
Influenza Pandemic Plan

2019-2021





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Influenza Pandemic Plan

Sub-plan of the Municipal Emergency Management Plan

Northern Grampians Shire Council

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Date Adopted: 25/3/2014

Review of Original Version: 1.8

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VERSION CONTROL TABLE

Version Number	Date of Issue	Author(s)	Brief Description of Change
Version 1.6	25/03/2014	Michelle Wood	Initial Plan
Version 2.0	July 2019	Kerry Pahl	Review of original plan with changes to layout.

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1 Acronyms / Abbreviations

CEO - Chief Executive Officer

DHHS – Department of Health and Human Services

EHO – Environmental Health Officer

EM – emergency management

GP - general practitioner

HACC – Home and Aged Care Clients

IMT - incident management team

MECC – municipal emergency coordination centre

MEMP – municipal emergency management plan

MEMPC - municipal emergency management committee

MERC - municipal emergency response coordinator

MERO – municipal emergency resource officer

MRM – municipal recovery manager

NGSC - Northern Grampians Shire Council

OH&S - occupational health & safety

PPE - personal protective equipment

VHMPPI - Victorian Health Management Plan for Pandemic Influenza

VIMF - Victorian Institute of Forensic Medicine

2 Introduction

The Northern Grampians Shire Council, as part of its emergency management planning responsibilities, has established an Influenza Pandemic Plan. The likelihood of an influenza pandemic is a realistic possibility and the impact on this organisation and our community in such an event could be devastating.

The MRM or Duty MRM is nominated as the Pandemic Coordinator for the municipality, and will work with all business units and sections in identifying critical staff and functions. It is required that all business units and sections offer their assistance to the Pandemic Coordinator and provide as much information as is necessary. This will enable the thorough implementation of this plan, reducing the local impacts of an influenza pandemic and providing support and recovery assistance to our affected community, throughout the pandemic's duration.

The Influenza Pandemic Plan will be implemented in conjunction with the municipality's Public Health Emergency Management Plan as a sub plan of the Municipal Emergency Management Plan (MEMP).

3 Aims and objectives

Aims

The influenza pandemic response plan aims:

- To assist in minimising the impacts of an influenza pandemic on the community;
- To provide support and recovery assistance throughout and following the pandemic; and
- To ensure response activities are consistent across the whole of government.

Objectives

The objectives of this plan are:

- Preparedness – to have arrangements in place to reduce the pandemic impact.
- Containment – to prevent transmission, implement infection control measures, provide support services to people who are isolated or quarantined within the municipality .
- Maintain essential municipal services – provision for business continuity in the face of staff absenteeism and rising demand on local government services.
- Mass vaccination – to assist in providing vaccination services to the community, when an influenza pandemic vaccine becomes available.
- Communication – to develop media and communication messages, in line with whole of government messages, to inform the community and staff of any changes to normal municipal service delivery.
- Community support and recovery – to ensure a comprehensive approach to emergency recovery planning in the municipal emergency management plan, with specific focus on influenza pandemic.

The role of local government in planning

Council through the efforts of the planning committee will look at introducing measures to reduce the impact of a pandemic and provide support and recovery to the community. This will involve planning across departments in council and relevant agencies to enable a response at such a level, identifying and assisting the most vulnerable in the community (special needs groups) such as people with an intellectual or physical disability, elderly and single parent households.

4 Understanding influenza pandemic

Influenza pandemic background

- Influenza is a serious respiratory illness.
- A pandemic is a worldwide outbreak of diseases in humans.
- An influenza pandemic can happen when a new type of influenza virus develops that humans have no immunity against.

For more information, please refer to the [Victorian Health Management Plan for Pandemic Influenza](#).

Definition of influenza pandemic

A pandemic is the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Seasonal influenza occurs annually, primarily causes complications and or death in people aged over 65 years and those with chronic medical conditions. The vast majority of people exposed will recover and develop immunity to that strain of virus.

The impact of an influenza pandemic will depend on the clinical severity of the disease, the ability to transmit between humans, the functionality of the state's health systems, the states 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.

A number of 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 and its ability to cope with an influenza pandemic, will be vital in the progress of overcoming a pandemic.

Disease description

Influenza is an acute respiratory disease caused by influenza type A or B viruses. Symptoms usually include: fever, cough, lethargy, headache, muscle pain and sore throat.

Infections in children, particularly type B and A (H1N1) may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

The incubation period for influenza is usually one to three days. Adults have shed, (shedding refers to the time during which a person might be infectious to another person), the influenza virus from one day before developing symptoms, to up to seven days after the onset of the illness. Young children can shed the influenza virus for longer than seven days. Generally, shedding peaks early in the illness, typically within a day of symptom onset. The influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

Transmission

Human influenza virus is mainly by droplet transmission. This occurs when droplets from the cough or sneeze of an infected person are propelled through the air (generally up to 1 metre) and land on the mouth, nose or eye of a nearby person. Influenza can also be spread by contact transmission. This occurs when a person touches respiratory droplets that are either on another person or an object and then touches 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 (called fine droplet nuclei) that are released into the air and breathed in.

These procedures include:

- Intubation;
- taking respiratory samples;
- performing suctioning; and
- use of a nebuliser.

History of influenza pandemics

Previous pandemics have started without warning, swept through populations with ferocious velocity, and left considerable damage in their wake.

The 20th century had three recognised influenza pandemics (Spanish influenza 1918–19; Asian influenza 1957–58; and Hong Kong influenza 1968). All three pandemics were associated with increased mortality rates in Australia. The Spanish influenza pandemic of 1918–19 was unprecedented in terms of loss of human life, between 20 and 40 million people died worldwide, with the highest numbers of deaths among those aged between 20 and 40 years.

The Asian influenza of 1957–58 had infection rates reported to range between 20 to 70 per cent, but case fatality rates were low, ranging from one in 2000 to one in 10,000 infections. Age-specific mortality rates showed that those aged over 65 years were most affected. The Hong Kong influenza was similar, with the highest mortality rates appearing in those over the age of 65. Infection rates were around 25 to 30 per cent.

In April 2009, a new strain of Influenza A (swine flu) was identified in an outbreak in Mexico and the United States of America. As at 6 August 2009, the newly named H1N1 Influenza 09 (Human Swine Influenza) resulted in 1274 deaths in the Americas, 83 in South East Asia (including Australia), with a total number of 1462 confirmed deaths globally. A total of 177,457 cases have been confirmed by the World Health Organisation. This figure should be considered to be understated, given that countries are no longer required to test and report individual cases.

The world is now in the post-pandemic period for H1N1. Based on knowledge about past pandemics, the H1N1 (2009) virus is expected to continue to circulate as a seasonal virus for some years to come. In February 2014, a bulletin was issued by the Chief Health Officer regarding avian influenza A (H7N9) where there have been 238 cases including 55 deaths in China, Hong Kong and Taiwan. Although the environmental source has not yet been determined, some of the confirmed cases have been associated with contact with poultry. With a substantial increase in incoming passengers from China to Australia due to celebrations of Chinese New Year, there was a possibility of cases presenting in Australia. There are still no signs of ongoing, efficient, or sustained human transmission of this virus.

More recently, while there was geographic variation across Australia, in general the 2017 influenza season saw the highest levels of activity since the 2009 pandemic year. In the most populous eastern states the season began approximately one month earlier and activity at the peak was more prolonged than during the previous 5 years.

In contrast, activity in the western half of the continent was comparable to recent seasons, though the peak was later than usual. The impacts of the season included high levels of absenteeism and a substantial burden on primary care and hospitals. The severity of infection in people hospitalised with influenza was on the low end of the 5 year historic range.

While an increased number of deaths have been reported in 2017, mortality is consistent with recent years when taking into account the significant increase in notifications of laboratory confirmed influenza. Most of the deaths have occurred in the elderly, which is consistent with years when influenza A(H3N2) circulates. Influenza A(H3N2) predominated nationally, accounting for an estimated 55% of notified laboratory confirmed cases of influenza for 2017 to date. Influenza A(H3N2) also contributed to the high number of cases among the elderly.

Influenza B co-circulated (37% of laboratory confirmed cases nationally in 2017), and affected all age groups, but particularly school aged children.

The effectiveness of the 2017 seasonal influenza vaccine was preliminarily estimated to be low overall but the results were skewed by the vaccine being more effective against Influenza A & B (H1N1) strains compared to the influenza A (H3N2) strain.

The differences in past pandemics show the need for flexible contingency plans, capable of responding efficiently to any pandemic threat.

Vaccination remains important as a means of reducing morbidity and mortality caused by influenza viruses.

5 Framework and background

Framework

This Influenza Pandemic Plan has been prepared in conjunction with the Victorian Department of Health and Human Services (DHHS).

Other plans used in the development of this plan include:

Commonwealth Plans

- [National Action Plan for Human Influenza Pandemic](#) – Council of Australian Governments September 2009;
- [Australian Health Management Plan for Pandemic Influenza](#) – Australian Department of Health April 2014

State Plans

- [Victorian Health Management Plan for Pandemic Influenza](#) – Department of Health Victoria October 2014;
- [OHS preparedness for an influenza pandemic: A guide for employers May 2009](#) – Worksafe; and other Local Government Influenza Pandemic Plans
- [Victorian Action Plan for pandemic influenza 2015](#)
- [Victorian Public Health & Wellbeing Plan 2015-2019](#) - Department of Health & Human Services Victoria

Local Government Influenza Pandemic Plan

- Northern Grampians Shire Council - [Municipal Emergency Management Plan](#)

The planning committee and working party have drawn on all workgroups within Northern Grampians Shire Council including the Northern Grampians Shire Executive Management Team, as well as similar plans developed by Pyrenees and Indigo Shire Councils, the Northern Grampians Shire MEMP which includes Council's recovery arrangements, the Northern Grampians Public Health Emergency Management Sub Plan and East Wimmera Health Service & Stawell Regional Health Influenza Pandemic: Response Plan.

6 Stakeholders

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

Roles and responsibilities

Under the VHMPP, Northern Grampians Shire 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 education systems so people 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 Influenza Pandemic.
- 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 VHMPP.

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 influenza pandemic 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 [VHMPP](#) specifies a number of strategies that will assist Council, allied health services and service providers during a pandemic. The [VHMPP](#) 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 and community health services will form part of the front line of Victoria's response for human influenza pandemic. Primary healthcare plays an important role in minimising the spread of pandemic influenza and treatment of people in a community setting. The particular needs and concerns of Aboriginal and Torres Strait Islander peoples should also be recognised during a pandemic.

