AUSTRALIAN VETERINARY EMERGENCY PLAN

AUSVETPLAN

Management Manual

Control centres management

Part 1: Management and organisation of control centres

Version 3.1, 2008

AUSVETPLAN is a series of technical response plans that describe the proposed Australian approach to an emergency animal disease incident. The documents provide guidance based on sound analysis, linking policy, strategies, implementation, coordination and emergency-management plans.

Primary Industries Ministerial Council

DISEASE WATCH HOTLINE

1800 675 888

The Disease Watch Hotline is a toll-free telephone number that connects callers to the relevant state or territory officer to report concerns about any potential emergency disease situation. Anyone suspecting an emergency disease outbreak should use this number to get immediate advice and assistance.

Preface

This **Control Centres Management Manual** is an integral part of the **Australian Veterinary Emergency Plan**, or **AUSVETPLAN (Edition 3.0)**. AUSVETPLAN structures and functions are described in the **AUSVETPLAN Summary Document**.

The manual is in two parts:

- Part 1 describes the chain of command in a disease emergency and the layout and organisation of the local, field and state control centres, including the organisation of the infected premises operations team on the infected premises; and

- Part 2 gives job descriptions of all the proposed positions in local/field/state control centres and on infected premises.

This manual has been produced in accordance with the procedures described in the AUSVETPLAN Summary Document and in consultation with Australian national, state and territory governments and the relevant industries. This version of the manual was approved by Primary Industries Ministerial Council out-of-session at meeting 09/48 (2007).

This version takes into account the provisions of the *Government and Livestock Industry Cost Sharing Deed In Respect of Emergency Animal Disease Responses* (EAD Response Agreement);[1] for example:

- obligations regarding the reporting of incidents;

- the approval of a response plan by the National Management Group (a peak body of government CEOs and industry organisation presidents), developed by the chief veterinary officer of the affected state or territory in consultation with the Consultative Committee on Emergency Animal Diseases;

- financial reporting requirements of lead agencies;

- performance auditing of operations; and

- the participation of industry representatives at control centres.

This manual is central to the implementation of AUSVETPLAN and therefore contains references to other AUSVETPLAN documents, including the disease strategies, operational procedures manuals, other management manuals and related resources.

In addition, each state or territory will have specific action plans to suit its own needs.

This manual will be reviewed regularly and updated as a result of testing in exercises and workshops or of the activation of the plan.

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[1] Information about the EAD Response Agreement can be found at
http://www.animalhealthaustralia.com.au/programs/eadp/eadra.cfm

Where in this manual text has been placed in square brackets [xxx], this indicates that that aspect of the manual remains contentious or is under development; such text is not part of the official manual. The issues will be worked on by experts and relevant text included at a future date.

Detailed instructions for the field implementation of AUSVETPLAN are contained in the disease strategies, operational procedures manuals, management manuals and wild animal manual. Industry-specific information is given in the relevant enterprise manuals. The full list of AUSVETPLAN manuals that may need to be accessed in an emergency is shown below.

In addition, *Exotic Diseases of Animals: A Field Guide for Australian Veterinarians* by WA Geering, AJ Forman and MJ Nunn, Australian Government Publishing Service, Canberra, 1995 (to be updated), is a source for information about the aetiology, diagnosis and epidemiology of the disease.

AUSVETPLAN manuals[2]

Disease strategies
Individual strategies for each of 30 diseases
Bee diseases and pests
Response policy briefs (for diseases not covered by individual manuals)

Operational procedures manuals
Decontamination
Destruction of animals
Disposal
Public relations
Valuation and compensation
Livestock welfare and management

Wild animal manual
Wild animal response strategy

Enterprise manuals
Artificial breeding centres
Dairy processing
Feedlots
Meat processing
Poultry industry
Saleyards and transport
Veterinary practices
Zoos

Management manuals
Control centres management (Parts 1 and 2)
Animal Emergency Management Information System
Laboratory preparedness

Summary document

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[2] The complete series of AUSVETPLAN documents is available on the internet at: http://www.animalhealthaustralia.com.au/programs/eadp/ausvetplan_home.cfm

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1 Introduction

An outbreak of emergency animal disease (EAD) places heavy demands on animal health authorities at local, state/territory and national levels, and on livestock and related industries. AUSVETPLAN provides coordination of the scientific, logistic and managerial resources necessary to prepare for, and respond to, an EAD.

This manual describes the roles of personnel in the initial stages of activation of an EAD response, before control centres are established. It then describes the development and management of disease control centres at local and state/territory levels. By definition, control centres are facilities to control and coordinate the response to an EAD incident.

A number of roles, such as controller, operations manager and planning manager, are described for each control centre. The number of personnel needed to fill these roles will depend on various factors, particularly the nature and size of the outbreak. *One person may fill one role or several roles*. Where demand is high, more than one person may be required in a particular role.

The **Control Centres Management Manual** has two parts:

Part 1 describes the response phases and the procedures, management structures and roles to be implemented in the event of a suspected or demonstrated EAD.

Part 2 describes the roles of personnel involved in a disease emergency. EAD competency standards have been developed for some roles as a basis for national EAD training.[3]

The manual is intended for use in planning, training and operations.

1.1   Objectives

This manual aims for consistent responses to EADs across all jurisdictions.

1.2   Agreed principles

- The **Control Centres Management Manual** is based on accepted emergency management principles (Australian Interagency Incident Management System, AIIMS) and must be linked to other emergency management arrangements to encourage an effective whole-of-government and industry response to, and recovery from, an EAD.

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[3] http://www.animalhealthaustralia.com.au/training/ead_training.cfm

- The manual must be adapted to local legislative and administrative requirements by each jurisdiction responsible for the management of animal disease emergencies.

- AUSVETPLAN provides the agreed national framework; jurisdictional plans will need to reflect this approach.

- Actions listed in all relevant role descriptions in Part 2 form the basis of audit requirements under the *Government and Livestock Industry Cost Sharing Deed In Respect of Emergency Animal Disease Responses* (the EAD Response Agreement).

- Media and public relations units at local, state and national levels have different responsibilities and target audiences, and must network to encourage the distribution of consistent and relevant messages.

- Parties to the EAD Response Agreement, where possible, will use staff accredited under the National Emergency Animal Disease Preparedness (EADP) Competency Framework.

- EAD response operations must be resourced as quickly as possible, and then scaled down as necessary to meet ongoing requirements.

- Lead agencies must collaborate with the Consultative Committee on Emergency Animal Diseases (CCEAD) on technical issues and with the National Management Group, which is responsible for approving cost sharing.

- State/territory disease control headquarters (SDCHQs) have responsibility for strategic management of the EAD outbreak, for ensuring that industry involvement and communications are in place and for operations outside the local disease control centre (LDCC) area(s) of responsibility. It is imperative that strategic management and operational management be kept separate.

- LDCCs are responsible for the management of field operations in a defined area.

- The National Coordination Centre provides national coordination through CCEAD.

- Communication with all stakeholders, including industry and the community, must be a high priority.

- While section coordinators and managers must report directly to and be directed by supervisors, there must, where appropriate, be informal communication between colleagues in different sections and in other control centres.

- Relief and recovery operations are part of an EAD response. They minimise community impacts, encourage community cooperation and return the situation to normal as soon as possible.

- Awareness of both parts of this manual should be promoted within agencies, industries and the rural community by parties to the EAD Response Agreement.

- Industry organisations have an important role under AUSVETPLAN and the EAD Response Agreement and are active participants in an EAD response. They help manage the response and act as conduits for information to and from industry participants and government.

- In the operational phase of a response the chief veterinary officer's (CVO's) management responsibilities are 'up' and the Director SDCHQ's management responsibilities are 'down'.

2 Phases of activation

A response has four phases: investigation, alert, operational and stand-down. A checklist of actions by key personnel forms Appendix 3, Action checklist for senior roles during start-up of EAD response. Other appendixes give more specific checklists for individual roles.

2.1 Investigation Phase

The *Investigation Phase* exists while information is collected to exclude or confirm the existence of an emergency animal disease (EAD) and prior to the chief veterinary officer (CVO) declaring an Alert Phase.

Notification of a possible EAD may come from any of a number of sources, including veterinarians, farmers or producers, and members of the public.

The investigation involves collection of all the laboratory samples and clinical, gross pathology, and epidemiological information needed for an informed assessment. In some circumstances, if there is sufficient reason to strongly suspect the existence of an EAD, the Investigation Phase may progress to the Alert Phase before investigations are completed. However, since most investigations will be negative for an EAD, jurisdictions must exercise judgment and not promote an Investigation Phase to an Alert Phase unnecessarily.

Where an EAD is suspected, the Animal Health Emergency Information Management System (ANEMIS) must be used to collect and collate the necessary disease information. There must be no delay in entering data to the ANEMIS program (see Section 6.2).

All personnel involved in EAD responses must keep a record of telephone calls and conversations.

2.1.1 Actions to be taken by the FVO

As the responsible government or government-contracted veterinarian closest to a possible EAD event, a field veterinary officer (FVO) is likely to receive initial notification of a suspected EAD.

The FVO must collect and record all information relevant to the investigation of the report and notify a senior veterinary officer (SVO).

Details of the role of the FVO are provided in Appendix 4, Checklist for field veterinary officer.

2.1.2 Actions to be taken by the SVO

During investigations, the SVO should collect, collate and analyse information provided by the FVO and provide advice to the state or territory CVO, who needs warning as early as possible that an EAD investigation is under way. The SVO should also coordinate other field activities to support the investigation.

Details of the role of the SVO are provided in Appendix 5, Checklist for senior veterinary officer.

2.1.3   Actions to be taken by the diagnostic team

Where further diagnostic expertise is required, the CVO or the SVO may arrange for a specialist veterinarian or diagnostic team to be dispatched to the suspect premises (SP).

For more details, see Section 2.2.3 and Appendix 6, Checklist for a diagnostic team.

2.1.4   Actions to be taken by the state or territory CVO

The CVO must use sound veterinary judgment to determine the appropriate response at the time. The need to correctly assess the incident must be balanced against the need to ensure that all necessary actions can be taken if the probability of an EAD increases. Although remaining ultimately responsible for the proper investigation of an EAD, the CVO may appoint a veterinary case manager (VCM) to assist. This will provide the advantage of having a person who is well briefed on the incident, and may assist the rapid activation of the state or territory disease control headquarters (SDCHQ) should the incident proceed to the Alert Phase.

The CVO should keep a diary of events, including telephone calls and conversations, beginning as soon as initial notification is received.

Details of the role of the CVO are provided in Appendix 7, Checklist for chief veterinary officer.

2.2   Alert Phase

The *Alert Phase* exists when the state or territory CVO declares an alert because there is a reasonably held suspicion of an EAD. In this phase, the CVO ensures that all stakeholders are alerted and key response staff are placed on stand-by.

Under the EAD Response Agreement, the CVO needs to notify the chair of the Consultative Committee on Emergency Animal Diseases (CCEAD) within 24 hours of becoming aware of a disease incident; otherwise, reimbursement by the cost-sharing parties may be withheld. An incident is defined in the agreement as a confirmed EAD or a reasonably held suspicion of an EAD.

After CCEAD has discussed the event, CVOs in nonaffected states and territories may advise coordinators of state emergency management arrangements that an EAD may be imminent in the affected state.

Actions should be based on the checklists in Appendixes 3–14 of this manual, the role descriptions provided in Part 2 of this manual, and standard operating procedures appropriate to the disease and industries concerned.

2.2.1   Actions to be taken by the FVO

The FVO, on the direction of the SVO, must continue to collect field data, in the absence of a diagnostic team collect samples, and initiate disease control activities according to the checklist in Appendix 4, Checklist for field veterinary officer.

2.2.2 Actions to be taken by the SVO

The SVO should work closely with the CVO to continue to collate and analyse field data from the FVO and initiate disease control measures according to the checklist in Appendix 5, Checklist for senior veterinary officer. Together with the local disease control centre (LDCC) controller, the SVO will identify a suitable site to set up an LDCC.

2.2.3 Actions to be taken by the diagnostic team

Unless a diagnostic team has already been activated in the Investigation Phase, the CVO may arrange for a team to be dispatched to the SP, or may rely on the FVO's investigation.

The role of the diagnostic team is to:

- collect appropriate samples to ensure that a diagnosis can be confirmed or excluded as quickly as possible;

- assist with the clinical evaluation of affected animals; and

- assist with epidemiological investigations, including risk assessment, determination of the source of the outbreak, and assessment of possible wild animal involvement.

The diagnostic team should have accreditation or access to skills in:

- veterinary pathology;

- veterinary epidemiology (and/or previous experience with the disease concerned);

- packaging and transport of samples for virological examination (as required under International Air Transport Association regulations); and

- decontamination procedures.

Details of the role of the diagnostic team are provided in Appendix 6, Checklist for a diagnostic team.

2.2.4 Actions to be taken by the CVO

The CVO is responsible for determining which actions are necessary and ensuring that they are carried out according to the checklist in Appendix 7, Checklist for chief veterinary officer.

The CVO will appoint a director for the SDCHQ, who will be responsible for coordinating information and activities relating to this phase. The LDCC controller and managers will also be placed on stand-by.

2.2.5 Actions to be taken by the SDCHQ director

On appointment by the CVO, the SDCHQ director will carry out the actions detailed in Appendix 8, Checklist for SDCHQ director.

2.2.6 Actions to be taken in nonaffected areas

After notification by the CVO, personnel in nonaffected areas will take the following actions, as appropriate:

- Carry out any immediate actions as directed.

- Place other personnel in the district on stand-by and advise them:

  – that AUSVETPLAN is at Alert Phase;

  – of the nature of the suspected EAD;

  – of the location(s) of the SP; and

  – of activation of local plans.

- If appropriate, convey the same information to veterinary practitioners and key industry contacts in the district.

- Check availability of appropriate supplies, including ANEMIS forms 1, 2 and 3, quarantine forms and permit forms, surveillance or disease investigation kits, protective equipment, disinfectants and decontamination equipment (see the **Laboratory Preparedness Manual**).

- Prepare to move immediately to the LDCC or SDCHQ when requested.
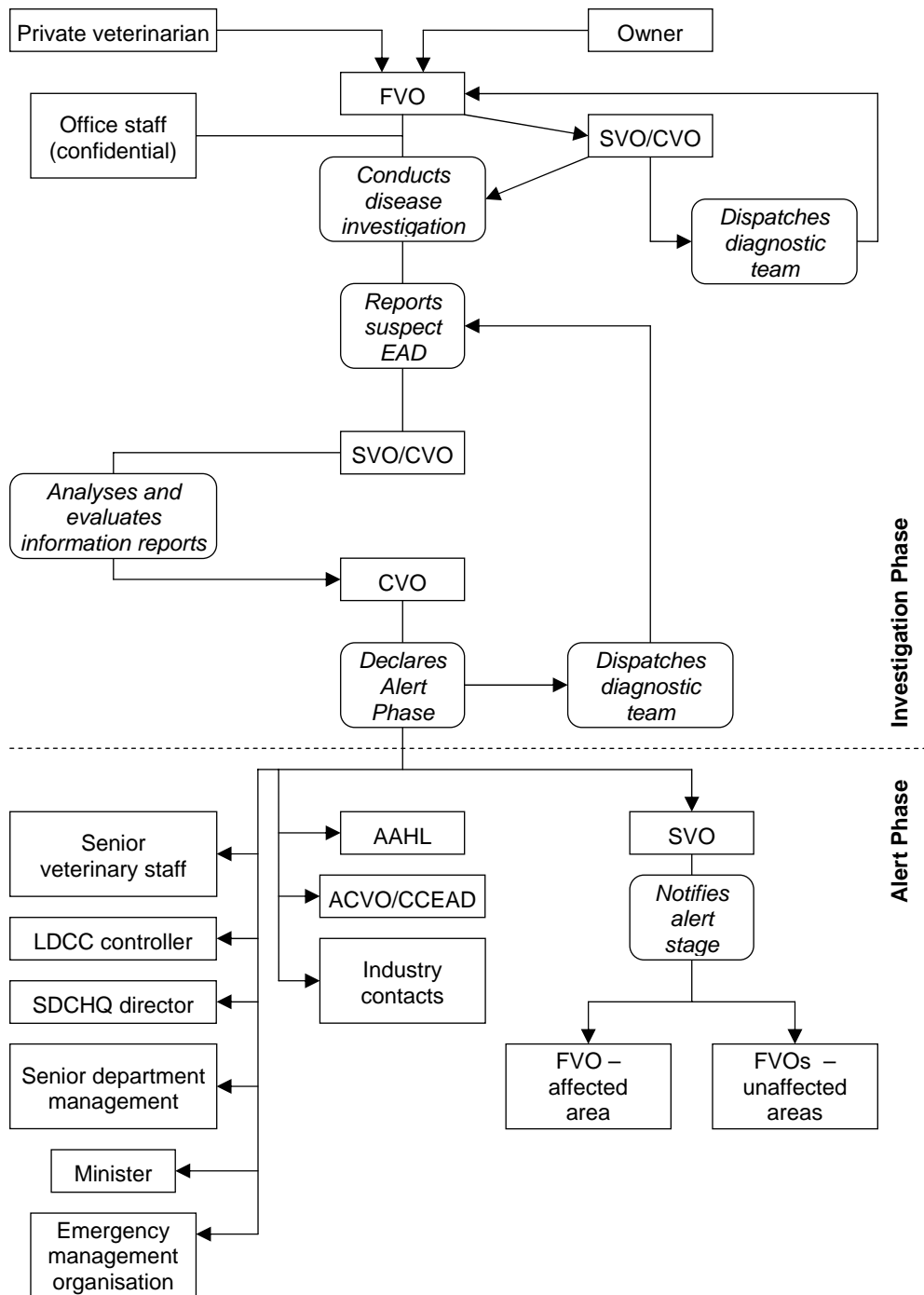
Figure 1   Communication pathways in the Investigation and Alert phases

2.3   Operational Phase

The *Operational Phase* of AUSVETPLAN exists when the presence of the disease agent is confirmed, when the CVO of the affected state determines that an operational response must begin (irrespective of cost-sharing considerations), or when advised by CCEAD or the National Management Group (NMG).

