Northern Territory Government

DEPARTMENT OF **HEALTH AND FAMILIES**

www.nt.gov.au

SPECIAL COUNTER DISASTER PLAN

Human Pandemic Influenza

NORTHERN TERRITORY COUNTER DISASTER COUNCIL

CERTIFICATE OF APPROVAL

I certify that the SPECIAL COUNTER DISASTER PLAN – HUMAN PANDEMIC INFLUENZA has been examined and approved by the Northern Territory Counter Disaster Council in pursuance of Section 9(b) of the Disasters Act.

Dated this day of 2006

Original signed

Paul White
Chairman

AMENDMENT RECORDS

Proposals for amending this Plan are to be forwarded to the Office of the Chief Executive:

Northern Territory Department of Health and Families

PO Box 30496

CASUARINA NT 0811

AMENDMENT LIST		AMENDED BY	DATE (Amended)
No	DATE (*Issued)*	Department of Health and Families	
1	Dec 2008	S Yates	Dec 2008
2	1 May 2009	C Bremner	1 May 2009

This Plan has been produced by the

Northern Territory Department of Health and Families

Under the provisions of the

Northern Territory Disasters Act

ABBREVIATIONS AND ACRONYMS

ACS	Australian Customs Service
ADF	Australian Defence Force
AGPPI	Australian Government Plan for Pandemic Influenza
AHMAC	Australian Health Ministers' Advisory Council
AHPC	Australian Health Protection Committee
AHMPPI	Australian Health Management Plan for Pandemic Influenza
ALGA	Australian Local Government Association
AMS	Aerial Medical Service
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
AQIS	Australian Quarantine and Inspection Service
AUSVETPLAN	Australian Veterinary Emergency Plan
BCP	Business Continuity Plan
CDC	Centre for Diseases Control
CDNA	Communicable Disease Network Australia
CE	Chief Executive
CHO	Chief Health Officer
CMO	Chief Medical Officer of Australia
COAG	Council of Australian Governments
COMDISPLAN	Commonwealth Government Disaster Response Plan
CQO	Chief Quarantine Officer
CVO	Chief Veterinary Officer
DAFF	Department of Agriculture, Fisheries and Forestry
DBE	Department of Business and Employment
DCM	Department of the Chief Minister
DET	Department of Education and Training
DFAT	Department of Foreign Affairs and Trade
DHF	Department of Health and Families
DIAC	Department of Immigration and Citizenship
DoHA	Department of Health and Ageing
DRDPIFR	Department of Regional Development, Primary Industry, Fisheries and Resources
EAG	Expert Advisory Group
ED	Emergency Department
EMA	Emergency Management Australia
EOC	Emergency Operations Centre
FAC	Family and Children's Services (a program within DHF)

FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
GP	General Practitioner
GPNNT	General Practice Network Northern Territory
HCW	Health Care Worker
HEAG	Health Expert Advisory Group
HPAI	Highly Pathogenic Avian Influenza
HPAIH	Highly Pathogenic Avian Influenza in Humans
ICU	Intensive Care Unit
IDC	Inter-Departmental Committee
IDTF	Inter-Departmental Taskforce
ILI	Influenza-like Illness
IPPWG	Inter-jurisdictional Pandemic Planners Working Group
NAPHIP	National Action Plan for Human Influenza Pandemic
NHEMRN	National Health Emergency Media Response Network
NHMRC	National Health and Medical Research Council
NIR	National Incident Room
NIPAC	National Influenza Pandemic Action Committee
NMS	National Medical Stockpile
NTCDC	Northern Territory Counter Disaster Council
NTES	Northern Territory Emergency Service
NTHIR	Northern Territory Health Incident Room
NTHPIPC	Northern Territory Human Pandemic Influenza Planning Committee
NTNDS	Northern Territory Notifiable Diseases System
OCPE	Office of the Commissioner for Public Employment
OCRS	Outbreak Case Reporting System
OSMASSCASPLAN	The Australian Government National Response Plan for Mass Casualty Incidents Involving Australians Overseas
PADDA	Poisons and Dangerous Goods Act
PFES	Police, Fire and Emergency Services
PIHRG	Pandemic Influenza Hospital Response Group (NT)
PHCC	Public Health Pandemic Coordination Centre
PPE	Personal Protective Equipment
RDH	Royal Darwin Hospital
RFDS	Royal Flying Doctor Service
SUSDP	Standard for the Uniform Scheduling of Drugs and Poisons
TISS	Territory Influenza Surveillance Scheme
WHO	World Health Organisation

TABLE OF CONTENTS

CERTIFICATE OF APPROVAL ..... **II**

DISTRIBUTION AND AMENDMENTS ..... **III**

ABBREVIATIONS AND ACRONYMS ..... **V**

TABLE OF CONTENTS ..... **VII**

LIST OF FIGURES ..... **IX**

LIST OF TABLES ..... **IX**

CHAPTER 1: INTRODUCTION **1**

INTERNATIONAL AND NATIONAL CONTEXT 1
GENERAL 1
AIM 1
SCOPE 1
REVIEW 2

CHAPTER 2: CONCEPT OF OPERATIONS AND PLANNING **3**

GENERAL 3
COUNTER DISASTER ARRANGEMENTS 3
COUNTER DISASTER COUNCIL 3
HEALTH EXPERT ADVISORY GROUP (HEAG) 3
NORTHERN TERRITORY HUMAN PANDEMIC INFLUENZA PLANNING COMMITTEE (NTHPIPC) . 3
HUMAN PANDEMIC INFLUENZA PLANNING FOCUS 4
PHASES FOR HUMAN PANDEMIC INFLUENZA 5
AUSTRALIAN HUMAN PANDEMIC INFLUENZA PHASES 6
MAINTENANCE STRATEGY ONLY 7
SUPPORTING DOCUMENTATION 12

CHAPTER 3: RESPONSIBILITIES **13**

THE AUSTRALIAN GOVERNMENT 13
THE NORTHERN TERRITORY GOVERNMENT 13
LOCAL GOVERNMENT 14
INTER-JURISDICTIONAL COORDINATION 14
NORTHERN TERRITORY ARRANGEMENTS 15
RESPONSE AND RECOVERY GROUPS 17
RECOVERY 17
INDICATIVE KEY ACTIONS 21

CHAPTER 4: NATIONAL AND TERRITORY GOVERNANCE STRUCTURES **22**

NORTHERN TERRITORY GOVERNANCE STRUCTURE 22
CONTROL OF OPERATIONS 22
COORDINATION 22
EMERGENCY OPERATIONS CENTRE 22

NT HEALTH INCIDENT ROOM (NTHIR) 22
PUBLIC HEALTH PANDEMIC COORDINATION CENTRE (PHCC) 22
STATE OF EMERGENCY 23
STATE OF DISASTER 23
NATIONAL MEDICAL STOCKPILE 23
RECOVERY 23
REQUESTS FOR COMMONWEALTH ASSISTANCE 23

CHAPTER 5: LEGISLATIVE FRAMEWORK AND BUSINESS CONTINUITY 26

AUTHORITY AND LEGISLATION 26
RELEVANT PLANS AND AGREEMENTS 30
BUSINESS CONTINUITY PLANNING 31

CHAPTER 6: NORTHERN TERRITORY PUBLIC SECTOR EMPLOYMENT GUIDELINES FOR AN INFLUENZA PANDEMIC 32

INTRODUCTION 32
POTENTIAL IMPACTS ON THE WORKPLACE 32
PLANNING PRINCIPLES 33
EMPLOYMENT RELATIONS PRINCIPLES 33
NT PUBLIC SECTOR EMPLOYMENT GUIDELINES 34

ANNEXES AND ATTACHMENTS 35

ANNEXES 35

A. INDICATIVE ACTION BY PHASE 35
Appendix 1 Indicative Action by Australian Phases 35
Appendix 2 Indicative Action by Overseas Phases 35
B. PUBLIC HEALTH SUB-PLAN 35
Appendix 1 Surveillance 35
Appendix 2 Border Screening 35
Appendix 3 Prevention Measures 35
Appendix 4 Pandemic Vaccine Policy 35
Appendix 5 Inter-pandemic Vaccine Strategy 35
Appendix 6 RIIC Guide – Infection Control and Clinical Guidelines 35
Appendix 7 Pandemic Influenza Communication 35
Appendix 8 Quarantine Measures 35
Appendix 9 Contact Tracing 35
Appendix 10 Public Health Pandemic Coordination Centre (PHCC) 35
Appendix 11 Resources 35
C. MEDICAL SUB-PLAN 36
Appendix 1 Primary Health Care Sub-plan 36
Appendix 2 Hospital Based Care Sub-plan 36
Appendix 3 St John Ambulance Australia Disaster Plan – Pandemic Influenza 36
D. WELFARE SUB-PLAN 36
Appendix 1 DET Support to Families upon School Closure Action Plan 36
Appendix 2 Welfare Group Support in Intermediary Care Service Action Plan 36
Appendix 3 Pandemic Influenza Support in Home Quarantine Action Plan 36
Appendix 4 Pandemic Influenza Home Care Support Action Plan 36
Appendix 5 Pandemic Influenza Counselling and Emotional Support 37
Appendix 6 Return to Country Pandemic Influenza Plan 37
Appendix 7 Vulnerable Persons Plan 37

Appendix 8 Tourists who are unable to Return Home *37*
E. PUBLIC COMMUNICATIONS SUB-PLAN 37
Appendix 1 Communications Activities: Phase by Phase *37*
Appendix 2 National Public Communications Coordination Arrangements *37*
F. PUBLIC ORDER SUB-PLAN 37
Appendix 1 Teams *37*
Appendix 2 NTPFES Contact List *37*
Appendix 3 Non-essential Areas for Shut Down and Redeployment *37*
Appendix 4 Logistics *37*
Appendix 5 Legislative Framework *37*
Appendix 6 Airport Control and Containment Protocols *37*
Appendix 7 Relevant Linkage Contact List *37*
G. PUBLIC UTILITIES SUB-PLAN 37
H. TRANSPORT SUB-PLAN 37
I. FOOD SUB-PLAN 37
J. RECOVERY SUB-PLAN 38
K. INFRASTRUCTURE SUB-PLAN 38
L. NATIONAL MEDICAL STOCKPILE - NT DISTRIBUTION PLAN 38
M. LINKS 38

LIST OF FIGURES

FIGURE 1: STRATEGIC FRAMEWORK 5
FIGURE 2: WORLD HEALTH ORGANISATION (WHO) AND AUSTRALIAN PHASES OF PANDEMIC INFLUENZA ..... **ERROR! BOOKMARK NOT DEFINED.**
FIGURE 3: NOTIFICATION OF WHO PHASES AND DETERMINATION OF AUSTRALIAN PHASES 9
FIGURE 4: DECISION MAKING AND INFORMATION FLOW FOR HUMAN PANDEMIC INFLUENZA .. 16
FIGURE 5: NT GOVERNANCE STRUCTURE 24
FIGURE 6: NATIONAL DECISION MAKING AND COMMUNICATIONS PATHS 25

LIST OF TABLES

TABLE 1: KEY ACTIONS BY PHASE 11
TABLE 2: NT COUNTER DISASTER RESPONSE GROUPS FOR PANDEMIC INFLUENZA 18
TABLE 3: RESPONSE GROUP ACTIVATION/INVOLVEMENT 21
TABLE 4: RELEVANT NT LEGISLATION FOR ACTIONS 29

CHAPTER 1: INTRODUCTION

International and National Context

Pandemics are epidemics of disease that occur on a worldwide scale and are traditionally caused by infectious diseases such as influenza. Although unpredictable in their timing, recent history indicates that influenza pandemics can be expected to occur every 10 to 50 years and it is almost certain they will continue to occur. It is this level of certainty, and the fact that almost all humans will be vulnerable, that makes it paramount that planning is carried out at all levels of government. Pandemics have also been highly variable in their impact, but to properly prepare, it is prudent that planning efforts be aimed towards a pandemic on the more severe end of the spectrum.

