

# Local Disaster Management Plan (LDMP) Sub-Plan

## Public Health Sub Plan

V1 October 2021





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## **SECTION 1: OVERVIEW OF PLAN**

### **1.1 CONTEXT & ASSUMPTIONS**

A major disaster event may cause significant disruption to the community. Water supplies, sewage treatment, refuse disposal, and access to safe food may be compromised. A range of risks to public health may emerge and may continue for some time.

Queensland Health (QH) is the lead agency for the compliance of public health matters. The Cloncurry Shire Council (CSC) also has responsibilities relating to public health.

The CSC has one Environmental Health / Compliance Officer which means capacity will likely to be exceeded during a disaster event. If this occurs, a Request for Assistance (RFA) to the District Disaster Management Group (DDMG) may be required to engage the North West Hospital and Health Service (NWHHS) to support the CSC EH/CO.

### **1.2 AIM & OBJECTIVES OF PLAN**

The aim of this Public Health Sub Plan is to minimise public health risks that may emerge during and after a disaster event. This is achieved through the provision of temporary preventative measures and by prioritising and directing the allocation of resources to conduct effective public health response activities. The key objectives are to:

- Implement temporary preventative health measures to minimise risks to public health
- Provide clear, concise and timely public health information to the Cloncurry Shire Local Disaster Management Group (LDMG) and the community
- Define the responsibilities of the CSC EH/CO in the event of a disaster and the support required by the NWHHS.

### **1.3 OWNERSHIP**

This Sub Plan is owned by the Local Disaster Coordinator (LDC) on behalf of the LDMG. All significant amendments must be approved by the LDMG.

The 'Owner' will ensure the:

- Master document is retained together with relevant supporting documents
- Level of circulation of the Sub Plan is determined by the LDMG and details of copyholders are recorded
- Sub Plan is updated and reviewed on at least an annual basis, or after activation, whichever is the sooner
- Sub Plan is tested and exercised as determined by the LDMG.

### **1.4 AFFECTED PARTIES**

CSC retains functional responsibility for this Sub Plan on behalf of the LDMG.

The CSC will work collaboratively with QH to fulfil shared responsibilities for the provision of public health services. The Sub Plan also directly applies to all member and advisor organisations of the LDMG.

### **1.5 LINKS WITH OTHER DOCUMENTS**

This Sub Plan is interdependent on, and should be read in conjunction with, the Local Disaster Management Plan (LDMP). This Sub Plan links directly to all other Sub Plans developed to respond to disasters in the Cloncurry Shire, including the LDMG Emergency Contact Lists.

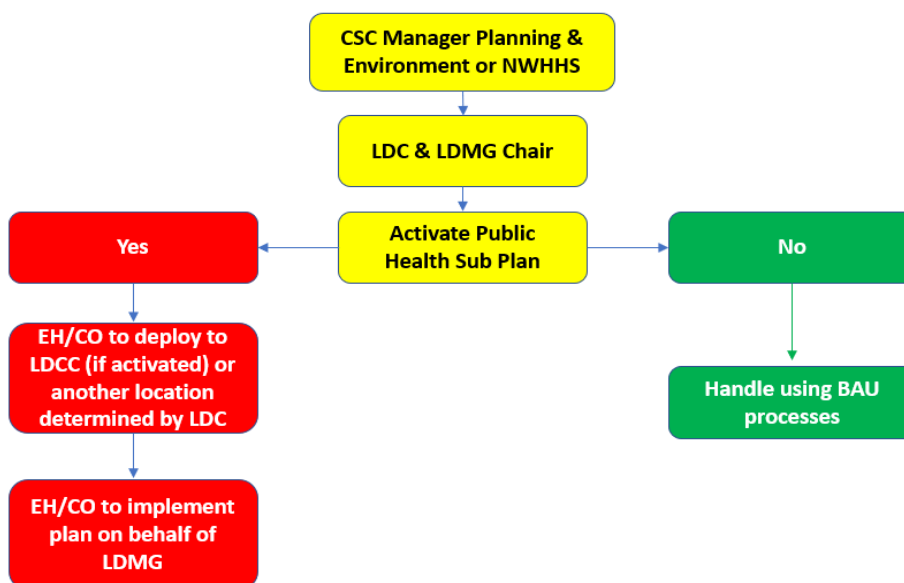


## SECTION 2: ACTIVATION & NOTIFICATION PROCEDURES

### 2.1 ACTIVATION OF THE PLAN

The LDC and LDMG Chairperson will activate this Public Health Sub Plan on the advice of the CSC Manager Planning & Environmental or the NWHHS. The plan will be activated in relation to any event which requires preventative measures to be implemented to minimise risks to public health.