In this phase:

- the state/territory CVO, in consultation with CCEAD, prepares an emergency animal disease response plan (EADRP) for approval by the NMG (see Appendix 1, Structure and content of an emergency animal disease response plan);

- the NMG approves the EADRP and invokes cost sharing;

- the approved EADRP is initiated under state/territory legislation;

- the SDCHQ and LDCC are fully deployed;

- whole-of-government and industry emergency management arrangements and response plans are activated, as appropriate; and

- appropriate financial and disease-reporting systems are established.

2.3.1   Actions to be taken by the FVO as site supervisor

The FVO should:

- act as site supervisor of the infected premises (IP) until relieved of that responsibility by the LDCC (see Part 2 of this manual, IP 1, for role description of the IP site supervisor);

- make a preliminary assessment of personnel and other resource requirements for the operation; and

- provide information to the occupier of the IP about the disease and response operations, and about support services (see the fact sheets in the **Summary Document**).

See also Appendix 4, Checklist for field veterinary officer.

2.3.2   Actions to be taken by the LDCC controller

The LDCC controller has the following key functions:

- oversee the establishment of the LDCC if it was not set up in the Alert Phase;

- fully activate the field operational response; and

- establish effective communications with all key stakeholders in the restricted area (RA).

See also Appendix 9, Checklist for LDCC controller.

2.3.3 Actions to be taken by the SDCHQ director

The SDCHQ director will:

- direct activities set up in the Alert Phase;

- oversee completion of the EADRP and the jurisdictional strategies;

- support LDCC operations; and

- establish effective communications with key stakeholders, including industry and the community, outside the RA.

See also Appendix 8, Checklist for SDCHQ director.

2.3.4 Actions to be taken by the CVO

The CVO is responsible for overall management of the EAD response. This includes ensuring that declarations and notifications in the format required by state/territory legislation are enacted, and ensuring that the Operational Phase of AUSVETPLAN is implemented. If legislation is inadequate, the CVO must request the Australian CVO for approval to use the powers available under the *Quarantine Act 1908*.

See also Appendix 7, Checklist for chief veterinary officer.

2.3.5 Actions to be taken in nonaffected areas

Advice on the operations will be provided through the SDCHQ to key government and industry personnel in nonaffected areas.

Actions for individuals are described in Section 2.2.6. The SDCHQ director may request further action.

2.4 Stand-down Phase

The Stand-down Phase occurs when the threat from an EAD is no longer present and/or most EAD investigation and operational activities cease.

2.4.1 When an EAD is not confirmed

When investigations do not confirm the presence of an EAD, the CVO or veterinary case manager (VCM) will need to ensure that those people and agencies contacted during the Alert Phase (see Section 2.2) are notified that the disease has not been confirmed and that the emergency no longer exists. A debriefing should be conducted within 30 days of stand-down.

All records should be filed as a 'negative emergency disease alert' for reporting in the format agreed by the National Animal Health Information System.

2.4.2 When an EAD is confirmed

Towards the end of the Operational Phase, activities on IPs or dangerous contact premises (DCPs), in the field, and at the LDCC and SDCHQ will begin to wind down, requiring fewer resources.

Managers at all operational levels need to ensure that resources (staff and physical) match operational requirements. In this process:

- a written plan must be developed;

- there must be a systematic approach to winding-down operations;

- the wind-down must be official and managed by a senior operational manager;

- the wind-down should occur as soon as operational objectives are being achieved, rather than afterwards;

- all records relating to the incident must be collected and filed;

- personnel should be involved in a debriefing;

- a final operational and financial report must be prepared; and

- outstanding tasks must be handed over to staff in normal operational positions.

3 Local disease control centre

3.1 Functions of the LDCC

While the state or territory chief veterinary officer (CVO) is in overall command of eradication and control activities, the local disease control centre (LDCC) is responsible for operations (eradication and control) in a defined area.

The LDCC operates under policies and procedures determined by the state or territory disease control headquarters (SDCHQ), consistent with the relevant AUSVETPLAN manuals and the approved emergency animal disease response plan (EADRP). To carry out field activities, the CVO will appoint an LDCC controller who will report to the SDCHQ director.

The role of the LDCC controller is to manage the control/eradication operation within a restricted area (RA) and any other areas as defined by the CVO, and to help the community return to normal while the LDCC is operational. The functional management structure of the LDCC and the relations between its sections are shown in Figure 2.

The functions and size of the LDCC will vary according to the nature and size of the outbreak. If a unit within a section grows to the point where more than one coordinator is required, the span of control is divided and coordinators are appointed to each division.

The LDCC should have the following objectives:

- Assist the SDCHQ to determine the source of the outbreak by tracing movements of suspect stock, materials, vehicles and people into the area in the period before the discovery of disease.

- Help the SDCHQ to define the extent of the outbreak by detecting all foci of infection.

- Eradicate or control all known outbreaks of the disease using strategies determined by the SDCHQ.

- Control the spread of an outbreak in accordance with the EADRP by (for example):

    – controlling the movement of animals, animal products, vehicles, other things and people into, within and out of the RA;

    – destroying animals and destroying or decontaminating animal products and things that may be infected or contaminated;

    – decontaminating property that may have been in contact with infectious material;

- tracing the movements of suspect stock, materials, vehicles and people from and within the area during the suspected infectious period;

- implementing vaccination/treatment programs;

- decontaminating vehicles and people moving from and within the RA;

- establishing control of special risk enterprises within the RA (abattoirs, milk factories, artificial breeding centres, tanneries, livestock sales, egg marketing premises, hatcheries, etc);

- undertaking wild animal control and population monitoring; and

- engaging individuals involved in livestock industries and the media and seeking their help to implement eradication measures.

- Establish cooperation with the affected industry and community.

- Accurately record and value all stock and property destroyed or damaged, and arrange compensation payment for these.

- Maintain accurate disease records, and financial records of all operations under the LDCC's control.

- Maintain accurate records of human and physical resources, and of all LDCC activities and decisions.

- Manage public relations and communications on operational matters within the defined area.

- Facilitate relief and recovery operations.

- Provide at least daily written situation reports to the SDCHQ.

- According to the circumstances, be capable of 24-hour operation at full or reduced capacity (this will require multiple staff shifts).

- Maintain effective communication and liaison with local industry, the local media and the community for response, relief and recovery.

- Support actions to minimise impacts on affected communities and industry.

The LDCC will refer disease-tracing requirements outside the RA to the SDCHQ for action. Requirements for interstate tracing will be referred, through the SDCHQ, to the appropriate interstate authorities.

The LDCC will establish task priorities by:

- daily development of written plans (incident action plans);

- accurate definition of the nature and extent of the disease outbreak (assisted by effective visual aids, such as maps, flow charts and diagrams);

- maintenance of the Animal Health Emergency Information Management System (ANEMIS) and other information systems (logging, recording and

filing data, and ensuring efficient movement of data within, to and from LDCC sections);

- efficient allocation of people, plant and other resources; and

- liaison with regional emergency management agencies and industry.

Control centres management, Part 1 (Version 3.0)

LDCC Controller

Planning Manager

Operations Manager

Training coordination officer

Logistics Manager

- Incident action planning officer
- Resource planning officer
- Situation officer

Epidemiologist

Local public relations officer

- Risk enterprise officers
- Animal welfare officer
- Vector specialist

Interstate liaison officer

Industry liaison officer

Legal officer

Relief and recovery officer

Located outside the LDCC

Veterinary investigations manager

Laboratory liaison officer

Tracing coordinator

Surveillance/tracing officer

Surveillance coordinator

Field surveillance teams

Mapping officer

ANEMIS officer

Restricted area movement and security manager

Field patrols and checkpoint teams coordinator

Field patrol and checkpoint teams

Movement permits coordinator

Infected premises security coordinator

Forward command post
- Officer in charge
- Communications officer
- Administrative officer

Infected premises operations manager

Infected premises operations teams
- IP site supervisor
- Inventory/valuation team
- Animal destruction team
- Disposal team
- Decontamination team
- Gate control
- Pest control
- Wild animal control

Inventory and valuation coordinator

Animal destruction coordinator

Disposal coordinator

Decontamination coordinator

Pest control coordinator

Other field operations
- Wild animals operations manager
- Wild animal control and surveillance coordinator
- Vector operations manager
- Vector surveillance/ control coordinator
- Vaccination manager

Induction officer

Occupational health and safety officer

Administration manager
- Stores officer
- Transport officer
- Personnel officer
- Finance officer
- Compensation claims officer
- Accommodation/ meals officer
- Contractors officer
- Staff welfare officer
- Receptionist
- Registry clerk

Emergency services and relief and recovery liaison representatives
- Police
- Emergency management
- Health
- Community services

Information services manager
- IT support officer
- Data management officer

LDCC help desk call centre

Facilities manager

Biosecurity officer

Note: This diagram does not include administrative or clerical support positions. While the structure is hierarchical, informal communication must occur across the centre for efficiency and effectiveness

Figure 2 Functional LDCC structure

3.2 Establishment of an LDCC

The controller or logistics manager of the LDCC should consult the relevant regional emergency management organisation about possible sites for the centre. Predetermined sites should be available. In cross-border operations, LDCCs may be co-located.

3.2.1 Site

Final selection of an LDCC site will depend on the following considerations (see also Appendix 12, Guidelines for establishment of an LDCC):

- size;

- location;

- communications;

- duration of operation;

- security;

- temperature and noise control;

- biosecurity;

- staff amenities/support facilities; and

- community considerations.

The site should be chosen so that the LDCC will not have to be moved during the emergency animal disease (EAD) response.

3.2.2 Equipment and stores

Equipment will be available from a number of local sources, including departmental units, emergency services, contractors, industries, community groups and local government. A list of suggested office equipment is in Appendix 12, Guidelines for establishment of an LDCC.

3.2.3 Layout

A suggested internal layout for an LDCC is shown in Figure 3. This layout, which is not a prescriptive floor plan but a relationship diagram, gives adequate separation of the key operational areas, as well as areas for meals and other personnel-support functions. Security and biosecurity are critical and an important consideration in the layout of the LDCC. Field staff and equipment need separate facilities for further decontamination. Staff reception areas, toilets and showers, refreshment areas and kitchens may be separate.

Entry into the main operations area must be restricted to staff on duty; the general public and media should not have access to this area. There must be a designated area for media and staff briefings.

Stores should be in a secure area in the LDCC or in a secure site adjacent to the centre.

All areas should be identified and signposted.

An outside secure area for vehicles is desirable.

Staff should wear identification with name and colour-coded vests/tabards (eg red for operations staff, blue for logistics, yellow for planning) to aid security and to allow easy identification.

Printed job descriptions, organisation charts and key principles should be made available at each workstation.
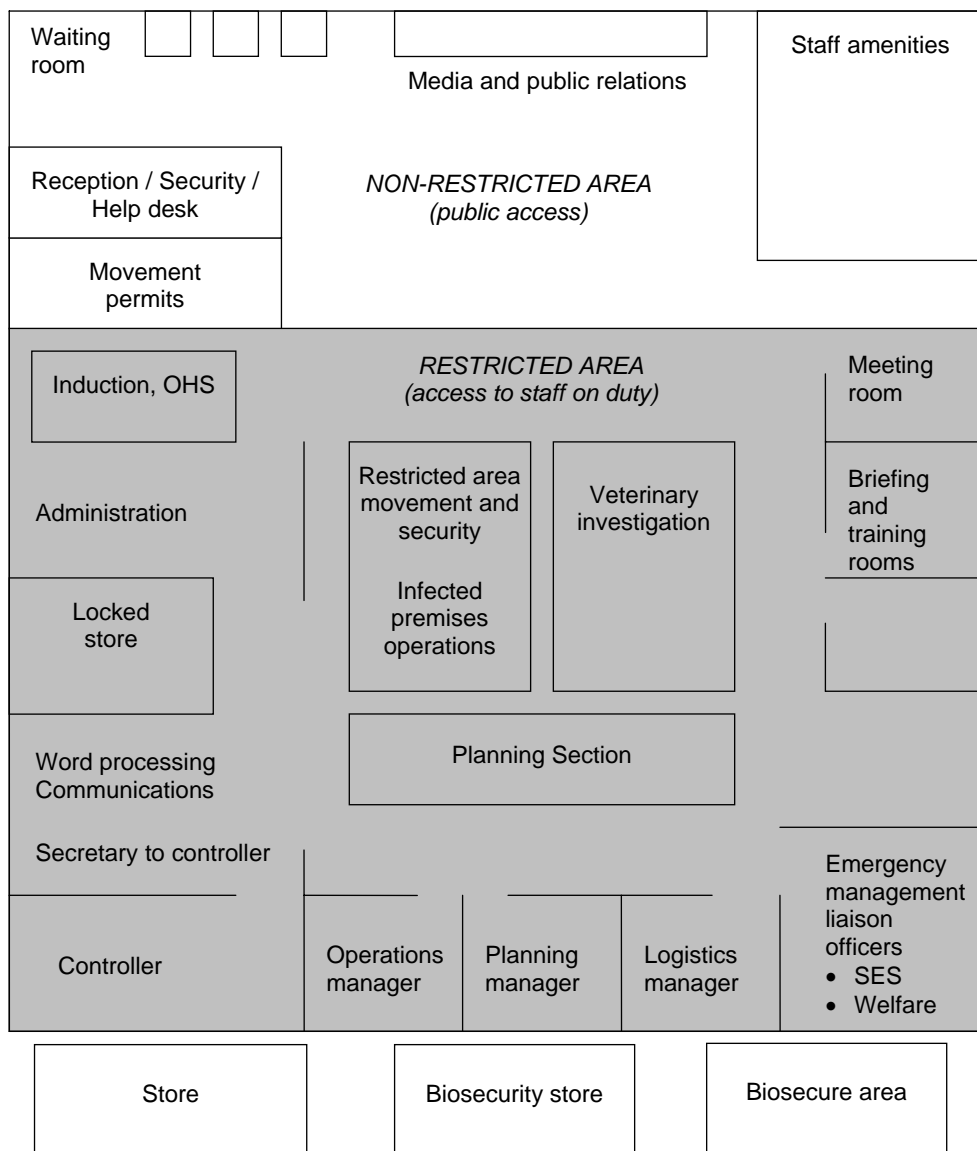
Figure 3   Suggested relationships within an LDCC

3.3 Functions of LDCC sections

A proposed model staffing structure for an LDCC is shown in Figure 2. Detailed role descriptions are in Part 2 of this manual.

As a general principle, a maximum of five people should report to any one supervisor.

3.3.1 Training Section

All personnel and contractors coming into the LDCC must go through an induction process. In addition, staff require training in the specifics of the roles that they will be undertaking. Provision of this training is the responsibility of each section manager. In large outbreaks, a dedicated training officer may be required for each section.

3.3.2 Operations Section

The Operations Section manages the field operational aspects of the eradication program. The operations manager is responsible for managing the section and will act as LDCC controller when necessary. If the LDCC controller is not a veterinarian, then it is a requirement that the operations manager be a veterinarian. The operations manager is also responsible for managing the activities of any forward command post (FCP), should one be required (see Section 3.4).
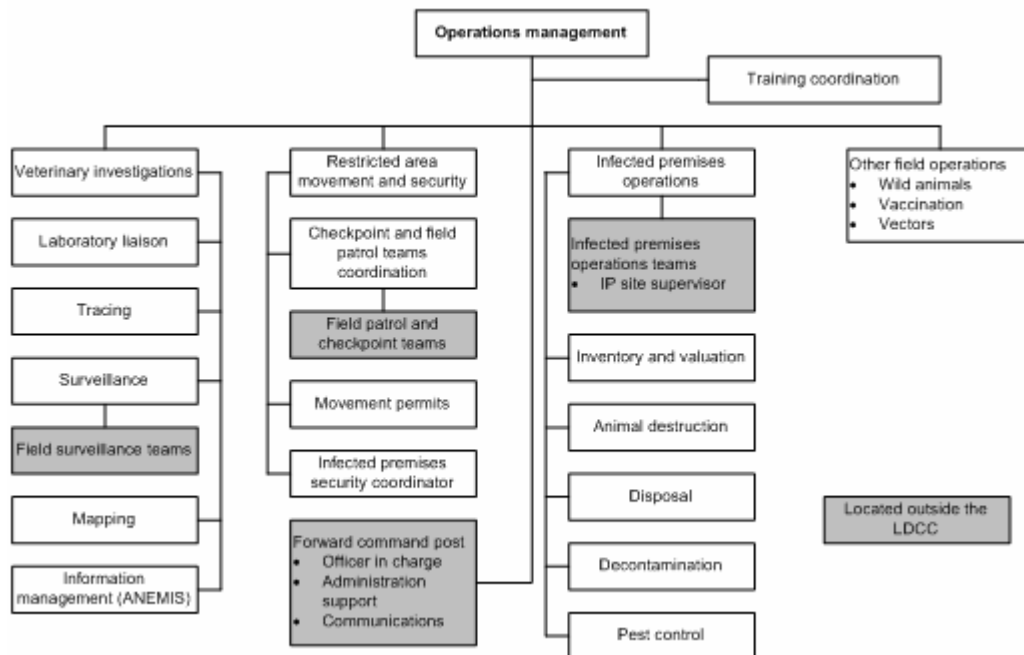
Figure 4   Operations Section functions

3.3.2.1 Veterinary investigations

The veterinary investigations unit manages all tracing and surveillance activities in the area controlled by the LDCC. These activities aim to identify any foci of infection and prove freedom from disease after eradication.

