Northern Territory Pandemic Plan 2024

Emergency Management NT Health

NORTHERN TERRITORY GOVERNMENT

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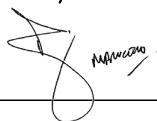
CERTIFICATE OF APPROVAL

The Northern Territory Pandemic Plan (the Plan) has been prepared by the NT Department of Health in accordance with Territory Emergency Plan.

Approved by ______________________________



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Contents

1 Background 6

2 About this Plan 6

2.1 Introduction 6

2.2 Aim 7

2.3 Objective and approach 7

2.3.1 Objective 7

2.3.2 Approach 7

2.4 Legislative Authority 8

2.5 Governance 9

2.5.1 Authorities 9

2.5.1.1 World Health Organization 9

2.5.1.2 Australian Government Department of Health 9

2.5.1.3 NT Health ... 10
2.5.1.4 Australian Health Protection Principal Committee (AHPPC) ... 10
2.5.1.5 Communicable Disease Network Australia ... 10
2.6 Plans ... 10
2.6.1 Sub plans ... 11
2.6.2 Delivery of service ... 11
2.7 Review and evaluation ... 12
2.8 AHMPPI and Territory Emergency Plan (TEP) approach ... 12
2.8.1 Prevention ... 12
2.8.2 Preparedness ... 12
2.8.3 Response - Standby ... 13
2.8.4 Response – Action initial ... 13
2.8.5 Response – Action targeted ... 13
2.8.6 Response - Stand-down ... 14
2.8.7 Recovery ... 14
3 Emergency Declarations ... 14
3.1 Enacting a response ... 14
3.1.1 Declaration of an Emergency ... 14
3.1.2 Declaration of a Public Health Emergency ... 14
3.2 NT Chief Health Officer's Emergency Powers and responsibilities ... 15
4 Activation of NT Pandemic Plan ... 15
4.1 National pandemic notification and response co-ordination ... 15
4.2 Northern Territory authority to activate ... 15
5 Emergency management roles – pandemic ... 16
5.1 NT Health Incident Management Arrangements ... 16
6 Response strategies ... 17
6.1 Surveillance ... 17
6.1.1 Operational surveillance ... 18
6.2 Contact Tracing ... 18
6.3 Border control measures ... 18
6.3.1 International borders ... 18
6.3.2 Domestic border ... 19
6.4 Movement controls ... 19
6.5 Vaccinations ... 19
7 Case management strategies ... 20
7.1 Infection control measures ... 20
7.1.1.1 Physical distancing ... 20
7.2 Testing, Tracing, Isolation and Quarantine (TTIQ) ... 20
8 Business continuity ... 21

9 Staff management **21**
9.1 Workforce surge capacity 22
10 Request for assistance (interstate, Australian Defence Force) **22**
11 Employment Arrangements **23**
11.1.1 Workplace health and safety (WHS) 23
12 Financial management **23**
13 NT Health roles and responsibilities **23**
13.1 Office of Chief Health Officer 23
13.2 Public Health Units 24
13.3 Pathology services 24
13.3.1 Management of the deceased 25
13.4 Health services 25
13.4.1 Hospital - Emergency Departments (EDs) 25
13.4.2 Hospital - Intensive Care Units (ICUs) 25
13.4.3 Pharmacy services 26
13.4.4 Primary health care 26
13.4.5 Pandemic Assessment Clinics (PACs) 26
13.5 Mental health services 27
14 Supporting and participating partners roles and responsibilities **27**
14.1 NT Police, Fire and Emergency Services 27
14.2 Ambulance services and Prehospital response (St John NT) 28
14.3 Aboriginal Community Controlled Health Services (ACCHs) 28
14.4 NT PHN 28
14.5 GPs/Community or Private Health Centres 29
14.6 Community pharmacies 29
14.7 Private hospitals 29
14.8 Private laboratories 29
14.9 Medical retrieval services 29
14.10 Aged care (Australian Government) 30
14.10.1 Residential aged care 30
14.11 NTG Functional Groups 30
14.11.1 Welfare Functional Group and Department of Territory Families, Housing and Communities 30
14.11.2 Public Information Functional Group 31
14.11.3 Industry Functional Group 31
14.11.4 Critical Goods and Services Functional Group 31
14.11.5 Transport Functional Group 31
14.11.6 Engineering Functional Group 32
14.11.7 Digital and Telecommunication Group 32

14.12 Department of Education 32
14.13 Department of the Attorney–General and Justice (Correctional Services) 32
14.14 Office of the Commissioner of Public Employment 32
14.15 Department of Chief Minister and Cabinet (DCMC) 33
Abbreviations and acronyms 34
Implementation, Review and Evaluation Responsibilities 37

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1 Background

Pandemics are epidemics on a global scale. For a communicable disease to have pandemic potential, it must meet three criteria:

- Humans have little or no pre-existing immunity to the communicable disease
- The communicable disease leads to illness in humans
- The communicable disease has the capacity to spread efficiently from person to person.

The impact of a pandemic depends on the clinical severity, transmissibility, the capacity of the health system the effectiveness of interventions and the vulnerability of the population.

Pandemics are often, but not always caused by influenza viruses. Coronaviruses (CoV) are a large family of viruses that cause illness including the common cold. Pandemics can occur when a new strain of a virus occurs, causing widespread illness with the potential to overwhelm healthcare systems. Previous coronavirus outbreaks, such as COVID-19, SARS and MERS, highlight the importance of preparedness, early detection and swift response to prevent and mitigate the potential impacts of such illnesses.

At risk groups are those groups who may be at higher risk of complications during a pandemic. At risk groups include:

- Pregnant women
- People who are immunocompromised
- People with chronic illness
- People who are obese
- Aboriginal and Torres Strait Islander people
- Children aged less than five
- People aged over 65 years
- People with disabilities
- People living rough

People living in close communities, such as prisons, residential aged care and boarding homes may also be more affected, due to the potential for increased transmission in these settings. People living in remote communities and people from culturally and linguistically diverse backgrounds may be at risk of worse outcomes due to issues with access to health services.

2 About this Plan

2.1 Introduction

NT Health is the nominated Controlling and Hazard Management Authority[1] for Human Disease. The purpose of the Northern Territory Pandemic Plan (the Plan) is to provide a strategic outline of the Northern Territory Government (NTG) responses to a disease capable of causing a pandemic. The Plan describes the high level decisions and broad approach the health sector will take to respond to the pandemic.

This plan has been developed to complement:

[1] As described in the definition section of this plan

- Australian Health Management Plan for Pandemic Influenza (AHMPPI)
- NTG Regional emergency plans
- NTG Local emergency plans

This plan is the overarching document that informs operational pandemic plans in the Northern Territory (NT) and should be read in conjunction with the Territory Emergency Plan[2]. Operational plans sit as sub-plans of this document.

2.2 Aim

The aim of the plan is to minimise the consequences of a pandemic on the NT health system, community and economy under an ethical framework of equity, individual liberty, privacy and confidentiality, proportionality, protection of the public, provision of care, reciprocity, stewardship and trust.

The plan provides the platform to manage a disease outbreak but allows for flexibility in its application according to the severity and transmissibility of the particular disease outbreak and its location.

2.3 Objective and approach

2.3.1 Objective

This plan's objective is to ensure a safe, effective, and coordinated NT health system response to a pandemic by:

- minimising transmission, morbidity and mortality of the pandemic
- optimising the delivery of health care
- minimising the burden on health systems
- Develop measures to be taken, when required, for Aboriginal people and remote and isolated communities and other high-risk groups for a particular pathogen, to support equity
- informing, engaging and empowering the public
- working collaboratively to support a whole of government approach in responding to the pandemic
- working collaboratively with health service partners and providers and with Commonwealth and NTG agencies and local governments to enable Territorians to be cared for and supported in their home communities or at their closest regional setting

2.3.2 Approach

NT Health is committed to providing health care to Territorians as close to where they live as possible. Responding to health needs and pandemics is a collaboration between all components of the health system, not just NTG health services. Whilst NT Health provides strategic planning, direction and supports, service delivery to Territorians should, whenever possible, be local and with providers who serve the communities people live within.