### 2.2 NOTIFICATION FLOW CHART



*Figure 1: Public Health Plan Activation Notification Flow Chart*

### 2.3 NOTIFICATION PROCESS

The CSC EH/CO will be requested to move to LEAN FORWARD during the preparation phase of disaster events so they are ready to respond as necessary.

When the Sub Plan is activated, the CSC EH/CO will be deployed – [refer section 3.1](#).

The EH/CO will deploy to the LDCC if activated for an initial briefing or to an alternative location agreed with the LDC.

The EH/CO implements the Sub Plan on behalf of the LDMG.

If a decision is made to not invoke the plan, then public health issues will continue to be addressed using standard agency procedures.



## **SECTION 3: OPERATIONAL PROCEDURES**

### **3.1 ENVIRONMENTAL HEALTH OFFICER (EH/CO'S)**

CSC has one EH/CO responsible for BAU activities. The EH/CO is able to support disaster operations subject to availability at the time of an event. An operational checklist for the EH/CO during disaster operations can be found at [Appendix A](#).

The EH/CO will be supervised and coordinated by the Manager Planning & Environment. The LDC is to be kept informed throughout disaster response and recovery operations.

### **3.2 QDMA REQUEST FOR ASSISTANCE (RFA)**

CSC EH/CO existing resources are limited and likely to be overwhelmed during a moderate or large-scale event. In these circumstances, the CSC LDMG will need to request additional resources from the NWHHS through the DDMG – refer [Emergency Logistics & Resupply Sub Plan](#).

### **3.3 IMPACT ASSESSMENT**

An impact assessment of disaster affected areas will be undertaken in accordance with [section 6.17] of the [Local Disaster Management Plan \(LDMP\)](#). This will provide the LDMG with information on public health risks present in the CSC LGA and inform the development of appropriate strategies to minimise those risks.

### **3.4 PUBLIC HEALTH INFORMATION & WARNINGS**

CSC will keep the community informed by providing public health messages and information in relation to any temporary public health measures implemented. All public health messages will be managed in accordance with CSC's business as usual processes and the [Public Information and Warnings Sub Plan](#).

### **3.5 EVACUATION CENTRES**

The EH/CO will play a key role at any Evacuation Centres established to ensure they meet requirements around water supply, sanitation, waste management, space and food safety. Public health issues can deteriorate quickly when temporary emergency facilities are established and there are large concentrations of people present – refer [Evacuation Sub Plan](#).



## SECTION 4: PROVISION OF SAFE DRINKING WATER

Residents should be encouraged to include adequate supplies of safe drinking water in their emergency kits because a disaster may affect Council's ability to provide safe and adequate water.

More regular water inspections and quality testing may need to be carried out to ensure water quality and safety.

A range of measures may need to be implemented (e.g., boil water notices, use of bottled water, water cartage) to ensure a safe supply can be maintained.

### 4.1 POTABLE RETICULATED WATER SUPPLY

CSC's Operations & Maintenance team will monitor the quality and safety of its potable reticulated water supply in accordance with the approved [Drinking Water Quality Management Plan](#).

If it is determined that the water supply is not safe for human consumption, boiled water alerts will be issued in accordance with CSC's BAU processes and [Public Information and Warning Sub Plan](#). The templates published by QH should be employed. Information on how to Boil Water, for example is detailed in the guideline available at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0027/812691/drinking-water-advisories-guide-template.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0027/812691/drinking-water-advisories-guide-template.pdf).

Council's Director of Operations & Maintenance has responsibility for the safety and reliability of the reticulated water supply. At all times the EH/CO has a role to ensure that public health matters are satisfactorily addressed. Council's Operations Manager will engage with the EH/CO as appropriate.

Operations and Maintenance personnel will refer to the [Drinking Water Quality Management Plan](#) Incident and Event Procedures during an emergency.

### 4.2 OTHER WATER SUPPLY

Non-Council water supplies should refer to Queensland Health for information on how to manage their home water supplies. There are guidelines available for the community to refer to including the publication, *Safe Water on Rural Properties* which can be viewed at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0025/444616/safe-water-rural-properties.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0025/444616/safe-water-rural-properties.pdf)

Non-potable water supplies should not be used for drinking purposes. Non-potable water can be used only when it will not affect food safety for example for flushing toilets or cleaning non-food contact surfaces such as floors, or if it is treated to be safe for human-consumption.

### 4.3 LENGTH OF DISRUPTION

The length of the disruption will assist with determining the most appropriate response. During short term disruptions, interruptions to water supply may last a few hours. In such cases it will be likely that no specific action is required other than to inform the community of the outage, the reason for it, and the anticipated return of supply along with any special instructions.

