



**Australian Government**

**Department of Infrastructure, Transport,  
Regional Development and Communications**

# Jervis Bay Territory – COVID-19 Pandemic Response Plan

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## Abbreviations

<b>Term</b>	<b>Definition</b>
ADF	Australian Defence Force
AFP	Australian Federal Police
AHMPPPI	Australian Health Management Plan for Pandemic Influenza
AHPC	Australian Health Protection Committee
AMS	Aboriginal Medical Service
BCP	Business Continuity Plan
CDNA	Communicable Diseases Network Australia
CEO	Chief Executive Officer
CMO	Chief Medical Officer
COVID-19	CO referring to corona, VI to Virus, D to disease and 19 to 2019
CRP	Covid-19 Pandemic Response Plan
DITRDC	Department of Infrastructure, Transport, Regional Development and Communications
EHO	Environmental Health Officer
EMC	Emergency Management Committee
EMP	Emergency Management Plan
ISLHD	Illawarra Shoalhaven Local Health District
JBT	Jervis Bay Territory
LEOCON	Local Emergency Operations Controller
WBACC	Wreck Bay Aboriginal Community Council

## Foreword

This document is a Sub Plan of the Jervis Bay Territory Emergency Management Plan (JBT EMP) and it is to be read in conjunction with this plan.

### 1. Introduction

This COVID-19 Pandemic Response Plan (CRP) has been produced as a sub-plan of the JBT Emergency Management Plan (EMP).

Pandemics are an unpredictable and uncommonly occurring emergency for which standing emergency plans in JBT have incomplete coverage. It is therefore necessary to produce a specific response procedure for a pandemic in a dedicated sub-plan.

This implementation of the EMP and the CRP will be led by the Department of Infrastructure, Transport, Regional Development and Communications (the Department). The Department has overall responsibility for mobilising and coordinating the activities of combat agencies, reporting to the responsible Minister for the JBT and coordinating the declaration of state of emergency and public health emergency instruments.

### 2. National Health Emergency Response Plan

The [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#), (the National Plan) provides strategic level guidance regarding the response to COVID-19 in Australia but is not a time or location specific operational plan.

*The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19): Management Plan for Aboriginal and Torres Strait Islander Populations* provides operational advice on measures to be implemented in Aboriginal and Torres Strait Islander communities. It should inform local measures taken to combat COVID-19 in Wreck Bay or among other Aboriginal or Torres Strait Islander residents of JBT.

The Communicable Disease Network of Australia (CDNA) guidelines for public health units contains current nationally agreed procedures for managing cases and contacts of COVID-19, laboratory testing, quarantine and other protocols applicable to control of COVID-19. It is intended to be implemented by state and territory public health units but also provides useful context for planning and emergency response agencies.

This CRP has referenced national planning for guidance and is designed to readily integrate into broader emergency arrangements. The CRP describes the integrated approach and shared responsibility for health emergency management between the Department of Health, the emergency management sector and the community.

The CRP does not incorporate all elements of preparation for COVID-19 as it has been drafted during an active phase of the COVID-19 pandemic. It primarily addresses scalable escalation within an ongoing response, the duration of which is currently unknown. The CRP does not address processes for any recovery measures which may be required post-pandemic as the duration of the current pandemic is indeterminate. It is expected national guidance on recovery will become available when the COVID-19 pandemic is considered to have resolved.

## 3. Aims and Objectives

### 3.1 Aims

This plan aims to:

- Assist in reducing the impacts of an COVID-19 pandemic on the JBT Community
- Provide support and recovery assistance throughout the duration of an COVID-19 pandemic
- Provide a common administrative framework to facilitate coordinated preparation and response activities by responsible agencies to meet the objectives of this CRP
- Integrate the response to COVID-19 within JBT with nationally agreed response frameworks for the pandemic.

### 3.2 Objectives

This Plan has the following objectives:

- *Preparedness* – have arrangements in place to reduce the pandemic impact on the JBT community during a pandemic
- *Containment* – prevent transmission, implement infection control measures, and provide support services to people who are isolated or quarantined within the community
- *Maintain essential services within the JBT*
- *Communication* – develop communication messages, in line with whole of government messages, to inform the community changes to normal service delivery

This Plan is to be used in conjunction with, and as a supplement to, the existing EMP and other emergency arrangements in place.