The approach of this plan is to promote an integrated coordinated response to the pandemic that is proportional to threat, and in line with the principles of emergency management by:

[2] Territory Emergency Plan can be found at: https://pfes.nt.gov.au/emergency-service/emergency-management

- leveraging existing place-based services, governance and response mechanisms when responding to the pandemic
- Engaging and supporting place-based health services to respond to the needs of their local communities
- engaging with the Territory's emergency management response arrangements to provide clear decision pathways and to avoid duplication
- applying flexible approaches that can be scaled and adapted to meet the incident and location's needs
- making decisions based on available evidence and principles of equity
- maintaining effective, timely and transparent communication
- collecting detailed surveillance data to inform and direct action
- minimising transmission and impact of the pandemic through various public health measures
- supporting the health system as required with specialised pandemic services, sufficient surge capacity and reduction of avoidable service demand
- recognising the vulnerabilities of the Territory's population to a pandemic including:
    - chronic workforce stretch
    - remote populations impacting on both logistics and service delivery of a response
    - social determinants of health that increase the risk of various communicable disease transmission
    - high proportion of the community that have pre-existing health conditions

2.4 Legislative Authority

The *NT Emergency Management Act 2013* (the Act) reflects an all-hazards approach to the management of emergencies, natural or otherwise, and provides the legislative authority for all four phases of emergency management: prevention, preparedness, response and recovery.

The Act provides for the adoption of measures necessary for the protection and preservation of human life of large-scale emergency events. It forms the legislative authority for emergency management activities, defines the NT's emergency management structure and assigns roles and responsibilities across all levels of government.

The Territory Emergency Management Arrangements (NTEMA) allows for the identified Controlling Authority, through the Territory Emergency Management Council (TEMC) to transfer the role to the Territory Controller. This may occur if the nature, scope and forecasted length of an event exceeds the capacity of the nominated agency. Transfer of Controlling Authority may occur in the event of a pandemic, where the pandemic response requires a co-ordinated whole of Government approach additional to the public health response.

As per the NT *Emergency Management Act* 2013, TEMC directs resources for emergency operations and recovery operations in the NT. The Territory Controller controls and directs emergency operations in the NT. Transfer of controlling authority is to occur with consultation between NT Health CE and the Territory Controller, as described in the Territory Emergency Plan. Notably, the Territory Controller can appoint a suitably qualified Incident Controller from anywhere across the NTG.

A Public Health Emergency may be declared under the *NT Public and Environmental Health Act 2011.* The NT Pandemic Plan establishes the Territory arrangements for the prevention, preparedness, response and recovery of NTG agencies during a pandemic.

Commonwealth quarantine legislation and state and territory public health and emergency response laws provide a legislative framework to manage a pandemic. Wherever possible, measures will rely on voluntary compliance rather than legal enforcement.

Other supporting legislation includes;

- *Notifiable Diseases Act* 1981 (NT)
- *Health Services Act* 2021 (NT)
- *Biosecurity Act* 2015 (Cth)
- *National Health Security Act* 2007 (Cth)
- *Therapeutic Goods Act* 1989 (Cth)
- *International Health Regulations* (2005) (IHR)

2.5 Governance

2.5.1 Authorities

2.5.1.1 World Health Organization

The World Health Organization (WHO) is responsible for identifying pandemic threats internationally and is regarded as the authoritative voice on mitigation strategies against emerging and established pandemic threats.

2.5.1.2 Australian Government Department of Health

The Australian Government's Department of Health (DoH) is the lead agency for pandemic response at the federal level. The Australian Government is responsible for:

- determining and maintaining national policy and broad national strategies, including legislation, in consultation with state and territory governments
- declaring Australian pandemic threats
- working with state, territory and local governments in pandemic reporting, response and recovery
- assisting nation-states affected by a pandemic through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region
- maintaining and providing national capabilities to deal with a pandemic
- 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
- informing the public of planning and preparation under way and maintaining information to the public during the response to, and recovery from, a pandemic
- liaising with the WHO through the National Focal Point in the Australian Government's DoH
- establishing the National Incident Centre (NIC) to coordinate communications, provide agencies with regular Situation Reports and advise jurisdictional health services of any change of state. (email health.ops@health.gov.au)

2.5.1.3 NT Health

NT Health is the lead agency for pandemic response in the NT, reporting to TEMC and the Security and Emergency Management sub-committee of Cabinet (SEMSC). The NT Government is responsible for:

- Supporting NT Health operational response to a pandemic in the NT including notifying the public of relevant public health information
- determining and maintaining pandemic related policies, legislation and plans including implementing agreed preparedness and prevention strategies and maintaining a pandemic response and recovery capability
- working with the Commonwealth and other jurisdictions reporting of pandemic and the actions taken, and contributing to the national strategy for response and recovery
- seeking assistance from, or aiding, other jurisdictions if required
- maintaining public health surveillance and technical advice including primary animal health monitoring, surveillance and response within NT boundaries
- work with primary health care providers, local government, business and the community to support preparedness, implementation of response measures and recovery
- maintaining business continuity plans and relationships with the owners and operators of critical infrastructure to enable the continuing delivery of essential services.
- establish systems to promote the safety of people in high-risk groups and other institutional settings e.g. aged care, prisons, schools;
- Coordination of NT public information strategies on pandemic

2.5.1.4 Australian Health Protection Principal Committee (AHPPC)

The AHPPC is the key decision-making committee for health emergencies. Australia's Chief Medical Officer chairs this committee, which includes all state and territory Chief Health Officers.

The committee is also tasked with the role of mitigating emerging health threats related to infectious diseases, and the environment as well as natural and human made disasters.

The committee works with states and territories to develop and adopt national health protection policies, guidelines, standards and alignment of plans.

2.5.1.5 Communicable Disease Network Australia

The CDNA provides national public health coordination and leadership, particularly around disease surveillance. It supports best practice for the prevention and control of communicable diseases.

2.6 Plans

The following plans and reference documents have informed the development of this plan:

- The WHO Influenza Risk Management Guide introduces a risk-based approach to pandemic influenza risk management and encourages Member States to develop flexible plans based on national risk assessment, and considering the global risk assessment conducted by WHO
- The Australian Health Management Plan for Pandemic Influenza (AHMPPI), the Commonwealth government health sector pandemic influenza plan, outlines the arrangements between the Australian Government and State and Territory Governments for the management of an influenza pandemic

- The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) outlines the approaches to responding to COVID-19 throughout the different stages of the event. This includes related plans for the Health Sector, Aboriginal and Torres Strait Islander populations and for people with disability.
- Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements establishes agreed national coordination and communication arrangements for the management of communicable disease incidents of national significance, consistent with the high-level crisis management arrangements outlined in the Australian Government Crisis Management Framework
- The Territory Emergency Plan (TEP) (all hazards) describes the NT's approach to emergency and recovery operations, the governance and coordination arrangements, and roles and responsibilities of agencies. The plan is supported by regional and local emergency plans; as well as hazard-specific plans and functional group plans. The NT Pandemic Plan should be read in conjunction with the Territory Emergency Plan, with reference to the Functional Groups' roles and responsibilities in responding to an incident.

2.6.1 Sub plans

When an activation occurs, disease or outbreak specific plans will be developed as sub plans to this Plan. These plans will detail the specific actions relevant to a disease, examples of these being COVID-19 or influenza. These plans may be reviewed on an annual basis or updated when changes in policy settings in managing the particular disease changes or if the disease's variants require an amendment to the operation settings and controls.

Sub plans may also be developed by specific functions of the NT Health system to detail the operational activities undertaken in response to a pandemic or specific disease, examples of these being hospital management of positive cases and close contacts in a hospital's Emergency Department, staff furloughing and use of surge staff in response to influenza or similar, for remote health centres clinics or similar.

NTG agencies, Aboriginal Community Controlled Health Services Organisations (ACCHOs) and Non-government Organisations (NGOs) will develop disease specific response plans for management of their staff and ensure the continuity of the critical business. This Plan, and any disease specific plans assist agencies, services and organisations to consider the areas they need to regard in their operational day to day business.

It is the responsibility of each agency, service, provider and organisation to ensure they have adequate pandemic planning for their service, staff and business continuity that are consistent with this Plan and any Chief Health Officer (CHO) Directions or NT Health advice provided related to specific diseases enabling the ongoing patient care and treatment to affect patients and communities.

2.6.2 Delivery of service

The health system may develop amended systems to match a particular pandemic disease, however how the system operates and responds to patients remains the same, i.e. GPs care for their patients, Remote Community Clinics and Aboriginal Community Controlled Health Services engaged in community and specific patient management planning, and hospitals care for patients requiring tertiary level care. In this manner, Territorians, when clinically appropriate, are responded to by services and health staff they know, as close to their home as possible.

Other essential services, large businesses and institutions like schools should have business continuity plans in response to the pandemic related workforce absenteeism and service disruption.

