AUSTRALIAN VETERINARY EMERGENCY PLAN

AUSVETPLAN

1996

Management Manual

Control Centres Management

Part 1 Management and organisation of control centres

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

Agriculture and Resource Management Council of Australia and New Zealand

This Management Manual forms part of:

AUSVETPLAN Edition 2.0, 1996

[AUSVETPLAN Edition 1.0, was published in 1991]

This document will be reviewed regularly. Suggestions and recommendations for amendments should be forwarded to the AUSVETPLAN Coordinator (see Preface).

Record of amendments to this manual

There are occasional minor differences in the page breaks between the paper and this electronic version which we can unfortunately not avoid.

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PREFACE

This **Control Centres Management Manual** is an integral part of the **Australian Veterinary Emergency Plan**, or AUSVETPLAN (Edition 2.0). AUSVETPLAN structures and functions are described in the **Summary Document**.

This manual sets out the disease control procedures which were approved in February 1991 by the then Australian Agricultural Council, out-of-session at meeting 135, for use in an animal health emergency in Australia. It has been upgraded and approved by the Agriculture and Resource Management Council of Australia and New Zealand (ARMCANZ) out-of-session in January 1996.

The manual is in two parts:

- **Part 1** describes the chain of command in an exotic disease emergency and the layout and organisation of the local, field and State/Territory control centres and on the infected premises itself (infected premises operations team); and
- **Part 2** gives job descriptions of all the proposed positions in local/field/State control centres as well as on infected premises.

This manual is central to the implementation of AUSVETPLAN and therefore contains references to other AUSVETPLAN documents including the **Disease Strategies**, **Operational Procedures Manuals,** other **Management Manuals** and related resources such as the resource book *Exotic Diseases of Animals: A Field Guide for Australian Veterinarians* by W.A. Geering, A.J. Forman and M.J. Nunn, Australian Government Publishing Service, Canberra, 1995 (**Exotic Diseases Field Guide**).

In addition, each State and Territory will need to develop specific action plans to suit their own needs and cross-reference this manual to them.

This manual will be reviewed regularly and as a result of testing in exercises and workshops. Recommendations for amendments should be forwarded to:

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The writing group was responsible for drafting this manual. However, the text may have been amended at various stages of the consultation/approval process and the policies expressed in this version do not necessarily represent the views of all members of the writing group.

Contributions may also have been made by other people not listed above and the assistance of all involved is gratefully acknowledged.

CONTENTS

1 INTRODUCTION

An outbreak of exotic animal disease places heavy demands on animal health authorities at local, State/Territory and Commonwealth levels. AUSVETPLAN aims to provide the scientific, logistic and managerial resources necessary for both the preparation for, and operation of, an exotic disease emergency.

This manual describes the roles of personnel in the initial stages of activation of an exotic disease emergency before special operations centres are set up, and then describes the development and management of disease control centres on infected premises (IPs) and at local, State/Territory and Commonwealth levels.

In many cases it has been necessary to describe a role as though it requires one person to perform it. That person is usually described as an *officer-in-charge, coordinator, controller* or *manager*. The amount of merging of roles that is possible will be dictated by the nature and size of the outbreak, the availability and capability of personnel and the progress of the campaign. Usually more merging occurs as people become experienced and when a campaign is winding down. Decisions as to which tasks may be merged or split require managerial skill that will be learned in exercises or operations.

This manual is for the use of all jurisdictions. It was therefore necessary to adopt a model structure in which the hierarchical order is State–region–field. In many State/Territory the regional activities described in the manual would occur at the State/Territory level.

This manual is intended as a resource from which action plans can be developed for particular functions and groups of disease. For example, lists of resources and personnel contacts that require frequent updating belong in State action plans.

The manual is structured so that staff at all levels can quickly identify from the contents page the tasks they are expected to perform in the initial phases and during disease eradication operations.

1.1 Objectives

The Control Centres Management Manual (*Part 1*) provides a description of the procedures, management structures and roles to be implemented in the event of a suspected or actual exotic animal disease emergency. It is a general manual for use by all jurisdictions for all exotic diseases or conditions.

It is intended for use:

- *in operations* either as the primary manual or as a detailed reference to back up action plans;
- *in planning* as the basis for the development of more specialised procedures; and
- *in training* as a key reference.

Part 2 gives role descriptions for all personnel involved in an exotic disease emergency.

1.2 Coordination and overview

To ensure adequate support with personnel, equipment and other resources there will be need for coordination at both State/Territory and regional levels.

The *field veterinary officer* (FVO) will report to the *regional veterinary manager* (RVM) and/or the State/Territory *chief veterinary officer* (CVO) to provide an initial picture of the disease situation on the affected premises. In the early stages, the RVM will liaise closely with the *regional police disaster coordinator* who will take the necessary actions to call on other support services as required under the State/Territory emergency plan.

At the State/Territory level, the CVO will liaise with the *coordinator of State emergency services* and with other supporting agencies as necessary. The coordinator of State emergency services will provide a *liaison officer* at the State disease control headquarters (SDCHQ). The CVO will manage the eradication/control campaign from the SDCHQ, while the coordinator of State emergency services will provide coordination between all State/Territory emergency services and supporting agencies from the State emergency operations centre.

2 STAGES OF ACTIVATION

2.1 Investigation phase

The *Investigation Phase* exists when a report, assessed as having a low probability of being an exotic disease, is investigated by animal health authorities. The initial notification of a suspected exotic disease is likely to be received by a *field veterinary officer* (FVO) who must collect as much information as possible for the *regional veterinary officer* (RVO) who will, if necessary, be responsible for notifying the State/Territory *chief veterinary officer* (CVO).

Where there are grounds for suspicion of an exotic disease, the emergency information system, ANEMIS, will be used to collect the necessary information (see Section 5 and the **ANEMIS Manual**).

2.1.1 Actions to be taken by the FVO

Initial notification of an exotic disease can be received by the FVO (the closest responsible government veterinarian to the alert) from a number of sources including:

- private veterinary practitioner
- animal health officer
- veterinary laboratory
- owner/industry
- other departmental officers
- other sources, eg saleyard, processing plant, knackery.

The FVO must collect all relevant information and investigate the report. **In the vast majority of cases there will be no suspicion of exotic disease.** Where there are no grounds for suspicion of an exotic disease, the FVO should collect a full range of specimens which will allow a definitive diagnosis to be made, if possible.

Where there are grounds for suspicion of an exotic disease the FVO should:

- collect initial details on ANEMIS form 1;
- take immediate steps to limit spread of disease by imposition of quarantine to stop the movement of stock, people, produce and other fomites into, and out of, the suspect property or area;
- notify the regional veterinary manager (RVM) of the outcome of the investigation and provide details of
  - the owner's name, address, telephone number,
  - the nature of the disease suspected,
  - the exact location of the suspected case(s),
  - the numbers of affected and at-risk animals,
  - any urgent tracings,
  - whether assistance is needed, eg. to muster stock,
  - decontamination which the RVM will need to arrange for people, produce or fomites which have left the property recently; and

- in the event that RVM is unavailable, the FVO should notify the CVO or the 24-hour emergency number of the above details.

See Section 3.1 for further details.

2.1.2 Actions to be taken by the RVM

Initial notification of an exotic animal disease can be received by the RVM from a number of sources:

- FVO/animal health officer
- private veterinary practitioner
- owner/industry
- veterinary laboratory
- other departmental officer
- other sources, eg saleyard or processing plant.

The RVM must collect, analyse and evaluate all relevant information. **Most investigations will have only a remote probability of being an exotic disease**. Where there are grounds for suspicion of an exotic disease the RVM should:

- analyse and evaluate initial details collected by FVO on ANEMIS form 1;
- notify the CVO of the suspicious incident;
- at the direction of the CVO, take steps to limit spread of disease by doing some or all of the following:
  - stopping stock and product movements into and out of suspect premises or suspect areas by the imposition of quarantine,
  - stopping the movement of people into or out of the suspect premises or areas (eg owner, veterinarians); and
- identify urgent tracings.

See Section 3.2 for further details.

2.1.3 Actions to be taken by the CVO

As most alerts represent only a remote probability of exotic disease and a definitive diagnosis will usually be obtained fairly quickly, the State/Territory CVO must exercise a high level of veterinary judgment. This must be balanced against the need to ensure that all necessary actions can be taken if the probability of an exotic disease increases.

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

Once a negative diagnosis is established, the CVO's notes and any other reports should be filed as a '*negative exotic disease alert*' for reporting in the format agreed by the Exotic Diseases Sub-Committee (EDSC).

If there is a high probability of an exotic disease, the CVO will direct that the Alert Phase of AUSVETPLAN be implemented.

2.2 Alert phase

The *Alert Phase* exists when there is a high probability of an exotic disease which warrants the appointment of, and investigation by, a diagnostic team and the CVO notifies the coordinator of State emergency services that an animal disease emergency may be imminent or already exists in another State/Territory.

2.2.1 Actions to be taken by the FVO

When there is a high probability of an exotic disease the FVO, **on the direction of the RVM or CVO**, must proceed as follows.

- If possible, arrange for an animal health officer (AHO) to accompany the diagnostic team to the suspected premises.
- Place any other AHOs in the district on standby.
- Check to ensure adequate supplies are carried in their vehicle (including ANEMIS forms 1, 2 and 3 and the State/Territory Action Plan).
- Proceed to the suspect premises.
- Leave vehicles *outside* the premises.
- Leave a set of street clothes in the vehicle.
- Put on clean protective clothing and wash boots with disinfectant *before* entering the premises (see the **Decontamination Manual**, **Tables 2.1 - 2.15**).
- Examine affected and at-risk animals.
- Identify susceptible wild (feral) animals on the premises and in the area.
- Complete ANEMIS 1.
- Report to the RVM (or CVO if the RVM is unavailable) and fully describe the situation.
- If there is justifiable suspicion of an exotic disease, hand the owner or person-in-charge a notice of quarantine.
- Collect relevant history and complete the more detailed ANEMIS forms 2 and 3.
- Restrict the movement of people and animals *within* the premises.
- Restrict entry or departure of people, animals, produce and other fomites.
- Arrange for the boundaries to be secured, wiring up gates so that only one gate, that can be controlled, is left as an entrance to the premises.
- Notify the department's district management of the nature of the suspected exotic disease.
- Arrange for all AHOs, private veterinary practitioners and key industry contacts (where applicable) in the district to be advised that AUSVETPLAN is at the Alert Phase.
- Report to the RVM (or CVO) when the above notifications have been completed.

When the diagnostic team has been appointed (see Section 3.4) and arrives at the suspect premises, the FVO must accompany the team to the suspect premises or wait on the premises until they arrive. The FVO must then arrange the following:

- for animals showing the full range of clinical signs, to be presented for examination by the diagnostic team;
- for the diagnostic team to be met at the entrance to the premises and directed to the examination area;
- for animals to be moved away from boundary fences to a central location, preferably to a site which may facilitate disposal and disinfection if required; and
- for the telephone to be constantly attended and communications from the RVM (or CVO) to be facilitated.

The FVO/AHO must remain on the premises until the RVM (or CVO) authorises departure. Upon leaving they should:

- provide the owner with departmental contact telephone numbers for their use;
- wash down protective clothing and boots with a recommended disinfectant;
- wash hands and exposed skin, and clean fingernails, with a recommended disinfectant;
- supervise the same procedures for other people;
- remove protective clothing, place in a large plastic bag or garbage bin, and thoroughly soak in a recommended disinfectant, see the **Decontamination Manual**, **Section 4.1, tables 2.1 – 2.15**; and .
- avoid contact with any other susceptible species until cleared by the RVM.

2.2.2 Actions to be taken by the RVM

Where there is a high probability of an exotic disease, the RVM must refer to the appropriate AUSVETPLAN **Disease Strategy** for specific actions and then proceed as follows.

