Community Development and Justice Standing Committee

Inquiry into the protection of crowded places in Western Australia from terrorist acts

The Inquiry has requested responses in five main Terms of Reference areas, with particular reference to Term of Reference 1, on the state-based emergency management framework, for the Department of Health.

1. **State-based emergency management framework**

The Department of Health is the Hazard Management Agency for three of the state's gazetted hazards: Heatwave, Human Epidemic and Accidental Release of Biological Agents. These are captured in Westplans or Hazard Specific Plans. Westplan Heatwave is not relevant to this inquiry. The purpose of Westplan Human Epidemic is to manage communicable disease outbreaks or epidemics and limit the transmission of a naturally occurring contagious disease by appropriate measures. This, in turn, reduces the further spread of disease by infected person(s) to the wider community. In the event of a terrorist act resulting in a human epidemic, Western Australia (WA) Police become the Hazard Management Agency with support from the Department of Health. A scheduled review of Westplan Human Epidemic, which is currently underway, will incorporate the merging of the Biological component of the Westplan CBRN (Chemical, Biological, Radiological, Nuclear). The proposed plan, State Hazard Plan Human Biosecurity, will cover the accidental release of Biological agents. An intentional release of a Biological agent will still remain under the auspice of the State Hazard Plan for Terrorism.

The Department of Health is a combat agency in the majority of the State Hazard Plans (Westplans) with responsibility for the provision of health services. These responsibilities include mass casualty management, both at an incident site and through the hospital system; clinical health care services, including mental health services; public and environmental health services, the provision of expert health advice and public messaging, and communicable disease control services.

The WA Health system has guiding plans, standard operating procedures and resources to guide the response to major incidents:

- The State Health Emergency Response Plan\(^1\) (SHERP) defines how the WA Health system will respond to any emergency or disaster.
- The Infectious Diseases Emergency Management Plan\(^2\) defines how the WA Health system will respond to a human epidemic incident.
- Health Service Providers (HSP), including hospitals, have incident command structures enabling them to coordinate the management of their resources.
- The WA Health system is supported by a 24 hour, 7 day per week On Call Duty Officer, On Call Operations Officer and Delegate of the Director General, who

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assumes emergency management coordination and control of the WA health system should the need arise. Contact arrangements for the on call service are provided to other combat and response agencies and regularly updated.

- The State Health Incident Coordination Centre (SHICC) is a dedicated emergency management response facility, which is utilised to manage the WA Health system in a major incident or disaster event.

- The SHICC utilises WebEOC, a Crisis Information Management System for internal information management, and the WebFusion interface for information sharing with other agencies, including WA Police and the Department of Fire and Emergency Services (DFES). The SHICC has a range of communication modalities with the hospitals and medical teams in the field, including a dedicated radio network.

- The Department of Health maintains deployable caches that can be accessed when responding to a major incident. These include items such as deployable medical equipment, pharmaceuticals and epidemic stockpiles.

WA Health is represented at the State Emergency Management Committee along with representation at the Response Capability, Recovery and Risk Subcommittees.

2. Implementation of mitigation and protective measures

The level of mitigation and protective measures implemented at hospital sites varies from hospital to hospital. Sites that are of a newer construction have contemporary protective measures included in their construction brief. The Australasian Health Facilities Guidelines (AHFG’s) are used as a supporting guide in new constructions. The principles of Crime Prevention through Environmental Design, including territorial reinforcement, surveillance, access control and space management, have been applied to recently constructed health facilities.

Hospitals by their nature are required to have free and effective flow of people. Patients and visitors can move freely through the majority of the sites with access restriction limited to secure areas. Unlike an office building environment where every visitor can be ‘challenged’ and pass through a security check, this measure is not workable in a health care facility.

The Clinical Services Framework (2014 – 2020) determines the types of services that are delivered at a hospital. For the most part, specialist services are delivered at more than one location, creating a level of redundancy if the WA Health system was to lose access to a particular site. The level of service provided within the specialty group is determined by the Clinical Services Framework. There are some highly specialised services that are only provided from one site, which would create significant challenges should these sites become unusable. Business continuity planning for these and other clinical services is a requirement for the hospitals concerned. As a consequence, a crowded places terrorism event at a health facility would create significant challenges to the WA Health system in fulfilling its response capability.

