

# National Guidance document on the Engagement of Private Veterinarians during an Emergency Animal Disease (EAD) Response

## 1 Purpose

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This national guidance document provides guidance and essential information for both private veterinarians and government agencies to assist with the engagement of veterinarians during EAD responses.

## 2 Background

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Significant EAD responses are expected to require large numbers of personnel. During the 2007-08 equine influenza response, large numbers of veterinarians from the private sector were employed to perform field operations and a lower number employed to assist in control centres. A number of challenges relating to the consistent recruitment and engagement of private practitioners and other veterinarians were experienced during this outbreak, which could jeopardise engagement of veterinarians in future responses. Consequently, the Australian Government Department of Agriculture (the Department) and the Animal Health Committee (AHC) established the private practitioner engagement working group to resolve issues such as the need for national standardised remuneration, contractual arrangements, recruitment processes and employment conditions.

This guidance document will be reviewed annually by Animal Health Committee.

## 3 Methods of Engagement

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There are two methods by which private veterinarians may be engaged by a jurisdiction during a response:

- (i) **Government employee:** The veterinarian is engaged directly by the responding jurisdiction (relevant State government Department of Agriculture / Primary Industries) as a government employee on either a temporary or casual basis.
- (ii) **Contractor:** The veterinarian is directly contracted by the responding jurisdiction to perform specified services to support the response. The contract may be entered into with an individual, a partnership, a trust or a company.

### 3.1 Commonwealth's role

The Commonwealth will provide support to the responding jurisdiction(s) for cross-jurisdictional resource deployment, secondments and the management of international emergency veterinary reserves.

## 3.2 Contractor versus employee

The following table outlines the key differences between being engaged as a contractor and an employee. This comparison is provided to assist jurisdictions and private veterinarians to determine the conditions of engagement best suited to their needs.

It is important to note that there are some roles in an EAD response where private veterinarians will normally be engaged as government employees, rather than as contractors (irrespective of their preference). For example positions within a control centre are better suited to an employer-employee arrangement, as people will be performing defined roles under a command and control structure. As an employee, the employer has the right to direct how, when, where and who is to perform the work and the employee is paid for the time they work.

By contrast, a contractor is paid for results achieved, and is not bound by the same control structure that governs the employer-employee relationship. Contract arrangements are better suited for the provision of services performed in the field, such as sample collection, field surveillance or vaccination.

This is an important distinction to avoid potential complications at a later date, as under Common Law a Court may determine that a person is in fact an employee (and entitled to all employee benefits such as leave and superannuation) even if they were engaged as a contractor. A key factor in deciding if a worker is an employee is the *degree of control* that can be exercised over the worker. If the payer has the right to direct how, when, where and who is to perform the work, the worker is likely to be determined to be an employee.

Further information on contractor and employee's can be found at - [Difference between employees and contractors](#).

**Table 1 – Comparison of direct employee versus contractor**

	<b>Employee</b>	<b>Contractor</b>
Types of roles suitable	May be utilised for most roles within an EAD response (refer to appendix 4).	Suitable for roles where the veterinarian works relatively independently in providing services (normally in the field). For example, conducting vaccination or surveillance within a defined area.  May also be suitable for some high-level or specialist roles within a control centre.
Remuneration Rates	Private practitioners will be employed under existing jurisdictional industrial awards, which will vary from state to state. However, indicative salary levels have been agreed by jurisdictions based on the veterinarian's relevant experience and in line with Commonwealth science and veterinary salary levels (current as at July 2013):	Contracted private practitioners will be paid a rate of \$180 per hour excluding GST. This is based on the hourly rate for a level 3 employee, with a multiplier of 3.0 applied.  The hourly rate will be paid from the time they leave their base, perform the work and return.