Plans may have;

- pre-agreed arrangements to ensure intersectional and intergovernmental governance and coordination are in place
- well-devised response and recovery activities to counter the impact of the pandemic will facilitate an integrated and efficient response
- operational details and processes of response to a pandemic event through the lens of different services.

2.7 Review and evaluation

A process of reflection and evaluation of what has transpired and to determine which, if any, plans and responses require adjustment should be undertaken following each partial or full activation of this Plan.

2.8 AHMPPI and Territory Emergency Plan (TEP) approach

The NT follows the national comprehensive approach to emergency management, including preparedness, prevention, response and recovery from an incident. Incidents caused by human disease include additional steps and considerations as per the Australian Health Management Plan for Pandemic Influenza (AHMPPI) | Australian Government Department of Health and Aged Care. The description of prevention, preparedness, response stages and recovery as referred to in this plan are:

2.8.1 Prevention

Disease surveillance is an important strategy for pandemic prevention. It allows detection of disease outbreaks quickly, before they spread.

Close collaboration with the animal health sector under a One Health model is one important method of surveillance. Animal disease prevention and surveillance programs are already in place in Australia. NT Health Centre for Disease control participate in the Communicable Diseases Network Australia (CDNA) which provides high-quality surveillance of communicable and notifiable diseases.

The National Notifiable Diseases Surveillance System (NNDSS) coordinates data on over 70 diseases that present a risk to public health in Australia. This helps us identify trends in diseases, assess the impact of disease control programs and develop policies to reduce the impact of these diseases. More information can be found at National Notifiable Diseases Surveillance System (NNDSS) | Australian Government Department of Health and Aged Care.

2.8.2 Preparedness

To mitigate the risk of an influenza pandemic presenting a significant impact on Australia, the health sector will maintain an ongoing state of preparedness to respond.

Preparedness activities include:

- Establishing pre-agreed arrangements by developing and maintaining plans
- Ensuring resources are available to the right services at the right time, including resources for planning
- Arrangement are practiced with key stakeholders
- Monitoring and investigating the emergency of diseases with pandemic potential

2.8.3 Response - Standby

Response is divided into phases, depending on the context of the disease. These include standby, initial action, targeted action and stand down. Moving between phases will depend on the characteristics of the disease and the population. A flexible approach should be maintained.

Preparedness measures to be taken include:

- initiating enhanced surveillance and resource preparation (checking stockpiles, pre-deploying items and establishing priorities for use of resources)
- characterising the virus and the associated illness
- communicating the threat to the public (particularly to vulnerable groups)
- confirming the governance arrangements
- border activities as needed

2.8.4 Response – Action initial

When cases are detected in Australia of an overseas pandemic strain or of a novel virus within Australia, initial action is commenced.

Initial response activities will involve:

- putting infection control measures into operation
- preparing health system capacity for increased demand
- developing an Australian context to the illness
- managing initial cases
- if available, commencing antiviral prophylaxis for health care workers, and providing candidate pandemic vaccination to at-risk groups as warranted
- communicating the latest information on prevention and risk to the public
- isolation for laboratory-confirmed cases and quarantine for defined close contact

2.8.5 Response – Action targeted

When enough is known about the disease, response measures can be tailored to meet specific needs. These will include:

- supporting best practice care
- scaling resources to proportionately meet the threat
- communicating management strategies and progress to the public
- maintaining a coordinated and consistent approach

As surveillance information becomes available, management of cases and contacts will be modified according to disease characteristics, effectiveness of interventions, vulnerability of the community, and the capacity of the health system. Enhanced surveillance will continue to ensure that there are no outbreaks in new settings.

2.8.6 Response - Stand-down

When the public health threat has diminished to the point of being managed through normal practices, the stand down sub-stage commences. Enhanced activities may need to continue longer with some vulnerable populations.

The focus of stand down actions will be to:

- cease activities no longer needed whilst maintaining quality care
- monitor for a resurgent wave of illness
- communicate the return to normal business activity and ongoing threat of the virus
- evaluate plan and system performance.

2.8.7 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. All recovery operations will be coordinated within the guidance provided by the Territory Emergency Plan led by Department of Chief Minister and Cabinet (DCMC).

3 Emergency Declarations

3.1 Enacting a response

NT Health will engage with the Department of the Attorney-General and Justice to determine which declaration will have the required effect to respond to the threat e.g. Declaration of an Emergency or Declaration of a Public Health Emergency (as described below). Once a decision has been made the legal instrument will be drafted for approval by the Minister.

3.1.1 Declaration of an Emergency

The size, scale and complexity of some emergency events may require special powers under the *NT Emergency Management Act 2013*. When this occurs special powers for authorised officers through the declaration of an 'emergency situation', 'state of emergency' or 'state of disaster' can be made available. Emergency management bodies, including all Functional Groups established by the Act support both strategic and operational priorities throughout response.

The Declaration places obligations on the Chief Executives of NTG agencies to act in accordance with the relevant emergency plan and to follow and support the Territory Controller and the Territory Recovery Co-ordinator in response and recovery operations.

3.1.2 Declaration of a Public Health Emergency

Under Division 2 of the *Public and Environmental Health Act 2011*, the NT Health Minister may declare a Public Health Emergency when the circumstances of such seriousness and urgency exist that are, or threaten to cause, an immediate serious public health risk. After the consultation with the Territory Controller, that an emergency has not been declared under the NT *Emergency Management Act 2013* and it is not appropriate to do so under the circumstances.

The Declaration must

- State the nature of the public health emergency

- The area, whole or part of the Territory, the declaration is to have effect
- The period in force, with the upper time limit being 90 days
- A Declaration may be extended for additional 90 days as required.

3.2 NT Chief Health Officer's Emergency Powers and responsibilities

When a Public Health Emergency Declaration is in place, the CHO may make oral or written Directions necessary, appropriate or desirable to alleviate the public health emergency. These actions include:

- issuing warnings in relation to the emergency
- segregating or isolating persons in an area or at a particular place
- evacuating persons from an area or a particular place
- require a person to undergo a medical examination
- require a person to remain in, or move to or from an area or place immediately or within a stated time frame
- charge a fee, of an amount decided by the CHO for services or actions taken (including quarantine)

It is an offence if a person intentionally and recklessly contravenes the Public Health Emergency Declaration or a CHO Direction.

The CHO must keep a signed written record of all actions they take under the Public Health Emergency Declaration.

4 Activation of NT Pandemic Plan

4.1 National pandemic notification and response co-ordination

The Australian Health Protection Principal Committee (AHPPC) is made up of the Commonwealth Chief Medical Officer, Chief Health Officers or delegates from each Australian jurisdiction, health disaster officials and other experts. The AHPPC will notify and update responsible authorities regarding the pandemic status and will coordinate response and recovery measures under advisement from subject matter experts.