## 4. Stakeholders

The following stakeholders contribute to the coordination of the response to COVID-19 within the JBT community:

- Australian Federal Police
- NSW Health (through Illawarra Shoalhaven Local Health District)
- South Coast Medical Service Aboriginal Corporation (AMS)
- ACT Health Directorate
- The Department (DITRDC)
- Wreck Bay Aboriginal Community Council (WBACC)
- Parks Australia (Booderee National Park)
- ACT Education Directorate
- Department of Defence
- International SOS (or other contracted provider).

Co-ordination between these stakeholders is managed through the Emergency Management Committee (EMC), which is authorised through the EMP. The Local Emergency Operations Controller (LEOCON) is given overall control and responsibility for implementation of the EMP.

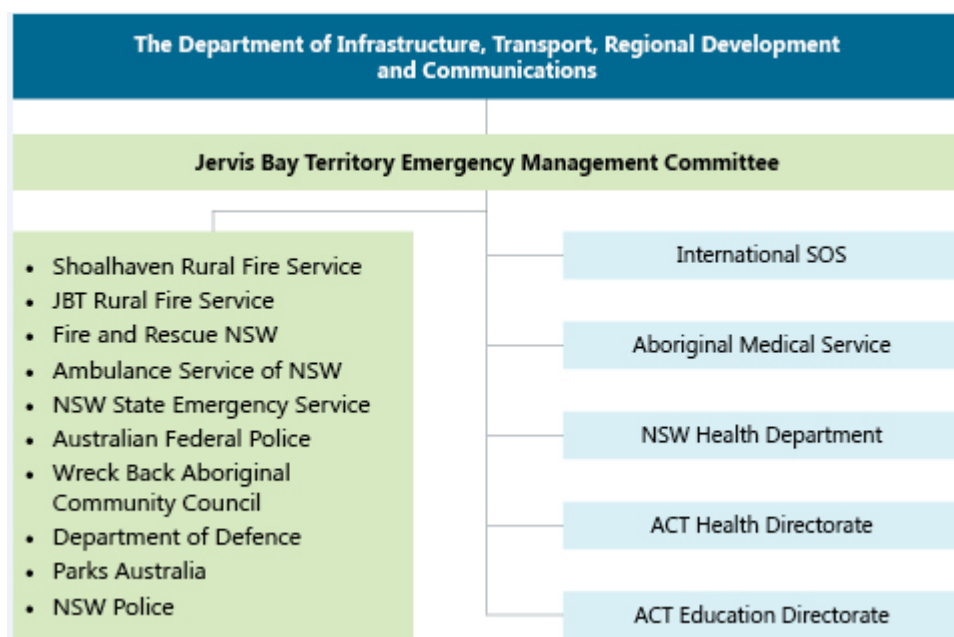


Figure 1. COVID-19 Management structure within JBT (Green) with external agencies (Blue)

## 5. Jervis Bay Territory Response Requirements (COVID-19)

### 5.1 COVID-19 (Novel Coronavirus)

COVID-19 is a virus that is genetically closely related to SARS-CoV-1, the cause of the SARS epidemic in 2003. Since being discovered in Wuhan, China, in December 2019 it has spread globally to cause an ongoing pandemic. The status and severity of the COVID-19 pandemic shows significant regional variation of the disease, the availability of COVID-19 testing and health services, and the capacity to implement public health measures such as contact tracing and quarantine.

Significant characteristics of COVID-19 for the purposes of emergency response planning include:

- The virus is easily transmissible, and no group is considered immune from the possibility of becoming infected, including those who have had COVID-19 and recovered. There are several groups of people who are more vulnerable, such as the elderly and Aboriginal and Torres Strait Islander people and this needs to be taken into account in planning the response.
- COVID-19 is transmitted via respiratory droplets, mainly through coughing and sneezing. Simple hygiene and preventive measures such as cough etiquette, handwashing and physical distancing are therefore key to controlling the spread of COVID-19.
- A secondary route of transmission is through contamination of frequently touched surfaces such as desks, light-switches, instruments etc. The virus can survive on surfaces for several days, and people who touch a COVID-19 contaminated surface can infect themselves by transferring virus to their eyes, nose or mouth. This can be managed by frequently cleaning and disinfecting commonly used areas and hand washing.
- COVID-19 causes a broad range of disease. In eighty percent of cases the disease is medically mild and may be asymptomatic, with the most common symptoms being fever and cough. In twenty

percent of cases illness is severe enough to require hospitalisation, and in five per cent of cases COVID-19 causes critical respiratory disease that requires ICU support. Access to a full range of clinical services is therefore necessary to treat COVID-19 cases.