Plans that deal with the threat of pandemic influenza exist at all levels of governance – international, national, state/territory and locally – as well as within private sector and other non-government organisations and it is important that these plans are aligned. The World Health Organisation (WHO) has taken the lead role internationally and has urged national governments to formulate pandemic plans. In response, the Australian Government manages the *Australian Health Management Plan for Pandemic Influenza (AHMPPI*), which was updated in 2008. This *Northern Territory Special Counter Disaster Plan for Human Pandemic Influenza* is the pandemic plan for the Northern Territory.

General

The NT Government recognises the inevitable nature of emergencies and disasters and their social, economic and environmental consequences. Included in these potential emergencies and disasters is the risk of a major disease outbreak.

This special counter disaster plan is consistent with the framework, philosophy, principles and arrangements outlined in the *NT All Hazards Emergency Management Arrangements*, endorsed by the NT Counter Disaster Council in September 2007.

Aim

This plan outlines arrangements for response in the event of a human pandemic influenza threat. This includes the response by the lead agency and other NT agencies including the control, coordination and support through the counter disaster organisation. The aim of response activities is to reduce the mortality and morbidity, and consequential social and economic loss from an influenza pandemic in the NT.

Scope

This plan details the arrangements for mobilising the resources of the NT for the purposes of response and initial recovery operations during a public health emergency in the Territory or which occur in other states or overseas and pose a threat to the NT.

The objectives of this plan are to:

a. identify the agency primarily responsible for managing and coordinating the response to a human pandemic influenza public health emergency;

b. identify participating and supporting agencies, both within the NT and nationally who can assist the lead agency;

c. specify the relationships between agencies and detail their responsibilities and roles;

d. prescribe the control and coordination structure and counter disaster arrangements for operations;

e. describe the key actions to be taken during the successive or concurrent phases of human influenza pandemic; and

f. complement and be consistent with the *National Action Plan for Human Influenza Pandemic* (NAPHIP) and the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) (2008).

Review

This plan is to be reviewed at least annually and after every activation, with any updated versions being placed on the website.

CHAPTER 2: CONCEPT OF OPERATIONS AND PLANNING

General

The Department of Health and Families (DHF) is the lead agency for public health emergencies, including outbreaks of major diseases, which occur in the NT or which occur in other states and pose a threat to the Territory.

Counter Disaster Arrangements

The Northern Territory has a hierarchy of counter disaster committees in place to coordinate or control disaster operations. These committees exist at Territory, regional and local levels and their extant procedures will be utilised for an emergency related to a human influenza pandemic.

Counter Disaster Council

The Counter Disaster Council is the peak body established under the *Disasters Act*, to exercise operational control and coordination of disaster response activity. The Council is chaired by the Commissioner of Police (appointed as Territory Counter Disaster Controller under the *Act*).

The Territory Controller assumes overall control of counter disaster operations throughout the NT, and is assisted by subordinate counter disaster committees in associated tasks.

Health Expert Advisory Group (HEAG)

The HEAG will be formed during a health related emergency or situation, including pandemic influenza, to consider and analyse the situation in a NT context and provide expert advice to the Minister for Health, the Minister for Children and Families and the Counter Disaster Council. The HEAG will comprise the Chief Executive Officer (CE) Department of Health and Families, the Chief Health Officer (CHO) and the Chief Quarantine Officer (CQO) and will meet as required.

Northern Territory Human Pandemic Influenza Planning Committee (NTHPIPC)

The NTHPIPC is a sub-committee of the NT Counter Disaster Council established to:

a. provide expert high-level strategic advice and perspective to the NT Government, through the Counter Disaster Council, regarding the planning for and management of a human pandemic influenza;

b. develop a whole-of-government plan for the NT to manage a human influenza pandemic;

c. incorporate integrated planning from both the health and non-health sectors within the existing counter disaster structures and arrangements; and

d. monitor national developments and adjust plans and arrangements as necessary.

The Committee is chaired by the CE of DHF with the following membership:

- Chief Health Officer, DHF
- Director Communicable Diseases Centre and Chief Quarantine Officer, DHF
- General Manager, Royal Darwin Hospital (Medical Group Leader)
- Welfare Group Leader, DHF
- Public Health Group Leader, DHF
- Food Group Leader, Department of Business and Employment (DBE),

- Media and Communications Managers, DHF and Northern Territory Police, Fire and Emergency Services (NTPFES)
- Executive Director, Office of the CE, DHF
- Disaster Coordinator, DHF
- Top End Coordinator, DHF
- Central Australia Coordinator, DHF
- Director, Security and Emergency Recovery, Department of the Chief Minister (DCM)
- Director, NT Emergency Service (NTES)
- Darwin Operations Commander, NT Police
- Pandemic Influenza Representative, Department of Education and Training (DET)
- Medical Advisor, General Practice Network NT
- Representative, Office of the Commissioner for Public Employment (OCPE)
- Chief Veterinary Officer, Department of Regional; Development, Primary Industry, Fisheries and Resources (DRDPIFR)

Human Pandemic Influenza Planning Focus

The core strategies within the NT during an influenza pandemic are to protect Territorians and to reduce the impact of a pandemic on social and economic well being. This is the strategy that all agencies will be working towards during a pandemic and forms the framework for a whole-of-government response.

The **goal** of the health sector, both nationally and in the NT during a pandemic, is to minimise the impact of an influenza pandemic on the health of individuals and the health sector.

Four operational objectives have been agreed by the Australian, state and territory governments which guide and focus the health sector response during an influenza pandemic.

These objectives and sub-objectives, enunciated and explained in detail in the AHMPPI, are:

Operational Objective 1: Communication - ensure best available information is provided to decision makers, health professionals and the public.

- Collecting and analysing appropriate information to guide decision making (information collection and analysis)

- Communicating appropriate information effectively to decision makers, health professionals and to the public (information distribution)

Operational Objective 2: Minimise transmission (spread) of the pandemic virus.

- Supporting control activities overseas

- Delaying entry of pandemic virus to Australia (border control)

- Slowing the spread in the community

- Vaccinating the population to protect individuals and control the pandemic

Operational Objective 3: Optimise the health system to reduce overall mortality (death) and morbidity (illness).

- Protect and provide surge capacity in the health workforce

- Establish and maintain influenza services

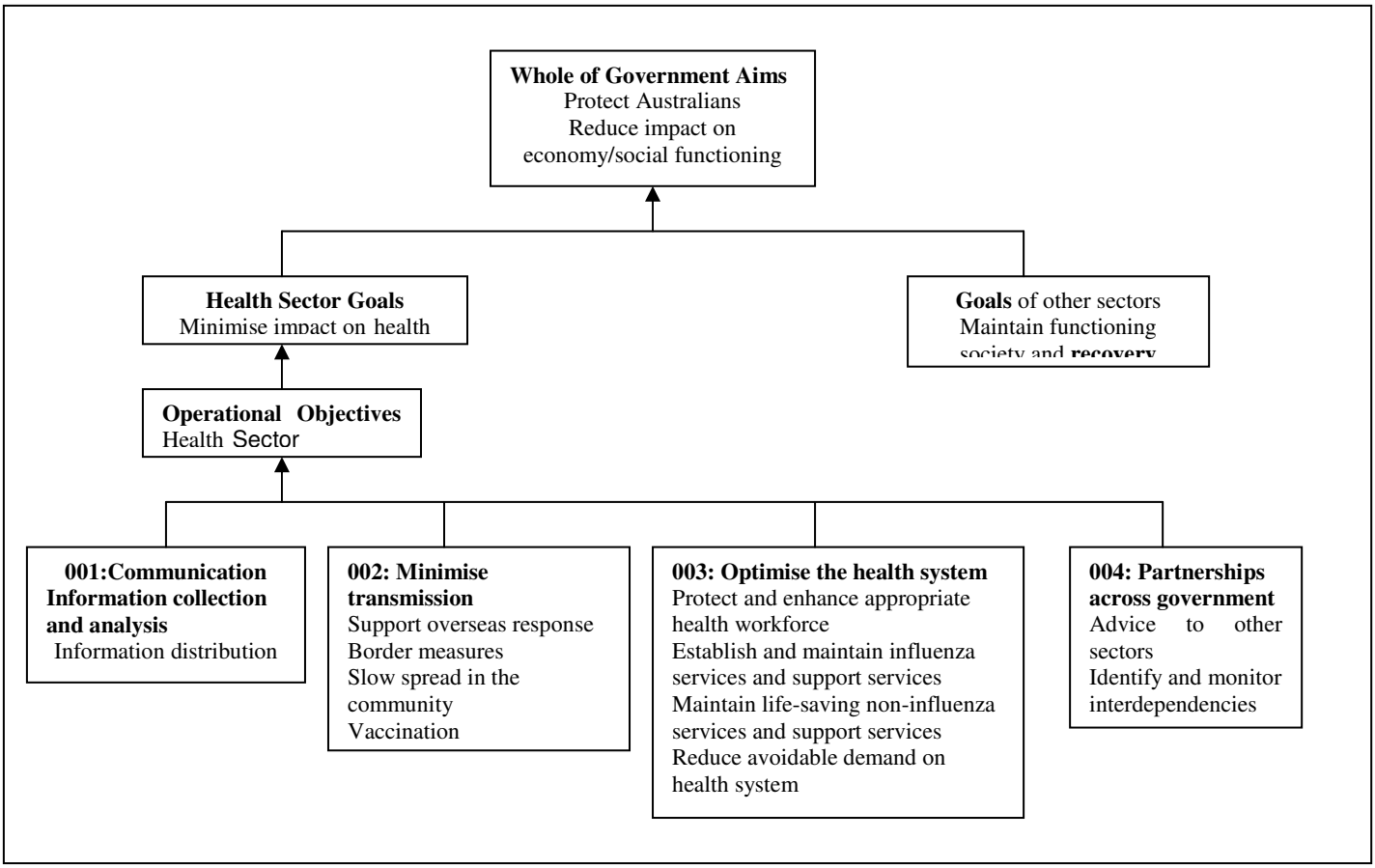
- Maintain life-saving non influenza services and support services

- Reduce avoidable demand on the health system

Operational Objective 4: Work in partnership across governments to support the whole-of-government aim of protecting Australians and reducing the impact of a pandemic on social functioning and the economy.

