

PUBLIC HEALTH

*Emergency Management
Sub Plan*



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Acronyms, abbreviations and glossary

This section includes a list of acronyms and abbreviations for organisations, positions and terms used in the Public Health sub-Plan.

A comprehensive list of emergency management acronyms, abbreviations and a glossary can be found in the *Emergency Management Manual Victoria, Part 7*.

Organisations

AIEH	Australian Institute of Environmental Health
ARCV	Australian Red Cross Victoria
CFA	Country Fire Authority
DOH	Department of Health
DPI	Department of Primary Industries
DSE	Department of Sustainability and Environment
EMA	Emergency Management Australia
EPA	Environment Protection Authority
ERGP	Eastern Ranges GP Association
MFESB	Metropolitan Fire and Emergency Services Board
WorkSafe	WorkSafe Victoria (Victorian WorkCover Authority)

Positions and terms

ECC / ERCC	Emergency Coordination Centre set up at the municipal level (MECC) and Emergency Response Coordination Centre set up at the divisional level (DERC) and state level (SERC).
EHO	Environmental Health Officer
EMMV	<i>Emergency Management Manual Victoria</i>
ERCs	Emergency Relief Centre/s
Public Health Services	The Public Health Services team of a municipal council with responsibility for the Public Health sub-Plan.
Emergency management personnel	Employees and volunteers of the council or other agency, with roles in emergency management.
MECC	Municipal Emergency Coordination Centre
MEMPlan	Municipal Emergency Management Plan
MEMPC	Municipal Emergency Management Planning Committee
MERC	Municipal Emergency Response Coordinator (Victoria Police)
MERO	Municipal Emergency Resource Officer
MOH	Medical Officer of Health
MOU	Memorandum of Understanding
MRM	Municipal Recovery Manager

MPHP	The Municipal Public Health Plan (Community Wellbeing Plan), prepared by a Council under Section 29B of the <i>Health Act 1958</i> .
MPHEMPlan	Municipal Public Health Emergency Management sub-Plan
partners	Other municipalities or agencies that have established agreements with the municipality to provide support in an emergency.
practice notes	Specific instructions describing how an activity included in an SOP is conducted (can include fact sheets, references)
Public Health Officer	An EHO or MOH employed by a municipal council, or DOH.
SOPs	Standard Operating Procedures
public health emergency	In this Public Health sub-Plan, public health emergency will be taken to mean an emergency event (such as flood or fire) that causes actual or emerging public health risks and/or an emergency where a public health risk is the basis of the emergency (such as water contamination).
registered premises	Premises registered with the Council under the <i>Health Act 1958, Food Act 1984, Residential Tenancies Act</i> .
REHO	Regional EHO employed by DoH.
Executive Officer Public Health	Officer with responsibility for leading EHOs and other officers within the Public Health Services team.

Introduction

In any emergency event, public health risks or incidents can add to the hazards confronting the community and emergency personnel. Plans must be prepared in advance to enable such risks to be effectively eliminated or mitigated.

The Shire of Yarra Ranges Public Health Emergency Management sub-Plan (Public Health sub-Plan) is a component of the Shire of Yarra Ranges Municipal Emergency Management Plan (MEMPlan). It exists and operates within the context of Commonwealth, State and municipal emergency management arrangements.

This Public Health sub-Plan links with Council's Strategic Framework and its 2007 - 2011 Council Plan. Other Shire of Yarra Ranges' plans include the Community Wellbeing Plan 2007 - 2010, Domestic Waste Water Plan (to be developed) , Pandemic Plan, Heatwave Strategy, Departmental business plan, and the Public Health Service Charter.

This Plan may also operate in conjunction with the regional and/or State Public Health Plans, without activation of other local arrangements.

The Public Health sub-Plan records local public health emergency management arrangements which include notification, identification of available resources and specific instructions as to how resources will be used.

To ensure an effective and timely response to public health emergencies, Shire Staff with roles and responsibilities in municipal emergencies have a comprehensive knowledge of the Public Health sub-Plan. This includes the appropriate training of public health officers and their participation in the planning process which are included in this sub-Plan.

The following recent example demonstrates the success of a collaborative effort to ensure public health and safety is maintained. Poor water quality in the Upper Yarra region during July 2007 required joint action from the Shire of Yarra Ranges and Yarra Valley Water. Local water supply contamination due to low water levels and water turbidity in the Upper Yarra water catchment area resulted in the requirement for residents and businesses to boil all drinking water. Signage was installed at all public toilets, sporting and recreation reserves and all standpipes on road reserves were locked and signage put in place. Regular checks were conducted to ensure signage remained in place and water boiling messages were disseminated through Yarra Valley Water and letters to Sporting and Recreation clubs.

Others include operational responses to recent flu pandemic (Winter 2009) which required the Public Health Team to support the State Department of Health in the monitoring of quarantined persons.

It is suggested that the Public Health sub-Plan is read in conjunction with the MEMPlan and the *Emergency Management Manual Victoria* (EMMV).

Authority

The Public Health sub-Plan of the MEMPlan was developed as per the *Emergency Management Act 1986* approved by the Municipal Emergency Management Planning Committee.

Public Health Officers and other personnel with roles and responsibilities in emergency management have been authorised by Council through their appointment and delegation of legislated functions and powers of Council.

Municipal officers delegated with this authority include officers holding any of the following positions (or equivalent):

- Executive Officer Public Health Services (or Deputy);
- Environmental Health Officers (EHOs);
- Administration Officers;
- Immunisation Officer;
- Immunisation Nurses; and
- Contracted immunisation Doctor.

The Executive Officer Public Health Services, EHOs and other Public Health staff have the following included their position descriptions under the key responsibilities to:

The Executive Officer - Public Health Services – *Participate in emergency management and disaster recovery processes as requested by the Municipal Recovery Manager at the time.*

EHOs - *Take an active role and provide an appropriate Public Health response as designated in the Medical Sub Plan of the Shire of Yarra Ranges Emergency Management Plan.*

Administration staff – *Participate in emergency management and disaster response and recovery processes as requested by the Public Health Sub-Plan Co-ordinator*

Immunisation Nurses – *Participate in emergency management and disaster recovery processes as requested by the Municipal Recovery Manager at the time.*

Additional staff support

Officers other than trained EHO's employed by the Council may also be authorised to perform specific public health functions.

Additional external staff support

MOU's may be developed with other agencies (i.e. other Councils) to provide operational support may also be authorised to perform specific public health functions.

Officer powers legislation

Key legislation covering functions, powers and authorisations of public health officers includes the following Acts and regulations:

- *Local Government Act 1989*;
- *Public Health and Wellbeing Act 2008 and its Regulations*;
- *Food Act 1984*;
- *Environment Protection Act 1970*; and
- *Emergency Management Act 1986*

The *Emergency Management Manual Victoria* describes Victoria's emergency management arrangements and includes the following:

- Introduction to the Emergency Management Arrangements;
- State and Regional Emergency Management Planning;
- Guidelines for Municipal Emergency Management Planning;
- State Emergency Response Plan;
- State Emergency Recovery Plan;
- Emergency Management Agency Roles;
- Appendices and Glossary; and
- *Emergency Management Act 1986*.

Aim

Through the development and implementation of the Public Health sub-Plan, the Shire of Yarra Ranges will provide and coordinate public health services to protect the health of emergency affected persons through a range of services that are designed to prevent the incidence of infectious diseases, safeguard the environment and enhance quality of life in the community.

Purpose

The purpose of the Public Health sub-Plan is to provide for the development and implementation of public health emergency management arrangements. It outlines the municipality's arrangements for the operational management of public health functions and responsibilities and therefore provides the mechanism for escalation of every day operations in the event of an emergency.

The Public Health sub-Plan will be used by personnel who provide public health support to the municipality in an emergency, such as Environmental Health Officers, the Immunisation Team and external service providers and suppliers, such as neighbouring municipalities, medical teams and DOH.

People employed by the municipality who have responsibility for implementing the Public Health sub-Plan are expected to have a thorough understanding of emergency arrangements *before* an emergency arises.

The Public Health sub-Plan will be used as a training tool, to develop staff skills and understanding.

The contents of this Plan aim to contribute to an efficient emergency response in situations of potential, imminent or actual public health risks.

Scope

The Public Health sub-Plan describes local arrangements for public health emergency management and addresses the following risk areas:

Risk Area	Management Actions
Food safety	Supervising food handling and hygiene practices, inspections of food providers, examining donated food disseminating general food safety advice.
Drinking water safety and security	Monitoring, sampling of drinking water (mains, tank, other) and recommend intervention programs. Monitoring and inspections to ensure safety and effectiveness of programs.
Infectious disease control; (including: flu pandemic)	Investigations into suspected water or food borne illness. Including, sampling, surveys, inspections. Conducting mass vaccination programs.
Emergency shelter and temporary accommodation (caravans etc.)	Support and advice to providers on the siting, drinking water and wastewater requirements.
Waste collection and disposal;	Monitoring and inspections. Support and advice to providers on the adequacy of collection and disposal.
Wastewater management; (including: emergency toilets and ablution facilities)	Monitoring and inspections. Support and advice to providers on safe and effective wastewater treatment and disposal.
Vermin and vector control;	Monitoring and inspections. Support and advice to providers on safe and effective control programs.
Disposal of dead stock and other animals	Supervising removal and disposal on location of stock/animals – private or public property. Monitoring and inspections. Support and advice to contractors on safe and effective disposal.
Pollution of water, land and air; and	Monitoring, inspections, sampling. Support and advice to agencies on safe and effective control programs.

Public health risks and issues specific to the Shire of Yarra Ranges are addressed and also include risks associated with bushfire, storm, landslip, heatwave and flu pandemic.

The Public Health sub-Plan applies to emergencies that are a direct consequence of a natural event, such as flood and wild fire, and other emergency events, such as disruption to essential services, major accidents, chemical spills or terrorist activity. It can also be used as a guide for the Shire's support role in specific public health emergencies. It applies to specific settings such as Emergency Relief Centres, where public health risks need to be managed.

The Public Health sub-Plan includes key internal and external contacts, activation and communication procedures and the roles and responsibilities of Municipal Public Health Officers and other external agencies providing public health and related services in an emergency. It covers planning, training of staff and available resources.

Standard operating procedures (SOPs) and Role Statements address some key activity areas and are supported by fact sheets, practice notes and instructions, where necessary.

Planning

Outlined below are key public health emergency management planning processes and arrangements for preparing the municipality for a public health emergency.

Risk management process

A risk management approach was used in the development of this Public Health sub-Plan. A summary of the process and the identified public health risks is outlined in **Appendix A page 40 or MEMPlan**.

Reference material and information used in the development of the approach included:

- key data, geographic and demographic information relating to public health in the municipal district;
- established public health prevention strategies, services and programs;
- information about public awareness and education campaigns and other action taken to increase community resilience; and
- learnings from previous public health emergency incidents and knowledge about emerging or eminent risks

Prevention strategies

The municipality protects public health through ongoing prevention strategies , services and programs;. However, in the emergency management planning process, new prevention strategies have been identified for development and implementation.

The municipality's plan to develop and implement strategies to eliminate and/or reduce potential or actual public health emergency risks has been recorded in the Community Wellbeing Plan 2007 - 2010, is within operational plans and guidance material such as the Pandemic Plan and the Heatwave Strategy and actions contained in the Departmental annual business plan. Specific guidance material relating to bushfire response and recovery activities is available on the Council website.. These strategies have been recorded in **Appendix B page 41**.

Community resilience

The public health risk management process identified public health risks that could be eliminated or controlled by an informed and resilient community.

Strategies for building a community that is resilient to public health emergency risks have been identified for development and implementation and are recorded in the Community Wellbeing Plan 2007 - 2010, for example the immunisation program and inspections of food and health businesses. Operational responses are inherent in the role that public health team and EHO's undertake on a daily basis. They include: responses to food and water borne illness, such as;. a recent water contamination in Upper Yarra where information was provided to the local community highlighting the necessity to boil all water prior to consumption. A copy of the strategies has been recorded in **Appendix B page 41**.

Training

Training of EHOs is essential component, and will assist effective and more efficient outcomes in relation to public health emergencies.

A training plan to contribute to the development and maintenance of emergency management skills, knowledge and competencies for municipal officers is attached at **Appendix C page 42**.

Exercises

Exercises conducted by the municipality in conjunction with other agencies enhance the training of emergency management personnel and allow for the testing of emergency arrangements.

EHO's participate in relevant exercises arranged by the municipality and other agencies, in accordance with the MEMPlan and are rotated through the annual emergency exercise conducted by the Shire.

EHO's participate in the annual inspection and tour of sites dedicated for Emergency Relief Centres.

Public Health sub-Plan

This Public Health sub-Plan has been developed to assist with the management, mitigation and abatement of public health risks in an emergency.

Public Health sub-Plan Coordinator and Deputies will participate on the Municipal Emergency Management Planning Committee (MEMPC) meetings for November and February each year during the Bushfire season. Representatives will be recorded in the MEMPlan. Representation will:

- promote an understanding of public health emergency management issues, roles, responsibilities and the emergency capacity of the municipal public health department;
- contribute to the establishment and maintenance of effective working relationships with all relevant emergency management personnel; and
- contribute to a better understanding of existing and future interagency capacity.

Development

The Public Health sub-Plan is part of the Planning, Building & Health Directorate response to managing public health emergencies. It was adopted by Council and was developed by the Public Health Services, in consultation with the Municipal Emergency Management Planning Committee and other internal and external personnel with roles and responsibilities in local emergency management arrangements.

Review

The Public Health sub-Plan will be reviewed by the Public Health sub-Plan Coordinator prior to the Bushfire season and updated as follows:

- at least annually;
- following any emergency event involving activation of the Public Health sub-Plan; and
- following a briefing or exercise that identifies issues in the Public Health sub-Plan.

A record of amendments and/or version control will be maintained, as per MEMPlan.

Distribution

Relevant sections of the Public Health sub-Plan will be distributed in September each year to the following emergency management personnel:

- MERO;
- MRM;
- DOH REHO;
- Other internal or external personnel, where appropriate; and
- Public Health sub-Plan Deputies.

Contact directories will not be distributed with the Public Health sub-Plan, other than as described in the section titled *Contact directories*. A distribution register is located at **Appendix D page 43**.

Resources

The municipality will maintain personnel, equipment and services in preparation for public health emergency management activities.

Resources, maintenance procedures and schedules are listed in **Appendix E** page 44.

Equipment

Personal Protective Equipment (PPE)

Equipment for the personal protection of municipal staff in an emergency will be organised prior to an emergency. Council has a responsibility to ensure that all PPE meets legislative Occupation Health & Safety requirements and relevant Australian Standards.

PPE will not vary greatly from that which is required by an EHO performing their normal duties and is currently carried in all vehicles available to EHOs.

Public Health Emergency Kit – pg 45

This list includes a range of items that may be required to perform public health tasks.

Communication systems

It is preferable that normal communication arrangements are continued during an emergency. All Public Health staff carry mobile telephones with them at all times as part of their usual business practice. Some situations may necessitate the use of alternative arrangements, such as two-way radios. As improved communication systems become available they will be investigated.

Transport

Arrangements for transport, including after hours arrangements, have been developed in conjunction with the MERO, and other council policies. The Executive Officer Public Health has use of a vehicle at all times, EHOs and the Immunisation Officer have pool vehicles for dedicated use.

Maintenance

Equipment maintenance is included in review of the sub-Plan. This will ensure that the contents of kits are in good working order and in appropriate quantities.

External resources and suppliers

A list of resources available from external suppliers is contained in the MEMP contact directory INFCOMM (as part of the public health contact directory). The list includes the contact details for suppliers and will be checked at least annually and following a public health emergency event or incident. The check will include the following:

- appropriateness of listed resources
- accuracy of supplier contact details
- capacity to supply the listed resources, including quantities and potential time-lines for supply
- any other details that will assist timely resource delivery, including information on formal service agreements or contract arrangements.

Their contact details are in the Public Health Directory - **Appendix F page 48**

Contractors

Local agencies (external) and municipal departments have confirmed that they have systems in place to address public health risks within their area of responsibility and they have the ability to respond and/or assist in an emergency.

Their contact details are in the Public Health Directory - **Appendix F page 48**.

The roles and responsibilities of external agencies are recorded in the EMMV.

Public information resources

Public information resources can help to address the range of public health risks identified by the risk management process.