	<ol style="list-style-type: none"> <li>1. \$86,247 per annum. Applies to private practitioners that may have less than 5 years of relevant experience.</li> <li>2. \$92,404 per annum. Applies to private practitioners with greater than 5 years relevant experience or appropriate area/s of expertise.</li> <li>3. \$109,584. Applies to private practitioners with more than 5 years of relevant experience, plus completion of additional training for roles in a control centre.</li> </ol> <p>The actual salary levels used by jurisdictions will depend on their industrial award but will be as close as possible to the relevant Commonwealth salary levels.</p>	<p>Alternative rates may be negotiated for highly specialised roles, or more temporary work.</p> <p>Depending on the circumstances, there may be rates set for work performed, rather than an hourly rate, for example a fee per animal vaccinated. The appropriate rate would be determined at the time by CCEAD on the recommendation of the jurisdiction.</p>
Overtime entitlements	<p>Overtime will be paid for work over and above standard work hours (7-8 hours per day depending on the jurisdiction).</p> <p>Actual rates may vary slightly between jurisdictions according to the applicable award, but generally include:</p> <ul style="list-style-type: none"> <li>• Monday-Saturday at time and a half for the first 2 to 3 hours, then double time;</li> <li>• Sunday at double time; and</li> <li>• public holidays at double and a half time.</li> </ul> <p>Note that overtime in most jurisdictions is paid irrespective of the grade at which the person is employed. That is, the entitlement is calculated using a salary level that caps the maximum value of the overtime entitlement.</p>	<p>No overtime rates apply. However, contractors will be paid at the standard hourly rate for all time worked.</p>
Insurance requirements	<p>Employer covers any insurance requirements.</p>	<p>Contractors must carry Professional Indemnity (\$10million), Public Liability (\$10million), workers compensation (if employing staff), personal accident</p>

		<p>cover and motor vehicle insurance (if using own vehicle).</p> <p><i>Note: Guild insurance has been consulted during this process and is currently working on developing a suitable package for contractors.</i></p>
Other employment conditions	Superannuation, workers compensation, annual leave etc apply and are in addition to the indicative salary levels.	The contractor rate is all inclusive and no additional employee entitlements are payable.
Motor vehicle	A motor vehicle will generally be supplied if required, although mileage rates will be paid for private vehicles if necessary.	<p>Contractors will use their own vehicle and be paid mileage at the standard ATO rate (refer to <a href="#">ATO rate</a>).</p> <p>In some circumstances a government vehicle may be supplied.</p>
Supply of equipment	All personal protective equipment and consumables etc will be supplied.	Supply of equipment such as personal protective equipment and basic consumables will be the responsibility of the contractor. However equipment may be supplied by the control centre and paid for by the veterinarian to ensure efficiency, biosecurity and consistency. Major response consumables, for example vaccine, will be paid for and supplied by the control centre.
Travel, accommodation and meal allowances	<p>The jurisdiction will pay for standard accommodation rates when living away from home when deployed from or at a control centre. Bulk accommodation will often be arranged and paid for by the control centre.</p> <p>Standard meal allowances apply where purchase of meals is necessary. No meal allowance when meals are supplied.</p> <p>Reasonable travel expenses from home to the place of employment and return will be paid.</p>	As for employment.
Certainty of employment	Employees will be appointed full-time or part-time for a fixed term	The allocation of work is at the discretion of the control centre. The

	during the EAD response, or may be employed on a casual basis. The jurisdiction will attempt to provide the private veterinarian with an estimate of the duration of engagement.	jurisdiction will attempt to provide the veterinarian with an estimate of the duration of engagement, as this helps practitioners to determine whether they are able to assist.
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**Note.** Where it has been indicated that a particular entitlement may vary between jurisdictions, it is recommended that the veterinarian seeks clarification at the time of employment.

## 4 Review Process

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The conditions and remuneration rates for veterinarians in EAD responses will be reviewed annually by the national Animal Health Committee, which comprises the Chief Veterinary Officers of each of the States and the Commonwealth. The above salary and contract rates will be indexed according to changes in the Commonwealth salary levels for APS6.04, APS6.06 and APS6.08.

It should be noted that if a jurisdiction for some reason pays employees or contractors at a rate higher than agreed nationally, then the difference may not be reimbursed back to the jurisdiction under national cost-sharing arrangements.

## 5 Potential roles for private veterinarians in an EAD Response

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With the appropriate training and skills private practitioners can undertake any of a range of roles in an EAD response. However, traditional roles for private practitioners coming into response include performing field surveillance or vaccination.

A full list of roles that veterinarians may perform in a control centre or the field is provided at appendix 4. However, as indicated above, it is most likely that for work in a control centre, private practitioners will be engaged as government employees.

## 6 Initial Engagement

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Engagement of private veterinarians will most likely occur through the responding State or Territory government's logistics unit. However, initial contact may occur through a variety of means, for example through the Australian Veterinary Association, local jurisdictional contacts, the Commonwealth, an employment agency or by word of mouth.

Prior to formal engagement the state or territory government will aim to provide private veterinarians with appropriate information regarding the specifics of the response, the role(s) they will be expected to perform, approximate duration of contract and as much detail as possible concerning the proposed contractual or direct employment arrangement.

## 7 Veterinary Liaison

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A Veterinary Liaison function will be undertaken by an officer employed by the responding jurisdiction to keep private veterinarians up to date with current developments and service the information needs of individual veterinarians.

