

# ENVIRONMENTAL HEALTH INCIDENT MANAGEMENT FRAMEWORK

<b>Target Audience</b>	All jurisdictions
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## AMENDMENT RECORDS

Proposals for amending this Framework are to be forwarded to the enHealth Secretariat at the Australian Government Department of Health at: [enHealth.Secretariat@health.gov.au](mailto:enHealth.Secretariat@health.gov.au)

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- CDPLAN Emergency Response Plan for Communicable Disease Incidents of National Significance, AHPPC, September 2016.

## **Authority**

The Environmental Health Incident Management Framework (EHIMF) was developed by the Environmental Health Standing Committee (enHealth) of the Australian Health Protection Principal Committee.

The EHIMF was endorsed by the Australian Health Protection Principal Committee on 5 July 2021.

## **Certificate of Amendment**

enHealth will review the EHIMF as appropriate.

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# Environmental Health Incident Management Framework (EHIMF)

## Introduction

The Australian Government Department of Health is responsible for planning for the management of national health emergencies. Part of this responsibility is planning how the health sector will respond to and manage communicable disease outbreaks, epidemics, pandemics and public and environmental health threats of national significance that can adversely impact human health and result in increased demand for health service delivery and health workers.

The National Health Emergency Response Arrangements ([NatHealth Arrangements 2011](#)) detail the strategic arrangements and mechanisms for the coordination of the Australian health sector in response to emergencies of national consequence.

The Environmental Health Incident Management Framework (EHIMF) is a supporting framework of the NatHealth Arrangements. enHealth opted to develop an incident management 'framework' rather than a 'plan' in recognition of the diversity of potential environmental health incidents and how they could arise. It is considered that a framework approach provides the necessary flexibility to effectively manage these incidents.

# 1. OVERVIEW OF FRAMEWORK

## 1.1 Scope and purpose of the framework

An environmental health incident is defined as an occurrence or set of circumstances, as a consequence of which pollution (air, water, noise, or land) or an adverse environmental impact has occurred, is occurring, or is likely to occur that adversely impacts human health. The National Incident Room (NIR), once activated, coordinates national responses to health emergencies, significant events and emerging threats, where there is an impact on human health or health systems including environmental health incidents.

The EHIMF has been developed to:

- Address major environmental health incidents of national significance, particularly natural disasters or emergencies or widespread environmental contamination events that threaten public and environmental health;
- Complement, where applicable, other national emergency plans that support the NatHealth Arrangements.

Primary responsibility for the management of environmental health incidents within a jurisdiction would typically lie with the relevant state or territory. The Australian Government can provide assistance with coordination of response and resources should an incident exceed state and territory capacity, be multi/cross jurisdictional or if otherwise requested.

The EHIMF works in conjunction with the [Commonwealth Disaster Plan \(COMDISPLAN\)](#) that is activated following a request for assistance through Emergency Management Australia (EMA).

## 1.2 Objectives

The objectives of this framework are to:

- describe the context within which the Australian Government Department of Health and state and territory government health departments will function during any major environmental health incidents of national significance
- clarify roles and responsibilities of the Commonwealth and state and territory health authorities including inter-jurisdictional committees and decision-making bodies
- describe the mechanisms through which a major environmental health incident of national significance is declared, including how this framework will be escalated and stood down
- describe preparedness and response measures that may be taken in anticipation of, or during a major environmental health incident of national significance.

The strategic objectives guiding the EHIMF, are in accordance with the objectives of the AHPPC and enHealth governance structures and are to:

- provide a coordinated and consistent response across Australia to minimise impacts on public and environmental health
- optimise and support jurisdictions involved in overlapping environmental health incident responses and minimise the burden on public and environmental health systems
- utilise Australia's collective public and environmental health expertise
- raise incident awareness and inform the public, key stakeholders and the media regarding measures needed to be taken
- work collaboratively across sectors of government to protect affected communities.

By ensuring that all parts of the health sector understand the systems, processes and roles described in this framework, the use of this framework will then:

- ensure rapid, timely, coordinated action
- reduce morbidity and mortality to the greatest extent possible
- ensure health service 'business as usual' is protected as much as possible

- ensure current and authoritative information for health professionals, the public and media at all stages of the response.

### 1.3 Target audience

This framework should be read and used by all agencies and individuals in the health sector as a high-level guide to the preparation for and response to a major environmental health incident of national significance. This framework is primarily relevant to:

- the Australian Government Department of Health;
- state and territory government health departments;
- joint Commonwealth/State/Territory health committees;
- officers working in the public and environmental health sector.

### 1.4 Principles

To promote an integrated coordinated response to environmental health incidents that is proportional to the environmental health threat, and entail:

- utilising existing state and territory systems and governance mechanisms
- linking with emergency response arrangements and established incident/emergency/disaster management systems to provide clear decision pathways and to avoid duplication
- applying a flexible approach, which can be scaled and varied to meet the needs at the time
- support jurisdictions under stress in relation to insufficient expertise or inability to sustain available staff response to incidents
- making timely evidence-based decisions
- maintaining effective communication as a key tool in managing the response
- collecting detailed environmental health surveillance data to direct action.

### 1.5 Environmental Health in Australia

Environmental health risks are managed by a range of complementary national, state and local agencies, all of which contribute to a national system of health protection. In general, risks are managed through regulatory frameworks administered by health and other agencies at the state and territory level and through local governments. These regulatory frameworks operate within a context of nationally coordinated policy and standard setting. The Australian Government, through its own legislation, manages those environmental health risks associated with services or facilities it manages.

Health agencies are the primary advisors to governments at state and national level on whether a particular hazard constitutes a risk to health. Once codified into standards, other non-health agencies are able to administer regulatory schemes to achieve those health standards. Health agencies focus on more complex situations and emerging hazards that are uncommon or novel, whether health and environmental standards have been exceeded during emergency situations, and activities such as the investigation of non-communicable disease clusters.

Some environmental health risks are not regulated by a national or state agency (e.g. Nuclear Powered Warship (NPW) visits to Australia). Risks that are not subject to regulation should still be assessed and managed to ensure public health is protected. Public health agencies may need to advocate for the assessment and management of such risks to be co-ordinated and actioned while having a key contributing role.

### 1.6 Legislation

Key areas of legislation in the health and emergency sectors, relevant to the EHIMF, excluding those specifically detailed in other related plans, including the Emergency Response Plan for Communicable Disease Incidents of National Significance ([CDPLAN](#) 2016) are outlined below.

