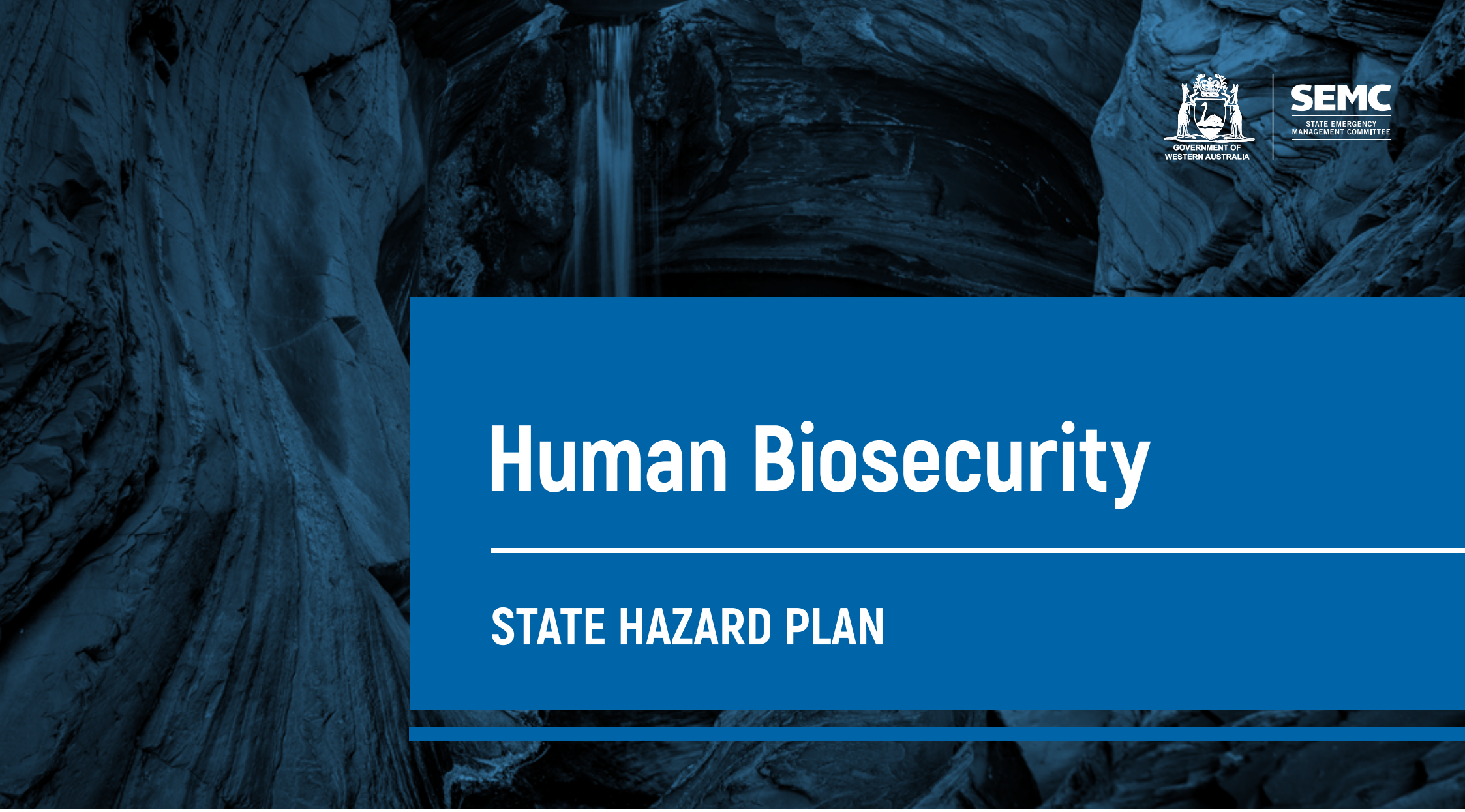

GOVERNMENT OF WESTERN AUSTRALIA

SEMC
STATE EMERGENCY MANAGEMENT COMMITTEE

Human Biosecurity

STATE HAZARD PLAN

RESPONSIBLE AGENCY
Chief Executive Officer,
Department of Health

APPROVED BY
State Emergency Management Committee

RESOLUTION NUMBER	17/2025
VERSION NUMBER	3.00
DATE OF APPROVAL	13 MARCH 2025
DATE OF EFFECT	27 MARCH 2025
REVIEW DATE	MARCH 2030

Contact Officers

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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 *Emergency Management Act 2005* and *Emergency Management Regulations 2006* 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
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

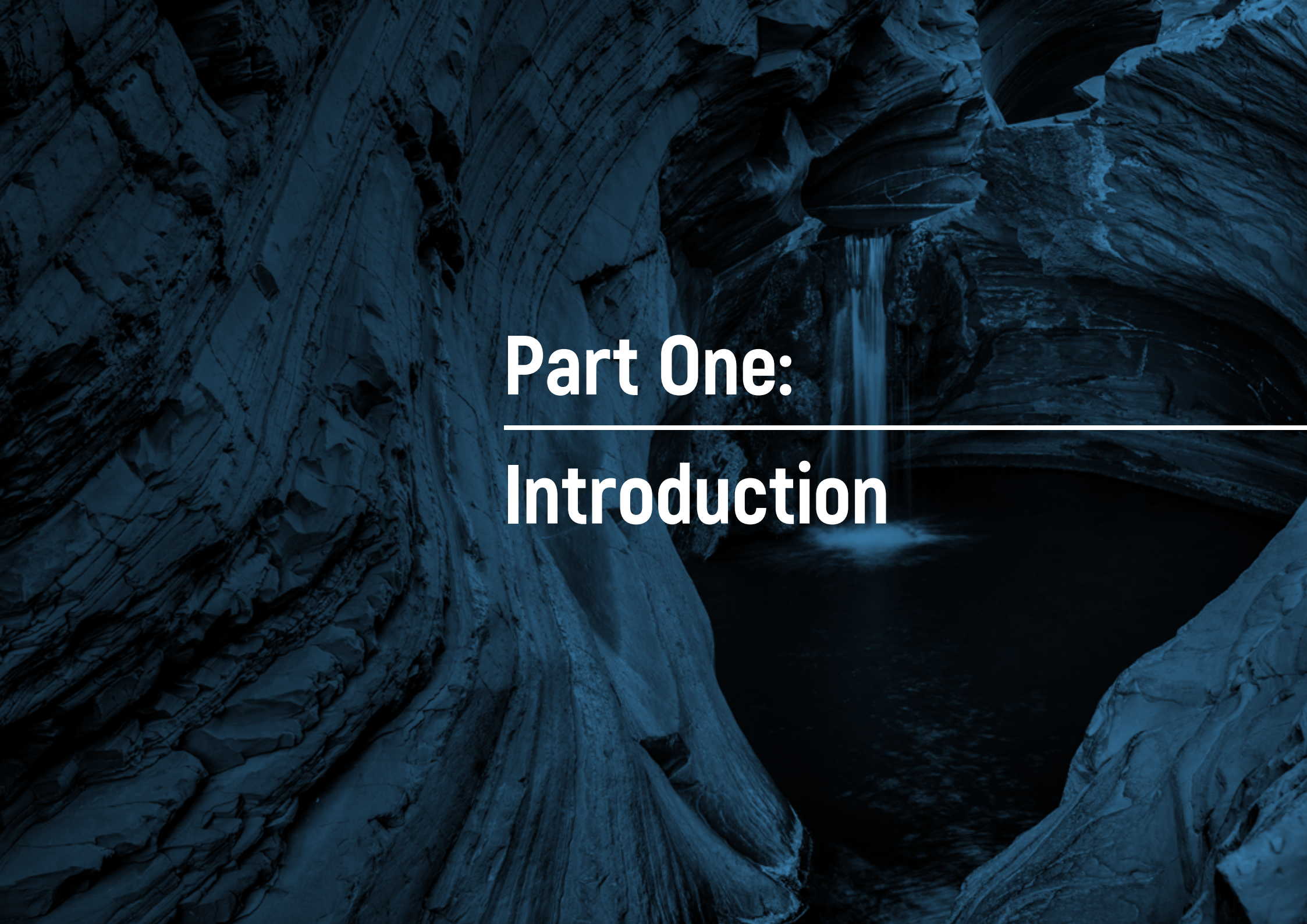
Date	Details	Amended by
October 2023	Version 2.02 - Consequential amendments approved by SEMC to reflect change in terminology from 'welfare' to 'emergency relief and support' and related terms (resolution number 77/2023) and statement of fact and accessibility amendments approved by the SEMC Executive 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
December 2024	Version 2.04 - SEMC approved an extension to the comprehensive review of the plan from December 2024 to March 2025 (resolution number 17/2024).	SEMC Business Unit
March 2025	Version 3.00 - Amendments approved by SEMC (resolution Number 17/2025) to reflect comprehensive review undertaken by the Department of Health in 2024. A summary of amendments is provided in the State EM documents amendments list March 2025.	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.