4.2 Northern Territory authority to activate

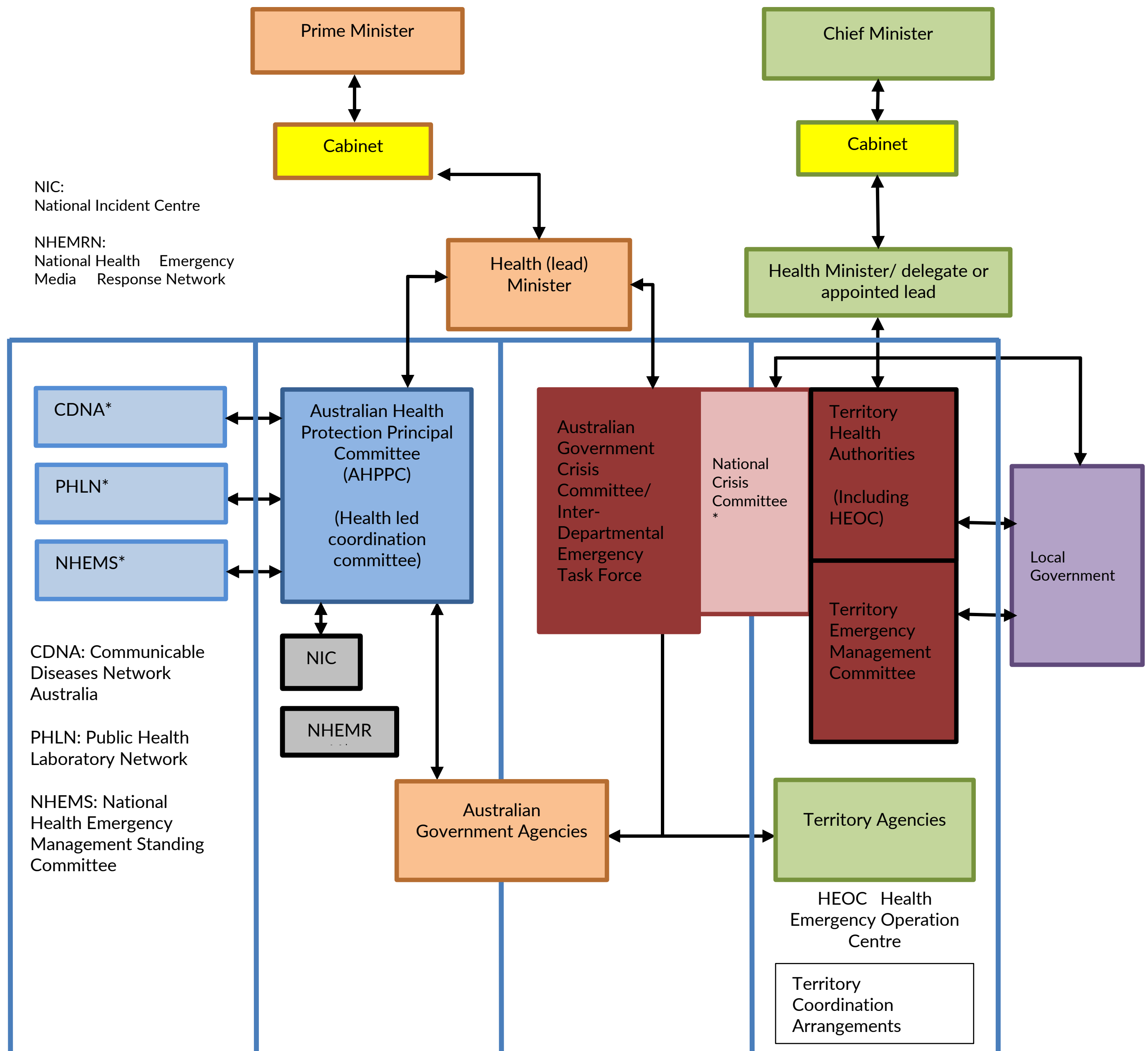
When the Commonwealth Chief Medical Officer declares a pandemic the following NT officials have the authority to activate this plan:

- the Chief Executive Officer (CEO), Department of Health (DOH), hereafter referred to as NT Health
- the Chief Health Officer (CHO), Department of Health (DOH), hereafter referred to as NT Health
- the Territory Controller under advisement and request of NT Health CEO

In exceptional circumstances, the NT Plan may be activated prior to the Commonwealth declaration of a pandemic.

5 Emergency management roles – pandemic

Pandemics require a co-ordinated approach across multiple levels of government working together to respond in a consistent and systematic manner. Figure 1 is the framework for the relationship between the Commonwealth and Territory.



5.1 NT Health Incident Management Arrangements

Initially an incident management team (IMT) and control centre may be activated by the NT Health CE who will appoint an Incident Controller (Pandemic). Members of an IMT should be suitability trained.

If the incident exceeds the capacity/capability of the agency, it may request the support of other government (functional groups) and non-government agencies in accordance with this plan. Details of organisational roles and responsibilities are located section 15 Supporting and participating partner's roles and responsibilities.

If deemed appropriate in the circumstances, the Controlling Authority role may be transitioned to another agency (likely NT Police, Fire and Emergency Services) as detailed in the Territory Emergency Plan.

6 Response strategies

6.1 Surveillance

NT Health Public Health Units (PHU) use the NT Notifiable Diseases System measuring laboratory confirmed cases notified under the *Notifiable Diseases Act 1981*. Wherever possible, existing routine surveillance systems will be used during the pandemic.

The following systems may be utilised during a pandemic:

- Virological surveillance – identifying and monitoring virus types and strains over time provided by Territory, National and WHO levels
- Syndromic surveillance – for example, monitoring and detecting any increased presentations for Influenza Like Illness (ILI) in emergency departments or in the community through general practice
- Clinical surveillance in hospitals – for monitoring hospitalisations or intensive care unit (ICU) admissions related to severe respiratory disease for adults or children
- Case and outbreak notification - PHUs receive case notifications from laboratories and reports of outbreaks of ILI in institutions such as residential aged care facilities
- Mortality surveillance - Death registration data that includes deaths attributable to pneumonia and influenza on a weekly basis. Statistical estimates are then produced to predict the number of influenza-related deaths against a baseline estimate of deaths occurring each year
- Initial action stage / First Few 100 surveillance – for a limited period at the start of pandemic, PHUs may be required to assist with the national effort to actively follow-up suspected and confirmed cases of pandemic influenza and their household contacts to examine transmissibility of the pandemic virus, the severity of infections and the groups at risk of severe disease. This enhanced data is shared with the National Notifiable Diseases Surveillance System (NNDSS) under existing arrangements
- Health facility impact monitoring – data on the capacity of healthcare services to manage demand (e.g. Emergency Department (ED) presentations/admissions and bed/ventilation capacity). Impacts on other areas such as on ED performance, surgical waiting lists, and staff absenteeism will also need to be monitored
- Detailed clinical surveillance in intensive care units – for monitoring severity and clinical outcomes of patients admitted to ICU with suspected or confirmed respiratory illness
- Vaccine distribution and monitoring data – when a pandemic vaccine becomes available the current vaccine distribution and monitoring system may need to be enhanced to monitor the distribution and uptake of pandemic vaccines
- Adverse Event Following Immunisation (AEFI) surveillance – the existing AEFI system will be utilised by Commonwealth DoH to monitor adverse events associated with any new pandemic vaccine, particularly adverse events that may not have been detected in pre-licensure vaccine trials
- Wastewater surveillance.

Other surveillance data may need to be collected depending on the severity of the pandemic and the response strategies including:

- International border monitoring (if implemented)
- Workforce absenteeism monitoring
- Sentinel or syndromic surveillance e.g. anti-viral prescriptions

During the pandemic, routine and enhanced data collection may also need to be supported by additional targeted research studies. These studies are likely to be coordinated at a national level.

Pandemic research conducted in the NT will be subject to the capacity and interest of different agencies in the NT, including universities, research institutes, and other health agencies.

6.1.1 Operational surveillance

During the pandemic health services may commence surveillance of key factors that may affect their plans and services. This surveillance enables timely adjustment of plans and accurate situation reporting for the emergency operations.

Areas may include, but not limited to:

- Impact of the pandemic on the acute health system or services demands: such as bed states, staff absenteeism, hospital throughput, services delayed or postponed
- Impact of the pandemic on Primary Health Care (PHC) health system or services demands such long-term impact from decreased services by remote and community clinics, decreased or ceased in home care services, long term impact from redirection of staff from non-critical areas
- Impact of the pandemic on the community, such as absenteeism rates in the public service, schools and industry
- Medication and personal protective equipment (PPE) stockpile monitoring

6.2 Contact Tracing

Contact tracing is an additional public health measure used to identify new cases and provide advice to persons exposed to a confirmed case. In the event of a pandemic, the initial demand for contact tracers will rapidly exceed capacity. The PHUs are responsible for sourcing additional appropriately skilled staff so that intense and protracted contact tracing can be implemented both legally and practically.

As some measures may affect human behaviour and human rights, they should be implemented within a legal and ethical framework taking into consideration cultural diversity and equality. Communications to the public must be timely and transparent. Direction will be provided nationally regarding the implementation of appropriate measures.

6.3 Border control measures

6.3.1 International borders

The Australian Government will decide whether to implement border measures to minimise transmission of the disease into the Australian community. The Australian Government has the responsibility for implementing the following measures:

- pandemic-specific in-flight announcements and on-board announcements on ships

- distribution of communication materials for incoming or outgoing traveller
- travel advice regarding high-risk locations and awareness of symptoms if returning from travel
- information on transmission and pandemic risks to border staff.

In the event the Australian Government advises entry/exit screening is required, the IMT will coordinate the deployment of staff to the international border.

6.3.2 Domestic border

The CHO will decide if domestic border control measures are needed with other jurisdictions. In the event that domestic border measures are required it is likely that a multi-agency response will be implemented to ensure compliance with the restrictions.