While generic public information will be available from control agencies, basic *specific* local information will be developed in consultation with control agencies and Community Relations as required.

These public information resources are listed in **Appendix G page 54**.

See the *Dissemination of public information* section.

Memorandum of Understanding (MOU)

Any partnerships that have been developed between the Shire of Yarra Ranges and other resource providers for the purpose of supporting the Shire's Public Health Services department in emergency planning, preparation, response and recovery functions and activities should be formalised through MOUs, or other official documents. Informal arrangements are in place with the Eastern Metropolitan Councils of Knox, Maroondah, Manningham, Whitehorse, Monash and Boroondara to provide EHO's . This is a reciprocal arrangement with the Shire of Yarra Ranges. assistance was provided to Yarra Ranges by all of the Councils in the region during the February 2009 Bushfires. An example of an MOU currently used by the Shire is provided in **Appendix M page 106**.

Public health emergency management responsibilities

Municipal

During a natural emergency event such as wildfire (bushfire), flood, storm or landslip, the critical public health risks are identified and the appropriate response and mitigation measures are activated.

The tables below summarise the Shire’s Public Health responsibilities in an emergency. The Emergency Management Manual Victoria is the most up to date resource for roles and responsibilities of any agency.

These tables are neither exhaustive nor exclusive. Activities will be determined by the nature of the emergency and the incidents and circumstances arising from it.

Table 1: Emergency incidents—municipal public health responsibilities

Emergency Incidents	Responsibilities
<p>Natural emergency event</p> <p>Examples:</p> <ul style="list-style-type: none"> • wildfire • flood • storm • landslip 	<p>Identify critical public health risks. Refer to <i>SOP Guidelines for managing public health risks in an emergency in Appendix J</i>.</p> <p>Take appropriate immediate action to manage and control critical public health risks.</p> <p>Conduct post-impact assessment of public health risks in the community, including damaged housing and registered premises.</p> <p>Provide the affected community with information and advice.</p> <p>Communication with other agencies.</p> <p>Oversee and inspect public health aspects of rebuilding and re-development.</p> <p>Support relevant agencies with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>

Emergency Incidents (cont)	Responsibilities
<p>Essential service disruption</p> <p>Includes:</p> <ul style="list-style-type: none"> • gas • electricity • water 	<p>Conduct investigations and field inspections to identify and assess public health risks associated with all commercial, community and domestic properties.</p> <p>Communication with other agencies.</p> <p>Support relevant agencies with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>
<p>Contaminated food</p> <p>Includes:</p> <ul style="list-style-type: none"> • biological • chemical • physical 	<p>Support control agency in the investigation and management of food related incidents. This may include:</p> <ul style="list-style-type: none"> • food sampling • assistance with food recalls • assistance with outbreak or illness investigations <p>Support relevant agencies with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>
<p>Contaminated drinking water</p> <p>Includes:</p> <ul style="list-style-type: none"> • biological • chemical • physical 	<p>Support control agency in the investigation and management of drinking water contamination incidents.</p> <p>Liaise with the local water authority regarding its implementation of protection strategies, which may include facilitating/supplementing/replacing the supply, disinfection and/or distribution of new water supplies.</p> <p>Support water authority with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>

Emergency Incidents (cont)	Responsibilities
<p>Gastrointestinal illness outbreak</p> <p>May include gastro-intestinal illness in fire management camps and staging areas.</p>	<p>Liaise with emergency caterers during set up of ERC to ensure the safe preparation, handling and storage of food.</p> <p>Support control agency in the investigation and control of gastrointestinal illness outbreaks. This may include:</p> <ul style="list-style-type: none"> • obtaining samples • assistance with food recalls • assistance with illness investigations <p>Support relevant agencies with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>
<p>Other infectious disease outbreak</p> <p>Examples:</p> <ul style="list-style-type: none"> • Vector-borne disease such as Murray Valley Encephalitis • Legionnaires disease • Endemic disease • Zoonotic disease (animal to human) 	<p>Support control agency with the distribution of approved warnings, information and advice to the community and by implementing protection strategies.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>
<p>Vaccine-preventable illness/disease outbreak</p> <p>Examples:</p> <ul style="list-style-type: none"> • Meningococcal disease • Hepatitis A • Measles • Pandemic influenza 	<p>Support control agency in the conduct of vaccination sessions. This may include:</p> <ul style="list-style-type: none"> • locating or providing suitable vaccination venues • assistance with coordinating vaccination sessions, including the collection of clinical data; • providing refrigeration and storage areas • receiving vaccines and equipment • providing personnel • providing waste management facilities <p>Support relevant agencies with the distribution of information and advice to the community and Shire staff.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>

Emergency Incidents (cont)	Responsibilities
<p>Emergency incident arising out of a mass gathering event</p>	<p>Liaise with the first aid agency to provide specialist advice.</p> <p>Support control agency in the investigation and management of emergency incidents.</p> <p>Support control agency with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p>
<p>Hazardous materials incident</p> <p>Examples:</p> <ul style="list-style-type: none"> • fires and explosions with hazardous materials (such as asbestos) • soil contamination • industrial chemical spills or releases (HAZMAT incidents) • disposal of toxic wastes • spills or releases in domestic premises 	<p>Support relevant agencies with the distribution of information and advice to the community.</p> <p>Liaise with Community Relations in the development of information and media releases.</p> <p>Provide advice on the disposal of hazardous materials and toxic waste.</p>
<p>Other public health risks</p> <p>Includes infectious diseases, incidents involving water and other biological incidents.</p> <p>Examples:</p> <ul style="list-style-type: none"> • blue-green algae • wastewater treatment and septic tanks • recycled water • rainwater tanks 	<p>Support control agency in the investigation and control of incidents.</p> <p>Distribute information and advice to the community after liaising with Community Relations in the development of information and media releases.</p> <p>Coordinate the implementation of protection strategies, this may include:</p> <ul style="list-style-type: none"> • development of messages for signage • installation of temporary signs and warnings • conducting interim actions • establishing a task force

Emergency Incidents (cont)	Responsibilities
Radiological incident Examples: <ul style="list-style-type: none"> • transport of industrial and medical materials • waste disposal 	Support control agency with the distribution of information and advice to the community. Liaise with Community Relations in the development of information and media releases.
CBR (chemical, biological, radiological) incident Examples: <ul style="list-style-type: none"> • chemical warfare agents (such as nerve and blister agents) • intentional release of biological agents (such as anthrax and smallpox) • exposure to an intact radiological source • 'Dirty bomb' explosion containing radiological substance 	Support control agency with the distribution of information and advice to the community. Liaise with Community Relations in the development of information and media releases.

Table 2: Emergency circumstances—municipal public health responsibilities

Emergency Circumstances	Responsibilities
Emergency Relief Centres	Inspect, monitor and ensure the protection of public health in Emergency Relief Centres. Manage public health aspects of donations, including material aid and food. Liaise with the Relief Centre manager for all health related matters.
Catering	Inspect, monitor and supervise safe food storage and handling.
MECC and other coordination centres	MEPH sub-Plan Coordinator to liaise with the MECC and other coordination centres. MEPH sub-Plan Coordinator or Deputy to attend the MECC when activated and maintain a physical presence for the duration of the MECC being open.

Emergency Circumstances (cont)	Responsibilities
Establishing a community Recovery Committee	<p>Participate as a member of the community recovery committee.</p> <p>Assist with identifying, developing and implementing public health strategies. Note: Strategies may be linked to the Municipal Public Health Plan, the Community Safety Plan, or other corporate planning process.</p> <p>Gather and feed back information to the MERO and/or MRM for the information of other appropriate response agencies.</p>

Table 3: Medical Support —municipal public health responsibilities

Medical Support	Responsibilities
Emergency Relief Centres	<p>MEPH sub-Plan Coordinator or Deputy to activate St John's Ambulance to attend the Emergency Relief Centre. Should an escalated response be required St John's Ambulance will activate the Metropolitan Ambulance Service (MAS).</p> <p>Coordinate the placement of medical staff at the relief centres in accordance with formal arrangements with the Eastern Ranges General Practice.</p>
<p>Other medical assistance</p> <p>Examples: Infectious disease outbreak CBR incident Radiological incident Food contamination Water contamination</p>	<p>As the control agency the MAS conduct all medical responses.</p> <p>Support the control agency by providing local contacts for medical services eg Eastern Ranges GP Association.</p>

External agencies

Information on the control and support roles of agencies is contained in the *Emergency Management Manual Victoria, Part 6*. Local arrangements, including the local roles and responsibilities of control and support agencies, are contained in the MEMPlan.

Appendix H page 54 contains a more detailed outline of the public health role and responsibilities of DOH.

Notification

The following personnel, or their deputies, will be notified of emergency incidents and circumstances that require (or may require) activation of the Public Health sub-Plan:

- Public Health sub-Plan Coordinator or nominated Deputy;
- MERO;
- MRM; and
- DOH (REHO).

Activation

Emergency management arrangements are in place at all times. Arrangements are scaled up or down according to the incident. Operational activities in the Public Health sub-Plan will be initiated by the Public Health sub-Plan Coordinator or nominated Deputy:

- at the request of MERO;
- at the request of MRM;
- after consultation with DOH; or
- following consultation with the MERO, if the Executive Officer Public Health considers it appropriate.

The alert, standby and deployment phases may occur concurrently.

Alert

Once the Public Health sub-Plan Coordinator or nominated Deputy is notified or alerted to the emergency, they will:

1. Notify the MERO, DOH REHO or MRM.
2. With such assistance as required, assess emergency information.
3. Alert and brief relevant Municipal Public Health Officers (and other officers as appropriate). Line managers should also be informed of the notification/alert.
4. Alert and brief neighbouring municipalities and any partners.

The Public Health sub-Plan Coordinator or nominated Deputy will remain contactable until further notice.

Standby

The Public Health sub-Plan Coordinator or nominated Deputy will:

1. Receive and assess information indicating that public health emergency management activity may be required.

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2. Brief relevant Public Health Officers and other officers and place them on standby.
 3. Keep in contact with officers and stakeholders on alert (including the DOH Regional EHO), to keep them informed of the current situation.
 4. Receive and conduct update briefings with officers on standby.

Resource requirements will be reviewed as situation reports are received.

Officers placed on standby may be asked to report to a central location such as a coordination centre, depending on the situation.

Officers on standby will prepare themselves and make ready all resources required and be capable of immediate response.

Deployment

The Public Health sub-Plan Coordinator or nominated Deputy will:

1. Activate Public Health Officers, support agencies and other officers to conduct field assessments, manage and control public health incidents and/or risks, in accordance with briefings and relevant SOPs.
2. Remain in communication with the MERO and attend any briefings. The MERO will be advised of any staff deployed to the field.
3. Remain in contact with activated officers, manage tasks, communicate new information, monitor resources and monitor officers' wellbeing.
4. Communicate with officers and agencies who have been placed on alert and/or standby, to keep them informed of the current situation.
5. Manage rosters, stand-down of officers and activation of others, as required.
6. Purchase additional supplies (as required) for the emergency. This will be done in accordance with procedures established by the MERO, including the keeping of financial records.
7. Arrange for additional human resources (including requesting resources from support agencies) and further escalation of emergency arrangements, if required.
8. Facilitate communication of appropriate information to the public.
9. Constantly assess available information on the situation, to ensure that response to the emergency and/or recovery activity is appropriate.

Stand-down

In an ongoing emergency, rostered staff may be stood down temporarily from deployment, but will remain on standby.

Once it is clear that public health emergency response is no longer required, all staff and partners on alert, standby or deployment will be stood down from emergency response activities.

Rostering for recovery activities may continue.

Escalation

Where the resources required to satisfactorily complete a task are beyond the municipality's capacity, the Public Health sub-Plan Coordinator or nominated Deputy will seek additional resources, in accordance with established arrangements or agreements.

Requests for support should be made as early as possible.

The Public Health sub-Plan Coordinator or nominated Deputy will liaise with the MERO and then the REHO regarding the need for additional resources.

Supplies will be purchased in accordance with arrangements established by the MERO, including the keeping of appropriate financial records.

Communication management

Briefings

Briefings should take place as soon as possible, once the most immediate facts are available. Initially, only limited information may be available, but ongoing briefings will take place during the emergency.

Public Health Officer briefings will include:

- a situation report, including the nature of the emergency, its location and severity;
- emergency management arrangements, including which agency is the control agency for the emergency and which support agencies are known to be activated;
- the nature and extent of public health risks;
- how the public health risks are to be managed;
- details of any partners on alert, to provide support if required; and
- operational roles and responsibilities of the officers, including:
 - key tasks to be performed by each officer;
 - SOPs to apply;
 - task locations;
 - key timings;
 - resources and supplies to be utilised, including personal protective equipment; and
 - arrangements to ensure the Public Health sub-Plan Coordinator or nominated Deputy and other officers remain in contact.

Once briefed, the Executive Officer will gather information to enable an initial assessment of public health risks.

Debriefings

The purpose of an emergency operational debrief is to highlight effective actions and any issues that arose during the emergency.

At the conclusion of an emergency event, the Public Health sub-Plan Coordinator or nominated Deputy will debrief all Public Health staff involved in the emergency.

The Public Health sub-Plan Coordinator or nominated Deputy may then attend and contribute to a multi-agency debrief.

The Public Health sub-Plan will be reviewed and updated as a result of debrief outcomes.

Personal debriefings must be undertaken in line with council policies.

Municipal Emergency Coordination Centre (MECC)

Depending on the nature and extent of the emergency, the MECC may be activated. In a large-scale emergency impacting on more than one municipality, Divisional or State response coordination centres may be activated.

The Public Health sub-Plan Coordinator or nominated Deputy will be required to attend or communicate regularly with the MECC.

Liaison

The Public Health sub-Plan Coordinator or nominated Deputy will liaise with internal and external emergency management personnel including the MERO, DOH Regional EHO, other sub-Plan Coordinators, partners and resource suppliers throughout the emergency to:

- gain information required to assess and manage public health risks;
- impart information required by emergency management personnel;
- request support; and
- keep relevant personnel up-to-date with public health issues being managed in the emergency.

Communication with field officers

Relevant information from the field will be passed to the MERO for the information of other emergency management personnel and the media.

Information management

During an emergency, tasks and activities must be accurately documented to ensure that all public health emergency issues and tasks are identified and attended to appropriately.

These records will assist in the evaluation and review of the Public Health sub-Plan.

Register of public health incidents/complaints

This register includes issues raised from any source — internal officers, external agencies and the community. Information to be captured includes name, date and time, contact details and an outline of the public health issue.

Task register

The Public Health Task Register summarises public health emergency tasks, to whom and when the task was allocated and when it was completed. This will enable the Executive Officer to reconcile allocated and completed tasks.

Incident/complaint pro forma

The *pro forma* is to be used by the EHO as a tool to record information regarding the task.

Completed *pro forma* will be returned to the Executive Officer as soon as practicable.

Pro forma for records are attached at **Appendix J page 70**.

Disseminating information and warnings

Warnings

Warnings should be used under specific circumstances where community action is necessary to protect lives, property or the environment.

The Public Health sub-Plan Coordinator or nominated Deputy will liaise with DOH and/or the control agency and may assist in the development and distribution of public health warnings.

Warnings should contain the following:

- explanation of the situation;
- what people need to do; and
- where to get further information.

See also Media and Community sub-Plan of MEMPlan.

Public information

Contact details for further information should be supplied with any distributed public information.

Various public information formats may be useful for distributing approved information and advice to the community.

Consideration must be given for culturally and linguistically diverse populations, and other isolated and vulnerable communities.

Fact sheets

DOH has developed various fact sheets for emergencies with public health consequences.

The Executive Officer Public Health will liaise with the REHO regarding access, development, approval and distribution of suitable information.

Any release of public information must be done in conjunction with council's or the DOH Media sub-Plan.

A list of currently available DOH fact sheets is attached at **Appendix G page 52 & 53** – Public information resources.

In an emergency, key information may be placed on the DOH website front page.

Municipal public health information sheets

Public health sheets or bulletins developed by the municipality are attached at **Appendix G page 49**. (*Food premises affected by flood*)

Notices

Notices may need to be distributed and displayed in prominent places for communicating messages about public health precautions that should be taken by the community, following an emergency event.

Newsletters

Existing newsletters produced by the municipality or other community organisations may be used to distribute information and promote ongoing messages and public health precautions.