Responsibilities are detailed in Appendix 6 and 7 of the VHMPP, 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 Health Care should activate and deactivate 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 a number of health service providers in the Northern Grampians Shire. For a list of these go to [Northern Grampians Website](#)

Commercial groups, not for profit groups, residents and visitors

Everyone has a role to play in preparing for and coping with an influenza pandemic. The following actions are advised for commercial groups, not for profit groups, residents and visitors to the Northern Grampians Shire:

- Undertake seasonal influenza vaccination and encourage staff and members to do so.
- Stay informed – keep up to date with current information being distributed via Council via: [Northern Grampians Shire Council Website](#) and [Health Victoria Website](#).
- Practise good personal hygiene – cover your mouth and nose with a tissue when you cough or sneeze, put the used tissue in a rubbish bin and wash your hands with soap and running water. Dry hands thoroughly with a paper towel. Wash hands regularly and avoid touching eyes, nose or mouth. Refer to [Appendix 9](#).
- Don't go to work or public areas if you have influenza symptoms (chills, shivering, fever, muscles aches and pains, sore throat, dry cough, trouble breathing, sneezing, stuffy or runny nose and extreme tiredness).
- Seek medical advice if you have concerns regarding influenza symptoms.
- Contact Council if you require support e.g. home care, meal provision on 03 5358 8700 or 03 5358 0514 (AH).

7 Influenza pandemic planning

Municipalities have three compelling reasons why they need to plan for pandemics. These are:

1. Victorian State legislation requires them to do so;
2. Councils have a duty of care for those they provide direct support services to, their staff and the broader community;

3. They know their communities better than any other organisation.

Planning assumptions

Planning assumptions are developed at the local, regional, state, national, and international levels to guide influenza pandemic planning and response activities. They are reviewed and revised as new evidence becomes available.

Assumptions are not predictions, but reflect current expert opinion of reasonable considerations to guide influenza pandemic planning and response activities.

General assumptions

- Primary responsibility for activation, providing guidance on all matters related to the virus will be provided by the lead agency, Victorian Department of Health and Human Services (DHHS).
- The effects of, and response to, an influenza pandemic are not limited to the health sector. A whole of society approach will be used in mitigating the effects of a pandemic influenza including public and private sectors, communities, families and individuals.
- An influenza pandemic could last from months to several years, with multiple waves of transmission (each could be 12 to 14 weeks in duration).
- DHHS Victoria will be responsible for distributing personal protective equipment, vaccines and antivirals contained in the National Medical Stockpile and the Victorian Medical Stockpile.
- Pandemic planning is aligned with an all-hazards approach to emergency management.
- Northern Grampians Shire Council, as well as other stakeholders, will use existing pandemic and emergency response plans during a pandemic influenza.
- Increased absenteeism is expected. Schools, workplaces and the healthcare system will likely experience workforce shortages.
- Antivirals will be effective against a pandemic virus.
- Public health ethics focus on the health and interests of a population and is distinct from clinical ethics which focuses on the health and interests of the individual. When a health risk like a pandemic influenza affects a population, public health ethics predominate and higher value is placed on collective as opposed to individual interests.
- Consideration of high risk population needs will be assessed and included within the planning, response and mitigation process.

Business continuity planning

While it is impossible to predict the timing or severity of a human influenza pandemic, it is certainly possible to be prepared and have appropriate management plans in place to minimise the impact of, and expedite recovery from, a pandemic. Organisations should enhance their business continuity plans to prepare for the direct impacts of extended staff absences during a human influenza pandemic – 40 per cent during the peak of the pandemic. [Victorian Health Management Plan – Pandemic Influenza 2014](#)

Northern Grampians Shire Business Continuity Plan

Council's Business Continuity Plan will be reviewed to plan for the impact of an influenza pandemic and the effect on the Northern Grampians Shire Council's capacity to deliver services. Refer to [Appendix 8](#) for Northern Grampians Shire Essential business functions that are provided in the municipality.

8 Community profile

Predicted impact of an influenza pandemic

Modelling the potential impacts of significant influenza pandemics involves a high degree of uncertainty. Factors such as the virulence and infectivity of the next pandemic strain limit our abilities to characterise the

next pandemic with any accuracy. It is, however, possible to model various pandemic scenarios given a series of pre-determined assumptions and limitations. Modelling provides a tool for guiding planning.

The attack rate in humans is estimated to be 40 per cent, with a case fatality rate of 2.4 per cent (ie of the 40 per cent unwell, 2.4 percent would die). These estimates based on pandemic history therefore predict that the effects of a pandemic can be significant. This information is referenced from [VHMPPI](#), 5.5 Attack rate

Industry

Approximately one third of the people employed in the Shire are in industries that are required to support the internal community. It is critical for key industries to be advised of the potential risks from a pandemic and to plan for business continuity. Key industries in the Northern Grampians Shire are:

Industry	Number of People	%
Agriculture, forestry & fishing	692	14.01
Manufacturing	628	12.71
Health care and social assistance	864	17.48
Retail trade	475	9.61
Public administration and safety	314	6.35
Education and training	293	5.93
Accommodation and food services	434	8.78
Construction	259	5.24
Mining	201	4.06
Transport, postal and warehousing	130	2.63
Professional, scientific and technical services	86	1.74
Wholesale trade	70	1.41
Administrative and support services	133	2.69
Arts and recreation services	107	2.16
Financial and insurance services	36	.72
Electricity, gas, water and waste services	31	.62
Rental, hiring and real estate services	27	.54
Information media and telecommunications	14	.28
Other Services	146	2.95
Total	4,940	100%

This information was sourced from [REMPPLAN](#) data incorporating Australian Bureau of Statistics' (ABS) 2016 Census Place of Work Employment Data, 2014 / 2015 National Input Output Tables and June 2017 Gross State Product.

9 Vulnerable groups

Extent of severity of illness

The impact of a pandemic is unpredictable in timing, severity of illness, and age groups affected. As most of the population will have had limited, if any, previous exposure to the virus, most people regardless of age, will be at risk.

Clinical symptoms are expected to develop in about two-thirds of people who are infected with the pandemic influenza virus. The general, uncomplicated clinical symptoms of pandemic influenza will be similar to seasonal influenza. The most commonly reported symptoms include:

- Sudden onset of cough, sore throat, feeling unwell, and headache.
- Fever may not always be present, or may be mild, especially in individuals under five years of age or over 65 years of age.
- Some individuals (e.g., children under five years) may experience nausea, vomiting and/or diarrhoea (gastrointestinal symptoms).

Depending on the virus strain, the underlying conditions putting people at higher risk for complications may include:

- Individuals with chronic disease:
- Includes cardiovascular disorders (including hypertension),
- Lung disorders
- Kidney disease, anaemia or other blood disorders, or neurological conditions that decrease the ability to clear airway secretions which are associated with an increased risk of aspiration.
- Women who are pregnant
- Adults over 65 years.
- Residents of continuing care facilities.
- Aboriginal populations.
- Additional risk groups may emerge depending on the virus strain

Anyone who cares for someone who is listed in the above category

- Health care workers in hospitals and other care facilities
- People who live with or take care of someone who is at high risk from complications (see the above list)
- People who live with or take care of a newborn under 6 months as these infants are too young to get the flu shot
- People who live with someone expecting a newborn during flu season
- People who give care to children less than 5 years old

10 Influenza Pandemic Sub Plan

Activating the Influenza Pandemic Plan

This plan will be activated following advice from the Department of Health and Human Services who receives advice from the Australian Government Department of Health via the Australian Health Protection Principal Committee (AHPPC), who in turn refer to the World Health Organisation as they determine each pandemic phase.

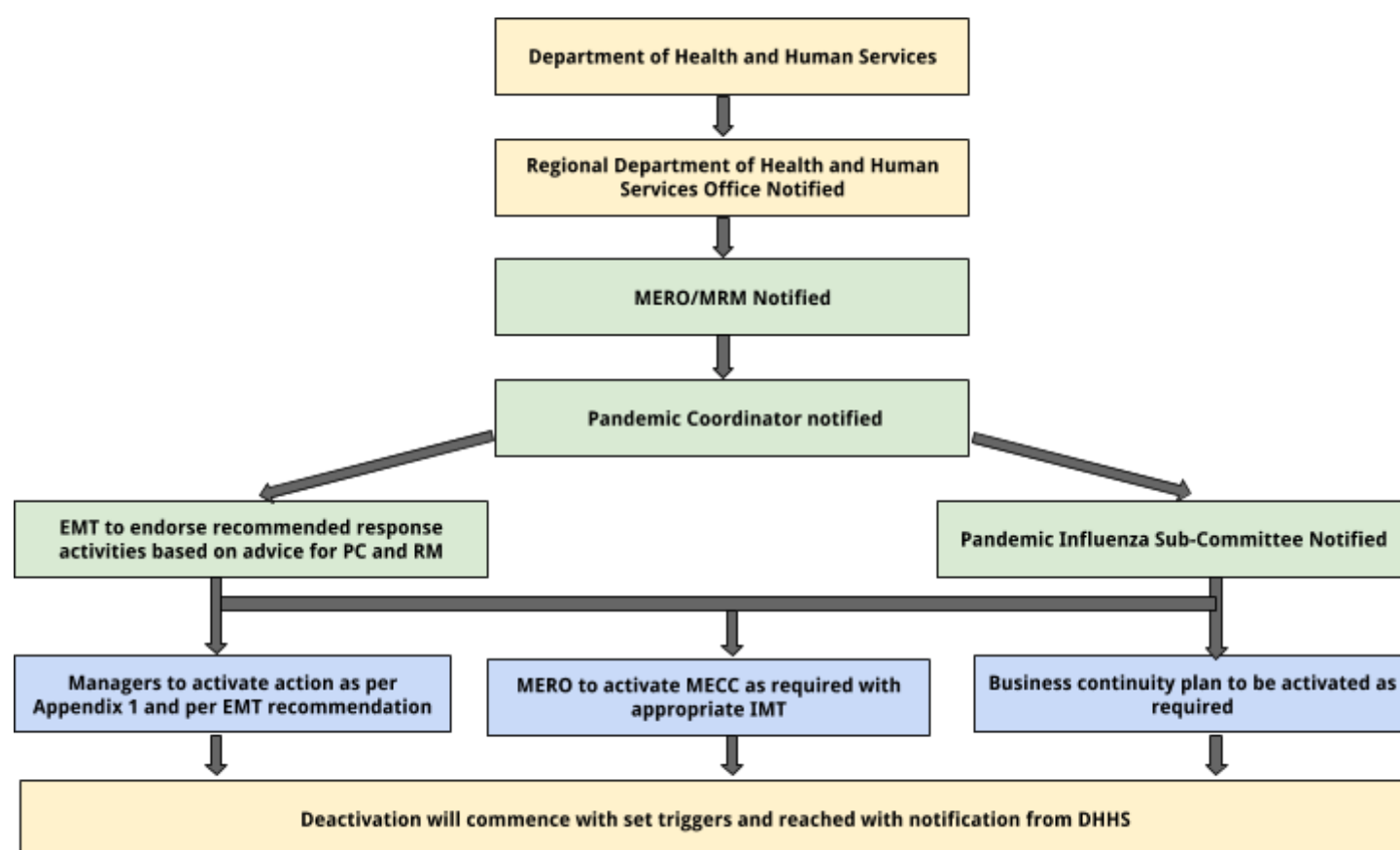
Following advice from DHHS, the MERO will alert the Council's executive and activate the relevant response procedures listed in the Council Pandemic Influenza Response Procedures ([Appendix 1](#)) ensuring that Council responds appropriately to the pandemic in a coordinated manner.