6.4 Movement controls

Movement restriction should be considered in consultation with key stakeholders; and could include

- Stay home if you can – protect yourself if you are in a high-risk group messaging
- NT Border restriction – controlled access into the NT
- Biosecurity Zones – controlled access on Aboriginal Lands under Commonwealth Legislation
- Identified lockdowns – movement controls within a specific area, town or community. Including use of quarantine facilities.
- Lock-in of communities – movement within the community (not cases or close contacts) but no movement out of the community

6.5 Vaccinations

If vaccination is available, NT Health will:

- Develop a vaccination plan and schedule relevant to vaccine availability, at risk cohorts and presentation of the disease.
- Implement a vaccination plan across the Territory in collaboration with ACCHOs and primary care via the Primary Health Network (PHN).
- Develop culturally appropriate communication and educational resources. Including risks and benefits for individuals and the broader community.
- Ensure adverse reaction surveillance and reporting.

Maintain a register of vaccinations administered via Australian Immunisation Register. Development of a vaccine for the pandemic virus is a key goal early in the process of recognising a novel virus of pandemic potential.

The aim of a pandemic mass vaccination program is to administer a vaccine to the target population in a short timeframe to prevent infection in individuals. The ability of a mass vaccination campaign to impact upon population transmission will depend on a multitude of factors including transmissibility of the virus and whether a customised vaccine becomes available before widespread transmission has occurred.

In the event of a pandemic and subject to the availability of a suitable vaccine, the NT will work with the Australian Government regarding the direction on the roll out of a vaccination program to target populations depending upon the epidemiology of the disease and highest risk factors. Compliance

Depending on the level of risk, compliance measures may be implemented. The level of risk, will drive operational compliance audit and measurement activities

Compliance measure may include;

- Coordination with NT Health's authorised officers and NT Police on compliance arrangements.
- Provision of expert environmental health advice.
- Education and monitoring of compliance to NT CHO Directions as Authorised Officers.
- Support businesses and organisations to develop and implement disease specific plans.

7 Case management strategies

7.1 Infection control measures

The NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare inform infection control practice within the NT. NT Health has developed resources to assist health services with infection prevention and control programs.

When a pandemic occurs, the Communicable Diseases Network Australia (CDNA), and relevant experts will review recommended infection prevention and control measures. Advice confirming or altering existing measures will be provided to the NT DoH and distributed to health services and key stakeholders.

Preventing transmission and infection during a pandemic will require a suite of related measures:

- individual measures – hand hygiene, respiratory hygiene and cough etiquette
- appropriate Personal Protective Equipment

Other infection control measures include:

- early triaging and management of patients
- separation of suspected, confirmed cases and close contacts
- staff vaccination and management of staff screening and sickness
- safeguarding healthcare workers in specific circumstances
- training of staff in infection prevention and control
- environmental cleaning

7.1.1.1 Physical distancing

Physical distancing is a community-level intervention to reduce normal physical and social population-mixing to slow the spread of a pandemic throughout society. The decision to recommend physical distancing measures is the responsibility of NT Health. CHO Directions can be drafted if a legal instrument is required. This could include limiting numbers at public gatherings, or limit activities undertaken in public areas or indoor areas.

7.2 Testing, Tracing, Isolation and Quarantine (TTIQ)

Provision of testing to inform a rapid and effective health response.

Delivery of pathology services including surge capability and engagement with pathology service providers.

Isolation of cases and quarantine of contacts are public health measures which aim to limit infection transmission by reducing contact between infectious cases and uninfected persons. These measures are recommended in the initial action stage for laboratory-confirmed cases and close contacts when little may be known about the disease. As surveillance information becomes available, management of cases and contacts can be modified according to disease characteristics, effectiveness of interventions, vulnerability of the community, and the capacity of the health system.

Isolation may be voluntary or involuntary in nature, with the NT CHO able to issue directions that require individuals to isolate for a prescribed time at a set location/s. Dependent on the situation, homebased, commercial, supervised or unsupervised quarantine or isolation options may be considered.

NT Health are responsible for appropriately isolating cases and contacts within the healthcare setting. They are also responsible for advising on the appropriate isolation measures of cases and contacts within the community. To facilitate community compliance with isolation, a multi-agency response is required to ensure there is access to medical care and non-health services such as food supply, social support and psychological assistance as required.

There will need to be specific attention given to what is feasible and effective in remote communities given high levels of overcrowding, lack of 24-hour support services and cultural considerations which make isolation more difficult. Other mechanisms to protect people at very high risk will need to be considered including medical evacuation where care is necessary.

8 Business continuity

Business continuity planning is an essential element in the preparation for a possible pandemic event. A pandemic presents a unique challenge to business units in the management of staff absenteeism and the maintenance of essential services.

Business Continuity Plans (BCP) should be developed by all agencies, organisation, health services and those delivery essential services to the NT community to ensure:

- the identification of essential activities to their business (including the core skills required to keep them running) with contingency planning to ensure continuation of functions
- strategies in place to minimise illness in workers
- identification of resources and infrastructure to allow for operations at a minimal/non-essential level
- the development and communication of strategies to deal with business disruption
- Tasks and actions to support the continuity of services to through funded organisations.

9 Staff management

In the event of a pandemic there are several factors that require consideration to ensure appropriate management of the workforce and service continuity. Principally these are:

- preserving workforce surge capacity
- managing injured/ill workers
- managing staff fatigue management
- industrial relations matters
- the training of staff
- workplace health and safety matters

Information and advice relating to human resource matters and work health and safety will be issued by employers and other relevant government bodies (Commonwealth and NT) to assist in staff management and planning.

Changes to working conditions need to be carefully planned as a pandemic may see business units shift from a Monday to Friday, business hours type operation to working seven-day rosters indefinitely. HR, Enterprise Agreements and workplace health and safety need to be considered in these changes. On call and overtime arrangements may need to be altered or put in place.

9.1 Workforce surge capacity

During a pandemic, it is important that the workforce (particularly public health staff) have adequate capacity to deliver services effectively.

In pandemic situations it is reasonable to consider extraordinary options to supply staff to unfilled positions (providing the option meets registration and work safety regulations) and may include canvassing the recently retired skilled workforce, redeploying staff from other roles and creation of temporary workforces to assist.

It is vital that surge workforce needs are to be assessed and identified early on in a pandemic due to the limited size of the workforce in the NT. The nominal workforce is at risk of fatigue and burnout if adequate additional support is not provided promptly. Skills matrix and level of training needs to be considered of any surge workforce, as providing a large unskilled workforce can also put pressure on nominal staff.

All NTG agencies may be asked to provide staff to assist in a surge response that may be prolonged in nature.

Activities that may need additional support during a protracted public health surge include:

- public information telephone lines (call centres)
- case and contact tracing (e.g. conducting interviews)
- case and contact management (e.g. supporting those in home isolation/quarantine)
- education and compliance monitoring (authorised officers)
- infection prevention and control (e.g. advising clinical partners about the pathogen)
- internal/partner agency communication (e.g. briefing executive teams)
- information management and managing enquiries from the public
- interpretation and translation
- laboratory liaison (e.g. confirming specimen collection)
- surveillance
- transport
- Logistics
- Quarantine support
- document control

10 Request for assistance (interstate, Australian Defence Force)

The NTG may call for assistance from other jurisdictions in the event of an emergency. These arrangements could be through National Emergency Management Authority (NEMA) or through the activation of the

Australian health emergency response arrangements. Requests of assistance are activated through the protocols of the day by the Controlling Authority.

11 Employment Arrangements

Agencies and services will require plans on how to manage infected members of their workforce. The NT CHO may issue a Direction that provides parameters, however the following should be considered in any plan:

- Wellbeing and health of the worker themselves prioritise their recovery and return to workforce
- Preservation of workforce through stopping transmission of the disease through use off PPE
- Identification of contacts of the positive employee and appropriate PPE or isolation required (dependent on disease)
- Increase or promotion of workplace public health measures.

11.1.1 Workplace health and safety (WHS)

The *Work Health and Safety (National Uniform Legislation) Act 2011* sets out duties and obligations to protect worker health and safety. All conditions and obligations for ensuring a safe work environment and risk management approach and response is required throughout a pandemic.

As much as is reasonably practicable these aim to ensure:

- a safe working environment
- safe plant and structures
- safe systems of work
- the safe use, handling and storage of any substances
- adequate facilities for the welfare of workers
- sufficient information, training, instruction and/or supervision to enable workers to perform their duties effectively at work or in a person's home
- that the health of workers and workplace conditions are monitored for the purpose of preventing illness or injury of workers.

12 Financial management

Costs incurred during a pandemic will be met from within existing agency operational budgets until other financial provisions are made and implemented.