Community meetings

Public health officers will attend community meetings to provide information and assess ongoing public health needs.

Websites

The Public Health sub-Plan Coordinator or nominated Deputy will liaise with the municipal media and communications representative, to establish web links to relevant agencies and for other useful information appear on the municipality's web pages.

Role statements

The following range of functions represents the respective roles that may need to be performed in an emergency.

Executive Officer Public Health Services

In an emergency, the Executive Officer Public Health Services (or Deputy) will manage municipal public health response and recovery activities and resources. This role includes the following functions:

- receive and record information on the specifics of the incident;
- identify and assess public health risks;
- advise and consult with the MERO and MRM;
- assume the role of Municipal Public Health sub-Plan Coordinator in the MECC (or other ECC that has been established);
- advise Public Health Services line managers and brief personnel;
- liaise with and request support, or arrange for additional external resources (if needed) from partners, DOH and other relevant agencies;
- prioritise and organise operational activities, including:
 - allocation of tasks to staff;
 - coordination of rosters;
 - resource management; and
 - staff communications.
- ensure EHOs operate in accordance with SOPs;
- use procedures and systems established by the MERO to monitor and record expenditure;
- facilitate the distribution of public health information to the community
- attend municipal/community recovery meetings; and
- give consideration to individual staff who may need to attend to their own personal situation.

Refer to Appendix I pg 62 – for detailed position descriptions

Municipal Public Health sub-Plan Coordinator

In an emergency, the Executive Officer Public Health Services (or Deputy) will assume the role of Municipal Public Health sub-Plan Coordinator in the MECC (or other ECC established). The role may be delegated to another public health officer.

The Municipal Public Health sub-Plan Coordinator represents the functional area of municipal public health emergency management in the MECC or other ECC. The person undertaking this role must be able to make clear decisions. Functions of the role include:

Refer to Appendix I pg 62 – for detailed position descriptions

Environmental Health Officer (EHO)

In an emergency, the EHO will undertake public health response and/or recovery activities:

- deputise for the Executive Officer Public Health;
- carry out any functions delegated by the Executive Officer or the MERO;
- attend briefing sessions with the Executive Officer Public Health;
- operate in accordance with SOPs; and
- perform activities consistent with the public health emergency responsibilities of the municipality.

Refer to Appendix I pg 64-68 – for detailed position descriptions

Medical Assistance

In an emergency, the medical assistance provider will:

- provide technical advice and support to the Executive Officer Public Health and to other emergency management personnel;
- attend briefing sessions with the Executive Officer;
- attend the Emergency Relief Centre to provide medical care to affected people and emergency management personnel;
- operate in accordance with SOPs; and
- liaise with the Incident Controller responsible for the State Health Emergency Response Plan (SHERP)

Refer to Appendix J pg - for SOP – Medical Assistance provided at Emergency Relief Centres.

Other municipal personnel

Authorised officers and other municipal personnel may include technical officers, immunisation nurses, administration officers and staff resources seconded from other departments in particular local laws, municipal rangers and building surveyors.

In an emergency, authorised officers and other municipal personnel may perform the following functions:

- support Public Health Services emergency activities;
- operate in accordance with SOPs; and
- brief the Executive Officer on issues arising during the emergency.

Public health emergency contact directories

Contact details for internal staff, external agencies and suppliers and other council health departments are included in the MEMPlan.

After hours contact details for the Executive Officer Public Health and their Deputy are provided to:

- the MERO, for recording in the MEMPlan; and
- the DOH REHO, for recording in the Regional Public Health Emergency Management Plan.

The Executive Officer Public Health and their Deputy will keep a separate list of after hours contact details for environmental health staff.

Standard Operating Procedures (SOPs)

Ongoing development of SOPs will take place to ensure that all identified public health risks are appropriately addressed.

The need for practice notes will vary depending on the level of experience, knowledge and skill of the Public Health Officer.

The Executive Officer Public Health will be responsible for the:

- development and approval of SOPs
- provision for work practice notes
- review of SOPs.

SOPs will be reviewed with the Public Health sub-Plan annually in September to ensure they are kept up-to-date and that all identified public health risks can be managed appropriately in an emergency, specifically a bushfire.

The Standard Operating Procedures (SOPs) have been developed to assist Public Health Officers in emergency preparedness, response and recovery activities. The following SOPs are contained in **Appendix K page 66**.

- **Health Officer activities at Emergency Relief Centres** **pg 67**
- **Medical Assistance at Emergency Relief Centres** **pg 74**
- **Post-impact Assessment Following an Emergency** **pg 77**
- **Guidelines for Managing Public Health Risks in an
Emergency** **pg 79**
- **Assessing Emergency Affected Housing** **pg 94**
- **Emergency Relief Centre Venues** **pg 99**

Appendices

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Appendix A Risk management process

The assessment of public health risks for the MEPH sub-Plan is discussed during the overall emergency management planning risk assessment for the Shire during the audit of the Shire's MEMP. As part of this process the MEMP is tested with emergency exercises conducted in spring each year.

The public health risks are based on every day public health issues on an escalated scale and include public health risks associated with:

- Wildfire/Bushfire
- Flood
- Landslip
- Storm
- Flu pandemic

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Appendix B Prevention and community resilience strategies

Prevention Strategies

Operations

A range of prevention strategies are implemented during the course of everyday public health business operations and include:

- education strategies (food handling, storage and preparation, private drinking water supplies);
- inspection of food and health registered premises;
- food sampling, seizure and destruction;
- inspection of home business premises, for example, Hairdressers; and
- signage warning people of contamination, for example, boiling of drinking water
- disease preventable vaccines provided to the public at immunisation sessions
- Resolution of public and environmental health complaints through negotiation, mediation and enforcement processes.

Plans/Strategies

Health related strategies and plans aligned with Vision 2020 and the Council Plan outline how the Council responds health issues within its area of responsibility and capacity. These include:

- Wellbeing Plan
- Domestic Wastewater Management Plan
- Heatwave Strategy
- Pandemic Plan

While these plans are not specifically related to an emergency event, they serve to document ways to prevent the risk of disease and illness in the Community.

Appendix C Public Health Emergency Management Training Plan

All staff participates in a range of training opportunities such as conferences, workshops, seminars and the annual municipal emergency exercise. Training is an organic process and this training table will be completed annually. A more detailed plan will be considered if necessary during the review of the MEPH sub-Plan.

Name and position of Deputy	Mt Macedon Emergency Management	Annual Exercise	ERC Tour

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Appendix D Distribution register

Name and position	Item/version distributed	Forum for distribution	Date of distribution
September 2007			
MERO			
MRM			
DOH REHO			
EO Public Health			
EHO			
September 2008			
MERO			
MRM			
DOH REHO			
EO Public Health			
EHO			

Appendix E Municipal public health resources

Personnel

Positions	Maintenance (policies, procedures and schedules)
<ul style="list-style-type: none"> • Executive Officer Public Health • Environmental Health Officer • Administration Officer • Immunisation Officer • Immunisation Nurses & Contracted Doctor • Maroondah Council – EHOs 	<ul style="list-style-type: none"> • Vacant positions will be filled without delay • Position descriptions include emergency management responsibilities • A Deputy will be nominated to perform the emergency management functions • Other Council staff through agreed arrangements to provide back-up assistance and support

Equipment — Personal Protective Equipment (PPE)

Item	Number / officer	Maintenance (policies, procedures and schedules)
<p>The following items are included in personal protective equipment kits and are stored in Environmental Health Officers' vehicles:</p> <ul style="list-style-type: none"> • Public Health sub-Plan, including internal contact directory • Tabard / Safety Vest (compliant with Australian Standard) – PUBLIC HEALTH • Car fridge • Sharps container • Sampling containers, bags and labels • Dust mask • Gloves (safety/latex) • All weather jacket • Gum boots • Safety boots • Disposable overalls • Fire blanket and water bottle • Alcohol wipes/sanising hand gel • Thermometer (raytech) • Drainage dye • Tape measure • Large plastic storage boxes • Towel • Garbage bags • First aid kit • File/folder for forms & handouts • hearing protection • sun screen and hat • identification / authorisation • street directory or map of area • torch, spare batteries & bulbs • faecal pots • seizure book • sample tape • digital camera • 		<p>To be reviewed in conjunction with OH&S representative</p> <p>Must comply with relevant Australian Standards</p> <p>Equipment will be checked at least annually and following a public health emergency event.</p> <p>Maintenance will include:</p> <ul style="list-style-type: none"> • reviewing the required equipment • ensuring each officer has the required equipment ready • ensuring equipment is in good working order • arranging for immediate repair or replacement of faulty equipment • ensuring required servicing is performed in accordance with the manufacturer's recommendations.

Equipment — Communications

As improved communication systems become available they will be investigated for implementation.

Item	Maintenance (policies, procedures and schedules)
<p>Each Public Health officer is always equipped with:</p> <ul style="list-style-type: none"> • mobile phone • long-life battery • mains power recharger • car recharger. 	<p>At each vehicle and phone change over:</p> <ul style="list-style-type: none"> • Ensure that compatible hands free kits are fitted in vehicles. • Ensure that office and vehicle chargers are compatible and are working effectively. • Ensure mobile phone batteries are always charged and working effectively. <p>New mobile phones have been disseminated for use and provide superior coverage – 3G network.</p>

Equipment — Transport

Item	Maintenance (policies, procedures and schedules)
<p>The following vehicles are available for use by the Public Health Services in an emergency:</p> <ul style="list-style-type: none"> • EO Public Health has private use of their vehicle • Each Environmental Health Officer has a pool vehicle for dedicated use • The Public Health Services team has dedicated pool car which is used for the provision of immunisation services. 	<p>At least annually and following each issue of a new vehicle to a public health officer:</p> <ul style="list-style-type: none"> • Ensure vehicles are serviced and maintained in accordance with the manufacturer’s recommendations • Ensure that vehicles are fitted with compatible mobile phone kits • Ensure that officers can refuel vehicles 24 hours per day, 7 days per week

Appendix F Public health contact directory

Environmental Health

Position	Name	Contact
Executive Officer Public Health		
Environmental Health Officer		
Administration Officer		
Systems Development and Administration Officer		
Immunisation Officer		

Position	Name	Contact
Immunisation Nurse (Perm Part Time)		
Immunisation Nurse (Perm Part Time)		
Immunisation Nurse (Casual)		
Immunisation Nurse (Casual)		

Immunisation Nurse (Casual)		

After Hours contact details

The Executive Officer Public Health or Deputy keep a separate list of after hours contact details for environmental health staff, for use within the municipality's after-hours arrangements.

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Department of Human Services

Control agency	Contact including after hours (AH)
DoH – Regional EHO Name	Phone: Fax: Mobile:
DoH – Regional EHO – Deputy Name	Phone:
DoH – Regional Manager Public Health	Phone: Mobile:
DOH – Communicable disease DOH – Food related incidents DOH – Environmental health DOH – Biological incidents (“White Powder”)	After Hours Emergency Paging Service number 1300

Note: During business hours, DoH prefers that councils attempt contact with the regional office in the first instance. If unsuccessful, then contact may be made with the duty officer for communicable disease or environmental health, depending on the nature of the emergency. After hours contact with DOH can be made through the appropriate duty officer who can be accessed on the 1300 number. (See Appendix H page 54 for an outline of the responsibilities of these sections of DOH.)

Municipal councils – public health

These are the key contact in each municipality within the region. These municipalities may be able to provide public health resources to the municipality in an emergency. Any arrangements and formal agreements regarding the provision of resources can be found in the MEMPlan.

Requests for assistance after hours should be made through the MERO, who may implement after hours arrangements through the MEROs in adjoining municipalities.

Municipality	Position	Name	Phone No.'s (Direct BH & Council's general business no.)
Name of Council	Coordinator Health Services		
	Coordinator Health Services		

External resources and suppliers

All suppliers provided by 'Logistics' operations

List of common suppliers

Water Carters

Link to list on SYR Web page:

Water Tank Cleaners

Wastewater treatment system suppliers/manufacturers

Septic Tank Cleaners

Drainage contractors

Portable Toilets and Showers

Other agencies

The following is a list of emergency contact details for each agency. This may be duplicate the information contained in the MEMplan, but is reproduced here for easy access by public health officers. Any arrangements regarding the provision of emergency services in the municipality will be contained in the MEMPlan.

Agency	Emergency contact	Number
EPA	Pollution watch 24 hour number	9695 2777
WorkSafe	Business Hours 24 hr Emergency response	9565 9444 132360
Dept Primary Industries	Business hours	13 61 86 1800 240 667
Primesafe	Business hours	9685 7333
Department of Health	Name – Emergency Coordination Eastern Region	

Eastern Ranges GP Association	Business Hours After Hours	
St Johns Ambulance	Emergency Response - 24 Hrs urgent requests for assistance, fire medical deployments & SHERP activation email: emergency.management@stjohnvic.com.au State Communications Centre State Duty Officer	
Red Cross	Emergency Response	1800 246 850
Yarra Valley Water	Business Hours Emergencies	

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Appendix G Public information resources and reference list

Public information

Item/location	Maintenance (policies, procedures and schedules)
<p>DOH fact sheets</p> <p>A list of DOH fact sheets is contained in this Appendix on pages 53 & 54.</p> <p>The list includes the DOH web address for access to the fact sheets and hyperlinks to each fact sheet.</p> <p>A hard copy of each DOH fact sheet is kept in the Folder marked "Health Sub-Plan fact sheets" located in the Western Annex (portable) in the Public Health Services filing system.</p> <p>Notices</p> <p>A list of draft notices is contained in this Appendix on page 54.</p> <p>Electronic and hard copies are available X:\ABC\EMERGENCY\BUSHFIRES\FACT SHEETS and FAQ</p> <p>Other public information resources</p> <p>A list of other public information resources is contained in this Appendix on pages 51 & 52, together with their X:\ABC\EMERGENCY\BUSHFIRES\FACT SHEETS and FAQ and in the Folder marked "Health Sub-Plan fact sheets" located in the Western Annex (portable) in the Public Health Services filing system.</p> <p>.</p>	<p>Public information resources will be checked at least annually and following a public health emergency event.</p> <p>Review will include:</p> <ul style="list-style-type: none"> • ensuring information is current • ensuring hyperlinks are correct and operating • ensuring hard copies are available in the described location.

Fact sheet development guide

First, liaise with the municipal media and communications representative about the task. They may be able to assist.

Structure of a fact sheet

First paragraph - key points:

- type of emergency covered by the fact sheet; and
- recommended action.

Background:

- the nature of the emergency;
- how it affects public health;
- public health facts, including vulnerable groups; and
- where to get help.

Process:

- Identify the risk and communication objectives;
- See if DOH has developed an appropriate fact sheet;
- Develop an appropriate fact sheet in consultation with colleagues, DOH and community representatives;
- Keep as an appendix to the Public Health sub-Plan; and
- Establish a distribution plan.

Example:

- At all times, maintain an electronic link to the fact sheet; or
- in an emergency, establish a link to the fact sheet from the municipality's website front page; or
- hand deliver it during inspection.

Reference list

Legislation covering functions, powers and authorisation

- *Local Government Act 1989*;
- *Public Health and Wellbeing Act 2008*;
- *Food Act 1984*;
- *Environment Protection Act 1970*;
- *EM Management Act 1986*; and
- *Safe Drinking Water Act 2003*.

Relief centre legislation and information

- Public Health and Wellbeing Regulations 2009;
- Residential Tenancies (Caravan Parks & Movable Dwellings) Regulations 1999;
- *Building Act 1993*;
- Building Regulations 1994;
- Building Code of Australia 1996;
- Septic Tank Code of Practice EPA 2008;
- Emergency Catering Guidelines EMA 1997 – for Activating and managing Emergency Relief Centres;
- EMA Manual 9 – Disaster Medicine; in particular Chapter 10: Public Health – response; and
- Please note some items listed in the 'Authority' section may apply here also.

Infectious disease control

Guidelines for the Investigation of Gastrointestinal Illness, (Department of Human Services) www.health.vic.gov.au/ideas (select diseases and then select guidelines).

Victorian Government Health Information website for Environmental Health
http://www.health.vic.gov.au/environment/emergency_mgmnt/index.htm

Conducting exercises

Strategic Emergency Management Simulation Kit, Office of the Emergency Services Commissioner, Department of Justice, December 2003.