### **National Health Security Act 2007**

The *National Health Security Act 2007* (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Commonwealth, states and territories and the World Health Organization (WHO). The National Health Security Agreement supports the NHS Act and formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.

### **International legislative obligations**

The *International Health Regulations 2005* (IHRs) is an international public health treaty to help the international community prevent, detect and respond to acute public health events with potential to cross borders and threaten populations worldwide. As a signatory, Australia has a range of obligations, including reporting and maintaining core capacities at designated points of entry.

### **Therapeutic Goods Act 1989**

The *Therapeutic Goods Act 1989* establishes a framework for ensuring the timely availability of therapeutic goods (i.e. medicines, medical devices and biological products) that are of acceptable quality, safety and efficacy/performance. There are provisions within the legislation that operate at an individual patient level and at a program level (such as the maintenance of a National Medical Stockpile) to allow for the importation and supply of products that have not been approved for use in Australia. These products may be required to deal with an actual threat to individual and public health caused by an emergency that has occurred or to prepare to deal with a potential threat to health that may be caused by a possible future emergency.

### **Public Health Legislation**

State and territory legislative provisions that would support responses to major public and environmental health emergencies are included in the relevant legislation of each jurisdiction that deals with local incidents and emergencies. Examples include public health legislation, radiation protection legislation, food safety legislation, and safe drinking water legislation, including relevant and subordinate legislation.

### **Disaster and Emergency Acts**

Each Australian jurisdiction has a disaster or emergency Act, which outline broad emergency arrangements, conveying of special powers, arrangements for declaring a state of emergency and roles and responsibilities of lead and support agencies.

### **Privacy Act 1988**

The *Privacy Act 1988* (Part VIA) enables information exchange for a permitted purpose between Commonwealth Government agencies, state and territory Government agencies, private sector organisations, non-government organisations and others (including community health centres and local government) in an emergency or disaster for a permitted purpose.

## **1.7 Ethical framework to support decision making**

Health decision makers and individuals will face difficult decisions during the course of a major environmental health incident of national significance. Decisions may affect all people, and there might be tensions between the needs of individuals and the population.

An ethical framework to guide the health sector response provides values to take into account when planning and implementing actions.

An ethical framework includes:

- **Protection of the public:** Ensuring that the protection of the entire population, specifically human life, health, safety and wellbeing, remains a primary focus.
- **Stewardship:** Leaders striving to make good decisions based on best available evidence.
- **Trust:** That health decision makers strive to communicate in a timely and transparent manner to the public and those within the health system.
- **Equity:** Providing care in an equitable manner, recognising special needs, cultural values and religious beliefs of different members of the community. This is especially important

when providing services to vulnerable individuals, including, for example, people with disability, Aboriginal and Torres Strait Islander peoples and people who are culturally and linguistically diverse.

- **Proportionality:** Ensuring that measures taken are proportional to the threat.
- **Reciprocity:** Ensuring that when individuals are asked to take measures or perform duties for the benefit of society as a whole that their actions are appropriately recognised and the legitimate needs associated with these actions are met where possible.
- **Provision of service:** Ensuring that responders are able to deliver services within the limits of the situation, commensurate with good practice and professional code of ethics.
- **Individual liberty:** Ensuring that the rights of the individual are upheld as much as possible within the constraints posed by effectively managing the incident.
- **Privacy and confidentiality of individuals:** Privacy is important and should be protected. However, under extraordinary conditions, it may be necessary for some elements to be overridden to protect the public.

The above outline for an ethical framework is the same as that outlined in the CDPLAN.

## 1.8 An approach to vulnerable populations or at-risk groups

During a major environmental health incident of national significance, there could be subgroups of the population that are disproportionately affected by the event. This could be because the event itself causes differential impact on certain groups (ie. worse for some), for those with vulnerabilities or pre-existing conditions, or for those who have limited access to services, support or information. Vulnerable populations may include Aboriginal and Torres Strait Islander peoples, the Culturally and Linguistically Diverse (CALD) community, children, older people, infirmed or people with disability.

### Definition of vulnerable people

In a health context, vulnerable people are those that:

- are known to be reliant on external support from agencies, service providers, caregivers or community networks due to a dependency, disability or limitation that affects their capacity to prepare for, respond to, and/or recover from an emergency.
- cannot identify or access personal or community support networks to help them in an emergency or have exhausted their usual support networks and resources.

There are a number of factors that affect an individual's vulnerability, including health status, access to healthcare, housing, income, remoteness, stage of life, and dependency on others for basic care.

### Roles and responsibilities for health authorities and individuals

Responding authorities should consider and prioritise the essential needs of vulnerable people before, during and after a major environmental health incident of national significance, and enable responders to readily identify, locate and communicate with vulnerable groups.

Individuals, families and the local community have primary responsibility for their own safety, care and support relating to emergency planning, preparedness, response and recovery from an emergency. This includes health emergencies such as major environmental health incidents of national significance. However, socio-economic factors may cause populations to be more vulnerable to disasters. Responding authorities need to ensure that these differences are addressed before, during, and after emergency management.

Government agencies, special facilities (e.g. prisons), service providers and individual carers that have day-to-day responsibilities to provide guardianship, care, and/or support to vulnerable people should maintain those responsibilities during and after an emergency.

Owners and operators of special facilities have primary responsibility for emergency planning, preparedness, response (including decision-making, communication and evacuation) and recovery relating to those special facilities.

### Principles for working with vulnerable populations or at-risk groups

General principles in emergency planning for vulnerable people:

- as the level of foreseeable vulnerability increases, the more comprehensive the emergency planning, preparedness, response and recovery activities are expected to be provided

- targeted and tailored advice needs to be communicated to vulnerable people and special facilities as early as possible, and delivered in a manner that is accessible to the range of vulnerable people and in a form that can be understood by these individuals
- the timely sharing of information is critical to readily identify, locate, communicate with and support vulnerable people in an emergency. Arrangements to share personal or sensitive information between those individuals, government agencies and NGOs that have a 'need to know' during an emergency, need to be established before an emergency occurs.