13 NT Health roles and responsibilities

13.1 Office of Chief Health Officer

The Chief Health Officer (CHO) has a range of statutory functions under NT legislation when a public health emergency is enacted under the *Public and environmental Health Act 2011*. Which includes the provision of CHO Directions and public health measures to be implemented.

The CHO report to the CE NT Health when advising of measures to be taken from an operational perspective.

To inform actions the CHO may establish NTG and Health expert forums these may include:

- An Aboriginal and Torres Strait Islander Advisory Group – to provide cultural appropriate advice on ways to protect Aboriginal communities from the spread of the disease
- A Public Health Advisory Group – to provide Territory advice to the CHO on the vaccination program, public health control measures, and practical implementation of CHO Directions.
- An Expert Reference Group for infectious disease and infection prevention and control. Advise on quarantine standards and hospital/health service infection control measurers

13.2 Public Health Units

The Public Health Units will establish formal systems to disseminate information relevant to the disease to the health sector to support planning and adaption throughout the pandemic response.

Surveillance entails the most rapid possible characterisation of:

- virus transmissibility and pathogenicity
- population groups at high risk of complicated disease
- the predicted impact of the pandemic

Surveillance systems will concentrate on gathering data and disseminating information about the epidemiology of a pandemic, such as, but not limited to, the following:

- cases which fulfil national pandemic case definitions
- monitoring of cases meeting case definition in primary care and emergency departments
- laboratory-confirmed cases
- mortality
- wastewater testing
- detail on hospitalised cases and hospitalisation rates
- other specified measures of morbidity that may be required
- fulfilling national obligations with respect to enhanced surveillance and reporting standards

13.3 Pathology services

Territory Pathology is responsible for oversight of laboratory testing for pandemic disease including testing surge arrangements with private providers or interstate jurisdictions.

As with other health services involved in pandemic response, NT pathology services should plan for:

- measures that accommodate surge workforce demand
- a potential need for increased infection prevention control measures
- potential loss of staff due to illness
- a quarantined sterile area (with net negative air pressure) to conduct testing safely

13.3.1 Management of the deceased

It is expected that that the death rate will rise during a pandemic and most fatal cases will seek medical services prior to death. Existing mortuary space may be insufficient, and hospitals will need to plan for more rapid processing of corpses;

The 'head of NT Health mortuary services' should work with stakeholders to consider the capability, capacity and options available including planning around:

- creation of temporary mortuary capacity around the Territory including hospitals and community mortuaries, this could include transfer of existing morgue load to alternative cold storage facilities
- activating mobile capacity
- establishing rapid burials/cremations processes;

All staff handling persons who have died while infectious with pandemic infection should follow standard precautions and droplet and contact transmission-based precautions. Some high-risk procedures such as embalming and autopsy may require a higher level of PPE to be worn.

13.4 Health services

It is the responsibility of each regional health service to develop plans, inclusive of key acute services e.g. intensive care units and emergency departments, that specify responses to prolonged increases service demand. Consideration should be given to early negotiations and memorandums of understanding with private sector services for private facilities to support public sector patient care during surge situations.

13.4.1 Hospital - Emergency Departments (EDs)

EDs need enhanced surveillance of all presenting patients against a current pandemic case definition. EDs may consider external triaging and referral of patients who meet the case definition to the nearest Pandemic Assessment Clinic (if established). They must also have in place a plan for managing infectious patients on presentation.

Clear signage should be in place to advise symptomatic cases to inform triage staff if they meet the case definition for the pandemic infection. All patients presenting should be provided with a surgical mask and directed to perform hand hygiene prior to further assessment.

In addition to Pandemic Assessment Clinics in place, hospital EDs can still expect:

- direct presentation of patients with suspected pandemic infection, especially out of clinic hours
- direct presentation of critical cases at all hours
- direct referrals of cases from GPs
- referral of infectious patients from Pandemic Assessment Clinics for further treatment

13.4.2 Hospital - Intensive Care Units (ICUs)

Demand for intensive care services during a pandemic is likely to exceed normal supply and this will be associated with an increased demand for specialised health care professionals (e.g. intensive care nurses), specialist equipment (e.g. ventilators) and beds.

Regional or Hospital pandemic plans need to be inclusive of ICU that specify responses to prolonged increases in ICU service demand.

13.4.3 Pharmacy services

NT pharmacy services provide a number of important functions during a pandemic, including:

- supplying vital medicines, vaccines and antiviral drugs
- vaccine supply
- preparing individual dose units for antiviral medicines in a bulk powder form
- providing logistical support for the cold-chain maintenance of vaccines during long distance transportation from the National Medical Stockpile (NMS) and to remote and rural locations

Inclusion of pharmacists in early and ongoing planning and decision-making is important for keeping track of medicinal stocks and associated logistics.

13.4.4 Primary health care

As part of the medical pandemic response, NT Health primary health care services should have an individualised plan. These plans must describe the options available to tackle increased service needs and to obtain support and relief in the management of a pandemic. Key planning objectives may include the following:

- Establishment and management of Pandemic Assessment Clinics (PACs), if required
- provision of personnel for clinical care during a pandemic, primarily in remote areas and prison/watch house facilities
- delivery of clinical care for large numbers of people who have been exposed to the virus and may require intermediary and/or home care
- Activation of business continuity arrangements – to support surge workforce requirements as able e.g.
    - assistance with vaccination of staff and exposed people
    - establishment and deployment of rapid assessment teams to remote communities and/or high-risk areas
    - support any remote community quarantine and isolation arrangements
- collaboration with the established Hospital Pandemic Response Group

13.4.5 Pandemic Assessment Clinics (PACs)

NT Health will consider establishing PACs, depending on the pandemic response requirements. The role of PACs is to:

- assess, treat and refer people meeting the case definition for the pandemic illness
- reduce the impact on health resources through use of a controlled triage system
- initiate isolation for suspected, probable or confirmed cases and household contacts
- liaise with the Health Emergency Coordination Centre (HECC) to facilitate/ participate in contact tracing
- if applicable, provide and/or organise antivirals for prophylaxis or treatment of suspected, probable or confirmed cases and identified household contacts
- collect clinical and epidemiological data on cases

PACs are stand-alone facilities and are designed to relieve the diagnostic burden on hospitals and reduce the risk of transmission to vulnerable populations. The clinics are designed to triage, treat and manage patients that meet the pandemic case definition but do not require the level of emergency care provided by an ED.

PACs are a key response strategy for the management of a surge in demand and reduction in staff created by a pandemic and planning will be undertaken for a clinic to be stood up if required in each hospital location.

The trigger for establishing and operating these clinics is the declaration of response stage "action" which is when pandemic cases are detected in Australia. The instigation of PACs is non-negotiable due to the threat on business continuity from overwhelmed EDs unable to deliver core services with a potential domino effect on the wider health system. The PACs will be initiated by PHUs and staffed by health services staff on the direction of the Incident Controller or delegate.

The NT may have an additional capability option by requesting the use of a field hospital (tent) from the National Critical Care and Trauma Response Centre (NCCTRC). This capability may be limited as the NCCTRC has national and international obligations in disaster response for the Commonwealth.

13.5 Mental health services

The two main focus points within mental health services during a pandemic are the maintenance of care to current clients, and the support of people struggling with mental health stressors due to the pandemic. A range of interconnected clinical and community service options are offered by the mental health service system so that an individual's care is coordinated and responds to changing needs over time, including triaging/prioritising patients in crisis. All service components within the NT mental health service system are integrated and work together to promote continuity of care. There should be increased capacity to deal with loss and bereavement issues in a large scale pandemic.

14 Supporting and participating partners roles and responsibilities

Some NTG agencies will be included in the Incident or Emergency Management Team within the Health Emergency Coordination Centre or the Territory Emergency Operations Centre as a part of a whole of government response. These roles maybe in addition to their Functional Group responsibilities as described in the Territory Emergency Plan.

Roles and responsibilities listed below reflect key agency responsibilities in support of broader whole of government preparedness and planning for a pandemic.

14.1 NT Police, Fire and Emergency Services

- Compliance and law enforcement as directed by CHO Directions.
- Engagement with agency and key stakeholders on pandemic status and response activities including Local Controllers and Local Emergency Management Committees.
- Report on current and emerging NTPFES issues to the Incident Controller.
- Report on current and emerging issues to the Incident Controller.

14.2 Ambulance services and Prehospital response (St John NT)

St John Ambulance Australia NT (St John NT) provide call receipt, clinical management and transport across larger communities in the NT and support the movement of patients from communities for up transfer of care.