Water

- Your Private Drinking Water Supply – DOH;
- Guidance on the use of Rain Water Tanks – EnHealth Council 2003 (www.enhealth.nphp.gov.au select resources, then select publications);
- Guidelines for Potable (Drinking) Water Transport in Vic, DOH Jan 2003 (www.health.vic.gov.au/foodsafety then select Industry issues);
- *Safe Drinking Water Act 2003*; and
- Guidelines for non-potable water supply to food premises ([Publications: Food Safety - Victorian Government Health Information, Australia](#)).

- Guidelines for private drinking water supplies at commercial and community facilities
: http://www.health.vic.gov.au/foodsafety/downloads/1_guidelines_report.pdf

Emergency management manuals

http://www.ema.gov.au/www/emaweb/emaweb.nsf/Page/Publications_PublicationsAtoZ_PublicationsAtoZ

<u>Manual 3</u>	Australian Emergency Management Glossary
<u>Manual 4</u>	Australian Emergency Management Terms Thesaurus
<u>Manual 18</u>	Community and Personal Support Services
<u>Manual 29</u>	Community Development in Recovery from Disaster
<u>Manual 15</u>	Community Emergency Planning
<u>Manual 27</u>	Disaster Loss Assessment Guidelines
<u>Manual 9</u>	Disaster Medicine
<u>Manual 28</u>	Economic and Financial Aspects of Disaster Recovery
<u>Manual 8</u>	Emergency Catering
<u>Manual 1</u>	Emergency Management Concepts and Principles
<u>Manual 23</u>	Emergency Management Planning for Floods Affected by Dams
<u>Manual 43</u>	Emergency Planning
<u>Manual 5</u>	Emergency Risk Management – <i>Applications Guide</i>
<u>Manual 11</u>	Evacuation Planning
<u>Manual 20</u>	Flood Preparedness
<u>Manual 22</u>	Flood Response
<u>Manual 21</u>	Flood Warning
<u>Manual 25</u>	Guidelines for Psychological Services: Emergency Managers Guide
<u>Manual 26</u>	Guidelines for Psychological Services: Mental Health Practitioners' Guide
<u>Manual 13</u>	Health Aspects of Chemical, Biological and Radiological Hazards
<u>Manual 6</u>	Implementing Emergency Risk Management – <i>A facilitator's guide to working with committees and communities</i>
<u>Manual 19</u>	Managing the Floodplain
<u>Manual 17</u>	Multi-Agency Incident Management
<u>Manual 7</u>	Planning Safer Communities - <i>Land Use Planning for Natural Hazards</i>
<u>Manual 14</u>	Post Disaster Survey and Assessment
<u>Manual 10</u>	Recovery
<u>Manual 24</u>	Reducing the Community Impact of Landslides
<u>Manual 12</u>	Safe and Healthy Mass Gatherings
<u>Manual 16</u>	Urban Search and Rescue (Capability Guidelines for Structural Collapse)

Victoria's emergency management arrangements

Emergency Management Manual Victoria (Green book)
(www.justice.vic.gov.au then scroll down the first page to access)

Department of Human Services

General public health emergency information fact sheets:

www.DoH.vic.gov.au/emergency

(select Information Resources then select Fact Sheets)

The following fact sheets have been prepared by the Department of Human Services to assist members of the community cope with the impact of prolonged essential service disruption or natural disaster.

Bear in mind that it is not possible to predict every situation or circumstance in which community members may refer to the sheets. Their purpose is to provide guidance only.

Fact sheets in English and other community languages can be accessed on the DOH emergency website.

http://www.health.vic.gov.au/environment/emergency_mgmt/index.htm#bushfires

<http://www.dhs.vic.gov.au/emergency/sherp>

Bushfires

Includes [Bushfire smoke & health](#), [Fire retardants and health](#), [Cleaning up after a bushfire](#), [Ash from CCA-treated timber](#), [Water tanks & bushfires](#), [Food safety](#) and [Heat stress](#)

Floods

Includes [Flood hazards - Protecting your health and safety](#), [Protecting yourself from animal and insect-related hazards](#), [Mould growth and your health](#), and [Power blackouts - Using alternative fuel and electricity generation safely](#)

Heat stress

Includes [Heat stress - preventing heat-related illness](#)

Dust storms and health

Further information

The Department has a range of information about its role in emergency management. Visit the [Department of Human Services Emergency Management website](#) for further information.

<http://www.DoH.vic.gov.au/emergency/publications#factsheets>

Fact Sheets

Emergency Recovery

- [Financial Assistance](#)
Available as pdf for download or MP3 audio file.
- [Industry and Agency Support](#)
Available as pdf for download.

- [Personal Support](#)
Available as pdf for download or MP3 audio file.

Public Health

- [Bushfire \(external link opens in new window\)](#)
Available as pdf for download.
- [Essential Service Disruption](#)
Available as pdf for download.
- [Flood](#)
Available as pdf for download.

[Fact sheets are also available in languages other than English](#)

Available as pdf for download.

Similarly, where incidents have communicable disease implications, information can be found on the [Infectious Diseases Epidemiology & Surveillance \(IDEAS\) website](#)

Shire of Yarra Ranges Publications

Publications produced by the Shire of Yarra Ranges are to assist local businesses and members of the community to understand and cope with the impact of issues that will require specific actions in order to ensure public health and safety.

Bear in mind that it is not possible to predict every situation or circumstance in which community members may refer to the sheets. Their purpose is to provide guidance only.

Appendix H Roles and responsibilities of DOH

Department of Human Services - Public Health

Reference: *Department of Human Services Public Health Emergency Management Plan 1998.*

Role as control agency

DOH – Public Health Branch is the control agency in incidents involving, or with the potential to involve the following:

- contaminated food and drinking water;
- human illnesses/epidemics and biological emergencies; and
- radiation spillages or releases.

Role as support agency

DOH – Public Health Branch has a support role in incidents involving public health issues arising from the following:

- disruptions to essential services;
- hazardous materials or dangerous goods;
- natural emergency events such as bushfires, floods, earthquakes, storms and landslides;
- water and sewerage; and
- terrorist activity.

Control agency responsibilities

Public health area	Responsibility
Food safety	<ul style="list-style-type: none"> • food recalls • food poisoning/contamination • food hygiene in emergency areas.
Communicable diseases	<ul style="list-style-type: none"> • outbreak investigations • potential or actual infectious disease issues associated with natural emergency events.
Water	<ul style="list-style-type: none"> • contaminated drinking water • <i>Legionella</i> outbreaks • blue-green algae • swimming pools and spas (infection outbreaks).
Radiation	<p>Any matter relating to radiation; including</p> <ul style="list-style-type: none"> • radiation exposure • damaged radioactive source containers • contaminated sites • transport accidents • visiting nuclear powered warships • radioactive debris from satellites; and • disposal

Support responsibilities

Public health area	Responsibility
Hazardous substances (DOH provides support but is not a support agency in EMMV)	<ul style="list-style-type: none"> • toxic chemicals (including pesticides and asbestos) • fires and explosions involving toxic substances • hazardous discharges to air, land and water • natural chemical substances; and • Public health advice

Public education is a responsibility of DOH in each of the above areas

Department of Human Services (DOH) - Regions

Reference: Internal DOH paper titled *Department of Human Services Region Roles and Functions in Emergency Management, 2003*.

Public health roles

In an emergency, DOH regions have the following public health roles:

- liaison for the region into DOH Public Health
- liaison for the region from DOH Public Health out to the community and associated regional groups — emergency services and municipalities
- key link for communication and dissemination of information internally and externally for the region
- assist with the management of an incident, under the direction of the designated departmental commander.

Public health responsibilities

Public health responsibilities of regions are a part of day-to-day operations and include the following:

Incident type	Responsibility
Chemical	<ul style="list-style-type: none"> • assist with environmental sampling • coordinate sample collection/transfer (rural only)
Biological (includes infectious disease)	<ul style="list-style-type: none"> • assist with environmental sampling • coordinate sample collection and transfer • provide advice about infection control
Radiation	<ul style="list-style-type: none"> • disseminate public health information • support and assist Public Health field teams (rural only) • assist cordons (rural only)
Food safety incidents	<ul style="list-style-type: none"> • coordinate field investigations and premises closure • coordinate and advise regarding preliminary issues for food recalls • coordinate sample collection and transfer • provide public health information
Water incidents	<ul style="list-style-type: none"> • support and assist public health field teams • provide advice on potability of private supplies • coordinate sample collection and transfer
Natural disaster	<ul style="list-style-type: none"> • Work with local government areas on issues such as: <ul style="list-style-type: none"> - infection control - food safety - air quality - accommodation - waste location and collection

Appendix I Role Statements

Municipal Emergency Coordination Centre Position Description – Public Health Sub-Plan Coordinator

Title	Public Health Sub-Plan Coordinator
Location	Municipal Emergency Coordination Centre
Overview Statement	<ul style="list-style-type: none"> • To ensure that public health is maintained during and after an emergency. • Provide services and coordinate with agencies and personnel to protect the health of emergency affected persons. • Coordinate strategic responses to situations that are impacting or are likely to impact on the health of individuals or the community and involve necessary personnel as required. • Report and provide regular updates to the MECC during briefing or at any other time as necessary on Public Health activities, alerts, initiatives or any other matters.
Duties	<ul style="list-style-type: none"> • Provide regular updates to field staff. • Ensure that all requests relating to matters of public health are fulfilled in a timely manner. • Ensure tasks and activities are accurately recorded in a logical date and time order in the spiral notebook labeled “MECC notes for public health sub plan coordinator” • Activate and coordinate medical assistance and supplies to Emergency Relief Centres. • Identify and activate ancillary medical personnel at the request of the Area Medical Coordinator for the Municipal Emergency Response Plan. • Prepare public health related communications for dissemination in cooperation with Community Relations team. • Respond to the rebuilding recovery needs and the activation of the Disaster Recovery Procedures – Rebuilding Approvals (DRPBA). • Coordinate with MECC operations the necessary water replacement arrangements for emergency drinking water supplies • Ensure that additional medical support at Emergency Relief Centres is provided. • Ensure an appropriate number of Environmental Health Officers (EHOs) or suitable qualified staff are available for deployment to undertake duties at Emergency Relief Centres and Field operations to fulfill the following requests: <ul style="list-style-type: none"> - Liaise with Resources Sub Plan Coordinator, water supplier and contractors to assist with designing, locating and ensuring safety of emergency water and drinking water supplies. - Liaise with food providers and supervise food handling and hygiene standards at emergency mass feeding sites. These

	<p>include relief centres and staging areas.</p> <ul style="list-style-type: none"> - Examine donated food (Reject foods that contains potential hazardous ingredients from non-reputable suppliers or are damaged. Accept low risk packaged foods for distribution). - Supervise emergency systems for sewage and sullage disposal and arrange for back-up systems in the event of failure or overloading in cooperation with the Resources Sub Plan Coordinator. - Supervise refuse disposal at emergency relief centres and make recommendations for adequate disposal to the relief centre coordinator. - Investigate infectious, food poisoning or water borne disease outbreaks; including interviewing affected persons, taking samples, giving direction and supervising clean-up activities, in accordance with the Department of Health Gastrointestinal Illness Guidelines and DoH protocols. - Participate in mass immunisation programs. - Provide advice, give recommendations and supervise Pest Control programs. - Coordinate and supervise the disposal of dead animals. - Provide advice to the community on personal hygiene requirements. - Provide advice and supervise emergency housing, shelters and Emergency Relief Centres, including surveillance of occupied houses in an emergency zone. - Supervise the terminal disinfection of homes, clothing and bedding to eliminate the spread of disease. - Advise on the handling and disposal of hazardous and toxic materials such as; asbestos and chemically treated timber products. - Respond to the rebuilding recovery needs and the activation of the Disaster Recover Procedures – Rebuilding Approval (DRPBA).
<p>Qualifications & Accredited Competencies</p>	<ul style="list-style-type: none"> • Qualified Environmental Health Officer with previous field experience in emergency response and recovery. • Qualified Environmental Health Officer working in local government. • Technical Officer that has performed a range of duties within local government public health context. • Any other person at the discretion of the Executive Officer of Public Health Services who may be able to undertake a range of duties comparable with their demonstrated level of competency.
<p>Skills, Knowledge & Experience</p>	<ul style="list-style-type: none"> • Experience working as an Environmental Health Officer in emergency situations. • Experience in managing field staff in emergency situations

	<ul style="list-style-type: none"> • Ability to effectively communicate with people at all levels • Ability to think logically and make rational decisions under pressure • Ability to think strategically, develop and activate well thought out plans • Ability to be agile and adaptable when confronted with spontaneous or confronting situations • Ability to be sensitive ,empathetic to the impacts on those involved in emergency response and recovery as well as the general public and be able to invoke an appropriate response. •
<p>Line Relationships</p>	<p>Reports To:</p> <ul style="list-style-type: none"> • Municipal Emergency Response Coordinator (MERO) • Municipal Recovery Manager (MRM) <p>Liases with :</p> <ul style="list-style-type: none"> • Sub plan coordinators • MECC staff <p>Internal Relationships:</p> <ul style="list-style-type: none"> • All Shire staff <p>External Relationships:</p> <ul style="list-style-type: none"> • Department of Health • Environment Protection Authority • Department of Primary Industries • Water retailers • Eastern Ranges General Practitioners Association (ERGPA) • Red Cross • CFA • Police • SES <p>Web resources:</p> <p>DoH - Health and Safety Information and fact sheets</p> <p>DoH - Food Safety information in emergencies</p> <p>EPA - information 'waste-disposal-after-bushfire'</p> <p>Water retailers - water replacement policy and guidelines</p>

**Emergency Relief Centre
Position Description – Environmental Health Officers**

Title	Environmental Health Officers – relief centre operations
Location	Emergency Relief Centre
Overview Statement	<p><u>Activation:</u> This role is to be activated at the request of the Public Health Sub-Plan Coordinator.</p> <p><u>Role:</u> To ensure that public health is maintained during and after an emergency within a relief centre context.</p> <p>Liaise with the relief centre coordinator on matters related to public health</p> <p>Undertake duties as described or otherwise directed by the Public Health Sub-plan coordinator.</p> <p>Make recommendations for resources that are required and are not readily available through the ???.</p>
Duties	<ul style="list-style-type: none"> - Monitor quantity and safety of emergency water and drinking water supplies. - Liaise with food providers, supervise, and provide guidance to ensure good food handling and hygiene standards are maintained. - Monitor and supervise medical assistance provided. - Liaise with medical practitioners or first aid providers and assist with the provision and safe storage of medical equipment and supplies. - Monitor the thermal conditions of the facility and liaise with the relief centre coordinator. - Examine donated food (Reject foods that contain potentially hazardous ingredients from non-reputable suppliers or are damaged. Accept low risk packaged foods for distribution). - Assist with the arrangements for transport and storage of donated food. - Supervise emergency systems for sewage and sullage disposal and arrange for back-up systems in the event of failure or overloading. - Supervise refuse disposal at emergency relief centres and make recommendations for adequate disposal to the relief centre coordinator. - Investigate infectious, food poisoning or water borne disease outbreaks; including interviewing affected persons, taking samples, giving direction and supervising clean-up activities, in accordance with the Department of Health Gastrointestinal Illness Guidelines and DoH protocols. - Provide advice, give recommendations and supervise personnel.

	<p>control programs.</p> <ul style="list-style-type: none"> - Provide printed information and verbal advice to the community on a range of public and environmental health matters. Arrange for replenishment of stocks as needed.. See web resources. - Provide advice on and supervise emergency or temporary accommodation facilities. - Monitor supply of '<i>personal protection kits</i>' and arrange replenishment of stocks as needed. <p><u>Administration:</u></p> <ul style="list-style-type: none"> • Keep an accurate log of interactions with individuals and activities undertaken in a spiral notebook labelled '<i>relief centre operations - public health</i>' • Provide a thorough handover and de-brief to incoming EHO. • Report any public or environmental health conditions that have the potential to impact personal or public safety. •
<p>Qualifications & Accredited Competencies</p>	<ul style="list-style-type: none"> • Qualified Environmental Health Officer with previous field experience in emergency response and recovery. • Qualified Environmental Health Officer working in local government. • Technical Officer that has performed a range of duties within local government public health context. • Any other person at the discretion of the Executive Officer of Public Health Services who may be able to undertake a range of duties comparable with their demonstrated level of competency.
<p>Skills, Knowledge & Experience</p>	<ul style="list-style-type: none"> • Experience working as an Environmental Health Officer in emergency situations. • Experience in managing field staff in emergency situations • Ability to effectively communicate with people at all levels • Ability to think logically and make rational decisions under pressure • Ability to think strategically, develop and activate well thought out plans • Ability to be agile and adaptable when confronted with spontaneous or confronting situations • Ability to be sensitive, empathetic to the impacts on those involved in emergency response and recovery as well as the general public and be able to invoke an appropriate response.