- Provide health sector advice for decision makers across government
- Identify and monitor interdependencies from other sectors on health infrastructure and services essential for the health system function

The Strategic Framework describes the relationship between the overarching whole-of-government aims, the goals of the health sector response and the underpinning operational objectives. See *Figure 1*



Source: AHMPPI (2008)

Figure 1: Strategic Framework

Phases for Human Pandemic Influenza

The World Health Organisation (WHO) has developed a set of phases that it uses to describe the global situation for human pandemic influenza. Australia uses the same numbering system as WHO to describe phases, however the Australian pandemic phases are designed to describe the situation in Australia and to guide Australia's actions. Having discrete Australian phases means that action can be taken in Australia before a change of WHO phase is declared and accordingly the Australian and WHO phases therefore may not always be the same and two phases may be referred to simultaneously. The phases are intended to guide actions rather than be a strict categorisation of the events. *See Figure 2*

Australian Human Pandemic Influenza Phases

The Australian phases follow the emergence and progression of the pandemic.

Where the virus is emerging is described simply as in Australia or overseas.

There are four periods of progression of the pandemic virus, three with additional sub-progressions.

Inter-Pandemic Period
This period occurs when novel influenza viruses *have either not been detected or are only found in animals* i.e. there are no reported human cases of influenza caused by a novel influenza virus.

Two Australian phases are associated with this period:

Phase 1 – no novel viruses circulating in animals that are thought to be a threat to humans, and
Phase 2 – one or more novel viruses circulating in animals that are thought to be a possible threat to humans.

Pandemic Alert Period
This period occurs when a novel virus with *pandemic potential* causes severe disease in humans who have had contact with infected animals. However the novel virus is *unable* to spread effectively between humans.

Phase 3 – the only phase associated with this period.

Pandemic Threat Period
This period occurs when a *pandemic virus emerges* that can cause more severe disease than seasonal influenza *and* spread effectively between people. However at this stage the virus may not be fully adapted to humans and has yet to spread around the world or cause very large numbers of cases. It may therefore be possible to avert a pandemic (Phase 4) or at least significantly delay its spread around the globe (Phase 5).

Two phases are associated with this period:

Phase 4 – small cluster of cases in one country, and
Phase 5 – large cluster(s) of cases in one or two countries only.

Pandemic Period
This period occurs when the *pandemic virus* has spread out of the initial area and is now affecting most/all of the world including Australia.

Four phases are associated with this period:

CONTAIN 6a: Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters

SUSTAIN 6b: Pandemic virus is established in Australia and spreading in the community

CONTROL 6c: Customised pandemic vaccine becomes widely available and is beginning to bring the pandemic under control

RECOVER 6d: Pandemic controlled in Australia but further waves may occur if the virus ‘drifts’ and/or is re-imported into Australia.

The relationship between WHO and Australian phases are shown in *Figure 2*.

Maintenance Strategy Only

In the exceptional circumstance that our ability to sustain the health system is not successful or that the pandemic vaccine is not effective, it will be necessary to shift the focus to maintaining critical services until the pandemic becomes under control. It will be critical to closely monitor the number of new infections to ensure the measures have not been removed prematurely.

Taking the actions necessary to support an extended containment strategy will rely on cooperation between all levels of government and assistance from the community. Overarching coordinated sets of actions by all levels of government are contained in the *National Action Plan for Human Influenza*.

Should maintenance be necessary the aim would be to **maintain critical services.** The trigger to move to this stage would be that sustaining the health system and critical infrastructure becomes unmanageable before vaccine availability, or the vaccine proves not to be effective.

A maintenance strategy would require:

- individual infection control efforts to be sustained and possibly intensified - governments will consider closing schools and encouraging people to stay home from work if possible;
- infected people and their contacts will still be required to stay at home; and
- the Australian Government's policy on the distribution of antiviral medicines will change, to help prevent infection among people who provide essential services for the community and whose work puts them at high risk of exposure to, and of spreading, the virus.

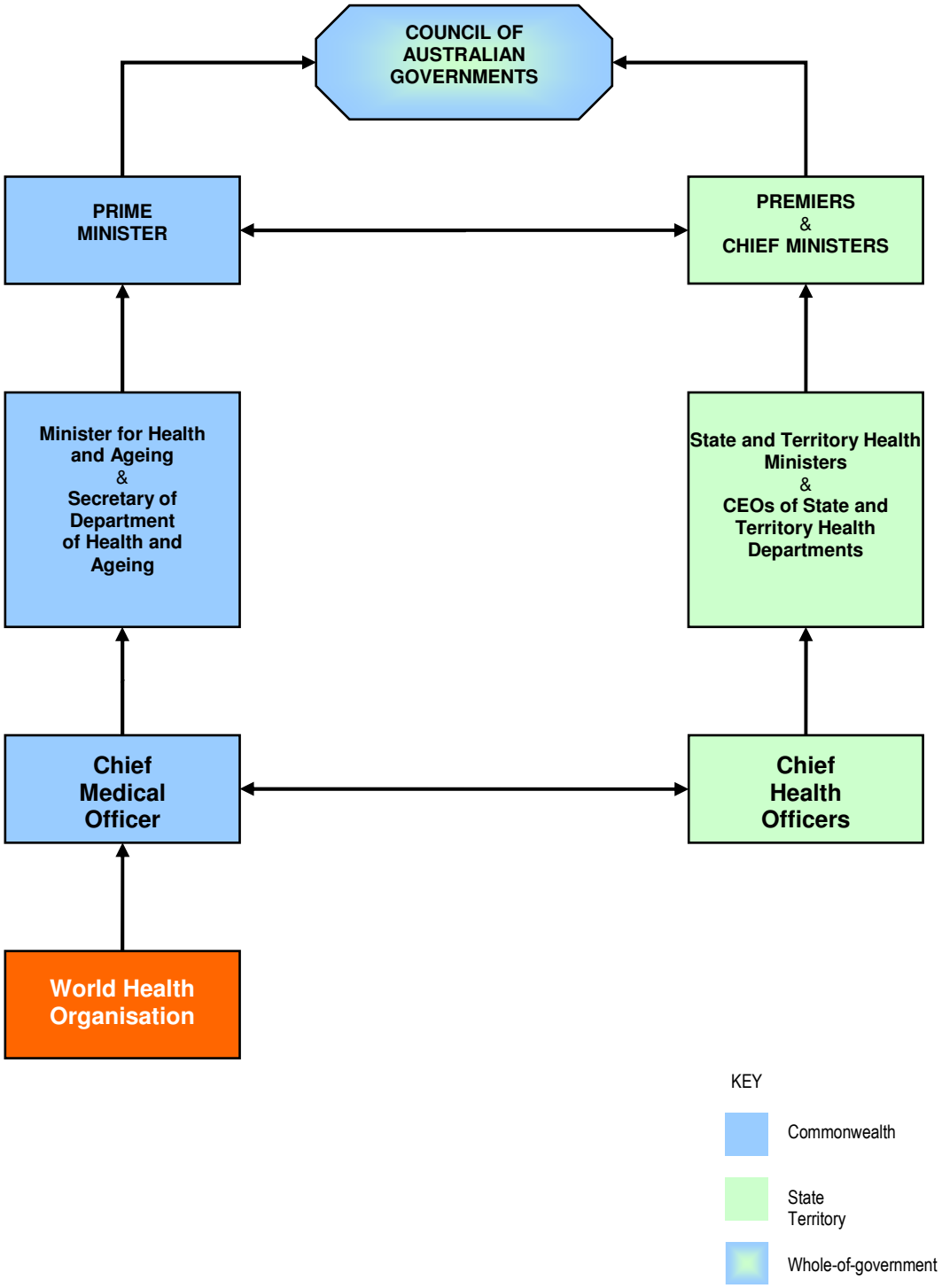
Figure 2*: World Health Organisation (WHO) and Australian Phases of Pandemic Influenza*

Period	Global phase	Australian phase	Description of phase
	1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low.
		AUS 1	No novel viruses circulating in animals that are thought to be a threat to humans.
	2	Overseas 2	Animal infection overseas: substantial risk of human disease.
		AUS 2	One or more novel viruses circulating in animals that are thought to be a possible threat to humans.
Alert	3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact.
		AUS 3	A novel virus with pandemic potential causes severe disease in humans who have had contact with affected animals. There is no effective transmission between humans Novel virus has not arrived in Australia.
Delay	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans.
		AUS 4	A pandemic virus emerges that is more severe than seasonal influenza and can spread effectively between people. At this stage the virus may not be fully adapted to humans and has yet to spread around the world or cause large numbers of cases. In this phase there is a small cluster of cases in one country and it may be possible to avert a pandemic.
	5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).
		AUS 5	As for Phase AUS 4 except there are large cluster(s) of cases in one or two countries only and it may be possible to significantly delay its spread around the world.
Delay	6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population.
Contain		AUS 6a	Pandemic virus has arrived in Australia causing a small number of cases and/or a small number of clusters.
Sustain		AUS 6b	Pandemic is established in Australia and spreading in the community.
Control		AUS 6c	Customised pandemic vaccine becomes widely available and is beginning to bring the pandemic under control.
Recover		AUS 6d	Pandemic controlled in Australia but further waves may occur if the virus 'drifts' and/or is re-imported into Australia.

Designation of global (overseas) phases, including decisions on upscaling and downscaling, will be made by the Director-General of the WHO.

The Australian phases will be declared and designated by the Commonwealth Chief Medical Officer (CMO) in conjunction with his/her Expert Advisory Group (EAG). The CMO will consider this advice as well as information from other sources (e.g. WHO). If a change in phase is recommended, the CMO will then provide advice to the Australian Government Minister for Health and Ageing. The Australian Government Minister for Health and Ageing will advise the Prime Minister who will make the final decision on which phase is most appropriate for Australia. The Prime Minister will inform the premiers and chief ministers. The Prime Minister will then make a formal announcement of the change in phase. See *Figure 3*

Figure 3: ***Notification of WHO Phases and Determination of Australian Phases***



Source: ***National Action Plan for Human Influenza Pandemic***

The key actions that occur by phase are shown in *Table 1*.