## 2. SCOPE OF EHIMF RESPONSE

The EHIMF has been developed using an all-hazards approach and is used in response to public and environmental health incidents affecting either more than one Australian jurisdiction, or to support a single jurisdiction where an incident is of such a nature or scale that overwhelms local environmental health resources. These include:

Day to day incident	Domestic asbestos contamination notification
Big Bang	Sudden incident, including a tropical cyclone, flood event, bushfire, thunderstorm asthma, radiation accident, or chemical fire / spill or release
Rising Tide	Slow burn emerging problem, such as widespread environmental contamination e.g. per- and poly-fluoroalkyl substances (PFAS) etc.
Cloud on the Horizon	A major threat occurring elsewhere but which may require local action, such as impacts from major dust storms, an overseas nuclear facility meltdown, volcanic eruptions or biomass burning
Headline News	Public or media alarm about a perceived threat e.g. Legionella incident
Deliberate Release	For example, a suspected intentional contamination of food

While a major environmental health incident could relate to emergencies and natural disasters, this EHIMF is considered subordinate to those actions identified in formal state and territory emergency and counter disaster plans. The following definitions apply:

**Disaster** - A situation in which substantial numbers of people are exposed to hazards to which they are vulnerable, with resulting injury and loss of life, often combined with damage to property and livelihoods.

**Emergency** - Outgrowth of a disaster, in which the affected community's capability to react has been overwhelmed and where rapid and effective action is required to prevent loss of life and livelihoods.

**Incident** - Situation in which people are potentially exposed to hazards to which they are vulnerable, with resulting public concern and the possibility of immediate or delayed risk to health (WHO, 2002).

### 2.1 Triggers for declaring an incident under the EHIMF

Any jurisdiction can convene an urgent teleconference of available enHealth members to discuss a major incident that may have national implications. The affected jurisdiction can chair the initial teleconference and will advise the Chief Health Officer (CHO) to advise AHPPC.

The AHPPC will declare an incident under the EHIMF when the Australian Government Chief Medical Officer (CMO) either identifies a major or urgent environmental health incident as advised by a jurisdiction(s) CHO(s) or after consultation with the enHealth Chair on possible national implications. Potential triggers may include:

- natural disasters affecting multiple jurisdictions, including cyclones, floods, severe weather events, bushfires, heatwaves, drought, major dust storms etc.
- chemical contamination events of national significance and requirement for coordinated multi-agency action, including per- and poly-fluoroalkyl substances (PFAS), asbestos, trichloroethylene, persistent organic pollutants etc.
- A jurisdiction identifies that it does not have relevant environmental health expertise or sufficient environmental health resources to sustain an effective response to an environmental health incident.

## **2.2 Summary of what happens in Response:**

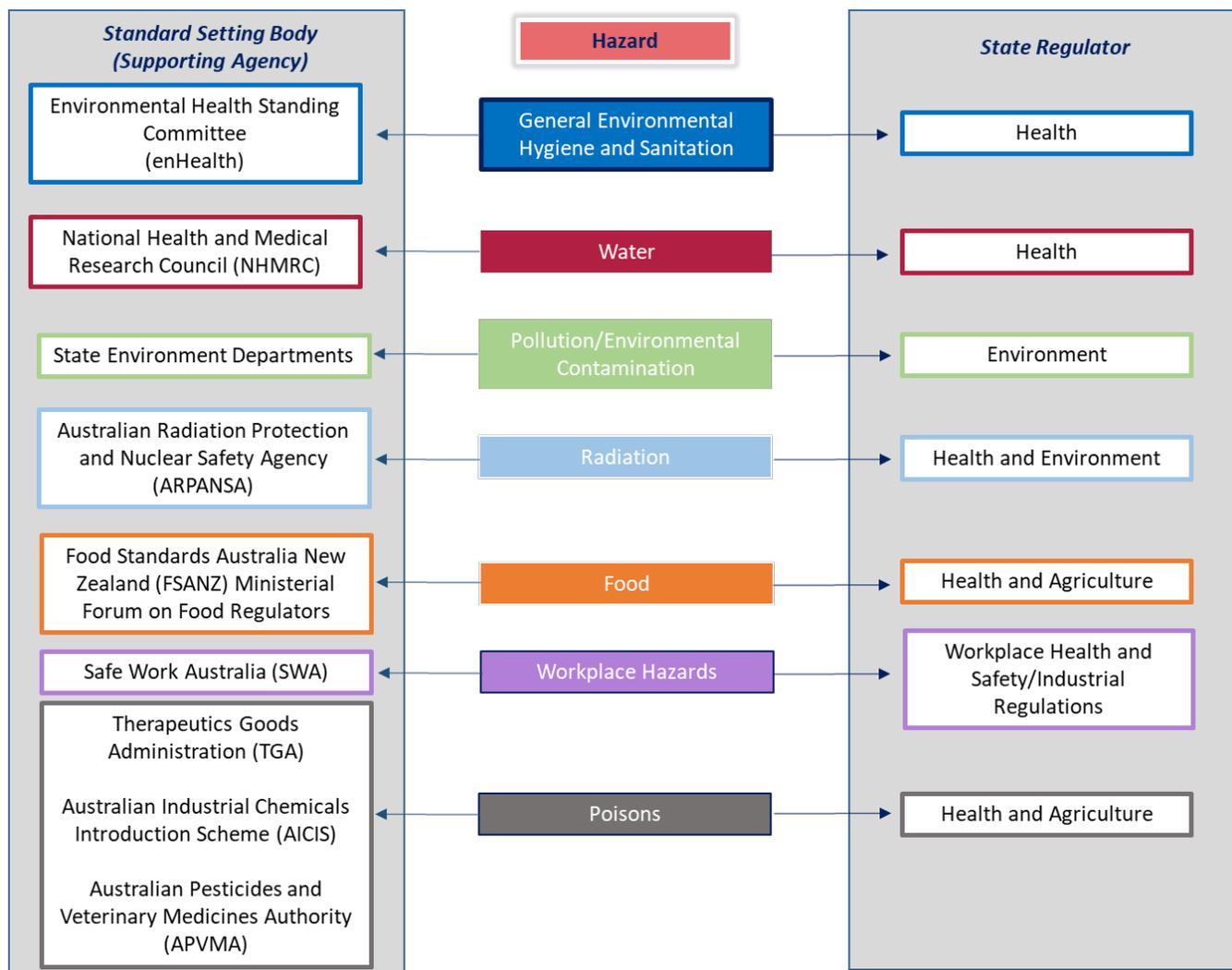
- The enHealth Chair convenes an urgent meeting of available enHealth members;
- enHealth considers the issue and agrees to the establishment of a Rapid Assessment Team (RAT) to undertake a risk assessment of the actual or emerging incident, including engaging with key stakeholders;
- enHealth will decide on the RAT membership to undertake the task depending on task at hand; expertise and knowledge required; and urgency of timing of the rapid assessment. In the first instance, advice from the relevant enHealth expert reference panel, and other technical experts as appropriate, should be sought;
- enHealth is re-convened to consider the response of the RAT and advice from enHealth's expert reference panels and other relevant experts;
- CHOs in each jurisdiction are briefed on the incident by their respective enHealth members;
- The enHealth Chair will then consult with AHPPC Secretariat to prioritise consideration by the AHPPC;
- The Australian Government CMO, as Chair of the AHPPC can, after consultation with the enHealth Chair, declare an event to be a major environmental health incident of national significance (MEHINS) and escalate coordination and response measures using this framework.