Line Relationships	<p>Reports To:</p> <ul style="list-style-type: none">• Public Health Sub-Plan Coordinator <p>Liaises with :</p> <ul style="list-style-type: none">• Relief Centre Coordinator• All staff <p>Internal Relationships:</p> <ul style="list-style-type: none">• Public Health Team <p>External Relationships:</p> <ul style="list-style-type: none">• Department of Health• Environment Protection Authority• Department of Primary Industries• Water retailers• Eastern Ranges General Practitioners Association (ERGPA)• Red Cross• CFA• Police• SES <p>Web resources:</p> <p>DoH - Health and Safety Information and fact sheets</p> <p>DoH - Food Safety information in emergencies</p> <p>EPA - information 'waste-disposal-after-bushfire'</p>
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Public Health field operations
Position Description – Environmental Health Officer

Title	Environmental Health Officer -field operations
Location	Municipal Emergency Coordination Centre or Anderson Street Offices
Overview Statement	<ul style="list-style-type: none"> • To conduct activities to ensure that public health is maintained during and after an emergency. • To undertake duties as described or otherwise directed by the Public Health Sub-plan coordinator. • To make decisions in the field based on well established public and environmental health practice.
Duties	<p>Range of duties:</p> <ul style="list-style-type: none"> - Liaise with Resources Sub Plan Coordinator, water supplier and contractors to assist with designing, locating and ensuring safety of emergency water and drinking water supplies. - Liaise with food providers and supervise food handling and hygiene standards at emergency mass feeding sites. These may include relief centres and staging areas. - Monitor emergency systems for sewage and sullage disposal and arrange for back-up systems in the event of failure or overloading in cooperation with the Resources Sub Plan Coordinator. - Investigate infectious, food poisoning or water borne disease outbreaks; including; interviewing affected persons, taking samples, giving direction and supervising clean-up activities, in accordance with the Department of Health Gastrointestinal Illness Guidelines and DoH protocols. - Participate in mass immunisation programs. - Provide advice, give recommendations and supervise pest control programs. - Coordinate and supervise the disposal of dead animals. - Provide advice to the community on personal hygiene requirements. - Provide advice and supervise emergency housing, shelters and Emergency Relief Centres, including surveillance of occupied houses in an emergency zone. - Supervise the terminal disinfection of homes, clothing and bedding to eliminate the spread of disease. - Advise on the handling and disposal of hazardous and toxic materials such as; asbestos and chemically treated timber products. - Respond to the rebuilding recovery needs and the activation of the Disaster Recovery Procedures – Rebuilding Approval (DRPBA). <ul style="list-style-type: none"> •
Qualifications &	<ul style="list-style-type: none"> • Qualified Environmental Health Officer with previous field

Accredited Competencies	<p>experience in emergency response and recovery.</p> <ul style="list-style-type: none"> • Qualified Environmental Health Officer working in local government. • Technical Officer that has performed a range of duties within local government public health context. • Any other person at the discretion of the Executive Officer of Public Health Services who may be able to undertake a range of duties comparable with their demonstrated level of competency.
Skills, Knowledge & Experience	<ul style="list-style-type: none"> • Experience working as an Environmental Health Officer in emergency situations. • Experience in managing field staff in emergency situations • Ability to effectively communicate with people at all levels • Ability to think logically and make rational decisions under pressure • Ability to think strategically, develop and activate well thought out plans • Ability to be agile and adaptable when confronted with spontaneous or confronting situations • Ability to be sensitive ,empathetic to the impacts on those involved in emergency response and recovery as well as the general public and be able to invoke an appropriate response. •
Line Relationships	<p>Reports To:</p> <ul style="list-style-type: none"> • <p>Liases with :</p> <ul style="list-style-type: none"> • <p>Internal Relationships:</p> <ul style="list-style-type: none"> • <p>External Relationships:</p> <ul style="list-style-type: none"> • Department of Health • Environment Protection Authority • Department of Primary Industries • Water retailers • Eastern Ranges General Practitioners Association (ERGPA) • Red Cross • CFA • Police • SES <p>Web resources:</p> <p>DoH - Health and Safety Information and fact sheets</p> <p>DoH - Food Safety information in emergencies</p> <p>EPA - information 'waste-disposal-after-bushfire'</p>

Appendix J Information management *pro formas*

Public health services incident/complaint report

The following hard copy proformas are to be used in the field by EHO's where they are not able to enter incidents/complaints into the computerised Pathway Customer Request Tracking System (CRTS). On return to the Office the details in the report form are to be entered into the CRTS.

Date:	Time:	Officer:
Caller details		
Name:		
Address:		
Telephone no:		
Map reference:		
Incident/complaint:		
Matter referred to:		
Report/action taken:		
EHO:		
Date completed:		

Public Health Services emergency complaints register

Complaint #	Date	Time	Name	Address	Telephone	Details	Comments/ Completion date

DRAFT

Appendix K Standard Operating Procedures (SOPs)

The following SOPs are included in this appendix:

- **Health Officer activities at Emergency Relief Centres** pg 73
- **Medical Assistance at Emergency Relief Centres** pg 80
- **Post-impact Assessment Following an Emergency** pg 83
 - Providing safe and adequate water;
 - Shelter;
 - Food and food related issues;
 - Providing emergency ablution facilities;
 - Wastewater treatment;
 - Refuse collection;
 - Vermin and vector control;
 - Infectious disease control;
 - Disposal of human bodies;
 - Disposal of dead stock/animals;
 - Disinfection and cleaning; and
 - Environmental hazards.
- **Guidelines for Managing Public Health Risks in an Emergency** pg 85
- **Assessing Emergency Affected Housing** pg 100
- **Emergency Relief Centre Venues** pg 105

SOP - Health Officer Activities at Emergency Relief Centres

Attachments:

1. Guidelines for the Management and Control of Food Safety in Emergency Relief Centres
2. Checklist of Public Health Responsibilities in Emergency Relief Venues

(Reference: *Emergency Management Manual, Part III - Emergency Management Practice, Volume 1 – Service Provisions, Manual 2 – Disaster Medicine, Chapter 10*)

Purpose

The purpose of this SOP is to assist EHOs to:

- manage and control public health risks in emergency shelters, temporary accommodation and relief venues in an emergency.

Scope

This procedure applies when an emergency venue is opened. It outlines specific arrangements for activating public health services once an emergency venue is opened and identifies issues that should be considered for the protection of public health in emergency venues.

Local government is responsible for the provision and operation of emergency shelters, temporary accommodation and Relief Centres. The MRM will deploy Emergency Relief Teams to manage and operate a venue.

Whilst all who attend these venues play a part in protecting the health of themselves and others through normal personal hygiene and cleanliness practices, the EHOs role is to monitor and control public health risks.

Introduction

This section outlines specific arrangements for activating public health services, once an emergency relief centre is opened.

Local government and the SES are responsible for the provision and operation of emergency relief centres. The MRM will deploy municipal officers to manage and operate a Council-operated venue.

Briefing

In most instances, the Public Health sub-Plan Coordinator or Deputy will be notified and briefed on the opening of an Emergency Relief Centre by the MRM.

The Public Health sub-Plan Coordinator or Deputy will obtain the following information before deploying at least one EHO to the venue:

- name and location of the emergency venue activated;
- number of people expected to be accommodated;
- duration and nature of recovery services to be provided; and
- catering arrangements.

Deployment

Upon arrival, the EHO will introduce themselves to key emergency personnel and the Emergency Relief Centre manager.

It may be appropriate for the EHO to instruct other staff to monitor some specific areas of public health, such as waste management.

Public health risk areas in emergency venues

EHO responsibilities can include the following:

- food safety, including catering and donated foodstuffs;
- water supply for drinking, cooking and sanitation;
- toilets, hand basins and other washing facilities;
- wastewater management in unsewered areas:
 - will system cope with increased load?
 - does system require de-sludging? Decide location of disposal area.
- cleaning and sanitation;
- ventilation, heating and cooling;
- waste management:
 - number, type and location of receptacles
 - frequency of disposal and removal
 - cleaning
- vector and vermin control measures;
- noise;
- lighting, especially in high risk areas such as the kitchen; and
- animal control measures, for management of pets brought to the venue and for stray animals.

Previously unassessed venue

If a venue has not been previously inspected and assessed, the Public Health sub-Plan Coordinator or Deputy will liaise with the MRM and the building surveyor to coordinate an immediate joint health/building inspection.

Any serious concerns that cannot be addressed immediately will be reported to the emergency relief centre manager, MERO and/or MRM, with advice on any precautions that will be enforced.

The Public Health sub-Plan Coordinator or Deputy, in consultation with the MERO, will arrange for any necessary actions to address public health concerns.

Guidelines for the Management and Control of Food Safety in Emergency Relief Centres

Important public health considerations for the organisation of mass feeding centres are outlined in *Emergency Management Manual, Part III - Emergency Management Practice, Volume 1 – Service Provisions, Manual 2 – Disaster Medicine, Chapter 10, Annex D*.

Emergency food production/preparation

Food safety

Food safety in an emergency is a major public health issue and requires specific attention.

Good relationships and effective communication with key stakeholders involved in emergency catering will assist in the provision of safe food. Emergency caterers and arrangements are identified in the MEMPlan.

When planning for emergency catering, the Team Public Health sub-Plan Coordinator or Deputy must consider:

- the ability of a nominated food premises to supply and distribute safe food; and
- the establishment of temporary emergency catering facilities.

Safe food production in an emergency depends on quality control of incoming food, a safe water supply and care with storage, preparation, serving and waste disposal.

Quality controls for incoming food:

- Examine food for spoilage and contamination;
- Know the source of the food and check with suppliers if necessary. Choose a reliable food source where possible, such as a supermarket; and
- The type of food supplied should not pose unnecessary risk (consider ambient temperatures, shelf life and storage facilities).

Safety of the water supply:

- Does it need to be treated?

Storage of food:

- Are there freezers, refrigerators and dry storage areas?
- Are there insects or rodents in stores, kitchens or feeding centres?

Disposal of solid and liquid food wastes:

- Consider grease traps, burial, cartage and incineration needs.

Food preparation:

- Arrange facilities for washing and sanitising utensils;
- Ensure supervision of food preparation areas and of food servicing (appropriate cooking methods);
- Ensure supervision of food handling personnel; and
- Organise separate toilet and hand washing facilities for food handlers if possible, to prevent cross-infection.

Supervision of food handlers

The following are key factors in ensuring food safety:

Screening and selection of food handling personnel

- Anyone with diarrhoea, vomiting, infectious lesions or exposed areas of infected skin, or a recent history of gastrointestinal illness, *must* be excluded from handling any food.
- Training — use people with training or previous commercial experience in food handling positions, where possible.

Supervision

- Ensure regular supervision of feeding areas, particularly during the early stage of a disaster when personnel are operating 24 hours a day, usually in shifts of six hours.

Examination of donated food

Fresh food donations should be discouraged. The Public Health sub-Plan Coordinator or Deputy should liaise with the Media and Community Information sub-Plan Coordinator to ensure this is suitably communicated.

If food is donated, the key aspects to consider are:

Inspection and storage

- All foods are to be brought to a central inspection area where they can be examined by a trained person and correctly stored pending distribution.

Acceptance and disposal

- It is better to accept all food donations, even if it is obvious that they are unsuitable and to dispose of the food after the donor has left the site. This overcomes the problems of:
 - unauthorised food distribution; and
 - embarrassment to the donor who, in good faith, may have travelled a long distance to donate the food, not knowing its unsuitability.

Checklist of Public Health Responsibilities in Emergency Relief Venues

Name of venue: _____

Address of venue: _____

Date: _____ Time: _____

Contact: _____

FOOD

Catering

- Temperatures
- Storage
- Hand washing facilities
- Food Handling
- Cleaning and Sanitising
- Registered food supplier

COMMENTS:

Donated foods

- Inspection
- Storage
- Acceptance
- Disposal

COMMENTS:

WATER

Is there an operational potable water supply to the property? yes/no

What is the source of water supply:

- reticulated/mains
- tank
- bore
- stream

Does the water require any treatment?

Is the supply adequate for:

- drinking
- cooking
- sanitation

COMMENTS:

WASTEWATER MANAGEMENT

What type of system is installed? _____
Is the system coping with the load: **yes/no**
Does it require de-sludging? **yes/no**
Has the disposal area been isolated to prevent damage? **yes/no**

Comments:

SANITARY FACILITIES

Are there an adequate number of facilities for the number of people being accommodated?

Sanitary facilities	WCs	Urinals	Hand basins	Troughs	Showers
Male					
Female		XXXXXXXX			

Are the facilities being maintained in a hygienic condition? **yes/no**
COMMENTS:

REFUSE MANAGEMENT

Are there an adequate number of receptacles? **yes/no**
If not, how many more are needed? Have they been requested? _____

Are the bins sited appropriately? (i.e., kitchen, toilets etc) **yes/no**

Frequency of disposal and removal adequate? **yes/no**

GENERAL CONSIDERATIONS

Temperature control of the facility: Can any changes be made to the facility to improve the following?

- q ventilation
- q heating
- q cooling

Vermin and vector control issues:

Noise issues:

Lighting: (in kitchen, toilets etc)

Animal control measures: Are animals being brought to the venue? What about stray animals? etc.

Types and Number of Pets at the venue:

Local Laws Officer Required Y / N ?

If yes, call PH sub Plan Coordinator:

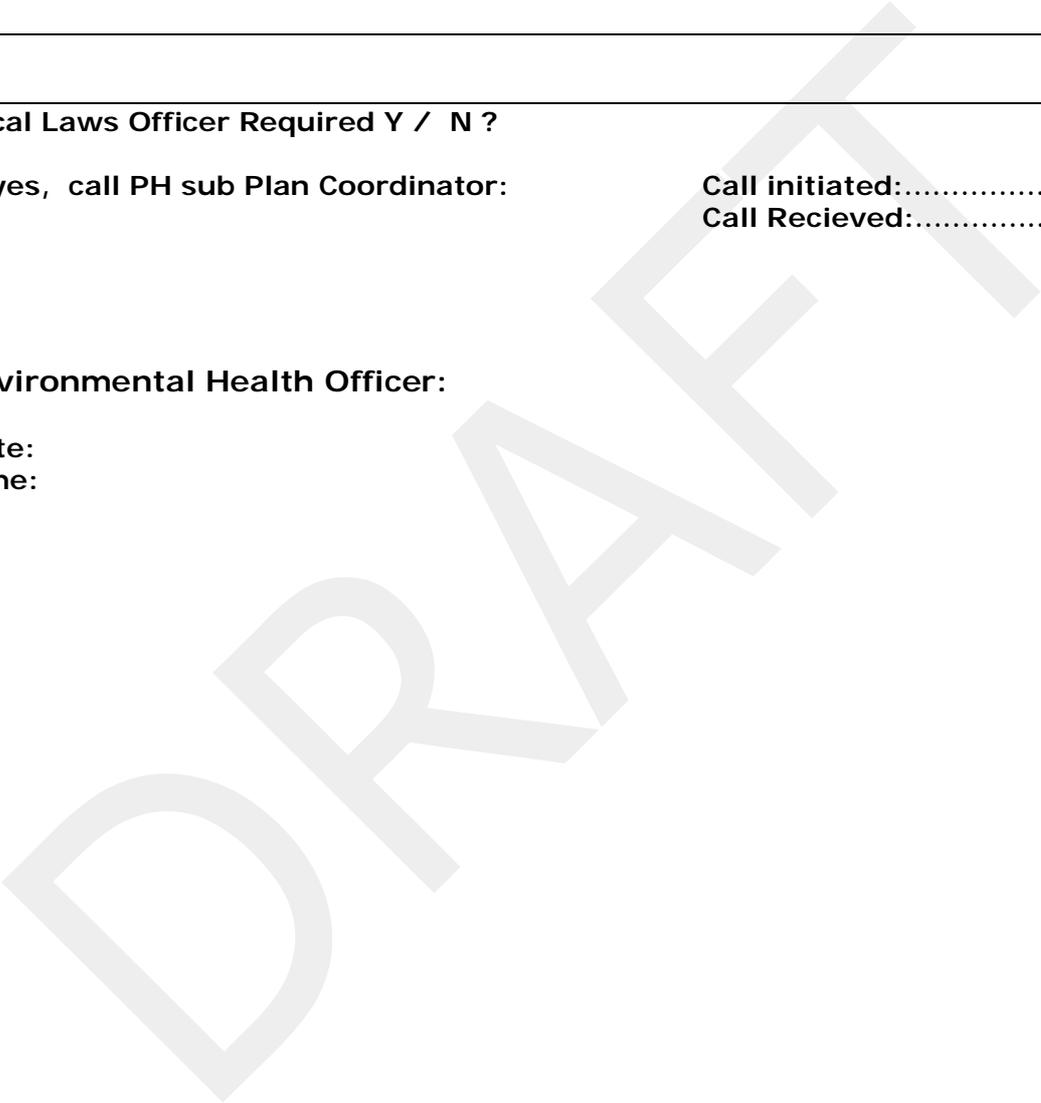
Call initiated:.....