The main duties of the veterinary investigations unit are to:

- conduct systematic identification and surveillance of properties within the area;

- investigate reports of suspicion of disease;

- recommend to the LDCC controller the designation of property statuses;

- with the assistance and cooperation of industry, trace the movement of stock and potentially contaminated material to and from infected premises (IPs) and dangerous contact premises (DCPs);

- advise the SDCHQ of tracings identified outside the RA;

- maintain a detailed map identifying IPs, DCPs and all other premises in the area with susceptible livestock;

- ensure that ANEMIS is used to collect and record disease information on time;

- advise and educate on biosecurity;

- coordinate submission of laboratory samples and analysis of results; and

- liaise with and provide information to technical advice units within the Planning Section.

3.3.2.2 Restricted area movement and security

The restricted area movement and security (RAMS) unit establishes control over the movement of animals, animal products, vehicles, other things and people into, within and out of the RA in order to limit the spread of disease.

The main duties of this unit are to:

- issue movement permits in accordance with legislation, risk assessments and the agreed biosecurity policy (this may require a separate entrance to the LDCC);

- where movements outside the agreed policy are requested, consult with experts in the veterinary investigations and epidemiology units to assess risks, and consult with the SDCHQ operations manager for approval of changes of policy;

- establish and operate vehicle checkpoints in the RA (if required), including liaison with state/territory transport authorities, police, local government, industry and the community;

- in consultation with the infected premises operations (IPO) team (see Section 3.3.2.3), help coordinate movement and security across IPs;

- maintain records of all movements in the RA and IPs, permits issued, and staff deployed in the RAMS unit; and

- liaise with and provide information to technical advice units within the Planning Section.

3.3.2.3 Infected premises operations

The infected premises operations (IPO) unit manages all activities on IPs and DCPs to contain and eradicate infection. These activities are coordinated at the LDCC, with field activities conducted on IPs and DCPs by the IPO teams (see below).

The IPO unit will:

- liaise with IPO teams;

- manage resources to allow effective operations on IPs and DCPs;

- ensure that inventories, valuation, compensation and other financial activities are conducted appropriately;

- ensure that destruction and disposal of animals is prompt and humane (see the **Destruction Manual** and the **Disposal Manual**);

- ensure that decontamination is conducted according to the nominated standards;

- maintain records of all activities;

- recommend changes in property status; and

- liaise with and provide information to technical advice units within the Planning Section.

Infected premises operations teams

The main duties of IPO teams, in consultation with IP/DCP owners/managers, are to:

- implement and enforce quarantine for physical and biological security;

- undertake initial site assessment, identify hazards and record (photograph, video) the physical condition of the property's facilities;

- engage the owner/manager/occupier in planning valuation, destruction, disposal and decontamination, and wild animal, rodent and invertebrate pest control;

- brief the owner on disease response, relief and recovery, and available support;

- prepare an accurate inventory of all susceptible animals and other risk material for destruction and disposal;

- facilitate valuations for compensation for animals and other material to be destroyed;

- certify that animals and property have been destroyed; and

- carry out or supervise disease eradication activities on IPs and DCPs, including destruction, disposal and decontamination.

Figure 5 shows the proposed staffing structure for an IPO team. Detailed role descriptions are given in Part 2 of this manual.

```
┌─────────────────────────┐
│    IP site supervisor   │
└────────────┬────────────┘
             │
             ├──┤ Inventory and valuation team │
             │
             ├──┤ Animal destruction team │
             │
             ├──┤ Disposal team │
             │
             ├──┤ Decontamination team │
             │
             ├──┤ Gate control │
             │
             ├──┤ Pest control team │
             │
             ├──┤ Wild animal control team │
             │
             └──┤ Administration │
```

Note: the number of roles will depend on the scale of operations.
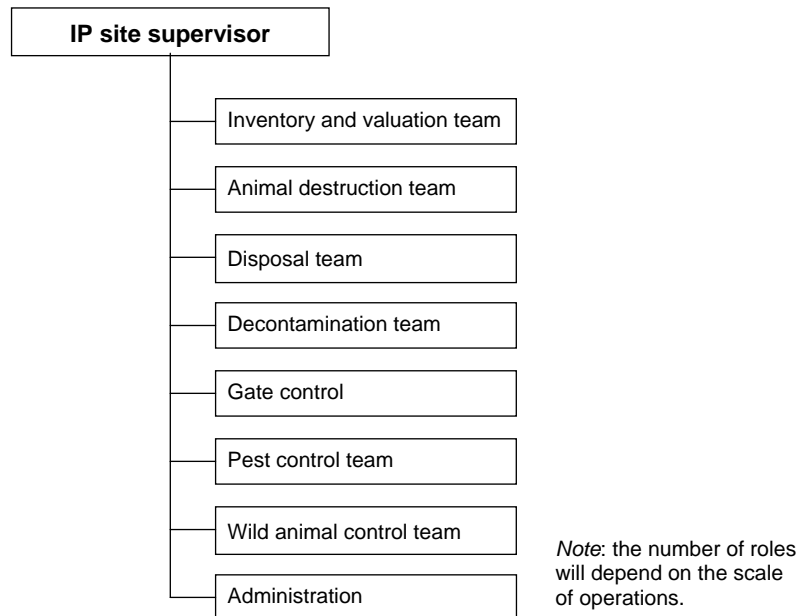
Figure 5   Infected premises operations team functions

3.3.2.4   Other field operations

This unit includes personnel responsible for field operations such as wild animal control, vaccination and vector control.

3.3.3   Planning Section

The planning manager is responsible for managing the Planning Section which (see Figure 6) develops operational plans and predicts future resource requirements based on its technical assessments of the size and impact of the outbreak in consultation with the other sections. The section is also responsible for the collection, collation, evaluation and dissemination of information to all stakeholders.

The planning officer is responsible for the collection, evaluation and dissemination of information about the operation, including about the resources allocated to the operation and the current and forecast disease situation. The planning officer is also responsible for the preparation and documentation of action plans.

The situation officer manages the collection, processing and organising of situation information, summarises this information as daily situation reports, and develops projections and forecasts.

The resource planning officer coordinates with the epidemiology unit and the Operations Section to advise the Logistics Section of likely staff and equipment requirements. This role is distinct from the day-to-day operational resource

