

# **The City of Greater Geelong Influenza Pandemic Response Plan 2020**

**Version 2.0**

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## 1. Acronyms

Acronym	Full Title
AHMPPI	Australian Health Management Plan for Pandemic Influenza
BCP	Business Continuity Plan
CEO	Chief Executive Officer
CHO	Chief Health Officer
DHHS	Department of Health and Human Services
EHO	Environmental Health Officer
GPs	General Practitioners
HR	Human Resources
IMT	Incident Management Team
LGA	Local Government Authority
MECC	Municipal Emergency Coordination Centre
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Coordinator
MERO	Municipal Emergency Resource Officer
MRM	Municipal Recovery Manager
NMS	National Medical Stockpile
OH&S	Occupational Health and Safety
PC	Pandemic Coordinator
PISC	Pandemic Influenza Sub-Committee
PPE	Personal Protective Equipment
VHMPPI	Victorian Health Management Plan for Pandemic Influenza
WHO	World Health Organisation

## 2. Definitions

Term	Definition
Community transmission	The passing of a disease from an infected individual to another individual outside of a known group of contacts, and outside healthcare settings.
Contact tracing	The process of identifying and managing people who have been 'in contact' with someone who has an infectious illness
Cough and sneeze etiquette	Measures individuals can take when we cough, sneeze or blow our nose to reduce the chance of spreading the virus. This is sometimes referred to as respiratory hygiene.
Customised pandemic vaccine	A vaccine based on the actual pandemic virus, which cannot be developed until the next pandemic virus emerges.
Epidemic	An outbreak or unusually high occurrence of disease or illness in a population or area
Health sector	The government departments responsible for health, the public and private health system and health professionals.
High-risk groups	Groups at increased risk of experiencing complications from influenza.
Isolation	Separation of infected persons (cases) from other people for the period they are likely to be infectious. This prevents or limits the direct or indirect transmission of the virus.
Morbidity	The number of cases of illness in a population divided by the total population considered at risk of the disease.
Mortality rate	The mortality rate is the measure of the number of dead (in general or due to a specific cause) in a population scaled to the size of that population, per unit time.
Pandemic	An outbreak of a disease that occurs over a wide geographic area (e.g.; multiple continents or worldwide) and affects an exceptionally high proportion of the population
Prophylaxis	A medical or public health procedure designed to prevent infection rather than treat or cure existing disease.
Quarantine	The limitation of freedom of movement for a period of time for well persons who are likely to have been exposed to the virus (contact) to prevent their contact with people who have not been exposed
Resilience	The capacity to cope with stress or change, and the capacity to adapt.
Vulnerable groups	Groups at increased risk of experiencing complications from influenza infection.

### 3. Introduction

The City of Greater Geelong Influenza Pandemic Response Plan (the plan) is a sub-plan to the City of Greater Geelong Municipal Emergency Management Plan (MEMP). City of Greater Geelong has developed this Influenza Pandemic Response Plan as part of its emergency management planning.

The plan has been developed from a template created by the Barwon-South West (BSW) Region Influenza Pandemic Response Plan Committee. The committee is comprised of representatives from the Department of Health and Human Services (DHHS) and each of the region's nine municipalities.



*Figure 1: Municipalities involved in the development of the Influenza Pandemic Response Plan*

The plan provides a framework and guidance for council and other pandemic influenza stakeholders in the municipality to appropriately plan for and effectively respond to pandemic influenza conditions.

The plan is supported by a set of operational documents, including **Council Pandemic Influenza Response Procedures** ([Appendix 1](#)) and **Council's Business Continuity Plans**. These documents detail specific actions to be conducted by council staff before, during and after a pandemic influenza outbreak.

All facts and figures cited in this plan have been taken from the Victorian Health Management Plan for Pandemic Influenza (VHMPPi) unless otherwise stated. Direction for pandemic will come largely from the Australian and/or State governments. It will be coordinated by DHHS and local level of government will implement controls where required.

## 4. Review, exercising and evaluation of the Pandemic Influenza Response Plan

The plan will be reviewed annually and updated periodically if required to reflect new developments and changes. The plan is a dynamic document that will be aligned with the most recent VHMPPPI. An amendment register or document update will be completed as part of the document.

Review and evaluation of the plan will be undertaken in consultation with DHHS, the Pandemic Influenza Sub Committee and/or the Municipal Emergency Management Planning Committee.

The plan will be reviewed if it has not been activated in the last three years. The exercise process will be completed prior to the activation level reaching 'response phase'. DHHS will support council in planning and conducting of exercises. Exercises will comply with standards outlined in the Australian Emergency Management Institute Exercise Management Handbook.

## 5. Aim and objectives

The aim of the plan is to enable a consistent approach to response for an influenza pandemic outbreak and recovery across the region, while facilitating an integrated approach for the City of Greater Geelong Council when dealing with an influenza pandemic outbreak. Specifically, council officers with emergency management responsibilities will use this plan and other emergency management arrangements to reduce, as far as is practical, the impact of an influenza pandemic on the community. It considers the affected stakeholders and ongoing health issues within the municipality; the roles and responsibilities within the community; control measures, state and local communication, as well as continual community support across the municipality and region. This plan does not focus on **prevention** for and **recovery** following an influenza pandemic.

**Prevention** - is led by health sector arrangements and managed on an ongoing basis.

**Recovery** - recovery arrangements are undertaken in line with Part 4 of the Emergency Management Manual of Victoria: the State Emergency Relief and Recovery Plan. At the local level, recovery is undertaken in line with the Municipal Emergency Management Plan.

The City of Greater Geelong Council Influenza Pandemic Response Plan aims to:

- Assist in reducing the impacts of an influenza pandemic
- Raise awareness and promote preventative measures
- Provide support throughout the duration of the influenza pandemic
- Ensure response activities are consistent across whole of government.

The objectives of this plan are to:

- Reduce the impact of an influenza pandemic
- Prevent transmission and implement infection control measures while providing support services to people who are isolated or quarantined within the municipality
- Ensure essential council services continue during the absence of staff with the rising demand placed on municipal services
- Arrange vaccination services to the community when appropriate
- Inform the public and staff of changes to regular services within the municipality.