Upon 'activation' of this Plan, at the earliest opportunity, a meeting of Council's Emergency Management Group shall be convened by the Municipal Recovery Manager (MRM). In addition, and at the earliest opportunity, the MERO will inform Council's Chief Executive that the Council's Municipal Emergency Management Plan and Influenza Pandemic Sub-Plan have been activated. [Appendix 10](#) lists roles and responsibilities of council.

Individual departments and Council may activate their Business Continuity Plan as necessary. It may be necessary that only some aspects of the plan are activated during a pandemic depending on the severity of the disease and the impact it has on the community, and the needs of the community.

Activation Process

Activation of this plan will function under the VHMPPI stages. The Council Influenza Pandemic Response Procedures describes activities to be considered at the different pandemic stages.



Procedure for activating the plan

Stage 1 - Activate at first human to human transmission	Stage 2 - Activate at first case in Australia	Stage 3 - Human to human contact in Victoria
<ul style="list-style-type: none"> Ensure contact lists are current Brief stakeholders 	<ul style="list-style-type: none"> Standby arrangements Brief stakeholders Activate plan only on advice from DHHS 	<ul style="list-style-type: none"> Confirmation from DHHS Recommendation of WHO Australian phase 6a (Western Victoria) or 6b

		(refer Victorian Human influenza Pandemic Plan 2007) <ul style="list-style-type: none"> • Northern Grampians Shire Pandemic plan will be activated.
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Reporting Process

Situation reports will be developed by the Pandemic Coordinator in conjunction with information received from the DHHS Emergency Coordination Centre. These reports will update Northern Grampians stakeholders on the latest key developments, the current situation and key issues to address within our municipality. Refer to [Appendix 2](#) for Situation Report template.

Responsibilities

The following tasks have been identified as municipal responsibilities in the areas of community support and recovery, public health, business continuity and essential services.

- Undertake influenza pandemic planning.
- Undertake emergency management and emergency recovery actions.
- Plan for the mass immunisation (once vaccine available) of communities within the municipality.
- Ensure that appropriate stocks of masks, eye protection, gloves, gowns (coveralls), antibacterial agents and antivirals (if available) are available to protect priority staff and that staff are trained in their use.
- Provide ongoing protection to the community on infection control issues i.e cough etiquette, hand washing, cleaning of potentially contaminated surfaces. The aim of education strategies will be to raise awareness of infection control issues at a community level.
- Aged & Disability Services to ensure the provision of meals to any of their 'meals on wheels' clients who are in quarantine or at high risk of infection.
- Home and Community Care (HACC) services to continue where practical with personal protective equipment provided to staff. If staff are impacted by influenza, personal care services will reduce to essential only and domestic assistance will be cancelled in preference to providing personal care. Assisted shopping support clients will be provided with meals on wheels.
- Contact tracing.
- Information dissemination and provision –website and media.
- Redefining Workforce.

Procedure for setting up and operating a MECC during a pandemic

Points to consider:

- MECC operations coordinate Council resources, response activities and communications at the community level.
- A meeting of the MECC Team will be held whenever it is deemed necessary to source and share information.
- Teleconferencing will be the primary means of communication to maintain social distancing.
- Locations of participants could be multiple, even within the same organisation
- Members of the MECC Team would likely include:
 - MRM Pandemic Coordinator
 - MERO
 - MERC

- Family and Community Care Team Leader
- EHO
- DHHS
- Stawell Regional Health Health Services
- Grampians Community Health Services
- East Wimmera Health Service
- Others as required
- DHHS to provide and organise the teleconferencing capability
- DHHS will chair the meetings and provide secretarial support as it is likely that multiple LGAs will be participating.

Meeting Procedure - Action Required		Responsible
A meeting date and time from the MECC has been set		
1	A phone conference number is emailed to each member of the MECC with the date and time.	DHHS
2	An agenda for this meeting is circulated prior to the meeting.	Pandemic Coordinator
3	Members of the MECC dial in and register their presence.	ALL
4	The Chair of the meeting welcomes everyone, outlines the agenda and requests for any other agenda items.	NGSC
5	The phone conference follows the agenda: <ul style="list-style-type: none"> · Sharing information · Raising issues · Identifying and assigning actions Setting next meeting date and time	ALL
6	Minutes of the meeting are recorded and emailed to all members	NGSC

Guidelines for conducting debriefs

A debrief should not be seen as an opportunity to blame or criticise the performance of others. It should be conducted to improve operations.

Debriefs are to be conducted involving all staff to identify what went well, what needs to be improved and any recommendations for improvement.

Main issues to be considered in a debrief may include evaluating:

- the adequacy of planning - responsibilities, suitability of documentation, training, equipment
- the coordination arrangements - involvement of relevant agencies, assigning of tasks to organisations, decision-making and priority-setting, forward planning, adequate facilities
- municipal strategic planning considerations including consequences of impact and provisions to address relief and recovery – was the Action Plan effective? Were extra resources required?
- information management - media, information systems, records, dissemination of decisions and information, managing community expectations
- resource management - activation and mobilisation, safety, return of and accounting for resources.

Care should be taken to ensure that debrief findings are acted upon. Reports should be distributed widely, with action officers clearly identified. If debrief recommendations are not treated seriously or followed up properly then knowledge of good practices will not be captured and mistakes could be repeated in future emergencies.

Actions resulting from a debrief may include:

- amending or revising plans or standing operating procedures
- revising training
- changing equipment or buying new equipment
- changing policy
- analysing problems.

Debrief considerations:

1. Appropriate planning should be undertaken to ensure that debriefs are conducted successfully.
2. Selecting a skilled debrief facilitator will be an important success factor.
3. To be successful, debrief outcomes need to be recorded and tasks allocated as appropriate.
4. A report on the debrief and its outcomes should be distributed to all stakeholders.
5. A review of the reports stated outcomes and actions should be undertaken at a later stage to check on the status of their implementation.

Debrief template

The primary purpose of debriefing is to assist with staff wellbeing. It is also an opportunity to reflect on the experiences and lessons learnt during an incident to improve systems and processes.

Refer to [Appendix 5](#)

11 Strategy for community information provision

The Victorian Government has developed a 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 and Ageing Communication Strategy, while accommodating Victorian circumstances.

At a municipal level Council is responsible for developing our own communications plan in line with the whole of Victorian Government communication strategy. All communications will be coordinated through the Pandemic Planning Committee and the Communication Coordinator.

Media and communication messages will be developed to inform the community and staff of any changes to normal municipal service delivery.

Key messages in the communication plan will include:

- What the municipality is doing about influenza pandemic planning.
- Accurate information about hygiene and pandemic awareness.
- Any changes in arrangements for service delivery from your municipality.

Municipal Communication Plan

Objectives	Messages	Approach
<ul style="list-style-type: none"> • Clarify operational responsibilities • Equip and encourage municipality to prepare • Ensure communication channels are clear and two-way 	<ul style="list-style-type: none"> • There is a Victorian Influenza Pandemic Plan • You are crucial • You should do your business continuity planning now • Scenario plan for 30 per 	<ul style="list-style-type: none"> • Partner with Local Government Victoria (LGV) and Municipal Association of Victoria (MAV) -Where possible, ensure that a single source in DHHS is communicating with local

	<ul style="list-style-type: none"> cent employees absent We will support you; here's how -Tell us now what else you need -Where and how do I see a doctor? 	<ul style="list-style-type: none"> government CEOs Hold operational and communication dry-runs to ensure channels are open and seriousness is clear Provide tools for them to disseminate to local groups and individuals Provide checklists that stress the importance of hand hygiene and cough etiquette
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12 Mass vaccination/immunisation

Pandemic vaccine

A vaccine that gives good protection against pandemic influenza can only be developed after that virus strain appears. The Australian Government has contracts in place with vaccine manufacturers to expedite the development and supply of a vaccine as soon as a pandemic strain emerges, as well as priority provision of any vaccine developed in Australia. This could, however, take several months.

The vaccine will be made available first to people at high risk of exposure to the virus (frontline health care workers) and people most vulnerable to severe illness from infection, and then rolled out to the rest of the community.

Mass vaccination guide

Advice on the process of mass vaccination is provided in the [Guidelines for Immunisation in Local Governments](#), which forms Appendix 3 of the [Victorian Health Management Plan for Pandemic Influenza](#). The guide was developed to provide advice to all organisations undertaking vaccination during a pandemic, as well as those setting up mass vaccination centres. It details the:

- national medical stockpile
- vaccination strategy (priority groups)
- routine vaccination in the inter-pandemic periods
- mass vaccination centres – session structure and management (administration, documentation, consent etc.)
- logistics
- various pro forma documents (immunisation consent form, record of administration and report of suspected adverse events).

It has been acknowledged that it is likely that Northern Grampians Shire would coordinate a community wide immunisation program, seeking assistance from health care providers.

Stawell Regional Health and East Wimmera Health Services have established an emergency response plan the [Health Management Plan for Pandemic Influenza](#) or Grampians Regional Code Brown Sub Plan. A Code Brown is a hospital emergency response code used to manage any external incident that threatens to overwhelm or disrupt a hospital or health service capability.