- Any person can develop severe illness with COVID-19 and deaths have been reported in all age groups. Poor housing and limited access to health care can further increase the vulnerability.
- COVID-19 can cause mild symptoms in many cases. The only way to definitively exclude COVID-19 is a laboratory test. Access to testing capacity is essential for controlling COVID-19 outbreaks.
- Definitions of cases, probable cases and contacts (as defined by the CDNA) guide the requirements for identifying cases and contacts and determine testing, treatment and self-isolation and quarantining protocols. These definitions are determined by the changing nature of the pandemic and it is important to keep across them as they will influence the response.

Additional resources regarding COVID-19 and the status of the Pandemic are available from the Department of Health at:

- [COVID-19 Health Alert](#)
- [COVID-19 Weekly Epidemiology Reports Australia 2020.htm](#)
- [COVID-19 Series of National Guidelines](#)

## 5.2 Community profile

A comprehensive community profile including population demographics is contained in JBT's Emergency Management Plan.

The latest estimate of the usual resident population of Jervis Bay is 398 people as at 2019<sup>1</sup>.

JBT's population is estimated to grow during the peak holiday periods.

JBT is a vulnerable population with respect to the risk of COVID-19 because:

- A large proportion of the residents of the Territory are Aboriginal and Torres Strait Islander people, a group recognised in national planning as being at increased risk of serious outcomes from COVID-19 infection.
- There may be limited capacity to support isolation and quarantine of people in JBT.
- It is relatively remote from acute care services and does not have its own hospital or general-practice facilities.
- A high proportion of residents (48%) are over 50 years of age, putting them at increased risk of hospitalisation and severe illness if they contract COVID-19.
- Public Health management is divided between a number of jurisdictions, potentially complicating response management.

Responses under this Plan will be made with consideration of the risks posed to JBT with its unique vulnerabilities taken into account.

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<sup>1</sup> ABS Estimated Resident Population 2019



### 5.3 Predicted impact of COVID-19 (Novel Coronavirus) in JBT

COVID-19 could potentially impact the residents of JBT in several ways, and these scenarios may occur more than once over the course of the pandemic. In general, the impact of COVID-19 in JBT is likely to be determined by the scale of the epidemic in Australia, the number of visitors, and the occurrence of any local outbreaks of COVID-19 in neighbouring areas of NSW with which residents of JBT have frequent contact and the incidence of the disease within the JBT community.

Likely scenarios include:

1. A resident of JBT may be diagnosed with COVID-19 while they are outside the Territory e.g. in Sydney, but close contacts of that person in JBT are required to be quarantined.
2. A resident of JBT may become unwell with COVID-19 while in JBT, requiring transport to acute medical care with subsequent quarantine of their close contacts.

In either scenario 1 or 2, secondary cases of COVID-19 may occur in JBT leading to a localised outbreak.

Likely Impacts include:

An outbreak of COVID-19 in areas of NSW neighbouring JBT may require an escalation of preventative measures to reduce the risk of COVID-19 infection in JBT, including anxiety or distress caused by:

- Health hazards, which may become acute if cases are diagnosed in the community.
- Disruption of routine activities e.g. weddings, funerals, visiting family and travel.
- Closure of businesses, schools and the impact on the economy and impact on social and mental well-being of residents.

### 5.4 Consequence and mitigation of impacts

Likely Scenarios	Mitigation
A resident of JBT may be diagnosed with COVID-19 while they are outside the Territory e.g. in Sydney, but close contacts of that person in JBT are required to be quarantined.	<ul style="list-style-type: none"> <li>• Effective capacity to support the medical, material and psychological needs of resident in quarantine.</li> <li>• Effective communication of the health hazard posed by COVID-19 to the community.</li> <li>• Promotion of testing and medical review of other unwell people in the community.</li> <li>• Effective capacity to transport unwell people to medical review/treatment.</li> </ul>
A resident of JBT may become unwell with COVID-19 while in JBT, requiring transport to acute medical care with subsequent quarantine of their close contacts.	<ul style="list-style-type: none"> <li>• Effective capacity for case isolation, testing of suspect case and quarantine of contacts management in line with national guidance.</li> <li>• Effective capacity for non-targeted measures to reduce the spread of COVID-19 in the community e.g. increased hygiene, physical isolation.</li> <li>• Effective communication of the health hazard posed by COVID-19 to the community.</li> </ul>