requirements on IPs, which are handled through site supervisors, the IPO unit and the LDCC's Logistics Section.

```
┌─────────────────────────┐
│  Planning management    │
└─────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Planning                     │
        │   │  • Incident action planning  │
        │   │  • Resource planning         │
        │   │  • Situation reporting       │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Epidemiology                 │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Local public relations       │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Technical specialists        │
        │   │  • Risk enterprises          │
        │   │  • Vectors                   │
        │   │  • Animal welfare            │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Interstate liaison           │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Industry liaison             │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        ├───│ Legal support                │
        │   └──────────────────────────────┘
        │
        │   ┌──────────────────────────────┐
        └───│ Relief and recovery          │
            └──────────────────────────────┘
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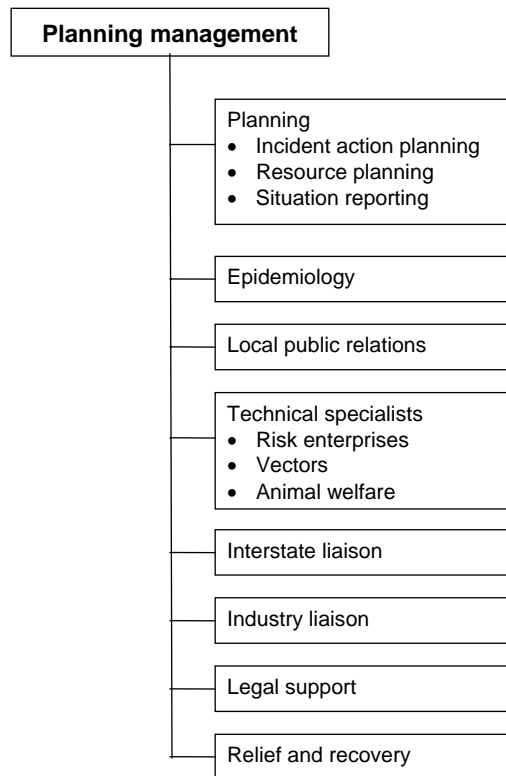
Figure 6   Planning Section functions

3.3.3.1 Epidemiology

The epidemiology unit staff, in close, continuous consultation with their counterparts in the SDCHQ and National Coordination Centre, determine the source, means, date of introduction and method of spread of the EAD, predict its future spread, and conduct and publish biosecurity risk assessments. The epidemiology unit does not perform or supervise the duties of the surveillance and tracing subsections of the veterinary investigations unit.

The epidemiology unit analyses information and reports from (for example):

- ANEMIS;

- meteorological and other specialist services;

- liaison officers for specific industries; and

- the wild animal control coordinator.

The unit then makes recommendations through the planning manager on:

- setting the criteria for declaration of IPs and DCPs;

- the boundaries of the RA and the control area (CA);

- documented surveillance programs and samples to be taken from IPs and DCPs in accordance with SDCHQ policy;

- decontamination;

- wild animal control programs; and

- release of quarantine.

3.3.3.2   Local public relations

Local public relations is an integral part of the overall EAD response. The local public relations unit's target audience includes the local media, farmers, nongovernment veterinarians, key local industry stakeholders, local community members and LDCC staff.

The output of the local public relations unit must be approved by the planning manager and must be technically correct. The unit will collaborate with other section managers and the LDCC controller to identify key messages, which will likely include contact details, facts about the EAD and the EADRP, current restrictions, the progress of the EAD response, and relief and recovery support.

The LDCC local public relations unit must work closely with its counterpart at the SDCHQ and with local industry stakeholders, local government and community groups.

A credible spokesperson should be approved by the LDCC controller to speak to the media, using agreed approaches.

The emphasis of the local public relations unit must be on operational issues. Matters of policy and disease control strategy must be handled at the SDCHQ.

See also the **Public Relations Manual**.

3.3.3.3   Technical specialists

Specialists are included in the Planning Section as appropriate for a particular disease and area, and may include wild animal control experts, industry specialists, specialists in the biosecurity of risk enterprises (such as feedlots or zoos), engineers or others.

3.3.3.4   Industry and interstate liaison

The Planning Section includes liaison officers from affected industries. These officers liaise with affected people and industry organisations within the RA to enhance the response's effectiveness, including by identifying personnel who should be used in the response. They also liaise with their counterparts in the SDCHQ to ensure consistency of messages to producers. Where an LDCC is across borders, an interstate liaison officer may be posted to enhance communication between jurisdictions.

3.3.3.5 Legal support

Unless the SDCHQ provides legal services, a legal support group within the LDCC should advise on declarations and proclamations of IPs, DCPs, RAs and CAs under the relevant legislation and provide legal assistance within the LDCC, eg powers of inspectors.

3.3.3.6 Relief and recovery

Relief and recovery operations in support of a community affected by an agricultural emergency are primarily the responsibility of the state/territory relief and recovery agencies. However, the LDCC has a role in minimising harm to the community in which it operates by:

- informing the community and local government about response, relief and recovery operations;

- listening to and acting on community concerns;

- sensitively handling destruction orders and other actions that disrupt local industry and the community;

- employing local resources, including individuals and businesses, in preference to resources imported from other areas; and

- liaising with local government and the state/territory relief and recovery agencies to ensure that relief and recovery operations are coordinated.

The LDCC controller is responsible for working with the state/territory relief and recovery agencies to assist local relief and recovery. All personnel who have contact with local industry and the community, or whose actions may affect them, must take relief and recovery into account. Local involvement in response, relief and recovery operations will not only reduce harm to the community, but will also substantially improve the disease-control performance of the LDCC.

For a description of disaster recovery concepts and management, see the disaster recovery manual published by Emergency Management Australia.[4]

3.3.4 Logistics Section

The logistics manager is responsible for the Logistics Section (see Figure 7), which sources, acquires, logs and tracks all human and physical resources required for the response (including Commonwealth resources supplied through Emergency Management Australia).

3.3.4.1 Induction

The induction unit is responsible for coordinating incoming LDCC staff and briefing them on the nature of the disease, the operational plan, the current situation, the structure of the centre, occupational health and safety (OH&S)

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[4] http://www.ema.gov.au

arrangements, local demography, conditions of employment, etc. At induction into the LDCC, new arrivals must also be processed to record their personal details and to inform them of personnel matters such as finance, transport and accommodation arrangements. The induction unit will work closely with the Training Section (see Section 3.3.1).

Temporary veterinary officers should be made aware of their obligations, which are listed in Appendix 11, Checklist for temporary veterinary officers.
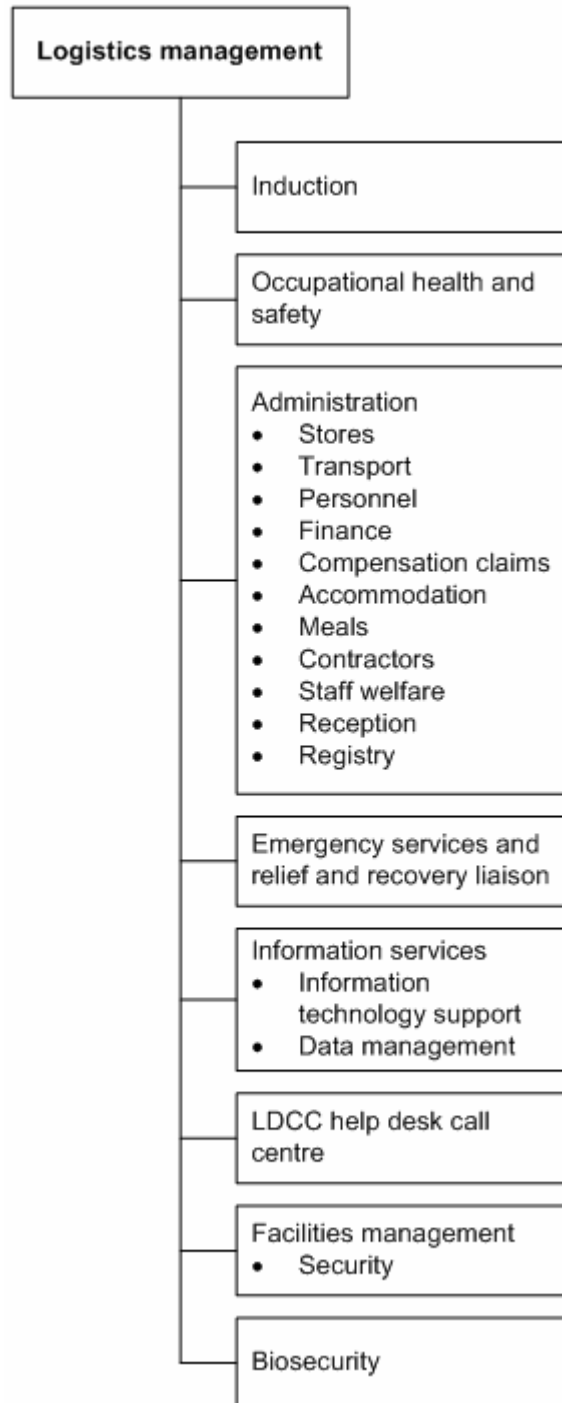

Figure 7   Logistics Section functions

3.3.4.2 Occupational health and safety

OH&S is an important part of the induction process, and the OH&S unit provides ongoing advice and support to other LDCC sections and units, particularly in relation to field operations.

3.3.4.3 Administration

The LDCC administration unit provides coordinated administrative services to the LDCC and IPs.

The main duties of this unit are to:

- provide, under direction from the SDCHQ, adequate financial systems and procedures, including administration audit requirements;

- provide personnel services;

- coordinate accommodation, meals and welfare for all personnel;

- manage transport;

- oversee the creation, approvals and signing of contracts and ensure contracted goods or services are delivered;

- coordinate the hiring of private contractors; and

- provide a registry to establish and maintain a records management system that will collect and collate all necessary data, and includes filing and storage of electronic data, photographs and video records.

3.3.4.4 Emergency services and relief and recovery liaison

This unit is responsible for resourcing tasks best done by the emergency services. Resource or task requests are generated and acted on at the local level where possible. Where the resource needs cannot be met at the local level, this unit will liaise with its counterpart in the SDCHQ.

3.3.4.5 Information services

The information services unit provides IT support; database design, development and maintenance; IT solutions to relevant problems; and presentation of information through IT systems such as an intranet and the internet. The unit is responsible for ensuring that IT systems in different centres link appropriately and that the data collected can be collated and used to provide the various reports required by different sections. The unit also provides back-up to the mapping officer position.

3.3.4.6 Facility management

The facility management unit manages the LDCC building, including the centre's security arrangements.

3.3.4.7 Biosecurity

The biosecurity officer is responsible for managing biosecurity procedures at the LDCC, and oversees and audits field biosecurity procedures.

3.4   Forward command post

In larger states, tracing and surveillance by field surveillance teams may detect IPs or DCPs far from the LDCC. In these cases, the establishment of another full-scale LDCC may not be warranted and the LDCC controller, after consultation with the CVO, may choose to establish a forward command post (FCP).

The FCP is a base for field activities; the post communicates relevant information to and from the LDCC.

The FCP will be under the direction of the LDCC operations manager, who may delegate to an FCP coordinator in a large operation. The FCP will refer tracing requirements outside its area of responsibility to the LDCC, and policy decisions to the LDCC operations manager.
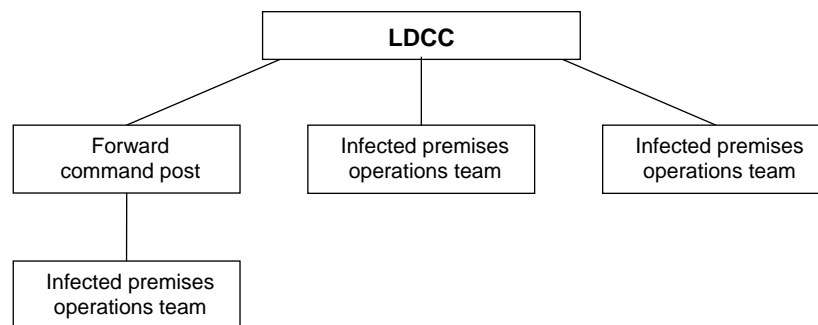

Figure 8   Relationships of a forward command post

The FCP should:

- implement the operational plan as determined by the LDCC and as directed by the LDCC operations manager;

- provide coordination and support for field teams;

- provide situation reports to the LDCC; and

- accurately record and assist in valuing all stock and property destroyed or damaged, and forward information to the LDCC to arrange payment of compensation.

The FCP manager will request any needed personnel, plant or other resources through the LDCC.

The functions and size of the FCP will vary according to the nature and size of the outbreak. In most situations, the LDCC will establish a priority of tasks in consultation with the FCP manager that may include:

- accurately defining the nature and extent of the disease outbreak (assisted by effective visual aids, such as maps, flow charts and diagrams);

- conducting disease tracing and surveillance in the area as required;

- coordinating operations on IPs and DCPs;

- maintaining an effective information management system (logging, filing and recording data, and ensuring efficient reporting of information to the LDCC, including ANEMIS information); and

- reviewing daily priority tasks and modifying them as required.

3.4.1 Establishment of an FCP

Figure 9 outlines the model staffing structure of an FCP. The final determination of resources required will depend on the disease incidence and operational situation. An FCP is expected to be operational only until eradication is completed. Job descriptions for FCP personnel are given in Part 2 of this manual.

3.4.2 Layout and equipment

The internal layout for an FCP should be similar to that of the LDCC, although considerably less office space would be required.

Equipment should be obtained through the LDCC. Suggested office equipment is listed in Appendix 12, Guidelines for establishment of an LDCC.
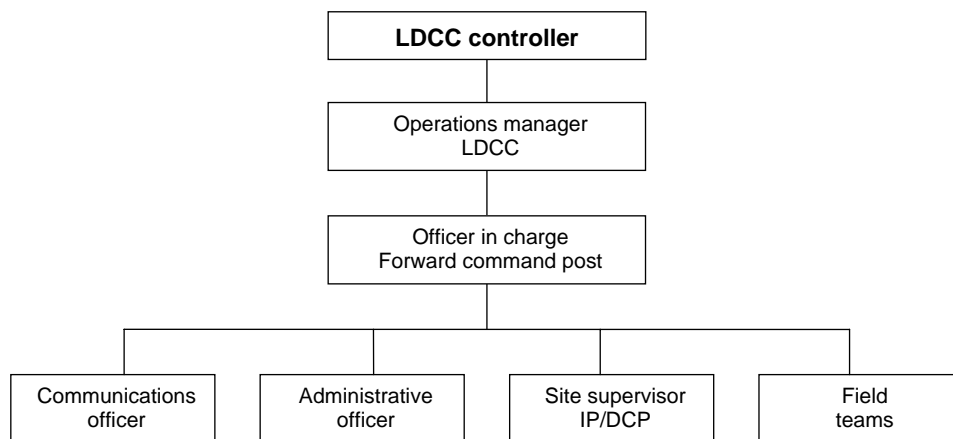

Figure 9   Forward command post line management and staffing structure

4 State disease control headquarters

4.1   Functions of the SDCHQ

The state or territory disease control headquarters (SDCHQ) is the centre responsible for state- or territory-wide coordination of all emergency animal disease (EAD) response operations. The SDCHQ helps the chief veterinary officer (CVO) to develop disease control policies and facilitates their implementation in the field by the local disease control centres (LDCCs). The SDCHQ also has operational responsibility for all areas not covered by LDCC responsibility, ie all areas outside of the restricted areas (RAs).

The SDCHQ director is appointed by, and the SDCHQ is established at the direction of, the state/territory CVO. An SDCHQ may also be set up if an EAD is suspected or is confirmed in another state or territory.

The SDCHQ collates, assesses and summarises complex information coming from various sources, informs the CVO of significant developments, and advises on strategies, procedures and resource requirements. The CVO must consult with and be supported by the senior management of the response agency.

All communications with other jurisdictions must go through the SDCHQ, except in cross-border operations where neighbouring or co-located LDCCs will liaise and cooperate on operational matters.

The SDCHQ has the following primary roles:

- Develop and review the EAD Response Plan (EADRP) for approval by the Consultative Committee on Emergency Animal Diseases (CCEAD) and the National Management Group (NMG).

- Undertake strategic planning and develop incident action plans, including forecasting of logistical requirements for extended periods.

- Secure financial arrangements and define financial and other delegations.

- Develop, implement and coordinate state- or territory-wide EAD control policies and strategies.

- Coordinate disease investigation, tracing, surveillance and movement controls in the control area (CA) and elsewhere.

- Through the CVO, liaise with CCEAD, national, state and territory authorities, and relevant livestock and other affected industries.

- Liaise with state/territory emergency management organisations.

- Implement legal arrangements and ensure that all legal requirements are met.

- Brief the department's executive and minister, and government.

- Notify other states/territories of tracings to their jurisdictions and of movement controls.

- Confirm new infected premises (IPs) and dangerous contact premises (DCPs) based on recommendations from the LDCC.

- Provide information state-wide to the media, industries, the community and groups with special information needs, ensuring that timing and content are coordinated with national, state and industry authorities.

- Ensure effective communication and networks between stakeholders.

- Coordinate technical advice to support operations.

- In conjunction with other agencies, assist with relief, recovery and community support activities.

- Ensure that adequate state records are kept.

- Respond to LDCC requests for resources.

- Monitor the effectiveness of the EAD response.

- Conduct a debriefing on the EAD response.

4.2   Activation and establishment of the SDCHQ

Each jurisdiction should have its own SDCHQ floor plan (Figure 3 in Section 3.2.2 shows a suggested layout for an LDCC, which may be adapted for an SDCHQ). The SDCHQ does not need to provide for large amounts of stores or numbers of vehicles, or the decontamination or segregation of potentially contaminated people.

The SDCHQ logistics manager is responsible for establishing the SDCHQ.

The site should be capable of considerable expansion to cope with large outbreaks. Having to move the SDCHQ would be very disruptive.

Arrangements must be made in advance with telecommunication providers to ensure effective communication systems.

Staff should be trained in advance in SDCHQ systems and procedures.

In most states and territories, the police have high-capacity recorded message services to provide standard information to the public.

Public access to the SDCHQ must be restricted to avoid disruption and unwarranted access to confidential or personal information. It is usually best to have the media and public relations unit in a separate room but closely associated with other units. The CVO or the SDCHQ director may give television crews permission to film the SDCHQ at work, but they should not be permitted to film details on bulletin boards.

4.3 Structure, management and staffing

The state/territory CVO has overall management of the EAD response. The SDCHQ director coordinates the day-to-day conduct of the response and liaises directly with LDCC controllers. Other senior SDCHQ staff include a public relations manager, a planning manager, a logistics manager and an operations manager. Clerical support will be essential for a number of key positions, depending on the scale of response.

The structure and staffing of the SDCHQ will vary considerably between different EAD responses, and during the course of a single response, depending on the nature, location and size of the disease outbreak and on the stage and progress of the response.

While the SDCHQ's structure is similar to that of an LDCC, the SDCHQ must not duplicate functions that are more appropriately carried out by the local centre, or assume its operational responsibilities.

Figure 10 shows a proposed SDCHQ staffing structure. Part 2 of this manual gives detailed role descriptions for individual staff positions.

4.4 Functions of SDCHQ sections

4.4.1 State/territory public relations

The state/territory public relations manager must ensure that appropriate, accurate, timely and adequate information about the response is provided, in order to:

- help manage community awareness and support of the response — its rationale, its essential elements and its progress;

- effectively service media organisation needs;

- increase alertness for signs of disease and encourage early recognition and reporting;

- enhance knowledge of movement restrictions, disease-control activities, relief and recovery support, and other activities and issues;

- meet community expectations for information;

- ensure that the SDCHQ, the National Coordination Centre (NCC; see Section 5) and industry provide consistent information about the response; and

- contribute to briefings of staff at the SDCHQ.

This unit must ensure the implementation of memorandums of understanding between stakeholders about communication, such as exist for foot–and-mouth disease.

SDCHQ and LDCC media personnel must work closely together. The SDCHQ has overall responsibility for coordination of public relations and media liaison at both state and local levels, develops and implements policy on media coverage, together with the CVO approves all media releases relating to policy and other sensitive issues, and is the main handler of the metropolitan and national media. It manages the interface between spokespersons and the media, and liaises closely with the Planning Section to ensure that its information is factual and helpful.

The target audience for the state/territory public relations unit includes state-wide media, agency staff, key industry organisations, the state veterinary association, the general community, animal health agencies in other jurisdictions, and other government agencies within the state. Key messages include contact details and facts about the EAD, the response plan, response activities and progress, state-wide issues, and relief and recovery support.

See also the **Public Relations Manual**.

4.4.2   Planning Section

The Planning Section is responsible for:

- finalising the initial draft EADRP and further developing it as necessary;

- strategic planning, including the assessment of the disease outbreak and development of incident action plans for extended operational periods, including forecasting disease control, and resourcing of the response;

- providing technical and policy advice;

- preparing situation reports and CCEAD papers;

- ensuring industry's involvement in planning and communication; and

- legal services.

SDCHQ ('strategic') and LDCC ('tactical') planning managers must work closely together to ensure that their activities are well coordinated. Responsibilities, functions and workloads must be clearly defined to avoid duplication of effort, matters being overlooked, or conflicting advice.
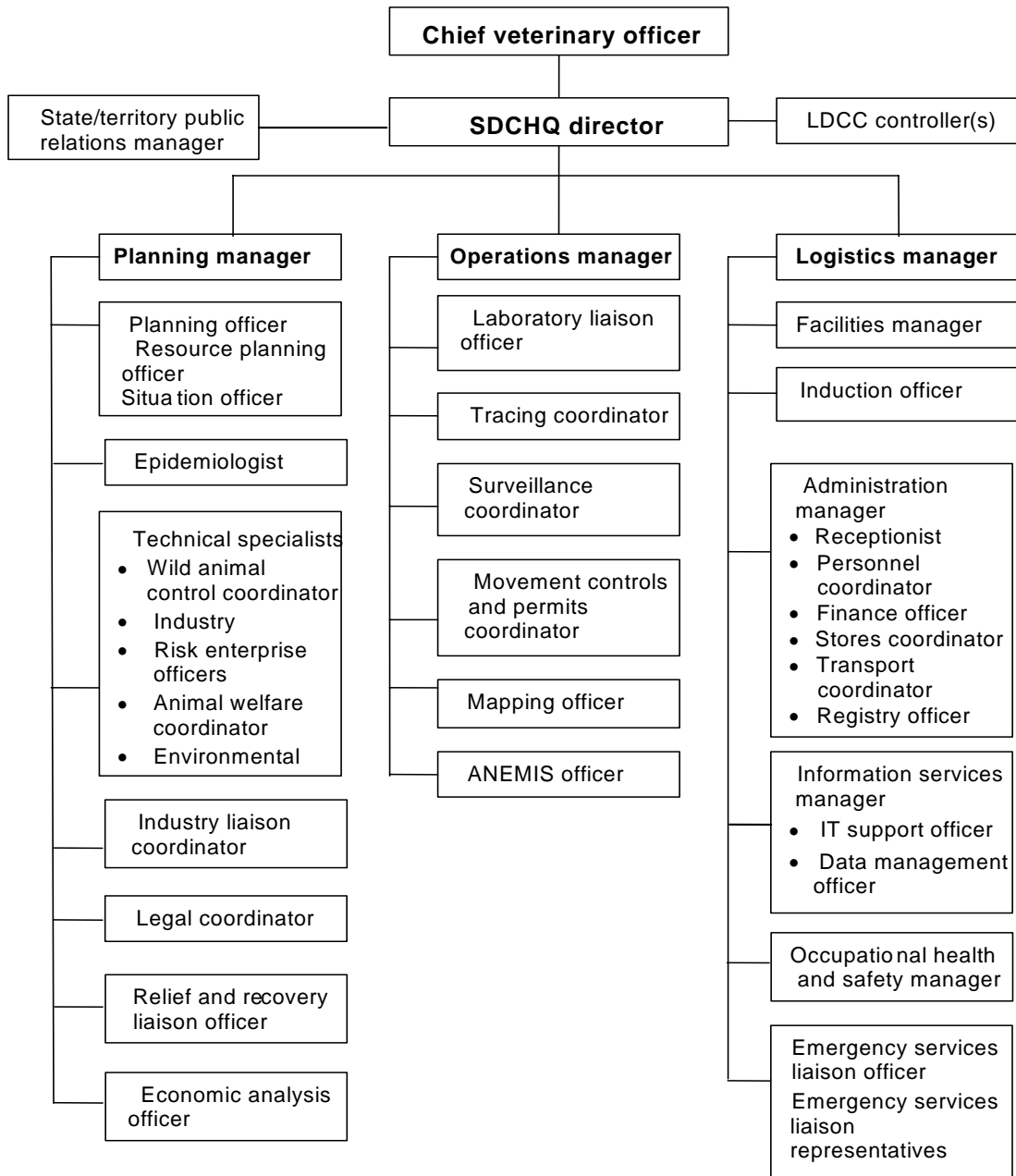
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                          ┌─────────────────────────────┐
                          │   Chief veterinary officer   │
                          └──────────────┬──────────────┘
                                         │
┌──────────────────────┐      ┌──────────────────────┐      ┌──────────────────────┐
│ State/territory public│──────│    SDCHQ director    │──────│  LDCC controller(s)  │
│   relations manager   │      └──────────────────────┘      └──────────────────────┘
└──────────────────────┘
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Planning manager	**Operations manager**	**Logistics manager**
Planning officer Resource planning officer Situation officer	Laboratory liaison officer	Facilities manager
Epidemiologist	Tracing coordinator	Induction officer
Technical specialists • Wild animal control coordinator • Industry • Risk enterprise officers • Animal welfare coordinator • Environmental	Surveillance coordinator	Administration manager • Receptionist • Personnel coordinator • Finance officer • Stores coordinator • Transport coordinator • Registry officer
Industry liaison coordinator	Movement controls and permits coordinator	Information services manager • IT support officer • Data management officer
Legal coordinator	Mapping officer	Occupational health and safety manager
Relief and recovery liaison officer	ANEMIS officer	Emergency services liaison officer Emergency services liaison representatives