Table 1: Key Actions by Phase

Australian phase	Description	Key Actions
ALERT OS3	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.	1. **Alert:** Increased vigilance for cases. Remaining alert to the risk of a pandemic and increased monitoring of the virus (to look for genetic mutations in the virus). 2. Support the overseas response to control the source. Working with the agriculture and health sectors in overseas affected countries to reduce the amount of the pandemic potential virus circulating in animals and to protect humans from infection. 3. Prepare: Increased pandemic preparedness activities.
DELAY OS4/OS5/OS6	Novel virus has not arrived in Australia. OS4 Small cluster of cases in one country overseas. OS5 Large cluster(s) of cases in only one or two countries overseas. OS6 Large cluster(s) of cases in more than two countries overseas.	1. **Delay** entry of the virus to Australia using border measures. 2. Support the overseas response to control the source. Try to avert a pandemic by rapid intervention in the affected areas. 3. Enhanced vigilance-Increased vigilance for cases (overseas and domestically) and increased monitoring of the virus (to look for genetic mutations in the virus). 4. Escalate preparedness activities for possible pandemic (that is, get ready to implement). 5. Stand-down the response if the pandemic is averted before it arrives in Australia.
CONTAIN AUS 6a	Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.	1. **Contain** the establishment of the pandemic strain in Australia. 2. Ensure the health system is best able to cope with an influenza pandemic.
SUSTAIN AUS 6b	Pandemic virus is established in Australia and spreading in the community.	1. **Sustain** the response while we wait for a customised pandemic vaccine to become available. 2. Minimise transmission and maintain health services.
CONTROL AUS 6c	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.	1. **Control** the pandemic with vaccine. 2. Careful downscaling of response as the pandemic is brought under control, to an eventual standing down of control measures in recover.
RECOVER AUS 6d	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.	1. **Recover** and restore the health system and return to ALERT phase as quickly as possible. 2. Enhanced vigilance for a subsequent wave. Increased vigilance for cases and increased monitoring of the virus (to look for genetic mutations).

Note that Phases 1 and 2 are not included as Australia is currently in the Pandemic Alert Period (OS3). Given the continued reporting of human cases of influenza A/H5N1, as well as sporadic reports of

human cases caused by H7 and H9 viruses, it is unlikely that there will be a return to the Inter-pandemic Period in the foreseeable future. As such this plan does not describe actions to be taken during Phases 1 and 2 and focuses only on Phase 3 onwards.

Supporting Documentation

The NT has agreed to a national approach in relation to human pandemic influenza planning, response and recovery. Subsequently the NT has contributed to and endorsed the following significant national documents:

- *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) (2008)
- *National Action Plan for Human Influenza Pandemic*

Annexes to the AHMPPI currently available include:

- *Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings* (June 2006)
- *Interim National Pandemic Influenza Clinical Guidelines* (June 2006)
- *Communications Strategy (Communications Annex)* (May 2006)
- *The National Pandemic Influenza Airport Border Operations Plan* (FLUBORDERPLAN)

These guidelines are available at www.flupandemic.gov.au.

Documents or annexes to the 2008 AHMPPI currently under development include:

- Guidelines for the Public Health Management of Pandemic Influenza
- Vaccination Strategy
- Health Workforce Enhancement Strategy
- Quarantine of Arrivals Plan
- Surveillance Annex
- Primary Care Annex
- Pathology Annex
- Pharmacy Annex
- Aboriginal and Torres Strait Islander Annex
- Blood Annex
- Aged Care Annex
- Funeral Annex
- Strategy for Prioritising Preventative Services

CHAPTER 3: RESPONSIBILITIES

The Australian Government

The Australian Government is responsible for:

- determining and maintaining national policy and broad national strategies, including legislation, in close consultation with state and territory governments;
- maintaining, through the Council of Australian Governments (COAG), the *National Action Plan for Human Influenza Pandemic (National Action Plan)*;
- declaring Australian pandemic phases of human infection leading up to and including a pandemic as outlined in the *National Action Plan* and the Australian Health Management Plan for Pandemic Influenza (AHMPPI);
- determining Australian Government prevention strategies and responses to an influenza pandemic through an Interdepartmental Committee chaired by the Department of the Prime Minister and Cabinet;
- working with state, territory and local governments reporting outbreaks and responding to and recovering from pandemic influenza in their jurisdictions;
- assisting nation-states affected by pandemic influenza through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region;
- maintaining and providing national capabilities to deal with pandemic influenza;
- maintaining cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation and recovery from a pandemic;
- maintaining business continuity plans to enable delivery of Commonwealth Government essential services;
- administering the *Quarantine Act 1908* and border control measures;
- administering the *National Health Security Act 2007*;
- coordinating the management of public health surveillance data and technical advice;
- working with business and the community;
- informing the public of planning and preparation under way and maintaining information to the public during the response to and recovery from an influenza pandemic; and
- working with state and territory governments and the Australian Local Governments Association (ALGA) to develop public education material.

The Northern Territory Government

The Northern Territory Government is responsible for:

- determining and maintaining pandemic influenza and related policies, legislation and plans;
- working with the Australian Government and other jurisdictions, reporting outbreaks of pandemic influenza and actions taken;
- maintaining a pandemic influenza response and recovery capability, in line with the *National Action Plan* and the AHMPPI;
- having primary operational responsibility for animal health monitoring, surveillance and response within NT boundaries;
- having primary operational responsibility to respond to an outbreak of pandemic influenza in the NT;

- implementing agreed preparedness and prevention strategies in line with the *National Action Plan* and the AHMPPI;
- seeking assistance from or providing assistance to other jurisdictions if required;
- in an influenza pandemic, contributing to the national strategy for response and recovery;
- maintaining public health surveillance and technical advice;
- maintaining business continuity plans to enable the delivery of NT Government essential services;
- maintaining cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation and recovery from a pandemic;
- managing counter disaster/emergency management arrangements within the NT;
- working with local government, business and the community to respond to and recover from an influenza pandemic;
- informing the public of planning and preparation under way and maintaining information to the public during the response to and recovery from an influenza pandemic; and
- working with the Australian Government and local governments to develop public education material.

Local Government

Local government is responsible for:

- determining and maintaining pandemic influenza policies and plans consistent with the role of local government and complementing relevant Territory and national policies and plans;
- maintaining business continuity plans to enable the delivery of local government essential services;
- supporting national and Territory response and recovery operations by representing the needs of local communities and contributing to their continuing viability;
- supporting NT emergency management frameworks;
- in partnership with the NT Government, informing the public of planning and preparation underway and maintaining information to the public during the response to and recovery from and influenza pandemic; and
- working with the NT Government to develop public education material and ensuring “bottom up” information exchange is undertaken.

Inter-jurisdictional Coordination

High-level cooperation among Australian governments is achieved through the Council of Australian Governments (COAG). Chaired by the Prime Minister and comprising the premiers and chief ministers of each state and territory and the President of the Australian Local Government Association (ALGA), COAG is Australia’s peak intergovernmental forum. Its role is to increase cooperation among governments in the national interest, including in relation to an influenza pandemic.

Strategic policy advice and coordination to heads of government is provided by the **National Pandemic Emergency Committee** (pending the development of any strategic national crisis coordination arrangements). This Committee will be chaired by the Secretary of the Department of the Prime Minister and Cabinet, and comprises representatives of first ministers’ and health departments and emergency services agencies from all states and territories and the ALGA. For the NT membership comprises the Chief Executive, Department of the Chief Minister, the Chief Executive Officer, Department of Health and Families and the Commissioner of Police (Territory Counter Disaster Controller). The committee operates as a high-level management and recovery group on issues requiring a nationally consistent response and a national approach to public communications.

Inter-jurisdictional health response coordination occurs through the Australian Health Protection Committee (AHPC), which provides health policy advice on disease prevention, control and

management to the Australian Health Ministers' Advisory Council and COAG senior officials. The Communicable Diseases Network Australia (CDNA) provides public health policy advice on communicable diseases risks, disease surveillance, preparedness and response to the Australian Health Ministers' Advisory Council through the AHPC.

The NT also provides membership to:

- the ***Inter-jurisdictional Pandemic Planners Working Group (IPPWG)*** which ensures national consistency, where required, in jurisdictional operational responses across all operational objectives;

- the ***National Health Emergency Media Response Network (NHEMRN)*** which provides advice to the AHPC on the coordination of the public communications response in a pandemic - the NHEMRN comprises media liaison managers in Commonwealth, state and territory agencies, the medical colleges and professional associations; and

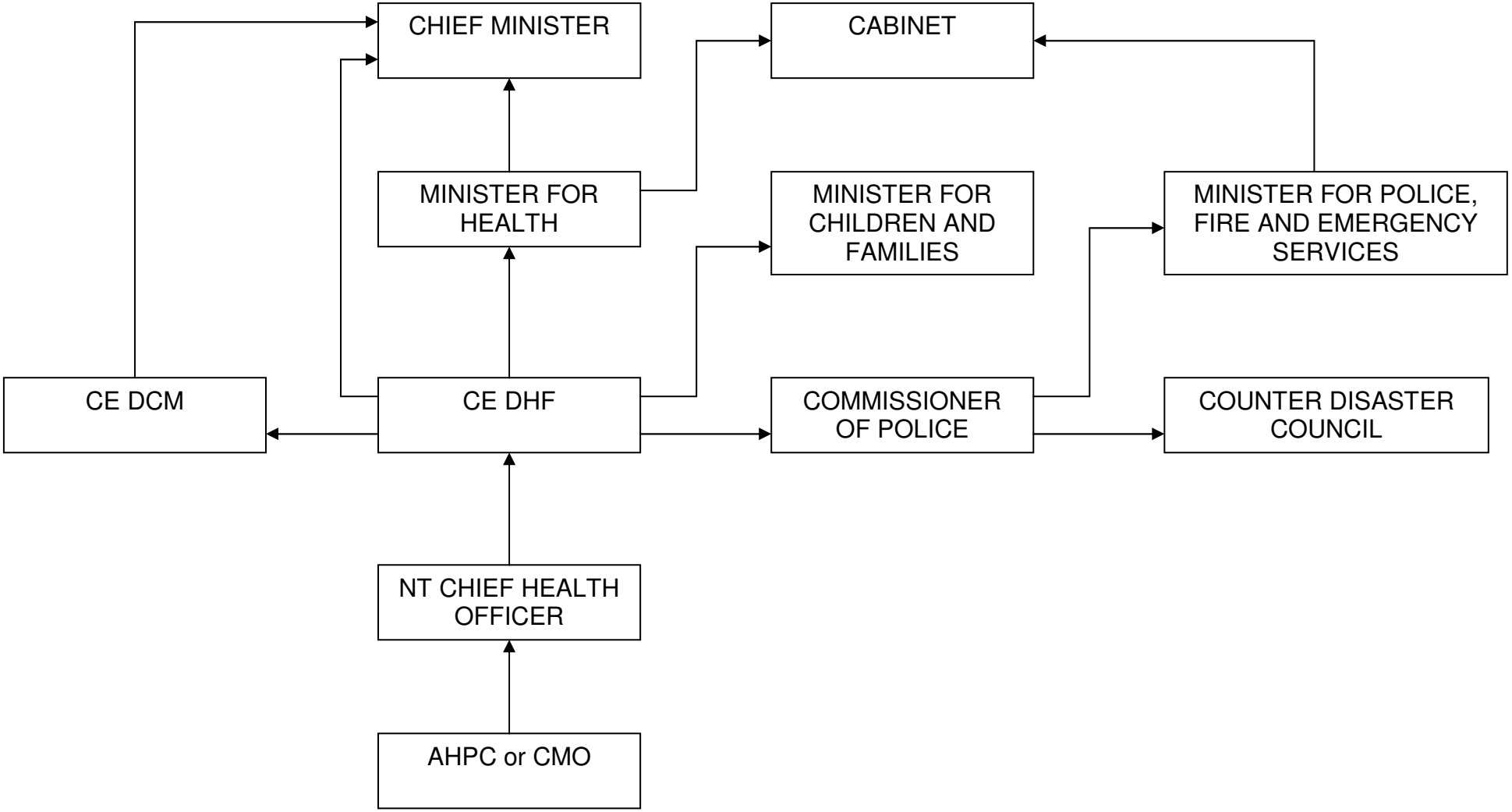
- the ***Chief Quarantine Officers (CQO) Group*** which provides operational planning for border activities.