## 8 Induction / Training

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The induction unit within the State Coordination Centre (SCC) or Local Control Centre (LCC) will provide briefings on a number of things, including the nature of the disease, the operational plan, the current situation, the structure of the centre, workplace health and safety arrangements, local demography and conditions of employment. At induction into the SCC or LCC, new arrivals must also be processed to record their personal details and to inform them of personnel matters such as finance, transport and accommodation arrangements.

The induction unit works closely with the Training Section. New staff or contractors may be required to undertake training in the specifics of the roles that they will be performing. Provision of this training is the responsibility of each section manager within the Control Centre. In large outbreaks, a dedicated training officer may be in place for each section.

## 9 Contractor Obligations and Performance Criteria

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For veterinarians engaged as contractors, the contract will specify the services to be performed such as:

- Carry out veterinary duties in accordance with the Emergency Animal Disease Response Plan as directed by the Response Controller / Chief Veterinary Officer/ Director or Section Manager.
- Details of the specific role the contractor will fulfill, for example sample collection, field surveillance, vaccination, or other services as directed.
- Any specific performance criteria and/or performance management arrangements may also be detailed in the contract.

Note that the contract specification may be quite general, especially early in a response.

An additional guidance document outlines the key elements that jurisdictions have agreed to include in all contracts to be used when engaging veterinarians as contractors.

In performing the contracted services, contractors have a number of obligations, namely to:

- a. Perform the services with professional skill and care.
- b. Comply with applicable government policies, guidelines, requirements and directions (as provided during induction and training). In particular, observe appropriate personal protective equipment and biosecurity procedures/controls.
- c. Maintain proper records and provide timely and accurate reports as required.
- d. Comply with applicable workplace health and safety legislation, procedures and guidelines.

- e. Observe appropriate “stand down” times following contact with infected animals (see section 15).
- f. Not make public statements (including via social media), unless approval is provided. Preferably direct all media enquiries to the appropriate communications/media area.
- g. Ensure that critical comments on the response are not made public but rather addressed to the appropriate section in the control centre or through the Veterinary Liaison Officer.
- h. Disclose any actual or potential conflicts of interest. Contractors must not carry out business or have interests that are in conflict with, or might appear to be in conflict with, the duties and interest under the Contract. Examples could include conducting surveillance on properties owned by family members or where the contractor has a financial interest; inducements to provide preferential service (e.g. vaccination) to existing clients.
- i. Maintain confidentiality with respect of parties affected by the response and documents or information pertaining to the response, unless specifically given permission to do otherwise, or required by legislation.
- j. Not release laboratory results (including to animal owners) without approval.

**Note.** Item (c), **reporting** is perhaps the most common area where problems have occurred in the past. Provision of timely and accurate reports is essential for an EAD response to be managed effectively. Continued poor performance in this may result in the contract being terminated.

All jurisdictions also have a Code of Conduct for employees which would also be expected to be observed by contractors. The Code of Conduct generally covers principles of integrity, responsiveness, impartiality, accountability, respect and human rights.

## 10 Engagement of Auxiliary Staff

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Opportunity may exist to engage private veterinary practice auxiliary staff (for example veterinary nurses) in non-veterinary roles during an EAD response. This may assist practices if the normal business of the practice is adversely impacted by the disease outbreak. They can be engaged in either of two ways:

1. As an employee of the jurisdiction, working in a control centre. The person would be paid according to normal industrial award arrangements.
2. As an assistant to the contracted veterinarian (or practice) to act as part of a team, for example surveillance or vaccination. An hourly or daily rate would be agreed for this purpose and included in the primary contract with the veterinarian or practice.

## 11 Professional Registration

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Contractors and employees must comply with veterinary registration requirements for the relevant jurisdiction. If registered in another state, the jurisdiction will ensure where possible that the principles of national recognition of veterinary registration (NRVR) are applied and that registration is expedited. Under NRVR no additional fees should be

applicable. If fees are required to be paid under legislation, the response may reimburse these back to the veterinarian.

Note that registration may not be required for some roles, particularly in control centres.

## 12 Indicative Duration of Engagement

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It is understandable that private practitioners will want some indication of how long their services will be required. However, it may not be possible to estimate the duration of the response. The control centre will attempt to provide an indicative duration based on the particular EAD. This will become clearer as the response progresses but may be very uncertain in the early stages.

To cater for this uncertainty, contracts may be open ended, with clear termination clauses (in the case of the response being terminated); or alternatively a series of short-term contracts may be offered.

Note that an employment period will be stated for those engaged as temporary employees.