Contents



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 emergency in this Plan).

Collectively these hazards are referred to as human biosecurity.

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 provides directions to websites or other sources for supplementary information.

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.

For the avoidance of doubt, the Plan does not refer to **incidents** of which occurrence can often be handled within the routine resources and standard operating procedures of an organisation. An **incident** can escalate into an **emergency** if the situation worsens or exceeds the capacity of the initial responding resources, thus triggering the activation of this Plan.

The spectrum of human biosecurity also requires the consideration of epidemics and biological incidents that occur outside the WA boundaries. 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 common infectious disease outbreaks and epidemics (see section 4.3) or the deliberate use of chemical, biological and radiological substances (see section 1.1.1).

1.1.1 Chemical Biological Radiological (CBR)

Non-intentional acts resulting in biological emergencies are within scope of this Plan.

Intentional acts resulting in biological emergencies, and all chemical and radiological emergencies are out of scope for this Plan. These acts are typically referred to as 'CBR incidents' and 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.

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 *Emergency Management Regulation 2006* (EM Regulations):

Human epidemic (r. 15(g))

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 emergency would be naturally occurring and not the result of a 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)).

Throughout this Plan, this hazard is referred to as a biological emergency. A biological emergency, relevant to these arrangements, would not generally be the result of a intentional act. These arrangements may also need to be enacted to manage the consequences of an intentional biological release, if the release produces an ongoing infectious disease outbreak or epidemic.

1.3 Organisational Roles and Responsibilities

Under regulation 22 of the EM Regulations, 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 (see also section 1.1.1 and 4.8).

The Chief Health Officer (CHO) is a medical practitioner designated by the Minister under the *Public Health Act 2016*, who performs functions outlined in that Act. These functions overlap with emergency management and, where required in this Plan, reference is made to roles or responsibilities undertaken by the CHO. The officer designated as the CHO may also, in another capacity, undertake roles or responsibilities delegated by the HMA.

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

HMA/Controlling Agency roles and responsibilities for an epidemic emergency include:

- appointing an Incident Controller (IC)
- activating the Public Health Emergency Operations Centre (PHEOC)
- activating the State Health Incident Coordination Centre (SHICC)
- Commonwealth liaison and representation via the CHO
- State representation at the State Emergency Coordination Group (SECG)/ State Disaster Council.

HMA/Controlling Agency roles and responsibilities for a biological emergency include:

- appointing an IC
- activating the SHICC
- activating the PHEOC (if required)
- Commonwealth liaison and representation via the CHO
- State representation at the SECG/State Disaster Council.

Supporting agencies and organisations

Information regarding the roles and responsibilities of relevant agencies and organisations is in Appendix C.

Each agency and organisation with a role or responsibility under this Plan must develop 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 EM 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)
- Disaster and Emergency Management for Environmental Health Practitioners
- The WA Aboriginal Health and Wellbeing Framework 2015 -2030
- State Public Health Plan for Western Australia
- 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

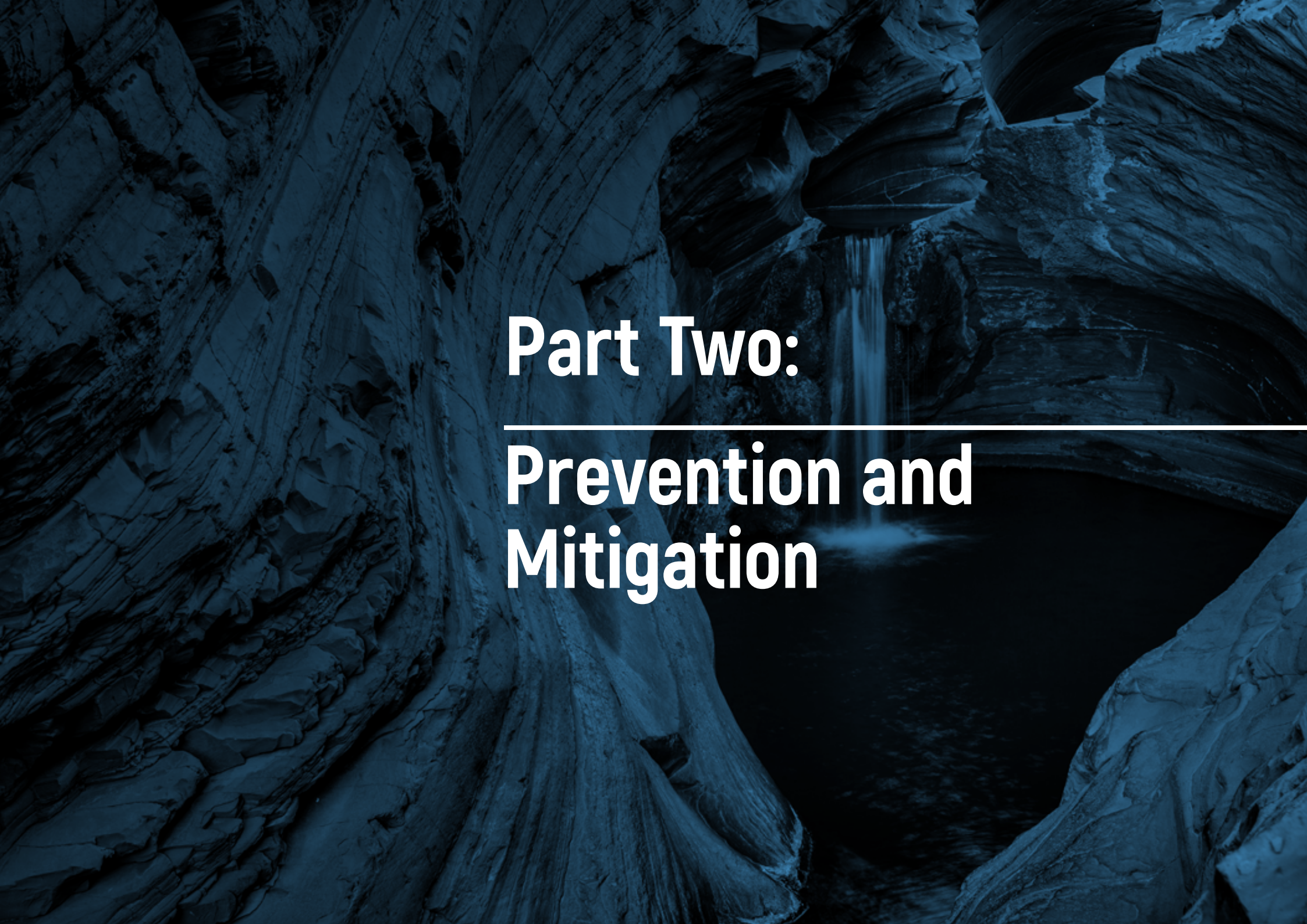
The WA health system engages with stakeholders from other jurisdictions to ensure a consistent approach to human biosecurity. The approach is guided by National Health Emergency Response Arrangements and the Health CBRN Plan. The Department of Health has a jurisdictional representative as a member of 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 (HEMC) 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 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.