Coordination of non-health response and recovery matters is managed under existing inter-jurisdictional emergency management arrangements.

Northern Territory Arrangements

It is essential that strategic decision makers be informed on recent information, current action and future intentions in relation to pandemic influenza issues. This will enable full participation in and contribution to the national strategic debate and ensure informed decisions are made in relation to the NT. The normal communication processes will be followed in a pandemic situation and this is shown in *Figure 4*.

Figure 4*: Decision Making and Information Flow for Human Pandemic Influenza in the NT*



Response and Recovery Groups

The NT arrangements for the management of human pandemic influenza are influenced by and compatible with the existing counter disaster structure and procedures, to ensure a whole-of-government approach to response and recovery requirements.

A number of response and recovery groups have been established to manage the specific functions associated with a human pandemic influenza outbreak. These are detailed in *Table 2* and are generally consistent in terms of leadership, composition and functions with response groups and recovery formed in other emergency counter disaster operations. Each response and recovery group has developed a detailed sub-plan based on the Australian and overseas phases and they are in the enclosed annexes.

Recovery

As the pandemic subsides, response and recovery groups will transition to the undertaking of recovery operations.

Recovery operations could include the coordination of measures to assist government, agencies and the community in the restoration of services, business and activities to normal levels, including:

- restoration of essential services
- provision of material and personal support, and
- provision of means of emotional support

Recovery operations will be in accordance with the NT Emergency Recovery Management Plan and may include the appointment of a Territory Recovery Coordinator and the formation of a Recovery Coordination Group.

The NT Emergency Recovery Management Plan can be viewed at www.dcm.gov.au

***Table 2*: NT Counter Disaster Response and Recovery Groups for Pandemic Influenza**

GROUP	FUNCTIONS	AGENCIES
Public Health	• **Disease control** response including monitoring the incidence of influenza and other infectious diseases, determining immunisation policy, etc • **Monitoring and Surveillance** - Monitor routine influenza and laboratory surveillance - Contact tracing - Border entry and exit screening - Surveillance of Influenza Like Illness (ILI) in health care workers during Alert, Threat and Pandemic Phases • **Quarantine** - Contact quarantine - Mass quarantine - Home quarantine • **Antiviral/vaccines** - Develop antiviral/vaccine deployment plans - Maintain register of vaccinations and do adverse reaction surveillance - Undertake vaccinations • **Other** -Coordination of public health information -Implement social distancing strategy if required -Provision of infection control information	**Department of Health and Families** Local Councils NT WorkSafe Australian Quarantine and Inspection Service (AQIS) Australian Customs Service (ACS) NT Police, Fire and Emergency Services Aboriginal Medical Services Association of the NT (AMSANT) General Practice Network NT
Medical	• Hospital and medical services for the management of large numbers of people exposed to the influenza virus • Medical and mental health services to welfare emergency units • Provision of flu clinics and mass quarantine areas • Assist with clinical care via home and/or intermediary care • Review availability of personnel, supplies and materials for infection control and clinical care during pandemic • Contact and isolation quarantine • Assist with vaccination of staff and exposed people	**Department of Health and Families** GPNNT St John Ambulance (NT) NT Emergency Service Darwin Private Hospital Private Practitioners NT Aerial Medical Service/RFDS AMSANT
Welfare	• Welfare support to the community during the pandemic as required	**Department of Health and Families** Territory Housing

	• Welfare support to persons engaged in emergency response activities • Assist in the overall recovery of the community through assessment of, and attention to, the short and long term welfare requirements of the community	Salvation Army Australian Red Cross NT Police Anglicare Transport Group Council of Churches Centrelink Private Enterprise St Vincent de Paul Employee Assistance Services Centacare NT
Public Communications and Media	• Ensure all Government agencies and media outlets are prepared to provide a coordinated flow of information to the public during all phases of an emergency • Ensure the timely, accurate and coordinated dissemination of information, through the media, to the public during all phases of an emergency • Respond to enquiries from the media • Provide advice on media issues • Develop public communication strategy including website, media relations activities • Inform key industry, health care sector and other stakeholders about virus • Develop additional resources to improve surveillance and public awareness e.g. border displays, fact sheets	**Department of Health and Families/NT Police, Fire and Emergency Services/Department of the Chief Minister** Telstra Department of Business and Employment (DBE) Network Design and Construction (NDC) Optus Private Enterprise Australian Broadcasting Corporation Defence Public Affairs and Corporate Communications
Public Order	• Security • Law and Order • Border Control • Assist with social distancing measures	**NT Police, Fire and Emergency Services** Public Health Group Australian Defence Force Australian Customs Service Australian Quarantine and Inspection Service Port Corporations/Authorities Airports Owners/Operators
Public Utilities	• Maintenance of power, water and sewerage services	**Power and Water Corporation** Private enterprise
Transport	• Coordinate and provide transport services	**Department of Planning and Infrastructure** NT Fleet Port Corporations/Authorities Commercial operations (aviation) Airports owners/operators Australian Trucking Association Great Southern Railways Freightlink Private enterprise
Infrastructure	• Coordination of external equipment and assistance with establishment of temporary facilities/accommodation • Ensure maintenance and	**Department of Planning and Infrastructure** Private enterprise

	availability of public infrastructure • Mapping • Manage private sector service/equipment • Technical engineering advice and assistance	
Food	• Advise on availability and durability of food from wholesale and retail outlets and assist with supply and distribution of such items	**Department of Business, and Employment** Department of Health and Families NT Emergency Service Private enterprise

* Lead Agencies for each Response and Recovery Group in bold

***Table 3*: Response and Recovery Group Activation/Involvement**

Response GROUPS	AUSTRALIAN PHASES						
	3	4	5	6a	6b	6c	6d
Public Health	X	X	X	X	X	X	X
Medical		X	X	X	X	X	X
Welfare		X	X	X	X	X	X
Public Communications		X	X	X	X	X	X
Public Order				X	X	X	X
Public Utilities					X	X	X
Transport				X	X	X	X
Food				X	X	X	X
Infrastructure					X	X	X

Indicative Key Actions

The AHMPPI includes detail on the key actions required to achieve each operational objective and a summary of responses by phase. Annex A provides an indicative list of actions that should be considered in the NT and should be considered in conjunction with the national actions outlined in the AHMPPI.

Although the suggested action is shown against a specific phase, it must be recognised that the declaration of phases will not always be definitive, particularly WHO phases which may lag behind the actual situation and some action will be required in advance of the specified phase or may be delayed, depending on the situation.

CHAPTER 4: NATIONAL AND TERRITORY GOVERNANCE STRUCTURES

Northern Territory Governance Structure

The NT governance structure is depicted in *Figure 5*. The Counter Disaster Council would be called on to activate the NT Special Plan for Human Pandemic Influenza when the Commonwealth Chief Medical Officer advises that a Pandemic Alert had been declared. The national decision making and communications paths are at *Figure 6.*

Control of Operations

In accordance with the counter disaster structure in the NT and under the *Disasters Act 2003*, the Commissioner of Police will be in control of operations in the event of a human influenza outbreak.

Coordination

Operations will be coordinated at Territory, regional and local levels though the counter disaster structure to ensure all personnel are adequately advised, supported and equipped. Most of the coordination infrastructure will be at Territory level.

Emergency Operations Centre

An Emergency Operations Centre (EOC) will be established at Peter McAuley Centre, Darwin. This centre will be the focus of the operation. An alternate operations centre will be identified if required.

Once activated, each applicable government agency will deploy a liaison officer to the EOC to ensure a cross flow of information and that coordination of all groups and government agencies is achieved. In addition regular meetings of response and recovery group leaders will be conducted.

Depending on the location of the outbreak, it may be necessary to establish a Regional or Local Operations Centre. If necessary this would be established at a regional or local centre near the outbreak site. The staffing and tasks of this centre will be determined by the local management team, and will include at least a controller and technical expert.

NT Health Incident Room (NTHIR)

It may be necessary to establish a NTHIR to be the centre of government information and response during a major pandemic incident. The decision to establish a NTHIR will be made by the CE of the Department of Health and Families and the location (usually Health House), staffing and coordination arrangements will be dependent on the scale of the pandemic. The NTHIR will maintain close liaison with the EOC and Public Health Pandemic Coordination Centre (PHCC) to ensure full exchange of information, to assist strategic decision making and ensure common clinical and public information is being distributed.

Public Health Pandemic Coordination Centre (PHCC)

The PHCC will be activated at the discretion of the Response and Recovery Group Leaders, probably in Phase 4/5, to act as a central coordination centre for ongoing pandemic planning and response for the Public Health, Primary Health Care and Hospital Groups. Detail on the PHCC is at Appendix 10 to Annex B.