## 6. Policy context

The context within this document has been largely aligned and referenced with what is required in the VHMPPI, October 2014. It takes into consideration Appendix 10 of the VHMPPI, which is given as a guide to be used by local government. This document also considers information provided in the Victorian Action Plan for Human Influenza Pandemic 2015. The previous BSW Influenza Pandemic Response Plan 2016 was reviewed as part of the process for developing the Influenza Pandemic Response Plan template.

The City of Greater Geelong Council Influenza Pandemic Response Plan aligns with the following state, federal and international plans:

- Victorian Health Management Plan for Pandemic Influenza 2014 (VHMPPI)
- Victorian Action Plan for Human Influenza Pandemic 2015
- Pandemic Influenza Risk Management – WHO Guide 2017
- Victorian Public Health and Wellbeing Plan 2011 – 2015
- Victorian Public Health and Wellbeing Plan 2019 - 2023
- Australian Health Management Plan for Pandemic Influenza August 2019 (AHMPPI)
- The Pandemic Influenza Preparedness Framework WHO 2011

The City of Greater Geelong Council Influenza Pandemic Response Plan complies and aligns with the following legislation:

- Emergency Management Act 1986/2013
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2019
- National Health Security Act 2007
- International Health Regulations 2005

## 7. About pandemic influenza

A pandemic is the worldwide spread of a new disease.

*An influenza pandemic is a global epidemic caused by a new influenza virus to which there is little or no pre-existing immunity in the human population. Influenza pandemics are impossible to predict; and they may be mild or cause severe disease or death. Severe disease may occur in certain risk groups, which may correspond to those at risk of severe disease due to seasonal influenza. However, healthy persons are also likely to experience more serious disease than that caused by seasonal influenza.*<sup>1</sup>

The impact of an influenza pandemic will depend on for example the clinical severity (low, medium or high) of the disease, the ability to transmit between humans, the functionality of the state's health systems, the state's level of effective response to a pandemic and the population. Once the pandemic has been effectively contained the state can then measure the effect. DHHS will estimate the level of the pandemic early in the response and inform the state of that level based on information collected. This information will be communicated to municipalities appropriately in order to inform actions under the plan.

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<sup>1</sup> World Health Organisation n.d. *Pandemic Influenza*, WHO viewed 30 January 2020, <http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/pandemic-influenza>

Several risk-associated scenarios can eventuate due to the nature of the virus. The amount of vulnerable people and or their level of exposure, the ability of local municipalities and the state as a whole's ability to cope with an influenza pandemic, will be vital in the progress of overcoming a pandemic.

### **Mode of transmission**

The main mode of transmission for the human influenza virus is by respiratory and contact spread. Respiratory spread occurs when influenza virus is transferred from person to person by droplet transmission. The droplets from an infected person cough, sneeze or talking are propelled through the air (generally up to 1 metre) and land on the mouth, nose or eye of a nearby person. Contact transmission occurs when a person touches a surface, object or another person with influenza virus droplet on it, then touch their own mouth, nose or eyes (or someone else's mouth, nose or eyes) before washing their hands.

In some situations, airborne transmission may result from medical procedures that produce very fine droplets that are released into the air and breathed in. Influenza virus may be present in faeces, blood or other body fluids, but this is unlikely to be a significant route of transmission.

### **Physical health**

Influenza symptoms usually include:

- High fever, chills and sweating
- Cough
- Lethargy
- Headache
- Muscle and joint pain (in the legs and back)
- Sore throat

A non-productive dry cough that can later become more severe and productive (sputum or mucous is coughed up) can result. Pneumonia can also develop as a result of influenza. Infections in children may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

It is estimated that 10 – 40% of the population would show clinical signs of infection and 1.2 – 2.4% of the population would die (VHMPPI, 2014).

### **Mental health**

Chaos, confusion, distress and trauma triggered by public health threats and emergencies can place enormous stress on the coping abilities of even the healthiest people. In the case of an influenza pandemic, effects on mental health can occur regardless of whether an individual is directly affected with pandemic influenza, whether their family or close friends are affected or whether they are indirectly affected.

Individuals may develop mental health concerns following experiences with sick and dying loved ones, with prolonged isolation or with other significant changes to their daily lives. Existing mental health conditions such as depression may worsen. These mental health effects may be long lasting.

## **8. Council pandemic influenza vulnerability profile**

Most individuals will be susceptible to an influenza pandemic and the level of susceptibility will differ in groups such as the young, elderly and already ill. An individual's own levels of immunity will have an effect on influenza type during a pandemic. An individual's ability to overcome the effects of the influenza will differ greatly due to, for example, previous exposure to influenza types and a person's level of immune system strength. The environment in which a person is exposed to the influenza can greatly affect the ability to fight off infection as well.

For example, due to the level of vulnerability, rates in children will be higher than in adults. Persons in health care facilities have the potential to be exposed at high levels unless there have been effective infection control measures taken. Residential facilities and learning institutions for example may have potentially high levels of exposure as will any place in which a mass gathering of people is set will be vulnerable to the spread of influenza.

Various persons in the community may have less support structures than others in times of stress and will rely on council and or community group programs to assist.

Refer to [Appendix 2](#) for information regarding municipal vulnerable group statistics.

## **9. Consequences**

### **Health consequences**

The Australian Health Management Plan for Pandemic Influenza and Victorian Health Management Plan for Pandemic Influenza provide detailed information about the range of potential consequences pandemic influenza will have on the health sector and on public health. If the clinical severity is high, widespread severe illness will cause concern and challenge the capacity of the health sector. The community focus of governments, agencies and sectors will be on maintaining essential services.

### **Social and economic consequences**

Pandemic influenza can cause significant disruptions to the way we live as it has the potential to result in high levels of illness and death. The social distancing measures that may be required will have wide-ranging effects, with closure of schools and childcare services, and cancellation of public events. Up to 40% of the workforce may not be at work at any one time due to illness, the need to care for family or fear of contracting the virus.

At the local level, it is important that organisations have appropriate business continuity plans in place to continue to function, while also exercising their duty of care to employees to protect their health and safety at work.

Under the *Emergency Management Act 2006 & 2013*, the Emergency Management Commissioner (EMC) is responsible for consequence management for a major emergency. This includes ensuring the potential risks and consequences of emergencies are identified and proactive mitigation strategies applied. Victoria's consequence management arrangements are described in the State Emergency Response Plan (SERP - EMMV Part 3). In accordance with the SERP, the EMC will appoint a Consequence Manager to lead consequence management across the state.