Call Recieved:.....

Environmental Health Officer:

Date:

Time:



SOP – Provision of medical assistance to emergency relief centres (ERC's)

Purpose:

This procedure describes activation and deployment of medical assistance to emergency relief centres.

Scope:

This procedure applies where there are minor single or multiple presentations to an ERC.

Single incidents of a serious nature will require ambulance assistance

Multiple incidents of a serious nature that require a sustained response is the responsibility of the Health Commander of Ambulance Victoria who is activated through the State Health Emergency Plan (SHERP) and its First Aid Sub Plan (2006)

Hierarchy of escalation:

Minor single/multiple incidents	Major single incidents	Major incidents/sustained response
Red Cross first aiders	Ambulance Victoria	Ambulance Victoria
St Johns Ambulance	000	000 or 1300 851 121
General Practitioners/Nurses – via ERGPA		

Roles of medical assistance providers and support personnel:

Environmental Health Officers – support role

- Monitor the adequacy of medical assistance provided at the ERC's
- Liaising with the providers of medical assistance at the ERC
- Report to the Public Health Sub-plan coordinator should additional medical assistance or replenishment of first aid supplies be required.
- Assist with the delivery of supplies to the ERC.
- Liaise with the ERC Manager

Refer to Role Statement – *Environmental Health Officer – Emergency Relief Centre Operations* for further detail on roles of EHO's in ERC's.

ERC Manager – support role

- Liaise with EHO and medical assistance providers to ensure that pre-arranged location and set –up has been provided at the ERC.
- **Coordinate calls to 000 for ambulance in cooperation with the medical assistance provider.**

Red Cross first aiders

Stand-by –

- first aiders to be placed on stand-by by red cross in accordance with operating procedures.

Activation: -

- Public Health Sub-Plan Coordinator to request attendance of first aiders to a nominated ERC through the Red Cross duty manager/coordinator.
- minimum of 2 trained first aiders to attend the ERC upon activation.
- First aiders to de-brief and provide handover instructions to relieving first aiders between shifts.

Escalation :

- First aiders to monitor type and severity of medical conditions of persons attending the ERC .
- First aiders to advise duty manager/coordinator if additional medical support is required or if additional first aid supplies are required.
- Red Cross Coordinator to arrange and pay for restocking of first aid supplies for first aiders

Stand down:

- Request made by the Public Health Sub plan Coordinator through the Red Cross duty manager/coordinator for the first aiders to leave the ERC.

St John Ambulance

- Apply identical Stand-by, Activation, Escalation and Stand down procedures used for Red Cross.
- Both St Johns Ambulance and Red Cross have established systems to coordinate medical assistance.

Eastern Ranges General Practitioners Association

Medical assistance will be provided by the Eastern Ranges General Practitioners Association to ERC's in the event that:

- Red Cross first aiders are not available or
- Red Cross first aiders are unable to provide the required level of medical assistance or
- St Johns Ambulance are not able to provide the necessary level medical assistance required or
- St Johns Ambulance are not available.

Stand-by:

- The Public Health Sub-Plan Coordinator will notify the ERGPA when an ERC is opened.

Activation:

- The Public Health Sub Plan Coordinator will contact the ERGPA to arrange deployment of medical staff to the ERC.
- Minimum of 2 medical staff (GP's/nurses or combination of both) to attend the ERC upon activation.
- Medical staff to de-brief and provide handover instructions to relieving staff between shifts

Escalation :

- Medical staff to monitor type and severity of medical conditions of persons attending the ERC.
- Medical staff to advise ERC Manager if additional medical support is required or if additional equipment other than medical supplies are required.
- ERGPA to arrange and pay for restocking of medical supplies

Stand down:

- Request made by the Public Health Sub plan Coordinator through the ERGPA for the medical staff to leave the ERC.
- Medical staff to liaise with ERC manager on the removal or retention of medical supplies for the ERC.

Ambulance Victoria

Single major incidents:

Ambulance Victoria will respond to ERC's if activated through the '000' emergency number if urgent medical assistance is required.

Calls to this number can be made by Red Cross first aiders, St Johns Ambulance Officers or the ERC manager.

Multiple major incidents - sustained response required

Ambulance Victoria can be contacted at its Emergency Operations Centre on 1300 851 121.

Ambulance Victoria will coordinate medical response through the First Aid sub plan to the State Health Emergency Response Plan (SHERP 2006)

Equipment and Set-up requirements for medical assistance at the ERC.

- 1 x Large folding table
- 1 x small table
- 5 chairs
- portable partitioning/screening
- signage 'medical assistance'
- lockable storage cabinet for medical supplies (900H x 1200W x 500D)
- Lockable refrigerator with freezer (total capacity - min 250 litres)

Medical Equipment

To be completed by ERGPA and others

SOP - Post-impact Assessment Following an Emergency

(Reference: Australian Emergency Manual, Part III - Emergency Management Practice, Volume 1 Service Provision, Manual 2 - Disaster Medicine, Chapter 10)

Purpose

The purpose of this SOP is to assist EHOs to identify and assess public health implications of the emergency and provide a tool for:

- prioritising emergency activities;
- briefing staff; and
- managing public health issues.

Scope

This procedure aids thorough assessment of public health risks, so that activities can be prioritised. These assessments are the first key step that should be undertaken and may be done in three stages: immediate, detailed and on-gong.

Assessments will be conducted using information obtained from a variety of sources – briefings, inspections and existing data. Liaising with control and support agencies with key responsibilities in public health is also essential.

Procedure

A thorough assessment of public health risks is the first step in the prioritising of activities, and should be commenced as soon as possible.

This may be done in three stages: immediate, detailed and ongoing.

Depending on the nature of the emergency, community assessments and those of emergency venues, housing and registered premises may need to be conducted concurrently.

Assessments will be conducted using information obtained from a variety of sources – briefings, inspections and existing data. It will also involve liaison with control and support agencies with key responsibilities in public health.

Information obtained from a briefing, such as response operations, may not be used directly to assess the public health aspects of an emergency. It may affect the manner in which public health is managed in the emergency and will still need to be considered.

Immediate assessment

The first priority is to determine the nature of the emergency and to recognise potential public health risks.

Immediate information on the nature of the disaster should include the following:

- a description of the event (wildfire, flood, storm *etc*);
- the date and time;
- general effects of the event; and
- the extent of damage throughout the area.

The next stage of the immediate assessment must include:

- the geographical extent of the disaster;
- climate conditions;
- major public health problems;
- an estimate of the number of people affected;
- identification of further information needed immediately; and
- the presence of continuing hazards.

Detailed assessment

The immediate assessment should be followed by a detailed assessment of the recognised public health risks, as the disaster unfolds. Issues for the Executive Officer Public Health Services (or Deputy) will be the *availability* of quality information and data and *when* to collect information at an emergency site.

A detailed assessment of the incident will include:

- the number of persons dead, injured or missing;
- the estimated number of homes destroyed or damaged;
- the condition and viability of essential services, including;
 - water
 - electricity
 - gas
 - sewerage/septic tanks
 - communication
- availability of shelter;
- anticipated numbers evacuation or temporary shelter; and
- the presence of continuing hazards.

Ongoing assessment

Assessment will be ongoing during the 'recovery' phase of the emergency, enabling continued identification of public health risks and prioritisation of activities.

Priorities

Information from the above assessments will identify geographical areas or population groups of concern, guide public health response and recovery priorities and highlight any immediate needs for external assistance.

Information gathered from the assessment should be passed on to other emergency personnel and agencies.

SOP - Guidelines for Managing Public Health Risks in an Emergency

Attachment: Checklist for Public Health Risks in an Emergency

Purpose

The purpose of this SOP is to assist EHOs to:

- assess public health risks created by an emergency; and
- prioritise emergency management activities.

Scope

This procedure addresses the assessment of a broad range of public health risks that may emerge as a consequent of an emergency event. These may occur in the general community or temporary facilities such as base camps for emergency services. For example:

- safe and adequate water;
- shelter;
- food and related issues;
- ablution facilities;
- wastewater treatment;
- refuse collection and disposal;
- vermin and vector control;
- infectious disease control;
- disinfection and cleaning; and
- environmental hazards.

Providing safe and adequate water

Drinking water supplies may be community, private, parks, alpine resorts, Council or Trust operated systems and include reticulated mains systems, rainwater tanks, run-of-river storages and direct pumping from rivers.

Contamination of drinking water can be caused by biological, chemical or physical agents.

The Team Leader should liaise with DOH and the local water authority whenever there are concerns about water quality, supply, sources, treatment, storage or transport. DSE may also be involved.

Protect and maintain existing water supplies

Support DOH in the investigation and management of water contamination incidents by taking samples and submitting them for analysis, and helping to implement strategies to protect public health.

Facilitate the supply, disinfection and distribution of new water supplies

The EHO may assist by:

- determining community requirements. Minimum quantities of water *for all purposes*¹ per person per day are:
 - person 20 litres
 - medical unit per casualty 60 litres
 - feeding unit per person 30 litres
- identifying alternative water sources (the responsibility of the water authority);
- examining possible sources of water contamination;
- ensuring that safety practices are applied; and
- ensuring that new or existing water supplies are treated by clarification, disinfection or chlorination and are stored and transported appropriately.

Water can be treated by adding enough chlorine (initial dose 5mg/L) to give a concentration of 1mg/L after 30 mins contact. For 1000L², you will need:

4% available chlorine (White King/household bleach)	125mL or 125g
12.5% available chlorine (liquid swimming pool or dairy factory chlorine)	40mL or 40g
70% available chlorine (granular swimming pool chlorine).	8mL or 8g

You can check the chlorine level with a comparator (check with local swimming pool). If one is not available, ensure that there is a noticeable smell of chlorine in the water.

If chlorine is not available, contact DOH, or responsible water authority for advice regarding boiling water, or other treatment methods.

Distribute information and advice to the community

The EHO should advise on:

- water treatment, including tank water;
- water protection;
- alternative water supplies; and
- providing health education material concerning personal hygiene practices to ensure a safe water supply e.g. water containers are not to be used for any other purposes, are to be kept clean and people are not to drink directly from the container.

¹ NOTE: The drinking part of this allowance (4 litres) must be increased in hot conditions, or where heavy work is being done.

² 25mL/mg = 1oz/1fl oz.

Shelter

Inspect damaged houses and individual properties (in conjunction with municipal building surveyor), to determine suitability for rehabilitation. (See *SOP – Assessing emergency affected housing*).

Assess, monitor and control public health in emergency relief venues. (See *SOP – Activating and managing emergency relief venues*).

Oversee the establishment of new emergency venues, including siting and layout of emergency campsites.

Food and Food Related Issues

A strong relationship with local organisations providing food during an emergency *in the pre-emergency stage* is integral in ensuring food safety is protected.

Monitor and control of food safety in:

- emergency venues - this includes emergency catering and donated food;
- emergency services staging areas; and
- registered premises affected by the emergency.

Facilitate the distribution of information and advice to the community, as necessary. Depending on the nature of the emergency, information may need to address issues such as:

- food safety precautions during/following power failure;
- protection of food from contamination;
- clean up procedures of food premises; and
- disposal of spoilt and damaged food.

Kitchens should be thoroughly cleaned and sanitised prior to being used. Notices should be distributed to food premises regarding clean-up activities. Place posters regarding temperature control and hygiene for food handlers in suitable areas of emergency relief centre kitchens. Suitable hand washing facilities should be provided for use by recipients of food prior to eating.

Examples of information for these situations are located in **Appendix H (page 55)**.

Providing Emergency Ablution Facilities

Together with MERO, coordinate adequate provision, location and maintenance of temporary toilets, hand wash basins, showers and laundry facilities.

Toilet facilities

Under the Residential Tenancies (Caravan Parks and Movable Dwellings) Regulations 1999, the number of showers and toilets required are determined by the Council. However, minimum numbers must be in accordance with Table F2.1 of the Building Code of Australia 1996.

		Males		Females	
	WC	Urinals	HWB	WC	HWB
Patrons	1 per 20 persons	1 per 25 person	1 per 30 persons	1 per 15 persons	1 per 30 persons

(Table reference: EMA Manual 9 – Disaster Medicine, Annex G Chapter 10)

Laundry Facilities

1 wash trough and a washing machine per 350 persons

1 clothes dryer or 25m line per 350 persons

1 ironing board and power outlet per 350 persons

Where possible, separate toilets and hand wash basins should be made available to food handlers, as well as a unisex facility with disabled access.

Determine suitable treatment and disposal options of wastewater from emergency ablution facilities. Ensure ablution facilities are regularly cleaned and maintained.

Wastewater Treatment

Liaise with EPA regarding wastewater disposal strategies. Evaluate the use of existing septic tank systems:

- including treatment plants (need for electricity);
- disposal area;
- plumbing fixtures;
- damage to fibreglass systems and waste water pipes (especially in a fire); and
- availability of reticulated water.

Ensure protection of existing septic tank systems during demolition and rebuilding of sites.

Liaise with the EPA regarding concerns about larger wastewater treatment systems. Support EPA in the investigation and management of public health risks.

Facilitate the distribution of information and advice to the community as necessary. Information may need to address such issues as the following:

- living in caravans on private property during rebuilding; and
- protecting septic tank systems from damage by demolition machinery and during rebuilding.

Refuse Collection and Disposal

Large amounts of refuse will be generated during an emergency. Extra bins and services will be needed for the cleanup process.

Municipal public health officers must ensure refuse collection and disposal is adequate throughout the community, to prevent public health issues such as breeding and/or harbourage of vermin and vectors of disease.

Municipal public health officers may need to advise waste contractors on their waste management practices:

- siting of bins and services throughout the community and at emergency venues;
- providing domestic bins and services where bins have been lost, damaged or destroyed;
- ensure additional bins and services for the disposal of spoilt and damaged food from homes and food premises. Special tipping arrangements may be required for large food premises, such as warehouses and cool rooms;
- oversee appropriate disposal of medical and other hazardous wastes; and
- providing information on safe disposal of dead animals. Liaise with DPI regarding the disposal of dead stock.

Public Health Officers may also need to arrange distribution of information and advice to the community:

- storing waste prior to collection;
- disposal of spoilt and damaged food; and
- location and use of additional bins and services provided throughout the emergency affected area.

Liaise with the MERO regarding any concerns about refuse collection and disposal.

Vermin and Vector Control

The municipality may already have control strategies in place for preventing vector-borne diseases. Mosquito control programs are one example.

Monitor and control breeding and harbourage of vermin and vectors of disease throughout the community and at relief centres, by:

- coordinated pest control services;
- vector surveillance and control programs; and
- monitoring waste management.

Facilitate the distribution of information and advice to the community as necessary:

- waste management and vermin control;
- vector control; and
- personal protection.

Areas of concern include:

- food preparation and storage areas;
- refuse collection areas;
- sanitary depots;
- damaged or destroyed poultry sheds, piggeries and abattoirs;
- damaged food premises and domestic premises;
- dead stock and other animals;
- burst sewerage and water pipes; and
- damaged septic tank systems.