- At the direction of the CVO, dispatch a diagnostic team to the suspect premises (see Section 2.2.5).
- Prepare recommendations for the declaration of restricted and control areas for submission to the CVO in line with procedures set out in AUSVETPLAN **Disease Strategies**.
- Develop proposals for personnel and other resource requirements for:
  - the LDCC
  - the remainder of the region.
- Analyse and evaluate the initial information collected by the FVO on ANEMIS 1.
- At the direction of the CVO, take steps to limit the spread of disease by doing some or all of the following:
  - stopping stock and product movements into and out of suspect premises or suspect areas by the imposition of quarantine;

  - controlling the movement of people into or out of the suspect premises or areas, eg owner, veterinarian (this may involve input from the police); and
  - arranging for decontamination of people who have already left the premises.
- Identify urgent tracings.
- Notify senior departmental personnel/management.
- Consult with the FVO to identify private veterinary practitioners and key industry contacts for notification, where appropriate.
- Select a site for a local disease control centre (LDCC), in conjunction with the regional State emergency service officer. For potential requirements see Section 3.2.1.

The RVM must also advise:

- FVOs in unaffected districts
- the director of the regional veterinary laboratory (RVL)
- regional (and unit) managers within the department
- local government (Shire Secretary)
- police (emergency-management) coordinator
- regional State emergency service officer
- regional Telstra emergency-management contact officer

Appropriate industry contacts must also be notified with the following information:

- that AUSVETPLAN is in the Alert Phase;
- the nature of the suspected exotic disease;
- the locations of the suspect premises;
- any actions required of them; and
- whether they will be required to attend the LDCC.

2.2.3 Actions to be taken by the CVO

It is the responsibility of the CVO to determine which of the following actions are necessary and ensure that they are carried out. This will usually entail the distribution of job cards or standard operational procedures appropriate to the disease and industries concerned.

All key people who would be involved in operations must be advised that AUSVETPLAN is in the Alert Phase to ensure that they can be contacted, after hours if necessary, and can locate all plans, procedures and resources. These key personnel will include:

- the RVM, who will direct the initial field investigation and who must keep the CVO fully informed so that the CVO can ensure that all necessary steps have been taken to limit the spread of disease;
- executive management and the minister's office;
- senior veterinary staff and the diagnostic team (including any appropriate species specialist);
- senior departmental legal officer and senior finance manager;
- administrative staff responsible for setting up systems and communications;

- emergency management authorities at the State level in accordance with State/Territory emergency-management plans;
- Chief Veterinary Officer of Australia, who is also the chairperson of the consultative committee for exotic animal diseases (CCEAD);
- Head of Australian Animal Health Laboratory (AAHL); and
- key industry contacts.

The CVO will carry out the following procedures.

- Ensure that all necessary epidemiological investigations and diagnostic procedures are being carried out efficiently and that results are notified immediately to the CVO by telephone and confirmed by facsimile.
- Appoint and dispatch (in conjunction with the RVM) the diagnostic team to the suspect premises.
- Notify AAHL (and CVO, Victoria) of arrangements for dispatch of samples for examination.
- Determine, following consultation with the RVM, the boundaries of any restricted or control areas which may need to be proclaimed if the diagnosis proves positive and prepare proformas for proclamation in conjunction with the department's senior legal officer.
- Ensure that the RVM has taken all necessary steps to limit disease spread.
- Request the chairperson of CCEAD to notify all members of the details of the suspected outbreak and advise them that a meeting or teleconference of CCEAD may be required. Begin preparing an initial report for submission to CCEAD.
- Notify emergency-management authorities at State/Territory level that AUSVETPLAN is at Alert Phase and that RVMs are in contact with emergency-management officers at the regional level.
- Decide on the appointment of a *director* of the State/Territory disease control headquarters (SDCHQ).
- Appoint a *controller* of the LDCC.
- Develop proposals for personnel and other resources required for the control/eradication campaign.
- Notify key industry contacts of actions and consultations.
- Brief the regional AQIS office about the situation.
- In consultation with the SDCHQ director, prepare key professional and administrative staff for establishment of the SDCHQ.
- Advise RVMs in unaffected areas to carry out procedures in and of the administrative structure and functional responsibilities in the operational phase of the campaign.

2.2.4 Actions to be taken in non-affected areas

Advice on this investigation will be provided to RVMs in non-affected areas via the CVO. Where there is a high probability of exotic disease, RVMs will advise the following personnel in non-affected districts:

- all FVOs and AHOs in the region;
- the director of the regional veterinary laboratory;
- departmental regional and unit managers;
- regional police emergency-management coordinators; and
- regional State emergency service officers;

of the following:

- that AUSVETPLAN is in the Alert Phase;
- the type of exotic disease which is suspected, and the nature of its occurrence;
- the name of the owner of the suspect premises;
- the location(s) of the suspect premises;
- any actions required of them;
- that departmental staff must be readily contactable;
- the location of the proposed LDCC; and
- whether they may be required to attend the LDCC.

FVOs should then proceed as follows.

- Carry out any action required of them by the RVM.
- Advise all AHOs in the district, and place them on stand-by.
- Notify veterinary practitioners and, if appropriate, key industry contacts in the district:
  - that AUSVETPLAN is at Alert Phase;
  - the nature of the exotic disease which is suspected;
  - the location(s) of the suspect premises; and
  - any actions required of them.
- Check that vehicles carry appropriate supplies, including ANEMIS forms 1, 2 and 3.
- Prepare to move immediately to the LDCC when requested.
- Ensure the RVM is kept fully informed of their movements.

The particular actions required of FVOs will vary according to the nature of the disease. FVOs should consult the action plans for the particular exotic disease for further information.

Once a negative diagnosis is established, the CVO's notes and any other reports should be filed as a '*negative exotic disease alert*' for reporting in the format established by the Exotic Diseases Sub-Committee (EDSC).

2.2.5 Diagnostic team

When there is a significant probability that an exotic disease is present, the CVO will arrange for a *diagnostic team* to be dispatched to the suspect premises.

The roles of the diagnostic team are to:

- collect appropriate samples to ensure that a diagnosis can be made as quickly as possible;
- assist with the clinical evaluation of affected animals; and
- assist with ongoing epidemiological investigations including risk assessment and determination of the source of the outbreak including assessment of wild animal involvement.

Appointment and composition of the diagnostic team

The CVO will determine the composition of the diagnostic team following consultation with the RVM.

As a minimum, the team should consist of an experienced veterinary pathologist and an epidemiologist, preferably with previous experience with the disease concerned. It is also desirable that the team contains a laboratory scientist with experience in the collection, storage, packaging and transport of samples for virological examination (as required under International Air Transport Association rules), and one other person to assist with decontamination procedures and the dispatch of samples collected.

Actions to be taken by the diagnostic team

Generally the RVM will oversee the formation of the diagnostic team. The team should be briefed on:

- the name of the owner (and manager) of the suspect premises;
- the location of the suspect premises (and directions to it);
- the details of the FVO's findings, including the disease suspected;
- specific actions required of them;
- quarantine and disinfection requirements for entry to and departure from the suspect premises (see the **Decontamination Manual, Section 4.1)**; and
- arrangements for the dispatch of samples for laboratory examination.

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

- adequate protective clothing, overalls, rubber boots and hats;
- a previously prepared exotic disease diagnostic kit including appropriate disinfectants and photographic equipment;
- mobile communications equipment, if appropriate;
- other equipment as requested by the FVO and/or specified by the RVM;
- the relevant AUSVETPLAN **Disease Strategies** and **Exotic Diseases Field Guide;** the State/Territory Action Plan; and paperwork for International Air Transport Association (IATA) packaging of biological specimens and appropriate maps;

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

Upon arrival at the suspect premises the team should:

- leave the vehicle outside the property;
- change into protective clothing and leave street clothes in the car;
- disinfect boots before entering the premises;
- in conjunction with the FVO, conduct examinations as required, collect samples and additional information. Ensure that representative animals from each species are examined and sampled. Report the detection of vesicles immediately to the RVM/CVO;

- collect detailed epidemiological information and provide a tentative assessment of the source of the infection and the probability of spread of the disease, including possible wild animal involvement;
- ensure that the full range of samples are collected from each species in accordance with the requirements laid down in the individual exotic disease strategies and the Exotic Disease Field Guide;
- pack samples into sealed containers that can be effectively disinfected off the premises;
- disinfect themselves thoroughly off the premises;
- place protective clothing in sealed bags for further disinfection;
- dispatch samples to the appropriate, diagnostic laboratory approved by the CVO, usually AAHL, with a completed specimen advice form (see Appendix 1); and
- report findings of the investigations to the RVM/CVO, including an assessment of the probability of exotic disease and possible differential diagnoses.

2.3 Operational phase

The *Operational Phase* of AUSVETPLAN exists when the presence of the exotic disease agent is confirmed and the CVO notifies the coordinator of State emergency services that an animal disease emergency exists in the State/Territory.

2.3.1 Actions to be taken by the FVO

In the affected area of a confirmed exotic disease outbreak the FVO must proceed as follows.

- Confirm with the RVM the declaration and specifications of the restricted area (RA) and control area (CA) and the location of the LDCC.
- Ensure all AHOs, private veterinary practitioners, departmental district management and other key industry contacts in the district are advised:
  - that AUSVETPLAN is in the Operational Phase;
  - the nature of the disease which has been confirmed;
  - the location of the infected premises;
  - the boundaries of the RA and CA;
  - the location, telephone and facsimile numbers of the LDCC;
  - that no visits are to be carried out on properties with susceptible species within the RA unless permission has been granted by the LDCC controller;
  - that urgent property visits can be carried out in the CA subject to taking full disinfection procedures on entering and leaving all premises; and
  - that any suspicions of disease must be reported immediately to the LDCC and the person reporting must remain on the premises until permission is given by the LDCC controller to leave.

When the above tasks are completed, the FVO must report to the RVM.

At the infected premises (IP) the FVO or his/her delegate must proceed as follows.

- Reinforce the provisions of quarantine and ensure adequate property security.

- Implement appropriate disinfection procedures (see the **Decontamination Manual, Section 4.2**).
- Act as site supervisor of the infected premises operations team (IPOT) until relieved of that command (see **Part 2** of this manual for role description [IP 1]).
- Provide advice to the RVM on the resource requirements for preliminary, but urgent, destruction and disposal of infected and 'at-risk' stock and contaminated materials.
- If not already done, confine all roaming stock.
- If necessary, muster stock, commencing with the most at-risk groups first, to a central location which has been identified as a suitable carcase burial site.
- Make a preliminary assessment of suitable destruction procedures (see the **Destruction of Animals Manual, Section 4**).
- Assess suitable sites for disposal of animals and contaminated materials.
- Make a preliminary assessment of personnel and other resource requirements for the operation.
- Ensure the telephone is constantly attended and communications from the RVM are facilitated.
- Advise the RVM of further urgent tracings and priority neighbours which should be visited eg downwind, downstream.
- Provide for the welfare of the personnel on the property by ensuring their short-term needs for food and other provisions are met.
- Provide information sheets to the owner of the IP (see the specific **Disease Strategy**).

2.3.2 Actions to be taken by the RVM

In the affected area of a confirmed exotic disease outbreak the RVM must proceed as follows.

- Confirm the following particulars with the CVO:
  - the declaration of the RA and CA;
  - the location, telephone and facsimile numbers of the LDCC;
  - resource requirements and their supply (personnel and equipment); and
  - any urgent stock tracings on and off the IP, including those outside the RA that need to be referred to another RVM or interstate.
- Establish an LDCC (see Section 3.2) and provide for the management of animal health activities for the remainder of the region.
- Advise the following key contacts:
  - FVOs and AHOs in the region
  - the RVL director
  - departmental regional and unit managers
  - the Shire Secretary (local government)
  - regional police (emergency-management) coordinator
  - regional State emergency service officer

- regional Telstra emergency-management contact officer
- appropriate industry contacts

of the following:

- the nature of the exotic disease which has been declared and that AUSVETPLAN is operational;
- the location of the infected premises;
- the location and contact telephone and facsimile numbers of the LDCC;
- the boundaries of the RA and CA and conditions that apply therein;
- the need for departmental officers to cease further property visits to properties with susceptible species in the RA;
- that urgent property visits can be carried out in the CA subject to taking full decontamination procedures on entering and leaving properties;
- the need to report suspicions of disease and provide information as required;
- any actions required of them; and
- the need to be prepared to move to the LDCC when required.

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

2.3.3 Actions to be taken by the CVO

The CVO is responsible for declaring, in the format required by State/Territory legislation, that the exotic disease is present and for ensuring that the Operational Phase of AUSVETPLAN is implemented.