When the EHIMF is in Response stage:

- The Australian Government Department of Health: convenes AHPPC and enHealth as required; coordinates liaison with other Australian Government agencies; and advises the Minister for Health of progress and actions under the EHIMF.
- State and territory departments of health will liaise with their respective governments, the health sector and response stakeholders in their jurisdictions.
- The primary links between the Australian Government and state and territory government health authorities during a response are through AHPPC and enHealth:
  - AHPPC will coordinate national health sector policy positions for response, aiming for national consistency where feasible
  - enHealth will coordinate national technical and public health advice in response, aiming for national consistency where feasible
- All jurisdictions, and the Australian Government, will implement appropriate public health measures in their jurisdiction, in accordance with nationally agreed arrangements.

### 3. GOVERNANCE: ROLES & RESPONSIBILITIES

The following diagram illustrates relevant environmental health related decision-making, advisory and regulatory agencies:



#### 3.1 Whole of Government decision making structure

- Existing emergency arrangements are described in the [Australian Government Crisis Management Framework \(AGCMF\)](#). The Australian Government Crisis Committee (AGCC) will coordinate the response across the Australian Government.
- The primary forum for coordinating the cross-government response is the National Crisis Committee (NCC). The NCC consolidates information and coordinates information exchange and advice to ministers. The NCC also coordinates ministerial decisions across the Australian Government, state and territory and local governments.

#### 3.2 Australian Government

##### 3.2.1 Minister for Health

Under the Australian Government Crisis Management Framework (AGCMF), the Australian Government Minister for Health is the lead minister for the Australian Government response to an Australian domestic public health incident that requires a whole-of-government response. The Health Minister will generally be the Australian Government spokesperson and will ensure that public communication objectives, particularly messages to support public safety, are achieved.

Should circumstances warrant it, the AGCMF notes that the Prime Minister may assume primary responsibility for leading some or all elements of the Government's response. When this occurs, the Prime Minister's Office will advise ministers which elements the Prime Minister will lead and which elements the relevant portfolio minister(s) will continue to lead. Under these circumstances, the Prime Minister is also likely to consult with the leaders of affected states and territories to ensure a coordinated national response.

The Minister for Foreign Affairs is the lead Minister for responses to an international health crisis, supported by the Health Minister, who is responsible for:

- deploying Australian health resources overseas in response to an emergency, as required (in consultation with the Minister for Foreign Affairs)
- providing advice and implementing measures to manage an international health incident which involves a threat to Australia
- liaising with the WHO, including meeting reporting requirements under the *International Health Regulations 2005* and administering the *World Health Organization Act 1947* in Australia.

### 3.2.2 Australian Government Department of Health

The Australian Government Department of Health is the lead Agency in response to a domestic public health incident that requires a whole-of-government response.

**National responsibilities:** coordinating with state/territory health authorities and across the Australian Government, national risk assessment and risk communications, providing advice on border controls/screening arrangements, advice on social distancing or population-level interventions, clinical care through the primary health and aged care sectors, deployment of the National Medical Stockpile, human biosecurity measures, public health and clinical advice, public health information, and where required deployment of Australian Medical Assistance Teams (AUSMATs).

**International responsibilities:** the Department of Health is the National Focal Point for the purposes of giving effect to the *2005 International Health Regulations (IHR 2005)*; for liaison with WHO and State Parties at all times; and for liaison with responsible Commonwealth, state or territory bodies in relation to public health events of national significance. Under IHR 2005, the Department of Health is responsible for maintaining capacity for surveillance and response to public health events within Australia, notification to WHO in the event of a public health event of potential international concern, and implementation of WHO-recommended response measures if applicable.

A major environmental health incident may also require coordinated actions from a number of other Australian Government agencies to minimise social disruption, health and economic impacts.

### 3.2.3 AHPPC and enHealth responsibilities

The AHPPC provides overarching national leadership through cross-jurisdictional collaboration on health protection matters. AHPPC is the key coordinating committee providing the link between the Australian Government, state and territory governments and emergency management agencies. In declaring a major environmental health incident of national significance, AHPPC's role is to:

- provide national leadership in managing health protection incidents and coordinating the national health response to incidents of national significance
- provide leadership on national policy development and implementation on emerging health threats related to the environment, natural disasters and disasters related to human endeavour, including long term threats
- prepare national health systems to respond to emerging health threats and disasters through exercises and/or planning
- ensure consistent, timely and accurate communications between jurisdictions and other relevant organisations.

AHPPC is supported by standing committees. During a major environmental health incident of national significance, the key relevant standing committees and their functions are:

- the Communicable Diseases Network Australia (CDNA) coordinates the investigation and control of multi-jurisdictional outbreaks of communicable disease; and provides leadership in coordination of national technical matters in communicable disease surveillance and response. This is separately described in the [CDPLAN 2016](#).
  - CDNA provides the link between technical experts in the Australian Government, state and territory governments, national centres, and food safety through OzFoodNet
- the Public Health Laboratory Network (PHLN) advises on public health microbiology aspects of communicable disease control; including response to outbreaks of national importance
- the National Health Emergency Management Standing Committee (NHEMS) addresses the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on preparedness and response

The AHPPC and enHealth are responsible for:

- determining and maintaining national policy and broad national strategies in close consultation with state, territory and local governments in responding to major environmental health incidents
- maintaining and providing national capabilities in the risk assessment of environmental health issues/incidents
- coordinating the management of appropriate public and environmental health surveillance data and technical advice appropriate to the issue
- informing the public of planning and preparation underway and maintaining information to the public during the response to and recovery from a national incident/issue
- activating the National Incident Room (NIR) if required, which will coordinate communications, provide agencies with regular Situation Reports and advise jurisdictional health services of any change in situation.

### **3.3 State and territory government responsibilities**

#### **3.3.1 Major incident and emergency plans**

States and territories are responsible for the preparation of major incident and emergency plans. These plans should identify how essential health services will continue to be delivered in the event of a major environmental health incident. State and territory government emergency plans are expected to cover communication with all health service providers and other relevant organisations and agencies in the jurisdiction.

#### **3.3.2 Single point of contact**

States and territories must maintain a communications function that ensures effective two-way information exchange through a single point of contact on a constant basis (24/7). This means that the Australian Government Department of Health and state and territory government health departments can communicate directly with each other at all times. (See section 5.1.1.)