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 and organisations 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[1]:

- environmental health programs to minimise risk of disease transmission, such as those designed to ensure provision of safe food and water, and effective waste management and sewerage systems
- immunisation programs against vaccine-preventable diseases
- vector control programs, which contribute to the prevention of 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 human 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 (including research facilities) which use biological materials, or any related equipment, that could be used to manufacture biological agents 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 aimed at minimising the impact of an epidemic by ensuring early and effective control of infectious disease cases and outbreaks.

Outbreak management involves the rapid organisation of known 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, affected individual, and outbreak circumstances.

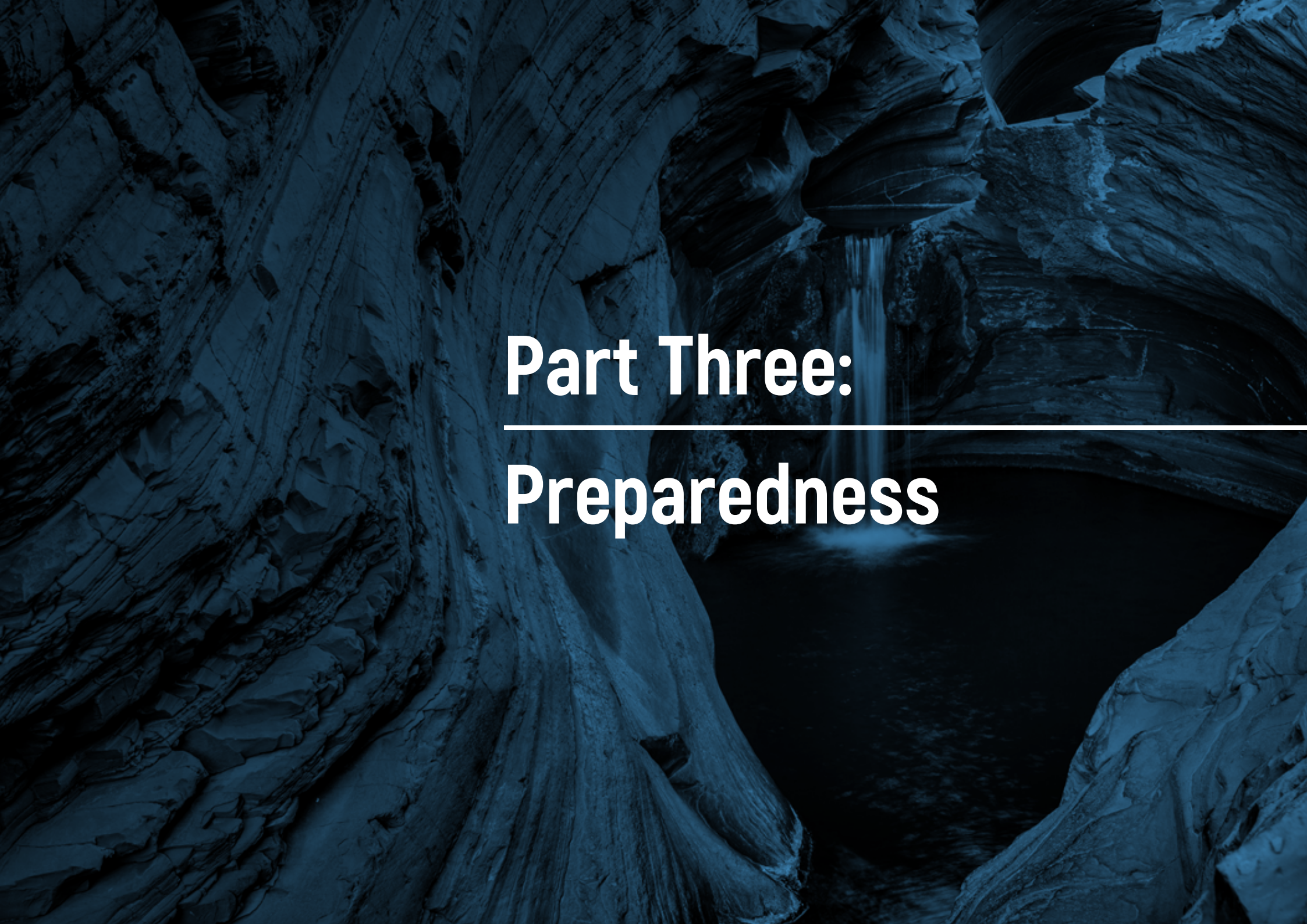
Local governments, critical service providers and agencies such as the Water Corporation, the Department of Primary Industries and Regional Development, the Department of Water and Environment Regulation, the Department of Biodiversity, Conservation and Attractions, to varying degrees and within their core business, monitor and undertake mitigation strategies 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 Public Health Regulations detail notifiable infectious diseases in WA and specify which are urgently notifiable.

Notes

1 Programs may be implemented in conjunction with other parties, such as local government environmental health officers, Aboriginal Community Controlled Health Services, general practitioners and pharmacists.



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 enhance emergency planning and preparedness for human biosecurity, agencies and organisations should establish a capability baseline to support responses to a human biosecurity emergency. This includes accounting for scenarios where the scale of the emergency significantly disrupts the implementation of their business continuity plans.

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 emergencies involving highly contagious pathogens that are not fatal to all that are infected such as:

- Commencing in 2019, COVID-19 rapidly spread from Wuhan, China, to the rest of the world. Although the pandemic was declared over in May 2023, in 2025 this pandemic of the SARS-CoV-2 virus is still affecting people worldwide. As of December 2024, over 777.1 million cases and 7.1 million deaths have been reported worldwide including almost 12 million cases and over 25,000 deaths in Australia.[2]
- The 2014–2016 Eboloa outbreak in West Africa was the largest since the virus was first discovered in 1976.[3] 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 and organisations 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, public utilities, and the broader functioning of society.