Northern Grampians Shire currently has accredited immunisation nurses employed in our Maternal Child Health team. As well Council employ nurses casually for relieving purposes and for Council's regular immunisation sessions. It would therefore make sense that for mass vaccination, the Northern Grampians

Shire would pool resources with other local government areas and health service providers to ensure priority groups could be immunised as quickly and efficiently as possible.

Council's Maternal Child Health Unit currently administers public immunisation sessions on a monthly basis at the Stawell Entertainment Centre Foyer and the St Arnaud Town Hall. These venues are capable of handling large sessions and the layout could be modified to increase capacity as well as increase spatial distancing of clients. Other venues around the municipality will also be assessed as more localised sessions may be a preferable option than organising large gatherings.

Venue Name	Address	Facility Details	Comments
Stawell Entertainment Centre	Stawell Town Hall 63-65 Main Street Stawell	Size: Up to 400 people Ample signage Fully accessible Limited parking Hygiene requirements met	Currently used for monthly session - 3rd Wednesday of the month.
The former library	St Arnaud Town Hall Napier Street St Arnaud	Size: up to 100 people Ample signage Fully accessible Adequate parking Hygiene requirements met	Currently used for monthly session - 1st Wednesday of the month.
Halls Gap Centenary Hall	Halls Gap Centenary Hall 115 Grampians Road Halls Gap		
Great Western Hall	Great Western Public Hall 103 Main Street Great Western		
Marnoo Public Hall	Marnoo Hall Cnr Raluana & Newall Sts Marnoo		

Vaccination packs sourced from the National Medical Stockpile will be given to affected municipalities by the DHHS. These packs will include syringes and needles, alcohol swabs, sharps containers, disposable dishes and disposable gloves, hazardous waste bags and band-aids.

There is a continued need to implement a process to ensure vaccination of priority groups is adhered to. Consideration to be given to the following:

- Develop a media strategy to advertise session details
- Two vaccines one month apart.
- Staffing – immunisation nurses, EHO, Administrative staff, Health Services Providers (SRH)
- Waiting time after vaccination – where? Consider spatial distancing and other options – drive-through, sporting venue, in conjunction with food pick ups?
- Transport
- Security – Victoria Police
- Personal Protective Equipment

- Waste Disposal – sharps medical waste, face masks and gloves normal waste – in accordance with Infection Control Guidelines.
- Quarantine restrictions for health workers moving from hot areas. Arrangements for accessing mutual aid from neighbouring municipalities (MAV MOU, DHS MOU).
- Identify community organisations to provide additional resources that can be trained quickly and easily (Other Council staff, SES, Victoria Police, local service clubs).

Prioritisation

The priority groups will be identified by the State Health Department.

Points to note:

1. Vaccination of front line priority groups (such as essential services, at risk groups) will be based on the epidemiology of the pandemic. That is, those age groups most affected will be targeted first.
2. When designating priority groups, broader consideration will need to be undertaken (for example, if infants are a priority group, vaccinate parents).
3. Depending on the success of containment efforts, it may be possible to develop and produce enough vaccine to protect the entire Australian population before it spreads to Australia.
4. If vaccine doses are available in the containment phase, the vaccine will be used to further support the containment effort and protect Australians by reducing the spread of disease.
5. DHHS will source and distribute the vaccine.

Guidelines for a vaccination program

In response to a pandemic and on the availability of a suitable vaccine, the Australian Government will introduce a vaccination program in order to minimise the amount of influenza virus circulating in the community.

At the time of such a program, guidelines will be developed to provide useful information, forms, guidelines and tips to be used to implement such a program. One example is the [Panvax[®] H1N1 vaccine – Guidelines for administration – December 2009.](#)

The purpose of these 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.

13 Support

Staff support

Under the OHS Act, employers are required to take all reasonably practicable steps to protect the health and safety of their employees, and have a duty of care to undertake planning and preparation for potential workplace exposure to Novel Influenza A. At Northern Grampians Shire, council has been working towards the creation of a safe workplace through education, promotion and enabling of basic hygiene practices amongst staff.

Council workplaces can be assessed using the following form, to identify actions to be implemented to ensure that staff are supported in the event of a pandemic situation. Reassessment should occur on an annual basis prior to influenza season.

The following workplaces were identified as requiring assessment:

- Stawell Town Hall;
- Stawell Works Depot;
- Stawell Sports & Aquatic Centre;

- St Arnaud Customer Service Centre;
- St Arnaud Works Depot;
- St Arnaud Children's Precinct;
- Visitor Information Centres (Halls Gap, Stawell, St Arnaud);
- Road Plant; and
- Motor Vehicles.

Procedure	Available		Action	Complete
	No	Yes		
Facilities for people to wash their hands frequently				
Promotion of basic hygiene practices, including good hand washing and cough etiquette (refer to links to posters Appendix 10)				
Tissues and no-touch receptacles for used tissue disposal				
Conveniently located dispensers of alcohol-based hand rub				
Soap and disposable towels for hand washing where sinks are available				
Provision of disposable surgical masks for use by persons who are coughing/sneezing--persons displaying these symptoms will need to be sent home				
Provision of protective barriers such as glass or perspex to protect staff who have frequent face-to-face contact with the public				
Staff travel management plans in place				
Restricting entry to the workplace by staff and visitors with influenza symptoms				
Increased cleaning regimes				
Ensure cleaning contractors use a neutral detergent				
Illness Reporting Scheme and Awareness				
Spatial distancing				
Family responsibility				

To increase basic hygiene awareness amongst staff and the public, laminated posters 'Cover Your Cough, Clean Your Hands' should be placed in view throughout council workplaces and public areas including toilet areas.

Personal protective equipment

Guidelines for Personal Protective Equipment (PPE) are contained within the Australian Health Management Plan for Pandemic Influenza – Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings. Further information is available from the Department of Health website at [Pandemic Influenza](#)

From the information gathered previously, from the workplace assessments in Northern Grampians, conveniently located dispensers of alcohol based hand rub were placed in work areas where hand washing equipment was not available. Touch-free dispensers were placed in Council's main customer areas, both at St Arnaud and Stawell, at Council's Children's Precincts. During the 2009/10 pandemic, hand sanitisers were placed throughout work areas including Council vehicles and distributed to child care workers and home and community care workers.

Supplies of surgical masks, P2 masks, disposable gowns, disposable gloves and Biohazards bags have previously been stockpiled for use if required.

Reference documents on the fitting of PPE are listed below:

[Order of fitting PPE Guide](#)

[P2 Face Mask fitting guide](#)

Protective materials are stored and located at the Stawell Town Hall, immunisation refrigerator room.

How to minimise contact

- Avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building.
- Avoid any unnecessary travel and cancel or defer non-essential meetings/gatherings/workshops/training sessions.
- If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace.
- End of day, daily disinfection of ABW workstations must be complied with by all staff. Wipes are available in all office spaces.
- Practice shift changes where one shift leaves the workplace before the new shift arrives. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.
- Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.
- Bring lunch and eat it at your desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunchroom are reduced.
- Do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area.
- If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air. Provide hand sanitiser.
- Set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pickup or delivery.
- Encourage staff to avoid large gatherings where they might come into contact with infectious people.

Antiviral medications

The Victorian Department of Health and Human Services will decide which groups will be provided with antiviral medicines, as per the antiviral policy in the Australian Health Management Plan for Pandemic Influenza.

Business & community support and recovery

Refer to the [Victorian Human Influenza Pandemic Plan: Community Support and Recovery Sub Plan](#) and Part 4 of the Emergency Management Manual Victoria – State Recovery Arrangements for more information.

Potential social and economic impacts:

- Increased levels of uncertainty, fear and anxiety.
- Breakdown of community support mechanisms.
- Increased numbers of vulnerable people and the emergence of new groups.
- High workforce absenteeism.
- Widespread economic disruption.

Range of impacts that an influenza pandemic may generate in the municipality:

Impacts as a result of an influenza pandemic	Consequence to the community
Staff absenteeism	Reduced ability to deliver basic services eg HACC
Closed businesses	High unemployment, inability to obtain goods and services, no tourism, no income,
Garbage, payroll	Won't be picked up due to infectious waste
Closed schools and places of Assembly	Children on streets, staff absent to meet child care responsibilities, increased vandalism
Public Transport	Isolation