Infectious Disease Control

Maintain awareness of the potential for the spread of infectious disease in emergency venues, including provision of suitable hand washing facilities for attendees.

Notify concerns regarding potential infectious disease outbreaks to DOH.

Recognise actual or emerging conditions that would favour an outbreak of disease endemic to the area. If specific endemic disease response plans are already developed, coordinate their implementation.

Support DOH in the conduct of extra vaccination sessions:

- locate and/or provide suitable vaccination venues;
- distribute information and advice to community;
- assist with coordinating vaccination sessions;
- provide refrigeration and storage areas;
- receive vaccines and equipment;
- provide personnel;
- provide relevant local information to DOH; and
- provide waste management facilities.

Support DOH in investigating gastro-intestinal disease outbreaks, in accordance with established protocol.

Disposal of Human Bodies

This is the responsibility of the Coroner's Office, however Public Health Services may be asked for advice on temporary mortuary facilities *eg* cool stores, mobile refrigeration units.

Disposal of Dead Stock/Animals

The Public Health Services department may be asked for information on suitable locations for disposal.

Welfare of Pets at Emergency Relief Centres (ERCs)

The Local Laws Officers may be directed by the Executive Officer- Local Laws to assist to advise, implement and supervise the temporary housing of pets at ERCs.

- Injured pets will be the responsibility of the pet owner to care for. In some circumstances assistance to pet owners will be provided by Local Laws Officers to have the pet transported to a vet or animal shelter.
- The burial and removal of pets that are deceased on arrival or die at the ERC will be the responsibility of pet owners. To minimise nuisance or health risks the Local Laws Officer will have the authority to remove or arrange the removal of a deceased pet.
- The provision of temporary shelter, food and water for pets will be provided for the Shire and arranged by the Local Laws Officer where these provisions

are not provided by the pet owner. At any time the Local Laws Officer will have the authority to remove pets and transport them to a registered animal shelter. The subsequent costs will be borne by the pet owner.

DRAFT

Table 3. Communicable diseases of public health importance

DISEASE	DISASTER POTENTIAL	PUBLIC HEALTH MEASURES
WATER AND FOOD-BORNE DISEASES		
Typhoid and paratyphoid fevers	Disruption of sanitary services and sanitary control of food and water	Adequate disposal of excreta
Food poisoning	Mass feeding and inadequate refrigeration/cooking facilities	Safe water for drinking and washing Sanitary food preparation
Leptospirosis	Contamination of water/food, flooding of areas with high water tables	Isolation and treatment of early cases (typhoid and paratyphoid)
PERSON-TO-PERSON SPREAD		
Shigellosis (bacillary dysentery)	Crowding, poor sanitation	Reduce crowding Adequate washing facilities
Streptococcal diseases		Public health education
Scabies	Overcrowding	Disease surveillance/ treatment
Hepatitis A	Contamination of water/food, inadequate sanitary facilities	Treatment of clinical cases Immunisation Safe food preparation
RESPIRATORY SPREAD		
Measles	Introduction of measles to susceptible persons	Adequate levels of immunisation before the disaster Reduce crowding Disease surveillance in clinics and community
Whooping cough	Overcrowding	
Diphtheria	Overcrowding	
Influenza	Overcrowding	Isolation of index cases
VECTOR-BORNE DISEASES		
Louse born typhus	Unhygienic conditions, overcrowding	Disinfection
Plague	Inappropriate rodent control	Vermin control
Australia arbo encephalitis	Availability of water sites for mosquito breeding	Vector control Disease surveillance
WOUND COMPLICATIONS		
Tetanus	Emergency situations	Immunisation

(reference: AIEH Course notes, Public Health Emergency Management Course)

Disinfection and Cleaning

Following an emergency, especially floods, buildings can be contaminated with sewage, soil and other infectious matter. This can lead to stagnant water and potentially infectious and offensive conditions. Following floodwaters, consider de-contamination of:

- buildings, including sub-floor spaces, wall cavities and ducts (see SOP for assessment of emergency affected housing); and
- swimming pools and other open recreational waterways.

Oversee the cleaning and decontamination of public swimming pools, spas and other facilities.

Facilitate distribution of information and advice to the community, as necessary:

- clean up and disinfection of the house following flood;
- cleaning and disinfection of swimming pools; and
- clean-up of registered premises, especially high-risk premises such as childcare and aged care.

To sanitise small items, soak them for at least 5 minutes in a sink of water at 50°C with bleach.

If using household bleach, then add 1.25mLs to every litre of water used.

If using commercial bleach, add 0.5mLs per litre of water used.

Alternatively you can soak the items for 2 mins in clean water at a temperature of 82°C or hotter.

Chlorine concentrations required for disinfection can be found in the DOH publication *Guidelines for the investigation of gastrointestinal illness*

Environmental Hazards

There are a number of environmental hazards that may arise following an emergency:

- hazardous materials from semi-demolished buildings, such as asbestos;
- soil contamination;
- industrial chemical spills or releases (Hazmat incidents);
- disposal of toxic waste;
- spills or releases in domestic premises;
- blue-green algae; and
- recycled water.

Liaise with relevant agency and implement strategies to protect the public from exposure. These can include:

- sampling and analysis;
- erection of signs and public notices; and
- distribution of information and advice to the community.

Checklist for Public Health Risks in an Emergency

PROVIDING SAFE AND ADEQUATE WATER

Detail townships/communities affected: _____

Source of water supplies for the towns/communities affected:

- q tank
 - q bore
 - q stream
 - q reticulated/mains
- responsible authority: _____
contact details: _____

COMMENTS:

Issues to consider – refer to and implement relevant SOPs:

- q contaminated private water supplies
- q water sampling
- q provisions of information on water treatment
- q provision of alternative water supply (responsibility of Water Authority)
- q inspection of water cartage vehicles (refer to list of water carters)
- q list of suppliers of bottle water
- q hygienic storage of water

COMMENTS:

FOOD and FOOD RELATED ISSUES

Issues to consider – refer to and implement relevant SOPs:

- q food premises affected by emergency
- q emergency catering at:
 - § emergency relief venues
 - § for emergency workers
- q donated food
- q private homes
- q distribution of information on issues such as:
 - § food safety during/following power failure
 - § protecting food from contamination
 - § disposal of spoilt food
 - § clean up procedures

COMMENTS:

SHELTER

Have any emergency relief venues been opened? **yes/no**
If so, implement SOP and checklist for activating and managing emergency relief centres. Liaise with MERO/MRM regarding the establishment of new emergency relief venues

Any private homes affected? **yes/no**
If yes, complete assessments of emergency affected housing using checklist.

Do affected persons need information regarding clean up, damaged buildings *etc*?

Method of distribution _____

PROVISION OF EMERGENCY ABLUTION FACILITIES

	Males			Females	
	WC	Urinals	HWB	WC	HWB
Patrons	1 per 20 persons	1 per 25 person	1 per 30 persons	1 per 15 persons	1 per 30 persons

Calculate the number of facilities (toilets, showers and laundry facilities) required for displaced persons: _____

Issues to consider – refer to and implement relevant SOPs and checklist

- q location of facilities
- q maintenance of facilities
- q who is responsible?
- q disposal of waste (may need to liaise with EPA)
- q cleaning
- q are any records being kept?

COMMENTS:

WASTE WATER TREATMENT

Liaise with the EPA regarding wastewater disposal strategies and to ensure appropriate type of system.

Name of EPA representative? _____

Contact details _____

Evaluate the use of existing septic tank systems

- treatment plants
- plumbing fixtures
- damage to pipe works
- disposal area
- damage to existing fibreglass systems
- availability of reticulated water

COMMENTS:

Is community information required? Distribute information on:

- living in caravans on private property during rebuilding
- de-sludging and maintenance
- protecting septic tank systems from damage by demolition machinery

Other information required:

REFUSE COLLECTION and DISPOSAL

Issues to consider – Liaise with municipal engineer and EPA regarding waste management requirements

- siting of bins and services in community and relief venues
- concerns/complaints
- commercial premises requirements
- providing domestic bins and services
- damaged or destroyed bins
- keeping of records
- alternative disposal sites

COMMENTS:

Dead animals or stock? _____ Yes/no/not applicable

Liaise with the municipal rangers

Liaise with DPI for disposal methods

Is community information required? Distribute information on:

- | | |
|--|---|
| <input type="checkbox"/> storage and separation of waste prior to collection | <input type="checkbox"/> location and use of additional bins and services provided throughout the emergency affected area |
| <input type="checkbox"/> disposal of spoilt and damaged food | |

Other information required:

VERMIN and VECTOR CONTROL

Monitor and control breeding and harbourage of vermin and vectors in areas of concern:

- | | |
|---|---|
| <input type="checkbox"/> food preparation and storage areas | <input type="checkbox"/> damaged food premises, domestic premises |
| <input type="checkbox"/> refuse collection areas | <input type="checkbox"/> dead stock/animals |
| <input type="checkbox"/> sanitary depots | <input type="checkbox"/> burst sewerage and water pipes |
| <input type="checkbox"/> damaged/destroyed poultry sheds, piggeries and abattoirs | <input type="checkbox"/> damaged septic tank systems |

Actions:

Coordinate pest control services:

Pest controller: _____

Contact details: _____

Is community information required? Distribute information on:

- | | |
|--|--|
| <input type="checkbox"/> vector control | <input type="checkbox"/> waste management and vermin control |
| <input type="checkbox"/> personal protection | |

Other information required:

INFECTIOUS DISEASE CONTROL

Potential for infectious diseases: yes/no

Any concerns regarding infectious disease outbreaks to be notified to DOH.
Investigate any possible outbreaks in accordance with DOH publication *Guidelines for the investigation of Gastrointestinal Illness*

Officer responsible: _____

Documentation kept?

Vaccination sessions (if required)

Issues to consider

- q locate suitable venue/s _____
- q distribute information and advice
- q assist with the coordination of vaccination session/s
- q provide refrigeration and storage
- q provide personnel *i.e.* nurses, administration
- q provide waste management information

DISINFECTION and CLEANING

Issues to consider: Provide advice on how to clean and disinfect:

- q private houses
- q public swimming pool, spas etc
- q commercial premises

COMMENTS

Is community information required? Distribute information on:

- q clean-up and disinfection of private homes following a flood
- q cleaning and disinfection of swimming pools and spas

Other information required:

ENVIRONMENTAL HAZARDS

What is the hazard? _____

Agencies involved and contact details: _____

Are the following required?

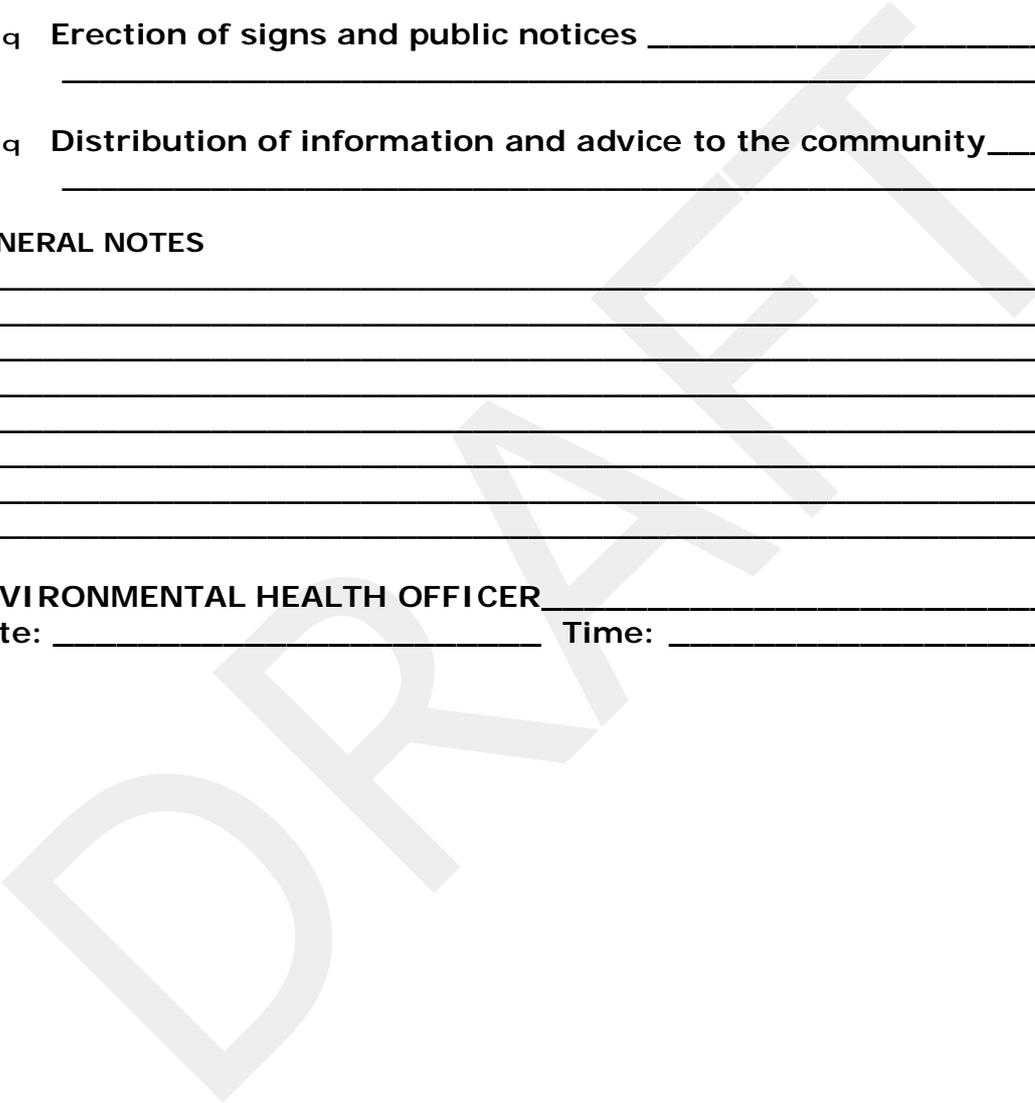
q **Sampling and analysis** yes/no
If yes, what: _____

q **Erection of signs and public notices** _____

q **Distribution of information and advice to the community** _____

GENERAL NOTES

ENVIRONMENTAL HEALTH OFFICER _____
Date: _____ Time: _____



SOP - Assessing Emergency Affected Housing

Attachment: Survey for damaged premises/affected housing

Purpose

The purpose of this SOP is to assist EHOs to:

- identify and assess public health risks associated with emergency affected housing;
- provide the community with advice and information to assist their protection from public health risks; and
- activate appropriate resources for the management and control of public health risks.

Scope

This procedure applies to assessment of housing in the community, where standards of accommodation may be affected by an emergency event. Housing covered by this procedure includes any type of accommodation inhabited by people in the community.

Housing and other accommodation damaged by natural disasters, accidents or without essential services may not be habitable for a period of time. Damage may have occurred to the structure of a house and its contents. There may be problems with food storage, ventilation in air-conditioned buildings, water supply pumps, sewerage systems and/or other essential services. Large amounts of waste will be generated. Pest control will become an issue.

The best means of distribution will vary depending on the situation. For example, it may be appropriate for EHOs to distribute information by hand during on-going inspections. The Executive Officer Public Health will liaise with the Communications sub-Plan Coordinator to coordinate and distribute any information.

Procedure

Assessments of emergency affected housing should be done in consultation with the MRM and other relevant agencies, to minimise the impact upon affected people. Ideally, assessment teams should include recovery staff able to assess broader community needs.

The outcome of the housing assessment will determine:

- any public health information and advice that needs to be distributed;
- any resources that need to be requested to address public health issues; and
- the need for further inspections and public health activity to assist recovery.

Assessment

Each team should consist of at least one EHO, one building surveyor and recovery personnel (personal support, DOH representative). Additional resources may need to be obtained.

The assessment will include:

- completing a survey form (developed using the *Survey of Damaged Premises* template or others previously used for these purposes);
- recommendations to the Executive Officer Public Health Services for public health activity, based on assessment outcomes;
- warnings regarding the occupation of premises;
- advice and distribution of information;
- inspections, to give clearance for rehabilitation of emergency affected housing;
- monitoring other public health issues, including:
 - the need to address actual or emerging public health risks
 - the need for new advice and distribution of information
 - the need for additional resources.
- gathering and feedback of information to the MERO and/or MRM, to pass on other appropriate response and recovery agencies.