St John NT provide resourcing to the pandemic plan with:

- Monitoring and data collection from emergency and Triple Zero calls across the NT
- Pre-hospital management of cases and integration to health services to reduce impact on hospital systems
- Support into Incident management systems
- Alternative health professional workforce to support health system
- Managing with ongoing emergency prehospital requirements, and patient transfers for low acuity between facilities, pandemic clinics and health services

14.3 Aboriginal Community Controlled Health Services (ACCHs)

ACCHs are primary health care service providers in rural and remote areas and offer access to health services aimed at improving health and wellbeing outcomes for individuals, their families, and their communities. During a pandemic NT Health will work in partnership with ACCHs.

Service providers need to consider how identify and support at risk populations in their community; consider appropriate models of care to ensure provision of ongoing health care and ensuring at risk groups can access anti-viral medication and/or vaccinations during outbreaks.

During a pandemic ACCHs are part of the broader operational response, providing direct care to their communities' members. These operational activities are carried out through all stages including prevention, preparedness, response, outbreak management and recovery.

ACCHs are experts in delivering culturally safe services with unique insights into local needs. In emergency management situations, such as a pandemic, ACCHs are leaders in responding to local community needs. They do this by:

- using existing relationships to provide culturally informed and safe health services
- distributing public health messaging to communities based on Aboriginal ways of knowing, being and doing developing culturally appropriate resources and strategies that reflect public health advice
- promoting prevention measures that focus on the strengths of Aboriginal culture

14.4 NT PHN

NT PHN will work with:

- local GPs, health care networks and communities in preparing to support the health needs of patients during a pandemic
- coordinate access to primary care resources
- work with ACCHs regarding coordination of PPE
- facilitate the delivery of warnings and public messaging to primary health care sector

14.5 GPs/Community or Private Health Centres

Community and private health care providers are essential to support the response to a pandemic and in addition to providing as much business as usual medical care as practical, ongoing treatment of chronic illnesses.

These service providers are vital in the medical treatment of high risk patients including anti-viral treatments; assisting patients determine the individual health risk and developing treatment plans.

Establishing alternative care arrangements e.g. telehealth, implementation of public health measures; specimen collection surge capability; Establishment of respirator clinics.

14.6 Community pharmacies

Community pharmacies are essential to support the response to a pandemic in the provision of vital medicines and healthcare services.

They will need to consider establishing alternative arrangements to maintain delivery of services, which may include the ability to provide a delivery service to those in home based quarantine, the layout and flow of customers; supply chain and stock availability and assist in the delivery of any vaccination programs.

14.7 Private hospitals

Depending on the complexity and scale of a pandemic, the NT Health may enter into agreements with private hospitals to deliver additional services and support to alleviate public hospital pressures.

14.8 Private laboratories

A pandemic will lead to a significant increase in pathology services e.g. Polymerase Chain Reaction (PCR) testing, genome sequencing etc., and/or alternative testing capabilities e.g. Point of Care Testing (PoCT). Engagement with the private sector is vital to support/surge government testing capabilities.

14.9 Medical retrieval services

A pandemic may lead to a significant increase in the number of people requiring transport and medical retrieval, especially in rural and remote areas. Retrieval services provide clinical coordination for the medical/aeromedical retrieval and transfer of all patients, these may include CareFlight, Royal Flying Doctor Service and St John Ambulance,.

The responsibilities of emergency transport services during a pandemic include:

- Maintaining essential service delivery
- Business as usual transportation of casualties/acute patients to medical facilities
- Part of the transportation options for well positive or isolated patients
- coordinating all forms of transport for positive unwell/symptomatic individuals
- assisting NT Health as requested in other allied areas

14.10 Aged care (Australian Government)

Due to the vulnerability of this sector, if agreed by the Australian Government, the Department of Health and Aged Care may be activated to establish an Aged Care Emergency Response Centre early to:

- Provide relevant information and intelligence between the aged care sector
- Assist aged care facilities to maintain (as far as is practical) normal operations and activities
- Develop plans and procedures to prepare and respond to outbreaks in Aged Care settings that include ensuring services have individual treatment plans in place for vulnerable residents that are updated with advent of new treatment options
- Ensure infection control protection measures are implemented in aged care settings.

14.10.1 Residential aged care

Residential aged care facilities are encouraged to have pandemic plans in place. The CDNA maintain guidelines on the prevention, control and public health management of outbreaks of acute respiratory infection in residential care facilities.

The Aged Care Emergency Response Centre would work closely with facilities to support pandemic/public health measures preparedness, response and outbreak management.

14.11 NTG Functional Groups

When this plan is activated, it may also activate NTG functional groups. Full details on Functional Group response and recovery activities are described in the Territory Emergency Plan.

Each activated Functional Group and/or NTG agency may be required to supply a liaison officer (LO) to be located in the established EOC.

14.11.1 Welfare Functional Group and Department of Territory Families, Housing and Communities

While response efforts should encourage self-efficacy during a pandemic, it is acknowledged that support to the community or high-risk individuals may be required especially where quarantine and isolation arrangements are required by Chief Health Officer Direction.

The Welfare Functional Group, with the direct support and assistance of Public Health (infection control) and Medical Group (health and medical care), will accept tasking to establish, lead and operate quarantine facilities for those unable, by the nature of the Chief Health Officer's Direction, to quarantine or isolate at home. This action is dependent on the identification, and provision of suitable locations that meet public health requirements relating to infection control. This tasking only relates to those people who can self-care during their prescribed quarantine or isolation period. Those who are highly vulnerable due to either age, mental health, or disability (where no carer is attending quarantine with the individual) will require alternative arrangements suitable for their specific needs.

TFHC will have an active role in providing and delivering information and intelligence for human service sectors the agency works with either through its front line service delivery or through its strategic policy responsibilities, such as out of home care (child protection), disability, youth detention centres; domestic family and sexual violence accommodation services and housing and homelessness) and the Emergency Operation Centre.

The Welfare Group's response and tasking is dependent on the Chief Health Officer's Directions at the time of the pandemic. Supports may include, where it is unable to be safely sourced by any other means:

- Information and advice regarding, or coordination of food to those unable to access or resolve through existing services due to the Chief Health Officer's Direction of the day;
- Referral or sourcing of counselling, emotional and psychological support as appropriate to circumstances;
- assistance and coordination of emergency financial assistance; and
- Information and advice regarding, or coordination of clothing and toiletries to those unable to access or resolve through existing services due to the Chief Health Officer's Direction of the day.

14.11.2 Public Information Functional Group

Public Information Group is responsible coordinating all NTG communication and media activities during a pandemic event in conjunction with NT Health. These are described in the Territory Emergency Plan.

Effective communications enables people to take the necessary steps to protect themselves and others; facilitates rapid, efficient and effective management of the response; and helps maximise public confidence in the information provided and the organisations involved in the response.

Pandemic communication is complex because of:

- the evolving nature of the information available and frequent changes to some components of the public health measures
- its global, national, state and local nature

14.11.3 Industry Functional Group

Work with industry to encourage development of continuity planning that may occur during a pandemic including:

- facilitating planning to continue services essential to the ongoing obligations of industry to ensure the economic prosperity of Territorians
- facilitating the safe movement of essential workers into, out of, and throughout the Territory in support of the ongoing operation of government and business.

14.11.4 Critical Goods and Services Functional Group

Work with critical goods services stakeholders to encourage development of continuity planning that may occur during a pandemic including:

- planning to continue delivery of goods and services, specifically access to essential medicines
- essential commodity availability and any supply chain considerations or
- assist services to implement public health measures.
- support food and supplies to remote communities

14.11.5 Transport Functional Group

Work with transport industry stakeholders to encourage development of continuity planning that may occur during a pandemic including planning to continue essential transport services (public and commercial and essential repairs and maintenance needs, implementation of public health measures,

Coordination of response transport (patient movement including evacuation and repatriation requirements) in partnership with NT Health.

14.11.6 Engineering Functional Group

Work with engineering industry stakeholders to encourage development of continuity planning that may occur during a pandemic including planning to continue essential transport services (public and commercial and essential repairs and maintenance needs, implementation of public health measures,

Assist in identifying and establishing border checkpoint infrastructure as determined by the incident management team.

14.11.7 Digital and Telecommunication Group

Support in the improvements, development and advancement of digital solutions to support response activities for example electronic border entry forms, surge workforce database, development of data dashboard, call centre management. Engagement with agency and key stakeholders on pandemic status and response activities.