The Consequence Manager will work through the State Emergency Management Team to ensure agencies prepare to minimise the impact of imminent emergencies on communities, government, agencies and business.

## **10. Roles and responsibilities of pandemic influenza stakeholders**

A range of stakeholders have important roles and responsibilities regarding pandemic influenza planning, preparedness, response and recovery, including:

### **City of Greater Geelong Council**

Under the VHMPPPI, City of Greater Geelong Council is expected to:

- Prepare and maintain the Influenza Pandemic Response Plan as a Sub Plan of the MEMP.
- Activate the plan to assist with reducing the impacts of an influenza pandemic.
- Provide support and recovery assistance throughout the duration of the influenza pandemic to staff and community.
- Provide information to staff and community.
- Have business continuity arrangements in place to maintain essential services.
- Provide vaccination services when appropriate.
- Support community resilience by having effective arrangements in place to inform people about how to assess risks and reduce their exposure and vulnerability to influenza virus.
- Have clear and effective communication so staff and community understand what options are available and what the best course of action is in responding to an influenza pandemic.
- Support individuals and communities to prepare for pandemic events.
- Undertake a Community Emergency Risk Assessment for Pandemic Influenza.
- Maintain a specialist subcommittee to provide input and give advice for the plan.
- Annually review and update the plan when necessary.

### **Department of Health and Human Services (DHHS)**

DHHS is the control agency for an influenza pandemic in Victoria. DHHS will activate the Victorian response to an influenza pandemic through the VHMPPPI.

Responsibilities of DHHS include:

- Surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community.
- Timely implementation of measures seeking to limit or prevent the transmission of pandemic influenza in the various stages of a pandemic.
- Provide alerts and information to health services, primary care, residential facilities, schools, education and care facilities, local government and emergency services.
- Continue surveillance to monitor the status of the outbreak.
- Maximise the use of resources.
- Public health strategies to best meet the needs of the current situation based on the best surveillance data.
- Implement policies on the use of personal protective equipment (PPE) and antivirals.
- Communicate accurate, consistent and comprehensive information about the situation to the general public, the media, partners in the health sector and other key stakeholders.

The VHMPPI specifies several strategies that will assist council, allied health services and service providers during a pandemic. The VHMPPI includes:

- Appendix 8: Communication
- Appendix 11: Schools and Children Services
- Appendix 12: Residential Aged Care
- Appendix 13: Disability Accommodation Services
- Appendix 14: Custodial Facilities
- Appendix 15: Management of the deceased

### **Health services and primary health care**

Health services, including all public sector services, private hospitals, and primary healthcare, including general practice, community pharmacy, community nursing, ambulance services, community health services and telehealth services (NURSE-ON-CALL and GP Helpline) will form part of the front line of Victoria's response for human pandemic influenza. Primary healthcare plays an important role in minimising the spread of pandemic influenza and treatment of people in a community setting.

Responsibilities are detailed in Appendix 6 and 7 of the VHMPPI, and include:

- Prepare and maintain an influenza pandemic plan which covers patient, visitor, staff and contractor protection as well as business continuity.
- Health services may consider establishing influenza wards or clinics as numbers increase.
- Primary healthcare should activate and de-activate clinics based on health services demand in consultation with DHHS.
- Provide staff and resources for each clinic as detailed in specific clinic plans.
- Provide triage to clinics.
- Provision of specialist staff and services as required (e.g. infection prevention and control, infectious diseases, pharmacy, pathology, public relations).
- Phone screening for patients.
- Separate waiting and consulting rooms for suspected influenza patients.
- Encourage staff and high-risk patients to have seasonal influenza vaccinations.

There are several health service providers in City of Greater Geelong. Refer to [Appendix 4](#).

### **Commercial groups and not for profit groups**

Everyone has a role to play in preparing for and coping with an influenza pandemic. The following actions are advised for commercial groups and not for profit groups to the City of Greater Geelong

- Undertake seasonal influenza vaccination within your organisation and encourage staff and members to do so.
- Provide ongoing education to the community on infection control issues, such as cough etiquette, hand washing, and cleaning potentially contaminated surfaces. The aim of education strategies will be to raise awareness of infection control issues at a community level.
- Follow guidance and direction from council on infection control.
- Refer to the DHHS website for further information [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

## **Residents and visitors**

- Follow guidance and direction from council on infection control.
- Refer to the DHHS website for further information [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

## **11. Council key roles under the plan**

The following council roles have responsibilities in the plan (response activities are further detailed in Appendix 1). This is a summary only of the key responsibilities. For further information refer to Appendix 1 and the Municipal Emergency Management Plan (MEMP).

### **MERO (in conjunction with role under the MEMP)**

Responsible for:

- Ensuring maintenance, review and exercising of the plan
- Ensuring establishment and secretariat of the Pandemic Influenza Sub-Committee
- Appointment of the Pandemic Coordinator
- Activation of the plan
- Convene Emergency Management Group (including MRM and Pandemic Coordinator)
- Ensuring briefing of Executive Leadership Group (ELT) / Crisis Management Team (CMT)
- Ensuring coordination of council activities under the plan.

### **MRM (in conjunction with role under the MEMP)**

Responsible for:

- Assisting with maintenance, review and exercising of the plan
- Assisting with secretariat of the Pandemic Influenza Sub-Committee
- Assist with activation of the plan
- Assist with coordination of municipal resources for community support, relief and recovery
- Member of the Emergency Management Group
- Assist with providing initial information and briefings to ELT / CMT and Council staff
- Assist with providing initial information and briefings ELT / CMT and Council staff.

### **Pandemic Coordinator**

This is a function of the Environment Health Officer role or delegate.

Responsible for:

- Assisting with maintenance, review and exercising of the plan
- Assisting with secretariat of the Pandemic Influenza Sub-Committee
- Assist with activation of the plan
- Member of the Emergency Management Group
- Assist with providing initial information and briefings ELT / CMT and Council staff
- Implementing procedures and acquiring resources according to DHHS instructions
- Assisting with coordination of Council activities under the plan.

## **Pandemic Influenza Sub-Committee (PISC)**

The Pandemic Influenza Sub Committee (PISC) is a sub-committee of the Municipal Emergency Management Planning Committee. The PISC membership includes relevant council staff and representation from stakeholder organisations including, but not limited to, DHHS, Victoria Police, local hospitals, community health centres and the regional GP representative group. From time to time, the PISC may co-opt other agency representatives to participate in the review, testing and development of the plan and its associated procedures.