The CVO is responsible for the direction of the Statewide eradication/control campaign and for establishment of the SDCHQ.

It is not physically possible for the CVO to carry out all of these actions personally. Delegation of duties will be achieved by distributing the job cards contained in **Part 2** of this manual.

The initial key actions that will be carried out by the CVO are as follows.

- Appoint an SDCHQ director and an LDCC controller.
- Advise the relevant minister's office and departmental executive management and arrange all necessary legislative matters to initiate the exotic disease eradication/control campaign, including:
  - invoking any necessary regulations;
  - proclaiming an RA and/or CA;
  - invoking necessary funding arrangements through the treasury department.
- Request a meeting of CCEAD to initiate Commonwealth and other State action and to invoke Commonwealth/State cost-sharing arrangements. A comprehensive briefing needs to be prepared and preferably sent to members before the meeting (see Appendix 2).
- Activate the State's emergency-management arrangements and request authorities to appoint liaison officers.

- Delegate responsibility for management of normal animal health programs in unaffected areas of the State (ie the CVO may operate through up to two deputies).

Under delegation from the CVO, the SDCHQ director completes the following key initial actions.

- Arrange for establishment and management of SDCHQ and appointment of personnel to key veterinary and administrative positions.
- Instruct the LDCC controller to establish the LDCC and take charge of the campaign in the RA.
- Advise all regional department managers of the exotic disease situation, the controls and restrictions on animals, animal products and animal-related movements, and the potential need to provide support staff to LDCC and SDCHQ.
- Prepare media releases, including technical information, and initiate press conferences (see the **Public Relations Manual**). In some cases joint State/Territory and Commonwealth press releases may need to be issued.
- Arrange for the appointment (gazettal) of interstate and other appropriate personnel as inspectors of stock under the relevant legislation.
- Arrange for approved valuers to be appointed under the relevant legislation.
- Arrange for all urgent tracings outside the RA to be appropriately followed up.
- Arrange for the notification of key industry and other contacts of the following:
  - the nature of the exotic disease which has been declared and that AUSVETPLAN is operational;
  - the location of the infected premises;
  - the location and contact telephone and facsimile numbers of the LDCC;
  - the boundaries of the RA and CA and conditions that apply therein;
  - the need for departmental officers to cease further visits to properties with susceptible species in the RA;
  - that urgent property visits can be carried out in the CA subject to taking full decontamination procedures on entering and leaving properties;
  - the need to report suspicions of disease and provide information as required; and
  - any actions required of them.

2.3.4 Actions to be taken in non-affected areas

Advice on the operations will be provided to RVMs in non-affected areas via the CVO. RVMs will advise the following personnel in non-affected districts:

- FVOs and AHOs in the region;
- the director of the regional veterinary laboratory;
- departmental regional and unit managers,
- regional police (emergency-management) coordinators;
- regional State emergency service officers;
- other agencies as required.

of the following:

- that AUSVETPLAN is at an Operational Phase;
- the nature of the exotic disease which has been confirmed (specify details);

- the location of the IP;
- the location, telephone and facsimile numbers of the LDCC;
- the boundaries of the RA and CA and conditions that apply;
- the need to be prepared to move to the LDCC if required;
- any additional actions which the RVM requires; and
- the need to report any suspicions of disease.

The FVO in a non-affected area must ensure that the following personnel:

- AHOs
- private veterinarians
- departmental district management
- other key industry contacts

have been advised of the above-mentioned details, as well as:

- any movement restrictions which apply;
- any actions which are required of them; and
- the need to report any suspicions of disease and remain on a suspect property until permission to leave is granted by the LDCC controller or RVM.

AHOs should be advised:

- to cease further property visits in the RA;
- to carry out only urgent property visits in the CA, subject to taking full disinfection procedures on entering and leaving all premises (see the **Decontamination Manual, Section 4.1**);
- to be prepared to move to the LDCC; and
- of any further actions required of them.

When this is completed, the FVO should advise the RVM.

2.3.5 Infected premises operations teams (IPOT)

The role of the *infected premises operations team* (IPOT) is to manage and conduct all activities on the IP and DCP. These activities are coordinated through the *Infected Premises Operations Unit* of the LDCC (see Section 3.3.1) and are aimed at:

- the eradication of the exotic disease agent on these premises; and
- the prevention of disease spread to other premises.

2.4 Stand-down phase

2.4.1 When exotic disease is not confirmed

When investigations conducted during the Alert Phase fail to confirm the presence of an exotic disease, the CVO, RVM and FVOs will need to notify those people and agencies they contacted during the disease alert (see Section 2.2), advising them that the disease has not been confirmed and that the emergency no longer exists.

2.4.2 When exotic disease is confirmed

Towards the end of the Operational Phase, activities on IPs/DCPs, field, LDCC and SDCHQ will begin to wind-down and, necessarily, require fewer resources. Managers at all operational levels need to ensure that resources (staff and physical) do not exceed operational requirements. The principles to remember in this process:

- there must be a systematic approach to winding-down operations;
- it must be official and directed by a senior operational manager (usually the resources manager (see position LRD 600); and
- it should occur as soon as operational objectives are being achieved, rather than later.

3 LOCAL DISEASE CONTROL CENTRE

3.1 Functions of the LDCC

A *local disease control centre* (LDCC) is established during an exotic disease control operation by the chief veterinary officer (CVO), who is in overall command of eradication and control activities. To carry out field activities the CVO will appoint a controller of the local disease control centre (LDCC) (see Section 2.3.3).

The role of the LDCC controller is to manage the control/eradication campaign within the LDCC area of responsibility. Initially this area will include the IP and surrounding premises. Subsequently the LDCC area of responsibility will be the RA and any other areas as defined by the CVO. The suggested staffing structure of the LDCC and the relations between its sections are shown in Figure 1.

Matters for policy determination will be referred to State/Territory disease control headquarters (SDCHQ) which will also have primary responsibility for media and public relations and interdepartmental liaison (see Section 4).

Disease tracing activities outside the RA will be referred by the LDCC, through SDCHQ, to the RVM of the region concerned. Details of interstate tracing will be referred, through SDCHQ, to the appropriate State/Territory authorities.

The LDCC should have the following objectives.

- Determine the source of the outbreak by tracing movements of suspect stock, materials, vehicles and persons into the area during the incubation period.
- Define the extent of the outbreak by detecting all foci of infection.
- Eradicate all known outbreaks of the disease.
- Control the spread of an outbreak by:
  - controlling the movement of animals, animal products, vehicles, persons and things into, within and out of its area of responsibility;
  - destroying animals and destroying or disinfecting animal products and things that may be infected or contaminated;
  - decontaminating property that may have been in contact with infectious material;
  - tracing the movements of suspect stock, materials, vehicles and persons from and within the area during the suspected infectious period;
  - disinfecting vehicles and persons moving from and within the RA;
  - establishing control of special risk enterprises (abattoirs, milk factories, artificial breeding centres, tanneries, livestock sales, egg marketing authorities, hatcheries etc);
  - undertaking wild animal control and population monitoring activities.
- Accurately record and value all stock and property destroyed or damaged and arrange compensation payment for these.
- Maintain accurate records of monies expended on the campaign.

The functions and size of the LDCC will vary according to the nature and size of the outbreak, but under most situations the LDCC will establish a priority of tasks and adhere to these priorities, through the controller by:

- accurately defining the nature and extent of the disease outbreak (assisted by effective visual displays such as maps, flowcharts and diagrams);
- maintaining an effective disease information system (logging, recording and filing data, and ensuring efficient movement of data within, to and from sections); and
- continuously reviewing priority tasks and modifying them if necessary.
- allocating people, plant and other resources in an efficient manner;
- liaising with other emergency service agencies;
- providing relevant information to the SDCHQ; and
- in certain circumstances, be capable of 24-hour operation; this will require multiple staff shifts.

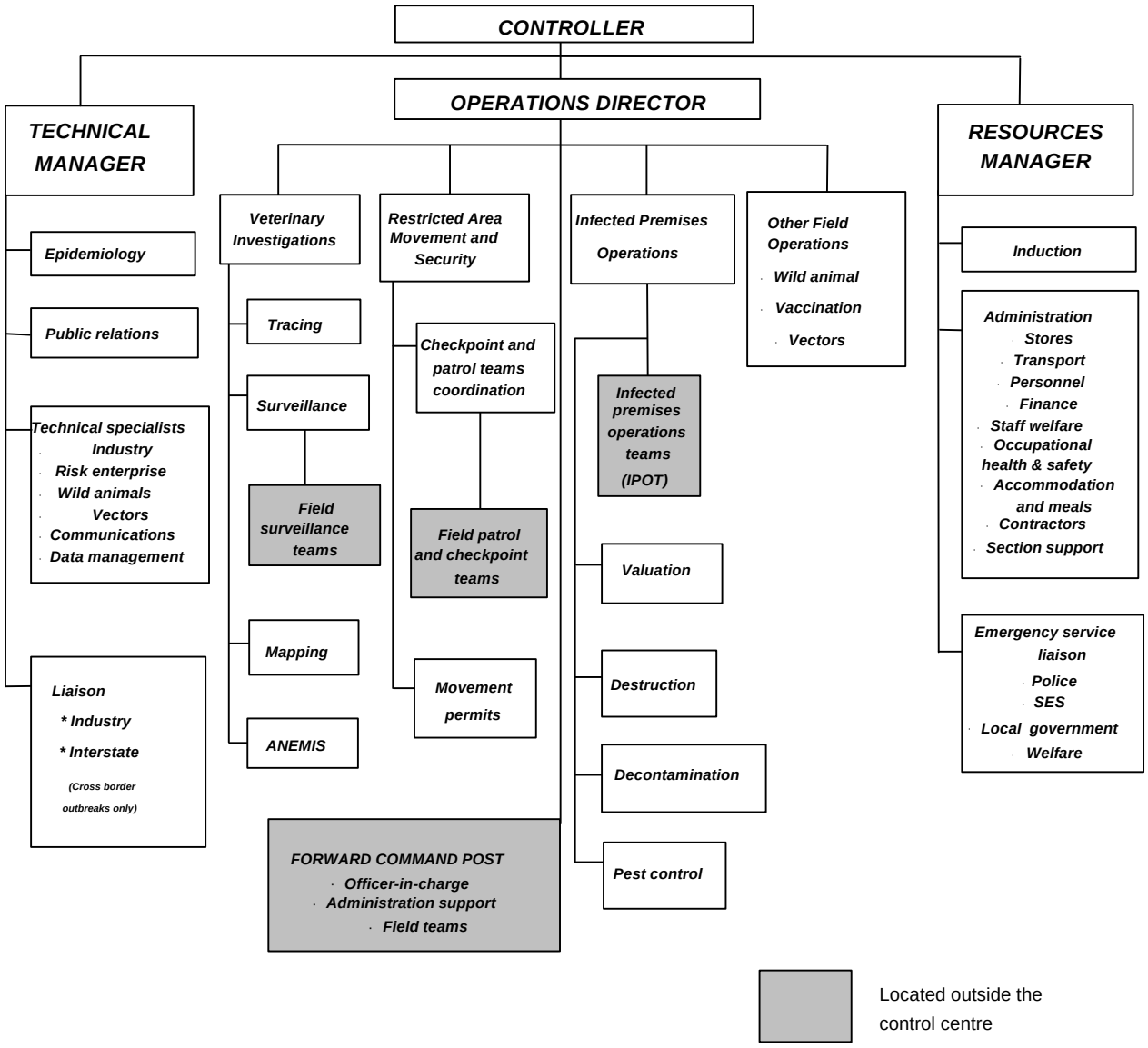


Figure 1 Model LDCC structure

3.2 Establishment of an LDCC

The RVM or his delegate should consult with the *regional police emergency management officer* and regional *State emergency service (SES) officer*, on possible sites for an LDCC. Usually the SES will maintain a register of possible sites and final selection will be based on factors prevailing at the time.