Likely Impacts	Mitigation
<p>An outbreak of COVID-19 in areas of NSW neighbouring JBT may require an escalation of preventative measures to reduce the risk of COVID-19 infection in JBT, including anxiety or distress caused by:</p> <ul style="list-style-type: none"> <li>• <b>Health hazards</b>, which may become acute if cases are diagnosed in the community.</li> <li>• <b>Disruption of routine activities</b> e.g. weddings, funerals, visiting family and travel.</li> <li>• <b>Closure of businesses, schools and the impact on the economy</b> and impact on social and mental well-being of residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Effective capacity for non-targeted measures to reduce the spread of COVID-19 in the community e.g. increased hygiene, physical isolation.</li> <li>• Effective capacity to monitor any escalation of the local pandemic and, if necessary, increase local measures to protect the community.</li> <li>• Effective capacity for case isolation, testing of suspect case and quarantine of contacts in line with national guidance.</li> <li>• Effective local medical support for the community.</li> <li>• Ensuring Public Health Directions remain proportionate to the risk of COVID-19 posed by local conditions.</li> <li>• Consultation and communication with the community regarding appropriate methods of implementing Public Health Directions.</li> </ul>

This is not an exhaustive list of potential scenarios and others may occur. The appropriate management of a specific situation will be managed by the EMC in consultation with health authorities according to nationally agreed guidance.

## 5.5 Escalating the level of response

The escalation plan has five stages. The stages are not required to be sequential i.e. it is possible to go from level 0 to level 4 without transitioning through level 2. De-escalation will follow a specified approach to step back through listed levels of restriction dependant on public health advice. A copy of the escalation matrix is at **ATTACHMENT A**.

## 5.6 Roles and Responsibilities

The implementation of this CRP is a collaborative effort co-ordinated by the EMC. It involves Governmental, local and non-governmental stakeholders to understand their specific contribution to implementing the CRP and to have their own arrangements for ensuring that they are able to deliver their component of it when required.

The Roles and Responsibilities of key agencies are as follows:

Agency	Actions
Department of Infrastructure, Transport and Regional Development and Communications	<ul style="list-style-type: none"> <li>• Facilitates the preparation and issuing of Emergency instruments subject to the <i>Jervis Bay Territory Emergency Management Ordinance 2015</i> and applied ACT health law to provide a legal basis for COVID-19 response measures.</li> <li>• Maintain communication with JBT residents regarding the status of, any and changes to, COVID-19 response measures.</li> <li>• Provide the liaison-point between the EMC and NSW Health, ACT Health, the South Coast Medical Service Aboriginal Corporation and International SOS.</li> <li>• Provide oversight of all Emergency Management arrangements and reporting (including the availability / provision of essential services).</li> </ul>
Australian Federal Police	<ul style="list-style-type: none"> <li>• Provide a LEOCON to the EMC to oversee the implementation of the CRP.</li> <li>• Issue Directions to self-isolate in consultation with NSW Health.</li> <li>• Where required, support ACT Health with monitoring of home isolated patients in JBT.</li> <li>• Monitor compliance with Emergency Directions.</li> <li>• Assist with public health actions taken by the EMC in response to COVID-19 e.g. finding contacts, closing access roads.</li> </ul>
Wreck Bay Aboriginal Community Council	<ul style="list-style-type: none"> <li>• Provide a liaison-point with the EMC to communicate COVID-19 related health issues and/or concerns from the community at Wreck Bay.</li> <li>• Propose to the EMC measures which may be useful in controlling the risk of COVID-19 in the Wreck Bay Community, or how existing measures may be better implemented.</li> <li>• Assist the Department in formulating appropriate communications material for the community about the status of the COVID-19 pandemic and public health measures to control it within Wreck Bay Community.</li> <li>• Promote the uptake of measures to control COVID-19 in the local Aboriginal community, such as physical distancing, limiting the size of gatherings and increased handwashing.</li> <li>• Assist the EMC to identify appropriate facilities in the community for use as quarantine or isolation locations, including an assessment of the acceptability of these uses to the community.</li> </ul>
Department of Defence	<ul style="list-style-type: none"> <li>• Manage ADF Members on site in line with prevailing Emergency Directions.</li> <li>• Manage cases and contacts of COVID-19 among ADF members and/or on ADF premises at JBT in line with nationally agreed guidelines.</li> <li>• Provide a liaison-point with the EMC to notify any cases or contacts of COVID-19 identified among ADF members in JBT.</li> <li>• Assist the EMC in implementing any public health control measures which are required in JBT to respond to COVID-19 by ensuring information, access of public health staff to ADF members or premises, and any other material support facilitated to integrate ADF members into a single JBT-wide response.</li> </ul>
International SOS	<ul style="list-style-type: none"> <li>• Nominate a liaison-point for the EMC.</li> <li>• Maintain capacity to provide (at no more than 14 days' notice):</li> <li>• Clinical capacity to JBT Community to support isolated or quarantined residents.</li> </ul>