The Public Health sub-Plan Coordinator or Deputy will continue to liaise with the MRM and building surveyor, to arrange for ongoing visits if required and to report assessment results.

Any other community concerns noted during the housing assessment should be reported to the MRM.

Survey for damaged premises/affected housing

1. Address of premises:

If unable to provide a street address, give approximate location and distinguishing features (for example, 200 metres NW from the corner of X street).

2. Contour details: Is the property:

- steep
- flat
- undulating

3. Names of owner and occupier and contact details
(especially if not living at damaged house).

Name of person/s present at time of visit.

Has any person visited the Emergency Relief Centre? yes/no/NA

Name of person: _____

4. Damage assessment summary:

House

- intact
- damaged
- destroyed

Comments

Outbuildings

- intact
- damaged
- destroyed

Comments

5. Has insurance assessor assessed property? yes/no/NA

6. What essential services have been interrupted:

- power
- gas
- water
- phone

Duration of interruption: _____

8. Have any services been restored? yes/no/NA
If yes, which services

9. Is there an operational toilet on the property? yes/no/NA

10. Is property connected to the sewer? yes/no/NA

11. Are there any problems with the sewer? yes/no/NA
If yes, describe the problem _____

12. Is the septic tank operational? yes/no/NA
13. Is a mechanical treatment plant used? yes/no/NA
If so, what type?
14. Is the septic tank connected to a sand filter? yes/no/NA
15. Does the septic tank system require an electric pump? yes/no/NA
16. Is there an operational potable water supply to the property? yes/no/NA
If so, what type? _____
17. What is the source of water supply to the property:
 q reticulated/mains
 q tank
 q bore
 q stream
18. Is there any evidence of putrescible matter, dead animals or domestic
 pets on the property? yes/no/NA
 If so, give details:
19. Have freezer and refrigerator contents been removed? yes/no/NA
20. Are there conditions or objects that are potentially dangerous?
 (eg trees, swimming pools, LP gas cylinders) yes/no/NA
 If so, state condition: _____
21. Nature of flood damage
 (refer DOH fact sheets for community advice – Appendix H):
 q carpets
 q ducted heating
 q hot water service and other gas and electrical appliances
 q swimming pool
 q water supply
 q wall cavities and insulation
 q under house
 q food supply
 q other.

Comments

22. Structural soundness
 Roof _____
 Ceiling _____
 Walls _____
 Floors _____
23. Are there any other health or sanitation problems? yes/no/NA
 If so, give details:
24. Has an inspection marker been placed? yes/no/NA
25. Is temporary site accommodation required? yes/no/NA

26. Is there a caravan or other temporary accommodation on-site? yes/no/NA

27. Is there an area suitable for a caravan on-site? yes/no/NA

28. Does this area need to be cleared before siting of caravan? yes/no/NA
If so, give details:

Name and address of temporary accommodation provider i.e. caravan owner:

29. Power connected to caravan? yes/no/NA

30. Toilet provided? yes/no/NA
a. Type of toilet supplied
b. Supplier details:

31. Sanitary contractor required? yes/no/NA

32. Site clearing required? yes/no/NA

33. Material on-site needing removal? yes/no/NA
c. Approximate quantity _____m³
d. Is material easily accessible? yes/no
e. Has Council's site clearing form been signed by the owner? yes/no
f. Site cleared by:

Recommendation: *(Delete one)*

i. Suitable for human habitation

ii. Unsuitable for human habitation

Other comments:

Environmental Health Officer: _____

Building surveyor or other agency: _____

Initial inspection date: _____ **Time of inspection:** _____

Follow-up inspection date: _____ **Time of inspection:** _____

Recovery action undertaken:

SOP - Emergency Relief Centre Venues

Attachment: Emergency Relief Centre Inspection *pro forma*

Purpose

The purpose of this SOP is to assist EHOs to:

- assess and provide advice on public health aspects of Emergency Relief Centres, prior to an emergency.

Scope

Municipal councils are responsible for ensuring emergency shelter and short-term accommodation is provided during an emergency, with the arrangements recorded in the Municipal Emergency Management Plan and the Municipal Recovery Plan.

The procedure is to aid the assessment of proposed Emergency Relief Centre venues not designed or normally used for accommodation, such as community halls. Assessment considers aspects that relate to public health and safety, including capacity and available facilities.

Emergency Relief Centres may be required for a small or large number of people of varying ages and vulnerability. The stay in an Emergency Relief Centre will be short with people returning to their homes, finding alternative accommodation with family or friends, or relocating to temporary accommodation. The Emergency Relief Centre will provide people with basic human needs including food, water and emergency accommodation, while the threat is still apparent.

The EHO and the Building Surveyor have vital roles in providing advice on public health and safety aspects of Emergency Relief Centres.

Procedure

Assessment of emergency relief centres should be undertaken prior to an emergency.

Identification and inspection of venues

The Public Health sub-Plan Coordinator or Deputy will liaise with the responsible building surveyor identified in the MEMPlan, the Municipal Recovery Manager (MRM) and the Municipal Emergency Management Planning Committee (MEMPC) to:

- review MEMPlan for existing identified relief centres;
- identify new or additional emergency relief centres; and
- outline the assessment purpose and approach to MEMPC.

Coordinated health and building inspections of the proposed emergency relief venues may be completed in consultation with other agencies.

These include:

- the owners and/or committees of management responsible for day-to-day management of venues; and

- other local support agencies such as Red Cross, which may have requirements for their own emergency operations.

Inspections will be carried out using the inspection *pro forma* provided.

Considerations

Short-term duration: Where the majority of people do not require bedding or substantial meals, only shelter and light refreshments.

Buildings are assessed at a ratio of one (1) person per 1.5 square metres of floor area.

Longer-term duration: Where the majority of people are required to be provided with sleeping accommodation (for example, mattresses and blankets) and substantial meals.

Buildings are assessed at a ratio of one (1) person per 3 square metres of floor area and are limited by the facilities provided.

Facilities can be assessed at a minimum of three toilets and two showers per 150 people to be accommodated.

Emergency campsites: If necessity dictates, people are to be accommodated in tents.

The siting and layout of such a campsite, particularly if it embraces showers, toilets and kitchen facilities, will require thorough planning. If expertise in this area is limited, the services of the AIEH EMSIG or the Australian Defence Forces can be sought.

Venue

The following should provide a guide to assessing venue capacity and suitability:

- area available — for sleeping and other uses;
- ventilation, heating and cooling;
- light;
- communication (telephone lines *etc*);
- gas and electricity;
- potable water supply;
- kitchen facilities;
- toilets and hand basins;
- ablutions;
- laundry facilities;
- wastewater treatment and disposal;
- drainage;
- access;
- site topography;
- vector control services; and
- waste management services.

Not all safety aspects will be addressed by the EHO. The building surveyor and the Fire Brigade should address aspects such as fire safety, including exits and fire extinguishers.

Reporting

Venues selected for use as emergency relief centres are recorded in the MEMPlan. The following outcomes of the assessment will be reported:

- name of centre;
- address (may be rural address or RMB);
- Melways reference/CFA rural directory;
- directions for entry to halls within multi-purpose venues;
- availability of mobile telephone networks and other telecommunications services;
- suitability for use as an emergency relief centre;
- maximum numbers of people or other limitations;
- recommendations for maintenance and minor works required; and
- recommendations for actions to be taken once venue is activated.

Details of additional facilities required to operate venue at maximum capacity must be recorded.

For example

Additional toilet facilities may be required, depending on area available for internal and external camping.

This data must be kept and easily accessible by the EHO and other municipal officers.

Annual review

The Executive Officer Public Health Services (or Deputy) will participate in the annual review of venues (site tour), to verify their ongoing suitability for the proposed use.

Stakeholders consulted during the initial inspection will be included in the review process.

Follow-up inspections may be required after maintenance or alterations have been undertaken.

The MEMPlan (and Public Health sub-Plan if applicable) will be updated as required.

Emergency Relief Centre Venue Inspection pro forma

Name and address of venue: _____

Type of premises: _____

Owner:

Name _____

Address _____

Phone: BH: _____ AH: _____

Occupier: Name _____

Phone: BH: _____ AH: _____

Keys located: _____

Available sleeping space *internal* (m2) _____

Available camping area *external* (m2) _____

Ground surface: _____

Kitchen facilities: _____

Water available: yes/no Type: tank / reticulated / other

Max volume available (tank): _____

Structural soundness of building: _____

Vehicle access to site: _____

Power available? yes / no Type: generator/mains

Sanitary facilities	WCs	Urinals	Hand basins	Troughs	Showers	TOTAL CAPACITY
Male						
Female		XXXXXX X				

Laundry facilities: _____

If not connected to the sewer, what type of system is installed? _____

Capacity of septic: _____ litres

Disposal method: _____

If a septic tank system, does the tank need de-sludging?yes/ no

Date of last de-sludging _____/_____/____

Fire safety (no. of exits and extinguishers): _____

Any other remarks: _____

Assessed by: _____

Date: _____/_____/____

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Appendix M Example of Memorandum of Understanding (MOU)

THIS MEMORANDUM OF UNDERSTANDING is made the day of

BETWEEN:

1) _____ in his/her capacity as Chief Executive Officer of the Council

Signature: _____

AND

2) _____ in his/her capacity as Chief Executive Officer of the Council

Signature: _____

AND

3) _____ in his/her capacity as Chief Executive Officer of the Shire Council

Signature: _____

AND

4) _____ in his/her capacity as Chief Executive Officer of the Shire Council

Signature: _____

AND

5) _____ in his /her capacity as Chief Executive Officer of the Shire Council

Signature: _____

RECITALS

- a) The Parties to this Understanding are either signatories to, or principal stakeholders in, the Municipal Emergency Management Plan for their respective Municipalities, made in accordance with Council's obligations under the Emergency Management Act.
- b) Each party desires to promote the objectives of the Act and in so doing to minimise the risk to their various municipalities.
- c) This Understanding is in addition, and complementary to, the Emergency Management arrangements reproduced in the Victorian Emergency Management Manual and the Regional Emergency Response Plan as they exist from time to time.
- d) The parties wish to record: -
 - their understanding to cooperate with each other to the maximum extent practicable to ensure the efficient and timely deployment of human resources in the event of an Emergency Incident in the Region.
 - the basis on which it is understood that deployment should take place.

THE PARTIES AGREE AND DECLARE AS FOLLOWS:

1. STATUS OF UNDERSTANDING

This Understanding is not intended to be legally binding and the provisions of this understanding shall be interpreted accordingly.

2. DEFINITIONS

2.1 In this Understanding unless the context otherwise requires:

"Applicable Occupational Health and Safety Law" means the OH&S laws which apply from time to time in the jurisdiction in which a Loaned Employee is working pursuant to Clause 3 of this Understanding.

“Party” means a Municipality, party to this Understanding, and on whose behalf the Chief Executive Officer of their respective Municipalities has signed this Understanding.

“Host Agency” means a Party, which received a Loaned Employee from a Lending Agency pursuant to this Understanding. (The Host Agency will be a Municipality, being a signatory to this understanding).

“Lending Agency” means a Party, which supplies a Loaned Employee to another Party for the purpose of assisting a response to an Incident in accordance with this Understanding.

“Loaned Employee” means an employee of a party made available to another party pursuant to sub-clause 4.1 of this Understanding.

“Incident” means an actual or threatened incident of a kind, which warrants a response pursuant to the Emergency Management Plan.

“The Parties” means the parties to this Understanding.

“Personnel” means persons employed by a Party and includes senior officers and employees who are listed from time to time in the various municipalities Emergency Management Plans.

3. COMMENCEMENT OF REVIEW OF UNDERSTANDING

3.1 The Understanding will commence on 1st June 2004 and will be reviewed by the Parties every two years. Following such a review, this Understanding may be revised and renewed.

3.2 This Understanding will remain in effect (notwithstanding the outcome of any review) until such times as: -

- a) by mutual consent, it is formally revised by all the Parties; or
- b) by unilateral action, any Party gives written notice to all of the parties of its intention to no longer participate in the Understanding in which case: -
 - i) the Party giving the notice will cease to be a Party; and

- ii) all the other Parties will continue to be Parties.

4. DEPLOYMENT OF PERSONNEL

- 4.1 *Where there has been an Incident, a Party may request of another Party that personnel whether named individuals or specified classes of persons, be made available to the requesting Party to assist it to respond to the Incident.*
- 4.2 *A request pursuant to sub-clause 4.1 must in writing and name or specify the personnel sought to provide assistance. In exceptional circumstances or cases of urgency, a request may be made orally but must be confirmed in writing within 48 hours of the oral request.*
- 4.3 When a request pursuant to sub-clause 4.1 is received, subject to the availability of relevant personnel under their direct control, the parties undertake to make available personnel to the requesting Party as requested. Where the personnel are not under the direct control of the Party, that Party shall take all necessary action to assist to make the personnel available to the Host Agency.
- 4.4 The Loaned Employee shall provide assistance to the Host Agency for the duration of the incident response / recovery (that, is until the formal announcement of the termination of the response / recovery, or for a shorter period if the Host Agency so decides.
- 4.5 The Parties will endeavour to ensure that personnel made available pursuant to sub-clause 4.1 are appropriately trained, and/or qualified to perform the functions, which could be expected to be allocated during an emergency incident.

5. GENERAL TERMS GOVERNING PROVISION OF LOANED EMPLOYEES

- 5.1 Personnel made available pursuant to Clause 4.1 shall continue at all times to be and shall remain the employee of the Lending Agency. The Lending Agency shall continue to be liable to pay the personnel's wage or salary and all entitlements arising under the contract of employment between the employee and the Lending Agency.
- 5.2 It is the intention of the Parties that redeployment of personnel under this understanding will not sever or otherwise alter the existing employment relationship between a Loaned Employee and the Lending Agency.

5.3 Without prejudice to clause 5.1, it is the intention of the Parties that duly authorised persons of the Host Agency have the power to direct Loaned Employees as to the manner and form of work to be performed by the Loaned Employee while the Loaned Employee is made available under this Understanding to the Host Agency. By virtue of this clause, general authority to so direct Loaned Employees is hereby conferred upon Host Agencies by Lending Agencies.

5.4 The Lending Agency shall endeavour to ensure that personnel are made aware of their obligation to comply with directions of duly authorised persons of the Host Agency during an Incident.

6. EXPENSES AND WAGES

6.1 The Host Agency shall provide to the Lending Agency details of hours worked and the nature of the duties undertaken during the period of the loaned Employee's absence from his/her normal place of work for the purpose of assisting with an emergency incident pursuant to this Understanding.

6.2 The Host Agency shall pay all the reasonable expenses, including travel, accommodation and incidentals, of Loaned personnel incurred during their period of assisting with the emergency incident.

6.3 Under this Memorandum of Understanding, the requesting Municipality (Host agency), reimburses all of the costs and expenditure incurred by any Municipality providing a loaned employee or employees (the Lending agency) as the result of a request for assistance to aid the Host agency in responding to an emergency incident. Accordingly, where the host Agency has paid the reasonable expenses of a Loaned Employee in accordance with clause 6.2, the Host Agency should, where it is entitled to do so, seek reimbursement from State Displan funds through the appropriate channels.

7. WORKERS' COMPENSATION

7.1 The Parties recognise that Australian workers' compensation laws continue to apply to Loaned Personnel even where the employee in question suffers an injury in a jurisdiction which is not that employee's normal jurisdiction of employment. Accordingly, the Parties recognise that any Loaned Employee who suffers a compensable injury or contracts a compensable disease in the course of his/her work for the Host Agency shall be entitled to pursue workers' compensation in accordance with his/her legal rights.

8. OCCUPATIONAL HEALTH AND SAFETY

8.1 The Host Agency shall be responsible to the Lending Agency for any costs and expenses which may arise as a result of a Loaned Employee suffering any injury of being involved in any incident for which liability to prosecution or suit under an applicable Occupational Health and Safety law may arise.

9. NEGLIGENCE OF LOANED EMPLOYEES

9.1 In any claims or actions against the Host Agency or Lending Agency resulting from the negligence of a Loaned Employee, the Host and Lending agencies will cooperate with each other to the fullest extent and will provide any information of assistance reasonably required in relation to any such claim or action.

9.2 Subject to any law to the contrary, the Host Agency shall be responsible to the Lending Agency for any costs and expenses which may arise as a result of the act or omission of the Loaned Employee acting under direction of the Host Agency.

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