Diagram 1: Community Support Process Flowchart

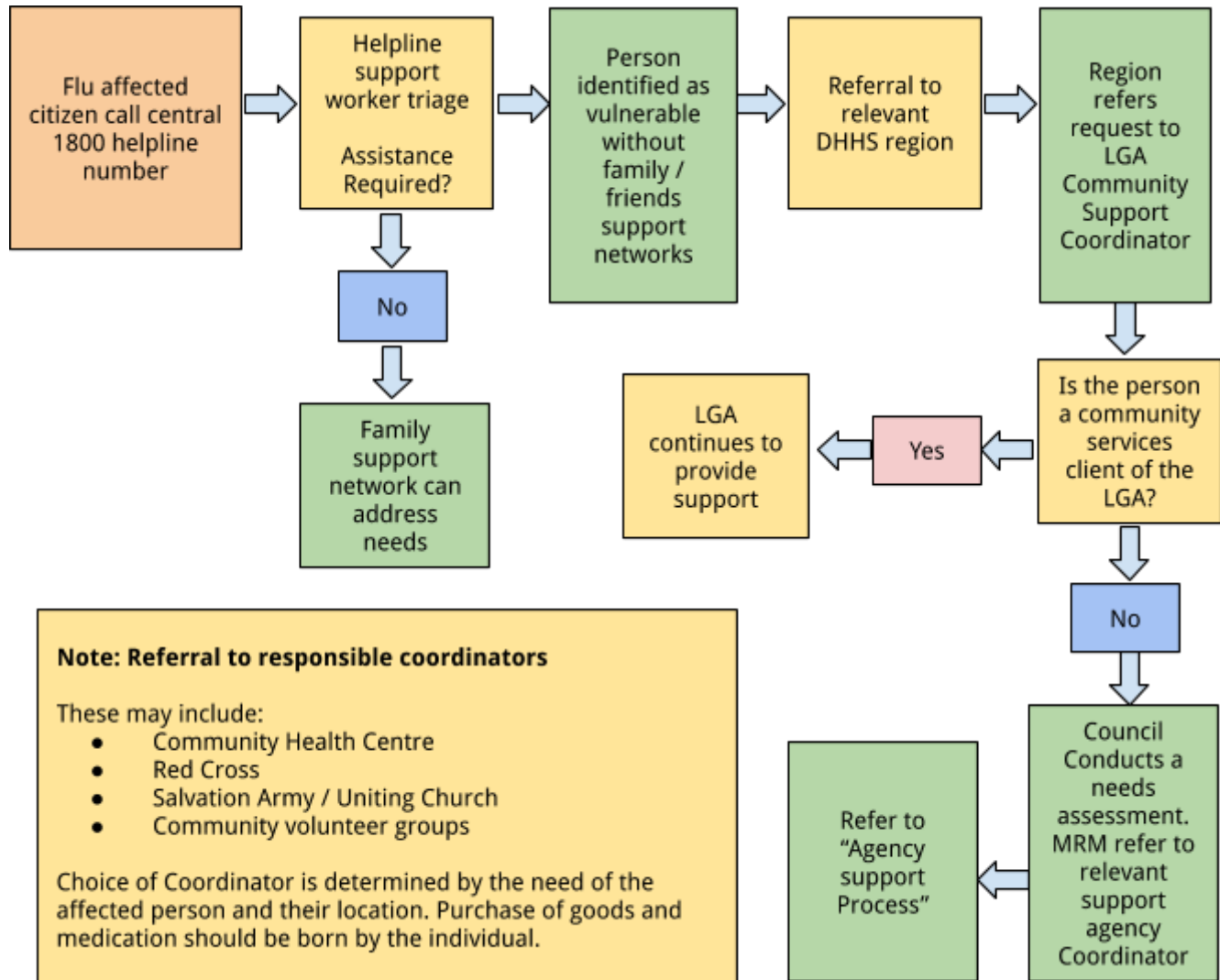
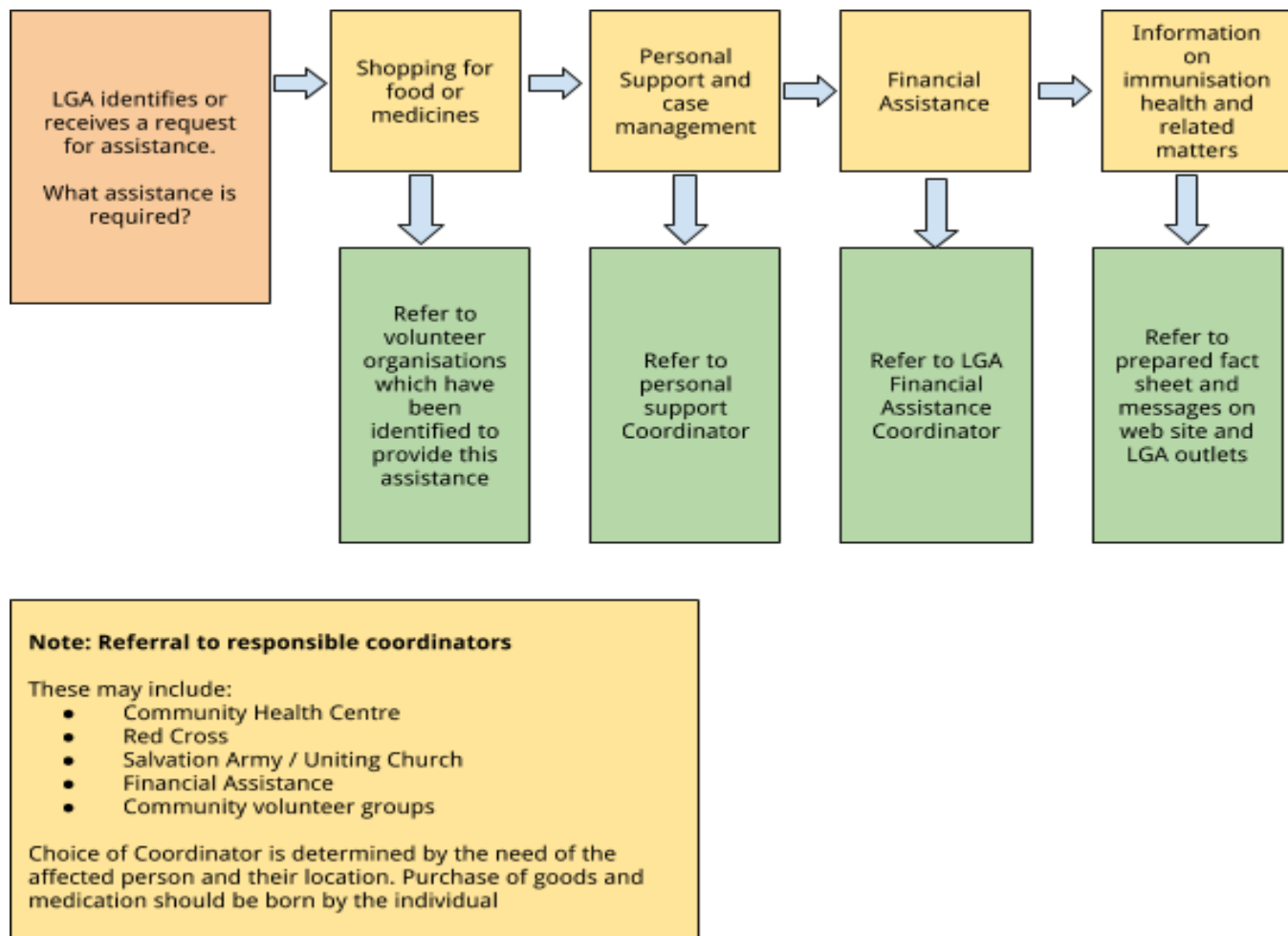


Diagram 2: Service Coordination Process



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 should be detailed. Options include building on Council run services such as Home Aged Community Care Services or a formal arrangement with external service providers. In planning for support, likely demand patterns and timing should be addressed. Other support requirements will be as per MEMP such as personal support, and financial special consideration

14 Delivery of local food services

See Pandemic Plan Contact List for a list of suppliers that may be able to deliver or supply food during a pandemic crisis.

15 Health services planning for managing affected individuals

Refer to [Northern Grampians Shire Council Website](#) for list of Health Service providers in the Northern Grampians Shire Council.

Influenza streams

Patients with suspected influenza pandemic may present to any health service in a variety of ways. Health services need to develop a process for separating, triaging and admitting people with influenza-like illness to prevent cross-infection. This may involve setting up a separate area, such as an influenza triage or influenza clinic.

Designated hospital (Flu Clinics)

To prevent the spread of pandemic influenza infection within hospitals as well as address surge capacity issues, the Department of Health & Human Services will implement a Designated Hospital Model. This model implements influenza clinics as patient numbers increase, to minimise impacts on hospital emergency departments and GP clinics. The Department of Health & Human Services has identified sixteen designated hospitals in Victoria. They have been designated based on:

- Location.
- Isolation facilities (for example, negative pressure rooms).
- Infection diseases expertise.

The decision to transfer suspected cases to a designated hospital will be made by the DHHS, in consultation with the health service. Clinical or other considerations may preclude patient transfer.

Stawells designated hospital is Ballarat Health Services (Base Hospital), Drummond Street North, Ballarat.

16 Public health control measures

In general, influenza viruses are spread in two ways:

1. Respiratory droplets from an infected person's coughs or sneezes (these droplets generally travel less than one metre); and
2. Touching contaminated surfaces (including hands) and then touching your mouth, nose or eyes.

Respiratory droplet and contact spread are the major modes of transmission in the community, but specific procedures within the medical setting may lead to generation of aerosols (particles suspended in the atmosphere), requiring specific precautions in these settings.

One of the most effective ways to minimise the spread of flu (whether seasonal or pandemic) is to practise good personal hygiene. Washing your hands regularly with soap and water or using an alcohol-based product (gels, rinses, foams - available at supermarkets and pharmacies) that does not require water - even when they aren't visibly dirty - is effective in killing the flu virus.

Five simple ways to prevent the spread of pandemic influenza:

1. Cover your mouth and nose when you sneeze or cough
2. Wash your hands
3. Don't share personal items
4. Clean surfaces
5. Avoid close contact with others if you are unwell with flu

In June, 2009, laminated posters 'Cover Your Cough, Clean Your Hands' were placed in all public toilets under Council control in the municipality.

It has been identified that there is a lack of soap, soap dispensers and hand drying equipment (paper towels or air blowers) in public toilets across the municipality.

Measures to increase social distancing

Another strategy to reduce the spread of influenza is minimising contact with others. Crowded places and large gatherings of people should be avoided, whether inside or outside.

Because the virus can travel up to one metre when someone sneezes or coughs, a distance of at least one metre could reduce the propensity to be infected. Visiting or other contact with unwell people should be avoided, wherever practicable.

In the event of a pandemic, State and Federal Government will advise ways in which Council can help minimise the risk and spread of infection through announcements in the media and other information resources.

Municipal Events

(Regular/annual social and cultural events that occur in the municipality)

Consideration will need to be given to the level of risk that conducting an event or mass gatherings may have on the safety of people in attendance during an influenza pandemic.

Cancellation of public events, gatherings and even school closures will be directed by the State authorities. This will most likely be in the 'contain' phase of a pandemic. Council may also cancel events within the municipality on advice from State Government.

Community facilities:

Refer to [Appendix 3](#)

17 Mass fatality plan

The Victorian Institute of Forensic Medicine (VIFM) is responsible for all deceased persons where there is no Doctor's certification of death. It is anticipated that this would be the most likely occurrence in the event of a pandemic. The VIFM has the capacity for normal operations and surge capacity arrangements for a significant number of deceased persons. Depending on the emergency and situation, there remains an unlikely potential that local government may be requested to assist. Requests would be made to Victoria Police and the MERC would make any requests of the MERO.

In ALL instances, detailed advice should be obtained from the [Victorian Institute of Forensic Medicine](#) (VIMF)

Storage

The VIFM may request a location to establish a temporary storage facility if the fatality rate is expected to exceed capacity ([Appendix 6](#)). The VIFM has arrangements in place for the supply of refrigerated shipping containers, the support services required to fit them out and the staff to manage them. A location such as a sporting oval would be suitable depending upon whether a mortuary is also established on site.

Other considerations should include:

- Location – away from schools, community facilities or residential areas.

- Vehicular access for two-wheel drive vehicles
- Access to power – supply grid or generators
- Access to water – mains preferred
- Security – temporary fencing with black screening mesh
- Signage

Sites should be identified on a needs basis and agencies will need to remain flexible.