Agency	Actions
	<ul style="list-style-type: none"> <li>• Clinical capacity to Wreck Bay Community to facilitate medical assessments of residents.</li> </ul>
South Coast Medical Service Aboriginal Corporation (Aboriginal Medical Service)	<ul style="list-style-type: none"> <li>• Operate a clinic at Wreck Bay Village which will among other services seek to promote public health measures to control COVID-19 appropriate to the local context, and facilitate testing of unwell people through an 'Outbreak Management Team'.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• Nominate a liaison-point for the EMC.</li> <li>• Provide guidance and operational leadership to the EMC regarding the public health management of any JBT residents that is consequential to a COVID-19 case.</li> <li>• Provide the EMC with regular briefings about the state of COVID-19 activity in the Illawarra-Shoalhaven Local Health District, including any active outbreaks or increases in the tempo of the pandemic.</li> <li>• Notify the LEOCON of any cases of COVID-19 diagnosed in JBT residents as soon as NSW Health is aware of the diagnosis, and provide recommendations for self-isolation (home or elsewhere).</li> <li>• Notify ACT Health of any cases of COVID-19 diagnosed in JBT residents as soon as possible to allow them to commence contact tracing.</li> <li>• Advise the EMC if it is considered likely that additional clinical resources (International SoS) may be required to control COVID-19 in JBT within 14 days.</li> <li>• Maintain a register of all cases of COVID-19 diagnosed among JBT residents and all persons under active investigation as contacts of those cases.</li> <li>• Liaise with ACT Health to ensure there are no gaps in the provision of medical services / processes.</li> </ul>
ACT Health	<ul style="list-style-type: none"> <li>• Nominate a liaison-point for the EMC.</li> <li>• Liaise with NSW Health to ensure there are no gaps in the provision of medical services / processes.</li> <li>• Provide guidance and operational leadership to the EMC regarding the public health management of any JBT residents that is consequential to a COVID-19 case. This specifically includes operational leadership of contact tracing, expedited testing of contacts, quarantine of contacts or transfer of cases with COVID-19 to medical care.</li> <li>• The Communicable Disease Control (CDC) team in Canberra will undertake contact tracing for JBT residents who are positive for COVID 19 once notified and undertake daily follow-up calls/SMS with JBT residents in quarantine</li> <li>• ACT will liaise with NSW Health or ISLHD Public Health Unit regarding assessment of the person's ability to quarantine.</li> <li>• Provide a liaison-point between the EMC and ACT Government through the ACT Health Emergency Control Centre for liaison between the EMC and ACT Health Directorate.</li> <li>• Notify the LEOCON of any cases of COVID-19 in JBT residents that are notified to ACT Health.</li> </ul>

Agency	Actions
	<ul style="list-style-type: none"> <li>Ensure timely notification of cases of COVID-19 in JBT residents to NSW Health, irrespective of whether the LEOCON has also been notified.</li> </ul>
ACT Education Directorate	<ul style="list-style-type: none"> <li>Nominate a liaison-point for the EMC if required.</li> <li>Enact public health directions in force in JBT or decisions of the EMC regarding public health controls in JBT as they apply to the Jervis Bay School.</li> </ul>
NSW Ambulance	<ul style="list-style-type: none"> <li>Expedite transport of unwell residents of JBT to acute medical care as required.</li> </ul>
Parks Australia	<ul style="list-style-type: none"> <li>Ensure staff are aware of prevailing Emergency Directions for control of COVID-19 and are compliant with these e.g. physical distancing, arranging to be tested if unwell, handwashing.</li> <li>Administering the closure of Booderee National park to visitors as required under Emergency Directions.</li> </ul>

## 5.7 Public Health Management of Cases and Contacts

The public health management of cases of COVID-19 and their contacts in JBT will be divided between ACT Health and NSW Health. ACT Health will be notified of cases in JBT residents and provide contact tracing. As ACT Health does not have a physical presence in JBT, public health management may be handed to NSW Health if an outbreak becomes sufficiently complex. The threshold at which this will occur is a decision for the EMC in consultation with ACT and NSW Health regarding the most suitable strategy. It is expected that NSW Health and ACT Health will have operational level discussions regardless of who has the 'lead' in JBT.

