



# Minutes

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Ordinary Council Meeting held at 12.30 PM on the Monday 2 September 2019 in the Council Chamber.  
Pleasant Creek Historic Precinct.

## **Present**

Cr Kevin Erwin (Mayor)  
Cr Tony Driscoll  
Cr Murray Emerson  
Cr Jason Hosemans  
Cr Karen Hyslop

Mr Michael Bailey, Chief Executive Officer  
Mr Vaughan Williams, Director Corporate Services  
Mr Trenton Fithall, Executive Manager Operations  
Mrs Naomi Goode, Executive Manager Communities

## **Affirmation**

We recognise the traditional owners of the land.  
We are inspired by the early pioneers and by those who gave their lives for our country.  
We now ask God's blessing on our deliberations  
and on our commitment to build a better lifestyle and environment.

To be confirmed at the meeting of Council on Monday, 7 October 2019.

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### 1. Apologies

Apologies were received from Cr Merrilee Reid and Cr Rob Haswell.

### RESOLUTION

**That the apologies be received and leave of absence granted.**

**Moved: Cr Murray Emerson**

**Seconded: Cr Jason Hosemans**

**Carried**

### 2. Confirmation of Minutes

Ordinary Meeting held on Monday, 5 August 2019

### RESOLUTION

**That the minutes as listed, copies of which have been circulated, be confirmed and adopted.**

**Moved: Cr Tony Driscoll**

**Seconded: Cr Jason Hosemans**

**Carried**

### 3. Matters Arising from the Minutes

Nil

### 4. Presentations/Awards

Nil

### 5. Presentation of Petitions and Joint Letters

Nil

## **6. Disclosures of Interest and Declarations of Conflict of Interest**

**A Councillor who has a conflict of interests and is attending the Council meeting of the Council must make a full disclosure of that interest.**

- a. by either-**
  - i. advising the Council at the meeting of the details required under paragraphs (b) and (c) immediately before the matter is considered at the meeting; or**
  - ii. advising the Chief Executive Officer in writing of the details required under paragraphs (b) and (c) before the meeting; and**
- b. classifying the type of interest that has given rise to the conflict as either-**
  - i. a direct interest; or**
  - ii. an indirect interest and specifying the particular kind of indirect interest under:  
section 78 - close association  
section 78A - financial interest  
section 78B - conflicting duties  
section 78C - receipt of an applicable gift  
section 78D - consequence of becoming an interested party  
section 78E - impact on residential amenity; and**
- c. describing the nature of the interest; and**
- d. if the Councillor advised the Chief Executive Officer of the details under paragraph (a)(ii), the Councillor must make a disclosure of the class of interest only to the meeting immediately before the matter is considered at the meeting.**

### **Members of Staff**

**Under Section 80C of the *Local Government Act 1989*, officers or people engaged under contract to the Council providing a report or advice to Council must disclose any conflicts of interests in the matter, including the type of interest.**

**Mr Michael Bailey declared an indirect interest of close association in Item 14.1 as a family member is employed by a contractor who has tendered for the contract.**

**Mr Vaughan Williams declared a direct interest in Item 9.7 as he is a likely candidate for the appointment of Acting Chief Executive Officer.**

## 7. Assemblies of Councillors

[Michael Bailey, Chief Executive Officer]

An assembly of Councillors means a meeting of an advisory committee of the Council, if at least one Councillor is present, or a planned or scheduled meeting of at least half of the Councillors and 1 member of Council staff which considers matters that are intended or likely to be: - the subject of a decision of the Council; or subject to the exercise of a function, duty or power of the Council that has been delegated to a person or committee [s 76AA]; but does not include a meeting of the Council, a special committee of the Council, an audit committee established under s 139, a club, association, peak body, political party or other organisation.

A matter means a matter with which a Council, special committee or a member of Council staff is concerned and that will require –

- a. a power to be exercised, or duty or function to be performed, or a decision to be made, by the Council or a special committee in respect of the matter;
- b. a power to be exercised, or duty or function to be performed, or a decision to be made by a member of council staff in respect of the matter.

Section 80A of the *Local Government Act 1989* requires that the written record of an Assembly of Councillors is, as soon as practicable, reported at an ordinary meeting of the Council and incorporated in the minutes of that Council Meeting.

The records for the period since the last ordinary Council meeting are listed below.

Date	Description	Matters/considered	Councillor / Officer making disclosure	Item No.	Left meeting Y/N
29/07/2019	Organisational Effectiveness Briefing	Review of Infringement Notice - Valley Park Farm Pty Ltd; Advocacy Program; Rating Strategy Discussion; Finalised Northern Grampians Shire Municipal Fire Management Plan 2019-22; Pandemic & Public Health MEMP Sub Plans; Public Question Time; Taylors Gully Lease Transfer; RCTP Update; Departmental Quarterly Reports; Delegations and Authorisations Update	NA	N/A	N/A
05/08/2019	Lifestyles and Community Briefing	Community Access Group Terms of Reference; Presentation - 11.00am St Arnaud Early Learning Centre	N/A	N/A	N/A
12/08/2019	Economic Growth Briefing	10am Presentation - Gavin Mathieson, Parks Victoria; Retail Doctor Implementation; 11am Presentation - Nick Humphries, Superbold; Sector Plans Implementation	N/A	N/A	N/A

## RESOLUTION

**That the report on Assemblies of Councillors be approved.**

**Moved: Cr Karen Hyslop**

**Seconded: Cr Murray Emerson**

**Carried**

**8. Items Brought Forward**  
Nil

**9. Consideration of Reports of Officers**  
**9.1. Building Maintenance Service Review**

**Author/Position:** Trenton Fithall, Executive Manager Operations

**Summary**

Service delivery reviews help Local Government clarify the needs of their communities and use an evidence-based approach to assess how efficiently and effectively it is meeting those needs. Using this information enables us to determine what changes could be made to a service delivery which will provide benefits to all stakeholders, whilst being financially sustainable.

A review of the current Building Maintenance service delivery has been conducted and options to reduce delivery costs to Council have been presented.

**Recommendation**

**That Council actively explores building rationalisation over Council's built assets.**

**RESOLUTION**

**That Council undertakes building rationalisation over Council's built assets, reducing total building replacement value by 10%.**

**Moved:** Cr Tony Driscoll

**Seconded:** Cr Jason Hosemans

**Carried**

## **Background/Rationale**

Council officers have been asked to present options to save annual operating costs, in the aim to become sustainable into the future. This review looks into all 41 services, Building Maintenance being one of these services that Council provides.

All Council assets exist to support service delivery or enhance the environment and quality of life of the residents. Council's building maintenance function enables the continued functionality of its built assets to further support community services.

To review the service, staff broke down the current spend into its major components being labour, plant, contractors, materials and services. Building Maintenance spends 59% of budget on contractors performing professional trade services including plumbing, electrical, air conditioning and painting. 29% of the budget is allocated to a Council managed team of qualified staff performing regular maintenance and minor repairs.

Service levels are currently driven by the available budget which is based on historic practices. Things to consider when delivering building maintenance:

- Legislative requirements
- Essential service requirements
- Functionality
- Long term serviceability
- Changing requirements of the community
- Building regulations
- Heritage implications
- Council liability

The service delivery requires sound knowledge and experience over a range of tasks and an understanding of the functional requirements of each individual building.

Council's vision for its asset management function is to provide and maintain assets in a sustainable manner to improve the quality of life and safety of the Northern Grampians community.

To achieve this, it is important that building maintenance practices and processes are consistent and applied evenly across the asset base. On the basis of consistent management, building asset maintenance best practice (Local Governmental and Municipal Knowledge Base of Australia) states budget allocation should be in the range of 1.0-1.5% of the replacement value of the asset base. Council's current practice allocates a budget 1% of the replacement value putting it at the lower end of the best practice range. Based on this Council's Building Maintenance service expenditure is directly proportional to Council's total building replacement value.

In the aim to provide sustainable infrastructure Council has explored the potential of rationalising Council owned buildings reducing the financial burden and liability. In recent times Council has disposed of buildings where appropriate to do so with success.

Reducing Council building asset base is the single most critical factor in reducing Building Maintenance operational costs. Continued effort exploring building rationalisation is critical in providing quality safe and sustainable building assets that support service delivery to the Northern Grampians community.

If Council was to reduce operational costs by 10%, Council needs to take a hard line on building rationalisation and target disposing of 10% of the asset replacement value. To achieve this, Council must consider the ownership/management of Council's more significant buildings.

## **Legislation, Council Plan, Strategy and Policy Implications**

Council Plan objective, Provide Sustainable Infrastructure

*Local Government Act 1989*

Building Code of Australia

*Building Act 2000*

*Building Regulations 2018*

*Work Health & Safety Act 2012*

*Disability Services Act 1992*

*Civil Liability Act 2002*

*Heritage Act 1995*

*Planning & Environment Act 1987*

Australian Standard

Essential Safety Measures

## **Options**

### **Option 1**

Actively explores building rationalisation over Council's built assets. **[recommended]**

### **Option 2**

Undertakes building rationalisation over Council's built assets, reducing total building replacement value by 10%. **[not recommended]**

## **Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

## **Consultation**

An independent consultant undertook an asset management review. In the review, the consultant met with building maintenance staff and facility managers regarding processes, practises and functional requirements of Council buildings.

Consultation with stakeholders regarding building requirements is ongoing through Council operations.

Consultation regarding rationalisation occurs on a case by case basis and only where required at the time.

## **Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Trenton Fithall, Executive Manager Operations

In providing this advice as the author and responsible executive manager, I have no disclosable interests in this report.

## **Attachments**

Nil

## 9.2. Walkers Lake Action Plan Review

**Author/Position:** Tony Dark, Coordinator Community Placemaking

### Summary

The primary purpose of the report is to provide an overview of the Walkers Lake Management Plan priorities and actions and to seek endorsement of the funding allocation towards prioritised projects.

### Recommendation

**That Council:**

1. notes the Walkers Lake Management Plan actions as detailed
2. endorses the spend of the allocated funding of \$25,500 towards the following projects in the 2019-20 financial year (subject to appropriate authority approval/permits):
  - Cultural Heritage Due Diligence Assessment or Monitor of proposed projects
  - Second toilet facility
  - Constructed campfire structures
  - Track improvements
  - Signage, marketing and educational materials for visitor awareness.

### RESOLUTION

**That Council:**

1. notes the Walkers Lake Management Plan actions as detailed
2. endorses the spend of the allocated funding of \$25,500 towards the following projects in the 2019-20 financial year (subject to appropriate authority approval/permits):
  - Cultural Heritage Due Diligence Assessment or Monitor of proposed projects
  - Second toilet facility
  - Constructed campfire structures
  - Track improvements
  - Signage, marketing and educational materials for visitor awareness.

**Moved:** Cr Karen Hyslop  
**Seconded:** Cr Tony Driscoll

**Carried**

## Background/Rationale

The Walkers Lake Management Plan 2019-29 (Plan) was endorsed by Council at its 4 March 2019 meeting.

Whilst not mandated, the 10 Year Management Plan is aimed to provide direction for Council in the management of the Walkers Lake Reserve with a focus on five strategic areas as follows:

- Community, Recreation and Built Environment
- Cultural Heritage
- Biodiversity and Natural Environment
- Tourism and Economic
- Water Supply

The Walkers Lake Advisory Group, through regular minuted meetings, have established a list of draft actions to commence the process to deliver the outcomes for the next 12 months. The list is a work in progress and relevant items will be subject to approval through a process of assessment by a qualified Cultural Heritage Advisor who will conduct a Cultural Heritage Due Diligence Assessment.

To inform what was seen as important now at the reserve, the top 10 priorities were provided by the Advisory Group and the final list below was collated through this process:

Priority No	Issue
1	Ensuring water security for supply to the lake
2	Poor recreational visitor experience
3	Managing vermin, pests and weeds
4	Illegal and unauthorised removal and use of wood for fires and other uses
5	Maintaining water levels for recreation and biodiversity management
6	Fire management - unattended fires, located near trees, on tree roots, rubbish left behind
7	Shallow pits for toilets used rather than existing toilet facilities on site
8	Long term sustainability of water supply and infrastructure
9	Improving visitor experience, camping options and maintaining relative infrastructure for users
10	Managing native flora and fauna

The next steps were to group common themed priorities with similar or compatible issues for a streamlined approach to action. We are mindful, however that whilst the above priorities are categorised and seen as a higher priority, the management plan contains other issues or strategies that will remain open and actioned over the period of the plan as required.

The list of actions is as follows:

1. **Audit of the reserve** - A walk of the site on Sunday 5 May was organised to consider the impacts of increased visitors, and community needs and expectations to inform a strategic approach to actions.
2. **Toilet facilities, prohibited shallow pit toileting and high impact activities affecting cultural heritage values** - Existing amenities require ventilation improvements and the location of a further toilet facility to cater for visitor needs.

Promotion of BYO portable toilet options will be recommended for visitors who camp at a distance that is perceived by the campers as too far to use the amenities provided on-site implementation of appropriate signage to provide advice for toileting activities at the reserve.

3. **Camp fires** - Walkers Lake Reserve has a primary purpose for public recreation and dispersed camping is a strongly supported activity. To assist the management of camping and fires there will be strategically placed fireplaces for use.
4. **Long term camping** - There is evidence that some campers stay for an extended period of time. The group discussed the meaning of long term camping for Walkers Lake and considered 4 weeks is the recommended period which is to be confirmed through normal Council process.
5. **Swimming area and boating rules** - The waterway rules for the lake will be reviewed for the lake's current use.
6. **Roster for amenities cleaning and maintenance** - A roster of volunteers from the group will be implemented prior to the 2019 summer season.
7. **Launching ramp pontoons** - A recommendation of VRFish and other boaters to assist in launching and retrieving vessels and will be investigated further.
8. **Visitors not aware of the values of the reserve** - Covers a wide range of areas including recreation, cultural, natural values and we need to establish clear guidelines as well as educational information for Walkers Lake Reserve. Recommendations will include provision of accurate information on websites, wikicamps, social media, newspapers and onsite as well as other opportunities available.
9. **Managing flora/fauna, pests and undergrowth protection** - Council will partner local community groups such as Landcare and schools in planting projects, managing pests/weeds and conservation work.
10. **Old School site** - Overflow or group/school camping on this site is considered the best fit to relieve the impacts of dispersed camping around the shore of the lake. Future recommendations of appropriate infrastructure will be submitted to Council when known.
11. **Covering the cost of water supply** - Council is currently meeting the cost of water supply and options to assist with this requirement will be reviewed through community initiatives that will be presented to Council in due course.
12. **Illegal and unauthorised use of wood from the reserve** - There is evidence that visitors are removing wood from the reserve and damaging existing trees in the process. Council will review and adopt a strategic approach by way of signage, education and enforcement to manage these activities.

Council has allocated \$25,500 towards projects in the 2019-20 financial year and the following projects/tasks are to be implemented (subject to appropriate authority approval/permits):

- Cultural Heritage Due Diligence Assessment or Monitor of proposed projects
- Second toilet facility
- Constructed campfire structures
- Access track improvements
- Signage, marketing and educational materials for visitor awareness

Future monitoring of Action Plan

- The management plan actions will be reviewed by Council annually by September.
- The action plan has formed a part of the responsibilities of the Advisory Group to monitor and make recommendations to Council relating to progress and/or changes to priority or scheduled actions.
- Council has the final control of the action plan and activities at the Walkers Lake Reserve.

### **Legislation, Council Plan, Strategy and Policy Implications**

Council Plan - Enhance Lifestyle and Community, Develop space that encourage activity and participation  
Municipal Public Health and Wellbeing Plan 2017-21.