It is essential that the resources required to run an LDCC, both initially and for ongoing operations, are identified. Section 3.3 outlines the LDCC sections which need to operate, however the final determination of resources required will depend upon a number of factors including:

- species and number of animals involved
- disease involved
- size of the outbreak
- age of lesions

- types of livestock enterprises in the area, including susceptible wild animal populations
- density of livestock enterprises
- local human population
- meteorological information
- local livestock industry factors
- hours of expected operation
- relief staff requirements and availability
- environment and topography
- expected staff projections

3.2.1 LDCC site

Final selection of an LDCC site will depend upon the following considerations.

- *Size*. Generally a large hall will be required with the capacity to hold at least 100 people, however the factors listed above will influence the size required.
- *Location.* Location of the LDCC is important for two reasons. Firstly the LDCC is must be located close to the IP so that all IP activities can easily be managed from the centre. Secondly the LDCC should be sited close to a location from which services can be provided for personnel, ie accommodation, meals and the provision of stores and supplies for the LDCC and IPs.
- *Communications.* The provision of effective communications is one of the elements essential for the successful operation of an LDCC. It is essential that the selected site has access to an adequate number of telephone lines, facsimiles, computer lines and other communications needs. It is better to have the LDCC located slightly further from the IP if communication facilities are better. It is usually essential to be able to connect 25–30 telephone lines. The use of mobile telecom satellite dishes which can provide these facilities should be considered. Consideration should also be given to the establishment of two-way radio communications.
- *Length of operation.* Most exotic disease eradication campaigns will take a considerable time to complete. It is essential that this is clearly understood by the owners/caretakers of the facility chosen for the LDCC. It is inappropriate to attempt to change an LDCC location in the middle of the eradication campaign.
- *Security*. Security must be considered in terms of firstly the internal security of the LDCC so that access to the LDCC can be controlled and that only authorised personnel do not have access to operational areas of the LDCC. Secondly, consideration should be given to the external security and in particular the provision of adequate and secure vehicle parking and decontamination areas. Finally there must be an area where stores can be held securely.
- *Temperature control.* Ensure that the LDCC has the capacity for adequate heating or cooling, depending upon the prevailing seasonal conditions.
- *Noise control.* It is important that provision is made to reduce the volume of external noise. The LDCC will be a hectic operational area and its efficiency will be decreased if it becomes too noisy. The provision of carpets and matting and the use of partitions should help alleviate noise problems.

3.2.2 Equipment

Equipment will be available from a number of sources including local department units, SES, local government and private hire firms. A list of suggested office equipment follows.

2 photocopying machines
4 facsimile machines
4 IBM compatible computers and printer(one to be high speed/low noise ink jet, eg EPSON SQ 2500)
6 Whiteboards and marker pens
Felt noticeboards on stands for maps
6 x 4 drawer filing cabinets and protective sleeves for files
4 typewriters
4 typist tables and accessory typing supplies
4 typist chairs
20 office tables
20 office chairs
12 other chairs
AUSVETPLAN Exotic Diseases Operational Procedures Manuals, Management Manuals, Disease Strategies and Enterprise Manuals
Required forms, permits for movement etc (master copies to be held at FVO centres)
Stationery requirements, eg paper, pens

3.2.3 Layout

A suggested internal layout for an LDCC is shown in Figure 2. This layout provides adequate separation of the key operational areas as well as areas for the provision of meals and other personnel support functions. The staff reception, toilets and showers, refreshments and kitchen may be accommodated separately.

Partitions should be used to separate the main operations area into sections/units as shown in Figure 2. Signs indicating the various sections or units are useful. Entry into the main operations area should be restricted to staff on duty. The general public and media should not have access to this area.

It is likely that a large number of people will require various movement permits. For this reason, the Restricted Area Movement and Security Unit should have a separate entrance to avoid public traffic through LDCC operations area. If the LDCC is in the RA a separate facility may need to be set up for the issuing of permits and licences outside the RA.

Exotic disease stores should be moved into a secure area in the LDCC or to a secure site adjacent to the LDCC as soon as possible.

3.3 Summary of functions of sections within the LDCC

A proposed model staffing structure for an LDCC is shown in Figure 1. An index of roles is given in Appendix 1 and detailed role descriptions are given in **Part 2** of this manual.

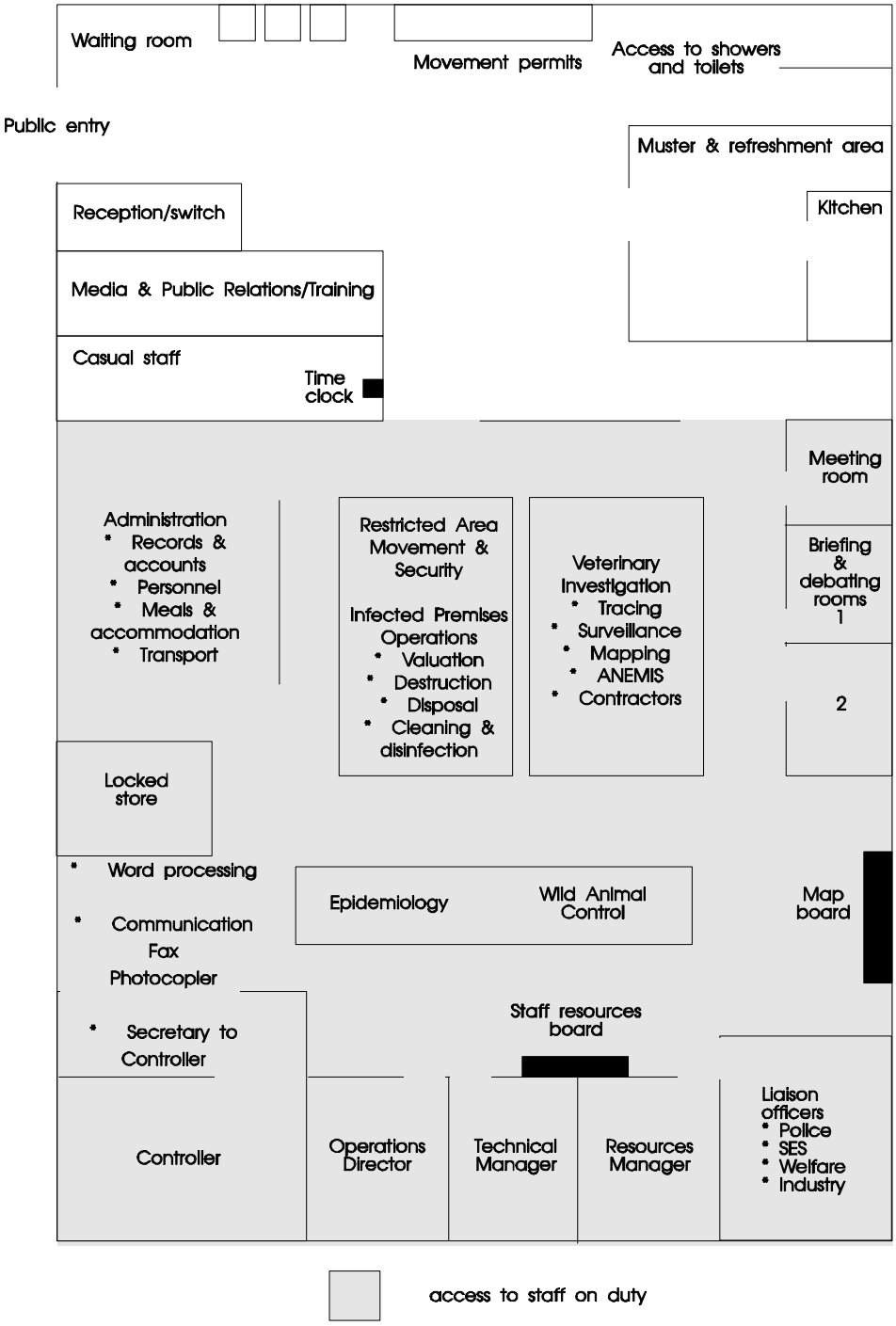
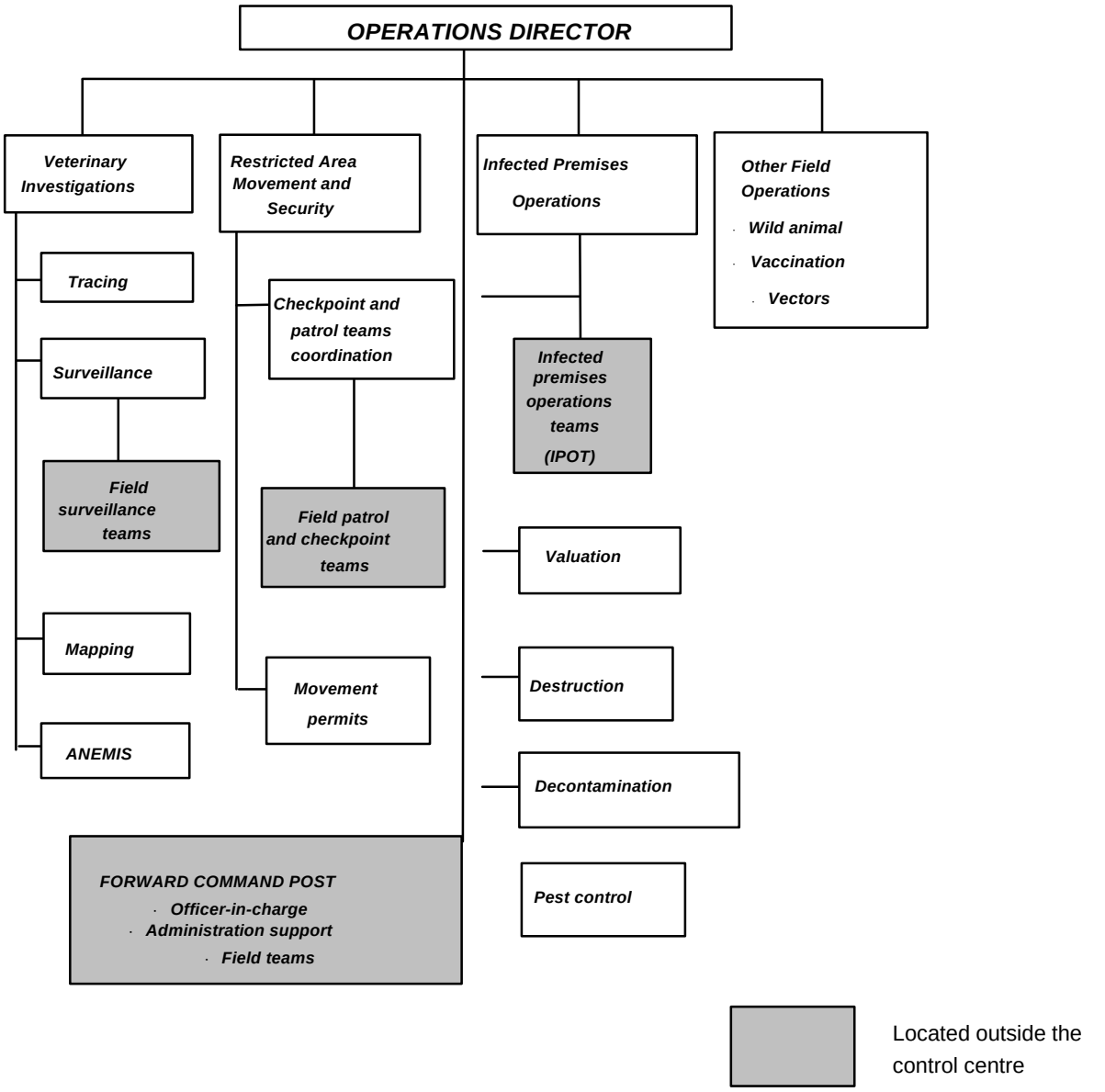


Figure 2 Suggested layout of an LDCC

3.3.1 Operations Section



The *Operations Section* conducts the operational aspects of the eradication program. The *Operations Director* is usually second-on-charge to the LDCC controller.

Veterinary investigations

The *Veterinary Investigations Unit* manages all tracing and surveillance activities within the area controlled by the LDCC. These activities are aimed at identifying any undetected foci of infection.

The main duties of this unit are to:

- conduct systematic detection and surveillance of properties within the area by dispatching field teams to visit and inspect all properties that may have susceptible stock or contaminated material;
- trace the movement of stock and other potentially contaminated material from IPs and DCPs;

- advise SDCHQ of tracings required outside the RA;
- maintain a detailed map identifying IPs, DCPs and all other premises with susceptible livestock within the area;
- ensure the proper use of ANEMIS; and
- liaise with key industry contacts and enlist their support in containing the infection.