14.12 Department of Education

As DoE is responsible for early childhood centres, public primary and secondary schools, as well as engagement with other education providers like universities:

- act as a conduit of information and intelligence between Education Sector (private and public) and the EOC
- develop alternative educational delivery models mitigating the impact on student learning due to public health measures and/or CHO Directions
- develop plans and procedures to prepare and respond to outbreaks in education settings, public, private, boarding schools etc.
- introduce infection control protection measures in education settings
- any decision to close schools due to an impending or actual health risk will be made by the Chief Minister on advice from the TEMC, CEO of DoE and NT CHO
- any decision to continue school operations with reduced attendance will be made by the Chief Minister on advice from the TEMC, CEO of DoE and NT CHO, for example continue school operations to provide service for the children of staff of essential services
- the decision to re-open schools will be made by the Chief Minister on advice from the CE of DoE and NT Chief Health Officer

14.13 Department of the Attorney–General and Justice (Correctional Services)

As the agency responsible for correctional services which is deemed a high risk setting, responsible for:

- developing and implementation of plans that prioritise maintaining normal operations and activities for Correctional Services
- in partnership with Prison Health (in line with best practices as supplied by Communicable Diseases Network Australia (CDNA)), develop plans and procedures to prepare and respond to outbreaks
- implement and maintain infection control protection measures

14.14 Office of the Commissioner of Public Employment

Provision of expert advice to NTG agencies on employment conditions and arrangements applicable relating to the pandemic and facilitating appropriate policy changes to facilitate necessary government workforce response.

14.15 Department of Chief Minister and Cabinet (DCMC)

DCMC plays a vital role in the economic, social and environmental development of the NT and is responsible for coordinating a number of response activities during a pandemic including:

- liaising with Commonwealth regarding use of Biosecurity legislation for remote areas
- Supporting the Security and Emergency Management Sub-Committee of Cabinet
- Participating in relevant inter-jurisdictional coordination forums, such as the National Situation Room (NSR) and act as liaison with Australian Government and other jurisdictions
- Supporting Territory-wide coordinated planning for a pandemic including
    - chairing community committees as determined e.g. Remote Regional Taskforce and
    - engagement through DCM&C Regional Executive Directors
    - contribute to whole-of-government exercises
- maintaining and review the Continuity of Executive Government Plan
- Regularly reporting on current and emerging issues to the Incident Controller

Appendix A

Abbreviations and acronyms

Acronyms	Full form
ACCHO	Aboriginal Community Controlled Health Services Organisations
ACS	Australian Customs Service (Cth)
ADF	Australian Defence Force
AHPPC	Australian Health Protection Principal Committee
AHMPPI	Australian Health Management Plan for Pandemic Influenza
AIIMS	Australasian Inter-service Incident Management System
AISC	Australian Influenza Surveillance Committee
ALGA	Australian Local Government Association
BCP	Business Continuity Plan
CDNA	Communicable Diseases Network Australia
CEO	Chief Executive Officer
CHO	Chief Health Officer
DCMC	Department of the Chief Minister and Cabinet
DOE	Department of Education
DOH	Department of Health
DIPL	Department of Infrastructure Planning and Logistics
NT Health	NT Health (NT Department of Health)
DITT	Department of Industry, Tourism and Trade (Primary Industry and Fisheries)
COVID-19	SARS-CoV-2, Severe acute respiratory syndrome coronavirus 2
ED	Emergency Department
EMA	Emergency Management Australia (Cth)
EOC	Emergency Operations Centre
GP	General Practitioner
ICU	Intensive Care Unit
IIL	Influenza-like Illness
ISSWG	Influenza Surveillance Strategy Working Group
NCCTRC	National Critical Care and Trauma Response Centre

NGO	Non-Government Organisation
NIC	National Incident Centre
NMS	National Medical Stockpile
NTEMA	NT Emergency Management Arrangements
NTES	NT Emergency Service
NTPFES	NT Police, Fire and Emergency Services
NTPIPC	NT Pandemic Influenza Planning Committee
OCPE	Office of the Commissioner for Public Employment (NT)
PAC	Pandemic Assessment Clinic
PCR	Polymerase Chain Reaction
PCIS	Primary Care Information System
PHU	Public Health Unit (disease control and environmental health)
PoCT	Point of Care Testing
PPE	Personal Protective Equipment
TEMC	Territory Emergency Management Council
TEP	Territory Emergency Plan
WHO	World Health Organization
WHS	Workplace Health and Safety

Appendix B

Glossary

Term	In the context of this plan, this means:
Coordination	The bringing together of agencies and individuals to ensure effective emergency and rescue management, but does not include the control of agencies, organisations and individuals by direction. *Source – AIDR Glossary*
Comprehensive approach	The development of emergency and disaster arrangements to embrace the aspects of prevention, preparedness, response and recovery (PPRR). PPRR are aspects of emergency management, not sequential phases. Syn. 'disaster cycle', 'disaster phases' and 'PPRR'. *Source – AIDR Glossary*
Controlling Authority	Controlling Authority are responsible for managing response operations, appointment of the Incident Controller, activation of the Incident Management Team (IMT), and mobilisation of Functional Groups and resources. While the Controlling Authority for a human disease (pandemic) is NT Health, in accordance with the TEP, control can be transferred via the Territory Controller, should the scale of a response escalate beyond the capacity of the appointed Controlling Authority. In this instance, the Territory Controller will work in close consultation with the Hazard Management Authority and, with concurrence of this authority, may appoint an Incident Controller from NT Health or another department. *Source – Territory Emergency Plan*
Functional Groups	The NT uses a Functional Group model to support Controlling and Hazard Management Authorities in emergencies. Functional Groups consist of a Lead Agency and supporting and participating agencies. Functional Groups are an integral part of the Northern Territory Emergency Management Arrangements. The Functional Group structure supports a coordinated approach to strategic and operational matters in emergency management. Notably, they provide a key role in supporting Local Emergency Committees to perform their legislated requirements, including the direction of resources. These are described in the Territory Emergency Plan (TEP) and the Functional Group Framework.
Hazard Management Authority	The Hazard Management Authority is responsible for maintaining currency of the hazard specific plans and providing strategic oversight and technical advice for human diseases including pandemic incidents. The Hazard Management Authority for human disease is NT Health. *Source – Territory Emergency Plan*
Preparedness	Arrangements to ensure that should an emergency occur, all those resources and services which are needed to cope with the effects can be efficiently mobilised and deployed. Measures to ensure that should an emergency occur, communities, resources and services are capable of coping with the effects. See also comprehensive approach. *Source – AIDR Glossary*
Region	A region specified in a Gazette notice under section 27 of the *Emergency Management Act 2013.*

Response	Actions taken in anticipation of, during and immediately after an emergency to ensure that its effects are minimised and that people affected are given immediate relief and support. Measures taken in anticipation of, during and immediately after an emergency to ensure its effects are minimised. See also comprehensive approach. *Source - AIDR Glossary*
Responsibilities	The state or fact of being responsible, answerable or accountable for something within one's power, control or management.
Risk	The effect of uncertainty or objectives.
Risk identification	The process of finding, recognising and describing risks.
Stand down	Transition from responding to an event back to normal core business and/or recovery operations. There is no longer a requirement to respond to the event and the threat is no longer present. *Source – Territory Emergency Plan*
State of emergency	A state of emergency declared under Section 19 of *Emergency Management Act 2013*
Supporting organisations	Agencies that provide a supporting role to the functional group or participating organisations in preparing for and responding to a specific hazard or event. Source – Territory Emergency Plan
Territory Controller	The Territory Emergency Controller mentioned in Section 28 of *Emergency Management Act 2013*
Territory Emergency Management Council	The management council established under the terms laid out in Division 4 of *Emergency Management Act 2013*.
Vulnerability	The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community or persons to the impact of hazards. *Source – ADR National Emergency Risk Assessment Guidelines Handbook*
WebEOC	A critical information management system used throughout the NT. Used by agencies with defined roles and responsibilities under the TEP during all phases of an emergency event. *Source – Territory Emergency Plan*

Implementation, Review and Evaluation Responsibilities

Action	Method	Responsibility
Implementation	Document will be placed on the PGC for staff to access and relevant staff will be made aware of this document on approval.	Chief Health Officer
Implementation	Document will be publically published as a sub document of the Territory Emergency Plan.	Chief Health Officer
Review	Document will be reviewed within 2 years or following each partial or full activation of the pandemic plan	Chief Health Officer
Evaluation	Document will be informally evaluated at time of review	Chief Health Officer