Economic analysis officer		

Figure 10 SDCHQ structure

4.4.2.1 Industry liaison

Industry liaison is vital to the EAD response. The SDCHQ includes trained industry liaison coordinators at the state level, while the LDCC includes industry liaison officers at the local level. The SDCHQ and LDCC industry representatives must work closely together. A checklist for industry representatives is provided in Appendix 10.

The roles of industry representatives are to:

- participate in the development and implementation of the EADRP;

- help identify operational resources;

- keep industry informed of developments in the response;

- consult with industries to determine likely methods of disease spread, options for disease control, and the effect of disease control policies and programs on industry; and to obtain feedback on the progress of the response; and

- seek or encourage industry endorsement of disease control policies, cooperation with control activities, and dissemination of information to industry members.

4.4.2.2   Legal support

All disease control activities must be carried out in accordance with relevant state/territory legislation. The SDCHQ legal unit:

- arranges for proclamations, delegations and orders;

- advises on the legality of proposed policies and operations;

- provides legal advice on specific issues as they arise;

- prepares for litigation; and

- briefs staff on their responsibilities in regard to legal issues.

The SDCHQ legal coordinator has overall responsibility for legal services at state and local levels. The LDCC must have immediate access to legal advice.

4.4.2.3   Epidemiology

The epidemiology unit collates and interprets epidemiological data from LDCCs and elsewhere to provide technical and policy advice about disease spread, risk assessments and control.

4.4.2.4   Other specialist support

Specialist officers might be required to provide technical, financial, economic and policy analysis, and advice on diverse issues.

4.4.2.5   Resource planning

The resource planning officer in the Planning Section works with the LDCC Planning Section to predict future resource requirements based on technical assessments of the size and impact of the outbreak. The resource planning officer consults with the epidemiology unit and the Operations Section to advise the Logistics Section on likely staff and equipment requirements for the response, particularly in the CA and nonaffected areas.

4.4.3 Operations Section

The SDCHQ Operations Section is responsible for coordinating all disease control and regulatory operations outside the areas of responsibility of the LDCCs.

4.4.3.1   Tracing and surveillance

The SDCHQ may receive reports of suspected disease from outside the RA and dispatch surveillance teams.

LDCCs relay tracing requirements outside their areas to the SDCHQ's tracing officer, who also identifies traces arising from investigation by surveillance teams in the CA and elsewhere. If these concern movements within the state or territory, the SDCHQ surveillance unit sends surveillance teams to assess the situation. Information about movements interstate is relayed to the relevant state/territory CVO.

4.4.3.2   Movement controls and permits

The movement control unit monitors and enforces movement restrictions within the CA or across state/territory borders. The unit:

- develops and recommends movement control policies;

- issues movement permits;

- advises on possible RA and CA boundaries and, after appropriate approvals, adjusts these as necessary in consultation with the legal unit; and

- monitors and enforces movement restrictions.

4.4.3.3   Vaccination

The SDCHQ coordinates any vaccination programs implemented in the CA or elsewhere outside the RA as agreed in the EADRP.

4.4.3.4   Mapping

The Operations Section maintains maps showing the LDCCs, the boundaries of the RA and CA, properties of interest, and other information as required.

4.4.3.5   ANEMIS information system

ANEMIS is used to record and report on premises identified during tracing and surveillance operations. The SDCHQ is able to run a copy of ANEMIS that can collate ANEMIS information from LDCCs. The SDCHQ is responsible for entering ANEMIS data for traces outside of the RA or interstate. A notional LDCC called 'SDCHQ' needs to be created for this purpose.

4.4.4 Logistics Section

The Logistics Section acquires and manages resources for CA operations. It also responds to task requests from the LDCC for resources used in the RA. It must provide administrative support to the SDCHQ's operations, manage occupational

health and safety (OH&S) policy and issues, and manage facilities and services to the SDCHQ.

Liaising with other sections and sourcing suppliers locally, nationally and internationally as needed, this section responds to task requests for resources such as:

- operations staff;

- induction staff;

- equipment, such as disinfectants and protective clothing;

- accommodation, meals and laundry services;

- transport of personnel between areas of operation and other facilities;

- time sheets;

- financial systems; and

- information management systems, computers and IT support staff.

4.4.4.1   Administration

The SDCHQ administration unit is responsible for managing finance, personnel and stores, establishing a registry, and other administrative matters within the SDCHQ.

4.4.4.2   Information services

The SDCHQ information services unit is responsible for IT support and database design, development and maintenance. It is also responsible for ensuring links with other centres and for ensuring that data can be collated and used for reports.

4.4.4.3   Emergency services liaison

Under state/territory emergency management arrangements, the jurisdiction's department of agriculture or primary industries is the lead agency for EAD outbreaks. However, many other agencies have significant supporting roles.

The SDCHQ is responsible for establishing and maintaining liaison at the state level. Its role will vary according to the extent of the outbreak.

In a *small, localised response*, most emergency services liaison will be undertaken locally by the LDCC. The role of SDCHQ will be limited to ensuring that appropriate operational use is made of emergency management capabilities, and keeping the state headquarters informed of developments through situation reports.

In a *large, widespread response* beyond local resources, support coordination will be done at the state level and the role of SDCHQ in supporting agency liaison will become much more prominent.

Emergency services organisations may appoint liaison officers to coordinate their services. Liaison officers remain responsible to their own organisations. They might be required from certain agencies only during the initial stages of the response or for other limited periods. The SDCHQ logistics manager ensures that they are provided with necessary information, facilities and support.

4.4.4.4   Occupational health and safety

The SDCHQ OH&S unit is responsible for:

- the OH&S of the personnel operating in or from the SDCHQ, including any field teams under the direct control of the SDCHQ; and

- the coordination of OH&S standards, policies and systems compliance in LDCCs.

These responsibilities extend to any contractors engaged as part of a response operation.

4.4.4.5   Induction

The SDCHQ induction unit is responsible for coordinating incoming staff and briefing them on the nature of the disease, the operational plan, the current situation, SDCHQ structure, OH&S arrangements, local demography, conditions of employment, etc. Before induction into the SDCHQ, new arrivals must be processed to record personal details and to brief them on such personnel matters as finance, transport and accommodation arrangements.

4.4.4.6   Facility management

The facility management unit manages the SDCHQ building, including the headquarters' security arrangements.

5 National Coordination Centre

5.1 Introduction

State and territory government authorities have constitutional responsibility in their jurisdictions for operations in response to incidents involving an animal, aquatic animal or plant disease or pest; animal welfare; introduced marine pests; residues in food; and food safety or agricultural sabotage threats.

The Australian Government Department of Agriculture, Fisheries and Forestry (DAFF) is the lead Australian Government agency managing agricultural emergencies involving animal, aquatic animal or plant diseases or pests; animal welfare; and introduced marine pests. DAFF also supports human health and other agencies in matters involving residues in food, other food safety incidents, and food sabotage threats. DAFF provides national leadership and coordination in the management of emergency animal disease (EAD) emergencies, although the nature and extent of its role will vary depending on the complexity of the EAD outbreak.

DAFF fulfils its emergency roles under the DAFF Emergency Management Plan, which focuses on the coordination of the department's areas to ensure an effective input to the national response.

5.2 Activation of the NCC

Application of the DAFF Emergency Management Plan can be triggered by an incident caused by (or suspected to be caused by) an emergency, new or unusual occurrence of an endemic pest or disease, the presence of a causative disease agent, or a contamination beyond permitted levels in animals, plants or aquaculture commodities. The plan may also be triggered by incidents that do not require the establishment of state or territory disease control headquarters (SDCHQs), such as incidents occurring overseas.

In a large or prolonged animal health emergency, DAFF establishes the National Coordination Centre (NCC) at the direction of the Australian Chief Veterinary Officer (CVO).

5.3 Role of the NCC

The actions of the NCC after initial notification of a suspected emergency will vary according to the nature of the incident. The NCC's main roles are at international, national and Australian Government levels.

5.3.1 International

- Meet Australia's international reporting obligations, particularly to the OIE (World Organisation for Animal Health, formerly Office International des Epizooties).

- Provide technical briefings and other information to trading partners as part of trade negotiations and addressing market access issues.

- Trace exported and imported agricultural products or animals.

5.3.2 National

- Convene, chair and provide the secretariat support for government–industry consultative committees.

- Coordinate national public communications.

- Coordinate national response strategies and monitor on-ground activities.

- Provide a national perspective on the use of options such as vaccination and zoning to control the pest or disease and maximise trading opportunities.

- Provide policy advice on national or international issues to the state or territory government involved (the 'combat' government).

- Develop national epidemiological models to support strategic agricultural emergency decision making.

- Coordinate supply of overseas vaccine and scarce resources within Australia.

- Coordinate access to the International Veterinary Reserve.

- Provide input to cost-sharing arrangements.

- Impose export controls as appropriate under the *Export Control Act 1982*.

- Revise and impose quarantine arrangements to mitigate the risk of an occurrence or recurrence of an agricultural emergency by amending controls applying at or before the border.

- Invoke Australian Government legislation — for example, the *Quarantine Act 1908* — when necessary to assist with disease eradication operations in states and territories.

- Impose import controls under the *Imported Food Control Act 1992*, as directed by Food Standards Australia New Zealand.

- Coordinate responses with relevant industry groups.

5.3.3 Australian Government

- Liaise with other relevant Australian Government agencies during an agricultural emergency response.

- Manage the Australian Government public communications strategy in consultation with the Department of the Prime Minister and Cabinet and, in case of a terrorist situation or incident, the Attorney-General's Department.

- Maximise Australia's trade position in consultation with the Department of Foreign Affairs and Trade.

- Provide high-level technical input to trade delegations to argue scientific aspects of Australia's position.

5.4   Structure of the NCC

During an agricultural emergency, a DAFF taskforce is established in the NCC. The structure will vary according to the scale of the response. Five main components are listed below, with their relationship outlined in the organisational chart in Figure 11.

- *Taskforce management*: consists of DAFF Secretary and deputy secretaries, Australian CVO, taskforce chair, emergency preparedness manager and team managers (if team managers are appointed); provides high-level policy direction for the taskforce and support for the NCC.

- *Secretariat and liaison*: consists of taskforce secretary, the secretaries of the Consultative Committee on Emergency Animal Diseases (CCEAD) and the National Management Group (NMG), records manager, resource manager, international assistance, ministerial liaison, legal and policy and liaison; supports the taskforce.

- *Event management*: consists of incident case managers, scientific specialists, and mapping specialists as necessary; responsible for gathering information from combat states/territories, and providing specialist veterinary and other scientific support to the NCC, CCEAD and SDCHQ.

- *International and industry*: consists of international reporting staff, Australian Quarantine and Inspection Service (AQIS) operations staff, international liaison staff and industry liaison staff; coordinates international and industry liaison and quarantine operations.

- *Communications*: consists of DAFF communications and public relations officers; responsible for coordinating national communications about the emergency.
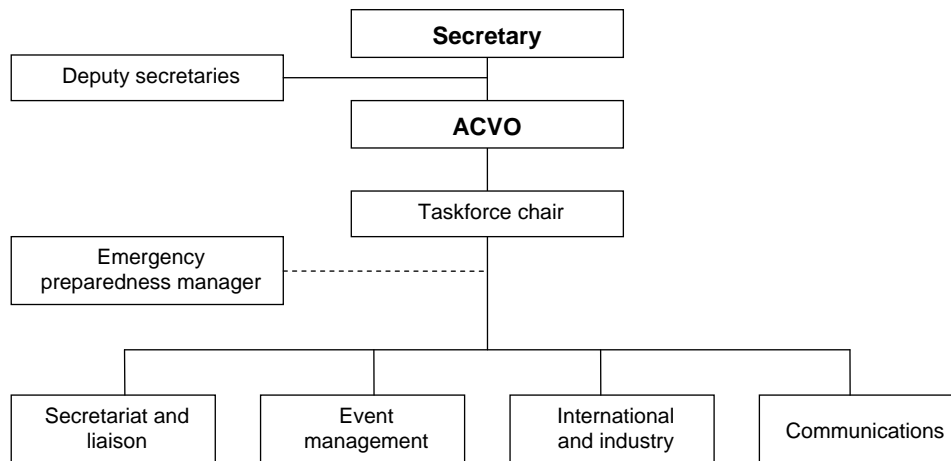
ACVO = Australian Chief Veterinary Officer

Figure 11 Taskforce structure within the National Coordination Centre

Job cards exist for each taskforce function. Taskforce members may fulfil more than one function in small-scale responses, and in large-scale responses individual functions may be filled by a number of members.

5.5 Liaison between the NCC and the SDCHQ

Liaison between the NCC and the SDCHQ occurs in four ways, as shown in Figure 12:

- via CCEAD;

- via the CCEAD Secretariat;

- via the DAFF incident case manager direct to SDCHQs (possibly, in a large or prolonged emergency, through a DAFF officer posted to the SDCHQ or a state/territory officer posted to the NCC); and

- via the NCC communications manager to state/territory and industry communications managers.

NCC position		SDCHQ position
ACVO	◄───►	CVO
Taskforce chair	◄───►	Director
Incident case manager	◄───►	Operations manager
Communications manager	◄───►	State/territory public relations manager
Epidemiologist	◄───►	Epidemiologist
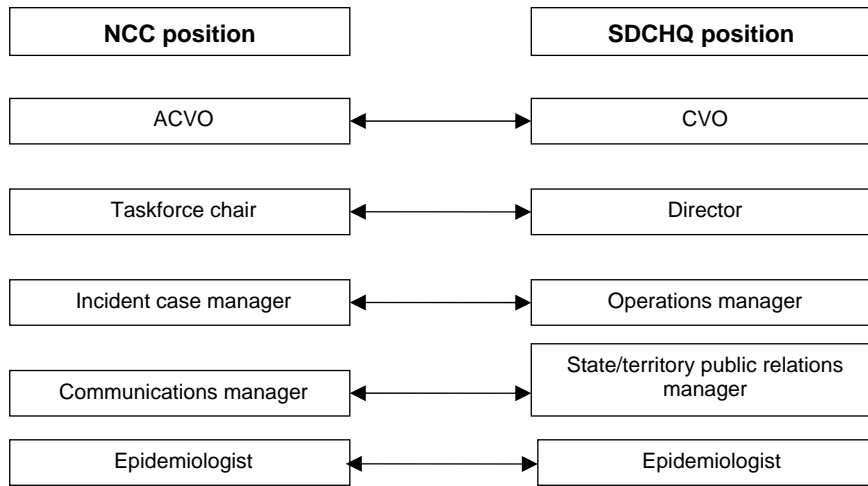
Figure 12 Liaison between the National Coordination Centre and SDCHQ

Liaison may also occur between regional AQIS offices and SDCHQs.

6 Information systems and management

6.1 Communication and record keeping within a control centre

Communication within the local disease control centre (LDCC) and the state or territory disease control headquarters (SDCHQ) inevitably requires pre-prepared forms (see Appendix 13, Guidelines for key forms). Such forms include those for:

- messages;

- section logs;

- requisitions for transport;

- personal particulars;

- workers' compensation;

- Animal Health Emergency Information Management System (ANEMIS); and

- movement permits.

For the emergency animal disease (EAD) response to be managed effectively, this method of communication must be supplemented by communications within and between sections. Similarly, informal communication between corresponding staff in the LDCC and SDCHQ is critical.

Within control centres, there must be formal daily (or more frequent) briefings, managed by the LDCC controller or SDCHQ director. Briefings are best performed with small groups, such as section managers and controller or director. Subsequent briefings should be carried out in sections. This avoids interruption of operations while centre staff attend group meetings.

Incident action plans must be prepared and forwarded to the next level of authority and ultimately to the planning manager. For these action plans to be coherent, their preparation must follow meetings and discussions between and within sections. Section managers should ensure that these meetings occur and should specify their form. This is particularly important for the Planning Section, which needs to communicate widely in order to perform its role. Similarly, there must be close collaboration between the media and public relations unit and technical staff to ensure the accuracy of information.

The controller or director must specify how email is to be used, taking into account that hard copies of most emails need to be filed in a central registry as well as in the electronic filing system.

Records of all communications, including phone conversations, must be kept. Copies may be held in each section, but the originals must be filed in the central registry.

Because of the significant amount of paper generated in even a relatively small EAD response, communication will be most effective when there are adequate support staff for each unit in the centre. Lead agencies should ensure that competent administrative staff are available for the chief veterinary officer (CVO) and senior managers, and that clerical officers are placed in each section.

The CVO, controller and director can improve internal communications by ensuring that media and public relations unit members are present at all significant management meetings, including national coordination meetings.

6.2   ANEMIS

ANEMIS uses manual and computerised components to manage disease information. ANEMIS allows the collection, storage and retrieval of information about inspections of premises conducted by LDCC officers, progress in eradication and priorities of traces. This facilitates the management of disease surveillance, monitoring, tracing and control activities at the LDCC and provides summary and other disease information for the SDCHQ.

ANEMIS can include updatable premises files, providing a way to record the progress of LDCC operations. The system helps the LDCC's veterinary investigations unit (see Section 3.3.2.1) to generate ANEMIS forms for surveillance and tracing, and defines the information flow in the unit.

ANEMIS can be used to collect or produce:

- details of owners and premises;

- case numbers and owner indexes;

- status of premises, such as infected premises (IPs), dangerous contact premises (DCPs), trace, restricted area (RA), quarantine, etc;

- revisit frequencies;

- progress reports on destruction, disinfection, etc;

- computerised tracing;

- statistics for surveillance and tracing activities;

- all ANEMIS 1 forms for scheduled visits;

- blank ANEMIS 2 and 3 forms; and

- staff movement and property visit details.

All control centre personnel must be familiar with the ANEMIS system; most will require access, for example, to reports and lists. Personnel required to input data or

use ANEMIS's tracing module should have advanced knowledge of the system. Personnel who are required to operate and use ANEMIS should refer to the **ANEMIS Manual**, which contains specific details about the system.

For LDCC disease management activities to be successful, information collected by field and other personnel must be clear, concise and accurate and must be disseminated to all LDCC and SDCHQ personnel who require it.

6.3   Mapping systems

Both the LDCC and the SDCHQ must record on appropriate maps all relevant information, including RA and control area (CA) boundaries, livestock standstill zones, IPs, DCPs and other premises with susceptible stock.

Maps of wild animal populations and ordinary road and topographical maps will also be needed.

6.4   LDCC administration systems

In addition to the central registry that maintains and files copies of all documents, each administrative section and unit within the LDCC is expected to maintain its own records system. The system must allow accurate recording and filing of details of LDCC operations, and must be able to be operated by relief staff when required. The system must also be able to produce daily situation reports, and must be auditable.

Whenever possible, the standard departmental system for stores, personnel, vehicle hire, etc should be used. This will make operation easier, especially in the early stages of the response.

Appendix 13, Guidelines for key forms, lists those forms that will normally be used by each area of the LDCC administration unit, and should be developed by each state or territory.

6.5   Control centres information management

Information management must be simple, and easily understood and readily adopted by those who do not normally use it. Information must be recorded, filed and found when required, and follow-up actions must be checked to ensure that they have been completed.

In LDCCs and SDCHQs, the resources manager is responsible for ensuring the smooth operation of the control centre. Adequate information management will require sufficient clerical support and copying facilities.

Appendix 1   Structure and content of an emergency animal disease response plan

An emergency animal disease response plan (EADRP) needs to be commenced at the earliest stage of an incident.

The subheadings in this appendix can be used as a checklist to aid the development of the EADRP, but the plan may not need to cover all the matters listed. The amount of detail will depend on the nature, extent and stage of the EAD response.