## **Options**

### **Option 1**

That Council notes the action plan and endorses the \$25,000 spend on the five prioritised projects.

**[recommended]**

### **Option 2**

That Council does not note the action plan or endorse the \$25,000 to be spent on the proposed projects. Not recommended as they form a part of the delivery of the management plan outcomes. **[not recommended]**

## **Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

## **Consultation**

The Walkers Lake Advisory Group, through regular minuted meetings, provide current and relative input into the management of the reserve.

## **Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Tony Dark, Coordinator Community Placemaking

In providing this advice as the author, I have no disclosable interests in this report.

## **Attachments**

Nil

### 9.3. Influenza Pandemic Plan Adoption

**Author/Position:** Kerry Pahl, Coordinator Development Services

#### **Summary**

The Northern Grampians Shire has a number of key planning tools that guide Council's ability to effectively respond and support recovery from emergency events that occur within the municipality.

The Municipal Emergency Management Plan is the overarching strategy; the Influenza Pandemic Plan focuses particularly on the triggers for a municipal response to an influenza pandemic and the actions for the Northern Grampians Shire Council to support our communities through a pandemic and during recovery.

#### **Recommendation**

**That Council adopts the Northern Grampians Shire Council Influenza Pandemic Plan 2019-21.**

#### **RESOLUTION**

**That Council adopts the Northern Grampians Shire Council Influenza Pandemic Plan 2019-21.**

**Moved:** Cr Tony Driscoll

**Seconded:** Cr Murray Emerson

**Carried**

## **Background/Rationale**

The Influenza Pandemic Plan was developed in consultation with the Department of Human Services, emergency response agencies including the Victoria Police, the Municipal Emergency Management Planning Committee, Council's Environmental Health Officers, Municipal Emergency Resource Officer and Municipal Recovery Manager, and the East Wimmera and the Stawell Regional Health Services.

The Influenza Pandemic Plan operates in conjunction with the regional and/or State Influenza Pandemic Plans. The Influenza Pandemic Plan identifies local pandemic emergency management arrangements, including notification, identification of available resources and specific instructions as to how resources should be used. The Influenza Pandemic Plan will be used by personnel who provide public health support to the municipality in an emergency, such as Environmental Health Officers, as well as establishing arrangements with other Council business units and community organisations and facilities in the event of an Influenza Pandemic. The Influenza Pandemic Plan will also be used as a tool to develop staff skills and understanding.

Available information and historical evidence suggests that the likelihood of a significant influenza pandemic is a real possibility. Council is leading the way with supporting the community in being prepared for such an event. The Northern Grampians Shire Council Influenza Pandemic Plan will provide the framework for Councils and other health service response as well as guiding the recovery actions.

## **Legislation, Council Plan, Strategy and Policy Implications**

Council Plan Objective - Improve Organisational Effectiveness  
*Emergency Management Act 1986 and 2013*

## **Options**

### **Option 1**

That Council adopts the Northern Grampians Shire Council Influenza Pandemic Plan 2019-21. **[recommended]**

### **Option 2**

That Council does not adopt the Northern Grampians Shire Council Influenza Pandemic Plan 2019-21. **[not recommended]**

## **Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

## **Consultation**

The plan is based on consultation with key stakeholders in municipal emergency management and public health support from within the community sector.

## **Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Kerry Pahl, Coordinator Development Services

In providing this advice as the author, I have no disclosable interests in this report.

## **Attachments**

1. Influenza Pandemic Plan - Final **[9.3.1 - 53 pages]**

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# Influenza Pandemic Plan

2019-2021



Northern Grampians Shire Council  
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## CONTACT US

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# Influenza Pandemic Plan

Sub-plan of the Municipal Emergency Management Plan

Northern Grampians Shire Council

Original Version: 1.6

Date Adopted: 25/3/2014

Review of Original Version: 1.8

Date Adopted:

## 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 VHMPPPI, 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 VHMPPPI.

Responsibilities of DHHS include:

- Surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community.
- Timely implementation of measures seeking to limit or prevent the transmission of 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 [VHMPPPI](#) specifies a number of strategies that will assist Council, allied health services and service providers during a pandemic. The [VHMPPPI](#) 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 [REMPAN](#) 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.

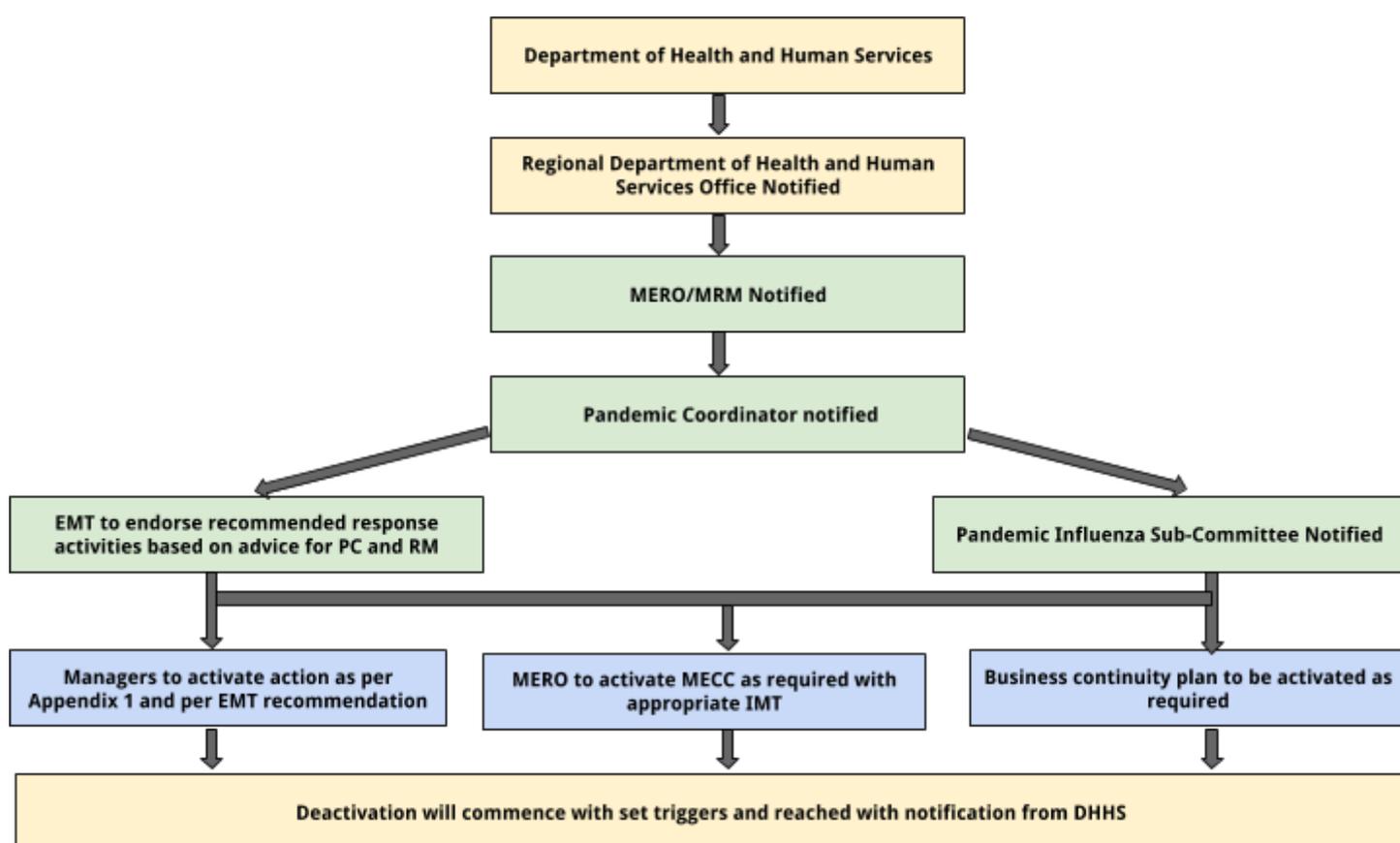
Following advice from DHHS, the MERO will alert the Council's executive and activate the relevant response procedures listed in the Council Pandemic Influenza Response Procedures ([Appendix 1](#)) ensuring that Council responds appropriately to the pandemic in a coordinated manner.

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"> <li>• Ensure contact lists are current</li> <li>• Brief stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Standby arrangements</li> <li>• Brief stakeholders</li> <li>• Activate plan only on advice from DHHS</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmation from DHHS</li> <li>• Recommendation of WHO Australian phase 6a (Western Victoria) or 6b</li> </ul>

		<p>(refer Victorian Human influenza Pandemic Plan 2007)</p> <ul style="list-style-type: none"> <li>Northern Grampians Shire Pandemic plan will be activated.</li> </ul>
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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
<b>A meeting date and time from the MECC has been set</b>		
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"> <li>· Sharing information</li> <li>· Raising issues</li> <li>· Identifying and assigning actions</li> </ul> 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"> <li>● Clarify operational responsibilities</li> <li>● Equip and encourage municipality to prepare</li> <li>● Ensure communication channels are clear and two-way</li> </ul>	<ul style="list-style-type: none"> <li>● There is a Victorian Influenza Pandemic Plan</li> <li>● You are crucial</li> <li>● You should do your business continuity planning now</li> <li>● Scenario plan for 30 per</li> </ul>	<ul style="list-style-type: none"> <li>● 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</li> </ul>

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

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<sup>®</sup>-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 <a href="#">Appendix 10</a> )				
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 or 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

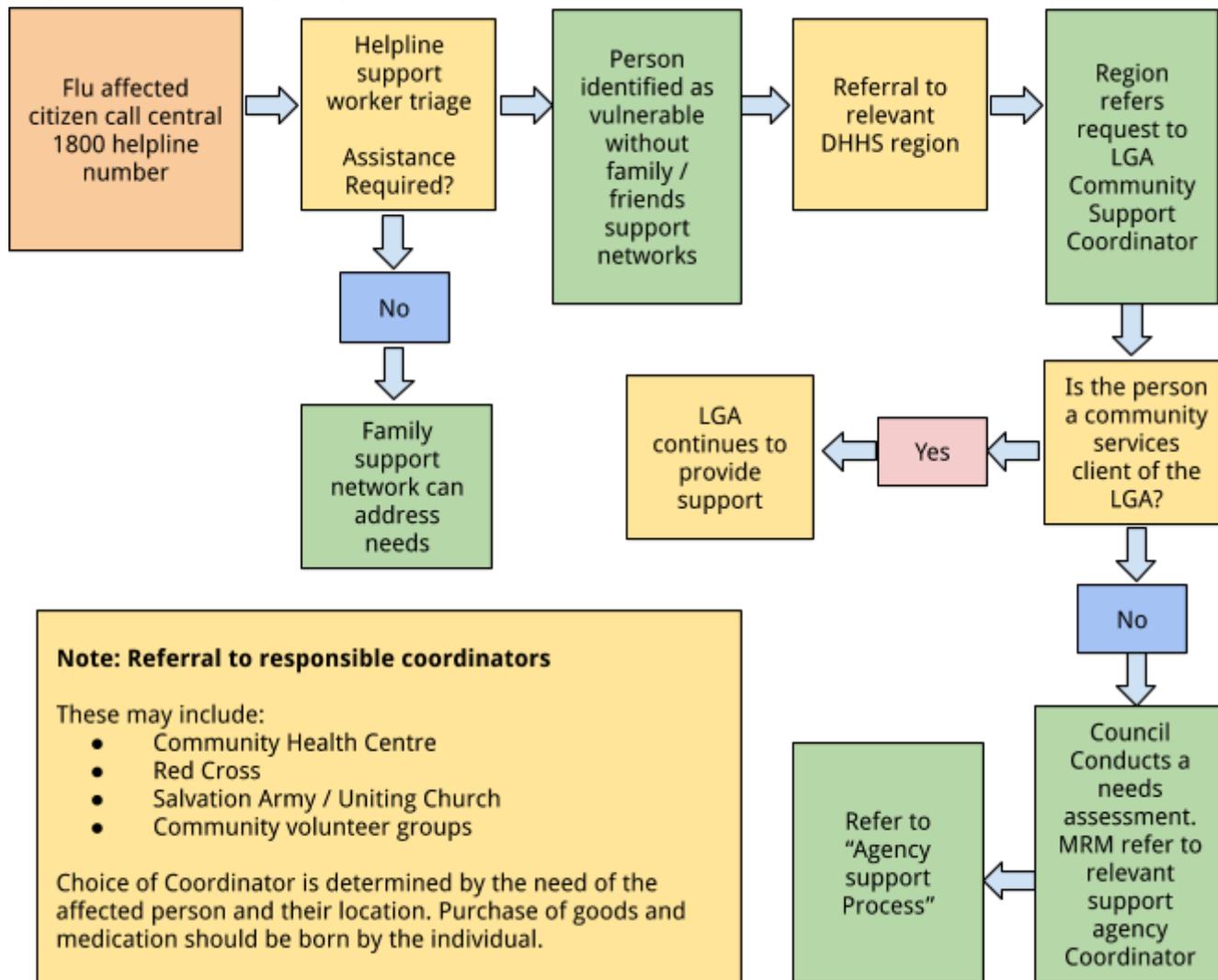
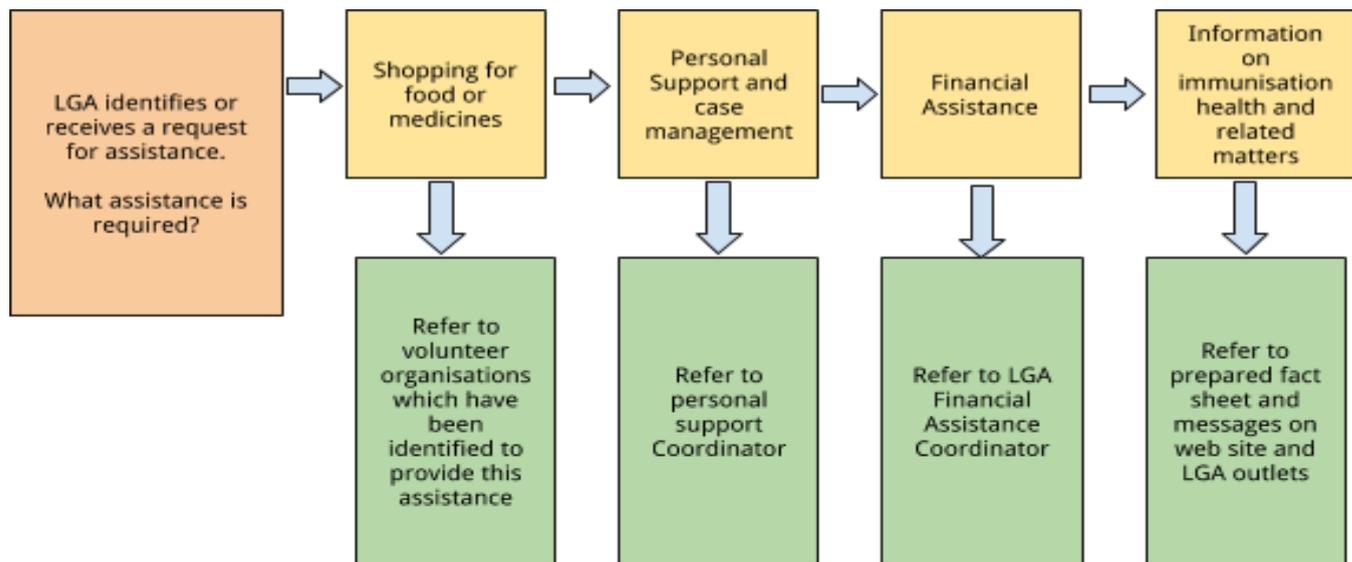