### **Planning role of the PISC**

The PISC is responsible for implementation updates, maintenance and exercising the plan. The Municipal Emergency Resource Officer (MERO) or delegate within council is the designated secretariat of the PISC and has responsibility for establishing or activating the PISC and coordinating reviews of the plan. The secretariat is responsible for document control and input of updates.

### **Coordination role of the PISC**

This PISC may also convene during imminent planning for, responding to, or recovering from, an Influenza Pandemic to assist with coordination of agencies and activities, consequence management and information sharing within the municipality. The MERO (or delegate) will activate the PISC in accordance with Council Pandemic Influenza Response Procedures.

## **12. Municipal Business Continuity Plan**

The council's Organisational Business Continuity Plan details each of council's critical services, current resource levels, minimum resources required to complete the work and areas where staff may be available for redeployment. Each business unit identified as having a critical service will be expected to develop a unit-specific continuity plan.

An influenza pandemic could create a unique staff loss environment for a long period of time. It is estimated that at the peak of a pandemic there may be significant staff absenteeism. Business continuity planning that includes pandemic-specific considerations will help minimise the impact of a pandemic on the organisation, protect staff and contribute to community functioning. Considerations should include the potential for:

- extended loss of personnel:
  - Illness/incapacity (suspected/actual/post-infectious)
  - To care for ill family members
  - To look after children if schools or childcare centres are closed
  - Feeling safer at home (e.g. to keep away from crowded places such as public transport)
  - Fulfilling other voluntary roles in the community
- extended impact on critical supply chains and contracted service providers.

Activation of all or parts of councils' business continuity plan in the case of an influenza pandemic, is a decision for council's executive based on impact of the virus, prioritisation of work functions and adequate workforce availability to deliver council's essential services to the community.

### **13. Activating the Council Pandemic Influenza Response Procedures (Appendix 1)**

This plan is a sub-plan of the MEMP and the arrangements in this plan apply on a continuing basis in line with the Emergency Management Manual of Victoria (EMMV).

Council Pandemic Influenza Response Procedures ([Appendix 1](#)) and council's business continuity plans are appendices to this plan. These documents detail specific actions to be conducted by council staff before, during and after a pandemic influenza outbreak.

The response activities under ([Appendix 1](#)) are activated following advice from the Victorian Chief Health Officer, in the event of an influenza pandemic.

Following receipt of this advice, the MERO (or delegate) will:

- Alert and task council's Emergency Management Group
- Alert council's executive (or relevant council senior operations group),
- Activate the relevant response activities listed in ([Appendix 1](#)) and business continuity plans as endorsed by council executive
- Alert the Pandemic Influenza Sub-Committee (PISC, if required).

As the impact of the influenza pandemic may be different according to clinical severity and profile of the virus, it is important to be flexible in activation of the plan. Council may not need to activate all business continuity plans or all aspects of the plan, depending on the severity of the disease, impact and needs of the community.

## Activation Protocol

The Council Pandemic Influenza Response Procedures describes activities to be considered following initial response notification.

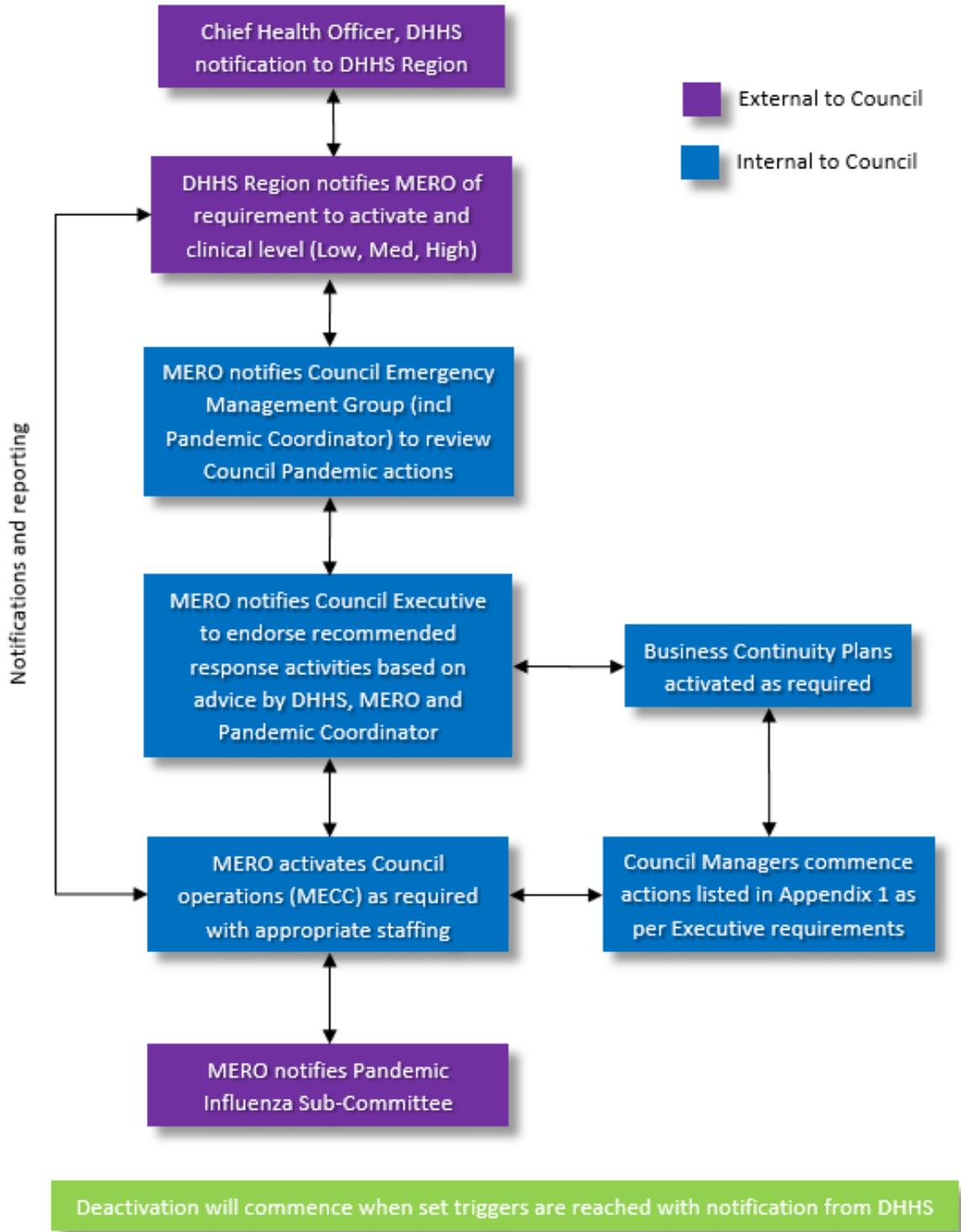


Figure 2: Activation Protocol for Council Influenza Pandemic Response Procedures

## **14. Support**

### **Business and community support**

Support during an influenza pandemic is covered under Councils' Municipality Emergency Management Plan (MEMP). Specific consideration is required for:

- isolated or quarantined people  
business and community resilience
- council staff

In providing support, where possible consideration should be given to culture, faith, and what language is required for effective communication.

### **Support for isolated or quarantined people**

People quarantined or isolated may not have an advocate or someone to provide for their needs:

- Food
- Water
- Shelter
- Medicine

Effective arrangements to provide for these needs will be directed by DHHS and will vary according to severity of illness, location and resourcing. Other support requirements will be as per MEMP such as personal support, and financial special consideration.

### **Council staff support**

Specific actions to support council staff will be guided by DHHS and include:

- Effective arrangements in place to inform staff about how to assess risks and reduce their exposure and vulnerability to influenza virus both in the community and occupational setting.
- Clear and effective communication for staff to understand what options are available and what the best course of action is in responding to an influenza pandemic.
- Arrangements for the acquisition and distribution of PPE and supporting education on how to effectively use the PPE.
- A priority support response for staff based on risk of exposure.
- Arrangements to provide psychosocial support to staff and to support resumption of work by staffs that have been absent due to illness or other reasons.

## **15. Control strategies**

### **Basic precautions**

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

- Individual measures – hand hygiene, respiratory hygiene, cough etiquette and immunisation.
- Appropriate personal protective equipment (as directed by DHHS).

- Organisational and environmental measures – patient placement, social distancing and cleaning.

The overall aim of these measures is to minimise the risk of exposure to the influenza virus, reducing transmission, infections and illness. All three components are essential.

### **Information and training**

Council will be required to provide information and training to staff regarding implementing the appropriate infection control protocols in the workplace, which includes procedures to manage incidents of suspected influenza. Council will disseminate literature, brochures and posters to increase awareness about the disease and to outline infection control protocols in a practical manner.

Specific issues to be covered in training include:

- The establishment of 'social distancing' (greater than 1-metre separation) between staff at the various worksites in the workplace or during business transactions.
- Disinfection protocols to reduce contaminated surfaces.
- Incident management processes where staff present with influenza symptoms or refuse to leave work, seek medical attention.
- Disposal of contaminated materials.
- Use of appropriate and context specific PPE.
- Storage, supply and stock control of PPE and disinfectants.
- Return to work processes.

Communication and education will be provided to employees to best prepare them for what may be encountered such as:

- Information about signs, symptoms and transmission.
- Personal and family protection and response.
- Anticipation of fear, anxiety, rumours and misinformation.
- Preparedness and response obligations.
- Advice regarding management of home care and ill relatives.
- Hotline, social media and website communications.
- Community resources available for accessing.

### **Personal Protective Equipment (PPE)**

In addition to council's existing hygiene measures and on advice from DHHS, PPE stocks will be obtained in accordance with the activation table in [Appendix 1](#). Council is to check best before dates on an annual basis prior to winter. Appropriate training must be provided to the individual using the PPE at a time prior to a pandemic to ensure they become competent and proficient in its use. Link/liase with local health services for PPE training.

PPE stockpile may consist:

- Single use surgical masks
- Alcohol swabs and wipes (minimum of 70% alcohol).
- Alcohol hand sanitiser
- Gloves – nitrile, vinyl, latex and rubber.

- Disposable gowns
- Safety glasses
- Disposable cleaning cloths
- Tissues
- Thermometers
- Biohazard bags
- Isopropyl, bleach and detergent/cleaner.

The decision to deploy PPE from the Victorian medical stockpile to healthcare and other settings will be taken by the Chief Health Officer.

### **Social distancing**

This comprises interventions to reduce normal physical and social population mixing, in order to slow the spread of a pandemic. In addition to restricting workplace entry and interaction, a 1 metre distance rule should be implemented to eliminate physical interaction such as hand shaking and hugging.

### **Restricting workplace entry**

Measures that will, as far as is practicable, protect staff from being exposed to the pandemic virus can include:

- Minimising direct face-to-face contact with customers.
- Implementing, where possible, work from home policies.
- Support for staff working in isolated locations (i.e. home)
- Minimising face-to-face internal meetings.
- Closure of non-essential locations.
- Suspension of all non-essential services.
- We possible avoid sharing workstations and/or equipment.
- Provision of information / awareness programs regarding transmission of infection and exclusion requirements.
- Provision of workplace signage.

### **Council workplace cleaning**

*The following information reflects what is currently known for influenza; however, advice on the life of the virus on surfaces and adequate cleaning measures should be sought from DHHS at the time of the event.*

The influenza virus can survive longer on non-porous objects such as tables and door handles and may be transmittable for 24-48 hours.

Regular cleaning (preferably daily) within council locations will assist in protecting staff from being exposed to the pandemic virus within their environment. These sites can include:

- Commonly touched areas (public counters, workstations, doorhandles, hand railings, light switches).
- Equipment (telephones, keyboards, mouse controls, trolleys).
- Toilet facilities
- Kitchen areas

- Meeting rooms
- Customer areas.

Influenza viruses are inactivated by a minimum 60% alcohol and by 1000ppm chlorine – this can be obtained by diluting 1 cup or 250ml domestic bleach, (4% chlorine) with 10 litres of cold water. Cleaning of surfaces with a neutral detergent followed by a disinfectant solution will be recommended.

## **16. Communications**

### **State Communication Plan**

As the lead agency, DHHS will produce a whole of Victorian Government communication strategy to strengthen pandemic preparedness at state, regional and local level and ensure that timely, informative and consistent messages are provided to the wider community. The strategy supports the Australian Government Department of Health Communication Strategy, while accommodating Victorian circumstances.