Burial sites

In rare, exceptional circumstances, the Council will be asked to identify possible sites for burial of deceased persons. These areas should be carefully considered if fatality rate is expected to exceed the capacity of cemeteries within the Shire ([Appendix 6](#)) as they are likely to remain, at the very least, memorial sites into the future and the site will have little chance of repatriation and return to its previous use.

Identification and capacity of funeral homes, cemeteries, crematoria and cold storage within the municipality (including burial and cremation capacity) are in [Appendix 6](#) Pandemic Plan Contact List.

Religious and social considerations

A number of religious and ethnic groups have specific directives about how bodies are managed after death, and such needs must be considered as a part of pandemic planning. The wishes of the family will provide guidance, however, if no family member is available local religious or ethnic communities can be contacted for information. As a result of these special requirements, some religious groups maintain facilities such as small morgues, crematoriums, and other facilities, which are generally operated by volunteers. Religious groups should be contacted to ensure that these facilities and volunteers are prepared to deal with pandemic issues. (See Pandemic Plan Contact List for list of churches and religions within Northern Grampians Shire)

18 Influenza pandemic recovery plan

Refer to [Appendix 4](#) for the plan.

19 Review and exercise schedule

To be prepared for an influenza pandemic, it is important to regularly review and exercise this plan (as part of the Municipal Emergency Management Plan) and make amendments, as required.

Each plan should also include feedback mechanisms for evaluating its effectiveness. The municipality is encouraged to observe exercises undertaken by other municipalities.

The plan will be exercised annually, or as directed by the CEO of Northern Grampians Shire Council.

The exercise format will be a 'tabletop' exercise.

The exercise may include independent assessment, and should include identified agencies and key stakeholders.

Appendix 1: Council influenza pandemic response procedures

Phase	Tick Box	Responsibilities
No novel strain has been detected (or emerging strain under initial detection)		COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)
		Identify critical business activities and available resources
		Assist with review of the Pandemic Plan as requested by the Pandemic Coordinator
		Promote vaccination, good hygiene and flu preparedness practices (infection control) among staff, contractors and clients.
		Staff who are unwell should not come to work
		Identify staff PPE requirements and organise appropriate training for staff
		Municipal Emergency Management Planning Committee (MEMPC)
		Participate in annual Pandemic Plan review
		Assist with Pandemic Plan reviews as requested by the MRM
		Delegate Environmental Health Officer as Deputy Pandemic Coordinator when required
		Municipal Emergency Resource Officer (MERO)
		Manage availability roster of Emergency Management personnel
		Initial contact for activation of Emergency Management personnel
		Municipal Recovery Manager (MRM)
		Coordinate review of pandemic plan annually
		Communications
		Establish / review communication policy and procedure
		Maternal & Child Health
		Recommend seasonal flu vaccinations
		Promote all scheduled vaccination programs
		Environmental Health Officers

		Maintain supply of relevant PPE and training to ensure correct PPE usage
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Standing by for Response (Sustained community person to person transmission is detected overseas)		COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)
		Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Municipal Recovery Manager
		Promote good hygiene and infection control procedures
		Municipal Emergency Resource Officer (MERO)
		<ul style="list-style-type: none"> · Alert Executive and provide advice · Work with Communications Team to increase staff awareness (e.g. personal health messages on display in the workplace) · Manage availability roster of Emergency Management personnel · Initial contact for activation of Emergency Management personnel
		Municipal Recovery Manager (MRM) – Pandemic Coordinator (PC)
		<ul style="list-style-type: none"> · Implement procedures as per DHHS instructions · Organise acquisition of PPE or other resources as required
		EHO Deputy Pandemic Coordinator (DPC)
		Assist Pandemic Coordinator as required
		Communications
		Work with MERO to increase staff awareness (e.g. display health messages in workplace)
		Maternal & Child Health
		Promote all scheduled vaccination programs
		Family, Youth and Children Services
		Review hygiene and food preparation procedures as per instructions from DHHS.
		Aged and Disability Services
		Review hygiene and food preparation procedures as per instructions from DHHS.
		Building Facilities
		Review cleaning processes in communal areas
		Library and Leisure Services

		Review cleaning processes in communal areas
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Initial Response (Initial and targeted cases are detected in Australia but information about the disease is scarce)		COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)
		Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Municipal Response Manager (MRM).
		Report any changes to activities or resource levels to MRM
		Reinforce good personal hygiene and infection control procedures with all staff
		Staff suspected of or reporting being unwell to be excluded from the workplace
		Municipal Emergency Management Planning Committee (MEMPC)
		Convene pandemic sub committee consisting of Pandemic Coordinator, Deputy Pandemic Coordinator, MERO, DHHS, Stawell Regional Health, East Wimmera Health, Grampians Community Health, Ambulance Victoria.
		Municipal Emergency Resource Officer (MERO)
		Liaise with DHHS to inform them of Council activity and resourcing
		Work with HR and communications team 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
		<ul style="list-style-type: none"> · Alert Executive and provide advice · Work with Communications Team to Increase staff awareness (e.g. personal health messages on display in the workplace) · Manage availability roster of Emergency Management personnel · Initial contact for activation of Emergency Management personnel
		Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)
		Review requirement and purchase further PPE if required
		Liaise with DHHS to discuss contact tracing arrangements
		Provide area specific information for work units dealing with the public - family case workers, maternal and child health nurses, childcare centers, home care, meals on wheels, library, leisure, and civic facilities
		Review listings of vulnerable clients and communication channels
		EHO Deputy Pandemic Coordinator (DPC)

		Provide advice to the Council on social distancing measures and ways to reduce numbers of mass gatherings.
		Assist Pandemic Coordinator, MRM as required
		Promote all scheduled vaccination programs
		Communications
		Work with Pandemic Coordinator to Increase staff awareness (e.g. display health signage etc.)
		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.
		Prepare internal and external messages using advice from DHHS
		Building Facilities
		Provide shared workstations with alcohol wipes for phones, computers
		Check wash areas regularly to replenish supplies
		Library and Leisure Services
		Provide shared workstations with alcohol wipes for phones, computers
		Check wash areas regularly to replenish supplies

Targeted Response		When initial and targeted cases are detected in Australia and where enough is known about the disease to tailor to specific needs
Low Clinical Severity		COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)
		Review services & resource levels Implement procedures as per instruction from the Council Pandemic Coordinator, Incident Management Team or the Municipal Response Manager
		Report any changes to activities or resource levels to MRM
		Staff suspected of or reporting being unwell to be excluded from the workplace
		Introduce workplace social distancing measures and reduce numbers of mass gatherings (meetings, events etc.)
		Municipal Emergency Resource Officer (MERO)

		Liaise with Department of Health and Police (MERC) to determine need to activate Operations Centre
		Review resourcing requirements for Community Support Service and report to IMT
		Liaise with DHHS to inform them of Council activity and resourcing
		Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)
		Implement enhanced infection control procedures based on advice from DHHS
		Purchase or procure health, PPE and cleaning products / consumables for an extended period.
		Distribute PPE supplies to units
		Ensure staff using PPE have undertaken OHS training on PPE usage
		Liaise with DHHS to discuss contact tracing arrangements
		Review and confirm vaccine and PPE supply chain and secure storage with MERO
		EHO Deputy Pandemic Coordinator (DPC)
		Assist Pandemic Coordinator and MERO as required
		Promote & coordinate immunisation sessions for when vaccine is available
		Promote vaccination for pneumococcal vaccine for identified high-risk groups.
		Coordinate OHS training sessions for staff on correct usage of PPE
		Assist Pandemic Coordinator in acquisition of PPE or other resources as required
		Environmental Health Team
		Assist Pandemic Coordinator to distribute PPE supplies as required
		Assist Deputy Pandemic Coordinator as required.
		Human Resources
		Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)
		Implement an illness register
		Employment/deployment of staff to ensure continuation of critical services

		Communications
		Provide information to local papers / radio stations regarding pandemic situation, including where support services can be accessed.
		Regularly update community information on website, phone wait message and other public access points
		Family, Youth and Children Services
		Review listings of vulnerable clients and communication channels
		Determine support for quarantined and isolated clients at home
		Aged and Disability Services
		Review listings of vulnerable clients and communication channels
		Determine support for quarantined and isolated clients at home
		Buildings Facilitator
		Review cleaning and infection control procedures for communal areas
		Provide antiseptic hand wash to ingress points of Council buildings
		Investigate work from home capacity / accessibility of systems from remote locations
		Additional infection control procedures for communal areas
		Library and Leisure Services
		Review cleaning and infection control procedures for communal areas
		Provide antiseptic hand wash to ingress points of Council buildings
		Investigate work from home capacity / accessibility of systems from remote locations
		Additional infection control procedures for communal areas

Moderate Clinical Severity		COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)
		Review services, resource levels and Business Continuity arrangements
		Implement procedures as per instruction from the Council Pandemic Coordinator, Incident Management Team or the Emergency Management Group

		Report any changes in activities or resource levels to Municipal Response Manager (MRM)
		Cease all non-essential person to person contact with customers and clients
		Staff suspected of or reporting being unwell to be excluded from the workplace
		Municipal Emergency Resource Officer (MERO)
		Review resourcing requirements for Community Support Service and report to MRM
		Liaise with DHHS to inform them of Council activity and resourcing
		Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)
		Implement enhanced infection control procedures based on advice from DHHS
		Review and confirm vaccine and PPE supply chain and secure storage with MERO
		Liaise with DHHS to discuss contact tracing arrangements
		Implement PPE training for essential services staff. Distribute PPE supplies
		Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period.
		Liaise with Department of Health and Police (MERC) to determine need to activate operations center
		EHO - Deputy Pandemic Coordinator (DPC)
		Assist Pandemic Coordinator, MERO and MRM as required
		Assist Pandemic Coordinator in acquisition of PPE or other resources as required
		Human Resources
		Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)
		Implement an illness register
		Continuation of critical services
		Communications
		Provide information to local papers / radio stations regarding pandemic situation, including where support services can be accessed.