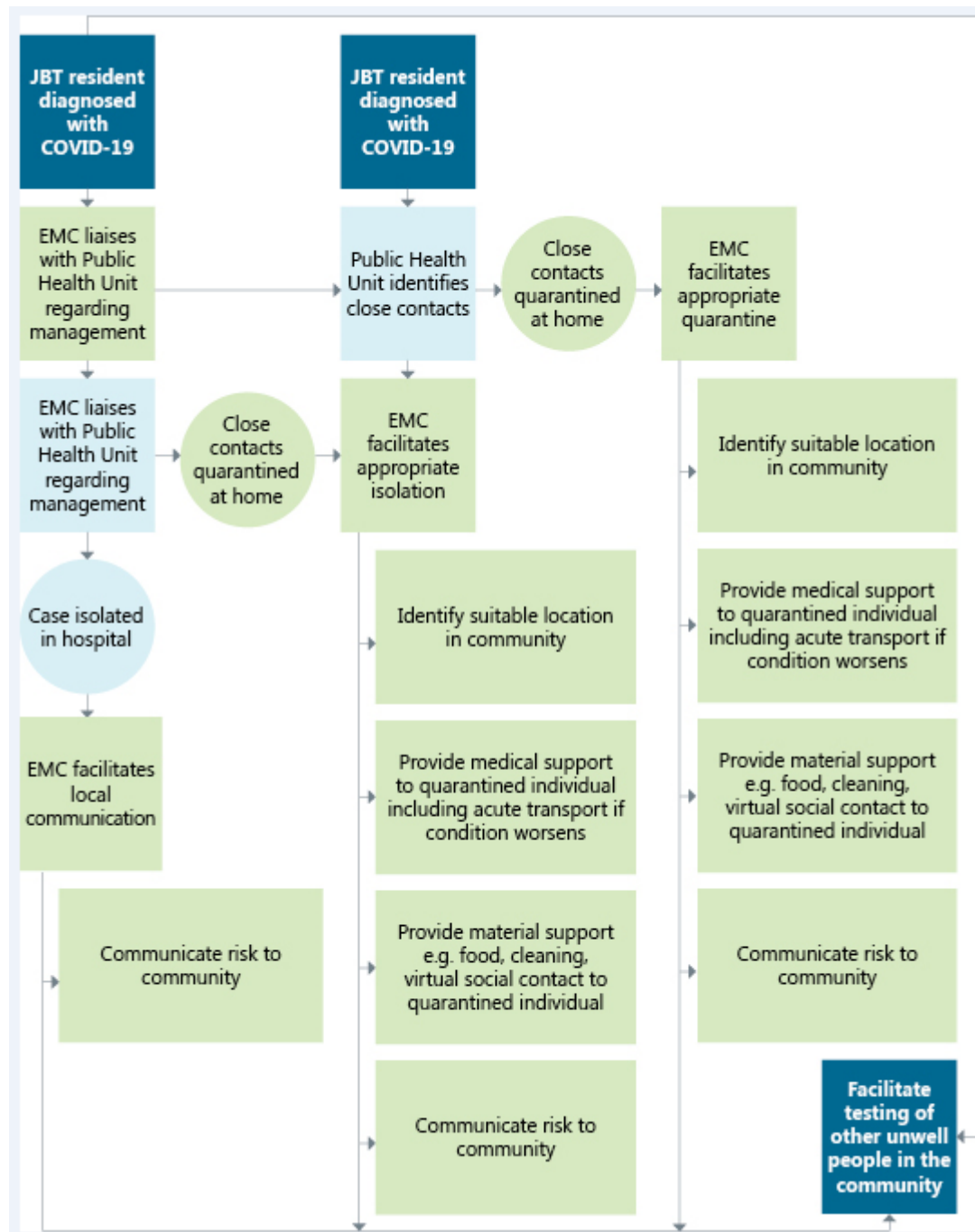


Figure 2. Responsibilities of the EMC (Green) and Public Health Units e.g. ACT or NSW (Blue) in case and contact management.

### 5.8 Health Directions

During a public health emergency, Public Health Emergency Directions can be issued to assist in containing, or to respond to, the spread of COVID-19 within the community. Restrictions within these health directions are proportionate to the public health risks and are monitored and enforced by AFP within the JBT. It is an offence for a person, group of persons or a corporation not to comply with Public Health Directions.