#### **3.3.3 State/territory incident management**

Each state and territory is responsible for their own incident coordination plan and incident management structure. Incident control provides overall direction of the response within the jurisdiction, and incident coordination brings together resources and agencies to ensure an effective response.

A state and territory incident management team may be required to manage the delegated responsibilities of planning, operations, logistics, public communication, investigation and intelligence relating to overall control of the incident.

State and territory incident controllers and/or coordinators must be able to communicate directly with their national counterparts, through the single point of contact and specific mechanisms.

State and territory Governments are responsible for:

- the primary operational response to an environmental health issue/incident
- determining and maintaining related policies, legislation and plans including implementing agreed preparedness and prevention strategies and maintaining a response and recovery capability

- working with enHealth and AHPPC and other jurisdictions reporting similar incidents/issues and the actions taken, and contributing to the national framework for responding to environmental health incidents
- seeking assistance from or providing assistance to other jurisdictions if required
- maintaining public and environmental health surveillance and technical advice
- maintaining business continuity plans and relationships with the owners and operators of critical infrastructure to enable the continuing delivery of essential services
- liaising with Australian Local Government Association and relevant Local Government authorities to maintain business continuity plans for delivery of local government essential services; and supporting national and Territory response and recovery operations by representing the needs of local communities, communicating information locally, ensuring a “bottom up” information exchange is undertaken, and contributing to the continuing viability of local communities.
- coordinating arrangements with first responders in emergencies.

## 4. COMMUNICATION

State and territory phone lines and websites may be created at the start of the incident or event and be the single point of contact for the public, alongside usual jurisdictional channels. Coordination of initial central communications however may vary depending on the type of environmental health incident and the agency that has initial regulatory responsibility for that matter.

State and territory governments are responsible for reporting issues to the single point of contact, which might require a coordinated response.

The Australian Government Department of Health may, depending on the effect on all jurisdictions:

- coordinate all national communication and media engagement activities
- provide guidance to jurisdictions and other stakeholders based on advice from enHealth through AHPPC
- coordinate the National Health Emergency Media Response Network (NHEMRN) through which they will work with state and territory governments to ensure comprehensive sharing of information and consistent messaging
- establish/activate the Australian Government Department of Health National Incident Room (NIR) to provide a potential point of communication.

National health advisory bodies, which include state and territory representation, will advise the Health Ministers and appropriate Australian Government Agencies as needed through the AHPPC.

The Australian Government Department of Health will administer the national [Emergency Health Management Website](#), to post specific information on the status of the major environmental health incident of national significance emergency and response, or, establish specific web pages on the Department of Health [website](#) to communicate national actions and information for the public.

The Australian Government and state and territory governments will share information, via existing channels, about:

- advice from appropriate authorities, including international bodies
- the risk, status and impact of the major environmental health incident in Australia or overseas
- the implementation and impact of measures to manage the response.

### 4.1 Rapid Assessment Team (RAT)

- The major roles of the RAT are to provide timely risk assessment advice to enHealth and AHPPC and undertake engagement with key stakeholders. The Decision Instrument supporting the Rapid Assessment Team can be found on page 28.

- Direct reference to the enHealth publication *Environmental Health Risk Assessment Guidelines for assessing human health risks from environmental hazards 2012* should be encouraged.

The following diagram outlines the general process for determining whether a major environmental health incident of national significance (MEHINS) can be declared.

<b>ASSESSMENT</b> By Rapid Assessment Team (RAT)	<b>DECLARATION</b> By CMO*	<b>CORRESPONDING FRAMEWORK STAGE</b>	<b>ACTIONS</b>
<b>Recommend not a major environmental health incident of national significance</b> - Reassess when required	<b>Not a major environmental health incident of national significance</b> - Reassess when required	<b>Standby</b>	<b>Continue national coordination for response to potential environmental health incident</b>  Through existing committees (AHPPC, enHealth, etc) by developing and maintaining plans; monitor for potential environmental health incidents
<b>Recommend potential major environmental health incident of national significance</b>	<b>Potential major environmental health incident of national significance</b>	<b>Response – initial action</b>	<b>Investigate, monitor and prepare</b>  This might include preparing response measures such as preparing surveillance systems, communication materials, planning investigation and research partnerships
<b>Recommend major environmental health incident of national significance</b>	<b>Declare major environmental health incident of national significance</b>	<b>Response – targeted action</b>	<b>Escalate public health and health system measures and coordination mechanisms</b>

\* If Chief Medical Officer (CMO) decision differs from Rapid Assessment Team recommendation, CMO can recommend time periods for review and re-assessment.

#### 4.2 Principles for effective environmental health risk communications

- Communication is a two-way process that is open and transparent
- Plan carefully and evaluate efforts
- Be honest, open and frank
- Provide adequate information
- Listen to the public's specific concerns

- Explain risks completely and clearly, including information on uncertainty factors.
- Collaborate with other agencies and stakeholders
- Use of existing communication channels and protocols where possible
- Regular, timely provision of tailored information
- Early release of consistent clear public messages and timely response to queries
- Use of specific communication methods to facilitate communication with vulnerable populations including the CALD community
- Flexible selection of methods appropriate to the situation and time, including use of social media where appropriate
- Use of a wide range of communication methods to reach a broad audience.
- Take care when comparing Environmental Health risks to other risks

## 5. OPERATIONAL FRAMEWORK

Summary of major environmental health incidents of national significance - stages and appropriate actions to be taken