Hospitals are recognised as critical infrastructure, as they are an enabler in effective community response and consequence management capability. A strong relationship exists between the WA Health system, DFES and WA Police force.

The Health Emergency Management Policy stipulates that hospitals follow 7 mandatory policy statements. Underpinning the mandatory policy is a risk based approach guiding the Health Service Providers with their local procedure development. One of the aspects of the policy is to assess a terrorism or deliberate attack occurring in their facility. An example of this is provided below.

The WA health system adheres to the Australian Standard (AS) 4083 - 2010 - Planning for emergencies – Health care facilities\(^5\). The standard of relevance to this inquiry is Code Black – Personal Threat. The WA health system has implemented a subset to this code, Code Black – Bravo (active shooter). The policy objective is to:
- ensure safety of patients, staff and visitors;
- notify law enforcement, staff, patients and visitors of the threat; and
- contain the scene and minimise the number of potential victims.

An objective of the Code Black – Bravo procedure is to rapidly lock down a site when an armed offender is threatening a site. The mechanisms to lock a site down can be utilised as a protective measure. Given the age of certain healthcare facilities, this rapid lockdown measure is not standardised across all sites, particularly secondary metropolitan and some hospitals in regional settings. While these sites could lock their sites down, this involves a labour-intensive manual process. The Code Black Bravo policy is supported by the SHERP. Health Service Providers also have emergency plans for Code Purple (bomb threat), which inform staff of actions they are to follow if they receive a threat of this type.

Hospital sites also have varying levels of Closed Circuit TV (CCTV) and security personnel. The active footprint of the CCTV often depends on the risk profile of the site and public areas. The active monitoring of CCTV is principally limited to the larger tertiary sites with no agreed consistent protocols on the extent of active monitoring. The level of coverage from security guards also varies from site to site. There is not a consistent approach in the provision of security services being either salaried staff or contracted security. Sites take a risk based approach in the provision of CCTV, its active monitoring and security arrangements.

Security audits have been undertaken on a site by site basis. On occasions, the impetus for the audits has been as a result of vehicle incursion at a hospital site with both accidental and deliberate acts occurring. Whilst the deliberate acts were not terrorism-based, the deliberate action of driving a vehicle into a hospital asset has prompted the review to be undertaken. The recommendations from the surveys have been actioned to varying degrees following a risk based assessment and in accordance with available resources. Some sites have indicated their engagement with the WA Police Protective Security Unit (e.g. King Edward Memorial Hospital) to provide advice, but this has not been consistently done in the implementation of the audit recommendations.

Designated metropolitan and regional centres are equipped with decontamination ability if a patient presents contaminated with a chemical or radiological agent. The locations with this capability are determined on a risk-based approach that considers the industry within their catchment area and any other threats. These sites are equipped with appropriate protective suits for the staff and have dedicated showers, generally located externally on their site, that ensure the contaminated water does not compromise the waste water system. These suits allow the trained staff to decontaminate a patient who presents where it’s known they have

been contaminated. WA Health personnel are not trained to deploy to an incident scene involving such agents and the focus is on managing patients as they present to the WA Health system.

The WA health system conducts training in courses that are recognised nationally or internationally accredited. These include:

- Bombs, Blasts, Bullets Course
- Major Incident Medical Management and Support (MIMMS) Course
- Health Effects of Chemical, Biological, Radiological and Nuclear (CBRN) Incidents Course
- Incident Management Team Training

3. **Relationships between state and government departments and agencies and operators of crowded places.**

The chief legislation covering events are the *Health (Miscellaneous Provisions) Act 1911,* and the *Health (Public Buildings) Regulations 1992.* The *Health (Miscellaneous Provisions) Act 1911* is in the process of being repealed and being replaced with the *Public Health Act 2016.* The *Health (Public Buildings) Regulations 1992* are under review, with the expectation that they will be replaced by a Health Events Regulation under the *Public Health Act 2016.* The Department of Health is currently working on a discussion paper with a focus group that will inform the regulations. One of the key features of the *Public Health Act 2016* is a framework for public health emergencies, which provides for the exercising of powers where there is an overwhelming need to take action to protect public health.