Restricted area movement and security

The *Restricted Area Movement and Security Unit* establishes control over the movement of animals, animal products, vehicles, persons and other things into, within and out of the RA in order to limit spread of the disease concerned.

The main duties of this unit are to:

- issue movement permits to members of the public (this requires a separate entrance to the LDCC);
- establish and operate road blocks in the RA, including liaison with State transport authority, police and local government;
- coordinate movement and security activities across IPs;
- maintain registers of all movements (RA and IPs), permits issued and staff deployed in RA Movement and Security (RAMS) Unit;

Many people employed in the RAMS Unit will not have a background in animal health, so adequate initial briefings and reinforcement of quarantine measures and movement restrictions appropriate to the disease in question are necessary.

Infected premises operations

The *Infected Premises Operations Unit* manages all activities aimed at the containment of infection on known IPs and DCPs and the eradication of the exotic disease agent on these premises. These activities are coordinated at the LDCC with field activities conducted on IPs and DCPs by the *infected premises operations teams* (IPOTs) (see Section 3.4).

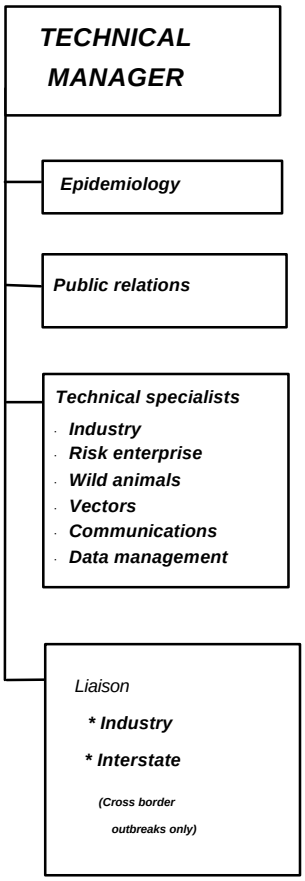
The duties of this unit are to:

- manage the provision of resources to allow effective operation on IPs and DCPs;
- ensure inventories, valuation, compensation and other financial activities are conducted appropriately;
- ensure that destruction and disposal of animals is prompt, humane and within budget; and
- ensure that decontamination is conducted according to the nominated standards.

Other field operations

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

3.3.2 Technical Section



Epidemiology

The epidemiologist(s) needs to determine the source, method and date of introduction of the disease concerned, how the disease has spread and predict its future spread. This is a specialist unit that must work in close cooperation with other units and the LDCC controller. It is *not* the role of this section to perform duties of the diagnostic, surveillance and tracing subsections of the Veterinary Investigations Unit.

The *Epidemiology Unit* analyses information from:

- ANEMIS reports from the Veterinary Investigations and Infected Premises Operations Units;
- Bureau of Meteorology; and
- liaison officers for specific industries, as well as the LDCC wild animal control coordinator.

and makes recommendations to the LDCC controller on:

- the boundaries of the proclaimed RA;
- declaration of IPs and DCPs;
- samples to be taken from IPs and DCPs;
- decontamination techniques;
- wild animal control programs; and
- release of quarantine.

Public relations

The *Public Relations Unit,* under the direction of the *local public relations officer* prepares material for distribution to the media, local industry and the public on the progress of the campaign. It is also responsible for preparing material for briefing staff when they first arrive at the LDCC.

The main duties of this unit are:

- preparing updates on the progress of the eradication campaign for distribution to LDCC and other departmental operational staff;
- preparing information packages for local distribution and for visitors to the LDCC;
- organising press conferences;
- coordinate arrangements and briefings for visitors;
- preparing news releases (see the **Public Relations Manual, Section 3.2.3**);
- preparing bulletins for public release that describe the movement restrictions and any other conditions that apply within the RA;
- preparing information for new staff on arrival at the LDCC; and
- to continually re-evaluate information needs.

A spokesperson should be appointed by the LDCC Controller to speak to the media. This person should have suitable experience, seniority and professional standing to be credible to the media.

For further details, see the **Public Relations Manual**.

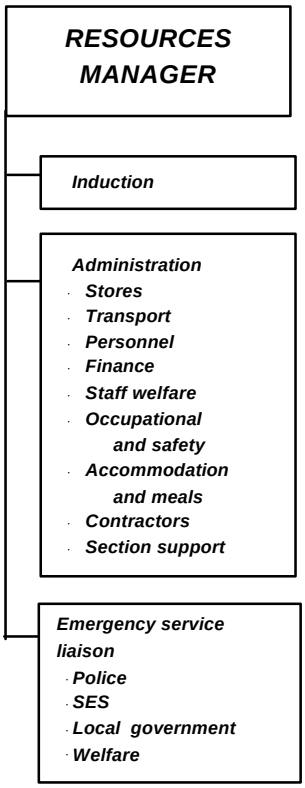
Technical specialists

Specialists are included in the Technical Section as appropriate for a particular disease and area. These may include wild animals control experts or specialists in the operation of a risk enterprise (eg feedlot, zoo) that may be in the area (see Figure 1).

Liaison

The Technical Section also includes officers to liaise with the affected industry(s) and, if necessary, for interstate liaison in the situation where a disease outbreak crosses State borders.

3.3.3 Resources Section



The *Resources Section* provides the administrative support to the LDCC.

Induction

The *Induction Unit* is responsible for briefing incoming staff on the nature of the disease, the current situation and operational procedures. Videos are now available to provide some of this information (*see* the Summary Document, Appendix 2).

Administration

The *Administration Unit* is responsible for providing coordinated administrative services to the LDCC and IPs.

The main duties of this unit are to:

- provide adequate personnel services;
- coordinate accommodation and meals to all LDCC and IPOT staff;
- manage the LDCC transport fleet;
- coordinate the hiring and firing of private contractors;
- provide IT support for the ANEMIS system; and
- coordinate administrative services on IPs.

Emergency services liaison

An emergency services liaison officer will be responsible for coordinating activities with the State emergency-management services, eg police, SES, local government.

3.4 Infected premises operations teams

The main duties of IPOT(s) are to:

- manage the day-to-day activities of valuation, destruction, disposal, cleaning and disinfection and wild animal, rodent and invertebrate pest control;
- enforce quarantine for physical and biological security;
- prepare an accurate inventory of all animals and other material for destruction and disposal;
- prepare valuations for compensation for animals and other material to be destroyed and disposed of;
- plan and conduct efficient and humane animal destruction;
- plan and conduct disposal of animals and other material;
- plan and conduct cleaning and decontamination operations;
- plan and conduct wild animal control operations; and
- plan and conduct rodent and invertebrate pest control operations.

Figure 3 shows the proposed staffing structure for an IPOT. Detailed role descriptions are given in **Part 2** of this manual.

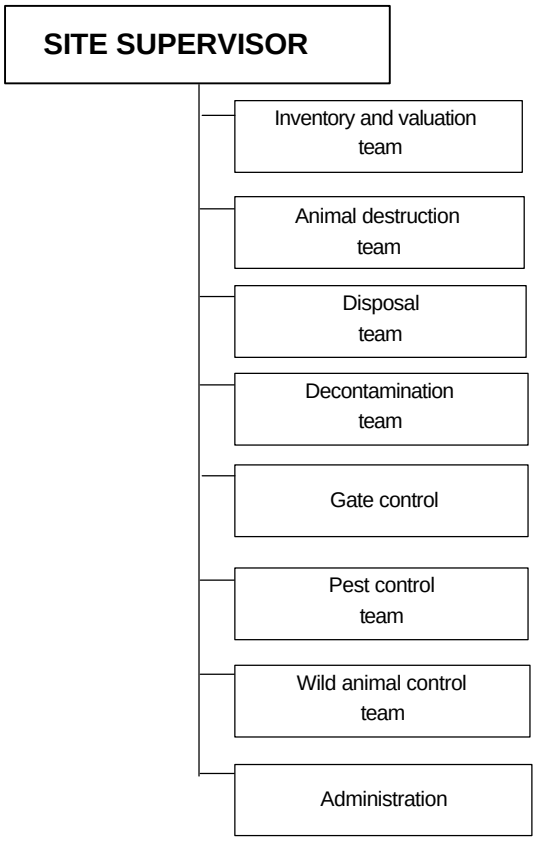


Figure 3 Proposed IPOT structure

3.5 Forward command post

Especially in larger States/Territories, tracing and surveillance activities by field surveillance teams may detect IPs or DCPs in locations remote from the LDCC. In these cases the establishment of another full-scale LDCC is not warranted and the LDCC controller, after consultation with the CVO, may choose to establish a *forward command post* (FCP).

The role of the FCP is to provide a base for field activities and communicate relevant information to the LDCC. The FCP may be outside the RA being controlled by the LDCC. Therefore, another smaller RA may need to be declared to include the remote IPs/DCPs and surrounding properties. It is essential that there is accurate and timely information flow between the FCP and the LDCC.

Field activities from the FCP will be under the direction of the LDCC operations director.

Matters for policy determination will be referred through the LDCC controller to State disease control headquarters (SDCHQ) (see Section 4).

Tracing activities outside the area of responsibility of the FCP will be referred to the LDCC.

The FCP should have the following objectives:

- provide coordination and support for field teams operating on and around remote IPs and DCPs;
- provide situation reports of field activities to the LDCC;
- eradicate all known outbreaks of disease in the area of operation as defined by the LDCC;
- control the spread of disease by:
  - controlling the movement of animals, animal products, vehicles, persons and things into, within and out of the FCP's area of responsibility;
  - destroying animals and destroying and/or decontaminating animal products and other materials that may be infected or contaminated;
  - decontaminating property that may have been in contact with infectious material;
  - informing the LDCC of movements of suspect stock, materials, vehicles and persons from and within the area during the suspected infectious period; and
  - decontaminating vehicles and persons moving from and within the FCP's area of responsibility; and
- accurately record and value all stock and property destroyed or damaged and ensure details are forwarded to the LDCC to arrange payment of compensation.

The functions and size of the FCP will vary according to the nature and size of the outbreak, but under most situations the FCP will need to establish a priority of tasks in consultation with the LDCC operations director, and adhere to these priorities by:

- accurately defining the nature and extent of the disease outbreak (assisted by effective visual displays such as maps, flow charts and diagrams);
- conduct disease surveillance in the area as required by the LDCC;

- maintain an effective information management system (logging, filing and recording data, and ensuring efficient reporting of information to the LDCC);
- continuously reviewing priority tasks and modifying them as required.

The FCP officer-in-charge will also need to request personnel, plant and other resources through the LDCC and provide information relevant to the control of the disease outbreak to the LDCC.

3.5.1 Establishment of an FCP

The FCP will be established following consultation between the LDCC controller and the CVO (or delegate). An FCP may be established in a remote location where field activities cannot be managed from an existing LDCC and the initial assessment indicates that the tasks are relatively minor but will require time and resources (but not major enough to establish a full-scale LDCC).

It is essential that the resources required and a suitable site for the location of an FCP are identified. It is envisaged that an FCP will be operational until the work defined by the LDCC controller is completed. Should the extent of the outbreak involve a larger number of premises than anticipated, the operational capabilities of an FCP would be overwhelmed. This would necessitate the establishment of a separate LDCC. Figure 4 outlines the model staffing structure of an FCP. The final determination of resources required will depend upon the same factors as outlined in Section 3.2 for the establishment of an LDCC. An FCP is expected to be operational only until eradication activities are completed. Job descriptions for FCP personnel are given in **Part 2** of this manual.

Final selection of an FCP site will depend upon similar considerations to those used for selection of an LDCC site (see Section 3.2.1), the main differences being that a smaller unit would be required for an FCP than for an LDCC, and a separate area for radio communications and a secure room for stores, would be adequate. In remote situations there may be no buildings present and the FCP may need to operate from a temporary or transportable facility with accommodation and catering facilities, if necessary.

3.5.2 Layout and equipment

The internal layout for an FCP should be similar to that of the LDCC although considerably less office space may be required depending on circumstances.