However, an EADRP submitted for initial approval by the National Management Group should include the core components marked with an asterisk (*). Other components may be developed, and their approval sought, in accordance with a timetable agreed by the Consultative Committee on Emergency Animal Diseases.

1.*   Status report on suspect disease
- Overview
- Location of premises
- Estimated number of each susceptible species
- Clinical situation on premises (description of clinical signs, morbidity)
- Results of initial tracing/surveillance (including if identification of index case)
- Estimated numbers of premises/susceptible species in vicinity
- Action taken to date
- Feasibility of eradication
- Laboratory diagnosis

2.*   Proposed response activities (control/eradication strategies)

2.1   Stamping out

    2.1.1   Slaughter procedures for all infected and exposed animals

    2.1.2   Disposal

2.2   Quarantine and movement controls on animals, products and things

    2.2.1   Restricted area

    2.2.2   Control area

2.3   Decontamination and farm clean-up procedures

2.4   Diagnosis, tracing and surveillance

    2.4.1   Liaison between state laboratories, private laboratories and Australian Animal Health Laboratory

    2.4.2   Resources for surveillance and laboratory testing

2.5   Zoning

2.6   Vaccination strategy

    2.6.1   Vaccination protocols

    2.6.2   Priorities (eg ring vaccination first)

	2.6.3	Processing of vaccinated stock, including byproducts and waste
	2.6.4	End use of vaccinated stock

2.7 Situation reports: production and dissemination

2.8 International notifications (DAFF responsibility)

3.* Indicative budget (to be provided for each proposed response activity)

3.1 Staffing

    3.1.1 Permanent staff (including accreditation to National EADP Competency Standards)

    3.1.2 Volunteers/emergency services personnel

3.2 Operating

3.3 Capital

3.4 Compensation

4.* Public relations

4.1 Lead responsibility for liaison with media

4.2 Industry and community liaison

5. Local disease control centre (LDCC)

5.1 LDCC site

5.2 Equipment

5.3 Operations

    5.3.1 Veterinary investigations

    5.3.2 Restricted area movement and security

    5.3.3 Infected premises operations

    5.3.4 Other field operations

5.4 Planning

    5.4.1 Epidemiology

    5.4.2 Public relations

    5.4.3 Technical specialists

    5.4.4 Liaison

5.5 Logistics

    5.5.1 Induction for incoming staff

    5.5.2 Administration (accommodation, meals, transport, etc)

    5.5.3 Emergency services liaison

5.6 Infected premises operations teams

5.7 Forward command post (if necessary)

6. State disease control headquarters (SDCHQ)

6.1 Structure, management and staffing

6.2 Public relations

6.3 Planning

    6.3.1 Industry liaison

    6.3.2 Legal support

    6.3.3 Epidemiology and other specialist support

6.4 Operations

Appendix 2 Draft agenda for the Consultative Committee on Emergency Animal Diseases

Teleconference: *Date:*   *Time (EST):*

DRAFT AGENDA

ITEM			PRESENTER
1	Opening		Chair
	1.1	Papers distributed	
	1.2	Overview	
2	Report updates		
	2.1	State/territory report on suspect disease	Affected jurisdiction
	2.2	Laboratory diagnosis of suspect disease	AAHL
	2.3	Technical update on disease	AAHL / DAFF
	2.4	Industry situation report (where appropriate)	Industry
	2.5	AUSVETPLAN/AQUAVETPLAN policy	Affected jurisdiction
3	Proposed action		Affected jurisdiction
	3.1	EADRP/eradication plan	
	3.2	Quarantine and movement controls	
	3.3	Tracings	
	3.4	Surveillance	
4	Draft EADRP		
	4.1	Status report on suspect disease	
	4.2	Proposed response activities	
	4.3	Indicative budget	
	4.4	Public relations	
5	Discussions/conclusions of CCEAD		Chair / members
6	Movement and trade issues		AQIS/Biosecurity Australia /states
7	Administrative arrangements (including budget and resources)		Affected jurisdiction
8	Notification to industry/international		Industry/Australian CVO
9	Media release		Affected jurisdiction/CVO
10	Suggested recommendations to PISC/NMG		Chair
	10.1	Advice of the occurrence of the disease	
	10.2	Feasibility of eradication or containment	
	10.3	Acceptance of EADRP as endorsed by CCEAD	
11	Other business		
12	Next meeting		
13	Close		

Appendix 3   Action checklist for senior roles during start-up of EAD response

1.0 INVESTIGATION PHASE			
Task	**FVO**	**SVO**	**CVO**
Liaise with property owner/manager	✓		
Field investigations including disinfection procedures	✓		
Quarantine property	✓		
Complete ANEMIS	✓		
Provide investigation and property details to SVO or CVO	✓		
Notify CVO of suspicious incident	✓	✓	
Analyse field information, including ANEMIS		✓	
Dispatch diagnostic team or equivalent		✓	✓
Notify AAHL and state lab of samples dispatch		✓	✓
Identify urgent traces	✓	✓	
Provide support to FVO		✓	
Meet to define incident, resourcing, phase of response, etc		✓	✓
Confidential brief to other CVOs and industry			✓
Brief CEO and minister			✓

2.0 ALERT PHASE					
Task	FVO	SVO	CVO	SDCHQ director	LDCC controller
Confirm all ANEMIS details	✓	✓			
Analyse and interpret ANEMIS		✓		✓	
Notify CVO		✓			
Restrict movements to/from property, ensuring that occupiers can come/go	✓				
Prepare recommendations for RAs and CAs		✓			
Secure property, including by removing livestock from boundaries	✓				
Work on site with diagnostic team	✓				
Appoint SDCHQ director, and together identify site for and activate SDCHQ			✓	✓	
Identify media spokesperson			✓		
Appoint LDCC controller and place on stand-by			✓		
SDCHQ personnel activated as needed				✓	
Identify and pre-plan LDCC site and personnel, including personnel activated/on stand-by to support field operations		✓			✓
Notify FVOs in nonaffected areas, industry, emergency services and departmental staff				✓	
Draft initial report by CVO and initial EADRP for CCEAD				✓ (Planning Mgr)	
Develop proposed RAs and CAs				✓	
Act on urgent tracings				✓	✓
Notify SVOs, departmental management and staff, key SDCHQ personnel, industry and emergency services				✓	
Request CCEAD meeting			✓		
Confidential brief to other CVOs and industry			✓		
Brief CEO and minister			✓		
Determine resource needs for Operational Phase				✓	✓

3.0 OPERATIONAL PHASE					
Task	FVO/IPSS	SVO	CVO	SDCHQ director	LDCC controller
Work with/hand over to site supervisor (if appointed) to assess needs for destruction, disposal, etc	✓				
Liaise with IP owner	✓				
Reinforce quarantine requirements	✓				
Implement disinfection procedures	✓				
Advise LDCC (or SDCHQ if no LDCC) of urgent tracings	✓				
Complete pre-operations site inspection (if no site supervisor) to confirm welfare and OH&S arrangements are in place	✓				
Hand over to controller		✓			
Ensure that proclamations, etc are in place				✓	
Complete EADRP and submit to CCEAD			✓	✓ (Planning Mgr)	
Establish SDCHQ				✓	
Activate state/territory emergency management arrangements				✓	
Establish LDCC					✓
RA operations control, including IPs					✓
Implement movement controls				✓ (CA)	✓ (RA)
CA operations, including tracings				✓	
Notify departmental management and staff, key SDCHQ personnel, and state industry and emergency services				✓	✓ (local)
Activate media and PR plan, including press releases				✓	✓ (RA)
Arrange for gazettal of inspectors and valuers, etc as needed				✓	
Confidential brief to other CVOs and industry			✓		
Brief CEO and minister			✓		

4.0 STAND-DOWN PHASE					
Task	FVO	SVO	CVO	SDCHQ director	LDCC controller
Close SDCHQ/LDCC. Ensure that all records relating to the EAD response are held securely so they are available for future retrieval. Arrange debriefing of all staff.				✓	✓

Appendix 4   Checklist for field veterinary officer

Investigation Phase

Where there are grounds for suspicion of an EAD, the FVO should notify an SVO, or if one is not available the CVO, of the details of the premises and suspected disease. The FVO should then do the following:

- Check to ensure that adequate supplies are carried in their vehicle (including protective clothing, disinfectant, equipment for collecting samples, ANEMIS forms 1, 2 and 3, and the state/territory action plan or this manual).

- Where possible, notify office staff of intended actions and request that the investigation be kept confidential.

- Go to the suspect premises.

- Leave vehicles outside the premises (where it is practical to do so).

- Leave a set of street clothes in the vehicle.

- Put on overalls (disposable) and clean waterproof protective clothing. Wash boots and waterproof protective clothing with disinfectant before entering the premises (see the **Decontamination Manual**).

- Take appropriate history and begin filling in ANEMIS form 1.

- Examine affected and at-risk animals.

- If an EAD cannot be excluded, but is still considered a remote or low probability, collect appropriate samples in collaboration with relevant laboratory staff.

- If uncertain whether an EAD is involved and if further assistance is required, contact the SVO/CVO, who may arrange assistance from a diagnostic team after reviewing the case.

- To promote owner cooperation, discuss with the owner details of the disease suspected and the actions that will be taken.

- Notify the SVO or the CVO of the outcome of the investigation and provide details verbally, followed by submission of ANEMIS form 1, of:

  – the owner's name, address, telephone number;

  – the nature of the disease suspected;

  – the exact location of the suspected case(s);

  – findings from the examination of affected animals;

- – numbers and descriptions of affected and at-risk animals;

- – any need for quarantine;

- – any urgent tracings;

- – whether assistance is needed — for example, to muster stock;

- – decontamination that may need to be arranged for people, produce or objects that have left the property recently; and

- – the property identification code (unique property identifier or GPS coordinates).

- Collect other information relating to the property to assist potential operations (eg electricity, access).

On leaving the property, the FVO (and the diagnostic team if one is appointed) should do the following:

- Give the owner departmental contact telephone numbers.

- Wash down and clean protective clothing and boots with a recommended disinfectant.

- Wash hands and exposed skin, and clean fingernails, with a recommended disinfectant.

- Supervise the same procedures for other people.

- Remove protective clothing, place it in a large plastic bag or garbage bin, and thoroughly soak it in a recommended disinfectant (see sections 4 and 2 of the **Decontamination Manual**).

- Avoid contact with any other susceptible species until cleared by the SVO.

- Maintain a written diary of events.

Alert Phase

If the CVO declares an Alert Phase based on the FVO/SVO report, in addition to the actions listed above, the FVO should do the following:

- Complete ANEMIS form 1 (if not already completed) and report to the SVO or CVO to fully describe the situation, pending completion of ANEMIS forms 2 and 3 and progressive reporting.

- Serve the owner or person in charge a notice of quarantine (if this has not already been done).

- Collect relevant history and complete ANEMIS forms 2 and 3.

- Restrict the movement of people and animals within the premises.

- Restrict entry or departure of people, animals, produce and other things, appropriate to the specific disease and AUSVETPLAN **Disease Strategy**.

- Arrange for the boundaries to be secured, wiring up or locking gates so that only one gate, which can be controlled, is left as an entrance to the premises.

- Identify susceptible wild (feral) animals on the premises and in the area.

- Present the diagnostic team (if one is appointed) with animals showing the full range of clinical signs.

- Where possible, move animals away from boundary fences to a central location, preferably to a site that will make any required destruction, disposal and disinfection easier.

- Ensure that a telephone (or other suitable communication device) is constantly attended.

- Before leaving the suspect premises, ensure that risk-based procedures are in place to allow personal/family movement on and off the property for essential purposes.

- When leaving the property, ensure that full decontamination procedures are followed.

Operational Phase

At the infected premises (IP), the FVO or their delegate must proceed as follows:

- Act as a site supervisor until relieved.

- Consult and liaise with the owner to plan IP activities, ensuring owner involvement to assist in recovery. This may include:

    – reinforcing the provisions of quarantine and ensuring adequate property security; and

    – implementing appropriate disinfection procedures (see the **Decontamination Manual**, Section 4).

- Provide advice to the LDCC (or the SDCHQ if necessary) on the resource requirements for preliminary, but urgent, destruction and disposal of infected and at-risk stock and contaminated materials (where this is part of the AUSVETPLAN **Disease Strategy**).

- Where possible and if not already done, confine all roaming stock.

- Make a preliminary assessment of suitable destruction procedures and locations (see the **Destruction Manual**, Section 4).

- Assess suitable sites for disposal of animals and contaminated materials.

- If necessary and possible, muster stock, beginning with the groups most at risk, to a central location that has been identified as suitable for destruction and disposal.

- Maintain records of any stock that die and compile an accurate inventory of remaining stock, including descriptions of animals for valuation purposes.

- Assess occupational health and safety risks for on-site operations.

- Ensure that a telephone or other means of communication is constantly attended, and that communications from the LDCC are delivered.

- Advise the LDCC (or the SDCHQ if necessary) of further urgent tracings and priority neighbouring premises that should be visited (eg downwind, downstream).

- Provide for the welfare of the personnel on the property by ensuring that their short-term needs for food and other requirements are met.

Appendix 5   Checklist for senior veterinary officer

Investigation Phase

- Analyse and seek clarification of information provided by the FVO. Analyse and evaluate initial details reported by the FVO on ANEMIS form 1.

- If necessary, notify the CVO of the suspicious disease incident and actions being taken.

- Provide support and resources to the FVO as required.

- If required, take steps to limit the spread of disease by instructing the FVO to do some or all of the following:

  – stop stock and product movements into and out of suspect premises or suspect areas by the imposition of quarantine;

  – allow the movement of people such as the owner or veterinarians into or out of the suspect premises or areas subject to specified conditions;

  – identify urgent trace-forwards and trace-backs; and

  – identify risk establishments that may be important in disease spread.

- Maintain a diary of events.

Alert Phase

When the CVO declares an Alert Phase, the SVO must refer to the appropriate AUSVETPLAN **Disease Strategy** for specific actions, and then proceed as follows:

- Analyse and evaluate the information collected by the FVO on ANEMIS forms 1, 2 and 3 and notify the CVO as quickly as possible.

- Take appropriate action on traces and risk establishments to limit the spread of the suspected EAD.

- Prepare recommendations for the declaration of restricted and control areas for submission to the CVO in line with procedures set out in the relevant AUSVETPLAN **Disease Strategy**.

- Develop proposals for personnel and other resource requirements for:

  – LDCC operations; and

  – the remainder of the region.

- When requested by the CVO, advise the following people in the affected districts:

- FVOs;

- local departmental personnel/management;

- private veterinary practitioners;

- key industry contacts;

- the director of any local veterinary laboratory;

- local government;

- police (emergency management) coordinator; and

- the relevant emergency management communications contact officer.

- The SVO should inform the people listed above:

  - that AUSVETPLAN is in the Alert Phase;

  - of the nature of the suspected EAD;

  - of the locations of the suspect premises; and

  - of any actions required of them.

Operational Phase

If an EAD is confirmed, the roles and responsibilities of the SVO will be taken over by various LDCC and SDCHQ staff, who will be responsible for ongoing communication with those people and agencies listed above. There should be a formal handover to the SDCHQ director after the declaration of the Operational Phase.

Stand-down Phase

If the presence of an EAD is not confirmed, those people and agencies previously notified must be advised by the SVO that the EAD has not been confirmed and that no further action is required.

Appendix 6   Checklist for a diagnostic team

The CVO, or a veterinary case manager appointed by the CVO, will oversee the formation of the diagnostic team. The team should be briefed on:

- the name of the owner (and manager) of the suspect premises (SP);

- the location of the SP (and directions to it);

- the details of the disease suspected and preliminary findings;

- specific actions required of them;

- quarantine and disinfection requirements for entry to and departure from the SP (see the **Decontamination Manual**, Section 4);

- arrangements for the dispatch of samples for laboratory examination (see the **Laboratory Preparedness Manual**, Section 6); and

- communications arrangements.

The diagnostic team should ensure that they have available a clean vehicle and the following equipment:

- adequate protective clothing, overalls, rubber boots, hats and appropriate decontamination kit (see the **Decontamination Manual**, Appendix 1);

- a previously prepared emergency disease diagnostic kit, including AAHL specimen advice form (see the **Laboratory Preparedness Manual**), and photographic equipment with marine camera housing or a waterproof disposable camera;

- mobile communications equipment, if appropriate;

- the relevant AUSVETPLAN **Disease Strategy**, if a particular disease is suspected, and the *Exotic Diseases Field Guide*;

- appropriate containers and forms for International Air Transport Association (IATA) packaging of biological specimens; and

- appropriate maps.

For further information, see the **Decontamination Manual** and the **Laboratory Preparedness Manual**.

On arrival at the SP, the team should:

- leave the vehicle outside the property if it is practical to do so;

- change into clean overalls (disposable) and clean waterproof protective clothing, leaving street clothes in the car;

- disinfect boots and waterproof protective clothing before entering the premises;

- conduct examinations as required, and collect samples and additional information;

- ensure that representative animals from each species are examined and sampled;

- report the detection of clinical and pathological signs and significant epidemiological information immediately to the CVO or veterinary case manager;

- collect detailed epidemiological information (complete ANEMIS forms 2 and 3, if they have not already been completed by the FVO) and provide a tentative assessment of the source of the infection and the probability of spread of the disease, including possible wild animal and risk enterprise involvement;

- consistent with IATA requirements, pack samples into sealed containers that can be effectively disinfected off the premises;

- decontaminate themselves and equipment thoroughly off the premises;

- place protective clothing in sealed bags for further decontamination (the outside of the bags is to be subjected to appropriate decontamination);

- dispatch samples to the appropriate diagnostic laboratory (usually AAHL) approved by the CVO, in accordance with submission protocols and with a completed specimen advice form; and

- report to the CVO the findings of their investigations, including an assessment of the probability of an EAD and possible differential diagnoses.

On leaving the property, the diagnostic team should:

- give the owner departmental contact telephone numbers;

- wash down and clean protective clothing and boots with a recommended disinfectant;

- wash hands and exposed skin, and clean fingernails, with a recommended disinfectant;

- supervise the same procedures for other people;

- remove protective clothing, place it in a large plastic bag or garbage bin, and thoroughly soak it in a recommended disinfectant (see the **Decontamination Manual**);

- avoid contact with any other susceptible species until cleared by the SVO;

- maintain a written diary of events.

Appendix 7   Checklist for chief veterinary officer

Investigation Phase

- Initiate procedures to confirm the incident.

- With the SVO, develop a strategy for the disease investigation.

- Arrange for the collection and submission of samples by a diagnostic team or FVO to the relevant veterinary laboratory for diagnosis.

- Meet with senior staff to:

    – define the incident and confirm the investigation response; and

    – assess the incident to determine appropriate resource allocation.

- Consider a confidential brief to other CVOs and those industries potentially affected. This will need to be done before releasing information to the public.

- If appropriate, brief:

    – chief executive officer;

    – minister;

    – executive;

    – Australian CVO and CCEAD; and

    – AAHL.

- Maintain a suitable response until the incident is fully defined and categorised.

If a negative diagnosis is established, the CVO's notes and any other reports should be filed as a 'negative emergency disease alert' for reporting in the format agreed by the National Animal Health Information System.

Alert Phase

- Appoint the LDCC controller and place on stand-by.

- Appoint the SDCHQ director, and together identify location and activate the SDCHQ.

- Request a meeting of CCEAD.

- Direct the planning manager to begin preparation of the EADRP in accordance with the EAD Response Agreement (see Appendix 1).

- Appoint an interim media spokesperson.