3.3 Planning and Arrangements

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

Many human biosecurity emergencies are inherently unpredictable in terms of their nature, duration, extent, and severity. This uncertainty arises due to various factors, including:

1. **Nature of the threat**: The specific pathogen or agent involved might be unknown or newly emerging (e.g., SARS-CoV-2 at the start of the COVID-19 pandemic).
2. **Transmission dynamics**: The way a disease spreads can vary widely and may change over time due to factors such as mutations, public behaviour, or environmental conditions.
3. **Intervention effectiveness**: The success of control measures like quarantine, vaccination, or treatment can depend on many variables, including resource availability, public compliance, and the speed of response.

Notes

2 World Health Organisation COVID-19 cases (data.who.int/dashboards/covid19).
3 Ebola outbreak 2014-2016 - West Africa (www.who.int/emergencies/situations/ebola-outbreak-2014-2016-West-Africa).

4. **Geographic and population impact**: The spread and impact can differ significantly depending on local demographics, healthcare infrastructure, and global connectivity.
5. **Secondary effects**: Emergencies often have cascading effects, including social, economic, and political consequences, which add to the unpredictability.

This inherent uncertainty underscores the need for flexible, scalable, and adaptable preparedness and response plans in human biosecurity strategies using a capability-based planning approach.

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

The IDEMP is an internal plan that describes how the WA health system prepares for, and responds 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 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.

3.3.1 At-Risk Groups

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

- people with certain health conditions or who are immunocompromised
- the very young and the very old
- women, particularity those who are pregnant
- people with complex and significant disability
- ethnic subgroups, groups with increased vulnerabilities to infectious diseases due to genetic variations (for example, African, Asian, Indigenous, Middle Eastern populations)
- people from culturally and linguistically diverse backgrounds
- people experiencing homelessness
- people living in remote communities
- people with mental health concerns or problematic substance use
- 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 governments, the not-for-profit sector and other relevant businesses, should develop plans to enable continued delivery of community support services, particularly those where greater needs or risks are anticipated. Such plans should encompass a broad range of needs fundamental to minimising the impacts of the emergency including accurate information, strategies to combat mis-/disinformation, food, income support, debt management, counselling, and other personal support needs. These plans should always safeguard the health of the responder.

3.3.3 Business, Industry, and Non-Government Organisations

Businesses and organisations need to ensure that their business continuity management plans and practices incorporate human biosecurity emergencies. Such emergencies may impact the availability of staff, and result in disruptions to the availability of supplies, materials and services. 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. These impacts may be prolonged.

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

3.3.4 Individuals and Households

Households should plan for human biosecurity emergencies by establishing how they can best prepare for a possible prolonged stay at home. The plan should ensure there is two weeks' supply of age-appropriate food and essential medications for all residents and pets, and at least 3 days' supply of stored/bottled drinking water. Additional planning is required for the needs of infants.

Western Australians are encouraged to discuss with their general practitioner and pharmacists their health needs and plan accordingly.

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.

Western Australians in shared living arrangements (such as aged care facilities, student accommodations, shelters, or detention centres), must prioritise minimising the risk of disease transmission while ensuring the well-being of residents. Key considerations include implementing clear protocols for early detection and isolation of infected individuals, ensuring access to personal protective equipment (PPE) for both residents and staff, and maintaining robust infection prevention and control measures. Emergency plans should address the logistical challenges of safely managing shared spaces, such as communal dining or bathroom facilities, and provide guidance for reducing overcrowding when necessary. Communication strategies must be established to inform and educate residents about risks and protective actions while considering language, cultural, and accessibility needs. Continuity of essential services, such as healthcare, food supply, and mental health support, is critical to ensuring that residents' needs are met throughout the emergency.

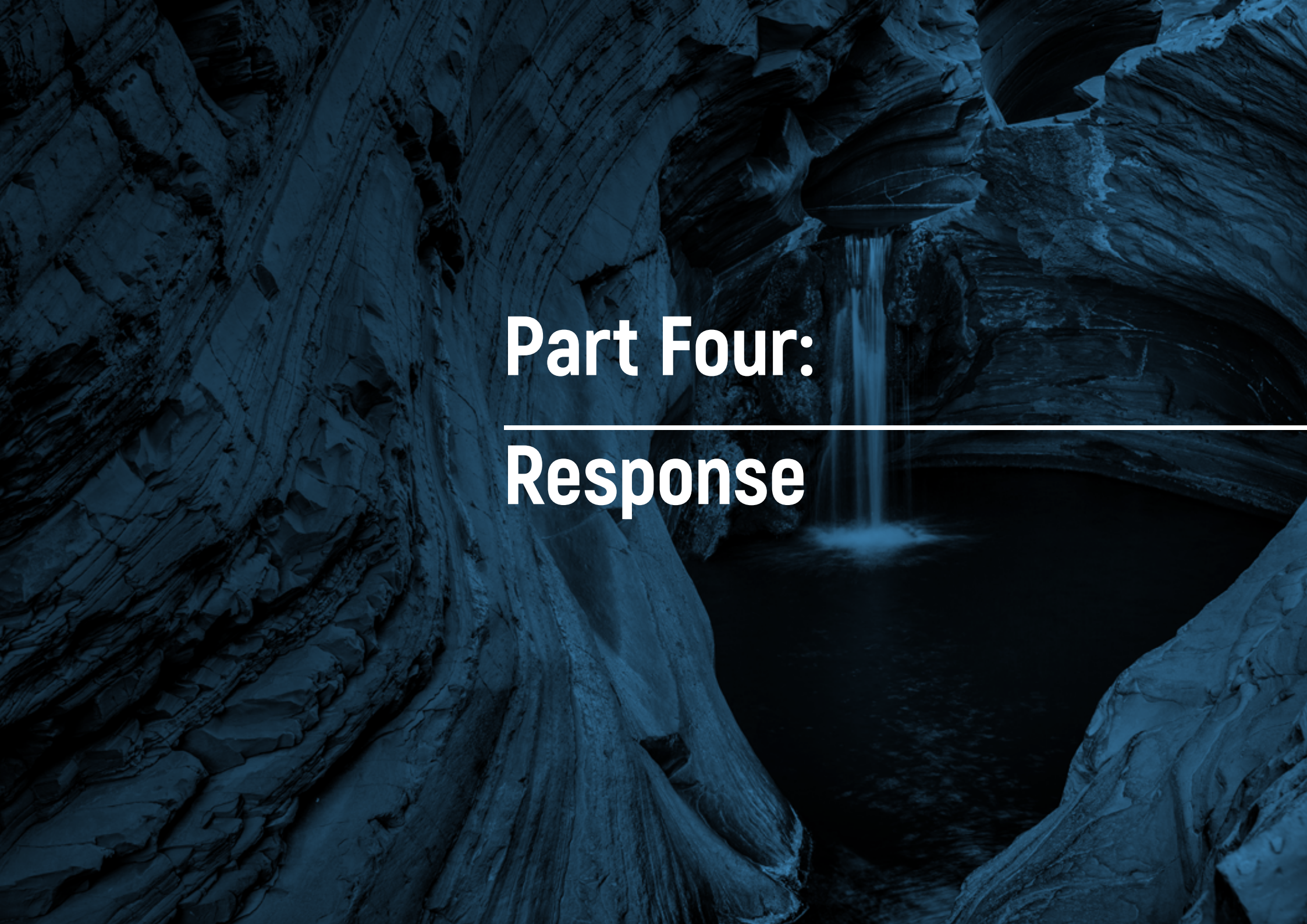
3.4 Community Information and Education

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

It is essential to include strategies to address misinformation and promote accurate, evidence-based messaging. This can involve proactive monitoring of misinformation trends, engaging trusted community leaders and influencers to disseminate reliable information, and providing clear, transparent, and consistent communication through multiple channels. Educational campaigns should emphasise critical thinking and media literacy to help individuals evaluate the credibility of information. Additionally, partnerships with social media platforms and local media outlets can be leveraged to amplify accurate messages and counteract the spread of false or misleading claims.