## 13 Work Times and Duty Periods

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For employees, duty periods will be specified by the supervisor. As EAD responses generally exert intense pressure on staff and long work days are experienced, mandatory rest periods are enforced (generally after 5 or 7 days duty).

Contractors are free to set their own work times. However, it is strongly recommended that regular rest days are taken, otherwise performance can be seriously affected over time. Excessively long workdays, particularly involving long distance driving, should also be avoided where possible.

## 14 Variations to Contract

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The ability will exist to vary contracts to cater for the changing circumstances of the response. The terms for such variations will be set out in the contract. There will also be the flexibility to change from a contract to an employee arrangement if this suits both parties.

## 15 Stand down times

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Stand down times (that is the time that veterinarians should stay away from non-infected, susceptible species after visiting an infected or at-risk property) may apply and will vary depending on the particular disease. For example for foot and mouth disease (FMD), 28 hours was agreed as the minimum stand down period following the last UK FMD outbreak. Private practitioners may choose to self-impose longer periods to provide additional comfort to their clients.

In principle, a contractor bears this risk and the cost of the stand down period (employees would continue to be paid). However, the control centre will attempt to minimise the impact, for example it may offer alternative contractor duties during this period. In some cases, the stand down time can be accommodated within normal rest periods.

## 16. Dispute Resolution

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Private practitioner and government cultures are different and this needs to be recognised by both parties. The philosophy of EAD response management is centered on the “command, control and coordination” principles used in all emergency responses (for example natural disasters). The AUSVETPLAN Control Centres Management Manuals outlines the management arrangements for emergency animal diseases in Australia. The Biosecurity Incident Management System provides more general guidance on management of biosecurity incidents.

In contrast to the command, control and coordination approach, private veterinary practitioners are used to acting independently and making their own decisions about necessary courses of action. Discipline to carry out functions as specified in the response plan and as directed by supervisors is essential. To ensure that participants understand their obligations, a thorough induction process is required, as well as ongoing briefings and use of standard operating procedures (SOPs).

Despite the above, there may be times when a private veterinarian working in a response has concerns with particular aspects of the response or how it is being managed. It is important that these views are heard and, if necessary, addressed. However, this must occur in a respectful way. As outlined in section 9, it is not appropriate to voice concerns or adverse opinions publically, as this may lead to a loss of public confidence in the overall response.

Options available to veterinarians to voice any concerns include:

- Minor issues may be able to be discussed and addressed at briefing sessions.
- For more significant issues, the first point of contact should be either the person’s supervisor, or in the case of contractor’s, their primary contact in the section to which they are assigned.
- If there is no satisfactory resolution, then a meeting with a higher-level manager such as the section manager or the Controller/Director may be requested.
- The veterinary liaison officer may also be able to assist, particularly for overall issues facing employed veterinarians and policy issues.
- For some broader issues, it may be more appropriate to raise them with the Australian Veterinary Association, who can then progress them through formal consultation channels.
- A formal conflict resolution process may also be set out in the engagement contract.

## Appendix 1: Organisation of an Emergency Animal Disease Response

Australia's animal health system is maintained through cooperative partnerships between the Australian Government, the state and territory governments, livestock industries, private practitioners and research organisations, which means there's a joint responsibility for all phases of emergency management, from preparedness planning and prevention to response and recovery.

A cost-shared emergency animal disease (EAD) is managed under the Emergency Animal Disease Response Agreement (EADRA) and the Australian Veterinary Emergency Plan (AUSVETPLAN)

The EADRA provides a framework for equitable sharing of funding responsibilities across government and industry within its defined limits. AUSVETPLAN is a comprehensive series of manuals that sets out the various roles, responsibilities and policy guidelines for agencies and organisations involved in an EAD response.

### Operational management of the EAD response

Overall operational management of the cost-shared incident rests with the Chief Veterinary Officer (CVO) of the affected jurisdiction, with oversight by the Consultative Committee on Emergency Animal Disease (CCEAD). State and territory CVOs oversee a range of actions, including:

- drafting an Emergency Animal Disease Response Plan (EADRP) for the particular outbreak in that state or territory;
- implementing disease control measures as agreed in the EAD Response Plan and in accordance with relevant legislation;
- making ongoing decisions on follow-up disease control measures in consultation with the CCEAD and the NMG, based on epidemiological information about the outbreak; and
- establishing emergency operations centres such as the State Coordination Centre (SCC) and local control centre (LCC).

### National policy and resourcing needs

The National Management Group convened for the specific incident decides on whether cost sharing will be invoked (following advice from the CCEAD) and manages the national policy and resourcing needs.