State of Emergency

Under the provisions of the *Disasters Act*, the Minister for Police, Fire and Emergency Services may declare a State of Emergency if he or she is satisfied that extraordinary measures are necessary or advisable for the protection of life and property. This declaration may be for the entire Territory or for specific areas that are or likely to be affected by the emergency. A declaration of a State of Emergency will come into force immediately and will continue for two days unless revoked sooner or is superseded by the declaration of a State of Disaster.

State of Disaster

When it is considered a disaster or impending disaster, including pandemic influenza if necessary, is beyond the resources of normal government services or privately owned services available in the Territory at the time and/or special powers are required, the Administrator of the Northern Territory may declare a State of Disaster. As with the declaration of a State of Emergency this may be for the whole Territory or specified areas.

A State of Disaster comes into force immediately it is declared and remains in force for seven days unless revoked earlier. The declaration may be extended as required.

Sections 35 – 40 of the *Disasters Act* contains detail of the declaration of a State of Emergency or Disaster, including the special powers such declarations invoke.

National Medical Stockpile

The Australian Government maintains a National Medical Stockpile (NMS) of antiviral influenza drugs, masks and other items of personal protective equipment (PPE) for deployment during a health emergency.

Stockpile components are distributed to states and territories according to a deployment plan, under memorandums of understanding between the Department of Health and Ageing and each state and territory health department. Components of the stockpile will be used according to criteria agreed to by the Australian Health Protection Committee.

Details on the management of the NMS in the NT are at Annex L.

Recovery

The aim of recovery is to assist affected communities with the restoration of emotional, social, economic and physical wellbeing and to improve future resilience. Recovery operations will be a Territory wide on-going operation. They will be conducted within the guidance provided by the NT Emergency Recovery Management Plan available at: www.dcm.gov.au

Requests for Commonwealth Assistance

The Director, Northern Territory Emergency Service (also the Executive Officer of the Counter Disaster Council) has been appointed as the person responsible for requesting and coordinating Commonwealth assistance. Other than health and technical support which is provided as a matter of course through the Department of Health and Families normal procedures including the NMS, all requests for Commonwealth support from Northern Territory organisations is to be forwarded to the Director, Northern Territory Emergency Service.

Figure 5*: NT Governance Structure*

.

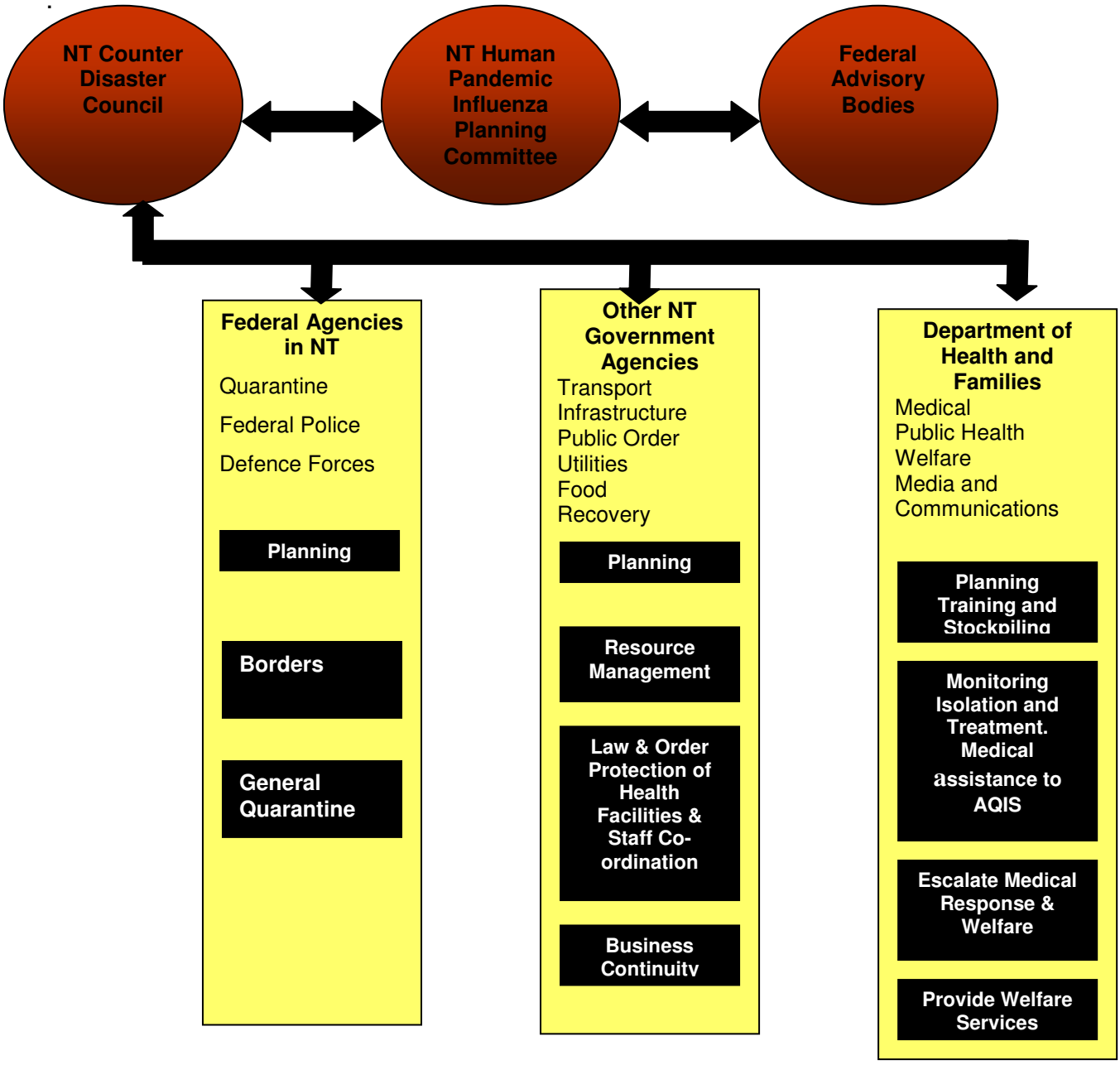
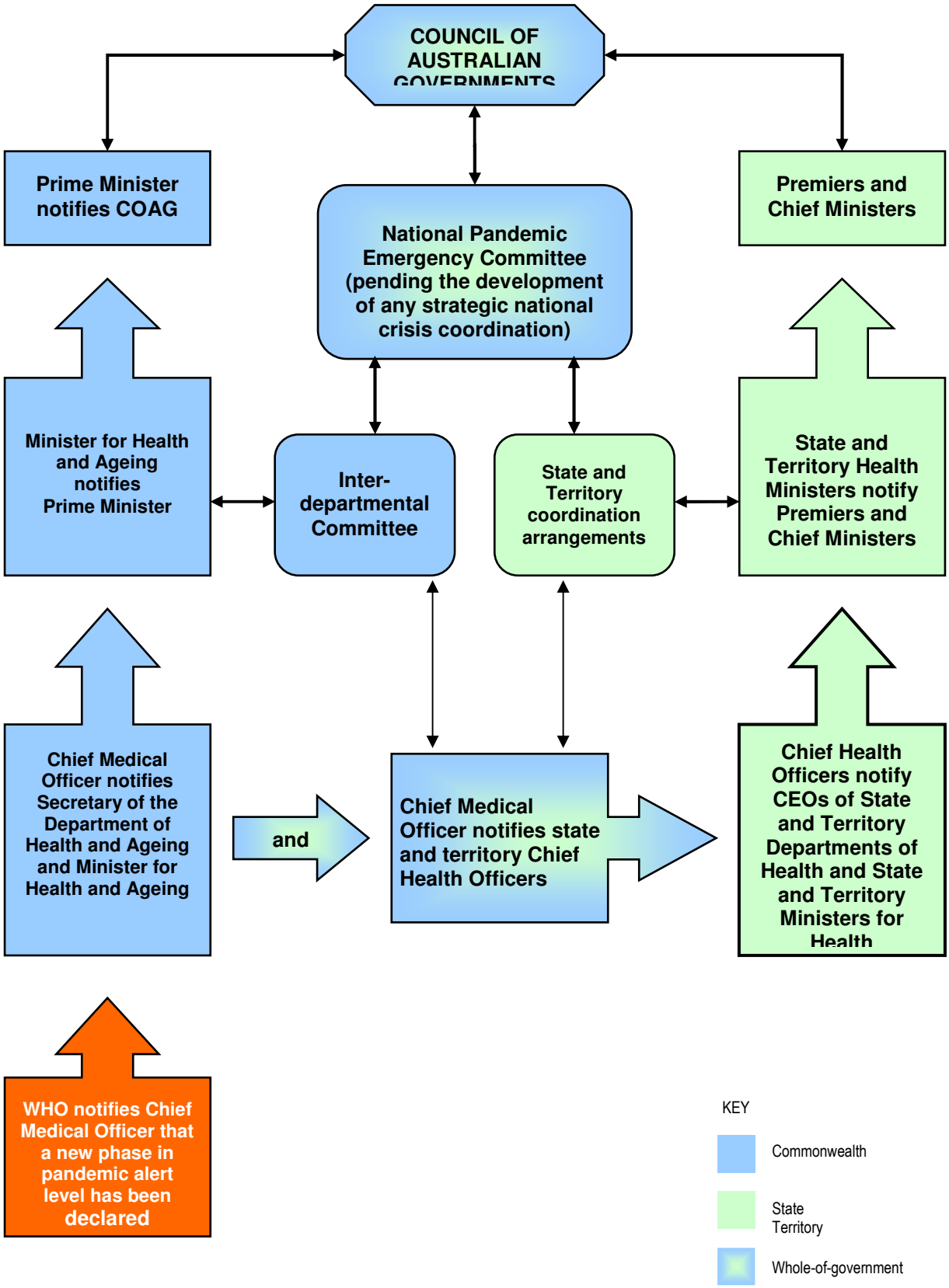


Figure 6*: National Decision Making and Communications Paths*



Source: *National Action Plan for Human Influenza Pandemic*

CHAPTER 5: LEGISLATIVE FRAMEWORK AND BUSINESS CONTINUITY

Authority and Legislation

This plan is produced under the provisions of the *Disasters Act 2003*, which gives the Counter Disaster Council the responsibility for the production, and as necessary, the revision of the plan.

In addition to the authority of the *Disasters Act*, there is specific Territory and Commonwealth legislation relating to this plan. The most significant are:

a. Public Health Act (NT) 2005

b. Notifiable Diseases Act (NT) 1999

c. Poisons and Dangerous Drugs Act (NT) 2005

d. Care and Protection of Children Act (NT) 2007

e. Essential Goods and Services Act (NT) 1999

f. Quarantine Act (Commonwealth) 1908

g. Air Navigation Act (Commonwealth) 1920

h. Customs Act (Commonwealth) 1901

i. Privacy Act (Commonwealth) 1988

j. National Health Security Act (Commonwealth) 2007

The ***Disasters Act (NT) 2003*** contains provisions for the protection of life or property from the effects of disasters and emergencies and for other purposes and permits the declaration of a State of Emergency or State of Disaster (see Chapter 4).