Where possible, education and resources should be developed in collaboration with the target communities, including schools.

Ensuring that communication materials are culturally appropriate, accessible, and available in multiple languages is also crucial for reaching diverse populations effectively. Input should be sought from the Culturally and Linguistically Diverse groups (CaLD), Aboriginal Health Council of WA (AHCWA) and Aboriginal Community Controlled Health Services (ACCHS) to ensure that culturally appropriate information is available to all communities across the State.



Part Four:

Response

4.1 Responsibility for Response

4.1.1 HMA and Controlling Agency

The HMA has responsibility for responding to epidemics and biological emergencies (see also sections 1.1.1 and 4.8). The Department of Health is also the Controlling Agency for the response to a human biosecurity emergency (Appendix C and section 5.1.2 of the State EM Plan).

4.1.2 Multiple Hazards

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

4.1.3 Agencies and Organisations

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

4.1.4 Inter-jurisdictional Coordination and Control

Issues effecting Western Australian borders may become significant in the event of a human biosecurity emergency that has been identified outside of Australia or within the other Australian 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 emergency, the HMA may request interstate assistance via the State Emergency Coordinator (SEC).

The provision of Australian Government physical assistance, (including through the Australian Government Crisis Management Framework) is dependent upon established criteria and requesting arrangements. All requests for Commonwealth physical assistance are to be made by the HMA in accordance with section 5.10 of the State EM Policy, section 5.6 of the State EM Plan, and State EM Procedure 4.20.

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 agencies and local government.

4.3 Response Arrangements

In the event of a human biosecurity emergency, the response will normally be activated in stages. If necessary, stages may be activated concurrently to accelerate the emergency response (see IDEMP).

The response arrangements outlined in this plan will not be activated for infectious disease outbreaks or epidemics identified through disease surveillance and reporting systems that can be effectively managed through routine procedures. These outbreaks are not necessarily considered

emergencies but are consistent with the definition of Level 1 incidents (see section 5.1.5 of the 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 imminent occurrence will require resources that exceed the existing capacity of health services, or when activation is otherwise required following consideration of the typical conditions for Level 2 and Level 3 incidents (see 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 of the 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 for Emergency Services under section 56 (1) of the EM Act, additional arrangements contained within section 5.4.2 of the State EM Plan will also apply.

4.3.1 Alert

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

4.3.2 Standby

This stage is activated when the HMA 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 Australian Health Protection Committee (AHPC).
- Initiate an Operational Area Support Group (OASG) (section 5.2.1 State EM Plan)
- Initiate an Incident Support Group (ISG) (section 5.1.7 State EM Plan).

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 will 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.
- 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 emergency. Such emergencies will be managed using a generic all-hazards approach. The Controlling Agency will appoint an Incident Controller (IC) to assess the extent of the emergency, determine objectives, and deploy resources using a graduated approach principle. Key considerations include, but are not limited to:

- Situation assessment and intelligence gathering
- Incident objectives
- Incident control structure, including the Incident Management Team (IMT)
- Safety risks and hazards
- Antidote or mechanism of treatment
- Pre- and post-exposure prophylaxis
- Patient cohorting and isolation requirements
- Hazardous biological waste management and disposal
- Decontamination protocols
- Communication and coordination with stakeholders
- Public communication and education strategies
- Legal, ethical, and regulatory considerations.

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 1800 434 122 (24 hour contact).

The HMA is responsible for notifying:

- the Minister for Health (WA)
- agencies and organisations 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

Timely and accurate 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. 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 emergency transfers to the WA Police Force (see section 4.8: Hostile or Terrorist Act Arrangements), responsibility for the coordination of public information will also 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 ease 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 in the coordination of comprehensive emergency relief and support services. These services may extend to individuals, their households, and others placed under home isolation or quarantine as part of the emergency response. The Department of Communities, in consultation with WA Health, will prioritise these services, ensuring tailored support for high-risk groups. WA Health, working with the Department of Communities and emergency relief and support partner agencies, will ensure a coordinated response to proactive measures aiming to mitigate psychological impacts and encourage help-seeking behaviour. Ongoing monitoring and community feedback will guide the adaptation and enhancement of these services throughout the emergency.

The Controlling Agency, in consultation with clinicians, public health officials and other stakeholders as appropriate (for example, local Aboriginal and CaLD leaders), will decide if, and when, isolation and/or quarantine of persons and closure of places is the best option 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 commence investigations.

If the emergency is indeed the result of a hostile act or terrorist act, the incident will be managed 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

If the Commissioner of Police, in consultation with the HMA, determines that a biological incident is 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 human biosecurity hazard when and 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 (DWER) will provide advice in relation to waste disposal and site mitigation actions that 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 Controlling Agency will develop a waste management plan in conjunction with local government/s and 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. Post-mortem risks will be communicated by the HMA if/when identified, but first responders should maintain situational awareness and apply a risk assessment when triaging calls advising of a death at home or elsewhere outside of a health facility, and when entering such premises to attend to the deceased.

Annex L of the SHERP and the Mass Fatality Mortuary Sub-Plan (Official Sensitive) provide guidance regarding management of a high number of 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 and organisations, 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:

