of the HMA. c. Provide a Liaison Officer to the Incident Support Group, if required.

Organisation	Response Responsibilities
Royal Flying Doctor Service	a. Coordinate and provide air ambulance services, if required and as appropriate, for the transport of infected individuals or other persons. b. Provide a Liaison Officer to the ISG, if required.
St John Western Australia	a. Provide an Ambulance Commander. b. Coordinate and provide ambulance services if required for the transport of infected individuals or other persons. c. Provide a Liaison Officer to the ISG, if required.
WA Police Force	a. Assist with isolation, quarantine and evacuation. b. Assist the road network owner with road traffic management where agreed. c. Provide a Liaison Officer to the ISG, if required. d. In the event of mass casualties, provide Disaster Victim Identification. e. Maintain public order where required.
Water Corporation	a. Responsibilities as outlined in State Emergency Management Plan Appendix E. b. Sample drinking water supplies for testing. c. Monitor the adequacy of waste water disposal. d. Provide alternative safe methods of waste water disposal if needed.

C4: Recovery Responsibilities

Organisation	Recovery Responsibilities
Department of Communities	a. Coordinate the emergency relief and support components of recovery for people affected by a human biosecurity emergency.
Department of Health	a. Engage and consult with peak Aboriginal health organisations. b. Coordinate the completion of an Impact Statement prior to the transfer of responsibility to a local government, where required. c. Provide health advice and support (including public information and clean-up plans as required) to the designated recovery committee. d. Provide a written report and/or participate in post-operation debriefs as required.
Department of Water and Environmental Regulation	a. Coordinate environmental monitoring until clean-up has been completed to an appropriate environmental standard or the site is managed to protect public health and the environment
Local Government	a. Manage the community recovery process, if required. b. Undertake community recovery activities, as required.