Diagram 2: Service Coordination Process



**Note: Referral to responsible coordinators**

These may include:

- Community Health Centre
- Red Cross
- Salvation Army / Uniting Church
- Financial Assistance
- Community volunteer groups

Choice of Coordinator is determined by the need of the affected person and their location. Purchase of goods and medication should be born by the individual

## 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
<b>No novel strain has been detected</b>  <b>(or emerging strain under initial detection)</b>		<b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>
		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
		<b>Municipal Emergency Management Planning Committee (MEMPC)</b>
		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
		<b>Municipal Emergency Resource Officer (MERO)</b>
		Manage availability roster of Emergency Management personnel
		Initial contact for activation of Emergency Management personnel
		<b>Municipal Recovery Manager (MRM)</b>
		Coordinate review of pandemic plan annually
		<b>Communications</b>
		Establish / review communication policy and procedure
		<b>Maternal &amp; Child Health</b>
		Recommend seasonal flu vaccinations
		Promote all scheduled vaccination programs
		<b>Environmental Health Officers</b>

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

	Review cleaning processes in communal areas
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<b>Initial Response</b>  <b>(Initial and targeted cases are detected in Australia but information about the disease is scarce)</b>	<b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>
	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
	<b>Municipal Emergency Management Planning Committee (MEMPC)</b>
	Convene pandemic sub committee consisting of Pandemic Coordinator, Deputy Pandemic Coordinator, MERO, DHHS, Stawell Regional Health, East Wimmera Health, Grampians Community Health, Ambulance Victoria.
	<b>Municipal Emergency Resource Officer (MERO)</b>
	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"> <li>· Alert Executive and provide advice</li> <li>· Work with Communications Team to Increase staff awareness (e.g. personal health messages on display in the workplace)</li> <li>· Manage availability roster of Emergency Management personnel</li> <li>· Initial contact for activation of Emergency Management personnel</li> </ul>
	<b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>
	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	
<b>EHO Deputy Pandemic Coordinator (DPC)</b>	

		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
		<b>Communications</b>
		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
		<b>Building Facilities</b>
		Provide shared workstations with alcohol wipes for phones, computers
		Check wash areas regularly to replenish supplies
		<b>Library and Leisure Services</b>
		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		<b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>
		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.)
		<b>Municipal Emergency Resource Officer (MERO)</b>

	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
	<b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>
	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
	<b>EHO Deputy Pandemic Coordinator (DPC)</b>
	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
	<b>Environmental Health Team</b>
	Assist Pandemic Coordinator to distribute PPE supplies as required
	Assist Deputy Pandemic Coordinator as required.
	<b>Human Resources</b>
	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

		<b>Communications</b>
		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
		<b>Family, Youth and Children Services</b>
		Review listings of vulnerable clients and communication channels
		Determine support for quarantined and isolated clients at home
		<b>Aged and Disability Services</b>
		Review listings of vulnerable clients and communication channels
		Determine support for quarantined and isolated clients at home
		<b>Buildings Facilitator</b>
		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
		<b>Library and Leisure Services</b>
		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	

<b>Moderate Clinical Severity</b>		<b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>
		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
	<b>Municipal Emergency Resource Officer (MERO)</b>
	Review resourcing requirements for Community Support Service and report to MRM
	Liaise with DHHS to inform them of Council activity and resourcing
	<b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>
	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
	<b>EHO - Deputy Pandemic Coordinator (DPC)</b>
	Assist Pandemic Coordinator, MERO and MRM as required
	Assist Pandemic Coordinator in acquisition of PPE or other resources as required
	<b>Human Resources</b>
	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
	<b>Communications</b>
	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
	<b>Environmental Health</b>
	Arrange immunisation sessions when vaccine available
	Promote vaccination for pneumococcal vaccine for identified high-risk groups.
	<b>Family, Youth and Children Services</b>
	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
	<b>Aged and Disability Services</b>
	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
	<b>Buildings Facilitator</b>
	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)
	<b>Library and Leisure Services</b>
	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)

<b>High Clinical Severity</b>	<b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>
	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
	<b>Municipal Emergency Resource Officer (MERO)</b>
	Liaise with DHHS to discuss relief and recovery arrangements
	<b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>
	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
	<b>EHO Deputy Pandemic Coordinator (DPC)</b>
	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
	<b>Human Resources</b>
	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
	<b>Communications</b>

	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
	<b>Environmental Health</b>
	Arrange immunisation sessions when vaccine available
	Promote vaccination for pneumococcal vaccine for identified high-risk groups
	<b>Family, Youth and Children Services</b>
	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
	<b>Aged and Disability Services</b>
	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
	<b>Building Facilitator</b>
	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
	<b>Library and Leisure Services</b>
	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
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*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
JJ 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/](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	<b>Act as MERO</b> Activate plan as required Provide daily briefing to CEO	All
Economic & Community Development	Manager Community Strengthening	<b>Act as MRM / Pandemic Coordinator</b> 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	<b>Act as the Deputy Pandemic Coordinator</b> 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

#### 9.4. Public Health Emergency Management Plan Adoption

**Author/Position:** Kerry Pahl, Coordinator Development Services

##### **Summary**

In accordance with the Community Emergency Risk Management process, Northern Grampians Shire has a number of key planning factors that have an impact on the ability to respond and recover effectively from an incident. The Municipal Emergency Management Plan is the overarching strategy, the Public Health Emergency Management Sub Plan contributes to the coordination of local public health emergency management arrangements.

##### **Recommendation**

**That Council adopts the Northern Grampians Shire Council Public Health Emergency Management Plan 2019-21.**

##### **RESOLUTION**

**That Council adopts the Northern Grampians Shire Council Public Health Emergency Management Plan 2019-21.**

**Moved:** Cr Karen Hyslop  
**Seconded:** Cr Murray Emerson

**Carried**

## **Background/Rationale**

The Public Health Emergency Management Sub Plan template was developed jointly by Environmental Health Professionals Association (EHPA) and the Victorian Department of Health and Human Services and adapted to the Northern Grampians Municipal area. During the initial development emergency response agencies including the SES, Victoria Police, the Municipal Emergency Management Planning Committee, Council's Environmental Health Officers, Municipal Emergency Resource Officer and Municipal Recovery Officer were consulted for input.

The Public Health Emergency Management Sub Plan operates in conjunction with the regional and/or State Public Health Plans. The Public Health Emergency Management Sub Plan records local public health emergency management arrangements, including notification, identification of available resources and specific instructions as to how resources should be used. The Public Health sub-Plan will be used by personnel who provide public health support to the municipality in an emergency, such as Environmental Health Officers. The Public Health Sub Plan will also be used as a training tool, to develop staff skills and understanding.

The aim of The Public Health Sub Plan is to protect the community and emergency management personnel from public health risks generated by an emergency. Through the development and implementation of the Public Health Emergency Management sub-Plan, the Northern Grampians Shire Council aims to mitigate and manage public health risks in emergencies that affect the municipality.

The Public Health Emergency Management Sub Plan is a risk management tool designed to control public and environmental risks in the event of an emergency. The Northern Grampians Shire Council Public Health Emergency Management Sub Plan will provide the framework for preparedness and consistent coordinated responses to public health responsibilities in the event of an emergency in the Shire.

## **Legislation, Council Plan, Strategy and Policy Implications**

Council Plan Objective - Improve Organisational Effectiveness  
*Emergency Management Act 1986 and 2013*

### **Options**

#### **Option1**

That Council adopts the Northern Grampians Shire Council Public Health Emergency Management Plan 2019-21. **[recommended]**

#### **Option 2**

That Council does not adopt the Northern Grampians Shire Council Public Health Emergency Management Plan 2019-21. **[not recommended]**

### **Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

### **Consultation**

The plan is based on consultation with key stakeholders in municipal emergency management from within the community sector.

**Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Kerry Pahl, Coordinator Development Services

In providing this advice as the author, I have no disclosable interests in this report.

**Attachments**

1. Municipal Public Health Emergency Management Plan [9.4.1 - 70 pages]

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# Municipal Public Health Emergency Management Plan

Sub-plan of the Municipal  
Emergency Management Plan

2019 - 2021

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Northern Grampians Shire Council  
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# **Municipal Public Health Emergency Management Plan**

Sub-plan of the Municipal Emergency Management Plan

Northern Grampians Shire Council

## **Version Control**

Original Version: 1

Date Adopted: 7/4/2014

Review Version: 2 Review of document

Endorsed by MEMPC: 7/8/2019

Date Adopted by Council:

## **Acknowledgements**

This publication was developed jointly by the Environmental Health Professionals Australia (EHPA) the Victorian Department of Health and Human Services. It has since been reviewed in 2019 to include up to date information and resources.

Special mention is given to the former and current members of the EHPA's Emergency Management Special Interest Group (EMSIG) whose contributions drove the initial development of an unpublished draft document entitled 'A model approach to municipal public health emergency planning' in 2001 and version 1 of the 'Municipal Public Health Emergency Management Planning' published in 2005.

Contributions to the development of version 1 and reviewed and updated version 2 of the guidelines and template were gratefully received from agencies and individuals with an interest in public health emergency management planning and Victorian municipal planning processes. The names of the committee members, agencies and individuals are listed.

### **Agencies:**

- Department of Health and Human Services (DHHS)
- Municipal Association of Victoria
- Victorian State Emergency Services

### **EHPA EMSIG:**

Christy Davidson, Daniela Failla, Kirsten Jenkins, Michelle Barrett, Mark Handby, Robert Beattie, Faye Laskaris, Christine Salm, Zoe Smith and Ken Jones, Tahlia Cornwell.

### **Other past members including:**

Sam Kelly, Heather O'Donnell, Peter Donovan, Sally-Ann Atkinson, Lyndal Peterson, Seona Liew, Andrea Spiteri, Max Murphy, Bob Handby and Lyn McLennan, David Wright.

Kaylene Hodgkin, Eleanor Jacobs, Paul Jerome, Paul Gabriel, Karen Martin, Tom Niederle, Nick Lund, Julian Meagher, Vanessa Healy, Sarah Shearn, Duncan Moore, Houa Tia, Jodie Stevens, Kristy Kearney, Oren Mizelowski, Ross Cairns, Christelle Ray, Tony Gullone and Lachlan Chapman.

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### **Disclaimer**

The information provided in the EHPA Municipal Public Health Emergency Management Sub Plan is compiled from professional knowledge, experience and as well as various sources and literature and has been solely prepared for the purpose of assisting environmental health professionals in preparing for, mitigating and managing public health risks in an emergency and to provide consistency in application across Victorian municipalities.

While all efforts have been made to ensure content accuracy, EHPA is not responsible for any direct or indirect damage or loss arising from the use of this information and material contained within these guidelines and template.

EHPA reserves the right to make any changes to the guidelines at any time without notice.

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## Introduction

In any emergency event, public health risks or incidents can add to the hazards confronting the community and emergency services personnel. Plans must be prepared in advance to enable such risks to be effectively eliminated or mitigated.

The Northern Grampians Public Health Emergency Management sub-plan (PHEMP) is a subordinate plan of the Northern Grampians Municipal Emergency Management Plan (MEMP). It exists and operates within the context of Commonwealth, State and municipal emergency management arrangements.

The PHEMP may also operate in conjunction with the regional and/or state public health plans, without activation of other local arrangements.

The PHEMP records local public health emergency management arrangements. This includes notification, identification of available resources and specific instructions as to how resources should be used.

Officers with roles and responsibilities detailed within the PHEMP should have a comprehensive knowledge of the PHEMP, prior to an emergency.

The PHEMP should be read in conjunction with the MEMP and the Emergency Management Manual Victoria (EMMV).

Provisions for appropriate training of EHP's and their participation in the planning process are included in the PHEMP.

## Authority

The PHEMP a subordinate plan of the Northern Grampians MEMP, was developed pursuant to the *Emergency Management Act 1986 and 2013*, endorsed by the Municipal Emergency Management Planning Committee (MEMPC) on 7/8/2019 and adopted by Council on **(DATE to be inserted after adoption)**

Municipal officers and other personnel with roles and responsibilities in emergency management have been authorised by Council through their appointment and delegation of legislated functions and powers of Council.

Municipal officers delegated with this authority may include officers holding any of the following positions (or equivalent):

- Manager Environment and Community Safety
- Coordinator Development Services
- Environmental Health Officers
- Environmental Health Technician

Other officers may also be authorised to perform specific public health functions.

Key legislation covering functions, powers and authorisations of EHP's includes the following Acts and their associated regulations:

- *Local Government Act 1989*
- *Public Health and Wellbeing Act 2008*
- *Food Act 1984*

- *Safe Drinking Water Act 2003*
- *Environment Protection Act 1970*
- *Emergency Management Act 1986 and 2013*
- *Residential Tenancies Act 1997*
- *And any Local Law that may apply*

Reference may also be made to the drinking water guidelines in an emergency. This document along with other relevant guidance material can be located on the Department of Health and Human Services website. <https://www2.health.vic.gov.au/public-health/water/drinking-water-in-victoria>

## **Aim**

To PHEMP aims to protect the community and emergency management personnel from public health risks generated by an emergency or incident and to be proactive in taking preventative action to minimise the spread of potential public health risks.

Example:

Through the development and implementation of the PHEMP, the Northern Grampians Shire Council aims to mitigate and manage public health risks in emergencies that affect the shire/municipality.

Public health emergency management planning supports the Emergency Management Victoria (EMV) "all communities, all emergencies" approach to municipal emergency management and will provide for relevant information to be recorded in either the PHEMP or the MEMP, as appropriate.

## **Purpose**

The purpose of the PHEMP is to provide for the development and implementation of public health emergency management arrangements. It outlines the municipality's arrangements for the operational management of public health duties.

The PHEMP will be predominantly utilized by municipal environmental health professionals, along with other personnel listed within the PHEMP and provide public health support to the municipality in an emergency.

Municipal employees with responsibility for implementing the PHEMP are expected to have a thorough understanding of emergency arrangements before an emergency arises.

The PHEMP will also be used as a training tool, to develop staff skills and understanding.

The contents of this PHEMP aim to contribute to efficient emergency response in situations of potential, imminent or actual public health risks.

## **Scope**

The PHEMP describes local arrangements for public health emergency management and addresses the following risk areas:

- food safety (including donated food)
- safe and adequate water supply
- infectious disease control
- Emergency shelter and accommodation
- waste collection and disposal
- wastewater management
- emergency toilets and ablution facilities

- vermin and vector control
- pollution of water, land and air
- public health risks from the emergency or incident, including extreme heat events
- Non-major emergencies for example single house fires, building/structure fires incorporating registered premises.

The roles and responsibilities of the disposal of dead stock and other animals is covered in the municipal Animal Welfare Sub-Plan. Agriculture Victoria provides a template for this sub-plan at - [http://agriculture.vic.gov.au/\\_data/assets/word\\_doc/0008/323747/MUNICIPAL\\_EMERGENCY\\_ANIMAL\\_WELFARE\\_SUB.docx](http://agriculture.vic.gov.au/_data/assets/word_doc/0008/323747/MUNICIPAL_EMERGENCY_ANIMAL_WELFARE_SUB.docx)

The PHEMP applies to emergencies that are a direct consequence of a natural event, such as flood and wildfire, and other emergency events, such as disruption to essential services, major accidents or terrorist activity. It can also be used as a guide for municipalities' support role in specific public health emergencies. It applies to specific settings such as Emergency Relief Centres (ERC's) where public health risks need to be managed.