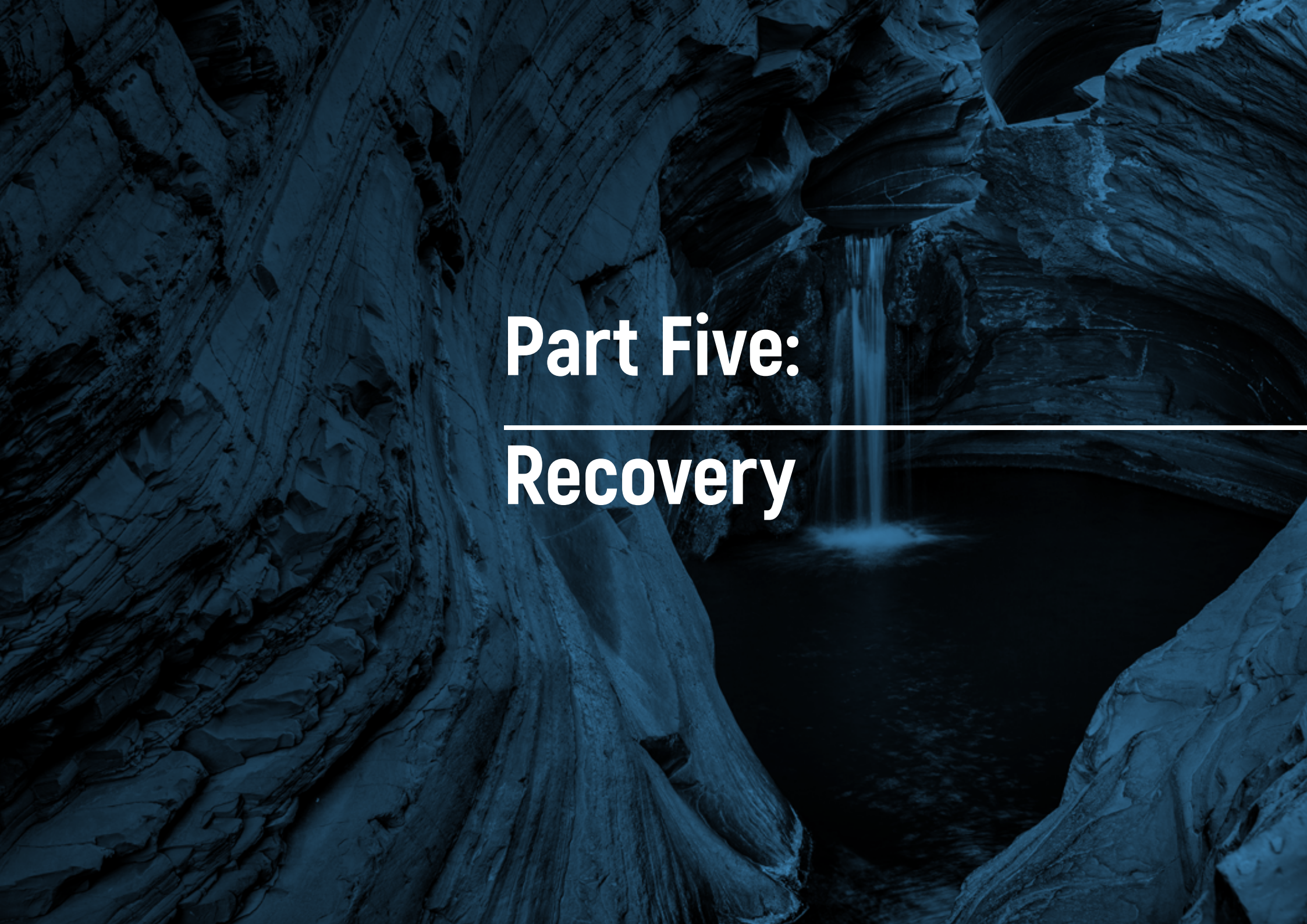
- legislative requirements for certification, including life extinct, cause of death and cremation
- provision of transit certificates for the repatriation of cadavers and human remains
- provision of post mortem services by PathWest
- provision of expert public health advice for management of infectious/ 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 HMA will:

- ensure that arrangements for recovery are in place
- advise the SEC
- notify members of the SECG (if established)
- notify staff and relevant 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 emergency for the SEMC.



Part Five:

Recovery

5.1 Features of recovery

The distinguishing features of a recovery from a human biosecurity emergency may include:

- Impacts from response measures:
  - Response control and management measures, such as population movement controls, mass vaccination programs, and quarantine requirements, may have widespread consequences for the community, beyond the direct effects of the hazard itself.
- Coordination of ongoing operations:
  - Response operations may be prolonged, requiring effective coordination with concurrent recovery activities.
  - Local recovery efforts may need to align with interstate and international operations following national or global emergencies.
- Capacity challenges for key agencies:
  - The Department of Health may have limited capacity and capability to fully participate in recovery activities due to the scale of response operations.
- Social and economic impacts:
  - Significant effects on health, psychosocial well-being, community cohesion, business operations, employment, and income are likely.
- Infrastructure and service disruptions:
  - Essential infrastructure, including healthcare facilities and utilities, may be strained or disrupted, requiring prioritisation during recovery.
- Supply chain resilience:
  - Recovery may face challenges related to disruptions in supply chains for critical goods, including food, medicine, and PPE.
- Support for vulnerable populations:
  - Recovery efforts must address the unique needs of culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples, and other vulnerable groups.
- Public health monitoring:
  - Continued surveillance is necessary to prevent a resurgence of the human biosecurity threat.
- Education and childcare:
  - Focused recovery efforts may be needed to restore normalcy in schools and childcare centres, addressing children's educational and emotional well-being.
- Legal, ethical, and environmental considerations:
  - Address legal, regulatory, and ethical challenges related to extended emergency measures and to manage environmental issues (such as contaminated water sources or waste generated by human biosecurity measures).
- Mental health support:
  - Provide expanded mental health and psychosocial services to address the long-term emotional and psychological impacts on individuals and communities.
- Financial support mechanisms:
  - Implement financial aid programs to support affected individuals and businesses and foster economic recovery.
- Community engagement and communication:
  - Maintain transparent communication with the public about recovery efforts, timelines, and progress to build trust and encourage participation.
- Evaluation and lessons learned:
  - Conduct evaluations to capture lessons learned during the emergency and integrate them into future preparedness and response strategies.

5.2 Responsibility for Recovery

The recovery process must begin at the onset of an emergency, running in parallel with response operations and potentially extending long after the response phase has finished.

The Controlling Agency is responsible for initiating and coordinating early recovery activities during the response phase (EM Policy section 6.2).

Following the emergency, local governments are responsible for managing recovery for the community in their districts (EM Act section 36(b)). The HMA is responsible for supporting communities during the recovery journey (EM Act section 4(3) and section 3).

The State Government will support local recovery through the provision of usual government services and arrangements by agencies.

Where recovery activities are beyond the capacity of the local community, or impact multiple communities across the state, the State will have an increased involvement in recovery including appointment of a state-level recovery coordinator or controller, establishment of a State Recovery Coordination Group and State Recovery Domains and deployment of state personnel and resources to plan and deliver recovery programs and activities.

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 managed by local governments.

5.3 Initiating Recovery

Early recovery activities will be initiated as soon as practicable during the response phase. This includes (but is not limited to):

- activating State Support Plans as required, in particular the Emergency Relief and Support Plan and, if required, the Animal Welfare in Emergencies Plan
- for all Level 3 incidents (and other incidents at the discretion of the Incident Controller) requesting the State Recovery Coordinator to nominate a representative to participate in the ISG, OASG, and Incident Management Team if required
- depending on the scale of the response event, consideration of whether the following additional coordination structures are required:
  - a coordination mechanism between response and recovery operations (for prolonged health emergencies)
  - regional/district recovery coordination structures
- requesting, as required, local government participation in the ISG and/or OASG.

5.4 Transition from Response to Recovery

The Controlling Agency will liaise with the local government(s) affected by the emergency and the State Recovery Coordinator to plan the transition of recovery coordination to local government. The Controlling Agency will liaise with the State Recovery Coordinator to advise on emerging impacts and recovery needs and the potential level of State involvement in recovery and state/national recovery coordination structures required. Issues that may be considered include appointment of a state-level recovery coordinator or controller and whether other state agencies should be requested to assist/coordinate recovery operations.