During longer term outages, viable alternative strategies may need to be considered and implemented. These strategies may need to be managed in collaboration with the District and / or State Disaster Coordination Centre.





#### **4.4 MINIMUM WATER SUPPLY REQUIREMENTS**

The provision of potable water is based on a minimum requirement of 15L per person per day. As a guide 4 litres per person is required for drinking and up to 11 litres is required to support hygiene and cooking per day.



## SECTION 5: FOOD SAFETY

The risk of food-borne illness is high in disaster environments. Loss of power can lead to widespread spoilage of food in homes and businesses. Temporary kitchen facilities may be established to help feed the community or those in evacuation centres and incorrect food handling can cause food poisoning. Vigilance is required to ensure that food handling in mass feeding environments is maintained at the highest standard.

### 5.1 FOOD PREMISES

The CSC maintains a register of licensed Food Business. As soon as practical, the EH/CO will collate a list of Food Businesses (by risk category).

A desktop assessment of affected food businesses should be completed immediately to determine the priority and required actions. Once this information has been received decisions will be made about what premises to inspect.

### 5.2 INSPECTIONS

Council's EH/CO will undertake inspections of impacted food businesses and temporary food suppliers / kitchen facilities to ensure compliance with the *Food Act 2006* and the Food Safety Standards.

Where resources are limited, the EH/CO may seek assistance through a formal RFA – refer [section 3.2](#). Priority will be governed by risk. Risk will be established on the key principles of vulnerability, namely schools and childcare facilities, aged care facilities, disabled care facilities, the major food suppliers and all the remaining licensed food premises.

Inspections are intended to prevent and minimise the risk of food-borne illness in the community. These inspections will focus on the safe production of food to ensure it is safe for human consumption including:

- Maintenance of appropriate temperature control of foods requiring freezing, chilling or heating
- Protection of food from spoiling and contamination
- Preparation of food in premises in a fit state to prepare food for sale to the public.

Where an Officer is unable to get to a food premises, the officer may attempt to contact the food business operator by other means including by telephone, fax or email, or any other way considered appropriate in the circumstances.

### 5.3 FOOD DISPOSAL

Spoiled or contaminated food is to be disposed of at CSC's Waste facilities. Operations at these sites will be directed by CSC's Operations Manager.

In the event of isolation of a community, the CSC LDMG will make arrangements applicable to the circumstances.

### 5.4 DONATED FOOD

CSC and the LDMG will not accept donated foods from the community due to food safety risks. However, community groups may facilitate food drops and assistance if required.



## **SECTION 6: WASTEWATER MANAGEMENT**

### **6.1 RETICULATED SEWERAGE SYSTEM**

Loss of reticulated sewerage services to the community greatly increases the risk of disease and illness. Sewerage interruptions may be caused by infrastructure failure or the inability to treat effluent prior to discharge.

- Short Term (a few hours)
- Medium Term (a day or two)
- Long Term (more than three days).

Short term outages are unlikely to require any specific action other than to inform the community of the outage, the reason for it and the anticipated return of service along with any special instructions. Medium term outages may require alternate facilities to be deployed (e.g., port-a-loos) to support the community and longer-term outages may require an evacuation of parts of the affected community.

### **6.2 OTHER SEWERAGE SYSTEMS**

Onsite disposal of wastewater occurs in areas where reticulated sewerage is unavailable. These systems are the responsibility of the property owner. Funding may be available under the Disaster Recovery Funding Arrangements (DRFA) to support homeowners inspect and / or repair damaged sewerage systems – refer [Financial Management Sub Plan](#).



## **SECTION 7: WASTE MANAGEMENT**

### **7.1 WASTE DISPOSAL**

The CSC retains responsibility for disposal of waste during disaster events. The quantities of waste following a disaster may be significantly higher than normal and the use of additional waste disposal sites may be necessary.

Changes to kerbside collection schedules will need to be communicated to the public. The CSC Waste Facilities will endeavour to open as soon as possible following a major event so that residents can commence property clean up.

Public health messages regarding waste disposal and the actions required of individuals will need to be provided to the community.

Waste management issues will need to be considered when temporary facilities such as Evacuation Centres are established.

Additional resources may be required to manage waste demands during a disaster. The LDMG should consider whether external assistance is required to effectively manage waste and submit a request for assistance to the DDMG if necessary.

### **7.2 DISPOSAL OF DEAD ANIMALS**

Disposal of dead animals will be at CSC's selected Waste Facilities. Operations at these sites will be directed by CSC's Operations Manager. In the event these facilities are not suitable, or areas are isolated, the CSC LDMG will make arrangements applicable to the circumstances.