Equipment should be obtained through the LDCC. Suggested office equipment is as follows:

1 photocopying machine
1 facsimile machine
1 IBM compatible computer and printer(optional)
1 whiteboard and marker pens
1 x 4 drawer filing cabinet and protective sleeves for files
1 set of relevant AUSVETPLAN manuals
Required forms, permits for movement etc
Stationery requirements, eg paper, pens etc

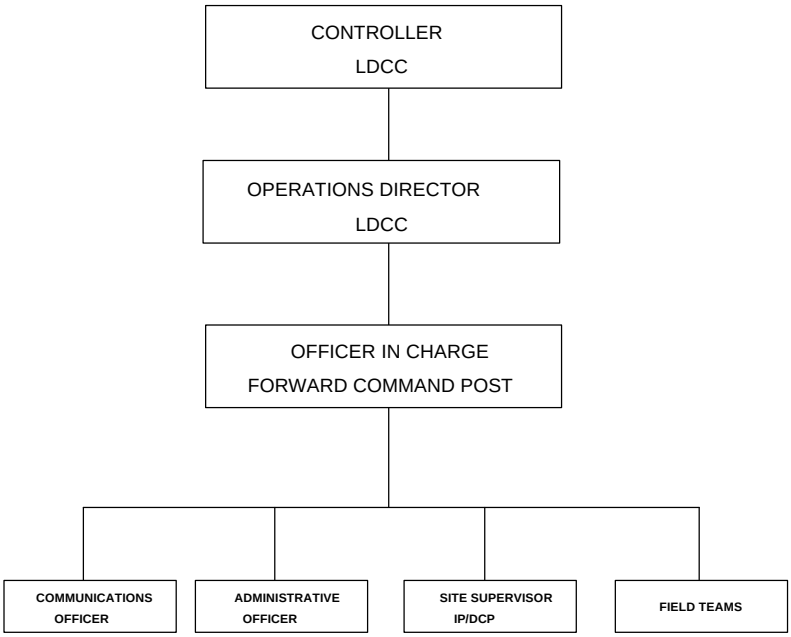


Figure 4 Proposed FCP staffing structure

4 STATE DISEASE CONTROL HEADQUARTERS

4.1 Role of the SDCHQ

The *State disease control headquarters* (SDCHQ) is established at the direction of the State/Territory CVO once the presumptive diagnosis of an exotic disease anywhere in the State/Territory has been made and the Alert or Operational phase is activated. The SDCHQ may also be set up if an exotic disease is suspected or confirmed in another State/Territory.

The SDCHQ is the emergency operations centre responsible for State/Territory-wide coordination of all exotic disease operations. It plays a vital supporting role, assisting the CVO with the development of disease control policies and facilitating the implementation of these policies in the field by the LDCC. SDCHQ collates, assesses and summarises the complex information coming from various sources, informs the CVO of significant developments, and advises on strategies, procedures and resource requirements. Policy decisions are relayed by SDCHQ back to the LDCC and regional officers for implementation.

The primary roles of the SDCHQ are as follows.

- Determine, implement and coordinate State or Territory-wide exotic disease control policies and strategies.
- Liaise with the Consultative Committee on Exotic Animal Diseases (CCEAD), the Commonwealth, States and Territory authorities. All communications with other jurisdictions must go through the SDCHQ, except with cross-border operations where liaison and cooperation on operational matters will be encouraged between LDCCs in adjacent States.
- Brief the department's executive and minister.
- Coordinate disease investigation, tracing, surveillance and movement controls in the CA and elsewhere throughout the State/Territory. Actual operations will be carried out by regional staff.
- Notify other States/Territories of tracings to the jurisdiction.
- Approve tasks not delegated to the LDCC, such as confirmation of new IPs and DCPs and approval to destroy animals on them.
- Provide information Statewide to the public and groups with special information needs.
- Implement legal arrangements and ensure that all legal requirements are met.
- Provide technical support.
- Oversee financial arrangements and provide administrative support.
- Ensure effective information flows between emergency operations centres and field operations.
- Liaise with emergency services at State/Territory level.

- Determine criteria for diagnosis, quarantine, destocking, movement controls, monitoring, surveillance and restocking.
- Define financial and other delegations.

4.2 Activation and establishment of the SDCHQ

The SDCHQ is activated on the direction of the CVO. It is usually established in the head office of the *State or Territory department of agriculture/primary industries.*

The *resources manager* is primarily responsible for setting up the operations centre. The initial layout will depend on the available facilities, and should be modified as required to suit the requirements of the campaign and the available resources (see Section 4.5).

In some States the SDCHQ is planned around the CVO's usual office, while in others, the headquarters would move to another site such as a State/Territory emergency service control centre. Both arrangements have advantages and disadvantages and the final decision must be based on local factors.

Each jurisdiction will have its own SDCHQ floor plan, which should be inserted at Section 4.5). This can be varied provided that adequate provision is made for *all* functions. Unlike an LDCC, the siting and selection of an SDCHQ does not require provision for large numbers of stores and vehicles, decontamination or segregation of potentially contaminated people.

There should be adequate open floor space with maps and bulletin boards for briefing sessions as well as sufficient offices or partitioned areas to allow different areas to work without disturbing each other.

The site should be capable of considerable expansion to cope with large outbreaks because it would be very disruptive to have to change venues.

Arrangements must be made in advance with Telstra and other agencies to ensure that sufficient lines will be available to cope with the increased demand for facsimile machines, on-line computers and dedicated telephone lines which cannot be jammed. Staff must be trained in advance in the procedures necessary to activate these special communications arrangements. In most States/Territories, the police can provide recorded message services of very high capacity to provide standard information to the public.

Staff must also be trained in advance to locate and activate all office and information management systems, including ANEMIS.

Public access to the SDCHQ must be restricted to avoid disruption and unwarranted access to confidential or personal information. It is usually best to have the Media and Public Relations Unit in a separate room. The CVO may give television crews permission to film the SDCHQ at work, but they should *not* be permitted to film details on bulletin boards.

The CVO will have chosen the key SDCHQ personnel during the initial Operational Phase. The following role descriptions define the roles of these staff in an ongoing campaign.

4.3 Structure, management and staffing

The State/Territory CVO is in overall control of the disease control campaign. The SDCHQ director coordinates the day-to-day conduct of the campaign and liaises directly with LDCC controllers. Normally at least four other officers are required to staff the SDCHQ: a *technical manager, resources manager* and *registry clerk.* The managers are each responsible for a section staffed, if required, by various coordinators, officers, additional registry clerks and other support staff. The *resources manager* is responsible for ensuring the smooth day-to-day operation of the SDCHQ.

The precise nature and extent of emergency operations will vary considerably between different disease control campaigns and during the course of a single campaign, depending on the nature, location and size of the disease outbreak, the stage and progress of the campaign, and the availability and capability of personnel. Consequently, the structure and staffing of the SDCHQ must remain flexible and be adapted to best meet the prevailing needs of the campaign.

Sections and staff positions could be created, deleted, merged, split or otherwise adjusted to most effectively and efficiently meet the demands of the campaign and the workload of each unit. In a small disease control campaign or during periods of relatively little activity, sections or units might be combined with staff members performing more than one function. In a large campaign or during busy periods, two or more people might share the same function.

In a large and widespread campaign, especially if there is more than one LDCC, certain functions will be centralised within the SDCHQ, including technical support, media and public relations, legal support and supporting agency liaison.

While the SDCHQ structure is similar to that of the LDCC, it must not assume responsibilities or duplicate the functions that are more appropriately carried out by the LDCC.

A proposed staffing structure for a SDCHQ is shown in Figure 5. An index of roles is shown in Appendix 1 and summaries of the functions of the various operating units and more detailed role descriptions for individual staff positions are contained in **Part 2** of this manual.

4.4 Functions of SDCHQ sections

4.4.1 Technical Support Section

The Technical Support Section is responsible for:

- assessing the disease outbreak and its control;
- providing technical and policy advice;
- preparing situation reports and CCEAD agenda papers;
- industry liaison;
- media and public relations; and
- legal services.

The section is headed by the technical manager, assisted as required by industry liaison coordinators/officers, the State/Territory public relations manager, legal officers, specialist support officers, and an epidemiologist.

The SDCHQ and LDCC technical managers must work closely together to ensure their activities are well coordinated. Responsibilities, functions and workloads must be clearly defined to avoid duplication of effort, matters being overlooked, or conflicting advice.

Industry liaison

Industry liaison is a vital adjunct to exotic disease operations. Key industry organisations and representatives must be kept well informed of the situation and consulted over policy.

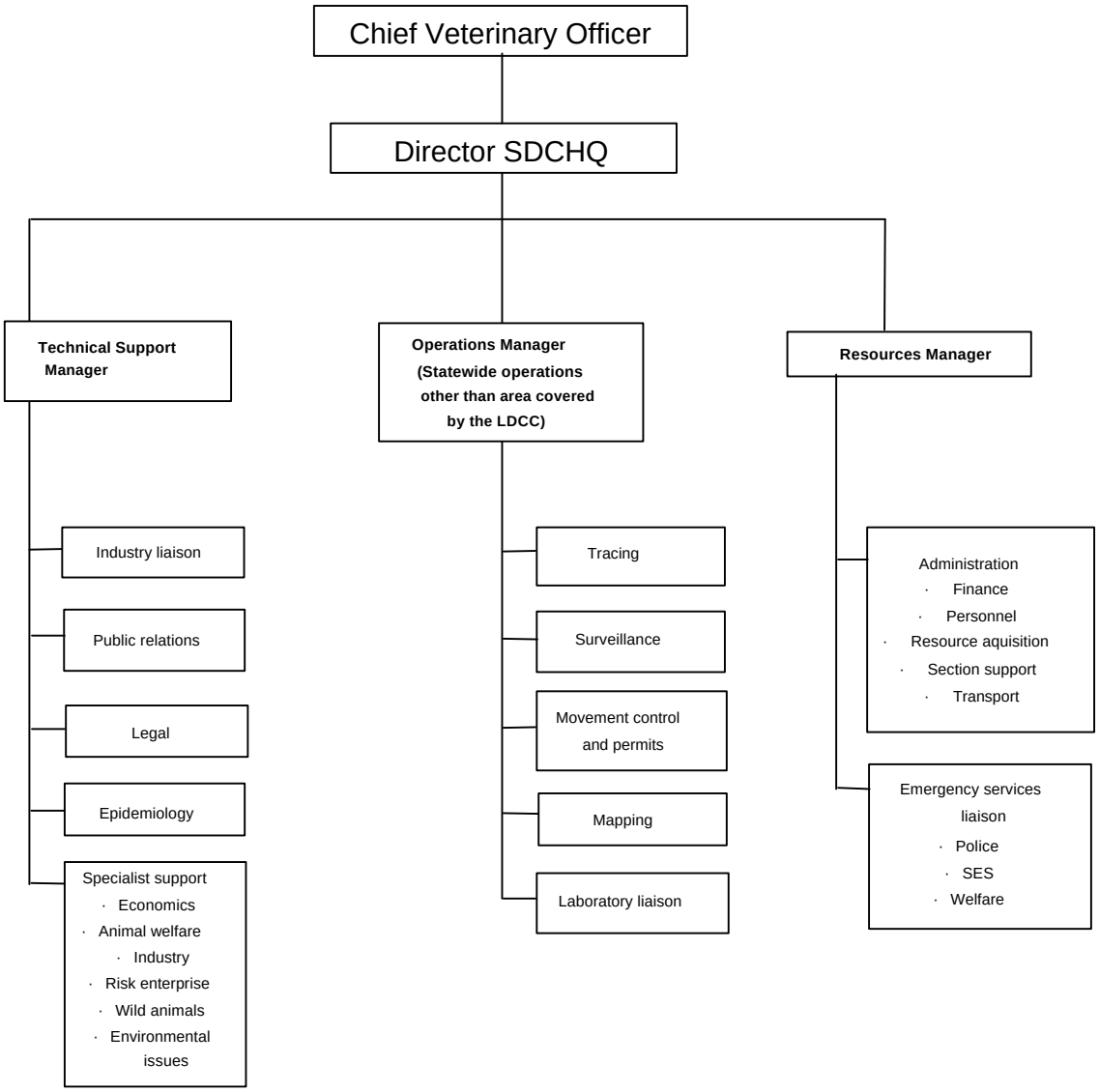


Figure 5 Model SDCHQ structure

The functions of industry liaison are to:

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

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

Industry liaison at both State and local levels is overseen by a coordinator assigned to the SDCHQ. If necessary, additional industry liaison officers might be appointed at the SDCHQ and LDCC. These officers may be department staff who normally work closely with the relevant industry, or they may be representatives of the relevant industry. The number and type of officers will vary, depending on the susceptible livestock species, the location of the outbreak, and the stage of the campaign. Separate liaison officers might be needed for different industries and risk enterprises (eg beef cattle, dairy cattle, sheep, pigs, abattoirs, dairy factories) during the one campaign. The SDCHQ and LDCC officers must work closely together. SDCHQ liaises with industry associations and representatives at State and national levels. LDCC liaises with local industry branches and representatives and with individual farmers.