The declaration of a State of Disaster or Emergency enables the special powers under Sections 37 and 38 to be exercised, including:

- commandeering personal property;
- closure of businesses or social gatherings;
- evacuation of people;
- entering property to save lives and/or prevent injury;
- removal or securing anything on properties deemed to be a threat to life or health;
- closure of roads; and
- removal of vehicles, aircraft, ships, boats, barges or animals if deemed a threat to life or health.

Pandemic influenza would fit the definition of a 'disaster' in Section 4 of the Act when it reaches the stage that it causes or threatens to cause loss of life or injury and counter disaster measures are required to manage it.

The ***Public Health Act (NT) 2005*** contains provisions for the safety of the public, from a public health perspective, and provides powers to the Chief Health Officer, under Section 7C to ensure risks to public health safety are rectified e.g. giving notice to owner/occupier of land to remove risk within a specified time and to authorise someone to enter the land and carry out the removal if owner/occupier fails to comply.

The ***Notifiable Diseases Act (NT) 1999*** contains provisions to consolidate and amend the law relating to notifiable, infectious and other disease. The Act gives powers to the Chief Health Officer:

- under Section 13 and 14 to direct infected/suspected people to attend medical examinations and close, disinfect or destroy infected areas/items;
- under Section 18 and 19 to prohibit the movement of people and goods within a designated isolation area, destroy, dispose or treat goods, buildings, etc within an isolation area known or suspected to be infected or a source of infection; and
- under Section 20 to arrest without warrant anyone who leaves an isolation area.

The ***Poisons and Dangerous Drugs Act (NT) 2005*** (PADDA) regulates the sale, supply, storage, possession and use of poisons and dangerous drugs. Vaccines and antiviral agents are 'approved' as Schedule 4 drugs and as such the Act would require individual signed prescriptions for persons treated with such drugs and for them to be dispensed by a pharmaceutical chemist.

Section 28(6) of PADDA allows the Chief Health Officer, by way of instrument, to authorise a person to obtain from a pharmacist, possess and use a Schedule 4 or 8 substance for a purpose and in accordance with the conditions, if any, specified in the instrument. In addition, Sections 42 and 43 could apply in that the Chief Health Officer may authorise a person to possess a specified quantity of a specified poison where that poison is included in a medical kit and that person may possess that poison accordingly.

In the event of a pandemic, instruments could be issued, in accordance with either Section 28(6) or 42, to nominated people who would then administer the drug to the public. There is no requirement that the people who are authorised be doctors, nurses, etc.

The **Care and Protection of Children Act (NT) 2007** provides for the protection and care of children and the promotion of family welfare. In a pandemic influenza event there may be circumstances where parents or guardians are too ill to care for their children or in a quarantine/isolation facility that is unsuitable for children. In these or similar circumstances arrangements need to be put in place to ensure that children are in suitable care and their welfare is assured. This Division of NT Families and Children with DHF will coordinate this in conjunction with the Welfare Group.

The ***Essential Goods and Services Act (NT) 1999*** contains provisions to control and manage prescribed goods or services (food, fuel, electricity, water, public transport, freight, garbage collection, etc) during periods of shortage, and for related purposes. The Administrator of the Northern Territory, under Section 5, may declare that a shortage exists in relation to goods and services if satisfied that the provision, supply or distribution of the goods or services, is or is likely to become, less than is sufficient for the reasonable requirement of a community.

The declaration is for one month from the date specified on the notice but may be extended if warranted.

Under Section 7 of the Act, the Minister is authorised to take such action as he/she thinks fit to ensure that the goods and services specified in the notice are available for use, and are used, in a manner best calculated by him/her to serve the interests of a community.

The ***Quarantine Act (Commonwealth) 1908*** provides powers to enable control measures to reduce the spread of disease. The Director of the Centre for Disease Control is appointed Chief Quarantine Officer for the Northern Territory by the Commonwealth Chief Medical Officer and is therefore able to invoke these quarantine powers, if necessary. However, the Act only applies to a specific list of diseases. Highly Pathogenic Avian Influenza in Humans (HPAIH) is included on the list. The Act has wide-ranging powers of quarantine e.g. examination, exclusion, detention, observation, segregation, isolation, protection, treatment and regulation of vessels, installations, human beings, animals, plants or other goods or things.

The Commonwealth Quarantine Act overrides Territory legislation.

The ***Air Navigation Act (Commonwealth) 1920*** provides authority to the Secretary of the Commonwealth Department of Infrastructure, Transport, Regional Development and Local Government

to vary, suspend or cancel an approved timetable of an airline operating services to and from Australia on the basis of health concerns.

The ***Customs Act (Commonwealth) 1901*** provides the Australian Customs Service (ACS) with powers to support pandemic influenza preparedness, planning and response. The Act authorises the ACS to manage the security and integrity of Australia's borders and to administer legislation on behalf of other government agencies for the movement of goods and people across the Australian border.

The ***Privacy Act 1988*** enables information exchange between Commonwealth government agencies, State and Territory government authorities, private sector organisations, non-government organisations and others (including community health centres and local government) in an emergency or disaster situation, such as an influenza pandemic, for a permitted purpose. Activation of the provision requires the declaration of an emergency by the Prime Minister or the Minister administering the Act.

The ***National Health Security Act 2007*** provides for the exchange of surveillance information between jurisdictions to enhance the early identification of and timely responses to national or international public health emergencies, including an influenza pandemic. The Act also established the operational arrangements for Australia to meet its obligations under the International Health Regulations.

***Table 4*: Relevant NT Legislation for Actions**

Pandemic Influenza Action Required	Relevant NT Legislation
Declaration of a State of Disaster	Disasters Act S35
Special powers during a State of Disaster: • Require property to be surrendered • Order the closure of a business or event • Direct the evacuation and exclusion from a place • Close roads • Close any place used by the public	Disasters Act S37
Declaration of a State of Emergency	Disasters Act S39
Special powers during a State of Emergency (as for State of Disaster)	Disasters Act S40 (2)
Chief Health Officer (CHO) may delegate powers	Public Health Act S7A
Administrator may regulate for matters in relation to: • The prevention of disease • The maintenance of health • The care and treatment of sick persons • The designation of diseases • Measures for the control of diseases • The establishment of special clinics for treatment and prevention of disease • The disposal of human corpses • Other matters	Public Health Act S10
CHO may delegate powers	Notifiable Diseases Act S31
Minister declare a disease a notifiable disease	Notifiable Diseases Act S6
Infected persons to provide details of contact	Notifiable Diseases Act S9
Persons directed to carry out measures to prevent spread or possible spread of a notifiable disease	Notifiable Diseases Act S11
CHO may: • Remove and detain infected or suspected infected persons at a hospital or other place • Close premises in which infected or suspected infected persons resided, worked, attended or occupied	Notifiable Diseases Act S13
CHO may direct persons to attend medical examinations	Notifiable Diseases Act S14
Administrator may declare an area to be an isolation area	Notifiable Diseases Act S17
The movement of people within a designated isolation area may be prohibited	Notifiable Diseases Act S18 and 19
Persons leaving an isolation area in contravention of an order may be arrested without warrant	Notifiable Diseases Act S20
Disasters Act shall prevail where there is inconsistent direction or orders	Notifiable Diseases Act S28
CHO may delegate powers	Poisons and Dangerous Drugs Act S7 (1)
Minister may declare a substance to be included in or excluded from a Schedule in the SUSDP	Poisons and Dangerous Drugs Act S6A (4)
Minister may impose restrictions in relation to possession, use, supply, prescription or administration of substances	Poisons and Dangerous Drugs Act S6A (5)
Pharmacist may supply Schedule 4 substances by written prescription or to a person authorised by the CHO	Poisons and Dangerous Drugs Act S28 (1)(c) and (ca)
Require pharmaceutical chemists to dispense antivirals and vaccines	Poisons and Dangerous Drugs Act S28 (1)(c) and (ca)
Antivirals and vaccines required a signed prescription	Poisons and Dangerous Drugs Act S28 (1)(c) and (ca)
Authorise a person to possess antivirals and vaccines	Poisons and Dangerous Drugs Act S42 and 43

Authorise a person to administer antivirals and vaccines	Poisons and Dangerous Drugs Act S28 (6) and 42
A child can be described as in need of care if parents or guardians are unable to maintain the child	Care and Protection of Children Act S20
Control and manage prescribed goods and services	Essential Goods and Services Act S5

Relevant Plans and Agreements

There are also a number of plans and agreements in place which provide direction and guidance, including:

Northern Territory All Hazards Emergency Management Arrangements which describes the NT's emergency management framework, the role of organisations within this framework and the NT's emergency management policies. This document is available at: www.pfes.nt.gov.au

Northern Territory Emergency Recovery Management Plan which outlines the NT level policies and arrangements for the management of community recovery following emergencies. This plan is available at: www.dcm.nt.gov.au

The **Northern Territory Department of Health and Families Emergency Management Plan** describes the NT public health, medical and welfare emergency management arrangements for the coordination of the whole of health response in the event of an emergency. The plan is available on the DHF Internet and Intranet sites.

Department of Regional Development, Primary Industry, Fisheries and Resources **Biosecurity Emergency Response Plan for Terrestrial and Aquatic Animal and Plant Diseases** (not publicly available) which outlines the arrangements for incursions of animal diseases, plant pests or diseases, aquatic animal diseases and marine pests.

The *World Health Organisation (WHO) 2005 Global Influenza Preparedness Plan* is a guide intended to inform and harmonise national and international preparedness and response before and during influenza pandemics. It describes the WHO phase of a pandemic in detail and the goals, objectives and actions for each phase. The plan is available at: www.who.int

The ***National Action Plan for Human influenza Pandemic (NAPHIP)*** which outlines responsibilities, authorities and the mechanisms to prevent, or if it occurs, manage, an influenza pandemic and its consequences in Australia. The NAPHIP is available at:
www.dpmc.gov.au

The ***Australian Health Management Plan for Pandemic Influenza (AHMPPI)*** *(2008)* is a detailed guide for the Australian response to a pandemic threat. The plan targets the wide range of people who will be involved in planning and responding to an influenza pandemic. It is available on the DoHA website www.health.gov.au

The ***Australian Government Plan for Pandemic Influenza (AGPPI)*** is designed to be used by Australian Government agencies and outlines the decision making authority, processes and key activities through the phases of a pandemic influenza event.