The nature of an epidemic and Western Australia's COVID-19 experience[4] 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 the State Hazard Plan's response arrangements have been activated.

Transition planning will include (but is not limited to):

- arrangements for the completion of an Impact Statement where one is required
- risk assessment and treatment plan to provide for safe community access to the affected area
- recovery roles and responsibilities
- arrangements for interface between response and recovery operations (in event that response operations will be ongoing for some time).

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.

5.4.1 Transition to Recovery - Biological Incident or Emergency

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. These roles and responsibilities will be articulated in a documented transition plan.

5.5 Recovery Operations

The Controlling Agency will attend initial meetings of the State and/or Local Recovery Coordination Groups, where invited, to assist with an understanding of context, impacts, risks and transition activities.

The Department of Health is a standing member of the Social and Environment State Recovery Domains where these are activated and will assist with identifying recovery needs and recommending a plan/program of recovery activities. This will include addressing issues such as:

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

The Mental Health Commission is also a standing member of the Social State Recovery Domain. Representatives from organisations within the WA health system may also be invited to participate on a relevant State Recovery Domain.

The WA health system may also be involved in delivering recovery programs or activities where these are related to specialised knowledge, expertise and existing services and programs.

5.5.1 Recovery Funding

Recovery from human biosecurity emergencies is not eligible for funding under the joint WA and Commonwealth Disaster Recovery Funding Arrangements.

The State Recovery Coordinator will liaise with local governments affected by the emergency to consider recovery funding needs and identify appropriate funding strategies.

Notes

4 Review of WA's COVID-19 Management and Response (p49), https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/review-of-was-covid-19-management-and-response.

5.5.2 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.

Appendices

Appendix A: Distribution List

This State Hazard Plan is available on the SEMC website. The agencies and organisations 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
- Department of Health (Commonwealth) representing Aboriginal Community Controlled Health Organisations
- Aboriginal Health Council of Western Australia
- Mental Health Commission
- Minister for Emergency Services (SEMC Business Unit to notify)
- Minister for Health (WA)
- National Emergency Management Agency (SEMC Business Unit to notify)
- Primary Care Networks
- 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 and Acronyms

Table 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 and, with some exceptions, are not duplicated in this Appendix. In addition, the following hazard-specific definitions apply.

Term	Definition
Agency	An agency as defined in the *Public Sector Management Act 1994*.
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.
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.

Term	Definition
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.
Pandemic	A pandemic is an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.
Public Health Emergency Operations Centre	Coordinates the public health response to an incident at the State level and supports the HMA. The PHEOC 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. Upon activation of the SHICC, the PHEOC functions are incorporated into the SHICC's structure.
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 *Health Service Act 2016* 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 system[5]	Western Australia's public health care system which comprises of: · the Department of Health (the system manager) · health service providers[6] · contracted health entities.

Notes

5 Section 19(1) of the *Health Services Act 2016.*
6 As established under section 32 of the *Health Services Act 2016.*

Table 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
DFES	Department of Fire and Emergency Services
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
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 Controlling Agency 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 and organisations should maintain appropriate internal plans and procedures in relation to their specific responsibilities, including business continuity.

Table C1: Prevention Responsibilities

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 **Role:** Support the Director General, Department of Health, in their role as the HMA	a. Maintain a proactive role in the prevention and mitigation aspects of human biosecurity hazards. b. Liaise with Commonwealth committees AHPC and CDNA. c. Engage and consult with peak organisations and other agencies with responsibilities for the overall support of individuals and groups who are particularly at risk or vulnerable to the effects of human biosecurity emergencies including, but not limited to, Aboriginal health, Aged Care, Disability sector. d. Provide guidance to local governments in managing local response. e. 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. f. Maintain the State medical stockpile and, to the extent located in WA, the National Medical Stockpile.

Organisation	Prevention Responsibilities
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.
Department of Education	a. Integrate human biosecurity education into school curricula to promote awareness and informed behaviours. b. Implement hygiene and waste management programs to reduce the spread of diseases. c. Collaborate with public health agencies to develop and align preventative measures with international standards. d. Provide ongoing training for educators and staff to stay updated on human biosecurity protocols. e. Engage the community through awareness initiatives to encourage preventive practices among families and local groups. f. Develop risk communication strategies to teach early identification and reporting of human biosecurity threats. g. Emphasise proactive measures to address vulnerabilities and prevent potential threats from escalating.
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.
Primary Health Networks (Primary care health practitioners)	a. Educate the public on hygiene, vaccination, and early symptom reporting. b. Promote and administer routine vaccinations to maintain herd immunity. c. Monitor and report unusual illness patterns to public health authorities. d. Build trust and communicate regularly with communities to encourage preventive behaviours. e. Provide accurate information to combat misinformation and reduce fear. f. Coordinate with public health agencies on preventive strategies. g. Implement infection control protocols in healthcare settings and train staff. h. Identify and prioritise vulnerable populations for targeted prevention measures.

Table C2: Preparedness Responsibilities

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	a. 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. b. Integrate disaster risk reduction management (DRRM) programs into school curricula to build resilience among students and staff. c. Foster awareness and understanding of human biosecurity issues through education and training initiatives. d. Enhance knowledge of human biosecurity measures by embedding relevant content into educational programs. e. Collaborate with Department of Health to align preparedness efforts with broader human biosecurity strategies. f. Develop training programs for staff and students to ensure readiness for human biosecurity emergencies. g. Equip schools with resources and guidelines to respond effectively to potential human biosecurity threats. h. Promote community-wide preparedness by engaging families and local stakeholders in human biosecurity education. i. Conduct regular drills and simulations to test and improve emergency response plans.
Department of Health **Role:** Support the Director General, Department of Health, in their role as the HMA	a. Comply with the HMA responsibilities for preparedness as stated in State EM Plan sections 4.1, 4.4 and 4.5. b. Maintain the PHEOC and SHICC, including associated policies, procedures and business continuity arrangements, in a state of readiness. c. 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. d. Engage and consult with peak organisations and other agencies with responsibilities for the overall support of individuals and groups who are particularly at risk or vulnerable to the effects of human biosecurity emergencies including, but not limited to, Aboriginal health, Aged Care, Disability sector.

Organisation	Preparedness Responsibilities
Local Government	a. 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).
Primary Health Networks (Primary care health practitioners)	a. Serve as the first point of contact for patients during health crises. b. Engage in training and planning for human biosecurity emergencies, including developing protocols for infection control. c. Educate the public about infectious disease prevention and preparedness. d. Build trust within communities to encourage symptom reporting and healthcare utilisation. e. Establish and maintain communication channels with public health authorities for coordinated responses. f. Participate in public health campaigns, such as vaccination readiness and awareness initiatives. g. Prepare to balance routine healthcare services with emergency demands.

Table 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.