- Inform key industry personnel, the emergency services contact officer listed in the jurisdiction's emergency management functional plan, and those listed above in the Investigations Phase, of the elevation of AUSVETPLAN to Alert Phase and of any actions required of them.

- Direct the SDCHQ director and the LDCC controller to assess personnel and resources required should AUSVETPLAN be elevated to the Operational Phase.

If a negative diagnosis is established, the CVO's notes, and any other reports, should be filed as a 'negative emergency disease alert' for reporting in the format agreed by the National Animal Health Information System.

Operational Phase

- If the presence of an EAD is confirmed or otherwise determined, the CVO will direct that the Operational Phase be implemented.

- Under the EAD Response Agreement, the CVO needs to notify the chair of CCEAD within 24 hours.

The key actions to be carried out by the CVO in the Operational Phase (unless already completed) are as follows:

- Activate control centres.

- Advise the relevant minister's office and department's executive management.

- Arrange all necessary legislative matters to initiate the EAD response, including:

  – necessary proclamations to declare the existence of the EAD in the jurisdiction;

  – the implementation of a stock standstill, RAs and/or CAs as appropriate; and

  – initiation of necessary funding arrangements through the Treasury department.

- Approve the EADRP and submit it to CCEAD.

- Delegate responsibility for the management of normal animal health programs in nonaffected areas of the state or territory.

- Conduct ongoing activities as detailed in the CVO role description in Part 2 of this manual.

Stand-down Phase

The CVO should consult with the SDCHQ director to ensure that a debriefing of all staff who worked in the EAD response is conducted. Participants should include senior departmental managers and LDCC staff.

Appendix 8   Checklist for SDCHQ director

Investigation Phase

The CVO may appoint an assistant in the Investigation Phase, such as a veterinary case manager. The advantage of this is that the case manager is fully informed and can quickly become a part of the response in the Alert Phase, in a position such as SDCHQ director.

Alert Phase

- Activate SDCHQ section managers and, where required, seek their assistance to complete the tasks below.

- Instruct the SVO to advise stakeholders in affected areas as detailed in Appendix 5, Checklist for senior veterinary officer.

- Analyse and evaluate the information collected by the FVO on ANEMIS forms 1, 2 and 3.

- Begin preparing an initial report for submission by the CVO to CCEAD, and begin development of the EADRP.

- Develop proposals for personnel and other resource requirements for LDCC operations.

- After consultation, consider the boundaries of any RAs or CAs that may need to be proclaimed if the diagnosis proves positive, and prepare proformas for proclamation in conjunction with the department's senior legal officer.

- Investigate the status of urgent tracings and ensure that they are investigated appropriately.

- Consider the imposition of a standstill order.

- As required, help the LDCC controller and state/territory emergency services to select a suitable site for the LDCC.

Operational Phase

- Activate the state/territory emergency management arrangements and ask authorities to appoint liaison officers.

- Notify all stakeholders that the incident status has changed from Alert Phase to Operational Phase.

- Expand the management of the SDCHQ and appoint personnel to key positions.

- Instruct the LDCC controller to establish the LDCC and take charge of operations in the RA.

- Advise key department staff of the EAD situation; the controls and restrictions on animals, animal products and animal-related movements; and the potential need to provide staff to the LDCC and SDCHQ.

- Ensure that media releases are prepared, including technical information, and initiate press conferences (see the **Public Relations Manual**). In some cases, joint state/territory and Australian Government press releases may need to be issued.

- Inform SDCHQ management:

  - of the nature of the EAD that has been declared and that AUSVETPLAN is in the Operational Phase;

  - of the location of the IP;

  - of the location and contact telephone and fax numbers of the LDCC and SDCHQ;

  - of the boundaries of the RA and CA and conditions that apply therein;

  - of the need for departmental officers not involved in disease control activities to cease further visits to properties with susceptible species in the RA (depending on the specific threat);

  - that urgent property visits may be carried out in the CA subject to full decontamination procedures on entering and leaving properties (depending on the specific threat);

  - of the need to report suspicions of disease and provide information as required;

  - of any actions required of them; and

  - of the names of media contacts and key spokespersons.

- Arrange for the appointment (gazettal) of interstate and other appropriate personnel as inspectors under the relevant legislation.

- Arrange for approved valuers to be appointed under the relevant legislation (see the **Valuation Manual**).

- Arrange for all urgent tracings outside the RA to be followed up appropriately.

- Oversee the implementation of a standstill order.

- Conduct ongoing activities detailed in the role description for the SDCHQ director (see Part 2 of this manual).

Stand-down Phase

- Close the SDCHQ:

As operations wind down, the SDCHQ will require fewer staff and will eventually be stood down on the direction of the CVO.

- Records:

  The SDCHQ director must ensure that all records relating to the EAD response are held securely so they are available for future retrieval.

- Debriefing:

  The SDCHQ director, after consultation with the CVO, should arrange for a debriefing of all staff who worked in the SDCHQ. Depending on the scale of the response, this may include senior department managers and/or LDCC operations staff.

Appendix 9   Checklist for LDCC controller

Alert Phase

- The LDCC controller is appointed and activated by the CVO early in the Alert Phase.

- The controller identifies likely LDCC sites and determines personnel requirements. Personnel are put on stand-by and the LDCC is scaled up to a level commensurate with suspicion of an EAD.

Operations Phase

The LDCC controller should do the following:

- Coordinate the establishment of an LDCC (See Section 3.2 and Appendix 12).

- Ensure that an incident action plan is developed for field operations — both short term (one shift) and longer term (eg one week).

- Ensure that the SDCHQ is kept up to date on field operations.

- Ensure that the following people and agencies within the RA are informed of the details of the incident action plan and of a time and place for an initial briefing:

    – local departmental managers;

    – local government (mayors/shire secretaries);

    – police (emergency management) coordinator for the district or region;

    – regional emergency services officer (who should also be given a preliminary list of resources required);

    – appropriate industry contacts; and

    – risk enterprise managers.

- Ensure that private veterinary practitioners, district departmental staff and other key industry contacts in the affected area are advised:

    – that AUSVETPLAN is in the Operational Phase;

    – of the nature of the disease that has been confirmed;

    – of the location of the IP;

    – of the boundaries of the RA and CA and conditions that apply in these areas;

    – of details of stock standstill arrangements;

- of the location, telephone and fax numbers, and email addresses of the LDCC;

- that no visits are to be made to properties with susceptible species within the RA unless a written permit has been issued by the LDCC RAMS unit;

- that any suspicions of disease must be reported immediately to the LDCC and the person reporting must remain on the premises until the LDCC controller, operations manager or veterinary investigations manager gives them permission to leave; and

- of the contacts for all media enquiries.

- Confirm the following particulars with the SDCHQ:

  - the declaration of the RA and CA and the conditions, including stock standstill arrangements, that apply in these areas;

  - the location, telephone and fax numbers, and email addresses of the LDCC and SDCHQ;

  - resource requirements and supply (personnel and equipment); and

  - any urgent tracings on or off the IP that need to be referred to the SDCHQ.

- Ensure that personnel involved in the EAD response are aware of their duties and powers by activation of job cards. Inform them how long they are likely to be required and what they should bring with them (extra clothing, money, protective gear, postmortem kits, state/territory action plans, job cards and so on).

Stand-down Phase

- Close the LDCC:

  As operations wind down, the LDCC will require fewer staff and will eventually be stood down on the direction of the CVO.

- Records:

  The LDCC controller must ensure that all records relating to the EAD response are held securely so they are available for future retrieval.

- Debriefing:

  The LDCC controller, after consultation with the CVO, should arrange for a debriefing of all staff who worked in the LDCC. Depending on the scale of the response, this may include senior department managers and/or SDCHQ operations staff.

Appendix 10 Checklist for industry representatives

Industry representatives perform a number of roles at different levels during an EAD response. Representatives include:

- industry liaison officer at the regional level in an LDCC;

- industry liaison coordinator in the SDCHQ;

- national technical representative on CCEAD; and

- national representative at the NMG level.

These roles are defined in Part 2 of this manual, and EAD competency-based training programs for representatives have been developed.

Industry liaison officer (LDCC)

- To assist with risk assessment, prepare comprehensive advice on the local industry that is affected, including information about its size, distribution, sources of supply, marketing practices, industry organisations and all other factors that may affect the EAD response.

- Advise on the practicality and economic and other consequences of proposed eradication/control activities.

- Advise on plans for handling potentially contaminated material. Identify the steps required to pick up, handle, process and transport this material and limit the spread of any infection.

- Consult with other local industry contacts about the campaign and act as a focus for contact with the local industry, while maintaining the necessary degree of confidentiality as advised by the LDCC Controller.

- Brief the industry liaison coordinator at the state level and the CCEAD representative on a daily basis.

Industry liaison coordinator (SDCHQ)

- To assist with risk assessment, prepare comprehensive advice, at the state/territory scale, on the industry affected. This should include details of the industry's size, distribution, sources of supply, marketing practices, industry organisations and all other factors that may affect the EAD response.

- Advise on the practicality and economic and other consequences of proposed eradication/control activities.

- Advise on plans for handling potentially contaminated material. Identify the steps required to pick up, handle, process and transport this material and limit the spread of any infection.

- Consult with other state industry contacts about the campaign and act as a focus for contact with the peak national industry body.

- Consult daily with the industry liaison officer at the regional LDCC level and regularly with the CCEAD and NMG representatives.

NMG representatives will be involved in national decision making and will undertake their role according to EAD training.

Industry representatives on CCEAD will make recommendations about the technical feasibility of EAD response plans.

Appendix 11 Checklist for temporary veterinary officers

Temporary veterinary officers would mostly be engaged as part of the field surveillance teams, whose role is described in Part 2 of this manual. In the EAD training program, there are defined competencies for this role.

Field surveillance veterinarians are accountable to the LDCC, and should proceed as follows:

- Report to the LDCC for instructions and assignment to an LDCC unit (in most cases, the veterinary investigations unit).

- Clarify and abide by instructions received through the LDCC induction process (identification, etc).

- Clarify and abide by the procedures and instructions of the veterinary investigations unit, including those concerning:

    – review of the EAD clinical signs;

    – legal responsibilities as a designated 'inspector' under state/territory legislation (such as not to talk independently to the media, to support the nationally agreed response plan and not publicly criticise government or industry actions, and to maintain confidentiality and obey rules relating to the acceptance of gifts);

    – biosecurity procedures and disinfection on and between premises;

    – laboratory sample requirements and procedures;

    – collection of equipment/stores (eg disinfection equipment, protective gear, instruments, communication equipment, sample collection equipment, drugs);

    – collection of maps; and

    – collection of ANEMIS forms.

- Advise visited farms on improved biosecurity measures to minimise the risk of infection.

- Implement stringent personal disinfection procedures on and off each premises.

- Conduct oneself in a professional manner and maintain cars and equipment in a clean condition.

- Comply with requirements to communicate with the supervisor at the LDCC.

- Complete allocated clinical surveillance tasks as requested and report to the assigned supervisor.

- Ensure that ANEMIS forms are completed and delivered to the assigned supervisor before leaving the LDCC after each shift.

- Undergo daily debriefing on the daily work program at the LDCC.

- Be prepared for allocation to other duties if suspended from surveillance because of contact with an infectious disease.

Appendix 12   Guidelines for establishment of an LDCC

The LDCC is the main command, control and coordination centre for local field operations. Therefore, it is important that as many involved agencies as possible are located within the centre.

In a large operation, in which many premises are involved, the area of responsibility of the LDCC may be reduced and other LDCCs established.

Co-location with existing local operations should be avoided where possible because of the potential for conflict between those operations and LDCC activities. Normal community services, such as local emergency services, library, council and engineering works, will need to be maintained.

Location

Possible LDCC locations should be identified as part of EAD preparedness programs. Local, district and regional emergency management plans may list possible locations.

The LDCC should be within reasonable travelling time of the area of field operations. A forward command post can be used to reduce travelling time for field personnel.

Protracted operations (months) are the norm, and must be considered when deciding on a location.

The initial location must allow for expansion: think big within the financial constraints. Can additional work space be added using portable buildings? Moving an LDCC during an operation, or separating its sections, is not desirable.

The LDCC should be located near or accessible to:

- accommodation;

- transport systems/routes;

- services such as catering;

- good communication systems;

- supporting agency facilities; and

- adequate support systems for personnel.

In addition, the centre should be:

- in a larger rather than a smaller town (more facilities, less likelihood of community backlash);

- in an 'industrial' part of town; and

- close enough to field operations to provide adequate control and coordination.

Options include:

- factory or mini-factory complex;

- disused car sales yard with sales rooms, workshop, store, parking, etc;

- community hall (be aware of likely impacts on local community events);

- another agency's emergency operations centre (be aware of impacts on local operations that may support LDCC and normal community activities); and

- existing national and state government buildings, including those of the Australian Defence Force.

The location of the LDCC has the potential to affect the wellbeing of:

- neighbours — protracted or late-night operations are likely to disrupt the normal activities of neighbours to the LDCC;

- LDCC personnel — staff need adequate accommodation and facilities to recover from their duties;

- local traffic — vehicle movement in and out of an LDCC, which is likely to be heavy and could disrupt local traffic, should be managed to reduce the risk of accidents.

- community members — who may be faced with overloaded local resources, such as accommodation and catering services.

Size

The LDCC should be able to house 100–150 personnel, and have a capacity to expand (possibly through the use of demountable buildings). Field personnel operating from the building may number up to 800.

Supporting activities (eg induction, catering, stores) can be located outside the main control area.

Layout

The internal layout needs the following features:

- large open plan (desirable for flexibility and sharing of information; offices can be created with partitions);

- briefing/debriefing area separate from operations areas (this area can be used for additional functions, although this is not desirable);

- meeting rooms for 10–15 people;

- media area or room;

- reception area that allows for restricted access by visitors;

- resources and logistics sections, including:

  – large open-plan office area to support 30+ administration staff;

  – 1–3 offices, if possible;

  – secure area for handling cash, including access to safe or equivalent;

  – farmer/community contact area (5–10 operators);

  – office for IT support;

- operations section (field operations coordination), including:

  – large open-plan area for 20–50 people (infected premises operations teams, veterinary investigation teams etc);

  – space for many whiteboards or notice boards and map boards;

  – low background noise;

  – offices (3 managers, 1 mapping officer, up to 12 data-entry PCs);

- technical/planning section, including:

  – open-plan area for 10–15 people (can adjoin or share with field operations);

  – 1–2 offices (manager, planners' quiet space);

- controller/operations manager — two offices, including 'office' for files/registry (should be close to faxes and sources of incoming information).

Operating environment

The following operating environmental factors should be considered:

- Background noise should be kept to a minimum; timber floors are very noisy in a busy workplace.

- Physical security is essential, but must allow ready access of operational personnel.

- Access to information on whiteboards, etc must be controlled.

- Temperature control is important both for personnel and for equipment.

Amenities and other facilities

- Toilets and showers should be adequate, and have access for the disabled.

- Stores capacity should equal 3–6 shipping containers, and could involve a portable building or shipping containers. The stores area must be able to be secured. Firearms, ammunition and drugs must be stored in accordance with relevant legislation.

- Parking should be adequate for at least 150 cars throughout each shift, plus 300 or more buses, delivery trucks and cars coming and going during shifts.

- An existing commercial premises could be used for dining facilities and coolroom or coldroom.

- Smokers need an outside space.

- Vehicle (car size) washing can be off site.

- A waste handling area may have to deal with general and kitchen waste. Handling of office and infectious waste should be secure.

Special areas

Some facilities will be better sited in portable buildings or away from other areas, with easy access by field teams, including those for:

- handling, storing or packing samples; and

- wash-down and disinfection of field equipment (designated as an 'infected area' with appropriate decontamination facilities).

Utilities

- Electricity — back-up is desirable, but is essential for vaccine storage.

- Telephone/fax — very high traffic (more than 1000 calls/day in an EAD response), switchboard with after-hours switching, minimum 25 lines, 3 fax lines, 45 handsets, space for PABX, satellite phones in remote areas (eg space to park truck).

- Computers — up to 45 PCs on intranet, connection to internet, space for server.

- Radio communications — as available.

- Water — for field operations support, catering, decontamination.

- Sewage — run-off from sample handling and disinfection area should be treated before release or taken to an approved waste handling facility; system must be able to take the expected load.

Assembling and managing resources

Potential resource suppliers should be identified (acquire from local offices as a temporary measure, and commercial providers thereafter). For substantial items, hire or lease is preferable to purchase.

While resources might initially need to be sourced from wherever they are available, normal systems should be implemented as soon as practical.

A store with storeperson and stores system must be established as soon as possible. All items should go through the store, and the issue and return of significant assets should be recorded in a tracking system.

All items should be labelled with the name of the provider.

Additional, non-urgent resources should be identified as part of planning and sourced to the best advantage (supply, cost, availability).

Assets entering the LDCC with individual staff should be managed (for example, laptop computers should be marked and tracked).

Resources for setup