To make more efficient use of communication resources during emergency responses, the Primary Industries National Communications Network (NCN) was established to coordinate web information, call centre arrangements and advertising. It draws on local, state and national agencies during an agricultural emergency.

### State or territory Coordination Centre (SCC) (Structure – see appendix 2)

The SCC is the centre responsible for state- or territory-wide coordination of all EAD response operations. The SCC helps the CVO develop disease control policies and facilitates their implementation in the field by the LCC. The SCC also has operational responsibility for all areas not covered by LCC responsibility, i.e. all areas outside of the restricted areas.

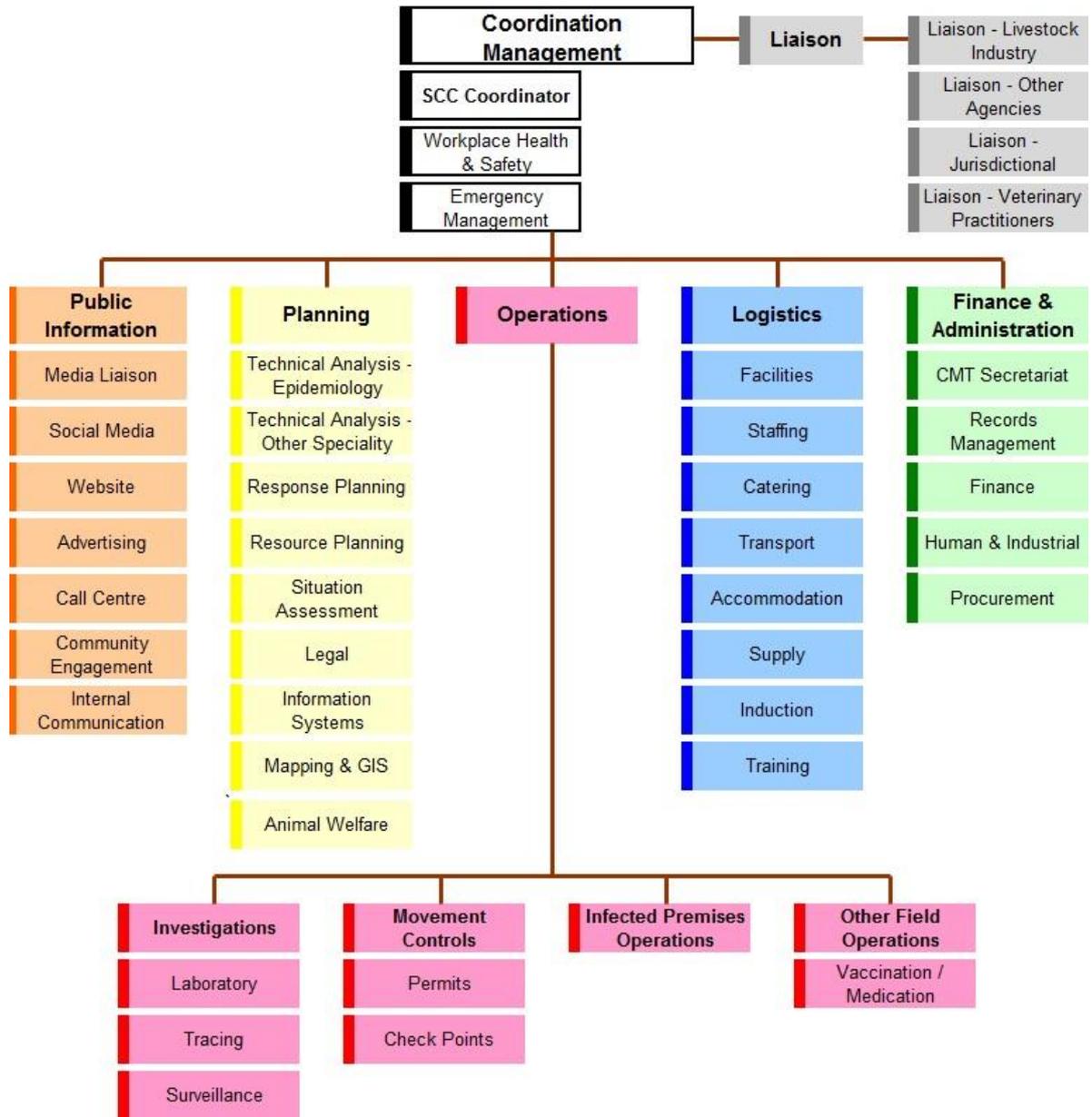
**Local Control Centre (LCC)** (Structure – see appendix 3)

While the state or territory CVO is in overall command of eradication and control activities, the LCC is responsible for operations (eradication and control) in one or more defined areas.