Organisation	Response 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 Communities	a. Assist with the emergency relief and support response to a human biosecurity emergency. 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 and OASG, if required.
Department of Education	a. Provide information and communication: Assist school leaders, staff, students, and parents with clear and accurate human biosecurity-related information. b. Support health services: Facilitate the use of school facilities for mass vaccination, medication distribution, or other health services. c. Implement disease control measures: Assist with home isolation, home quarantine, and other relevant control strategies. d. Enhance educator capacity: Provide training to educators to equip them with the skills to manage human biosecurity threats effectively. e. Use schools as community hubs: Disseminate information and resources to the broader community through schools during crises. f. Promote preparedness: Encourage staff and students to adopt protective measures during human biosecurity emergencies. g. Monitor and report threats: Identify and report human biosecurity risks to relevant authorities to support effective management and containment. h. Enable effective liaison: Identify a Department of Education liaison person to ensure two-way communication with WA health system representatives. i. Provide liaison officers: Support inter-agency communication by assigning liaison officers to the ISG and OASG, as required. j. Foster sector-wide collaboration: Work with the Catholic Education Office and the Association for Independent Schools in WA to ensure a unified approach within the education sector.

Organisation	Response Responsibilities
Department of Fire and Emergency Services (DFES)	a. At the direction of the HMA, undertake incident specific site control functions. b. Assist ChemCentre personnel with respect to contaminated site entry, sample collection and agent identification. c. Facilitate contaminated site entry for ambulance personnel to undertake patient triage, treatment and rescue. d. Undertake mass decontamination procedures, as required. e. Provide a Liaison Officer to the ISG and OASG, if required.
Department of Health **Role:** Support the Director General, Department of Health, in their role as the HMA	a. Act as Controlling Agency for human biosecurity emergencies in accordance with the EM Act, Part 5 of State EM Policy, and Part 5 of State EM Plan. b. Activate the PHEOC and SHICC as appropriate. c. Appoint an IC. d. Activate OASG/ISG meetings as required. e. Liaise with Commonwealth committees such as the CDNA and AHPC regarding response and other measures. f. Engage and consult with peak organisations and other agencies with responsibilities for the overall support of individuals and groups who are particularly at risk or vulnerable to the effects of human biosecurity emergencies including, but not limited to, Aboriginal health, Aged Care, Disability sector. g. Provide technical and scientific advice regarding the human biosecurity emergency, including, if required, specific advice during concurrent emergencies. h. Provide guidance to local governments in managing local response. i. Activate the SHERP if required. j. Provide advice on potential dangers to public health and actions to be undertaken to mitigate the hazard effects. k. In conjunction with local health facilities, dispatch disease control teams as appropriate. l. Deploy resources from the Disaster Contingency Warehouse. m. Develop clean-up or waste management plans specific to the emergency.

Organisation	Response Responsibilities
Department of Health (continued)	n. Provide technical advice for the management of infected/contaminated deceased persons. o. In conjunction with agencies, develop public information and clean-up plans as required. p. Co-ordinate the distribution and use of the State and National Medical Stockpiles in Western Australia. q. Support Australian Government border control and quarantine measures. r. Engage with the State Recovery Coordinator to determine whether state-level recovery arrangements will be implemented. s. Contact DFES and seek assistance from the HAZMAT Emergency Advisory Team (HEAT) as required. t. Request resources be supplied by participating combat agencies. u. Consult with other agencies and organisations, including DFES, St John Western Australia and WA Police Force as required, to ensure incident specific site control functions are assigned to the appropriate agency.
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. Manage animal biosecurity risk and contain the spread of infectious diseases in animal stock which may be transmissible to humans, consistent with state and national arrangements and the State Hazard Plan – Animal and Plant Biosecurity. c. Provide and/or assist in the acquisition of technical support and expert veterinary advice, resources and services. d. Provide a Liaison Officer to the ISG and OASG, if required.
Department of Water and Environmental Regulation	a. Provide advice on minimisation of impacts on the environment, including containment, confinement and clean-up, decontamination, minimisation of waste, and waste disposal. b. Provide a Liaison Officer to the ISG and OASG, if required.

Organisation	Response Responsibilities
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 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.
Primary Health Networks (Primary care health practitioners)	a. Diagnose and treat illnesses promptly to mitigate disease spread. b. Communicate effectively to encourage timely symptom reporting and care-seeking behaviors. c. Address patient anxiety and misinformation to prevent healthcare avoidance. d. Support the implementation of public health measures, such as vaccination campaigns and quarantine protocols. e. Adapt clinical practices to meet the demands of the evolving health crisis, even under stress and resource constraints. f. Provide mental health support to patients, addressing psychological impacts of the emergency. g. Collaborate with healthcare teams and authorities to ensure coordinated and effective responses.

Organisation	Response Responsibilities
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 ISG and OASG, if required.
Royal Flying Doctor Service	a. Coordinate and provide air ambulance services, if required and as appropriate (see sections 4.3.3, 4.11 and 3.3.3 of this Plan), for the transport of infected individuals or other persons. b. Provide a Liaison Officer to the ISG and OASG, if required.
St John Western Australia	a. Activate incident command structure. b. Provide an Ambulance Commander. c. At the direction of the HMA, undertake incident specific site control functions. d. Where requested and available, provide trained and equipped ambulance services for infected individuals. e. Provide a Liaison Officer to the ISG, OASG, SHICC and PHEOC if required. f. Liaise with Public Health Units regarding specialist ambulance response actions.
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 and OASG, 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. Work with HMA to undertake wastewater sampling as required.

Table 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 Education	a. Assess the impact of human biosecurity emergencies on educational institutions and identify areas for improvement. b. Implement strategies to rebuild and strengthen human biosecurity measures within schools. c. Revise curricula to incorporate lessons learned from past human biosecurity incidents. d. Promote continuous education and training to maintain awareness and readiness among staff and students. e. Engage with public health agencies and stakeholders to ensure alignment of recovery efforts with broader community goals. f. Foster a culture of human biosecurity awareness by integrating preventive and resilience-building practices into daily school activities. g. Support the mental and emotional recovery of students and staff through counselling and wellness programs. h. Collaborate with local communities to rebuild trust and strengthen connections for future preparedness. i. Evaluate recovery efforts to ensure long-term sustainability and resilience in the face of future human biosecurity threats.
Department of Health **Role: Support the Director General, Department of Health, in their role as the HMA**	a. Commence recovery activities during the response phase in accordance with Part 6 of the State EM Policy and Part 6 of the State EM Plan. b. Support communities during the recovery journey. c. Arrange for the completion of an Impact Statement where one is required. d. If required, engage and consult with peak organisations and other agencies with responsibilities for the overall support of individuals and groups who are particularly at risk or vulnerable to the effects of human biosecurity emergencies including, but not limited to, Aboriginal health, Aged Care, Disability sector. e. Provide health advice and support (including public information and clean-up plans as required) to the designated recovery committee. f. Participate in post-operation debriefs, including provision of a written report, as required.

Organisation	Recovery Responsibilities
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.
Primary Health Networks (Primary care health practitioners)	a. Continue to provide mental health support for patients and healthcare workers, addressing post-crisis psychological impacts. b. Evaluate and adapt healthcare practices based on lessons learned during the crisis. c. Rebuild public trust and restore routine healthcare services while maintaining preparedness for future emergencies. d. Support public health initiatives aimed at long-term recovery, including follow-up vaccination campaigns and health screenings. e. Contribute to research and documentation of the emergency response for future reference and improvement.