The communication strategies can be found in Appendix 8 of the Victorian Health Management Plan for Pandemic Influenza (VHMPPI).

<http://www.health.vic.gov.au/pandemicinfluenza>

### **Council Communication Plan**

At the municipal level, council's Communications & Customer Service branch is responsible for both community and internal staff pandemic communications. All council service units will have a responsibility to distribute approved information as provided by communications and marketing. For example:

- Environmental Health - registered premises (eg. food businesses, accommodation)
- Engineers - contractors
- Social and Community - community groups and CALD community leaders.

Council's Communications Unit will prepare a script based on Australian Government and Victorian Government advice for customer service staff or other council staff who may take calls from the general public seeking help and information during a pandemic. Specific council communications activity during an influenza pandemic is outlined in [Appendix 1](#).

### **Internal communication**

The Communications Manager will be requested to attend council's executive meetings in relation to pandemic influenza. The Pandemic Coordinator is responsible for providing initial information to council's CEO, councillors and staff.

### **External communication**

Council can provide information to the community via several avenues. DHHS information will be utilised to ensure consistent messages are being communicated.

- Council's website/ social media will be used to post information and provide links to DHHS, Australian Government Department of Health and WHO websites.

- Council offices and service centres will be used to provide advice on how to best access council services (dependent on social distancing measures).
- Recorded phone messages can be utilised on the main council phone line.
- Local papers, radio and community papers can be used to transfer information.

See [Appendix 5](#) for Pandemic Influenza Sub-Committee contact list

## **17. Immunisation**

The most effective way of preventing infection with an influenza virus is vaccination. A pandemic vaccine can only be developed once the nature of the virus is known and is likely to take some time before being available. Victoria has a wide range of immunisation providers and Council may play an active role in the delivery of a pandemic vaccination program, through mass vaccination or any other means vaccination program. Pandemic vaccines are produced by pharmaceutical companies under pre-arranged contracts with the Australian Government.

When a customised influenza pandemic vaccine does become available, a mass vaccination program will be coordinated by DHHS. Local council and GP networks may be asked to support DHHS by providing staff, facilities or by promoting the vaccination program throughout the community.

At the time of such a program, guidelines will be developed to provide useful information, forms, guidance and tips to be used to implement such as program. The purpose of such guidelines would be to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery. Details of mass vaccination centres are contained within [Appendix 3](#) of the Shire Influenza Pandemic Plan.

## **18. Acknowledgements**

Acknowledgment is given to the representatives from DHHS and local governments who participated in forming the template to use as an Influenza Pandemic Response Plan throughout the municipalities of the Barwon South West Region.

## **Appendices**

### **Appendix 1- Council Pandemic Influenza Response Procedures**

Council Area Responsible	Pandemic Planning Period	Standing by for Response	Initial Response	Low Clinical Severity	Moderate Clinical Severity	High Clinical Severity
	<b>Planning</b>		<b>Response</b>			
	No novel strain has been detected (or emerging strain under initial detection)	Sustained community person to person transmission is detected overseas	Cases are detected in Australia but information about the disease is scarce. Notification from DHHS	<b>Targeted Response</b> When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs	<b>Targeted Response</b> When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs	<b>Targeted Response</b> When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs
<b>Council Pandemic Officer / Coordinator</b>		<ul style="list-style-type: none"> <li>Implement notification procedures as per DHHS instructions</li> <li>Alert Executive and provide advice</li> <li>Work with Comms Team to increase staff awareness (e.g. personal health messages on display in workplace)</li> <li>Organise acquisition of PPE or other resources as required</li> </ul>	<ul style="list-style-type: none"> <li>Alert Executive and provide advice</li> <li>Alert Pandemic Sub Committee and inform them of Council activity</li> <li>Work with Comms Team to Increase staff awareness (e.g. personal health messages on display in workplace)</li> <li>Review requirement to purchase PPE if required</li> <li>Liaise with DHHS to discuss contact tracing arrangements</li> <li>Work with HR and comms team to alert staff of possible pandemic and actions to reduce the risk of infection – personal hygiene, avoiding contact, influenza immunisation etc.</li> <li>Provide specific information for work units dealing with the public - case workers, maternal &amp; child health nurses, childcare centres, home care, MOW, library, leisure, civic facilities</li> </ul>	<ul style="list-style-type: none"> <li>Implement enhanced infection control procedures based on advice from DHHS</li> <li>Review and confirm vaccine and PPE supply chain and secure storage with MERO</li> <li>Liaise with DHHS to discuss contact tracing arrangements</li> <li>Ensure staff using PPE have undertaken OHS training on PPE usage</li> <li>Distribute PPE supplies to units</li> <li>Purchase or procure health, PPE and cleaning products / consumables for an extended period.</li> </ul>	<ul style="list-style-type: none"> <li>Implement enhanced infection control procedures based on advice from DHHS</li> <li>Review and confirm vaccine and PPE supply chain and secure storage with MERO</li> <li>Liaise with DHHS to discuss contact tracing arrangements</li> <li>Implement PPE training for essential services staff. Distribute PPE supplies</li> <li>Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period.</li> </ul>	<ul style="list-style-type: none"> <li>Implement enhanced infection control procedures based on advice from DHHS</li> <li>Maintain regular contact with DHHS, IMT and the Emergency Management Group</li> <li>Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period</li> <li>Implement vaccination programs as advised by DHHS</li> </ul>
<b>All Council Business Units (Responsibility lies with Managers)</b>	<ul style="list-style-type: none"> <li>Identify critical business activities and available resources</li> <li>Assist with review of the Pandemic Plan as requested by the Pandemic Coordinator</li> <li>Promote seasonal vaccination, good hygiene and flu preparedness practices (infection control) among staff, contractors and clients</li> <li>Identify staff PPE requirements and organise appropriate training for staff</li> </ul>	<ul style="list-style-type: none"> <li>Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the SOG</li> <li>Promote good hygiene and infection control procedures</li> </ul>	<ul style="list-style-type: none"> <li>Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the SOG</li> <li>Report any changes to Council business unit activities or resource levels according to the Council Business Continuity Plan</li> <li>Reinforce good personal hygiene and infection control procedures with all staff</li> <li>Staff suspected of or reporting being unwell to be excluded from the workplace (refer to DHHS for further information)</li> </ul>	<ul style="list-style-type: none"> <li>Review services, resource levels and BC arrangements</li> <li>Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group</li> <li>Report any changes to Council business unit activities or resource levels according to the Council Business Continuity Plan</li> <li>Staff suspected of or reporting being unwell to be excluded from the workplace (refer to DHHS for further information)</li> <li>Introduce workplace social distancing measures and reduce numbers of mass gatherings (meetings, events etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Review services, resource levels and BC arrangements</li> <li>Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group</li> <li>Report any changes to Council business unit activities or resource levels according to the Council Business Continuity Plan</li> <li>Cease all non-essential person to person contact with customers and clients</li> <li>Staff suspected of or reporting being unwell to be excluded from the workplace (refer to DHHS for further information)</li> </ul>	<ul style="list-style-type: none"> <li>Review services, resource levels and BC arrangements</li> <li>Implement working from home arrangements where appropriate</li> <li>Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group</li> <li>Report any changes to Council business unit activities or resource levels according to the Council Business Continuity Plan</li> <li>All staff to adhere to PPE requirements for direct service delivery</li> </ul>
<b>Emergency Management Group (MERO)</b>	<ul style="list-style-type: none"> <li>Participate in annual Pandemic Plan review</li> <li>Assist with Pandemic Plan tri-annual audit</li> <li>Assist with Pandemic Plan tri-annual audit</li> <li>Delegate Officer as Pandemic Coordinator when required</li> </ul>	<ul style="list-style-type: none"> <li>Implement procedures as per DHHS instructions</li> <li>Assist Pandemic Coordinator in acquisition of PPE or other resources as required</li> </ul>	<ul style="list-style-type: none"> <li>Assist Pandemic Coordinator in acquisition of PPE or other resources as required</li> <li>MERO to liaise with DHHS to inform them of Council activity and resourcing</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with DHHS to determine need to activate MECC and emergency relief arrangements</li> <li>MERO to review resourcing requirements for Community Support Services and report to DHHS</li> <li>Assist Pandemic Coordinator in acquisition of PPE or other resources as required</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with DHHS to determine need to activate MECC and emergency relief arrangements</li> <li>MERO to review resourcing requirements for Community Support Service and report to DHHS</li> <li>Assist Pandemic Coordinator in acquisition of PPE or other resources as required</li> </ul>	<ul style="list-style-type: none"> <li>Establish community support services, facilities and staffing with advice from DHHS</li> <li>Maintain regular contact with DHHS</li> <li>MERO to liaise with DHHS to discuss relief and recovery arrangements</li> <li>Assist PC as requested for vaccination and session security</li> </ul>