The LCC operates under policies and procedures determined by the SCC consistent with the relevant AUSVETPLAN manuals and the approved EADRP. To carry out field activities, the CVO will appoint a LCC controller who will report to the SCC director.

For further information about the role of local and state disease control centres, see the AUSVETPLAN Control Centres Management Manuals 1 and 2.

## Appendix 2: State Coordination Centre (SCC) Structure



Note – this structure is a draft a time of writing.

## Appendix 3: Local Control Centre (LCC) Structure



Note – this structure is a draft a time of writing.

## Appendix 4: Potential Roles for Veterinarians during an EAD Response.

The organisational charts in appendices 2 and 3 show the primary functions normally expected to be filled in a significant animal disease response. Note that, depending on the circumstances, not all positions/roles may be filled and additional roles could be developed. Of primary importance is that the roles are function based and hence the response will draw on people suitably qualified to undertake the individual positions.

The positions or functions in the following table are those where a veterinarian is required to fill the role, or where it may be advantageous for the function to be filled by a veterinarian. Where there are a number of positions within a section for which a veterinarian is not necessary, but may be advantageous, it is almost essential that at least some positions are filled by veterinarians to ensure that the appropriate level of technical, animal health expertise is available within the control centre and individual work sections.

<b>State Coordination Centre (SCC)</b>		
The SCC has primary responsibility for coordination of activities across the state/territory, in accordance with the strategic direction provided by the CVO, CCEAD and/or NMG.		
<b>Function</b>	<b>Brief Description</b>	<b>Notes</b>
Chief Veterinary Officer (CVO)	Overall responsibility for leadership, planning and management of the eradication or control campaign. Must be able to balance knowledge of the scientific, political, legal, management and industry aspects of a major eradication campaign, as well as be an effective communicator.	Must be a vet, but unlikely to be filled by a private vet, even in an acting capacity. Generally a statutory or at least permanent appointment.
Members of CVO Unit	Supports and advises the CVO in critical decision-making and strategic direction.	Will depend on the response, but a veterinarian experienced in disease control programs will often be desirable.
SCC Coordinator	Responsible for coordinating the response from a State perspective and managing the SCC and the Coordination Management Team (CMT). Must have a balanced knowledge of the scientific, political, legal, management and industry aspects of a major eradication campaign.	Best suited to a veterinarian, but not essential, provided the position has veterinary deputies. Should be a person with significant experience in disease control programs. Private vets unlikely to meet this requirement.
SCC Planning	Coordinates development of strategic plans for control and eradication, as well as supporting actions. Planning functions may include: Technical Analysis (including Epidemiology); Response Planning; Resource Planning; Situation and Assessment; Legal; Information Systems; Mapping & GIS; Animal welfare	The manager may often be a vet with epidemiological and disease control experience. However this is not essential, but there must be veterinarian(s) in the group.

SCC technical Analysis - Epidemiology	Provides wide-ranging specialist technical advice to the SCC and LCC functional areas to support eradication and control activities. Includes collection & analysis of epidemiological data & intelligence needed to determine the extent and pattern of infection in the outbreak, the possible mechanisms by which the disease may spread and information required for planning the disease control strategy, such as movement restrictions, tracing, surveillance and vaccination.	Normally veterinarian(s) with post graduate qualifications or experience, but not essential for all to be vets.  Would need at least one vet in the group.
SCC Animal Welfare	Responsible for ensuring that animal welfare standards are adhered to and applied consistently.	Not necessarily a vet, but may be an advantage.
SCC Operations	Responsible for coordination and standardisation of all disease control measures within the jurisdiction including the identification of resources, potential problems and the development of solutions. Operations can include (but not limited to) investigations, surveillance, laboratory, movement controls, tracing, infected premises, vaccinations.	The manager may often be a vet with disease control experience. This is not essential, but there must be veterinarian(s) in the group. Similar comments apply to functional areas within operations, particularly areas like surveillance.
SCC Liaison – Veterinary Practitioners	Primarily responsible for providing the official conduit between the SCC CMT and the veterinary community so that veterinary practitioners and associations are fully aware of the disease control measures being implemented and state-wide concerns are addressed.	Must be a veterinarian and preferably will have both government and private veterinary practice experience, particularly the latter.
SCC Public Information Management	This section is responsible for establishing and maintaining all SCC public information functions.	Depending upon the scale and nature of the incident, this section may need full time access to a veterinarian.