Public relations

It is essential that appropriate, accurate and adequate media coverage of the campaign is provided, in order to:

- increase alertness for signs of disease and encourage early recognition and reporting;
- enhance knowledge of and compliance with movement restrictions and other disease control activities;
- maintain community and political support for the campaign; and
- fulfil legal and moral obligations for freedom of information.

The role of the *Public Relations Unit* is to prepare and convey appropriate information about the disease and the control campaign to the media, to livestock producers and other people working in livestock and related industries, and to the general public in both rural and urban communities. It is also responsible for preparing material for briefing staff at the SDCHQ, as well as department staff statewide.

The SDCHQ *public relations manager* has overall responsibility for operations at both State and local levels. The SDCHQ and LDCC media officers must work closely together. SDCHQ is responsible for the development and implementation of policy on media coverage, approves all media releases relating to policy and other sensitive issues, and will primarily handle the capital city and national media. LDCC maintains close contact with local media.

For further details see the **Public Relations Manual**

Legal support

All disease control activities must be carried out in accordance with the relevant State/Territory legislation. The functions of legal support are to:

- prepare and arrange proclamations, delegations and orders;
- advise on the legality of proposed policies and operations;
- provide legal advice on specific issues as they arise; and
- prepare and arrange prosecutions.

The SDCHQ legal coordinator has overall responsibility for legal services at both State and local levels. A legal officer with clearly defined responsibilities might also be appointed to the LDCC to provide local support.

Epidemiology and other specialist support

The LDCC epidemiologist is primarily responsible for the collation and interpretation of epidemiological data. It is appropriate, particularly in a widespread or multifocal campaign, to appoint an epidemiologist to the SDCHQ to oversee this process and provide technical advice about disease spread and control to the SDCHQ technical and operations managers and the CVO.

Specialist support officers might be assigned on a full or part-time basis to provide technical, financial and policy analysis and advice on a diverse range of issues such as animal welfare, economics, environmental protection, wild animals or vectors, and matters peculiar to unique industries and risk enterprises.

4.4.2 Operations Section

The SDCHQ Operations Section is responsible for coordinating all veterinary and regulatory operations within the CA and elsewhere throughout the State/Territory.

The operations manager undertakes most of these functions in a small campaign. In larger operations, various tasks are delegated to appointed coordinators and officers. A registry (section) clerk assists with mapping, whiteboard displays and ANEMIS.

Actual field operations will be carried out by regional officers. If the location is close to the RA and nearby field resources are scant, the LDCC might be requested to carry out some field operations in the CA.

Tracing, surveillance, movement controls and vaccination

Tracing of contacts outside the RA will be relayed by the LDCC to the SDCHQ. If these relate to movements within a State, the SDCHQ Operations Section will pass this information on to appropriate and available regional officers for follow up. Information about movements interstate will be relayed to the relevant CVO or their nominated officer.

Surveillance of any suspect premises (SP) identified by tracing is similarly arranged by this section and carried out by regional officers.

The monitoring and enforcement of movement restrictions applying within the CA or across State/Territory borders are overseen by the Operations Section. Again, regions provide the front-line resources.

The SDCHQ Operations Section will coordinate any vaccination programs that might be implemented in the CA or elsewhere outside the RA.

Mapping and ANEMIS

The Operations Section maintains maps showing the boundaries of the RA and CA, the location of SPs outside the CA, key regional and emergency service resources, and other information as required.

ANEMIS might be used to record and report on premises identified during tracing and surveillance operations in the CA.

4.4.3 Resources Section

The role of the SDCHQ Resources Section is to liaise with emergency services at the State level, and to acquire the resources and provide the administrative support and expertise needed to ensure the smooth and efficient operation of the disease control campaign, thereby freeing technical and policy staff from day-to-day administrative concerns. The resources manager is responsible for the smooth operation of SDCHQ functions.

Administration

The administration coordinator is responsible for managing finance, personnel, stores and other administrative matters within the SDCHQ. The Administration Unit is also responsible for overseeing administrative functions at the LDCC and across the State (as they relate to the disease control campaign) to ensure that they comply with policy, and provide administrative support. However, the LDCC Administration Unit will carry out their day-to-day functions autonomously.

The administration coordinator might appoint one or more administrative or clerical assistants and assign certain functions to them. In addition, one or more registry (section) clerks might be engaged to handle information flow in the SDCHQ. Although the Administration Unit is responsible for staffing this function, the registry clerks will be directed in their day-to-day duties by the director or by the manager of the section or unit to which they are assigned.

Emergency services liaison

Under State/Territory emergency-management arrangements, the department of agriculture/primary industries is the combat agency for exotic disease outbreaks. However, many other agencies have a significant supporting role to play.

SDCHQ is responsible for establishing and maintaining liaison at the State level. The LDCC is responsible for working with district and local emergency services.

- *Small localised campaign* — most emergency services liaison will be undertaken locally by the LDCC. The role of SDCHQ will be limited to ensuring that appropriate operational use is made of emergency services, and keeping the State headquarters informed of developments through situation reports.
- *Large widespread campaign (*which is beyond local resources) — coordination of support will be done at the State level, and the role of SDCHQ in supporting agency liaison will become much more prominent.

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

4.5 SDCHQ layout

NB Each State/Territory should insert a floor plan of its own SDCHQ on this page.

Figure 6 State/Territory disease control headquarters layout

5 INFORMATION SYSTEMS AND MANAGEMENT

5.1 ANEMIS

The **AN**imal health **EM**ergency **I**nformation **S**ystem (ANEMIS) incorporates both a manual and computerised system. It is designed to facilitate the management of disease information at the LDCC and to provide summary and other disease information for the SDCHQ. ANEMIS allows the collection, storage and retrieval of this information about the inspections of premises conducted by officers from the LDCC. This facilitates the management of disease surveillance, monitoring and control activities.

ANEMIS allows the formation of premises files that can be updated or edited as new information is received, thus providing a system of recording the progress of activities of LDCC operations. It assists the Veterinary Investigations Unit of the LDCC (see Section 3.3.1) by generating ANEMIS forms for surveillance and tracing activities.

ANEMIS provides for the collection of the following information:

- owner and premises details;
- case number and owner indexes;
- premises status (IP, DCP, trace, restricted area etc);
- re-visit frequencies;
- progress reports on destruction, disinfection, etc;
- a computerised tracing module;
- statistics for surveillance and tracing activities;
- all ANEMIS 1 forms for scheduled visits; and
- staff movement and property visit details.

Specific details about the ANEMIS system are contained in the **ANEMIS Manual**. Personnel who are required to operate and use the system should refer to this manual.

For LDCC disease management activities to be successful, information collected by field and other personnel must be clear, concise and accurate and must be disseminated to all LDCC and SDCHQ personnel who require it. While the **ANEMIS Manual** gives specific details on ANEMIS itself, the flow of disease information within the LDCC is summarised below.

5.2 Administration systems (LDCC)

It is expected that each administrative section and unit within the LDCC will maintain its own records systems. When officers establish these systems it is imperative that the system that is developed allows the accurate recording and filing of details of LDCC operations and that the system can be operated by relief staff when required. The system must also be capable of preparing daily situation reports for that function for the LDCC officer-in charge of administration.

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

Appendix 4 lists those forms that will be used by each area of the Administration Unit at the LDCC. This appendix will need to be developed separately by each State and Territory.

5.3 Control centres information management

Information management must be simple, easily understood and readily adopted by individuals who do not use such a system in the normal course of their duties. Information must be recorded, filed, found when required and follow-up actions checked to ensure they have been completed.

The LDCC organisation has three activity areas — *Operations*, *Technical* and *Resources*. SDCHQ organisation reflects the LDCC organisation. The *resources manager* is responsible for ensuring the smooth operation of the control centre, including responsibility for information management. This will include the provision of sufficient clerical support and copying facilities.

5.3.1 Method

Message forms and log sheets

Control centres process a vast amount of information in the course of a disease eradication/control campaign. Single premises can generate hundreds of separate information items and there will be large numbers of messages between a control centre and its supporting/reporting agencies and individuals. Replacement of staff and extended operations requiring multiple shifts, demand that all information be recorded, distributed and located in a systematic way.

As there may be 20 or more points of access for external communications (usually telephone and fax) operating in the control centre, there cannot be one communications centre through which all internal and/or external communications are channelled and accounted for. This places a responsibility on each individual who has access to a means of communication. The receiver or initiator of information must keep a copy of all messages. This is best achieved by means of a self-carboning *message form* (see Appendix 5). All information must be recorded on a message form, even if it is only a record of a conversation that does not need to be distributed further. Only information that has 'value' needs to be recorded (ie information essential for the conduct of the campaign) so it can be referred to and found/retrieved later. Message forms should be numbered. Sections or units may use message forms with a prefix or number identifying the section/unit. Copies of message forms are kept on a file and may be copied to other files, such as property files. Faxes and radio messages should be copied to message forms.

The essential information contained in a message form is transferred to a one-line, serially numbered entry in the *section log* (see Appendix 5) by the person who took the original message. The log may refer to an individual desk if it is busy, or to a small section. The purpose of the log is to account for every message on a system where messages can be easily located, avoiding the need to search many message forms to identify a single item. The log also records completed actions and whether the distribution of information has been effected and/or whether a reply is necessary. It is kept up-to-date by the individual managing the relevant desk and serves as a reminder of incompleted tasks. It is invaluable in shift handover because it provides a summary of activities for the period and a check of incomplete actions.

Log sheets should be bound so that there is no opportunity for pages to be lost.

Message forms contain an address for their destination at the top. Addressees for distribution are circled by the message initiator and the original message is placed in the section out-tray where it is collected by the section clerk. Clerks are responsible for

copying and distributing message forms. The initiator and clerk are responsible for keeping the amount of paper to a minimum, consistent with the 'need-to-know' principle. The priority of the message must also be circled.

Individuals on the move around the control centre need to carry a clipboard of message forms, or a notebook, and record information. This is transferred to message forms. Log entries are made on return to the individual's work station.

Files

All sections/units and many individuals will need to keep their own working files. Property files are best kept and maintained as a central file in the Veterinary Investigations Unit of the LDCC. Extra clerical support will be necessary to maintain and keep track of these files, which may be loaned out to other sections (all loans MUST be recorded). Working papers, including some property information will need to be kept as small working files in sections and at desks. As sections have no further need for property information, it should be sent to the Veterinary Investigations Unit where it is placed on the relevant original property file, or discarded if duplicated. The file cover should have a one-line summary of the information on each paper in the file. This is updated as papers are added. Folios must be numbered.

Personnel

In addition to clerical support in each section, the controller and operations director need secretarial support. In large operations, the operations director may need a communications manager to control all information of an official nature that is entering and leaving the control centre in the form of reports, situation reports, press releases, and so on. The communications manager may need a clerk to handle incoming and outgoing faxes. The secretary and communications manager may be the same person in a small operation.

Section and unit leaders are responsible for conveying all necessary information to their staff. The content and frequency of information sessions, newsletters and reports can be adjusted to achieve this.

An administrative person in the reception area restricts unauthorised entry to the control centre and may direct visitors, with an escort, to an appropriate area of the centre (away from the main operational areas) or may initiate a message into the centre.

Information boards

Whiteboards, chalkboards and maps can be used to display and convey a variety of information in the control centre. Commonly-used contacts and suppliers, major resources, locations, teams, rosters and housekeeping information, etc can be conveniently displayed. Staff must be advised by the induction officer at their initial briefing about which boards are necessary for them to consult.