Stage	Sub-stage	Actions
<b>Prevention</b> Not the primary focus of EHIMF		<ul style="list-style-type: none"> <li>• Collaboration with enHealth members and Chief Health Officers to manage the prevention of environmental health incidents;</li> </ul>
<b>Preparedness</b> Incident or issue under investigation Refer to Section 5.1		<ul style="list-style-type: none"> <li>• developing and maintaining information resources, action plans and response structures</li> <li>• ensure resources are maintained and available for rapid response</li> <li>• research specific management strategies</li> <li>• monitor the emergence of environmental health issues.</li> </ul>
<b>Response</b> Refer to Section 6	<b>Standby</b> Environmental health incident/issue alert through enHealth's Rapid Assessment Team	<ul style="list-style-type: none"> <li>• identify and characterise the nature of the incident and the necessary expertise required for an effective response</li> <li>• convene Rapid Assessment Team (RAT)</li> <li>• co-opt assistance from other experts and expert reference panels as identified by RAT</li> <li>• RAT communicate to members to raise awareness</li> <li>• prepare response resources and confirm governance arrangements</li> <li>• gather relevant environmental health guidelines and documents</li> <li>• prepare to commence enhanced arrangements</li> <li>• maintain own plans, scenarios and practices.</li> </ul>
	<b>Trigger Action</b> Trigger for action on Environmental health incident/issue in Australia	Action is divided into two groups of activities: <u><i>Initial scene setting (when information about the incident is currently specific to only a few jurisdictions)</i></u> <ul style="list-style-type: none"> <li>• RAT assesses the public health risk</li> <li>• RAT advises enHealth and if identified as major (environmental health incident of national significance), prepare and support jurisdictions in need</li> <li>• provide learnings for inter-jurisdictional awareness</li> </ul> identify and characterise the nature of the incident for potential extrapolation within Australia <ul style="list-style-type: none"> <li>• provide information to support best practice response and to empower the community and responders to manage their own risk of exposure</li> <li>• support effective governance.</li> </ul> <u><i>Targeted (when enough is known about the incident or issue to tailor measures to specific needs of most jurisdictions)</i></u> <ul style="list-style-type: none"> <li>• support and maintain consistent messaging</li> <li>• communicate to engage, empower and build confidence in the community</li> <li>• provide a coordinated and consistent national approach and messaging.</li> </ul>
	<b>Stand down</b> The public and environmental health threat can be managed within normal arrangements and monitoring for change is in place	<ul style="list-style-type: none"> <li>• support and maintain national investigations</li> <li>• cease activities that are no longer needed, and transition activities to specific jurisdictions</li> <li>• monitor for re-occurrence of incident/issue</li> <li>• monitor ongoing political and media machinations</li> <li>• communicate to support the return to normal business services</li> <li>• evaluate response actions, systems and revise plans and procedures.</li> </ul>
<b>Recovery</b> Not the primary focus of EHIMF		<ul style="list-style-type: none"> <li>• Restore public and environmental health in response and activities to normal capacity</li> </ul>

Stage	Sub-stage	Actions
		<ul style="list-style-type: none"> <li>• assist affected communities with the restoration of public and environmental health wellbeing.</li> </ul>

## 5.1 Prevention and Preparedness

While the EHIMF is based on the emergency all hazards approach, it is mainly related to response mechanisms as most incidents of this nature are 'acute' and of short duration. It is considered however that development, amendment and evaluation of the EHIMF after each major incident response is required to ensure its value and contemporaneity.

These actions will therefore involve:

- Training of response personnel
- Periodic updating and evaluation of EHIMF
- Exercises and debriefs

### 5.1.1 Single point of contact

For state and territory health authorities, or government agencies to notify a potential major environmental health incident of national significance, the single point of contact is as follows:

- |                          |                             |
|--------------------------|-----------------------------|
| ○ National Incident Room | t: (+61) 2 6289 3030        |
| ○ Department of Health   | e: Health.Ops@Health.gov.au |

In the event of a national emergency response to a major environmental health incident of national significance, additional national emergency control contact numbers will be advised.

### 5.1.2 Australian Government Health Incident Management Team (H-IMT)

During a major environmental health incident of national significance, the Australian Government Department of Health is responsible for:

- national intelligence gathering and planning, including liaison with international bodies for high-level advice/recommendations to national authorities
- national reporting and situational awareness
- convening relevant technical advisory groups and other advisory groups to develop national public health advice
- disseminating national guidance for public health management and any related clinical response to the public health and healthcare sector
- provision of nationally consistent public messaging, through 1800 numbers, website information and information to key national agencies
- provision of information and advice to Ministers
- liaison with other Australian Government agencies
- provision of advice to instigate and stand-down border measures
- coordinating the relevant public health measures employed to meet objectives of this framework
- coordinating medical or epidemiological or public health response teams if required.

To meet these responsibilities in the event of a major environmental health incident of national significance, the Australian Government Department of Health or enHealth can establish a H-IMT under a modified Australian Inter-service Incident Management Structure (AIIMS). The H-IMT leads the national health sector response to a major environmental health incident of national significance and comprises members from the Office of Health Protection, and other relevant divisions in the Department of Health.

## **5.2 Liaison between the Australian Government H-IMT/National Incident Room and state and territory Emergency Operation Centres (EOCs) or incident management teams**

If a response involves the Australian Government H-IMT in the NIR\* and/or state/territory health emergency operation centres, liaison between the H-IMT (NIR) and state and territory health EOCs occurs in numerous ways:

- through AHPPC as the primary link between the Australian Government H- IMT and state and territory government health incident management teams and EOCs
- through enHealth as the link on intelligence including public health advice and communications, including public messaging
- through the Incident Controller/Manager in the H-IMT with Incident Managers in state and territory EOCs
- through functions, for example, H-IMT planning function with state/territory health planning function, or H-IMT health communications function with state/territory communication function.

\*The Australian Government Department of Health maintains a single point of contact through the National Incident Room at all times (24 hours, seven days/week, all year).

## 6 RESPONSE

This is considered to be the major focus of the framework. A layered containment strategy consisting of public health measures will be implemented in response to a major environmental health incident of national significance. The response phase is divided into:

- **Standby.** Members of enHealth are alerted to an emerging issue or potential incident
- **Initial Action.** enHealth stands up Rapid Assessment Team (RAT)
- RAT (and other experts) undertake initial risk assessment and advise enHealth on the risks to public health
- enHealth Chair convenes national teleconference through the enHealth Secretariat to exchange information and gauge state and territory views on the RAT's initial risk assessment
- If the initial risk is assessed as major by enHealth members, then other expertise may be co-opted to help fully determine and classify the risk in order to provide an assessment for further enHealth consideration and for communication up to AHPPC
- **Targeted action.** AHPPC endorsement of actions is obtained and specific actions are taken to mitigate the risk of the current or emerging incident
- Communications are escalated, managed and centralised by enHealth members in consultation with CHOs
- **Stand down.** Incident risk is mitigated; evaluation of response is undertaken and published.

### 6.1 Response Coordination

The strategic coordination of national emergencies, including a major environmental health incident of national significance, is reliant on cooperative and collaborative mechanisms with states and territories for the management of health emergencies of national consequence.

Coordination is the act of managing interdependencies between activities and involves the bringing together of many organisations to pursue a common goal and to share resources, information, expertise and decision making. AHPPC, enHealth and other standing committees are the primary forums in which the Australian Government and state and territory governments share resources, information, expertise and decision making. AHPPC and its standing committees meet throughout the year to prevent, plan for, respond to, and recover from health protection incidents.