### Local Control Centre (LCC)

One or more LCCs may be established (or in some cases it may be combined with the SCC). An LCC has primary responsibility for planning, conducting and supporting all operational activities in its geographic area/s of responsibility consistent with the strategic direction provided by the SCC.

Function	Brief Description	Notes
LCC Controller	Plan, implement and take on overall management of the operational aspects of a response.	Will often be a vet, but not essential. If not a vet, then the LCC operations manager should be a vet.

		Unlikely to be filled by a private vet.
LCC Planning.	<p>Responsible for the collection, collation, analysis (or interpretation) and dissemination of information within the LCC. Also provides information that contributes to the situational awareness of all personnel involved in the response.</p> <p>Develops the operational level plans necessary to implement the strategies/policies provided by the SCC. Specific areas include: Technical Analysis – Epidemiology; Technical Analysis – Other Specialties; Response Planning; Resource Planning; Situation and Assessment; Legal; Information Systems; Mapping and GIS; Animal Welfare</p>	<p>The manager may preferably be a veterinarian, but can be performed by non-vets provided a vet is accessible. There are some aspects of planning where a veterinarian with disease control experience is essential.</p> <p>There would normally be a number of vets in this section.</p>
LCC Technical Analysis - Epidemiology	<p>Responsible for providing epidemiological knowledge and experience that supports response activities.</p> <p>Collects technical data about the incident and undertakes analysis to anticipate rates of spread, impact etc, and predict the escalation or de-escalation of an incident.</p> <p>Provides intelligence that assists with decision making and planning of activities, such as movement restrictions, tracing, surveillance and vaccination.</p>	<p>Normally one or more veterinarians with recent training in epidemiology or currency through work experience.</p> <p>People with similar skills could also work in this area, for example medical epidemiologists.</p>
LCC Response Planning	Responsible for operational planning for areas allocated as the responsibility of the LCC. Works closely with the LCC Operations function and will have primary responsibility for the compilation and maintenance of the LCC Incident Action Plans.	Needs to be at least one veterinarian experienced in response management / disease control in this section.
LCC Animal Welfare	Responsible for ensuring that animal welfare standards are adhered to within the LCC's assigned area of responsibility and any issues are addressed should they occur.	Veterinarian or other person with appropriate skills & experience in animal welfare.
LCC Operations.	Responsible for tasking and application of resources required for a response to an incident, in order to achieve the operational objectives set by the LCC Controller. Will undertake all field disease control measures within the LCC	There may be a number of veterinarians in this area.

	assigned area of responsibility. LCC Operations may assume State Coordination Centre (SCC) Operations functions with the agreement of the SCC Coordinator.	
LCC Operations Management	Responsible for establishing and maintaining all LCC operational functions.	Likely to be a veterinarian, particularly if SCC Controller is not a vet. Should be experienced in disease control programs and have a balanced knowledge of the scientific, political, legal, management and industry aspects of a major eradication campaign.
LCC Investigations	Responsible for the direction and management of field surveillance, tracing and laboratory data collection within the assigned area of responsibility of the LCC.	There would normally be one or more vets in this area.
LCC Laboratory	Responsible for maintaining records of the flow of samples from field personnel to all laboratories and within the laboratory system and ensuring all samples are transported within legislative requirements.	May be a veterinarian, but not essential.
LCC Surveillance	Responsible for all surveillance operations undertaken by the LCC, including development of response biosecurity surveillance measures and ensuring that all Workplace Health & Safety requirements are followed by surveillance personnel.	Would normally be at least one vet in this area.
LCC Infected Premises Operations	Responsible for the overall response biosecurity measures including coordination of valuation, destruction, disposal and decontamination / disinfestations on Infected Premises (IPs) and Dangerous Contact Premises (DCPs).	Manager does not need to be a vet, but needs to have access to one to assess technical disease control issues. There may also be particular tasks requiring a vet such as treatment of sick animals on an IP and destruction of animals using restricted drugs.
LCC Case Manager	Responsible for providing a primary contact point for producers with animals returning positive laboratory results. Personnel fulfilling this function provide wide ranging specialist technical, operational or scientific advice to affected producers in planning on farm	A veterinarian is not necessarily required but could be a distinct advantage depending on the situation and the required knowledge of technical aspects of the disease.