The Department of Health developed the *Guidelines for concerts, events and organised gatherings*\(^6\) (the Guidelines) to provide event organisers and other stakeholders with best practice guidelines with which to ensure events run smoothly. The guidelines should be read in conjunction with the *Strategy for Protecting Crowded Places from Terrorism*\(^7\), and the *Safe & Healthy Mass Gatherings Handbook*\(^8\), which is currently being reviewed by the Australian Institute for Disaster Resilience.

The guidelines have a focus on risk and health; however, they do touch on several requirements that are related:

- The public building regulations require Risk Management Plans (RMP) to be submitted to the local government for all events with over 1,000 people attending. As part of that process, event organisers should be considering the potential for terrorist activity and mitigating potential scenarios, where appropriate and practicable. Local Government Environmental Health Officers assess RMPs and provide feedback.
- The Guidelines recognise roles for police, security and crowd controllers at events and crowded places during both normal operations and during emergencies; however, the guidelines do not provide advice or guidance on terrorism-related incidents.
- The Guidelines recommend that risk profiling is undertaken, which includes a medical risk management tool, and that their medical plans are submitted for review.

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- The Guidelines provides advice regarding ingress and egress, and the management of queues, very important persons and mosh pits.

The Guidelines last underwent a full review in 2009. Minor reviews have occurred since the published date for particular subsections of the Guidelines. These include exemptions for visiting health professionals to WA to provide assistance at special events. Another update has occurred in regard to a review of event medical plans. Investigation into similar Guideline documents that may exist in other states has found this document to be unique. Commentary from other states can also be found referring to the Guidelines as a document of note. It is recognised the Guidelines require a review for currency and that this should be done in concert with the development of the Health Events Regulations.

The Disaster Preparedness and Management Unit (DPMU) within the Department of Health is a key stakeholder in event risk management for large events hosted in WA. The annual Leavers event hosted in Dunsborough at the end of the school year and Perth Skyshow are two examples of regular events. Other examples of one off events include:

- Dirk Hartog Island commemoration event (2016)
- ANZAC commemoration celebration in Albany (2014)
- Commonwealth Heads of Government Meeting - Perth (2011)

The Department of Health has developed sound working relationships with other government emergency response agencies. WA Health regularly participates in multi-agency exercises that test and confirm state level communication. In the last 12 months, WA Health has participated in the following multi-agency exercises that have incorporated a crowded places element:

- Leavers 2017 Discussion exercise (Dunsborough)
- Perth Stadium commissioning (2017)
- Perth Skyshow 2017

WA Health, in conjunction with WA Police, is hosting Exercise Centum in May 2018, which is a mass casualty exercise trigged by a terrorism event.

WA Police has partnered with other government agencies, including the WA Health system, to help counter violent extremism. A process exists to centrally report a person where there are concerns they may be vulnerable to becoming a violent extremist. Specific staff members within WA Health hold a national security clearance with access to information ensuring the WA Health system is appropriately informed.

WA Health is a member of the following national health committees:

- National Health Emergency Management Subcommittee (NHEMS)
- Australian Health Protection Principal Committee
- Australia New Zealand Counter Terrorism Committee CBR Security Subcommittee.

NHEMS is an enabler for incidents of national consequence, counter terrorism plans, emerging issues of national significance and communicable diseases threats of national significance. These items form the National Health Response Arrangements.
4. Capability of the Western Australia Police Force to respond to a terrorist attack on a crowded place

The Department of Health has no comments to make on this Term of Reference.

5. Security licencing, registration, and assurance processes in Western Australia

The Department of Health has no comments to make on this Term of Reference.

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