		Regularly update community information on website, phone wait message and other public access points
		Environmental Health
		Arrange immunisation sessions when vaccine available
		Promote vaccination for pneumococcal vaccine for identified high-risk groups.
		Family, Youth and Children Services
		Review listings of vulnerable clients and communication channels
		Consider closure of facilities based on DHHS advice
		Determine and provide support for quarantined and isolated clients at home
		PPE to be utilized where needed
		Aged and Disability Services
		Review listings of vulnerable clients and communication channels
		Consider closure of facilities based on DHHS advice
		Determine and provide support for quarantined and isolated clients at home
		PPE to be utilized where needed
		Buildings Facilitator
		Review cleaning and infection control procedures for communal areas
		Provide antiseptic hand wash to ingress points of Council buildings
		Support work from home arrangements
		Additional infection control procedures for communal areas (Consider closure of facilities based on DHHS advice)
		Library and Leisure Services
		Review cleaning and infection control procedures for communal areas
		Provide antiseptic hand wash to ingress points of Council buildings
		Support work from home arrangements
		Additional infection control procedures for communal areas (Consider closure of facilities based on DHHS advice)

High Clinical Severity		COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)
		Review services, resource levels and Business Continuity arrangements
		Implement working from home arrangements where appropriate
		Implement procedures as per instruction from the Council Pandemic Coordinator, Incident Management Team or the Emergency Management Group
		Report any changes to branch activities or resource levels to the MRM
		All staff to adhere to PPE requirements for direct service delivery
		Municipal Emergency Resource Officer (MERO)
		Liaise with DHHS to discuss relief and recovery arrangements
		Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)
		Maintain regular contact with DHHS, IMT and the Emergency Management Group
		Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period
		Implement vaccination programs as advised by DHHS
		Establish community support services, facilities and staffing with advice from DHHS
		EHO Deputy Pandemic Coordinator (DPC)
		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.
		Assist Pandemic Coordinator, MERO and MRM as required
		Human Resources
		Ensure provision of Employee Assistance Program by telephone
		Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)
		Implement an illness register
		Communications

		Provide information to local papers / radio stations regarding pandemic situation, including where support services can be accessed.
		Regularly update community information on website, phone wait message and other public access points
		Environmental Health
		Arrange immunisation sessions when vaccine available
		Promote vaccination for pneumococcal vaccine for identified high-risk groups
		Family, Youth and Children Services
		Review listings of vulnerable clients and communication channels
		Consider closure of facilities based on DHHS advice
		Determine and provide support for quarantined and isolated clients at home
		PPE to be utilized where needed
		Aged and Disability Services
		Review listings of vulnerable clients and communication channels
		Consider closure of facilities based on DHHS advice
		Determine and provide support for quarantined and isolated clients at home
		PPE to be utilized where needed
		Building Facilitator
		Isolate air circulation (heating / cooling) systems for all relevant municipal facilities
		Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice)
		Secure closed sites
		Reduce services as required
		Library and Leisure Services
		Isolate air circulation (heating / cooling) systems for all relevant municipal facilities
		Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice)

		Reduce services as required
--	--	-----------------------------

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

Appendix 2: Situation report template

OFFICIAL USE ONLY

NORTHERN GRAMPIANS SHIRE COUNCIL

INCIDENT/EMERGENCY NAME: Example: H1N1 Influenza 09 (Human Swine Influenza)

SITUATION REPORT NUMBER: NGSC Situation Report No. #

DATE/TIME PREPARED:

INCIDENT CLASSIFICATION: High/Medium/Low

Current situation

Key issues to address

Strategic assessment (how well are we travelling?)
--

Media management & public information

Next situation report due at: Time & Date

Prepared by:

Authorised by controller:

Appendix 3: Community facilities, halls, and reserves in the Northern Grampians Shire

Bunbury Street Reserve	56 Bunbury Street Glenorchy
Burgh Street Complex	Burgh Street Stawell Callawadda
Gun Club	6093 Donald-Stawell Road Callawadda
Edwards Street Playground	12 Edwards Street Glenorchy
Great Western Recreation Reserve	42-56 Brunel Street Great Western
Guthrie Park Recreation Reserve	2892 Minyip-Rich Avon Road Rich Avon West
Halls Gap Hub	117-119 Grampians Road Halls Gap
Halls Gap Public Hall	115 Grampians Road Halls Gap
King George Park	King George Park Bowling Club Clubrooms - McMahon Street St Arnaud
Lord Nelson Park	Charlton Road
Lord Nelson Park	Lord Nelson Park Football Clubrooms / Administration Building Charlton Road St Arnaud
	Lord Nelson Park Lord Nelson Park Grain & Fleece Pavilion - (4-Bay Show Shed?)
	Charlton Road St Arnaud
Lord Nelson Park	Lord Nelson Park Harness Racing Centre - Charlton Road St Arnaud
Lord Nelson Park	Lord Nelson Park Sheep Pavilion - Charlton Road St Arnaud
Lord Nelson Park	Lord Nelson Park - Netball Rooms
Lord Nelson Park	Lord Nelson Park - Sports Club, Pokies and Function Rooms
Lord Nelson Park	Lord Nelson Park - Old Swimming Pool -- Charlton Road
Navarre Recreation Reserve	Navarre Recreation Reserve - Netball Change Room/Toilet - Cambridge Street Navarre
Navarre Recreation Reserve	Navarre Recreation Reserve - Function Facility - Cambridge Street Navarre
Navarre Recreation Reserve	Navarre Recreation Reserve Tennis Shed - Cambridge Street Navarre
Navarre Recreation Reserve	Navarre Recreation Reserve Grandstand/Football Change rooms - 47 Cambridge Street Navarre
Nicholls Plains Tennis Club	Burrubmite Road Coonooer Bridge
North Park	North Park Amateur Athletic Clubrooms - Houston Street
North Park Tennis Club	North Park Tennis Clubrooms - Newington Road Stawell
North Park	North Park U'16 Dressing Sheds/Kiosk - Houston Street Stawell
Old Lake Oval & Cricket Pavillion	Burgh Street Stawell
Pleasant Creek Historical Precinct	46-48 Longfield Street Stawell
Shop 108 Stawell	108 Main Street Stawell
St Arnaud Children's Precinct	3-5 Walker Street, St Arnaud
St Arnaud Children's Precinct	St Arnaud Playgroup (Former Cfa Shed) - 1 Walker Street St Arnaud
St Arnaud Senior Citizens	St. Arnaud Senior Citizens' Building - Cnr Market/Golden Streets St Arnaud
St Arnaud Community Resource Centre	85 Napier Street, St Arnaud
St Arnaud Historical Society	St Arnaud Historical Society Turncott's Residence &

	Old Fire Station (Museum) - 12 Napier Street St Arnaud
St Arnaud Neighbourhood House	34 Alma Street St Arnaud
St ARnaud SES Building	55 Wheeler Street St Arnaud
St Arnaud Tennis Courts	17-23 Melbourne Road, St Arnaud
St Arnaud Town Hall Complex	40 Napier Street, St Arnaud
St Arnaud Visitor Information Centre	4 Napier Street, St Arnaud
Stawell Band Hall	52 Wakeham Street Stawell
Stawell Gallery	48 Longfield Street Stawell
Stawell Sports & Aquatic Centre	49-51 Houston Street Stawell
Stawell Library	7-9 Sloane Street Stawell
Stawell Media Centre	12 Main Street Stawell
Stawell Neighbourhood House	42 Sloane Street Stawell
Stawell Railway Station Reserve	Stawell Railway Station Art Gallery -- Lot 42 Stawell Railway Station Stawell
Senior Senior Citizens Building	9 Victoria Street Stawell
Stawell SES	Stawell SES Headquarters - 31-35 Sloane Street Stawell Stawell
Stawell Town Hall	63-65 Main Street Stawell
Traynor's Lagoon Recreation Reserve	Cossen Road, Traynors Lagoon
Wheeler Street Services	Murdoch House Garden Maintenance Shed - Cnr Wheeler Street & North Western Road St Arnaud

All community facilities, halls, and reserves are subject to availability

Appendix 4: Influenza pandemic recovery plan

Introduction

Although the local government Municipal Emergency Management Plan (MEMP) has a recovery sub-plan, the unique infectious nature of a Flu Pandemic requires some modifications to a typical emergency recovery operation outlined in the sub-plan. This Influenza Pandemic Plan (IPP) sets out what those unique requirements may be and the necessary recovery operation modifications.

Flu pandemic constraints

Recovery typically involves the gathering and provision of information via meetings with members of the community at public forums, with service agencies in their offices or face to face at relief and recovery centres. The infectious nature of the Flu discourages this type of behaviour in an attempt to contain its spread, so alternative strategies will need to be developed.

Staffing capacity will be stretched once recovery workers (or their families) fall ill, and essential services may well be under stress to maintain business continuity. Contingencies need to be factored in to the recovery plan for all of these service dependencies as well.

Likely impacts on the community

Influenza will cause a considerable impact upon the social, health & community environment as well as the economic environment across a wide ranging area for quite some time.

The possible impacts in each environment include:

Social, health & community environment:

- Loss of life causing grief and trauma.
- Disconnection from community support due to isolation and illness.
- Disruption to food/utilities/fuel supply and access to essential items.
- Disruption to a wide range of community, cultural and sporting events.
- Disruption to a range of community care services.
- Increased needs of community in relation to provision of information.
- Increased needs of vulnerable groups.
- Widespread illness and sickness and need for health and medical support.
- Increased hospital admissions.
- Widespread fear and anxiety.
- Increased need for financial assistance and material aid.

Economic environment:

- Disruption to businesses customer base due to falling numbers and cancellation of community events.
- Loss of income as demand drops for the service industry causing stress and anxiety.
- High staff absenteeism and related costs.
- Supply shortages.
- Closure of venues.
- Public transport disruption/ delays / closures.
- Disruption to fuel and energy supplies.
- Business closures.
- Financial impact retail/ entertainment/ hospitality industries.

- Increased demand in some services exceeding capacity to supply.

Identifying the service requirements in the recovery environments

Any emergency recovery operation addressing the recovery needs of the community will need to make preparations in the following service areas:

- Environmental Health.
- Personal Support, Case Management & Counselling Communication and Media Liaison.
- Recovery Centre Management.
- Community Development.
- Financial Assistance.
- Aged Care and Disability Services.
- Material Aid – especially food donations and catering.
- Temporary Accommodation.
- Economic Development.
- Children Services.
- Volunteer Coordination.
- Donations Coordination.
- Transport

Councils municipal recovery sub-plan will have already documented the local arrangements for each of the services listed above and tested them with desktop exercises. But a flu pandemic will need further planning work to be done.

As well as identifying the necessary resources, training and coordination requirements for each of these recovery service areas, operational planning needs to identify and document the service delivery process to those in need within the constraints of an infection control environment. For example, communication of public health messages will need to be limited to the electronic media, web sites and mail deliveries. Personal support/case management is provided via the telephone to a call centre. Recovery Service Team coordination meetings should be conducted by video/teleconferences.