	response activities and in the provision of other support as required.	
LCC Other Field Operations	Responsible for coordination and development of operations that are outside the programs being undertaken by other functions within the LCC, including: vaccination / medication; vector control, wild animal control.	May require access to veterinary skills, particularly if vaccination or medication is being used.
Forward Command Post (FCP)	One or more FCPs may be established to manage field activities within a finite geographic area. FCPs are usually established where it is impractical for field personnel to work out of a LCC due to the remoteness of the location.	A veterinarian is not necessarily required in the team, but could be a distinct advantage depending on the situation.
Field surveillance teams	Discover unreported or undetected foci of infection within the RA and other areas as required. Determine the health status of at-risk stock on properties visited. Advise stock owners about precautions to take to minimise the risk of disease, etc. Quarantine and secure stock found with suspicious clinical signs, and immediately notify the LCC.	Field surveillance team members should be veterinarians or experienced animal health officers, and authorised as inspectors.  Whether a vet in each team is essential depends on the disease situation.  A key role for private veterinarians.
Field Destruction Team	Plan and implement a program for the humane and efficient destruction of infected and susceptible animals on the IP.	Does not normally need to include a veterinarian, but particular circumstances may require this, for example use of injectable euthanasia agents. A vet may also be required to supervise animal welfare aspects.
Field Vaccination / Medication Teams.	Implement a vaccination or treatment program on designated livestock properties.	May or may not be performed by veterinarians depending on the particular disease situation and the vaccine / drug registration requirements (e.g. may be a label / regulatory requirement for the vaccine to be administered by a vet). Preference is to use non-vets where possible and in the majority of cases vets need not be used.
Laboratory Team	Perform diagnostic tests in a laboratory approved for the purpose.	Normally includes veterinarians such as pathologists. However these would be people normally

		working in that discipline.
LCC Liaison – Veterinary Practitioners	Responsible for providing the official conduit between the LCC Incident Management Team (IMT) and the veterinarian practitioners who are involved in, or affected by the response, to support LCC operations.	Preferably a veterinarian with experience in government service as well as private practice, particularly the latter.
SCC Public Information Management	This section is responsible for management of public information generated from and received by the LCC.	Depending upon the scale and nature of the incident, this section may need full time access to a veterinarian.
Private Practitioners	Whether directly engaged in a response or not, private veterinarians have a key responsibility to keep an eye out for new cases and to keep their clients informed.	Essential veterinary role.

Regarding more specific details of duties to be performed by veterinarians during a response, these depend very much on the role being performed. Detailed job descriptions are provided in the AUSVETPLAN management manuals (particularly part 2), which can be found at: <http://www.animalhealthaustralia.com.au/programs/emergency-animal-disease-preparedness/ausvetplan/management-manuals/>

The most common role that private veterinarians would be employed for is to be a member of a surveillance team. The job description for this role is provided below.

It should also be noted that private practitioners are most likely to be the first to notice and report signs of animal disease, and the first to be called on to respond during an emergency animal disease outbreak. This means that they play a key role in the prevention, early detection and response to animal disease outbreaks.

### **Field surveillance teams**

*Field surveillance team members should be veterinarians or experienced animal health officers.*

#### **Skills**

- Appropriate clinical investigation skills, and knowledge of gross pathology and field *epidemiology*.
- *Good oral communication skills, with the ability to interview members of the public and convey information to professional colleagues.*
- *Knowledge of disease control principles and procedures used in an EAD outbreak (this may depend on the particular disease; staff with specialist skills may be required for specific tasks).*

#### **Line relationships**

*Responsible to the LCC surveillance coordinator.*

#### **Roles and responsibilities**

- *Discover unreported or undetected foci of infection within the RA and other areas*

*as defined by the LCC controller.*

- *Determine the health status of at-risk stock.*
- *Advise owners of at-risk stock about precautions to take to minimise the risk of stock contracting disease, any restrictions on stock movement, and the necessity to promptly report suspicions of disease.*
- *Quarantine and secure stock found with suspicious clinical signs, and immediately notify the LCC veterinary investigations manager.*

#### **Duties**

- *Refer to the AUSVETPLAN disease strategy for the disease involved and to the relevant AUSVETPLAN Operational Procedures Manuals for matters relating to operational aspects that may be relevant to field surveillance teams (e.g. decontamination).*
- *Inspect and examine stock, at the direction of the field surveillance coordinator, on at-risk premises within the nominated area of responsibility collecting appropriate specimens. Assess the risk, importance and priorities for these contacts according to the nature of the disease.*
- *Report all findings to the surveillance coordinator on appropriate forms (e.g. ANEMIS forms).*
- *Apply quarantine under the appropriate legislation, after consultation with the LCC veterinary investigations manager, when suspicious clinical signs are detected.*
- *Ensure that biosecurity procedures are adopted and that property visit intervals are adhered to.*
- *Report to the LCC surveillance coordinator for debriefing and reassignment.*