Council Area Responsible	Pandemic Planning Period	Standing by for Response	Initial Response	Low Clinical Severity	Moderate Clinical Severity	High Clinical Severity
				<ul style="list-style-type: none"> <li>MERO to liaise with DHHS to inform them of Council activity and resourcing</li> </ul>	<ul style="list-style-type: none"> <li>MERO to liaise with DHHS to inform them of Council activity and resourcing</li> </ul>	
<b>People and Culture (Human Resources)</b>	<ul style="list-style-type: none"> <li>Review HR planning for pandemic</li> <li>OHS to assist Coordinators with advice on PPE training for staff</li> </ul>	<ul style="list-style-type: none"> <li>Review HR planning for pandemic including business continuity.</li> </ul>	<ul style="list-style-type: none"> <li>Assist Pandemic Coordinator to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, influenza immunisation etc.</li> </ul>	<ul style="list-style-type: none"> <li>Assist Pandemic Coordinator to distribute PPE supplies as required</li> <li>Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)</li> <li>Implement an illness register</li> <li>employment/deployment of staff to ensure continuation of critical services</li> </ul>	<ul style="list-style-type: none"> <li>Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)</li> <li>Implement an illness register</li> <li>continuation of critical services</li> </ul>	<ul style="list-style-type: none"> <li>Ensure provision of Employee Assistance Program by telephone</li> <li>Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)</li> <li>Implement an illness register</li> </ul>
<b>Communications and Strategic Advocacy</b>	<ul style="list-style-type: none"> <li>Establish / review communication policy and procedure</li> </ul>	<ul style="list-style-type: none"> <li>Work with Pandemic Coordinator to Increase staff awareness (e.g. display health messages in workplace)</li> </ul>	<ul style="list-style-type: none"> <li>Work with Pandemic Coordinator to Increase staff awareness (e.g. display health signage etc.)</li> <li>Assist Pandemic Coordinator to alert staff and Councillors of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, immunisation etc.</li> <li>Prepare internal and external messages using advice from DHHS</li> </ul>	<ul style="list-style-type: none"> <li>Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed.</li> <li>Regularly update community information on website, phone wait message and other public access points</li> </ul>	<ul style="list-style-type: none"> <li>Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed.</li> <li>Regularly update community information on website, phone wait message and other public access points</li> </ul>	<ul style="list-style-type: none"> <li>Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed.</li> <li>Regularly update community information on website, phone wait message and other public access points</li> </ul>
<b>Health Protection</b>	<ul style="list-style-type: none"> <li>Immunisation Coordinator to recommend seasonal flu vaccinations</li> <li>Promote all scheduled vaccination programs</li> </ul>	<ul style="list-style-type: none"> <li>Promote all scheduled vaccination programs</li> </ul>	<ul style="list-style-type: none"> <li>Provide advice to Council on the number of upcoming mass gatherings in the Shire and any advice from DHHS around social distancing or other precautions.</li> <li>Promote all scheduled vaccination programs</li> </ul>	<ul style="list-style-type: none"> <li>Arrange immunisation sessions when vaccine available</li> <li>Promote vaccination for pneumococcal vaccine for identified high-risk groups.</li> </ul>	<ul style="list-style-type: none"> <li>Arrange immunisation sessions when vaccine available</li> <li>Promote vaccination for pneumococcal vaccine for identified high-risk groups.</li> </ul>	<ul style="list-style-type: none"> <li>Arrange immunisation sessions when vaccine available</li> <li>Promote vaccination for pneumococcal vaccine for identified high-risk groups</li> </ul>
<b>Family, Youth and Children Services Aged &amp; Disability Services</b>	<ul style="list-style-type: none"> <li>Ensure staff training for PPE usage</li> </ul>	<ul style="list-style-type: none"> <li>Review hygiene and food preparation procedures as per instructions from DHHS.</li> </ul>	<ul style="list-style-type: none"> <li>Review listings of vulnerable clients and communication channels</li> </ul>	<ul style="list-style-type: none"> <li>Review listings of vulnerable clients and communication channels</li> <li>Determine support for quarantined and isolated clients at home</li> </ul>	<ul style="list-style-type: none"> <li>Review listings of vulnerable clients and communication channels</li> <li>Consider closure of facilities based on DHHS advice</li> <li>Determine and provide support for quarantined and isolated clients at home</li> <li>PPE to be utilized where needed</li> </ul>	<ul style="list-style-type: none"> <li>Review listings of vulnerable clients and communication channels</li> <li>Consider closure of facilities based on DHHS advice</li> <li>Determine and provide support for quarantined and isolated clients at home</li> <li>PPE to be utilized where needed</li> </ul>
<b>Buildings, Property, Library and Leisure Services</b>		<ul style="list-style-type: none"> <li>Cleaning contracts to be reviewed and enhanced cleaning standards to be negotiated.</li> <li>Review cleaning processes in communal areas</li> </ul>	<ul style="list-style-type: none"> <li>Provide shared workstations with alcohol wipes for phones, computers</li> <li>Check wash areas regularly to replenish supplies</li> </ul>	<ul style="list-style-type: none"> <li>Review cleaning and infection control procedures for communal areas</li> <li>Provide antiseptic hand wash to ingress points of Council buildings</li> <li>Investigate work from home capacity / accessibility of systems from remote locations</li> <li>Additional infection control procedures for communal areas</li> </ul>	<ul style="list-style-type: none"> <li>Review cleaning and infection control procedures for communal areas</li> <li>Provide antiseptic hand wash to ingress points of Council buildings</li> <li>Support work from home arrangements</li> <li>Additional infection control procedures for communal areas (Consider closure of facilities based on DHHS advice)</li> </ul>	<ul style="list-style-type: none"> <li>Isolate air circulation (heating / cooling) systems for all relevant municipal facilities</li> <li>Secure closed sites</li> <li>Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice)</li> <li>Reduce services as required</li> </ul>