The EHIMF considers two main types of events – (1) a significant international environmental health incident of national significance, or (2) a domestic multi-jurisdictional major environmental health incident of national significance. These types of events could transition into others (single jurisdiction response requiring national input; international to domestic; or domestic to international) and response coordination arrangements must be flexible.

In summary, when EHIMF is in Response stage:

- enHealth stands up a Rapid Assessment Team (RAT) to provide an initial assessment of risks to public health
- RAT advises enHealth which then apprises the relevant CHO(s)
- The Australian Government Department of Health, after consultation with enHealth, convenes AHPPC and its standing committees as required, coordinates liaison with other Australian Government agencies and advises the Minister for Health of progress and actions under EHIMF
- State and territory departments of health will liaise with their government, the health sector and response stakeholders in their jurisdictions
- The primary links between the Australian Government and state and territory government health authorities during a response are through AHPPC and enHealth
- AHPPC will coordinate national policy positions for response, aiming for national consistency where feasible
- enHealth will coordinate national technical and public health advice in response, aiming for national consistency where feasible

- All jurisdictions, including the Australian Government, will decide on appropriate public health measures to implement a response in their jurisdiction, in accordance with nationally agreed arrangements. Mechanisms to promote nationally consistent responses include AHPPC, enHealth and other relevant standing committees. Jurisdictions will implement appropriate system response measures.

#### 6.1.1 Single jurisdiction response requiring national input

On occasions, a major environmental health incident in one jurisdiction may have implications for other jurisdictions. At this juncture, the enHealth member and CHO will discuss the gravity of the local environmental health incident and any potential flow on effects to states and territories.

In these circumstances and consistent with the EHIMF, the RAT may be stood up by the enHealth member whose jurisdiction is affected, in consultation with the enHealth Chair and enHealth Secretariat.

#### 6.1.2 Significant domestic events such as multi-jurisdictional events

The CHO of each state and/or territory or their delegate or equivalent is permanently represented on the AHPPC. At the AHPPC the CHO reports on state and territory activities and represents the interests of their respective jurisdiction. The CHO has the authority to make requests for assistance to the AHPPC and to offer physical assistance on behalf of their respective state and/or territory.

As AHPPC's principal technical advisory committee for environmental health, enHealth can recommend priorities for public health management of environmental health incidents and coordinated investigation, and provision of scientific and technical advice. While these recommendations can be agreed at AHPPC, implementation of specific measures in each jurisdiction will be directed by the respective CHO.

Decisions concerning Australian Government actions are informed by Australian Government agencies/departments and may be informed by input from AHPPC and its standing committees as required.

Specific considerations within each jurisdiction, including the Australian Government, will determine whether their own emergency plans, internal incident management structures and teams are engaged during a major environmental health incident.

#### 6.1.3 Significant international events

There may be circumstances where an international event may cause a new or perceived risk to public health in Australia, causing it to be considered a potential major environmental health incident of national significance. This would cause it to require ongoing assessment, monitoring and preparation to escalate response measures under this framework.

The Australian Government Department of Health, through the CMO, will take the lead in coordinating Australia's health sector response to an international incident that is a potential major environmental health incident of national significance. The Department's role during an international event is to assess the risk to Australia, assess state of readiness to respond and identify response measures requiring national policy coordination, in consultation with AHPPC and its standing committees.

Specific considerations within each jurisdiction, including the Australian Government, will determine whether their own emergency plans, internal incident management structures and teams are engaged during an international incident that is considered a major environmental health incident. The implementation of the response in each jurisdiction may also be influenced by local circumstances and expectations of state or territory health ministers.

## **6.2 Communication with the public**

The Australian Government Department of Health is responsible for health-specific communications with the public at a national level. AHPPC, enHealth and other standing committees can advise on key health messages for the public at different stages of the incident. These can then be adapted by

stakeholders to meet the needs of their target audience, the purpose of communications and distributed. Department of Health's media team will support the distribution of messages to the public.

### **6.3 Media coordination**

In the event that a National Terrorist Situation is declared, the media management arrangements that apply to National Terrorist Situations override the media management arrangements outlined in this framework (refer to the *National Counter-Terrorism Plan 2012*).

The Health Chemical, Biological, Radiological or Nuclear Incidents of National Significance Plan (Health CBRN Plan) outlines the arrangements for responding to deliberate events such as those involving the threatened or deliberate release of a chemical, biological or radiological agent or activation of a nuclear device, which is intended to cause harm to people, animals/plants, property or the environment. These types of incidents are therefore outside of the scope of this framework.

The Australian Government Department of Health's media team coordinates media liaison with media/communications managers in the Australian Government, state and territory agencies, medical colleges and professional associations.

The role of the Department of Health's media team is to keep the public and the media informed during national health emergencies by providing consistent and coordinated media and public responses.

The media team will draw on expertise and support from Media Unit representatives from the state and territory health departments; relevant Australian Government agencies, national medical colleges and associations, National Aboriginal Community Controlled Health Organisation and select parts of the private sector directly involved in emergency health management, where relevant and appropriate.

Health's media team, in consultation with the AHPPC and Emergency Management Australia (EMA), will be responsible for coordinating national media statements on the health aspects of the response to a major environmental health incident of national significance.

Health's media team will coordinate dissemination of these messages and adaptation for specific audiences.

Messaging and strategies agreed at media team teleconferences will feed into the communications that occur at state and territory level. Coordination of public communications within jurisdictions will be in accordance with jurisdictional arrangements.

### **6.4 Stand down**

enHealth or the host jurisdiction will stand down the incident if satisfied that the matter can be further managed as part of recovery, or that sufficient information has been obtained to satisfy that jurisdiction is transitioning to normal business as usual.

The CMO, through AHPPC, will authorise the stand down when all actions requiring national coordination have been completed (acknowledging recovery efforts will be occurring and potentially ongoing) and there is no likelihood of any additional immediate tasking. The health response will be debriefed, and an evaluation report will be made available following stand down.

After stand down from any emergency response, the Department of Health will initiate a review of actions taken during the response and outcomes of the response. The purpose of the review will be to constructively assess the actions in response and to identify areas for improvement. Following the outcomes of this review, this Framework will be revised, taking the review findings into account.

## 7. RECOVERY

The aim of recovery is to assist affected communities with the restoration of public and environmental health wellbeing and to improve future resilience. This will be handled by individual jurisdictions, with continuing assistance provided where required by enHealth members.

Recovery following a major environmental health incident is a shared national and jurisdictional responsibility, with the bulk of activities being delivered by jurisdictions.