The initial resourcing of an LDCC will depend on its location, the lead time to set it up, and the potential complexity of the EAD response.

Scale-up time for initial deployment should be 6–12 hours.

It will be necessary to balance costs against the need to ensure that adequate resources are available to support an expanding operation. At establishment, think big: it is easier to scale back than to scale up.

Some resources may be deployed at start-up and replaced as alternatives become available. All resources, including those borrowed from local offices and agencies, must be tracked from acquisition, through deployment, to stand-down.

The initial resources for an LDCC are:

- AUSVETPLAN manuals, SOPs: at least 1 set
- forms for use with databases (eg ANEMIS): at least 1 of each
- desks/tables: 25, including at least 4 adjustable typists' desks
- whiteboards: permanent, 15
- static magic (Avery product): 2 boxes/rolls
- pin boards: at least 4 large
- chairs: 50, including at least 4 adjustable typists' chairs
  (50 more chairs for briefing/induction area)
- document trays (in/out): 30
- photocopiers[5] (A3/A4): collating, 1; standard, 2; colour, 1
- fax machines: 3[4]
- mapping stationery
- filing cabinets: four × 4-drawer equivalents
- desktop filing systems: 12
- typewriter: 1
- telephone handsets: 20, expanding quickly to 40, with at least 1 conference phone
- mobile phones: as appropriate for field operations, including runner and first aid
- clocks (preferably 24-hour): 2

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[5] must have adequate supplies and back-up service

- office stationery: some of everything in a standard office store, sufficient to support 100 personnel (include all pens, tapes, PC discs, folders)
- specialist carbon pads — record of conversation, message, fax, log: at least 40 of each initially
- personal computers: 12, expanding quickly to 25–40, networked, 1 in 5 with CD-RW drive
- printers, laser: black and white, 2; colour, 1, large format for maps
- plotter, A0: 1, for printing maps
- scanner, stand-alone: 1
- camera, digital: 1 (able to take close-up pictures)
- calculators: 2
- safe: 1 (or access to safe)
- extension leads: 12 (expanding quickly to 40)
- power boards: 12 (expanding quickly to 40)
- television: 1
- VCR/DVD: 1
- microwave oven: 1
- radio, FM/AM: 1
- duct tape: at least 2 rolls
- key safe: 1
- petty cash tin: 1
- T cards and T card hangers for 500 personnel
- laminating machine: access is highly desirable
- waste bins, office: 12–20
- waste bins, 200 L or similar: 12+ depending on frequency of emptying
- waste bags: 100
- contaminated-waste bags: 100
- recycle bins/shredder: 1 shredder + bags
- carpet for noise reduction
- partitions: depending on the building, partitions may be needed to create office spaces.

Additional staff support facilities include fridge, drinking water, tea/coffee-making facilities, toilet paper and hand towels, broom/vacuum cleaner, mop and bucket, secure storage for personal effects, waste services, and access to personal email.

Occupational health and safety

During the setup stage, most personnel will be operating in an unfamiliar environment and under considerable pressure. The following hazards should be minimised:

- Material handling — use correct techniques and equipment.

- Unfamiliar operating environment — brief personnel.

- Temporary electrical connections — must be made by electricians.

- Overworked staff — ensure adequate rest breaks.

- Ergonomics — use correct furniture from the outset, or replace as soon as practical.

Appendix 13 Guidelines for key forms

Each state/territory should ensure a supply of forms appropriate to its jurisdiction, including the following:

Quarantine forms/ movement permits

- quarantine area — authority to enter
- quarantine area — approval to move
- restricted area — approval to move
- control area — approval to move/enter

Control centre record forms

- message forms
- section logs — record of events, telephone calls, conversations and actions

ANEMIS forms (1, 2 and 3)

Personnel

- personal particulars form
- Australian Taxation Office — employment declaration
- state/territory casual employees superannuation fund forms
- attendance record or combined duty report and expense claim form
- wages sheet
- injury report form
- workers' compensation forms
    - employee form
    - employer form
- salary rates — copy held at units
- sick leave form or personal leave card

Transport

- requisition for transport
- vehicle log form
- mechanical repair authority
- state/territory insurance office accident report form

Stores

- requisition form
- purchase/requisition order forms
- stores issue voucher
- stores received voucher
- contract rates — copy held at units
- Treasury regulations — copy held at units
- central stationery store stock list — copy held at units

Glossary

Activate	A process of deploying personnel to their roles.
Alert Phase	see *Stages of activation*.
ANEMIS	*An*imal Health *Em*ergency *I*nformation *S*ystem. A system for the collection, assimilation, actioning and dissemination of essential disease control information using paper documentation and a computer database.
Animal Health Committee	A committee comprising the CVOs of Australia and New Zealand, Australian state and territory CVOs, Animal Health Australia, and a CSIRO representative. The committee provides advice to PIMC on animal health matters, focusing on technical issues and regulatory policy (formerly called the Veterinary Committee). *See also* Primary Industries Ministerial Council (PIMC)
Animal products	Meat, meat products and other products of animal origin (eg eggs, milk) for human consumption or for use in animal feedstuff.
Australian Chief Veterinary Officer	The nominated senior veterinarian in the Australian Government Department of Agriculture, Fisheries and Forestry who manages international animal health commitments and the Australian Government's response to an animal disease outbreak. *See also* Chief veterinary officer
AUSVETPLAN	*Aus*tralian *Vet*erinary Emergency *Plan*. A series of technical response plans that describe the proposed Australian approach to an emergency animal disease incident. The documents provide guidance based on sound analysis, linking policy, strategies, implementation, coordination and emergency-management plans.
Chief veterinary officer (CVO)	The senior veterinarian of the animal health authority in each jurisdiction (national, state or territory) who has responsibility for animal disease control in that jurisdiction. *See also* Australian Chief Veterinary Officer
Compensation	The sum of money paid by government to an owner for stock that are destroyed and property that is compulsorily destroyed because of an emergency animal disease. *See also* Cost-sharing arrangements, Emergency Animal Disease Response Agreement

Consultative Committee on Emergency Animal Diseases (CCEAD)	A committee of state and territory CVOs, representatives of CSIRO Livestock Industries and the relevant industries, and chaired by the Australian CVO. CCEAD convenes and consults when there is an animal disease emergency due to the introduction of an emergency animal disease of livestock, or other serious epizootic of Australian origin.
Control area	A declared area in which the conditions applying are of lesser intensity than those in a restricted area (the limits of a control area and the conditions applying to it can be varied during an outbreak according to need).
Cost-sharing arrangements	Arrangements agreed between governments (national and states/territories) and livestock industries for sharing the costs of emergency animal disease responses. *See also* Compensation, Emergency Animal Disease Response Agreement
Dangerous contact animal	A susceptible animal that has been designated as being exposed to other infected animals or potentially infectious products following tracing and epidemiological investigation.
Dangerous contact premises	Premises that contain dangerous contact animals or other serious contacts.
Declared area	A defined tract of land that is subjected to disease control restrictions under emergency animal disease legislation. Types of declared areas include *restricted area, control area, infected premises, dangerous contact premises and suspect premises*.
Decontamination	Includes all stages of cleaning and disinfection.
Depopulation	The removal of a host population from a particular area to control or prevent the spread of disease.
Destroy (animals)	To slaughter animals humanely.
Disease agent	A general term for a transmissible organism or other factor that causes an infectious disease.
Disease Watch Hotline	24-hour freecall service for reporting suspected incidences of exotic diseases — **1800 675 888**
Disinfectant	A chemical used to destroy disease agents outside a living animal.
Disinfection	The application, after thorough cleansing, of procedures intended to destroy the infectious or parasitic agents of animal diseases, including zoonoses; applies to premises, vehicles and different objects that may have been directly or indirectly contaminated.

Disposal	Sanitary removal of animal carcases, animal products, materials and wastes by burial, burning or some other process so as to prevent the spread of disease.
Emergency animal disease	A disease that is (a) exotic to Australia or (b) a variant of an endemic disease or (c) a serious infectious disease of unknown or uncertain cause or (d) a severe outbreak of a known endemic disease, and that is considered to be of national significance with serious social or trade implications. *See also* Endemic animal disease, Exotic animal disease
Emergency Animal Disease Response Agreement	Agreement between the Australian and state/territory governments and livestock industries on the management of emergency animal disease responses. Provisions include funding mechanisms, the use of appropriately trained personnel and existing standards such as AUSVETPLAN. *See also* Compensation, Cost-sharing arrangements
Endemic animal disease	A disease affecting animals (which may include humans) that is known to occur in Australia. *See also* Emergency animal disease, Exotic animal disease
Enterprise	*See* Risk enterprise
Epidemiological investigation	An investigation to identify and qualify the risk factors associated with the disease. *See also* Veterinary investigation
Exotic animal disease	A disease affecting animals (which may include humans) that does not normally occur in Australia. *See also* Emergency animal disease, Endemic animal disease
Exotic fauna/feral animals	*See* Wild animals
Field veterinary officer	Veterinary officer with responsibility for activities within individual districts of a region.
Fomites	Inanimate objects (eg boots, clothing, equipment, instruments, vehicles, crates, packaging) that can carry an infectious disease agent and may spread the disease through mechanical transmission.
In-contact animals	Animals that have had close contact with infected animals, such as noninfected animals in the same group as infected animals.
Incident action plan	A daily written plan against which situation reports are prepared by the LDCC controller.
Incubation period	The period that elapses between the introduction of the pathogen into the animal and the first clinical signs of the disease.

Index case	The first or original case of the disease to be diagnosed in a disease outbreak on the index property.
Index property	The property on which the first or original case (index case) in a disease outbreak is found to have occurred.
Infected premises	A defined area (which may be all or part of a property) in which an emergency disease exists, is believed to exist, or in which the infective agent of that emergency disease exists or is believed to exist. An infected premises is subject to quarantine served by notice and to eradication or control procedures.
Investigation Phase	*See* Stages of activation.
Job card	A written list of tasks to be carried out by an individual *or group* as part of an emergency response.
Lead agency	The agency that controls the disease control operation, having special expertise and legal responsibility in that particular type of emergency. Also called lead combat agency.
Local disease control centre (LDCC)	An emergency operations centre responsible for the command and control of field operations in a defined area.
Logistics	The acquisition and management of resources.
Monitoring	Routine collection of data for assessing the health status of a population. *See also* Surveillance
Movement control	Restrictions placed on the movement of animals, people and other things to prevent the spread of disease.
National Coordination Centre	An established centre in Canberra, from which national disease control actions are directed and coordinated in an animal disease emergency.
National management group (NMG)	A group established to direct and coordinate an animal disease emergency. NMGs may include the chief executive officers of the Australian Government and state or territory governments where the emergency occurs, industry representatives, the Australian CVO (and chief medical officer, if applicable) and the chairman of Animal Health Australia.
Native wildlife	*See* Wild animals
OIE Terrestrial Code	*OIE Terrestrial Animal Health Code.* Reviewed annually at the OIE meeting in May and published on the internet at: **http://www.oie.int/eng/normes/mcode/a_summry.htm**

OIE Terrestrial Manual	*OIE Manual of Standards for Diagnostic Tests and Vaccines for Terrestrial Animals.* Describes standards for laboratory diagnostic tests and the production and control of biological products (principally vaccines). The current edition is published on the internet at: **http://www.oie.int/eng/normes/mmanual/a_summry.htm**
Operational Phase	*See* Stages of activation
Operational procedures	Detailed instructions for carrying out specific disease control activities, such as disposal, destruction, decontamination and valuation.
Owner	Person responsible for a premises (includes an agent of the owner, such as a manager or other controlling officer).
Premises	A tract of land including its buildings, or a separate farm or facility that is maintained by a single set of services and personnel.
Prevalence	The proportion (or percentage) of animals in a particular population affected by a particular disease (or infection or positive antibody titre) at a given point in time.
Primary Industries Ministerial Council (PIMC)	The council of Australian national, state and territory and New Zealand ministers of agriculture that sets Australian and New Zealand agricultural policy (formerly the Agriculture and Resource Management Council of Australia and New Zealand). *See also* Animal Health Committee
Primary Industries Standing Committee	Standing committee of PIMC.
Quarantine	Legal restrictions imposed on a place or a tract of land by the serving of a notice limiting access or egress of specified animals, persons or things.
Rehabilitation	Process of adjustment to circumstances prevailing in the aftermath of an emergency disease outbreak.
Restricted area	A relatively small declared area (compared to a control area) around an infected premises that is subject to intense surveillance and movement controls.
Risk enterprise	A defined livestock or related enterprise, which is potentially a major source of infection for many other premises. Includes intensive piggeries, feedlots, abattoirs, knackeries, saleyards, calf scales, milk factories, tanneries, skin sheds, game meat establishments, cold stores, AI centres, veterinary laboratories and hospitals, road and rail freight depots, showgrounds, field days, weighbridges, garbage depots.

Senior veterinary officer	A government veterinary officer with regional or state-wide responsibilities for emergency disease management.
Sensitivity	The proportion of truly positive units that are correctly identified as positive by a test. *See also* Specificity
Sentinel animal	Animal of known health status that is monitored to detect the presence of a specific disease agent.
Serotype	A subgroup of microorganisms identified by the antigens carried (as determined by a serology test).
Specificity	The proportion of truly negative units that are correctly identified as a negative by a test. *See also* Sensitivity
Stamping out	Disease eradication strategy based on the quarantine and slaughter of all susceptible animals that are infected or exposed to the disease.
State or territory disease control headquarters	The emergency operations centre that directs the disease control operations to be undertaken in that state or territory.
Stages of activation	Investigation, alert, operational, stand-down.
– Investigation Phase	exists when key members of the Animal Health Authority are notified that an animal disease emergency may be imminent, or exists in another state or territory;
– Alert Phase	exists when the CVO notifies the coordinator of the state emergency services that an animal disease emergency may be imminent, or exists in another state;
– Operational Phase	exists when the CVO notifies the coordinator of the state emergency services that an animal disease emergency exists in the state;
– Stand-down	exists when the CVO notifies the coordinator of the state emergency services that an animal disease emergency no longer exists.
Stand-by	Forewarning of staff that activation may be imminent, to ensure that they are ready.
Support agency	An agency having a defined role to assist the lead agency to give effect to animal disease emergency-management plans.
Surveillance	A systematic program of investigation designed to establish the presence, extent of, or absence of a disease, or of infection or contamination with the causative organism. It includes the examination of animals for clinical signs, antibodies or the causative organism.

Survey	A program of investigation designed to establish the presence, extent of, or absence of disease.
Susceptible animals	Animals that can be infected with a particular disease.
Suspect animal	An animal that may have been exposed to an emergency disease such that its quarantine and intensive surveillance, but not pre-emptive slaughter, is warranted. *or* An animal not known to have been exposed to a disease agent but showing clinical signs requiring differential diagnosis.
Suspect premises	Temporary classification of premises containing suspect animals. After rapid resolution of the status of the suspect animal(s) contained on it, a suspect premises is reclassified either as an infected premises (and appropriate disease-control measures taken) or as free from disease.
Temporary veterinary officer	A nongovernment veterinarian employed by the combat agency to conduct a role specified in the Control Centres Management Manual.
Tracing	The process of locating animals, persons or other items that may be implicated in the spread of disease, so that appropriate action can be taken.
Vaccination	Inoculation of healthy individuals with weakened or attenuated strains of disease-causing agents to provide protection from disease.
Vaccine	Modified strains of disease-causing agents that, when inoculated, stimulate an immune response and provide protection from disease.
Vector	A living organism (frequently an arthropod) that transmits an infectious agent from one host to another. A *biological* vector is one in which the infectious agent must develop or multiply before becoming infective to a recipient host. A *mechanical* vector is one that transmits an infectious agent from one host to another but is not essential to the life cycle of the agent.
Veterinary case manager	A senior veterinarian responsible for receiving notifications of emergency events, and who, under the authority of the CVO, directs key activities during the Investigation Phase of an emergency animal disease response.
Veterinary committee	The committee of chief veterinary officers of each state or territory and the Commonwealth, plus the head of the Australian Animal Health Laboratory, Geelong, and others, that recommends national control strategies.
Veterinary investigation	An investigation of the diagnosis, pathology and epidemiology of the disease. *See also* Epidemiological investigation

Wild animals

  – native wildlife   Animals that are indigenous to Australia and may be susceptible to emergency animal diseases (eg bats, dingoes, marsupials).

  – feral animals   Domestic animals that have become wild (eg cats, horses, pigs).

  – exotic fauna   Nondomestic animal species that are not indigenous to Australia (eg foxes).

Zoning   The process of defining disease-free and infected areas in accord with OIE guidelines, based on geopolitical boundaries and surveillance, in order to facilitate trade.

Zoonosis   A disease of animals that can be transmitted to humans.

Abbreviations

AAHL	Australian Animal Health Laboratory
AIIMS	Australian Interagency Incident Management System
ANEMIS	Animal Health Emergency Information System
AQIS	Australian Quarantine and Inspection Service
AUSVETPLAN	Australian Veterinary Emergency Plan
CA	control area
CCEAD	Consultative Committee on Emergency Animal Diseases
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CVO	chief veterinary officer
DAFF	Department of Agriculture, Fisheries and Forestry (Australian Government)
DCP	dangerous contact premises
EAD	emergency animal disease
EADP	emergency animal disease preparedness
EADRP	emergency animal disease response plan
FCP	forward command post
FVO	field veterinary officer
IP	infected premises
IPO	infected premises operations
IPSS	infected premises site supervisor
LDCC	local disease control centre
NCC	national coordination centre
NMG	national management group
OH&S	occupational health and safety
OIE	World Organisation for Animal Health (Office International des Epizooties)
PISC	Primary Industries Standing Committee
RA	restricted area
RAMS	restricted area movement and security
SDCHQ	state or territory disease control headquarters
SP	suspect premises
SVO	senior veterinary officer
VCM	veterinary case manager

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