The PHEMP includes contact directories, activation and communication procedures and the roles and responsibilities of municipal EHP's and other external agencies providing public health and related services in an emergency. It covers planning, training of staff and available resources.

Standard operating procedures (SOPs) address some key activity areas. These are supported by checklists, where necessary (refer to [Appendix K](#)).

## Planning

Outlined below are key public health emergency management planning processes and arrangements for preparing the municipality for a public health emergency.

### **Risk management process**

The MEMPC undertakes a Community Emergency Risk Assessment (CERA) process to identify and rate emergencies within the municipality. These risk ratings are detailed in the MEMPC which will determine the requirement for sub-plans relating to specific emergencies to be developed.

Refer to section of the MEMPC which identifies the CERA process and community emergency risks.

A risk management approach was used in the development of this PHEMP. A summary of the process and the identified public health risks is outlined in [Appendix A](#) of this PHEM.

Relevant information includes:

- key data, geographic and demographic information relating to public health in the municipal district
- Identify public health risks
- public health prevention strategies
- information about public awareness and education campaigns and other action taken to increase community resilience

### **Prevention strategies**

A municipality protects public health through ongoing prevention strategies and programs. However, during the emergency management planning process, new prevention strategies have been identified for development and implementation.

The municipality's plan to develop and implement strategies to eliminate and/or reduce potential or actual public health emergency risks has been recorded in [Appendix B](#) of this PHEMP.

### **Community resilience**

The public health risk management process identified public health risks that could be eliminated or controlled by an informed and resilient community.

Strategies for building a community that is resilient to public health emergency risks have been identified for development and implementation and are recorded in [Appendix B](#) of this PHEMP.

### **Training**

Training of EHP's is an essential component, and will assist effective and efficient outcomes in relation to public health emergencies.

A training plan to contribute to the development and maintenance of emergency management skills, knowledge and competencies for EHP's is attached at [Appendix C](#) of this PHEMP.

### **Exercises**

Exercises conducted by the municipality in conjunction with other agencies enhance the training of emergency management personnel and allow for the testing of emergency arrangements.

EHP's will participate in relevant exercises arranged by the municipality and other agencies, in accordance with the MEMPC. This is included in [Appendix C](#) of this PHEMP.

## **Development of the PHEMP**

This PHEMP has been developed to assist with the management, mitigation and abatement of public health risks in an emergency.

The PHEMP adopted by Council has been developed by the municipal EHP's, in consultation with the MEMPC and other internal and external personnel with roles and responsibilities in local emergency management arrangements and public health emergency planning.

EHP's should participate on the MEMPC and representatives will be recorded in the MEMPC. Representation will:

- promote an understanding of public health emergency management issues, roles, responsibilities and the emergency capacity of the municipal Environmental Health Department, contribute to the establishment and maintenance of effective working relationships with all relevant emergency management personnel
- contribute to conversations and decisions around public health issues
- contribute to a better understanding of existing and future interagency capacity.

### **Review**

The PHEMP will be reviewed by the Northern Grampians Shire Council and updated as follows:

- at least annually
- following any emergency event involving activation of the PHEMP
- following a briefing or exercise that identifies issues in the PHEMP.

A record of amendments and/or versions will be maintained at the front of this PHEMP.

### **Distribution**

Relevant sections of PHEMP will be distributed to the following emergency management personnel:

- Municipal Emergency Manager (MEM)
- Municipal Emergency Resource Officer (MERO)
- Municipal Recovery Manager (MRM)
- Department of Health Regional Environmental Health Officer (REHO)
- Department of Health & Human Services Senior Divisional Public Health Officer (SDPHO)
- Other internal or external personnel, where appropriate
- Crisisworks file library (council's web-based municipal emergency coordination centre program)

Contact directories will not be distributed with the PHEMP, other than as described in the section titled *Contact directories*. A distribution register is located at [Appendix E](#) of this PHEMP.

## Resources

The municipality will maintain personnel, equipment and services in preparation for public health emergency management activities.

Internal resources, personnel, maintenance procedures and schedules are listed in [Appendix D](#) of this PHEMP.

## Equipment

### *Personal Protective Equipment (PPE)*

Equipment for the personal protection of municipal staff in an emergency will be organised prior to an emergency. Council has a responsibility to ensure that all PPE meets legislative Occupation Health and Safety requirements and relevant Australian Standards.

PPE will not vary greatly from that which is required by an EHP performing their normal duties.

### *Public Health Emergency Kit*

This list includes a range of items that may be required to perform public health tasks.

## Communication systems

It is preferable that normal communication arrangements are continued during an emergency. Some situations may necessitate the use of alternative arrangements, such as two-way radios.

## Transport

Arrangements for transport, including after hours arrangements, have been developed in conjunction with the Emergency Management Coordinator, MERO, and other council policies.

## Maintenance

Equipment maintenance is included in review of the PHEMP. This will ensure that the contents of the kits are in good working order and in appropriate quantities.

## External resources and suppliers

A list of resources available from external suppliers is at [Appendix F](#) (as part of the Public Health Contact Directory). The list includes the contact details for suppliers and will be checked at least annually and following a public health emergency event or incident. The check will include the following:

- appropriateness of listed resources
- accuracy of supplier contact details
- capacity to supply the listed resources, including quantities and potential timelines for supply
- other details that may assist timely resource delivery, including information on formal service agreements or contract arrangements.

## **Contractors**

Local agencies (external) and municipal departments have confirmed that they have systems in place to address public health risks within their area of responsibility and they have the ability to respond and/or assist in an emergency. These contact details are located in [Appendix F](#) of this PHEMP.

The roles and responsibilities of external agencies are recorded in the Part 7 of the [EMMV](#).

## **Public information resources**

Public information resources can help to address the range of public health risks identified by the risk management process.

While generic public information will be available from control agencies, basic *specific* local information has been developed in consultation with control agencies.

These public information resources are located in [Appendix F](#) of this PHEMP. Also see the '*Disseminating information and warnings*' section. Ensure version control is maintained for any documents produced by Council.

Emergency Management Victoria (EMV), via their Vic Emergency webpage, provide "*incidents & warning*" information and "*relief & Recovery*" information pertaining to specific incidents.

Refer to <https://www.emergency.vic.gov.au/respond/>

## **Emergency Management Common Operating Picture (EM-COP)**

EM-COP is a web-based information gathering, planning and collaboration tool that runs on any full screen device with a modern browser such as desktop computers, laptops and tablets. EM-COP is designed to provide authorised users with a simple way to gather, organise, create and share emergency management information between emergency managers at no cost to agencies.

EM-COP can be used in any control centre, shire council, not-for-profit relief organisation, essential service provider or on the ground by an authorised user.

EM-COP is used before an emergency (to help plan and prepare), during and after an emergency (to assist with recovery). EM-COP can also be used to manage planned events

<https://cop.em.vic.gov.au/sadisplay/main.seam>

## **Resource sharing between councils**

### **Memorandum of understanding (MOU) (Resource sharing between councils)**

Any partnerships that have been developed between the municipality and other resource providers for the purpose of supporting the Northern Grampians Shire Council EHP's in emergency planning, preparation, response and recovery functions and activities have been formalised through an MOU or other official documents. Copies of these documents should be contained in the MEMP however an example is provided in [Appendix G](#) of this PHEMP.

## MAV Protocol for Inter-Council Emergency Management resource sharing

This protocol was developed to provide an agreed position between councils for the provision of inter-council assistance in the form of human resources, equipment and/or facilities for response and recovery activities during an emergency. It therefore includes, but is not limited to, resources required to address public health issues associated with emergencies. Councils are requested to formally commit to the protocol by signing and returning the letter template attached to the document on their website <https://www.mav.asn.au/what-we-do/policy-advocacy/emergency-management/protocol-for-inter-council-resource-sharing>

The protocol details the process for initiating requests for resources from another council and identifies associated operational and administrative requirements. The application of this protocol is expected to enhance the capability of councils to provide the best possible outcomes for emergency management and to support the step up arrangements as detailed in the EMMV.

During a large scale event, agencies such as the MAV or DHHS may call for experienced, qualified volunteers, with permission from management, to be deployed within the state as required.

## Public health emergency management responsibilities

### Municipal

The tables below summarise the municipality's public health responsibilities in an emergency. Part 7 of the [EMMV](#) is the most up to date resource for roles and responsibilities of any agency.

These tables are neither exhaustive nor exclusive. Activities will be determined by the nature of the emergency and the incidents and circumstances arising from it.

**Table 1: Emergency incidents—municipal public health responsibilities**

Emergency incidents	Responsibilities
<p><b>Natural emergency event</b> Examples:</p> <ul style="list-style-type: none"> <li>● wildfire</li> <li>● flood</li> <li>● storm</li> </ul>	<p>Identify critical public health risks. Refer to checklist '<i>Checklist for public health risks in an emergency</i>' in <a href="#">Appendix J</a></p> <p>Take appropriate immediate action to manage and control critical public health risks.</p> <p>Conduct post-impact assessment, which is a detailed assessment of the damage to the affected area, including public health risks in the community eg: including damaged housing and registered premises.</p> <p>Provide the community with information and advice.</p> <p>Communication with other agencies.</p> <p>Oversee and inspect public health aspects of rebuilding and re-development.</p>

<p><b>Essential service disruption</b></p> <ul style="list-style-type: none"> <li>● electricity</li> <li>● gas</li> </ul>	<p>Conduct investigations and field inspections to identify and assess public health risks associated with commercial, community and domestic properties. Provide the community with information and advice. Communication with other agencies.</p>
<p><b>Contaminated food</b> Including:</p> <ul style="list-style-type: none"> <li>● biological</li> <li>● chemical and</li> <li>● physical</li> </ul>	<p>Support control agency in the investigation and management of food related incidents. Support may include:</p> <ul style="list-style-type: none"> <li>● food sampling</li> <li>● assistance with food recalls</li> <li>● assistance with outbreak or illness investigations</li> <li>● facilitating the distribution of information and advice</li> <li>● Inspection of registered food businesses</li> </ul>

<p><b>Contaminated drinking water</b> Including:</p> <ul style="list-style-type: none"> <li>● biological</li> <li>● chemical and</li> <li>● physical</li> </ul>	<p>Support control agency in the investigation and management of drinking water contamination incidents. Liaise with the local water authority regarding its implementation of protection strategies, which may include facilitating, supplementing or replacing the supply, disinfection and/or distribution of new water supplies. Facilitate the distribution of information, approved warnings and advice to the community.</p>
<p><b>Gastrointestinal illness outbreak</b> May include gastrointestinal illness in fire management camps, staging areas and emergency relief centres</p>	<p>Liaise with emergency caterers during setup if he catering is hapening on site. Support control agency in the investigation and control of gastrointestinal illness outbreaks. Support may include:</p> <ul style="list-style-type: none"> <li>● obtaining samples</li> <li>● assistance with food recalls</li> <li>● assistance with illness investigation</li> <li>● facilitating the distribution of information and advice</li> <li>● Undertake inspections of the temporary food kitchen if required within the EM staging areas.</li> </ul>
<p><b>Other infectious disease outbreak</b> Examples:</p> <ul style="list-style-type: none"> <li>● vector-borne disease</li> <li>● legionnaires disease</li> <li>● endemic disease</li> <li>● zoonotic disease</li> <li>● Ebola virus disease</li> </ul>	<p>Support control agency by facilitating the distribution of approved warnings, information and advice to the community and by implementing protection strategies.</p>

<p><b>Vaccine-preventable illness/disease outbreak</b> Examples:</p> <ul style="list-style-type: none"> <li>● meningococcal disease</li> <li>● hepatitis A</li> <li>● measles</li> <li>● seasonal/pandemic influenza</li> </ul>	<p>Support control agency in the conduct of vaccination sessions. Support may include the following:</p> <ul style="list-style-type: none"> <li>● locating or providing suitable vaccination venues</li> <li>● distributing information and advice to the community</li> <li>● assistance with coordinating vaccination sessions, including the collection of clinical data</li> <li>● providing refrigeration and storage areas</li> <li>● receiving vaccines and equipment</li> <li>● providing personnel</li> <li>● providing local information</li> <li>● providing waste management facilities</li> <li>● implement municipal Influenza Pandemic sub-Plan</li> </ul>
<p><b>Emergency incident arising out of a mass gathering event</b></p>	<p>Liaise with the first aid agency Support control agency in the investigation and management of emergency incidents. Support control agency by facilitating the distribution of information and advice to the community.</p>
<p><b>Hazardous materials incident</b> Examples:</p> <ul style="list-style-type: none"> <li>● fires and explosions with hazardous materials (such as asbestos)</li> <li>● soil contamination</li> <li>● industrial chemical spills or releases (HAZMAT incidents)</li> <li>● disposal of toxic wastes</li> <li>● spills or releases in domestic premises (eg: Clandestine labs)</li> </ul>	<p>Support relevant agencies by facilitating the distribution of information and advice to the community. Liaise with relevant authorities to ensure implementation of environmental clean-up and other protection strategies. Issue notices for clean up if required.</p>
<p><b>Other public health risks</b> Includes infectious diseases, incidents involving water and other biological incidents. Examples:</p> <ul style="list-style-type: none"> <li>● blue-green algae</li> <li>● wastewater treatment and septic tanks</li> <li>● recycled water</li> <li>● rainwater tanks</li> </ul>	<p>Support control agency in the investigation and control of incidents. Provide information and advice to the community and/or individual property owners Implement protection strategies. Undertake an investigation Collect samples for analysis if required Take enforcement action if required.</p>

<p><b>CBR incident (chemical, biological, radiological, nuclear and explosive)</b> Examples:</p> <ul style="list-style-type: none"> <li>• chemical warfare agents (such as nerve and blister agents)</li> <li>• intentional release of biological agents (such as anthrax and smallpox)</li> <li>• transport of industrial and medical wastes</li> <li>• waste disposal</li> <li>• exposure to an intact radiological source</li> <li>• 'Dirty bomb' explosion containing radiological substance</li> </ul>	<p>Support control agency by facilitating the distribution of information and advice to the community.</p>
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**Table 2: Emergency circumstances—municipal public health responsibilities**

<b>Emergency circumstances</b>	<b>Responsibilities</b>
Emergency relief centres	<p>Inspect, monitor and ensure the protection of public health in emergency relief centres.</p> <p>Manage public health aspects of donations, including material aid and food.</p> <p>Support sanitation and waste management</p>
Emergency Catering	<p>Inspect, monitor and supervise safe food handling practices.</p> <p>Coordinate a visit by an EHO at the setup stage of any temporary kitchens to ensure compliance</p>
MECC and other ECC's	<p>Liaise with the MECC and other emergency coordination centres.</p> <p>Insist on a public health representative in the MECC</p>

<p>Establishing a community recovery committee</p>	<p>Participate as a member of the community recovery committee. Assist with identifying, developing and implementing public health strategies.</p> <p>Note: Strategies may be linked to the Municipal Public Health and Wellbeing Plan, the Community Safety Plan, or other corporate planning process.</p> <p>Gather and feedback information to the MERO and/or MRM for the information of other appropriate response agencies.</p>
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### External agencies

Information on the control and support roles of agencies is contained in Part 7 of the EMMV. Local arrangements, including the local roles and responsibilities of control and support agencies, are contained in the MEMP.

[Appendix H](#) contains a more detailed outline of the public health role and responsibilities of the role of DHHS.