National Pandemic Influenza Airport Border Operations Plan (FLUBORDERPLAN)
This plan describes how Commonwealth border agencies, state and territory government bodies and the airline sector will work together in a coordinated national response to protect and respond to the threat of an influenza pandemic

The Australian Government National Response Plan for Mass Casualties Incidents Involving Australians Overseas (OSMASSCASPLAN) is a national response plan for mass casualty incidents involving Australians overseas. This plan details the roles and responsibilities of relevant agencies, including non-government organisations, and key processes within that framework.

Commonwealth Government Disaster Response Plan (COMDISPLAN) provides the framework for addressing state and territory requests for Commonwealth physical assistance arising from any type of emergency. COMDISPLAN is normally activated when Commonwealth assistance for emergency response or short-term recovery is requested or likely to be requested. States and territories must have exhausted their own resources before requesting Commonwealth assistance. Details on COMDISPLAN can be seen at: www.ema.gov.au

The ***Australian Veterinary Emergency Plan (AUSVETPLAN)*** outlines the response to emergency disease outbreaks that require emergency disease planning at national, state/territory and district level and the involvement of both animal health authorities and emergency management organisations. It includes a technical response plan for the control and eradication of highly pathogenic avian influenza (HPAI). AUSVETPLAN can be viewed at: www.animalhealthaustralia.com.au

Business Continuity Planning

Business continuity planning is an essential element in the preparation for a possible pandemic influenza event. The unique feature that distinguishes it from other emergencies is the emphasis on continuity created from high absenteeism and interruptions to the supply of goods and services.

NT Agencies need to consider the following issues in their Business Continuity Plan:

- the identification of essential activities to their business (including the core skills required to keep them running) and with contingency planning to ensure continuance;
- strategies in place to minimise illness in workers;
- identification of resources and infrastructure to allow for operations at a minimal/non-essential level; and
- the development and communication of strategies for business disruption.

The Australian Government has prepared two documents to assist with pandemic influenza business continuity planning:

- Being Prepared for a Human Influenza – A Business Continuity Guide for Australian Businesses; and
- A Kit for Small Businesses.

Both documents can be downloaded from the Australian Government's Department of Innovation, Industry, Science and Research website at: www.innovation.gov.au

CHAPTER 6: NORTHERN TERRITORY PUBLIC SECTOR EMPLOYMENT GUIDELINES FOR AN INFLUENZA PANDEMIC

Introduction

Governments will actively lead the response to a pandemic, and therefore the continuity of the critical government services the community will require must be assured. Planning for and responding to an influenza pandemic presents new, and in some circumstances unique, workplace challenges for organisations. Unlike most other disaster or emergency events, an influenza pandemic will have no direct effect on physical infrastructure and assets. Instead, an influenza pandemic will directly affect people's health and well-being, and potentially the roles that people perform in the ordinary course of employment and business, and their family and social life.

Should a pandemic occur, it will have significant impacts on the community and the ability of employees to attend and remain at work. The *Australian Health Management Plan for Pandemic Influenza* (2008) estimates that should Australia experience a pandemic as severe as that in 1918, but we were prepared and were able to respond effectively, then:

- the number of cases clinically affected would be about 10 per cent, that is around 2.1 million Australians;
- death rates would be 1.2 per cent of those clinically affected, that is around 25,000 people may die;
- absenteeism at the peak could be 30 to 50 per cent; and
- the duration of the pandemic in Australia could be 7–10 months, in a single wave.

Notwithstanding these estimates, the full impact of a pandemic on each workplace will depend on the severity, location and duration of the pandemic, the nature of the organisation and its planning preparations.

Potential Impacts on the Workplace

A pandemic has the potential to impact on all areas of workplace operations. Impacts may include:

- Increased staff absences for a variety of reasons, including personal illness, fear of contamination, provision of care and support to ill family or household members, public health measures such as social distancing and quarantine, and disruptions to the operation of schools, childcare or transport.
- Increased dependency on staff performing key business functions.
- Possible higher personal stress and people undertaking different roles in the workplace due to other staff absences.
- Disruptions to business operations, including delays to the supply of services, goods and materials.
- Disruptions to warehousing and dispatch arrangements.
- Restrictions on the movement of goods or people.
- Reduced availability of services from sub-contractors or suppliers.
- Restrictions to workplace entry.
- Restrictions on staff travel.

- The use of personal protection equipment (PPE) in the workplace.

Planning Principles

The NT is committed to working cooperatively with all other Australian governments, the community and the private sector to manage the impact of a human influenza pandemic across the Territory. An essential part of this is the application of procedures and practices within NT Government agencies in a manner that preserves the health, safety and welfare of employees whilst enabling the provision of critical government services, including those within the health environment.

The NT supports the three key planning principles provided by the Australian Government to assist employers and employees to develop pandemic plans in the workplace (source: Department of Prime Minister and Cabinet, *Pandemic Planning in the Workplace*, June 2007). Note that the principles apply equally to government agencies and private commercial organizations.

Maintain business continuity. Employers and employees both have a strong interest in the business surviving and recovering after a pandemic, even if the business must close for a period. In addition, counter disaster response operations and subsequent recovery will be greatly facilitated if businesses, particularly those that provide essential services for the community or for other businesses, are able to continue delivering services.

Arrangements and conditions put in place by workplaces at any stage during a pandemic (relating to staff, customers or suppliers) should aim where possible to maintain normal services and promote recovery.

Plan early. The earlier an agency plans for a pandemic, the more effective its response is likely to be. There are many things that agencies can consider, put in place and test *before* a pandemic occurs.

Use existing workplace frameworks. Existing Workplace Relations and Occupational Health and Safety frameworks form the basis for pandemic planning in the workplace.

Employment Relations Principles

The Council of Australian Governments (COAG) has developed the following broad employment relations principles for dealing with pandemic influenza:

- the need to balance the requirement to continue normal operations against the need for employees to manage their important and legitimate personal, family and community responsibilities;

- operational, health and safety arrangements need to support the key pandemic response objectives of containing the spread of the virus and minimising economic and social disruption;

- existing employment and management legislation, industrial relations agreements, policies and practices in relation to salaries, wages and conditions continue to apply, and are enforceable unless varied through appropriate processes;

- where there is an essential need to vary workplace arrangements, the changes should be made in consultation with employees, with sufficient notice, within the existing NTPS legislative framework and be applied fairly;

- managers should consult and involve employees in development of appropriate business continuity plans (BCP) at the earliest opportunity and in advance of the onset of an influenza pandemic;

- employees' request to access leave, and possibly leave in advance, should not be withheld unreasonably; and

- the processes of determining arrangements for an influenza pandemic should not be used to pursue changes in pay or conditions unrelated to the pandemic.

NT Public Sector Employment Guidelines

The Office of the Commissioner for Public Employment (OCPE) is the central agency within the NT Public Sector (NTPS) with sector-wide responsibility for providing an effective employment and development framework for the NTPS workforce.

As part of the wider NT Government response to a potential human influenza pandemic, the OCPE has prepared draft principle-based general workplace guidelines. The NT Public Sector Human Influenza Pandemic Employment Framework guidelines are generic in nature as it is not possible to cover all circumstances or all issues. In addition they are iterative and will be updated as more international and national information on pandemic influenza becomes available or to reflect NT Government policy or legislative changes. Nevertheless they provide guidance, in accordance with extant legislation, for application by agencies during an influenza pandemic. The guidelines address such issues as:

- workplace attendance
- leave considerations
- working from home
- salary and wage considerations
- transfer of employees
- workplace closure implications
- employee consultation

ANNEXES AND ATTACHMENTS

ANNEXES

A. Indicative Action by Phase

Appendix 1 Indicative Action by Australian Phases

Appendix 2 Indicative Action by Overseas Phases

B. Public Health Sub-plan

Appendix 1 Surveillance

Appendix 2 Border Screening

Appendix 3 Prevention Measures

Appendix 4 Pandemic Vaccine Policy

Appendix 5 Inter-pandemic Vaccine Strategy

Appendix 6 RIIC Guide – Infection Control and Clinical Guidelines

Appendix 7 Pandemic Influenza Communication

Appendix 8 Quarantine Measures

Appendix 9 Contact Tracing

Appendix 10 Public Health Pandemic Coordination Centre (PHCC)

Appendix 11 Resources

C. Medical Sub-plan

Appendix 1 Primary Health Care Sub-plan

Attachment 1 Flu Clinics Action Plan
Attachment 2 Vaccination Clinics Action Plan
Attachment 3 Home Care Action Plan
Attachment 4 Intermediary Care Action Plan
Attachment 5 Remote Health Plan
Attachment 6 General Practice Action Plan
Attachment 7 Communication/Activation Action Plan

Appendix 2 Hospital Based Care Sub-plan

Attachment 1 Hospital Surveillance Action Plan
Attachment 2 Pathology Action Plan
Attachment 3 Hospital Workforce Action Plan *(to be developed)*
Attachment 4 Medical Sundries and Pharmaceuticals Action Plan
- Enclosure 1 Pandemic Kit Contents
- Enclosure 2 Pandemic Kit Distribution and Timetable
- Enclosure 3 External Storage Plan
- Enclosure 4 Security Arrangements (Internal and External)

Attachment 5 Pandemic Influenza Infection Control Action Plan
- Enclosure 1 Infection Control Pandemic Surveillance
- Enclosure 2 Infection Control Pandemic Influenza Kits

Attachment 6 Hospital Patient Transport Action Plan *(to be developed)*
Attachment 7 Screening and Control of Entrances
Attachment 8 Acronyms

Appendix 3 St John Ambulance Australia Disaster Plan – Pandemic Influenza

D. Welfare Sub-plan

Appendix 1 DET Support to Families upon School Closure Action Plan

Appendix 2 Welfare Group Support in Intermediary Care Service Action Plan

Appendix 3 Pandemic Influenza Support in Home Quarantine Action Plan

Appendix 4 Pandemic Influenza Home Care Support Action Plan

Appendix 5 Pandemic Influenza Counselling and Emotional Support

Appendix 6 Return to Country Pandemic Influenza Plan

Appendix 7 Vulnerable Persons Plan

Appendix 8 Tourists who are unable to Return Home

E. Public Communications Sub-plan

Appendix 1 Communications Activities: Phase by Phase

Appendix 2 National Public Communications Coordination Arrangements

F. Public Order Sub-plan

Appendix 1 Teams

Appendix 2 NTPFES Contact List

Appendix 3 Non-essential Areas for Shut Down and Redeployment

Appendix 4 Logistics

Appendix 5 Legislative Framework

Appendix 6 Airport Control and Containment Protocols

Appendix 7 Relevant Linkage Contact List

G. Public Utilities Sub-plan

H. Transport Sub-plan

I. Food Sub-plan

J. Recovery Sub-plan

K. Infrastructure Sub-plan

L. National Medical Stockpile - NT Distribution Plan

M. Links