**Council units not listed in this table are required to support pandemic response activities of those business areas listed. Stand Down procedure will be implemented upon advice from the DHHS**

## Appendix 2 - Vulnerable groups

Existing Vulnerable Group	Ways affected
<b>Children</b>	More likely to contract pandemic influenza due to reduced natural immunity
<b>People living in healthcare settings</b>	Reduced natural immunity due to other health conditions
<b>Young families, especially single-parent families</b>	May need to manage a range of demands with minimum support
<b>Older people, living alone without support</b>	Isolation could cause deterioration in health and ability to function
<b>Socially isolated</b>	Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety
<b>Physically isolated</b>	Reduced ability to call on assistance from other members of the community, or from agencies
<b>Unemployed</b>	Lack of financial and physical resources may result in higher levels of disadvantage
<b>People relying on external help</b>	Existing support, such as home support, may be compromised
<b>People living in an institutional setting</b>	More exposed to the spread of disease, due to close living arrangements and sharing of facilities
<b>People with existing disability, physical or mental illness</b>	Existing support may be compromised. Higher risk of exposure to infection and psychological stressors
<b>People with limited coping capability</b>	Reduced capacity to manage life events
<b>Substance dependent</b>	Vulnerability if medical and other care arrangements are disrupted
<b>Culturally and linguistically diverse communities (CALD)</b>	Reduced understanding of potential risks and difficulty gaining access to information and resources
<b>Financially disadvantaged, individuals and families on low incomes and/or high debt levels</b>	May have limited access to goods and services. May not be able to stockpile, due to diminished supply and potential rising costs
<b>Homeless</b>	More exposed to the spread of disease, due to sharing of facilities. Lack of financial and physical resources may result in higher levels of disadvantage
<b>People who use public transport</b>	Higher likelihood of infection and transmission due to close contact with others
<b>People confined to their homes as a result of illness or quarantine</b>	Lack of family and friends to provide adequate levels of care. Fear of being socially marginalised or stigmatised.

<b>Children orphaned and without a carer, particularly where there is no alternative carer</b>	Heightened levels of grief, anxiety, stress and trauma due to issues around housing and care. Potential dislocation and developmental effects.
<b>Children whose parents become ill, particularly where there is no alternative carer</b>	Heightened levels of grief, anxiety, stress and trauma. Increased vulnerability in the longer term.
<b>Families where a pandemic influenza bereavement has taken place</b>	Heightened levels of grief, anxiety, stress and trauma.
<b>People whose caregiver is sick and unable to care for them</b>	Lack of alternative support could lead to general deterioration of health and wellbeing.
<b>People who become unemployed, due to business closure or economic downturn</b>	Lack of financial and physical resources and high debt levels, with minimum savings in reserve.
<b>People on low incomes or otherwise economically vulnerable</b>	Lack of financial and physical resources to manage consequences over an extended period of time.
<b>The worried well—those whose physical health has not been affected but are worried or anxious about getting sick</b>	High levels of anxiety due to fear of illness, death, unemployment and lack of access to services and information.
<b>Families</b>	Increased risk of family violence and breakdown of family unit, due to a shift in household dynamics. Children will lack social interaction, following school closures.
<b>Small business owners</b>	Significant reduction in demand in some sectors. Lack of resources to maintain financial viability during a downturn in the economy and/or unable to function due to absence of key personnel.
<b>Health care workers and workers who are in close regular contact with members of the public</b>	Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels.

## **Appendix 3 - Mass vaccinations**

Determined if requested based on local issues or advice.

## **Appendix 4 - Stakeholder lists**

Internal use only.

## **Appendix 5 – Pandemic Influenza Sub-Committee Contact List**

Internal use only.

## Appendix 7 – References

Victorian Government, Department of Health & Human Services (DHHS) 2014: Victorian Health Management Plan for Pandemic Influenza, October 2014

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Victorian-health-management-plan-for-pandemic-influenza---October-2014>

Victorian action plan for pandemic influenza:

<https://files-em.em.vic.gov.au/public/EMV-web/Victorian-action-plan-for-pandemic-influenza.pdf>

Australian Health Management Plan for Pandemic Influenza (AHMPPI)

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm>

### Printable resources

Resources are available for print through the Victorian Department of Human Services website at [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)