Recovery in terms of this framework includes:

- identification of resources deployed or consumed in the response
- recovery and repatriation of deployed public health teams and their equipment
- national and jurisdictional operational debriefing and development of post activation report and recommendations
- delivery of appropriate counselling or mental health services.

The [Australian Disaster Preparedness Framework](#) outlines and provides advice on National Capabilities including National Principals for Disaster Recovery. States and territories can also make use of Australia's disaster recovery mechanisms such as Disaster Relief Australia and Disaster Assist.

## 8. FINANCIAL CONSIDERATIONS

All agencies in all jurisdictions involved in operations under this framework are expected, in the first instance, to absorb any costs incurred within their jurisdiction to fund delivery of response obligations under this framework. Details of expenditure should be recorded at all stages of operations by all agencies in each jurisdiction.

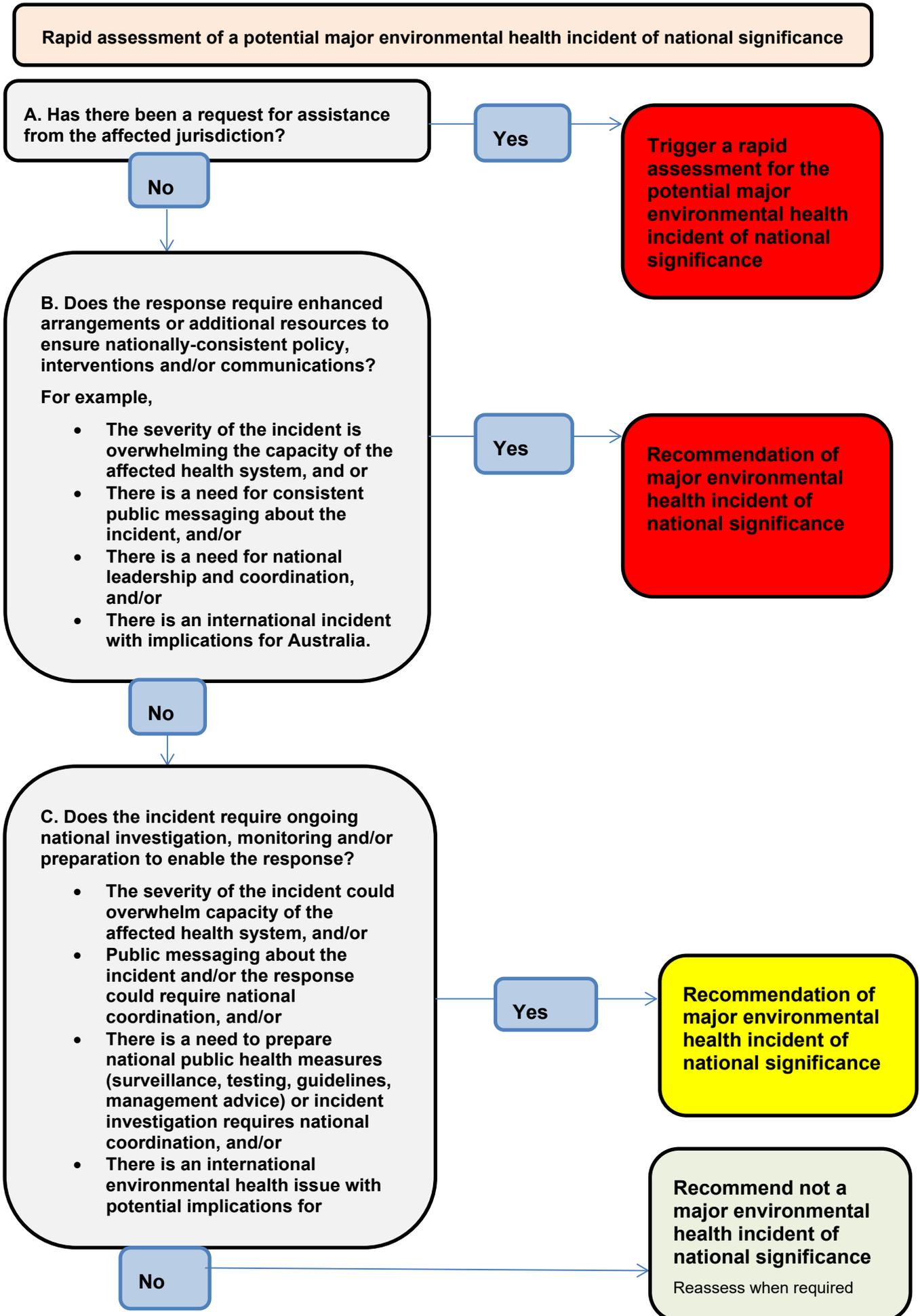
## 9. APPENDICES

### Abbreviations and acronyms

AGCC	Australian Government Crisis Committee
AGCMF	Australian Government Crisis Management Framework
AHPPC	Australian Health Protection Principal Committee
AIIMS	Australian Inter-service Incident Management Structure
AUSMAT	Australian Medical Assistance Team
BBVSS	Blood Borne Viruses and Sexually Transmitted Infections Standing Committee
CALD	Culturally and Linguistically Diverse
CBRN	Chemical-Biological-Radiological-Nuclear
CDNA	Communicable Disease Network Australia
CDPLAN	Emergency Response Plan for Communicable Disease Incidents of National Significance, AHPPC, September 2016
CHO	Chief Health Officer
CMO	Chief Medical Officer of Australia
DOH	Australian Government Department of Health
EHIMF	Environmental Health Incident Management Framework
EMA	Emergency Management Australia
enHealth	Environmental Health Standing Committee of the Australian Health Protection Principal Committee
EOC	Emergency Operating Centre
FSANZ	Food Standards Australia New Zealand
H-IMT	Health-Incident Management Team
HIV	Human Immunodeficiency Virus
IHRs	International Health Regulations
NatHealth Arrangements	National Health Emergency Response Arrangements
NCC	National Crisis Committee
NGOs	Non-Government Organisations
NHEMRN	National Health Emergency Media Response Network

NHEMS	National Health Emergency Standing Committee
NHS Act	National Health Security Act
NIR	National Incident Room
PFAS	Per- and poly-fluoroalkyl substances
PHLN	Public Health Laboratories Network
RAT	Rapid Assessment Team
STIs	Sexually Transmitted Infections
WHO	World Health Organization

# Decision Instrument to support Rapid Assessment Tool



## 10. REFERENCES

CDPLAN Emergency Response Plan for Communicable Disease Incidents of National Significance, AHPPC, September 2016.

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International Health Regulations, World Health Organisation, 2005.

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