## Notification, activation and escalation

### Notification

The following personnel, or their delegates, will be notified of emergency incidents and circumstances that require (or may require) activation of the PHEMP:

- MERC
- Manager Environment and Community Safety
- Coordinator Development Services
- MERO
- MRM
- Manager Emergency Management/Coordinator/Officer at Municipal Level
- Senior Divisional Public Health Officer

### Activation

Emergency management arrangements are in place at all times. Arrangements are scaled up or down according to the incident. Operational activities in the PHEMP will be initiated by an Environmental Health Officer:

- at the request of MERO
- at the request of MRM
- after consultation with DHHS, or
- following consultation with the MERO and or MRM, if an Environmental Health Officer considers it appropriate.

*The alert, standby and deployment phases may occur concurrently.*

### Alert

Once an Environmental Health Officer is notified or alerted to the emergency, they will:

1. Notify the MERO, MRM and/or the SDPHO
2. With such assistance as required, assess emergency information

3. Alert and brief relevant municipal EHP's (and other officers as appropriate).  
Line managers should also be informed of the notification/alert.
4. Alert and brief neighbouring municipalities and any partners.

The Environmental Health Officer and EHP's will remain contactable until further notice.

### **Standby**

The designated Environmental Health Officer will:

1. Receive and assess information indicating that public health emergency management activity may be required.
2. Brief relevant municipal EHP's and other officers and place them on standby.
3. Keep in contact with officers and stakeholders on alert (including the SDPHO), to keep them informed of the current situation.
4. Receive and conduct update briefings with officers on standby.

Resource requirements will be reviewed as situation reports are received. EHP's placed on standby may be asked to report to a central location, such as a MECC, depending on the situation. EHP's on standby will prepare themselves and make ready all resources required and be capable of immediate response.

### **Deployment**

The Manager Environment and Community Safety will:

1. Activate municipal EHPs, support agencies and other officers to conduct field assessments (may include Post Impact Assessment) manage and control public health incidents and/or risks, in accordance with briefings and relevant SOPs.
2. Remain in communication with the MERO and attend any briefings. The MERO will be advised of any staff deployed to the field.
3. Remain in contact with activated officers, manage tasks, communicate new information, and monitor resources and monitor officers' wellbeing.
4. Communicate with officers and agencies who have been placed on alert and/or standby, to keep them informed of the current situation.
5. Manage rosters, stand-down of officers and activation of others, as required in liaison with human resources department as required.
6. Purchase additional supplies (as required) for the emergency. This will be done in accordance with procedures established by the MERO, including the keeping of financial records.
7. Arrange for additional human resources (including requesting resources from support agencies via the MERO) and further escalation of emergency arrangements, if required.
8. Facilitate communication of appropriate information to the public.
9. Constantly assess available information on the situation, to ensure that response to the emergency and/or recovery activity is appropriate.

The Manager Environment and Community Safety may delegate any of these functions, and in the absence of the Manager Environment and Community Safety, these functions shall vest in the Coordinator Development Services. In the absence of both parties, these functions shall devolve to the MERO.

### **Stand-down**

In an ongoing emergency, rostered staff may be stood down temporarily from deployment, but will remain on standby.

Once it is clear that a public health emergency response is no longer required, all staff and partners on alert, standby or deployment will be stood down from emergency response activities.

Rostering for recovery activities may continue.

### **Escalation**

Where the resources required to satisfactorily complete a task are beyond the municipality's capacity, the Manager Environmental and Community Safety will seek additional resources, in accordance with established arrangements or agreements.

Requests for support should be made as early as possible.

The Manager Environmental and Community Safety will liaise with the MERO, MRM and then the SDPHO regarding the need for additional resources.

Supplies will be purchased in accordance with arrangements established by the MERO, including the keeping of appropriate financial records.

## **Communication management**

### **Briefings**

Briefings should take place as soon as possible, once the most immediate facts are available. Initially, only limited information may be available, but ongoing briefings will take place during the emergency. All staff starting a shift must be briefed before the day's activities.

EHP briefings will include:

- a situation report, including the nature of the emergency, the location and severity
- emergency management arrangements, including which agency is the control agency for the emergency and which support agencies are known to be activated
- the nature and extent of public health risks and how they are to be managed
- details of any partners on alert, to provide support if required
- operational roles and responsibilities of the officers, including:
  - key tasks to be performed by each officer and the SOPs that apply
  - task locations
  - key timings
  - resources and supplies to be utilised, including PPE
  - arrangements to ensure Environmental Health Officers remain in contact.

Once briefed, the Duty Environmental Health Officer will gather information to enable an initial assessment of public health risks.

### **Handovers**

To ensure the timely and efficient transfer of information and responsibility, a handover needs to be undertaken at the end of the shift or at the end of the day for the EHP's. The handover is the means by which the outgoing staff are able to transfer information and responsibility to their on-coming counterparts. The handover will assist with and allow for continuity and consistency in the operations.

The way in which a handover is achieved can differ and should be planned for in advance. Methods utilised will depend on the situation and shift cycles. Generally, however, the following should be considered as part of the operations and planning process:

- an overlap in shift cycles, if possible
- centred around MECC/ICC/REOC briefing times
- on-going issues documented on paper

The handover should provide an accurate description of the current situation and include any key issues that have arisen or relevant information that may affect the oncoming shifts operations.

An Environmental Health Officer may need to use the information gathered in the handover process to produce a Situation Report at the end of each day/shift to distribute to key personnel, MECC or REOC.

### **Debriefings**

The purpose of an emergency operational debrief is to highlight effective actions and any issues that arose during the emergency.

At the conclusion of an emergency event, the Manager Environment and Community Safety will debrief all EHP's involved in the emergency. An Environmental Health Officer may then attend and contribute to a multi-agency debrief. Personal debriefings must be undertaken in line with council policies. The PHEMP will be reviewed and updated as a result of debrief outcomes.

### **Municipal Emergency Coordination Centre (MECC)**

Depending on the nature and extent of the emergency, the MECC may be activated. In many situations, a virtual MECC may be activated via the use of web-based programs such as Crisisworks or WEBEOC. Large-scale emergencies impacting upon more than one municipality may lead to regional and state emergency response coordination centres being activated.

An Environmental Health Officer or another delegated EHP may be required to attend and/or communicate regularly with the MECC and/or ICC. **Ensure that the MERO knows that EHP's are required to attend briefing or be informed of information.**

### **Liaison**

Environmental Health Officers will liaise with internal and external emergency management personnel including the MERO, MRM, SDPHO, other sub-plan leaders, partners and resource suppliers throughout the emergency to:

- gain the information required to assess and manage public health risks
- impart the information required by emergency management personnel
- request support where required
- keep relevant personnel up-to-date with public health issues being managed in the emergency.

### **Communication with field officers**

Relevant information from the field will be passed to the MERO and/or MRM for the information of other emergency management personnel and the media.

## **Information management**

During an emergency, tasks and activities must be accurately documented to ensure that all public health emergency issues and tasks are identified and attended to appropriately. These records will assist in the evaluation and review of the PHEMP.

Council's normal customer service request system may be used in these situations, as long as there is a distinguishing code or marker to separate requests and activities from normal business. Using this system will ensure better integration with property database information, GIS and mapping programs, and consolidates the reporting for the impact assessment process.

### **Register of public health incidents/complaints**

This register includes issues raised from any source — internal officers, external agencies and the community. As it may include incidents/complaints that have not been reported to and recorded by the

MECC, it is essential that updated versions of this register are regularly forwarded to the MECC to ensure accurate recording of all issues associated with the emergency.

Information to be captured includes name, date and time, contact details and an outline of the public health issue.

### **Task register**

The public health task register summarises public health emergency tasks, to whom and when the task was allocated and when it was completed. This will enable Environmental Health Officers to reconcile allocated and completed tasks.

Web-based MECC programs such as Crisisworks and WebEOC are also able to be utilised to allocate and record the status of tasks in relation to the emergency.

### **Incident/complaint pro forma**

The pro forma is to be used by the EHP as a tool to record information regarding the task and once completed, will be returned to the Manager Environment and Community Safety as soon as practicable.

A pro forma is attached at [Appendix I](#) of this PHEMP, however it is just an indication of the type of information that needs to be included rather than a suggested format. Most council complaint registers will record this information already.

## **Disseminating information and warnings**

### **Warnings**

Warnings should be used under specific circumstances where community action is necessary to protect lives, property or the environment.

The Manager Environment and Community Safety will liaise with the control agency and/or DHHS and may assist the development and distribution of public health information warnings.

Warnings should contain the following:

- explanation of the situation
- what people need to do
- where to get further information

(See also Media and Communications sub-plan of the MEMP).

### **Public information**

Contact details for further information should be supplied with any distributed public information.

Various public information formats may be useful for distributing approved information and advice to the community.

Consideration must be given for culturally and linguistically diverse populations, and other isolated and vulnerable communities.

No information is to be released without appropriate authorisations from the Incident Controller, Executive Management Team member, MEM, MERO, MRM or Council's Marketing and Communication Officer.

### **Fact sheets**

DHHS has developed various fact sheets for emergencies with public health consequences, accommodating the culturally and linguistically diverse community, which can be downloaded from <https://www2.health.vic.gov.au/emergencies/departments-role/during-an-emergency>

A full list of the fact sheets available are listed in [Appendix F](#) – *Public information resources and reference list*.

The Manager Environment and Community Safety will liaise with the DHHS regarding access, development, approval and distribution of suitable information. Any release of public information must be done in conjunction with council's or the DHHS media advisor/liaison officer. In an emergency, key information may be placed on the DHHS website front page as well as those of the municipalities that have been impacted.

Other methods of communication will be adopted during an emergency by the municipality affected when required. These types of communication methods will follow the communication plan contained within each municipality MEMP.

Caution is to be taken to ensure that if the emergency has impacted more than one municipality in the region, that the messaging that is being relayed to the community remains consistent.

### **Municipal public health information sheets**

Public health information sheets or bulletins developed by the municipality, along with a guide on developing fact sheets are attached at [Appendix F](#).

### **Notices**

Notices may need to be distributed and displayed in prominent places for communicating messages about public health precautions that should be taken by the community, following an emergency event.

### **Newsletters**

Existing newsletters produced by the municipality or other community organisations may be used to distribute information and promote ongoing messages and public health precautions.

### **Community meetings**

EHP's will attend community meetings to provide information and assess ongoing public health needs.

### **Websites**

The Manager Environment and Community Safety will liaise with Council's Marketing and Communication Officer and ICT team to establish web links to relevant agencies and for other useful information to appear on the municipality's web pages.

## **Role statements**

The following range of functions represents the respective roles that may need to be performed in an emergency with public health implications.

### **Duty Environmental Health Officer**

In an emergency, the Manager Environment and Community Safety, Coordinator Development Services, or the MERO will designate a Duty Environmental Health Officer to manage municipal public health response and recovery activities and resources.

This role includes the following functions:

- Ensure that the PHEMP and the associated processes and procedures are in place and activated if required

- receive and record information on the specifics of the incident
- identify and assess public health risks
- advise and consult with the MERO and MRM
- assume the role of Municipal Public Health Liaison Officer in the MECC (or other ECC that has been established)
- brief the Environmental Health Team about the emergency and advise on the action required to be undertaken by the team
- liaise with MERO and request support, or arrange for additional external resources (if needed) from partners, DHHS and other relevant agencies
- attend the MECC, regional or state level emergency response coordination centre as required and participate in EMT/IMT meeting
- prioritise and organise operational activities, including:
  - allocation of tasks to staff,
  - coordination of rosters,
  - resource management,
  - staff communications.
- ensure EHPs operate in accordance with SOPs
- ensure staff/EHPs from other councils are given appropriate delegation of authority prior to undertaking field work
- use procedures and systems established by the MERO to monitor and record expenditure
- facilitate the distribution of public health information to the community
- attend municipal/community recovery meetings
- ensure all field staff are working within the parameters of the SOP's contained within the PHEMP as well as the day to day operations of an Environmental Health Officer
- give consideration to individual staff who may need to attend to their own personal situation.

Where the Duty Environmental Health Officer holds multiple roles in emergency management such as Deputy Municipal Recovery Officer, and is called for duty in this second role, they may delegate the role of Duty Environmental Health Officer to manage the initial municipal public health response.

### **Municipal Public Health Liaison Officer**

In an emergency, the Manager Environment and Community Safety, Coordinator Development Services, or the MERO will designate a Municipal Public Health Liaison Officer in the MECC, ICC or other ECC established. The role may be delegated to another EHP.

The Municipal Public Health Liaison Officer represents the functional area of municipal public health emergency management in the MECC or other ECC. The person undertaking this role must be able to make clear decisions. Functions of the role include:

- attending the MECC, division or state level emergency response coordination centre (ECC), as required
- liaison with emergency management personnel, including agency representatives in the MECC, ICC or ECC
- communicating information between the MECC, ICC (or ERCC) and the Duty Environmental Health Officer.

### **Environmental Health Officers (EHOs) / Environmental Health Technicians (EHTs)**

In an emergency, EHOs and EHTs will undertake public health response and/or recovery activities:

- deputise for the Duty Environmental Health Officer
- carry out any functions delegated by the Duty Environmental Health Officer or the MERO or MRM
- attend briefing sessions with the MEMPC
- operate in accordance with SOPs

- perform activities consistent with the public health emergency responsibilities of the municipality.
- undertake public health assessments at the Emergency Relief Centre in regards to catering (if undertaken onsite), sanitary facilities, overcrowding, waste disposal, vermin control and nuisance abatement
- provide situation reports to the Manager/Team Leader Environmental Health when requested to do so regarding the work that is being undertaken in the field
- provide information of food management during and post the emergency

### **Professional Medical Advisor**

In an emergency, the Professional Medical Advisor will be sourced through the Department of Health. This may be by Chief Health Officer alerts, bulletins, emails, updates on website or through Manager Public Health Grampians Regional to:

- provide technical advice and support to the Duty Environmental Health Officer and to other emergency management personnel
- attend briefing sessions with the Duty Environmental Health Officer
- attend the emergency relief centre to provide medical care to affected people and emergency management personnel
- operate in accordance with SOPs
- liaise with the Health Commander of State Health Emergency Response Plan.

### **Other municipal personnel**

Authorised officers and other municipal personnel may include technical officers, immunisation nurses, administration officers and staff resources seconded from other departments in particular local laws, municipal rangers and municipal building surveyor.

In an emergency, authorised officers and other municipal personnel may perform the following functions:

- support Council's Public Health and Wellbeing team's emergency activities
- operate in accordance with SOPs
- brief the Duty Environmental Health Officer on issues arising during the emergency.

### **Public health emergency contact directories**

Contact details for internal staff, external agencies and suppliers and other council health departments are included in the MEMP.

After hours contact details for the Environmental Health Officers are provided to:

- the MERO, for recording in the MEMP
- As well as the Senior Divisional Public Health Officer (SDPHO) at DHHS, for recording in the public health section of the Regional Emergency Management Arrangements.

The MERO will keep a separate list of after hours contact details for environmental health staff.

The information may also be given to DHHS as an internal document in case contact needs to be made from DHHS to staff of the region if action is required.

### **Standard Operating Procedures (SOPs)**

Ongoing development of SOPs will take place to ensure that all identified public health risks are appropriately addressed.

The need for practice notes will vary depending on the level of experience, knowledge and skill of the EHP.

The Manager Environment and Community Safety will be responsible for the:

- development and approval of SOPs
- provision for work practice notes
- review of SOPs.

SOPs will be reviewed with the PHEMP.