The public health risk posed by the large-scale death of livestock and animals through contamination of water and stock feed in emergency situations can be devastating. The CSC LDMG will liaise with the Department of Agriculture and Fisheries (DAF) to determine the appropriate course of action. For the prevention of Exotic diseases, Biosecurity Queensland may be contacted in certain situations to implement the [AusVetPlan](#).

### **7.3 ASBESTOS CONTAINING MATERIAL (ACM)**

Damage to buildings caused by a disaster may result in high levels of asbestos waste material. The requirements for the safe handling and removal of asbestos must be adhered to at all times. If significant quantities of asbestos material require removal, additional assistance may be required. The LDMG should consider if such assistance is required and forward a RFA to the DDMG if required.



## **SECTION 8: PEST CONTROL**

### **8.1 VECTOR AND VERMIN CONTROL**

The threat of an increase in vector and vermin in populated areas is increased significantly following periods of excessive rain and flood. This can be exacerbated due to seasonal influences, unavailability of personal insect repellent, concentrations of people in evacuation centres and isolated communities.

It is likely that additional pest control will be required in the aftermath of any disaster event to ensure the maintenance of public health. The CSC has some capacity to undertake such operations but it is probable that external assistance will be required. The LDMG is to consider the need for vermin and vector control and will seek assistance from the DDMG as required.



## **SECTION 9: INFECTIOUS DISEASE CONTROL**

### **9.1 INFECTIOUS DISEASE OUTBREAKS**

QH has lead agency responsibility for the clinical management of any infectious disease outbreak. The LDMG will provide support to QH to manage infectious disease outbreaks as needed.

Outbreaks of infectious disease are more likely to occur after a disaster event. Ongoing community education on preventative measures that reinforce good hygiene practice is important.



## **SECTION 10: ENVIRONMENTAL PROTECTION**

### **10.1 CONTAMINANTS**

Environmental issues arising from disasters may involve the release of contaminants such as fuel, oil, chemicals, raw materials or sediments.

Businesses will be monitored by Council for environmental nuisance and environmental harm to ensure that there has been no release of contaminants from their premises and take action where required.

QFES are the lead agency for HAZCHEM incidents and must be notified.

### **10.2 NOISE AND OTHER EMISSIONS**

Other factors impacting the environment may include noise and exhaust gases from generators used by residents and businesses experiencing ongoing power loss. When the use of generators give rise to noise complaints, Council Officers will provide education and advice to all parties involved and issue compliance notices if necessary.



## APPENDIX A: EH/CO OPERATIONAL CHECKLIST

<i>Key Task</i>	<i>Tick</i>
<ul style="list-style-type: none"> <li>Maintain watching brief / state of readiness and receive initial information regarding disaster event from Manager Planning &amp; Environment or Queensland Health.</li> </ul>	
<ul style="list-style-type: none"> <li>Commence operations log in Guardian IMS. Maintain adequate records.</li> </ul>	
<ul style="list-style-type: none"> <li>Regularly review Guardian IMS for tasks and to maintain situational awareness.</li> </ul>	
<ul style="list-style-type: none"> <li>Establish and maintain contact with the NWHHS.</li> </ul>	
<ul style="list-style-type: none"> <li>Ensure adequate supplies are available to support EH/CO operations including PPE.</li> </ul>	
<ul style="list-style-type: none"> <li>Monitor compliance with the <i>Food Act 2006</i>, <i>Environmental Protection Act 1994</i> and the <i>Public Health Act 2005</i>.</li> </ul>	
<ul style="list-style-type: none"> <li>Undertake surveillance and reporting on public health risks in the community.</li> </ul>	
<ul style="list-style-type: none"> <li>Make recommendations to the LDC in relation to public health matters and ensure the LDC is kept informed for the duration of the event.</li> </ul>	
<ul style="list-style-type: none"> <li>Coordinate the implementation of temporary public health measures to treat public health risks in collaboration with Queensland Health and other key stakeholders.</li> </ul>	
<ul style="list-style-type: none"> <li>Ensure the public health risks associated with any temporary facilities are considered e.g., evacuation centres, emergency kitchens.</li> </ul>	
<ul style="list-style-type: none"> <li>Liaise with the Public Information Officer to ensure the community is kept informed of required public health measures.</li> </ul>	
<ul style="list-style-type: none"> <li>Contribute to Situation Reports (SITREPS) as required.</li> </ul>	
<ul style="list-style-type: none"> <li>Participate in debriefs as required.</li> </ul>	