In general, JBT Public Health Emergency Directions have been used to give effect to similar public health measures in the JBT as are being implemented in NSW through Public Health Orders e.g. maximum social gathering size, business closures. These Directions can be accessed on the Department's website at: [JBT Public Health Directions](#).

During a declared State of Emergency, the LEOCON has the authority to issue individual directions for residents to self-isolate under the *Jervis Bay Territory Emergency Management Ordinance 2015*. The LEOCON may use this authority as required. In relation to this Pandemic Plan, two most likely instances where this direction could be issued to a JBT resident are:

- If they test positive for COVID-19 or
- If they are identified as a close contact of another COVID-19 patient.

Individual directions to self-isolate may be issued by NSW to a JBT resident as part of a public health response if the resident is in NSW at the time e.g. a case is diagnosed in NSW and directed to isolate themselves, or a contact is notified in NSW and directed to self-quarantine.

The Direction to Self-Isolate template is at **ATTACHMENT B**.

**Note:** There may be circumstances where NSW Health will recommend that a JBT Resident who has tested positive for COVID-19 be isolated outside their usual household to reduce the risk of spreading the disease amongst the community. In these circumstances, NSW Health, the Department and WBACC will work collaboratively to ensure the affected person is accommodated and supported during isolation.

## 6. Control Strategies

The response to COVID-19 can be divided into non-targeted measures, which are applied to society broadly to reduce the likelihood of the virus spreading, and targeted measures, which are applied to people specifically identified as being at particular risk from the virus.

Non-targeted measures include:

- Physical distancing
- Restrictions on travel
- Restrictions on the size of gatherings
- Working from home
- Increased hygiene measures.

Targeted measures include:

- The isolation of cases of COVID-19 until they recover and are non-infectious
- Quarantine of close-contacts of people with COVID-19
- Isolation of people at high-risk of developing severe COVID-19 disease such as the elderly
- Quarantining of international travellers and State and Territory border closures and quarantining requirements
- Restrictions on community gatherings, limitation on numbers of clients accessing the retail sector.

These can be legally enforced through Public Health Directions pursuant to the appropriated powers of the *Public Health Act 1997* (ACT).

A local increase in the tempo of these measures could be considered if the risk of COVID-19 worsened in the local region with which JBT residents have the most contact. However, this would be best integrated with discussions with NSW Health and other Commonwealth agencies such as Parks Australia. Similar local measures have been taken by regional communities such as Thredbo, NSW, which closed access during the June long weekend despite travel in NSW being broadly allowed. This was implemented through Parks Australia after consultation with the local community.

## 6.1 Potential Public Health response strategies

JBT will generally maintain a similar response to NSW, it follows that the most likely hazard that will require a JBT-specific response under this plan is either cases of COVID-19 occurring in JBT, or public health measures being required in JBT as a result of residents being in contact with a case of COVID-19.

The Public Health response and support measures are as follows:

Measure	Implementation
Physical distancing in public and communal areas	Advise to, where possible, practice physical distancing. Will be provided in accordance with NSW guidelines.
Restrictions on travel	The EMC will ensure consistency with National guidance and advice from responsible agencies regarding restricting access to the Territory. This may include closure of Booderee National Park.
Limiting mass gatherings	The EMC will ensure consistency with NSW guidance on the size and form of allowable mass gatherings such as schools, weddings, funerals, entertainment events.
Working from home	The EMC will require businesses and agencies in JBT through their Business Continuity Plans, to support working from home (where possible), and to advise staff not to attend work if they are unwell.
Increased hygiene measures	Advice in accordance with NSW guidelines will be provided regarding handwashing and cleaning. The EMC will facilitate adequate facilities/resources to be available to enhance uptake of these measures.
Medical and logistic support for cases in self-isolation	Where a person with COVID-19 is isolated in the community, the EMC will facilitate adequate medical, material (for example, food and pharmaceuticals) and psychological support availability, to maintain that isolation.
Medical and logistic support for close contacts in Quarantine	Where residents of JBT have been identified as close contact of a case, the EMC will facilitate adequate medical, material (for example, food and pharmaceuticals) and psychological support availability, to maintain that quarantine.



Measure	Implementation
Personal Protective Equipment (PPE)	The Department of Health maintains a stockpile of Personal Protective Equipment. These materials are intended to protect healthcare workers in hospitals, clinics and aged-care facilities. PPE may be deployed to JBT in response to COVID-19. Agencies who do not have a role in frontline health care are not eligible for stockpile supplies.
Provision of clinical services	The JBT EMC will draw on information from the Australian Government to ensure the precautions and activities are proportionate to the risk posed to the community. Targeted actions will be introduced to the JBT community in a manner that is consistent across other regional areas with similar risk and severity level. Advice provided through the Australian Government and Department of Health will guide these decisions.