The SOPs have been developed to assist EHP's in emergency preparedness, response and recovery activities:

- Secondary-impact assessment following an emergency
- Providing safe and adequate water
- Emergency shelter and accommodation
- Food safety
- Providing emergency ablution facilities
- Wastewater management
- Refuse collection and disposal
- Vermin and vector control
- Infectious disease control
- Environmental hazards
- Disinfection and cleaning
- Assessing emergency affected housing
- Emergency relief centres
- Guidelines for the control and management of food safety in emergency relief centres

Note: The establishment of regional collaboration groups in some regions, have initiated the development of regional SOPs to enable standard practices and allows staff to work under familiar frameworks where inter-council assistance for response and recovery activities for an emergency are called upon.

## **SOP 1 Initial and secondary impact assessments following an emergency**

*(Reference: EMV Impact Assessment Guidelines for Class 1 Emergencies V 1.0, revised 23 October 2015)*  
<http://files.em.vic.gov.au/IMT-Toolbox/Inc/IIA-Guidelines-Class-1.htm>

Assessment of impacts resulting from emergency events is a complex process, encompassing data and information drawn from a number of different agencies and government departments at all tiers (incident/local, regional and state).

Under Part 7 of the EMMV, EMV coordinate state level impact assessments.

### **Initial Impact Assessment (IIA)**

IIA is a preliminary assessment (visual inspection and quantifiable early data) undertaken by response agencies.

IIA often comprise visual inspections, and/or the compilation of early available quantifiable data (such as number of dwellings destroyed or damaged), impacts on people remaining in an affected area.

IIA provides early information to assist in the prioritisation of meeting the immediate needs of individuals and the community. It also indicates if further assessment and assistance is required.

## Secondary Impact Assessment (SIA)

SIA is a subsequent progressive and more holistic assessment of the impact of the event on the community; and takes into account built and natural environments, social and economic impacts, and resulting community needs. Impact assessment for relief and recovery requires an additional layer of analysis beyond the IIA, which includes a comparison with baseline information.

An adaptive and evidence-based relief and recovery program requires timely, accurate and progressively more comprehensive information about the impact of an emergency on communities.

Coordination of SIA is the responsibility of the nominated recovery manager/coordinator and all departments and agencies involved in the collection of SIA should liaise with the nominated recovery manager/coordinator to ensure information is coordinated and shared.

## Post Emergency Needs Assessment (PENA)

PENA estimates the longer-term psychosocial impacts of a community, displacement of people, cost of destroyed assets, the changes in the 'flows' of an affected economy caused by the destruction of assets and interruption of business. Such assessments inform the medium to longer-term recovery process, and build the knowledge base of the total cost of emergencies that informs risk assessment and management.

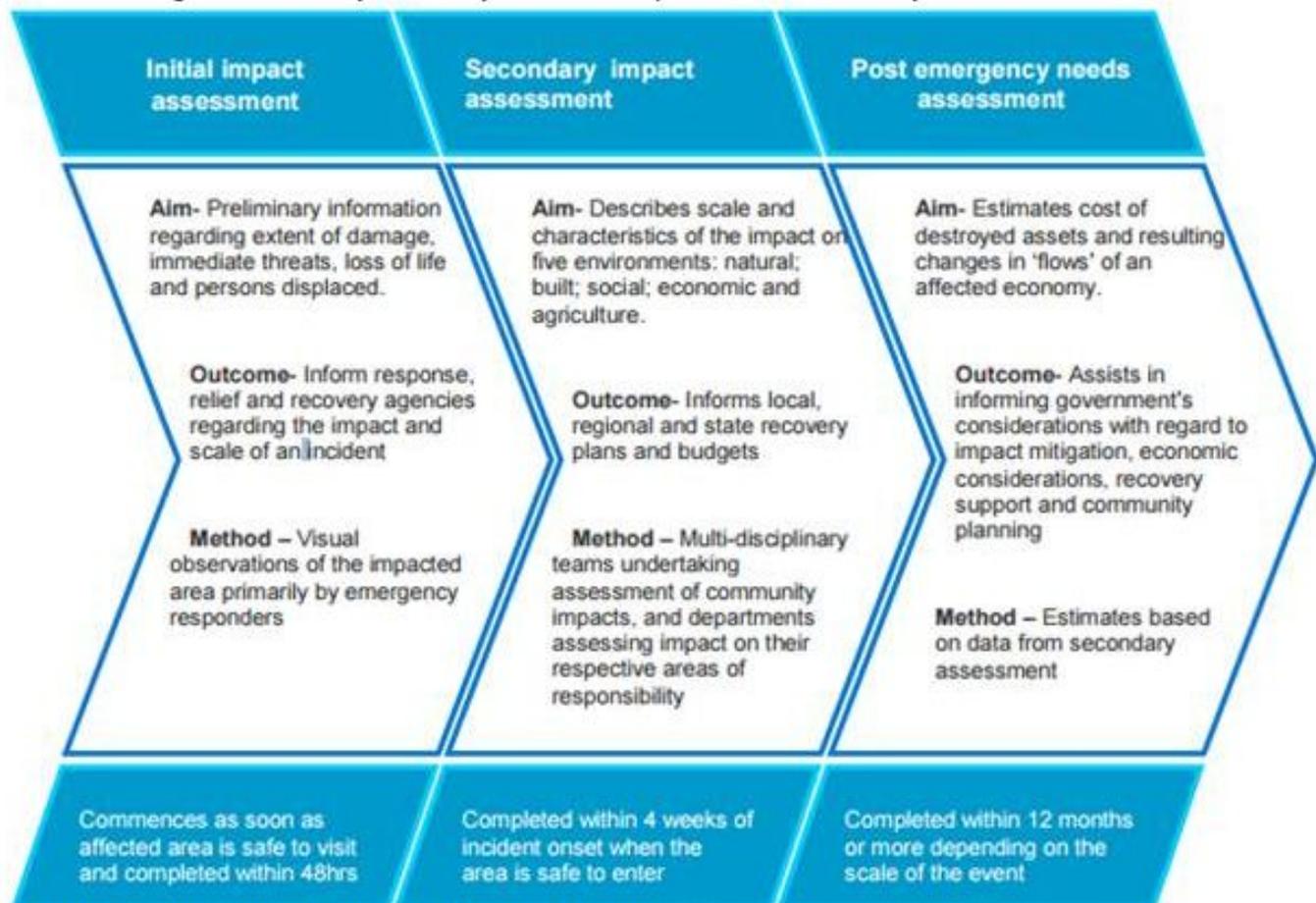


Figure 1: Description of the impact assessment process

## Role of EHP's

EHP's will most likely be called upon to conduct detailed SIA with building surveyors, domestic and/or commercial properties known to be damaged/affected. The focus of these inspections will be on the hazards that may exist, including identification of dangerous materials (eg: asbestos), unstable structures, as well as damaged to water supply and sewerage systems.

It is important to ensure that any EHP's deployed to conduct SIA activities are provided with the appropriate Personal Protective Equipment, emergency kits and communication equipment (as listed in [Appendix D](#)).

In addition, as part of the SIA, the EHP will participate in personal and team operations debriefs that relate to an emergency impacting on the Council and implement any recommendations made from those debriefs.

### **Information management**

Information gathered during these assessments should be accurately documented using the nominated information collection tool as it may be required to be passed on to other emergency personnel and agencies.

During an emergency data management is integral to assessing the impact of the event and to plan effectively for recovery. Paper based field assessments can cause delays in collating and analysing the information. The ability to store and retrieve all of the information in both textual reports and GIS formats and having a system with a mapping output is very useful for the targeted and efficient delivery of services to the affected areas.

Consideration should be given to collaborate with the Council IT department to use mobile technology such as tablets, iPads, etc to develop an integrated data management system particularly for Health, Building, Planning and Local Laws. By integrating the captured data into the corporate systems all relevant staff, customer service, contractors and volunteers are able to have up to date information about the status of properties, people and animals affected by the event.

### **Ongoing assessment**

Assessment will be ongoing during the 'recovery' phase of the emergency, enabling continued identification of public health risks and prioritisation of activities.

### **Priorities**

The main issues for Environmental Health Officers will be the prioritising of activities. Depending on the nature of the emergency, inspection of ERC's for public health risks, EHP's conducting PIA of damaged/affected housing and registered premises may all need to be conducted concurrently. The availability of quality information and data may also be an issue.

Information from the assessment will identify geographical areas or population groups of concern, guide public health response and recovery priorities and highlight any immediate needs for external assistance.

## **SOP 2 Providing safe and adequate water**

The supply of drinking water may come from sources including; reticulated (mains) water supply, private water supply (rainwater tanks) or the pumping of water from another source.

Contamination of drinking water can be caused by biological, chemical or physical agents. Examples of water pollution include contamination via sewage and wastewater, flood water, algae, dirt and dust, fire retardants, smoke and ash.

An Environmental Health Officer should liaise with DHHS and the local water authority whenever there are concerns about water quality, supply, sources, treatment, storage or transport.

Actions required under the PHEMP include:

1) Action MECC requests and assist the lead organisation/authority in the investigation and management of the provision of safe and adequate water as required which may include:

- Conduct site assessments and report back to MECC, follow directions and record details appropriately.
- Determining community requirements. Minimum quantities of water *for all purposes* per person per day are:
  - o person 20 litres (drinking, washing, feeding)
  - o medical unit per casualty 60 litres
  - o feeding unit per person 30 litres

<sup>1</sup> NOTE: The drinking part of this allowance (4 Litres) must be increased in hot conditions, or where heavy work is being done.

<sup>2</sup> 25ml/mg = 1oz/1fl oz

- In regard to water supply liaise with local water authorities regarding their implementation of protection strategies, which may include facilitating/ supplementing/replacing the supply, disinfection and/or distribution of new water supplies.
- Ensuring that new or existing water supplies are treated by **clarification, disinfection or chlorination** and are **stored and transported appropriately**.
- Liaise with private property owners regarding their water supply and provide information, education and advice when required

Water can be treated by adding enough chlorine (initial dose 5mg/L) to give a concentration of 1mg/L after 30 mins contact. For 1000L you will need: <sup>2</sup>

4% available chlorine (White King/fragrance free household bleach)	125mL or 125g
12.5% available chlorine (liquid swimming pool or dairy factory chlorine)	40mL or 40g
65% available chlorine (granular swimming pool chlorine)	8mL or 8g

You can check the chlorine level with a comparator (check with local swimming pool). If one is not available, ensure that there is a noticeable smell of chlorine in the water.

It is crucial that the measurements of the chlorine in the water are correct to avoid health risks.

If chlorine is not available, contact DHHS or the responsible water authority for advice regarding boiling water, or other treatment methods.

- Protect and maintain existing water supplies which include investigation and management of water contamination incidents by conducting sampling and implementation of strategies as directed by the lead agency/MECC
- Council EHP's will advise and liaise with private property owners if private water supply (rainwater tanks) are affected regarding appropriate treatment options.
- Where it is a private water supply that is affected Council's EHP's may facilitate the clean-out of tanks where required and provision of top up/replacement water up to 5000L depending upon local arrangements.
- Where the resources available can not meet the demand as a result of the size or complexity of the event, assistance may be provided by DELWP and the local water authority.
- Disseminate appropriate information, approved warnings and advice to the community, via the identified communication coordinator, which may include advice on:

- water treatment, including tank water
- water protection
- alternative water supplies
- providing health education material concerning personal hygiene practices to ensure a safe water supply e.g. water containers are not to be used for any other purposes, are to be kept clean and people are not to drink directly from the container
- Provision of contact details for water carters within the municipality or within close proximity to the affected area.

### **SOP 3 Emergency shelter and accommodation**

A secondary impact assessment will be undertaken at those individual properties that have been affected by the emergency. Inspect damaged houses and individual properties, in conjunction with the Municipal Building Surveyor (refer to SOPs '*Post impact assessment following an emergency*' and '*Assessing emergency affected housing*' and '*Public Health Survey of damaged premises/affected housing*' checklist in [Appendix J](#)) to identify whether there are any public health risks and issues which require a response. The assessment made onsite will depend on the outcomes identified.

These outcomes may include:

- advice, education and distribution of information regarding the public health risks/issues that have been identified
- monitoring other public health issues, including the need for additional resources.
- gathering and feedback of information to the MERO and/or Deputy MRM, to pass onto other appropriate response and recovery agencies.
- Following on from any further recommendations put forward by the building surveyor regarding whether the structure is considered habitable or not.

The Emergency Management Team will continue to liaise with the MRM and/or his deputy and the building surveyor to arrange for ongoing visits if required and to report assessment results.

Any other community concerns noted during the property inspections should be reported to the MERO for action as required

Monitor and control public health in ERC's (see [Appendix J](#) - *Checklist of public health responsibilities in emergency relief centres*).

Assist with the establishment of new Emergency Relief Centres and, if necessity dictates people requiring to be accommodated in tents, the siting and layout of emergency campsites. This requires thorough planning, particularly if it embraces showers, toilets and kitchen facilities. If expertise in this area is limited, the services of the Australian Defence Forces can be sought formally through the MECC.

### **SOP 4 Food safety**

A strong relationship with local organisations providing food during an emergency in the pre-emergency stage is integral in ensuring food safety is protected.

Monitoring and control of food safety is required in:

- ERC's – catering and donated food
- emergency services staging areas
- registered premises affected by the emergency.

Assessments will identify:

- if food premises are operating or not
- if facilities are adequate for food handling activities

- if appropriate clean-up including sanitising has been completed prior to operation
- if food on the site is safe for consumption
- waste disposal requirements
- pest control requirements
- assess donated food and action as necessary
- suitable hand washing facilities provided for food handlers and also recipients of food
- undertake corrective action, and supervise if required
- make appropriate requests to MRM/MERO (i.e. proper disposal facilities including skips bins, pest control, equipment required, storage facilities)

In addition to the assessment of premises EHP's will facilitate the distribution of information and advice to the community, as necessary. Depending on the nature of the emergency, information may need to address issues such as:

- food safety precautions during/following power failure
- protection of food from contamination
- clean up procedures of food premises
- food hygiene & temperature control
- disposal of spoilt and damaged food.

EHP's may need to conduct investigations of complaints, including food borne illness and send food samples for analysis if required, this will be a direction from the EHO on duty or in conjunction with DHHS.

EHP's will be required to record information in appropriate database and ensure that all records are kept up to date.

Examples of information for these situations are located on the websites listed in [Appendix F](#).

## SOP 5 Providing emergency sanitary facilities

In conjunction with the MERO, EHP's should coordinate adequate provision, location and maintenance of temporary toilets, hand wash basins, showers and laundry facilities.

### Toilet facilities

The following minimum numbers of toilets, urinals and hand wash basins are in accordance with Table F2.3 of the Building Code of Australia 2016.

Gender	Males			Females	
	Toilets	Urinals	Hand basins	Toilets	Hand basins
Patrons	1 per 20 persons	1 per 25 persons	1 per 30 persons	1 per 15 persons	1 per 30 persons

### Showers

For short term accommodation, the number of showers considered necessary is 1 per every 35 persons. For long term accommodation, the ideal ratio is 1 shower to every 10 persons.

### Laundry Facilities

Factors to consider when determining the number and type of laundry facilities to be provided are:

- number of people likely to be using the facilities
- demographic of people using facilities eg: families with babies and/or young children
- availability of power.

Please note as a guide, under the *'Residential Tenancies (Caravan Parks and Movable Dwellings Registration and Standards) Regulations 2010'* caravan park owners must ensure that for every 25 long term sites or part thereof where private laundry facilities are not provided—

- (a) a wash trough and washing machine;
- (b) a clothes drier or 25 metres of clothes line;
- (c) an ironing board and power outlet.

Where possible, separate toilets and hand wash basins should be made available to food handlers, as well as a unisex facility with disabled access.