Preparing for the pandemic recovery operation

As mentioned in the above paragraph, the development of a recovery operational plan for each of the listed services is necessary before the event. The plan should identify:

- Who will be coordinating each service?
- Who will be providing the services (there may be a sole provider or multiple)?
- What impact will the infection control arrangements have on this service?
- Arrangements for minimising infection spread while still providing this service.
- The dependencies for each of those services (e.g. is there an external supplier? Is there only one person who can provide this service? What about power/telecommunication outages or loss of access to computer networks?)
- References to relevant internal/external business continuity plans.
- The contingency plans for an interruption to service provision (eg staff shortages, supply chain for food, transport etc).
- How this service could operate for an extended period of time with limited personnel.
- The escalation process once full capacity is reached.
- Support (personal and logistical) arrangements for the people providing the service/s in each area.

Coordination of the recovery operation

Any pandemic recovery operation will occur in two stages:

1. During the outbreak for possibly 6 months until it is contained (within the infection control constraints) requiring the communication of information to be conducted remotely.

- Environmental Health.
- Personal Support, Case Management & Counselling.
- Communication and Media Liaison.
- Recovery Centre Management.
- Financial Assistance.
- Aged Care and Disability Services.
- Material Aid – especially food donations and catering.
- Temporary Accommodation.
- Children Services.
- Volunteer Coordination.
- Donations Coordination.
- Transport

Coordination of these services will require a modification to standard recovery processes due to the constraints identified earlier as well as managing the demands of maintaining these services over a potentially longer time frame.

The Municipal Emergency Coordination Centre (MECC) could well become a combined Response/Recovery Coordination Centre for resources to emergency services as well as recovery services. If staffing this centre becomes an issue, then a combined LGA centre is an option to consider.

LGAs need to plan for this as a worst case scenario.

2. After the influenza infection has been contained (with possibly fewer constraints), the recovery operation can begin to move to standard operating procedures, as outlined in the Municipal Recovery Plan. The services that are likely to be required are:

- Environmental Health.
- Personal Support, Case Management & Counselling.
- Communication and Media Liaison.
- Recovery Centre Management.
- Community Development.
- Financial Assistance.
- Aged Care and Disability Services.
- Material Aid – especially food donations and catering.
- Temporary Accommodation.
- Economic Development.
- Children Services.
- Volunteer Coordination.
- Donations Coordination.
- Transport

NOTE: Community and Economic Development activities have been added to the second stage to assist with reconnecting both communities and conducting a range of assistance measures so a full recovery can be achieved. Activities in these two areas require face to face community interaction, so even though their need would become apparent earlier than this stage, the infection control constraints make this difficult to implement. Some of the services will have a short life span of a few weeks while others can take years.

Appendix 5: Debrief template

Debrief Template	
Date:	Time: am/pm
Debrief Facilitated by:	
Debrief participants:	
Items	
1	How did the team / individual feel the shift went?
2	Did anything stand out during the shift that didn't go well?
3	Why didn't this go well? What happened?
4	What can the team / individual do differently next time?
5	What are some things that worked well? (try to finish on a positive note)
6	Is there any feedback the team / individual would like to provide to the MRM?
7	How is the team / individual feeling in general? Eg tired etc Remind staff of reactions that they may experience and look after themselves.

Appendix 6: Storage, funeral and burial considerations

Business / Cemetery Trusts	Address	Capacity & possible increased capacity	Contact
J J Kell & Son Funeral Directors	136 Napier Street, St Arnaud VIC 3478	6/20	John & Jenny Kell 54951043 / 0417 030 497
Hendy Transport Carriers	Kell Road, St Arnaud	Refrigerated unit	Keith Hendy 5495 1623
Fred Crouch & Son	42 Main St, Stawell 3380	6	Geoff Sanderson Phone: 03 5358 1043 Fax: 03 5358 4078 Email: geoff@fredcrouch.com.au
Deep Lead Cemetery Trust	Western Highway, Deep Lead		Ph: 5358 2867 Contact: Lesley Bennett
Grays Bridge Cemetery Trust	Cemetery Road, Marnoo		Ph: 5359 2270 Contact: C Newall
Great Western Cemetery Trust	Cemetery Road, Great Western		Ph: 5356 2250 Contact: Mr Viv Thomson
Glenorchy Cemetery Trust	Cemetery Road, Glenorchy		Phone: 5358 1043 Contact: c/- Geoff Sanderson
Navarre Cemetery Trust	Avoca Road, Navarre		Ph: 5357 4260 Contact: B Bibby
St Arnaud Cemetery Trust	Cemetery Road, St Arnaud		Ph: 5495 1500 Contact: Northern Grampians Shire Council
Stawell Cemetery Trust	Cnr Lake Road & Cypress Street, Stawell		Ph: 5358 8700 Contact: Northern Grampians Shire Council

Stuart Mill Cemetery Trust	Stuart Mill Low Road, Stuart Mill		Contact: Graeme Medlyn Ph: 5496 3262
Royale Wolfe Containers	Storage for mass deaths (refrigerated containers)	50	13 96 53

Appendix 7: Online resources

The Department of Health:

<http://www.health.gov.au/flureport>

Better Health Channel:

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/flu-influenza>

World Health Organisation - Global Alert and Response:

http://www.who.int/csr/disease/swineflu/notes/briefing_20100810/en/

Appendix 8: Business continuity - essential functions

Business Unit	Operational elements/ function	What support systems/ groups are critical to these business functions?	What is being done to ensure this critical function will be maintained?
ICT & BT	-Update of web and intranet -Helpdesk function -ICT services and support - Telephone maintenance - Offsite data storage	-RSA-remote server access - Memory sticks - Wireless modems	-Centralised internet with other LGAs? - Set up other email accounts
Waste management	-Kerbside collection -Transfer Stations	-Identify core staff	-Hold recyclables -maps and routes well documented -Train depot staff if required
Maternal and child health services	Primary health care for 0-6 yrs and their families	MCH Nurses, accredited immunisation nurses	Train in PPE & infection control.
Aged services: Home and Community Care (HACC)/ Home Support	Community based support services for elderly, frail, disabled, chronically ill	Personal care services need to continue in high priority households. Suspend domestic assistance/home help	CC officers will be rostered to provide critical care only
Cemeteries	Internment of bodies	Appropriate storage of bodies prior to burial. Timely burial.	Long term storage of bodies if required/mass burials
Legislative functions (e.g. environmental health services)	Public health	Internet, phone, PPE, legislation, transport/vehicle, support	Memorandum of Understanding between LGAs and DHS.
Emergency management functions	Ability to respond to emergencies within the municipality	Emergency Management Committee	EM Plan to be activated when required.
Payroll	Payroll/finance		

Appendix 9: Signage

[Cover your cough and sneeze poster](#)

[Wash your hands regularly poster](#)

Appendix 10: Roles & responsibilities

Key staff roles and responsibilities

The below table identifies key staff roles and responsibilities as identified in this plan and back-up staff to fill those roles in the case of absenteeism. It is an indicative list only.

Summary of key staff roles and responsibilities

Business Area	Name / Role	Summary of Activities & Responsibilities	Relevant section of Plan
Infrastructure & Environment	Manager Environment & Community Safety	Act as MERO Activate plan as required Provide daily briefing to CEO	All
Economic & Community Development	Manager Community Strengthening	Act as MRM / Pandemic Coordinator Identify critical staff and functions Nominated single liaison person with DHHS Convene the Pandemic Sub-Committee as required Restrict entry to workplace by sick visitors and workers Responsible for contacting quarantined residents and determining what level of support to provide Will be required to maintain and use a 'tracking template' Communicate immunisation Action Plan with staff and display Statement & Contact persons list Purchasing and distributing personal protective equipment (gloves, face masks and protective body wear)- stored in Council's Operating Centre Provide Customer Service personnel daily or ad hoc updates and list of appropriate referral contacts	All
Development Services	Environmental Health Officer	Act as the Deputy Pandemic Coordinator Promote & coordinate immunisation sessions Monitor measure to reduce the risk of contamination in the workplace (tissue disposal, alcohol hand rub, disposable surgical masks)	CEO Intro Staff Support
Community Services & Development	Maternal Child Health Nurses	Administer immunisation sessions	Staff support
Corporate Services -	Human Resources Manager	Responsible for redeployment of staff (in consultation with CMT) Provide guidance on the minimisation of contact through emails, intranet bulletins, and posters clearly displayed in working and	Strategy for Community Information Provision

		communal areas	
Development Services	Environmental Health Officers	Provide health information, hygiene & social distancing messages to staff and general public, including off-site staff (via website and local media) Provide information on food management and waste disposal services (via website and local media) In extreme cases, provide information on emergency status and management of mass fatalities	Public Health Control Measures
Various	Pandemic Plan Sub Committee	Will convene as required during Australian phases 3-6 of a pandemic (by teleconference if necessary) Will help Pandemic Coordinator determine support to provide affected individuals	All
	Communications	Consider implementing a communications plan in conjunction with the Department of Health Coordinate all public and media communications and utilisation of local media Update Council website including status reports, advice, contact and information sources (daily if required) Provide information on scaled/down or closed services via Council website and local media In extreme cases, provide information on emergency status and management of mass fatalities	Strategy for Community Information Provision Public Health Control Measures
CEO	CEO	Update Councillors as required Set yearly exercise of plan and annual reviews	Strategy for Community Information Provision Review and Exercise Schedule
All	Managers of all Departments	Restrict unnecessary work related travel and send sick staff home Inform staff of Immunisation procedures	Staff Support Mass Vaccination/ Immunisation
Aged Services	Family Health Support Services Manager Meals on Wheels	Single contact person for Meals on Wheels, hospitals, GPs, etc. Deliver frozen meals to quarantined individuals and invoice as required	Strategy for Community Information Provision Public Health Control Measures
Information Services	Information Technology Manager	Ensure critical business areas have access to remote working systems	Business Continuity and Essential Services Matrix
Governance	Manager Governance	When deemed necessary, implement an automated voice system to give the option for incoming calls to be directed	Strategy for Community Information Provision

		to a recorded message providing a pandemic status update	
Council	Mayor / CEO	Assist with communicating key messages to community	Strategy for Community Information Provision Public Health Control Measures

Pandemic plan contact list

This contact list will be updated annually or as required by the Environmental Health Officer and attached as a separate document to this plan.

The contact list itself does not form part of the plan