## 7. Communication Methods

Pandemic messaging will be produced by the Department in consultation with the Australian Government Department of Health and communicated to the community via a range of electronic and print media. Communications will be conducted in line with the agreed JBT and COVID-19 communication strategies and whole-of-government messaging. The JBT EMC will initiate articles in regular newsletters, stand-alone bulletins and media announcements. The Communications personnel will be drawn from the Department. These reports will detail health-related information, school closures, border control, business information, and Australia's current pandemic phase. Public messaging will give advice on preventing and containing the pandemic, number of cases and areas worst affected. Channels and messaging will be appropriate to the Wreck Bay and JBT communities.

The Department should prepare communications that can be easily distributed to stakeholder networks. Media enquiries will be managed within the established Departmental media handling protocols.

## 8. Evaluation and Review

The stand-down of this CRP will be driven by Government announcements on advice from public health authorities. Transitioning to 'business as usual' may involve re-assigning resources while maintaining a level of surveillance for another 'wave' of the outbreak. The JBT EMC will be responsible for coordinating with other government and non-government bodies to transition to business as usual.

## 9. Appendix

### 9.1 Contacts

Agency	Contact Name and Position	Telephone
Australian Federal Police	AFP Officer in Charge (Incident Controller)	5126 9230 (station) 0408 555 262 131444 (ah)
	AFP Operations Coordination Centre (AOCC) (Canberra)	5126 5847 5127 1111 (24 hours) 131444 Police Assistance 000 AFP Emergency
Department of Infrastructure, Transport, Regional Development and Communications.	Eileen Deemal-Hall Director Jervis Bay Territory Administration (based in Jervis Bay Territory)	(02) 4442 2205 0477 730 747
	Leife Shallcross A/g Director Jervis Bay Territory Administration (based in Canberra) leife.shallcross@infrastructure.gov.au	(02) 6274 7944 0428 049 183

### 9.2 Supporting documents

- Jervis Bay Territory Emergency Management Plan (This controlled document may be available on request from the Department of Infrastructure, Transport, Regional Development and Communications).
- [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](#)
- [Australian Health Sector Emergency Response Plan for the Novel Corona Virus COVID-19](#)
- [Coronavirus \(COVID-19\) – what you need to know Coronavirus \(COVID-19\) resources](#)
- [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\): Management Plan for Aboriginal and Torres Strait Islander Populations, March 2020 \(the ATSI National Plan\)](#)
- [The Communicable Disease Network of Australia guidelines for Public Health Units](#)
- [NSW advice regarding COVID-19 management,](#)
- [ACT Govt COVID-19 Management advice.gov.au](#)

## Attachment A: Jervis Bay Territory Escalation Matrix

This [Escalation matrix](#) is a reference document for the JBT EMC.

## Attachment B: Direction to self-isolate



### Direction to self-isolate

#### *Jervis Bay Territory Emergency Management Ordinance 2015*

I, an authorised emergency services officer under the Ordinance, **DIRECT**, that you,

\_\_\_\_\_ [insert name],

must travel directly to \_\_\_\_\_

[insert address] (the Premises), to self-isolate and must not leave the Premises for the next \_\_\_ days

(the Period), except:

- (a) for the purposes of obtaining medical care, including a test for COVID-19, or medical supplies; or
- (b) because of an emergency.

To achieve this, I **DIRECT**, under ss 19(1) and 20(1) of the Ordinance, that during the Period:

1. You must not enter any part of the Jervis Bay Territory other than the Premises, unless one of the circumstances in paragraphs (a) or (b) above applies.
2. No other person may enter the Premises unless the person:
  - a. usually resides at the Premises; or
  - b. is also complying with a direction to self-isolate; or
  - c. enters the premises for medical purposes or because of an emergency; or
  - d. enters for the purpose of delivering food or essential items, as long as the person does not enter a residence.

**Note:** If you, or another person, fail to comply with this direction, an authorised emergency services officer may do all things reasonably necessary to ensure compliance with the direction, including using such force as is reasonably necessary in the circumstances (s 19(2) of the Ordinance).

Dated \_\_\_\_\_ 2020

Signed:

\_\_\_\_\_ [name]

\_\_\_\_\_ [position]