Determine suitable treatment and disposal options of wastewater from emergency ablution facilities. Ensure ablution facilities are regularly cleaned and maintained.

## **SOP 6 Wastewater management - septic tanks**

Liaise with EPA regarding wastewater disposal strategies. Evaluate the use of existing septic tank systems including:

- treatment plants (need for electricity)
- disposal area
- plumbing fixtures
- damage to fibreglass systems and waste water pipes (especially in a fire)
- availability of reticulated water.

Note: if assistance from a licensed plumber is required, request through the MECC.

- 1) Assessment of property/affected area, assessment will identify:
  - a) if a septic system is on the property and its condition
  - b) if connection to temporary accommodation is required
  - c) if connection to a new dwelling is required
  - d) if installation of a new system is required
  - e) if the tank requires desludging
  - f) if decommission of the existing system is required

This information will be compiled using data collected during PIA as well as additional site inspections conducted as required.

- 2) If the location of the existing septic tank and effluent field is known, peg out and rope or tape around the existing system to prevent damage during clean-up.
- 3) Record appropriate information in database detailing actions required/undertaken and update as necessary.

Disseminate information for the public that is accessible and available; this can be conducted during site inspections, community meetings or through various involved organisations and may need to address such issues as the following:

- risks of operating a damaged system
- living in caravans on private property during rebuilding

- protecting septic tank systems from damage by demolition machinery and during rebuilding
- overflow/clean-up of systems that are not operating correctly.

## **SOP 7 Refuse collection and disposal**

Large amounts of refuse will be generated during an emergency. Extra bins and services will be needed for the clean-up process through the MERO.

This issue may be addressed in the MEMP, however municipal EHP's will assist to ensure refuse collection and disposal is adequate throughout the community, to prevent public health issues such as breeding and/or harbourage of vermin and vectors of disease.

Municipal EHP's may need to advise waste contractors in conjunction with Council's Waste Management Department on their waste management practices:

- siting of bins and services throughout the community and at emergency venues
- providing domestic bins and services where bins have been lost, damaged or destroyed
- liaising with Council's waste department or relevant contractors to ensure adequate waste disposal
- ensure the disposal of hazardous wastes is conducted in a safe manner (disposal of medications and pharmacological supplies is to be overseen by Victoria Police)
- Disposal of dead stock and other animals will be actioned under the Animal Welfare Emergency Management Sub-Plan (MAV template-link)

EHP's may also need to provide education, information and advice to the community regarding waste disposal during and after an emergency:

- storing waste prior to collection
- disposal of spoilt and damaged food
- location and use of additional bins and services provided throughout the emergency affected area.
- The separation of waste into dry refuse, non-putrescibles, putrescibles and indestructible waste.

EHP's may also need to provide advice around asbestos removal and the facilitation of further action once the risk has been identified. Engagement of a contractor may also be required to facilitate the removal of the asbestos.

Liaise with the MERO regarding any concerns about refuse collection and disposal.

## **SOP 8 Vermin and vector control**

The municipality may already have control strategies in place for preventing vector-borne diseases. Mosquito control programs are one example.

Monitor and control breeding and harbourage of vermin and vectors of disease throughout the community and at ERC's by:

- coordinated pest control services
- vector surveillance and control programs
- monitoring waste management.

Facilitate the distribution of information and advice to the community as necessary:

- waste management and vermin control
- vector control
- personal protection and requests for supplies through MERO where considered necessary.

Areas of concern include:

- food preparation and storage areas
- refuse collection areas
- sanitary depots
- damaged or destroyed poultry sheds, piggeries and abattoirs
- damaged food premises and domestic premises
- dead stock and other animals
- burst sewerage and water pipes
- damaged septic tank systems.

Where potential pest control issues are identified, EHP's are to provide advice on the introduction of an integrated pest management program which may include requesting the services of pest control contractors through the MERO for Council properties.

An integrated pest control program will generally consist of baiting/trapping, environmental control focussing on removing conditions conducive to pest harbourage and breeding, introduction of physical barriers to prevent pest intrusion and monitoring programs specific to the issue identified.

## **SOP 9 Infectious disease control**

Maintain awareness of the potential for the spread of infectious disease in ERC's and ensure preventative measures are implemented including:

- provision of suitable hand washing and bathing facilities
- provision of education on health and hygiene, eg: signage
- avoidance of overcrowding, especially in sleeping areas
- frequent disinfection of communal areas where considered necessary.

Notify concerns regarding potential infectious disease outbreaks to Senior Divisional Public Health Officer.

Recognise actual or emerging conditions that would favour an outbreak of disease endemic to the area. If specific endemic disease response plans are already developed, coordinate their implementation.

Undertake outbreak investigation with support from, in accordance with the Guidelines for the investigation of gastroenteritis

*<https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/gastrointestinal-illness-investigation-guidelines>*

Actions may include:

- completing a 'Gastro Outbreak Onsite Assessment' Form
- provision of information regarding hygiene and clean-up procedures
- collection of faecal/food samples and send to MDU for analysis
- supervision of clean-up in accordance with the 'Guidelines for the investigation of gastroenteritis'
- seizure and/or supervised disposal of food
- Complete and follow-up of single incident cases as required.

Support DHHS in the conduct of extra vaccination sessions (if required):

- locate and/or provide suitable vaccination venues
- distribute information and advice to community
- assist with coordinating vaccination sessions
- provide refrigeration and storage areas
- receive vaccines and equipment

- provide personnel
- provide relevant local information to DHHS
- provide waste management facilities.

## SOP 10 Environmental hazards

There are a number of environmental hazards that may arise following an emergency:

- hazardous materials from semi-demolished buildings, such as asbestos
- soil contamination
- industrial chemical spills or releases (Hazmat incidents)
- disposal of toxic waste
- spills or releases in domestic premises (eg: Clandestine labs)
- blue-green algae
- recycled water.

Liaise with relevant agency and implement strategies to protect the public from exposure. These can include:

- sampling and analysis
- erection of signs and public notices
- distribution of information and advice to the community.

## SOP 11 Disinfection and cleaning

Following an emergency, especially floods, buildings can be contaminated with sewage, mud, soil and other infectious matter. If thorough cleaning and disinfection is not undertaken, this can lead to conditions which pose a risk to public health.

Following floodwaters, consider decontamination of

- buildings, including sub-floor spaces, wall cavities and ducts (see SOP 'Assessing emergency affected housing')
- public swimming pools, spas and other facilities.

Facilitate distribution of information and advice to the community, as necessary:

- clean-up and disinfection of houses following flooding
- cleaning and disinfection of swimming pools
- clean-up of registered premises, especially high-risk premises such as childcare and aged care facilities.

### Procedure

*(Reference: Guidelines for the investigation of gastroenteritis – DH 2010)*

Hard surfaces should be washed with hot water and detergent, followed by a solution of 1000ppm of available chlorine to disinfect. Leave disinfectant on surfaces for 10 minutes then rinse with cold water and dry.

Kitchen food contact surfaces (eg: utensils, crockery, cutlery, equipment) must be cleaned and sanitised. They should first be washed with hot water and detergent, then sanitised by one of the following:

- immersing in hot water at a minimum of 82°C for two minutes (this can be done using a dishwasher as long as the rinse cycle reaches this temperature)
- washing by hand then immersing in 100ppm of available chlorine for at least three minutes at 50°C. Water from the hot tap should be 50°C.

- for equipment that cannot be completely immersed, 200ppm of chlorine should be used on all surfaces for 10 minutes.

Chlorine concentrations required for disinfection can be found in [Appendix J](#).

## **SOP 12 Assessing emergency affected housing**

### **Procedure**

Assessments of emergency affected housing can be incorporated into the Secondary Impact Assessment Process and as such, should be done in consultation with the MRM and other relevant agencies, to minimise the impact upon affected people. Ideally, assessment teams should include recovery staff able to assess broader community needs.

The outcome of the housing assessment will determine:

- any public health information and advice that needs to be distributed
- any resources that need to be requested to address public health issues
- the need for further inspections and public health activity to assist recovery.

### **Assessment**

Each team should consist of at least one EHP, one building surveyor and recovery personnel (personal support, DHHS representative). Additional resources may need to be obtained.

The assessment will include:

- completing 'Public Health Survey of Damaged Premises/Affected Housing' checklist in [Appendix J](#)
- recommendations to the Manager Environment and Community Safety for public health activity, based on assessment outcomes
- recommendation for the insurance company to conduct inspection
- warnings regarding the occupation of premises and inspection by the insurance company
- advice and distribution of information
- inspections, to give clearance for rehabilitation of emergency affected housing
- monitoring other public health issues, including:
  - o the need to address actual or emerging public health risks
  - o the need for new advice and distribution of information
  - o the need for additional resources.
- gathering and feedback of information to the MERO and/or MRM, to pass on other appropriate response and recovery agencies.

The Duty Environmental Health Officer will continue to liaise with the MRM and building surveyor, to arrange for ongoing visits if required and to report assessment results.

Any other community concerns noted during the housing assessment should be reported to the MRM.

## **SOP 13 Emergency relief centres**

(Reference: [Emergency relief handbook: A planning guide - DHS 2013](#))

Emergency relief is the provision of essential needs to individuals, families and communities during and in the immediate aftermath of an emergency.

Municipal councils are responsible for coordinating relief at the local level. Emergency relief services and activities, and the nominated agencies responsible for coordinating and providing these at the local level, will be designated in Councils' MEMP.

The (municipality name) MEMP should be read in conjunction with this section regarding emergency relief centres including but not limited to:

- Planning
- Documentation
- Activation/Deactivation
- Staffing and support agencies
- Operating procedures

**Table 1: Emergency relief functions and coordination**

<b>Emergency relief function</b>	<b>Local Government Coordination at local level</b>	<b>Coordination at regional</b>
Community information	Agency providing service	Control agency
Public health	Local Government	DHHS
First aid	St Johns Ambulance	Ambulance Victoria
Primary Care		DHHS
Psychosocial support	VCCEM/Red Cross	DHHS
Reconnecting families / Register Find Reunite (National Registration & Inquiry System)	Red Cross (activated by VicPol)	Red Cross
Emergency shelter	Local Government	DHHS
Food and water	Red Cross	Red Cross
Non-food items	Local Government	The Salvation Army
Emergency Financial Assistance	DHHS	DHHS
Animal welfare	Local Government	DJPR (Department of Jobs, Precincts and Regions)

### **Emergency Relief Centres**

An Emergency Relief Centre (ERC) is managed by the municipal council and is a building or a place established to provide immediate and basic services to people affected by an emergency. ERC's should be designed to meet all of the relevant standards and consider the specific needs of children, youth, seniors, people with additional needs and culturally and linguistically diverse (CALD) community members in the layout, design and services provided.

Services provided in an ERC can include shelter, food and water, material items such as bedding and clothing, and health services such as psychosocial first aid.

### **Public Health and an ERC**

As detailed in this MEMP, public health requirements and issues should be addressed by the ERC Manager and relevant public health professionals, these may include:

- Food safety

- Sanitation and ablution
- Water
- Infection control

Further details and information are found in the SOPs and appendices.

Additional information below:

### **Planning**

The MERO and MRM, or their delegates, are responsible for assessing the suitability of sites as potential ERC's, which should be undertaken using a defined set of criteria (*Refer to the Emergency Relief Centre Site Assessment Checklist contained within the ['Emergency relief handbook: A planning guide'](#)*).

Site assessments of the proposed ERC's should be conducted in consultation with the following:

- the owners and/or committees of management responsible for day-to-day management of venues
- EHP's who have an understanding of the potential public health risks associated with operation of ERC's
- municipal building surveyors and/or local fire brigade representatives who have an understanding of other occupational health and safety issues, eg: fire safety.
- other local support agencies such as Red Cross, which may have requirements for their own emergency operations.

Assessment of potential ERCs was conducted in December 2011 by the MRM and Duty Environmental Health Officer.

### **Documentation**

Venues selected for use as ERC's are recorded in the MEMP. Any service providers that may provide services at the ERC (eg: cleaning and security) should also be engaged to agree on local arrangements, which should be formalised in a memorandum of understanding between the parties and documented in the MEMP.

### **Activation**

The Incident Controller is responsible for initiating relief arrangements. Once a suitable ERC has been nominated, the MERO or MRM will appoint an ERC manager, who after receiving a briefing makes the necessary arrangements for the selected ERC to be opened, collects the ERC kit and attends the centre.

In most instances, the Manager Environment and Community Safety will be notified by the MRM of the opening of an ERC and briefed with following information before deploying at least one EHP to the ERC:

- name and location of the ERC activated
- number of people expected to be accommodated
- duration and nature of recovery services to be provided
- catering arrangements.

### **Deployment**

Upon arrival, the EHO will introduce themselves to key emergency personnel and the ERC manager.

Any serious concerns that cannot be addressed immediately will be reported to the ERC manager, MERO and/or MRM, with advice on any precautions that will be enforced. The EHO, in consultation with the MERO, will arrange for any necessary actions to address public health concerns.

### **Review**

The MERO and/or MRM or position nominated to fulfill this responsibility will coordinate a review of ERC sites:

- annually
- after an emergency event
- when there are significant changes made to an existing ERC site
- when a potential new ERC is built.

Stakeholders consulted during the initial inspection will be included in the review process and follow-up inspections may be required after maintenance or alterations have been undertaken. Any changes made will be updated in the MEMP (and PHEMP if applicable).

Further details can be found in the '*Emergency relief handbook: [A planning guide-DHS 2013](#)*

## **Guidelines for the management and control of food safety in emergency relief centres**

### **Emergency food preparation/production**

Food safety in an emergency is a major public health issue and requires specific attention.

Good relationships and effective communication with key stakeholders involved in emergency catering will assist in the provision of safe food. Emergency caterers and arrangements are identified in the MEMP.

Safe food production in an emergency depends on quality control of incoming food, a safe water supply and care with storage, preparation, serving and waste disposal.

Quality controls for incoming food:

- Examine food for spoilage and contamination.
- Know the source of the food and check with suppliers if necessary. Choose a reliable food source where possible, such as a supermarket.
- The type of food supplied should not pose unnecessary risk (consider ambient temperatures, shelf life and storage facilities).

Safety of the water supply:

- Does it need to be treated?
- Are there alternative water supplies available? Eg: bottled

Storage of food:

- Are there freezers, refrigerators and dry storage areas?
- Are there appropriate pest proofing measures in stores, kitchens and feeding centres?

Disposal of solid and liquid food wastes:

- Consider grease traps, burial, cartage and incineration needs.

Food preparation:

- Arrange facilities for washing and sanitising utensils.
- Ensure supervision of food preparation areas and food servicing (appropriate cooking methods).
- Ensure supervision of food handling personnel.
- Organise separate toilet and hand washing facilities for food handlers (if possible) to prevent cross-infection.

### **Supervision of food handlers**

The following are key factors in ensuring food safety:

- i) *Screening and selection of food handling personnel*
  - Anyone with diarrhoea, vomiting, infectious lesions, exposed areas of infected skin, or a recent history of gastrointestinal illness, *must* be excluded from handling any food.
  - Training — where possible, use people with training or previous commercial experience in food handling positions.
- ii) *Supervision*
  - Ensure regular supervision of feeding areas, particularly during the early stage of an emergency when personnel are operating 24 hours a day, usually in shifts of six hours.

### **Examination of donated food**

Fresh food donations should be discouraged. The Duty Environmental Health Officer should liaise with the Media Liaison officer to ensure this is suitably communicated.