Briefings

No attempt should be made to let everyone in the centre have access to all the information available. In a large operation, there will be an overwhelming amount of information which must be directed only to those who need it for action or information. Staff information briefings should be conducted regularly and should summarise the main issues. Section and individual briefings will be required on a continuing basis to reflect changing circumstances.

APPENDIX 1 Index of role descriptions

Detailed role descriptions for personnel at the LDCC, IPOT, FCP and SDCHQ that are given in **Part 2** of this manual. The following list shows the roles described for each centre and the page number where the role description appears in **Part 2**.

1 Local disease control centre

2 Infected premises operations team

3 Field command post

4 State disease control headquarters

APPENDIX 2 Draft agenda for the Consultative Committee on Exotic Animal Diseases

Teleconference: Date: Time (EST):

DRAFT AGENDA

ITEM			**PRESENTER**
1	**OPENING**		**Chair**
	1.1	**Papers distributed**	
2	**REPORTS**		
	2.1	**State/Territory report on suspect disease**	**Host State**
	2.1.1	*Overview*	
	2.1.2	*Location of premises — grid reference and map*	
	2.1.3	*Number of each susceptible domestic species on premises*	
	2.1.4	*Clinical situation on premises*	
		– *description of clinical signs*	
		– *morbidity and mortality numbers for each susceptible domestic species*	
	2.1.5	*Duration of the infection/infestation*	
	2.1.6	*Has the index case been identified (? source of infection)*	
	2.1.7	*Numbers of susceptible domestic species on other premises in vicinity*	
	2.1.8	*Susceptible wild animals on premises and in vicinity (estimate of density/numbers if possible)*	
	2.1.9	*Results of preliminary tracing/surveillance*	
	2.1.10	*Action taken to date*	
	2.1.11	*Resources used to date (personnel and/or equipment)*	
	2.1.12	*Feasibility of eradication*	
		– *in domestic species*	
		– *in wild species*	
	2.2	**Laboratory Diagnosis of suspect disease**	**AAHL**
	2.3	**Technical update on disease**	**AAHL/BRS**
3	**PROPOSED ACTION**		**Host State**
	3.1	**Eradication plan**	
	3.1.1	*Slaughter*	
	3.1.2	*Disposal*	

3.1.3 Decontamination

3.2 Quarantine and movement controls

3.2.1 Quarantine premises

3.2.2 Restricted Area movement and security — draft proclamation and map

3.2.3 Control Area restrictions —- draft proclamation (and map if other than entire State/Territory)

3.3 Tracings

3.4 Surveillance

4 DISCUSSIONS/CONCLUSIONS OF CCEAD **Chair/Members**

5 MOVEMENT AND TRADE ISSUES

5.1 Intrastate - outside Restricted/Control Areas

5.2 Interstate

5.3 International

6 ADMINISTRATIVE ARRANGEMENTS

6.1 Additional staff/resources

6.2 Estimates of cost

7 NOTIFICATION TO INDUSTRY/INTERNATIONAL

7.1 State

7.2 National

7.3 International

8 MEDIA RELEASE **Host State, FDU**

8.1 Local

8.2 State

8.3 National

9 SUGGESTED RECOMMENDATIONS TO SCARM/ARMCANZ Chair

9.1 Advice of the occurrence of the disease

9.2 Feasibility and mechanisms of eradication

9.3 Invoking the Commonwealth/States cost-sharing agreement

10 OTHER BUSINESS

11 NEXT MEETING

12 CLOSE

APPENDIX 3 Movement and entry permits

EACH STATE/TERRITORY SHOULD INSERT THEIR OWN MOVEMENT FORMS IN THIS APPENDIX

- Quarantine Area - Authority to Enter
- Quarantine Area - Approval to Move
- Restricted Area - Approval to Move

APPENDIX 4 Administration forms (LDCC)

EACH STATE/TERRITORY SHOULD INSERT THEIR OWN STANDARD ADMINISTRATION FORMS IN THIS APPENDIX

Personnel

- Personal particulars form
- Australian Taxation Office — employment declaration
- State casual employees superannuation fund
  - – member registration form
  - – member information book
- Attendance record *or c*ombined duty report and expense claim form
- Wages sheet
- Injury report form
- Workcare forms
  - – employee form
  - – employer form
- Salary rates – copy held at units
- Recreation leave form
- Sick leave form *or* personal leave card

Transport

- Requisition for transport
- Vehicle log form
- Mechanical repair authority
- State/Territory insurance office accident report form
- General claim

Stores

- Requisition form
- Local purchase order — external ordering
- Request for supplies — internal ordering
- Stores issue voucher
- Stores received voucher *or* pink copy of local order
- Contract rates — copy held at units
- Treasury regulations — copy held at units
- Central stationery store stock list — copy held at units

Note: Many departments will have a computerised stores system which could be adapted for use in an outbreak.

APPENDIX 5 Model forms for control centre record-keeping

5.1 Model message form

5.2 Model section log

GLOSSARY

Alert phase	*see* Stages of activation.
ANEMIS	*AN*imal Health *EM*ergency *I*nformation *S*ystem. An information system for the collection, assimilation, actioning and dissemination of essential disease control information using paper documentation and computer assistance.
Animal Health Committee	The committee of chief veterinary officers of each State or Territory and the Commonwealth, plus the head of the Australian Animal Health Laboratory, Geelong and others that recommend national control strategies.
Area	A defined tract of land for the time being subject to disease control restrictions under exotic disease legislation.
Australian Agricultural Council	The council of State/Territory and Commonwealth ministers of primary industries (or equivalent) that ratifies national control strategies for exotic diseases as official policy.
AUSVETPLAN	A document which outlines the Australian approach to the eradication/control of the more important animal diseases not presently occurring in this country; linking policy, strategies, implementation, coordination and counter-disaster agency plans.
AUSVETPLAN Disease Strategies	The broad plans that would be adopted to control or eradicate an exotic disease. The strategies have been approved by ARMCANZ. (Previously known as Model Control Plans.)
Chief veterinary officer	The veterinary officer of each State or Territory animal health authority who has prime responsibility for animal disease control in that State or Territory.
Consultative Committee on Exotic Animal Diseases	A committee of State/Territory CVOs, AAHL and CSIRO, chaired by the CVO of Australia (Cwlth DPIE), to consult in emergencies due to the introduction of an exotic disease of livestock, or serious epizootics of Australian origin.
Control area	A declared area in which defined conditions apply to the access or egress of specified animals or things. Conditions applying in a control area are of lesser intensity than those in a restricted area. The limits of a control area and the conditions applying therein may be varied rapidly according to need.
Cost-sharing agreement	The agreement in which all States and the Commonwealth will pay a predetermined proportion of the costs incurred in controlling/eradicating certain exotic animal diseases.
Dangerous contact animal	An animal showing no clinical signs of disease but which, by reason of its probable exposure to disease, will be subjected to disease control measures.

Dangerous contact premises	Premises containing a dangerous contact animal(s).
Disinfectant	Any agent used to destroy microorganisms outside a living animals.
Disposal	Sanitary removal of animal carcases and things by burial, burning or some other process so as to prevent the spread of disease.
Emergency	A situation requiring an immediate response and highest priority for allocation of resources.
Exotic animal disease	Disease affecting animals (which may include man) not presently occurring in Australia.
Field veterinary officer	Veterinary officer with responsibility for activities within individual districts of a region.
Forward command post	A field operations centre, subsidiary to a local disease control centre, established in remote area operations.
Fomite	Contaminated material or object capable of spreading the disease agent.
Risk enterprise	A livestock or livestock-related enterprise with a high potential for disease spread, eg an abattoir, milk factory, artificial breeding centre or livestock market.
Infected animal	An animal infected with or believed to be infected with an exotic disease.
Infected premises	A defined area (which may be all or part of a property) in which an exotic disease exists, is believed to exist, or in which the infective agent of that exotic disease exists or is believed to exist. An infected premises is subject to quarantine served by notice and to eradication or control procedures.
Investigation phase	*see* Stages of activation.
Job card	A written list of tasks to be carried out by an individual or group as part of an emergency response.
Lead combat agency	The agency which controls the disease control operation, having special expertise and legal responsibility in that particular type of emergency.
Local disease control centre	An emergency operations centre responsible for the command and control of exotic disease control field operations in a defined area.
Movement control	Restrictions placed on movement of animals, people and things to prevent spread of disease.
National disease control centre	An established centre (in Canberra?) from which national disease control actions are directed and coordinated in an exotic animal disease emergency.
Operational procedure	Detailed instructions for carrying particular tasks in disease control such as valuation, destruction, decontamination etc.

Operational phase	*see* Stages of activation.
Operations	The activities necessary to give effect to a disease control strategy.
Operations manual	Document containing specific, step-wise instructions on certain operations.
Owner	Person responsible for a premises (includes the agent of the owner eg manager or other controlling officer).
Premises	Includes any land, house or other building or structure.
Quarantine	Legal restrictions imposed on a place, animal, vehicle or other things limiting movement.
Rehabilitation	Process of adjustment to circumstances prevailing in the aftermath of an exotic disease outbreak.
Restricted area	A relatively small declared area (compared to a control area) around an infected premises that is subject to intense surveillance and movement controls.
Roadblock	Road check-point or barricade to maintain compliance with movement control restrictions.
Role description	Statement of responsibilities of an officer within the overall operation.
Regional veterinary manager	Veterinary officer in charge of a designated departmental region.
Section	Major subdivision of a disease control centre responsible for a particular segment of eradication operations.
Sentinel animals	Animals of known health status monitored for the purpose of detecting the presence of a specific exotic disease agent.
Stages of activation	Investigation, alert, operational, stand-down.
– Investigation phase	exists when key members of the Animal health authority are notified that an animal disease emergency may be imminent, or exists in another State;
– Alert phase	exists when the CVO notifies the coordinator of State emergency services that an animal disease emergency may be imminent, or exists in another State;
– Operational phase	exists when the CVO notifies the coordinator of State emergency services that an animal disease emergency exists in the State;
– Stand-down	exists when the CVO notifies the coordinator of State emergency services that an animal disease emergency no longer exists.
State/Territory disease control headquarters	The emergency operations centre that directs the disease control operations to be undertaken in the State/Territory.
Strategy	The principles on which control of a disease is based.

Support agency	An agency having a defined role to assist the lead combat agency to give effect to animal disease emergency-management plans.
Surveillance	A systematic program of inspection and examination of animals or things to determine the presence or absence of an exotic disease.
Survey	A program of investigation designed to establish the presence, extent of, or absence of disease.
Suspect animal	An animal which is likely to have been exposed to an exotic disease such that its quarantine and intensive surveillance, but not pre-emptive destruction, are warranted; OR an animal not known to have been exposed to a disease agent but showing clinical signs requiring differential diagnosis.
Suspect materials or things	Materials or things likely to be contaminated by an exotic disease agent.
Suspect person	A person whose person or property is likely to have been contaminated by an exotic disease agent.
Suspect premises	Premises containing suspect animals which will be subject to quarantine and intensive surveillance.
Tracing	The process of locating animals, persons or things which may be implicated in the spread of disease so that appropriate action can be taken.

Abbreviations

ARMCANZ	Agriculture and Resource Management Council of Australia and New Zealand
AUSVETPLAN	Australian Veterinary Emergency Plan
ANEMIS	Animal health emergency information system
AAHL	CSIRO Australian Animal Health Laboratory, Geelong
AHO	Animal health officer
AQIS	Australian Quarantine and Inspection Service
BRS	Bureau of Resource Sciences
CCEAD	Consultative Committee on Exotic Animal Diseases
CVO	Chief veterinary officer
CA	Control area
DPIE	Department of Primary Industries and E nergy
DCP	Dangerous contact premises
FCP	Forward command post
FVO	Field veterinary officer
IP	Infected premises
IPOT	Infected premises operations team
LDCC	Local disease control centre
RA	Restricted area
RAMS	RA Movement and Security Unit
RVL	Regional veterinary laboratory
RVM	Regional veterinary manager
SES	State emergency service
SP	Suspect premises
SDCHQ	State/Territory disease control headquarters