If food is donated, the key aspects to consider are:

- i) *Inspection and storage*
  - All foods are to be brought to a central inspection area where they can be examined by a trained person and correctly stored pending distribution.
- ii) *Acceptance and disposal*
  - It is better to accept all food donations, even if it is obvious that they are unsuitable and to dispose of the food after the donor has left the site. This overcomes the problems of:
    - o unauthorised food distribution
    - o embarrassment to the donor who, in good faith, may have travelled a long distance to donate the food, not knowing its unsuitability.

## **Appendices**

Appendix A	Risk management process
Appendix B	Prevention and community resilience strategies
Appendix C	Public Health Emergency Management Training Plan
Appendix D	Municipal public health resources
Appendix E	Public health contact directory
Appendix F	Public information resources and reference list
Appendix G	Example of a Memorandum of Understanding (MOU)
Appendix H	Roles and responsibilities
Appendix I	Information management pro formas
Appendix J	Checklists for Standard Operating Procedures <ul style="list-style-type: none"><li>• Checklist for public health risks in an emergency</li><li>• Chlorine concentrations required for disinfection</li><li>• Public Health survey of damaged premises/affected housing</li><li>• Checklist of public health responsibilities in Emergency Relief Centres</li></ul>
Appendix K	Acronyms, abbreviations and glossary

## Appendix A - Risk management process

A Community Emergency Risk Management (CERM) process has been undertaken for Council's MEMPC having regard to current standards and Council's Risk Strategic/Risk Matrix and the analysis tools. The MEMPC will evaluate the risks annually and in accordance with the national standard AS NZS ISO 31000-2009.

In the MEMPC, the following risks have been identified as requiring action under the PHEMP:

- Food Poisoning: High Risk
- Toxic Emission: High Risk

## Appendix B - Prevention & community resilience strategies

Council currently performs the following functions in relation to prevention and community resilience:

- Social Media releases in relation to Heat Health Alerts are released regularly during the summer months.
- Council's Positive Ageing Team hand out Fire Ready Kits to all new clients. On the days of extreme heat the clients that have been identified as high care receive a phone call or a visit from council officers to remind them to stay out of the heat, drink plenty of water and keep as cool as possible.
- During the winter months council has previously displayed posters in public areas to promote the likes of "cover your cough", "hand washing" and provided sanitising gel for the public for the prevention of flu.
- Baby immunisation sessions are scheduled in Stawell and St Arnaud once a month delivering the National Immunisation Program to eligible children.
- Secondary school immunisation programs are also delivered to all secondary schools students who wish to participate in our municipality.

## Appendix C - Public Health Emergency Management Training Plan

Insert details of training to be undertaken by staff. Documentation which shows completion dates should be maintained in PHEMP and in accordance with Council's HR policy.

Training Requirement/Exercises	Personnel completed (date)
Induction of new staff with the PHEMP	
Introduction to Emergency Management (SES)	
EHPA's Emergency Management Training for Public Health Professionals (4 days)	
Response time/process for EHP after hours	

DHHS Australasian Inter-service Incident Management System (AIIMS) training	
DHHS Introduction to Relief & Recovery Centres training	
Attend relevant emergency management Public Health Workshops and Training Courses	
Participate or observe in municipal emergency management exercises	
Crisisworks training for EHO's	
Buddying up system for EHO's that have experience/exposure to emergencies with EHO's that don't	

## Appendix D - Municipal public health resources

### Personnel

<b>Positions</b>	<b>Maintenance (policies, procedures and schedules)</b>
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<p><i>(To be reviewed by the municipality)</i></p> <p>Example:</p> <ul style="list-style-type: none"> <li>· Manager Environment and Community Safety</li> <li>· Coordinator Development Services</li> <li>· Environmental Health Officers</li> <li>· Environmental Health Technician</li> <li>· Immunisation Provider</li> <li>· Local Laws Officers</li> <li>· Municipal Building Surveyor</li> <li>· Building Inspectors</li> </ul>	<p><i>(To be reviewed by the municipality)</i></p> <p>Example:</p> <ul style="list-style-type: none"> <li>· Vacant positions will be filled without delay.</li> <li>· Position descriptions will include emergency management responsibilities.</li> <li>· A Deputy will be nominated to perform the emergency management functions and this communicated to MEMPC.</li> </ul>
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**Equipment - Personal Protective Equipment (PPE)**

Item	Number / officer	Maintenance (policies, procedures and schedules)
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<p><i>(To be reviewed by the municipality)</i></p> <p>The following items should be considered for PPE kits:</p> <ul style="list-style-type: none"> <li>• Tabard (compliant with relevant Australian Standards)</li> <li>• rubber boots</li> <li>• hard hat</li> <li>• coveralls</li> <li>• safety glasses</li> <li>• hearing protection</li> <li>• rubber gloves</li> <li>• dust mask</li> <li>• sun protection (sunscreen and hats)</li> <li>• all weather jacket</li> <li>• respirator and cartridges</li> <li>• insect repellent</li> <li>• first aid kit</li> <li>• torch</li> <li>• eye wash bottles</li> </ul>		<p>To be reviewed in conjunction with council's OH&amp;S representative</p> <p>Must comply with relevant Australian Standards</p>
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#### Equipment — Public Health Emergency Kit/s

Item	No. of kits	No. of items / kit	Maintenance (policies, procedures and schedules)
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<p><i>(To be reviewed by the municipality)</i></p> <ul style="list-style-type: none"> <li>· identification/authorisation</li> <li>· PHEMP, including internal contact directory</li> <li>· stationery</li> <li>· street directory or map of area</li> <li>· torch, spare batteries and bulbs</li> <li>· thermometer</li> <li>· tape measure</li> <li>· pocket compass</li> <li>· collapsible shovel</li> <li>· comparator for chlorine residual and pH</li> <li>· measuring jug, 500ml</li> <li>· magnifying glass</li> <li>· collection vials and labels</li> <li>· plum bob</li> <li>· spirit level</li> <li>· mosquito larvae dipper</li> <li>· screw driver</li> <li>· hammer</li> <li>· hatchet</li> <li>· water containers, 10-20L</li> <li>· water sample jars</li> <li>· faecal pots</li> <li>· freezer blocks</li> <li>· Swiss army knife</li> <li>· waterproof matches</li> <li>· esky/insulated bag</li> <li>· seizure book/s</li> <li>· sample tape</li> <li>· inspection markers/spray paint, hazard tape, asbestos tape</li> <li>· digital camera and charger</li> </ul>			<p>Equipment will be checked at least annually and following a public health emergency event.</p> <p>Maintenance will include:</p> <ul style="list-style-type: none"> <li>· reviewing the required equipment</li> <li>· ensuring each officer has the required equipment ready</li> <li>· ensuring equipment is in good working order</li> <li>· arranging for immediate repair or replacement of faulty equipment</li> <li>· ensuring required servicing is performed in accordance with the manufacturer's recommendations.</li> </ul>
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**Equipment — Communications**

Item	Maintenance (policies, procedures and schedules)
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<p><i>(To be reviewed by the municipality)</i></p> <p><b>Example:</b>  <b>Each Environmental Health Officer shall be equipped with:</b></p> <ul style="list-style-type: none"> <li>· mobile phone</li> <li>· long-life battery</li> <li>· office recharger</li> <li>· recharger via car</li> <li>· two-way radios</li> </ul>	<p><i>(To be reviewed in conjunction with MERO)</i></p> <p><b>Example:</b>  <b>At each vehicle and phone change over:</b></p> <ul style="list-style-type: none"> <li>· Ensure that compatible hands free kits are fitted in vehicles.</li> <li>· Ensure that office and vehicle chargers are compatible and are working effectively.</li> <li>· Ensure mobile phone batteries are always charged and working effectively.</li> </ul>
<p><b>Mobile Phone Coverage:</b></p> <p>There are many providers available with varying degrees of coverage. It would be best to check the area you are entering prior to travelling. A sample of sites to check are listed below:</p> <p><a href="#">Telstra</a></p> <p><a href="#">Optus</a></p>	

**Equipment — Transport**

<p><b>Item</b></p>	<p><b>Maintenance (policies, procedures and schedules)</b></p>
--------------------	--------------------------------------------------------------------

<p><i>(To be reviewed by the municipality in conjunction with the municipality fleet manager)</i></p> <p>All pool vehicles are available for use by the Environmental Health Department in an emergency.  <b>Preferably a 4WD vehicle will be used.</b></p>	<p><i>(To be reviewed by the municipality in conjunction with the municipality fleet manager)</i></p> <p>At least annually:</p> <ul style="list-style-type: none"> <li>· Ensure vehicles are serviced and maintained in accordance with the manufacturer's recommendations.</li> <li>· Ensure that vehicles are fitted with compatible mobile phone kits.</li> <li>· Ensure that officers can refuel vehicles 24 hours per day, 7 days per week.</li> </ul>
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## Appendix E - Public health contact directory

### Content removed for privacy reasons

The MERO will keep a separate list of after hours contact details for environmental health staff, for use within the municipality's after hours arrangements.

## Appendix F - Public information resources and reference list

### Public information

Item/location	Maintenance
---------------	-------------

	(policies, procedures and schedules)
<p><i>(To be reviewed and completed including attachment of public information resources and/or description of their electronic and/or hard copy location)</i></p> <ul style="list-style-type: none"> <li>• <b>DHHS fact sheets</b></li> </ul> <p>A list of available public health related fact sheets is contained on the following page</p> <p>The list includes the DHHS web address which is a central location for all other pages where fact sheets are located.</p> <p>Hard copies of each DHHS fact sheet will need to be printed if required as NGSC is paper light.</p> <p>Ensure the website is checked for updates to fact sheets on a regular basis.</p> <ul style="list-style-type: none"> <li>• <b>Notices</b></li> </ul> <p>A list of draft notices is contained in this Appendix.</p> <ul style="list-style-type: none"> <li>• <b>Other public information resources</b></li> </ul> <p>A list of other public information resources is contained in this Appendix, together with their electronics.</p>	<p><i>(To be reviewed by the municipality)</i></p> <p>Public information resources will be checked at least annually and following a public health emergency event.</p> <p>Review will include:</p> <ul style="list-style-type: none"> <li>• ensuring information is current</li> <li>• ensuring hyperlinks are correct and operating</li> </ul>

## Fact sheet development guide

Process for developing a fact sheet:

- Identify the risk and communication objective
- See if DHHS has developed an appropriate fact sheet
- Develop an appropriate fact sheet in consultation with municipal media and communications representatives and DHHS
- Keep as an appendix to the PHEMP
- Establish a distribution plan

Example:

- o At all times, maintain an electronic link to the fact sheet; or
- o in an emergency, establish a link to the fact sheet from the municipality's website front page;
- or
- o hand deliver it during inspection

Structure of a fact sheet

*First paragraph - key points:*

- type of emergency covered by the fact sheet
- recommended action

*Background:*

- the nature of the emergency
- how it affects public health
- public health facts, including vulnerable groups
- where to get help/further information

**Example of notice for food premises**

COUNCIL LOGO **Food premises affected by flooding or power outage**

If flooding occurs in your food premises, the following steps need to be taken:

- Check refrigeration and freezer units to ensure that they are still operational. Ensure doors are kept closed, to maintain temperatures.
- If the refrigeration equipment is not operational, potentially hazardous foods must be moved to a working unit. If this is not possible, initiate the two hour / four hour rule as detailed in your food safety program and record action taken. Any food out of temperature control (above 5°C) for 4 hours or more **must** be discarded.
- If frozen food has defrosted/thawed, it can be stored under refrigeration. If remaining out of refrigeration for more than 4 hours, it must be discarded.
- Any food that comes into direct contact with floodwaters **must** be discarded. This includes food stored in sealed and unsealed containers (including cans, bottles, packaged goods)
- Any exposed food within the premises **must** be discarded.
- Clean all flood-contaminated areas with a chlorine based sanitiser (see dilution rates below).

In the event of a flood, it is very common for water to have mixed with overflowing sewers. During the clean up, it is very important to clean and sanitise all floors, walls and benches with bleach at a dilution rate of 1000ppm. This sanitiser must be left for 10 minutes and then rinsed with cold water. **Please note that chlorine should not be diluted in hot water.**

<b>Dilution rates for chlorine based sanitiser 1000ppm</b>			
Water	4% Chlorine (household bleach)	12.5% Liquid Pool Chlorine	65% Granular Chlorine

5 L	125ml	50ml	8g
10 L	250ml	100ml	15g
50 L	1250ml	500ml	77g

All food contact surfaces and equipment **must** be sanitised with a chemical sanitiser at a dilution rate of 200ppm of available chlorine, or in a dishwasher with water temperature at 82°C for 2 minutes. Below is a table for 200ppm dilutions.

<b>Dilution rates for chlorine based sanitiser 200ppm</b>			
Water	4% Chlorine (household bleach)	12.5% Liquid Pool Chlorine	65% Granular Chlorine
5 L	25ml	10ml	1.5g
10 L	50ml	20ml	3g
50 L	250ml	100ml	15g

If you have any concerns about food safety issues contact the Council and remember...

***If in doubt, throw it out!***

Council contact details

## Reference list

### Legislation covering functions, powers and authorisation

Available at: <http://www.legislation.vic.gov.au/>

- *Local Government Act 1989*
- *Public Health and Wellbeing Act 2008*
- *Food Act 1984*
- *Environment Protection Act 1970*
- *Emergency Management Act 1986 and 2013*
- *Residential Tenancies Act 1997*
- *Safe Drinking Water Act 2003*

### Emergency relief centre legislation and information

Available at: <http://www.legislation.vic.gov.au/>

- Public Health & Wellbeing Regulations 2009
- Residential Tenancies (Caravan Parks & Movable Dwellings Registration and Standards) Regulations 2010
- Building Act 1993
- Building Regulations 2018
- Building Code of Australia 2016

Available at: <http://www.epa.vic.gov.au/>

- [Code of Practice – Onsite Wastewater Management, EPA Publication 891.2 Dec 2008](#)
- [Emergency Relief Handbook: A planning guide DHS 2013](#)
- Emergency Relief Handbook: A planning guide 2013

**Please note:** some of the items listed in the 'Authority' section may apply here also.

### **Infectious disease control**

DHHS Guidelines for the Investigation of Gastroenteritis

Available at:

<https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/gastrointestinal-illness-investigation-guidelines>

### **Environmental health:**

Victorian Government Health Information website for Environmental Health

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

### **Conducting exercises**

Strategic Emergency Management Simulation Kit, Office of the Emergency Services Commissioner, Department of Justice, December 2003.

### **Water**

Available at: <https://www2.health.vic.gov.au/public-health/water>

- Your Private Drinking Water Supply

Available at: <https://www2.health.vic.gov.au/public-health/water/private-drinking-water>

Guidance on the use of rainwater tanks –

Available at:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/making-sure-rainwater-water-supply-is>

- Guidelines for drinking (potable) water transport in Victoria – [Guide for Victorian water carters](#)
- [Guidelines for private drinking water supplies at commercial and community facilities](#)

### **Australian Emergency Management Handbook and Manual Series (AEMs)**

Available at: <https://knowledge.aidr.org.au/>

The AEMs has been developed to assist in the management and delivery of support services in a disaster context. The principles, strategies and actions within the AEMs have been compiled by practitioners and managers with extensive service delivery experience in a range of disaster events.

This series has been developed by a national consultative committee representing a range of State and Territory agencies and is sponsored by the Attorney-General's Department. Each title within the series is reviewed on a regular basis.

### **Emergency Management Manual Victoria (EMMV)**

Available at:

[https://www.emv.vic.gov.au/publications?publicationfilter=Emergency+Management+Manual+Victoria&field\\_publication\\_type\\_target\\_id=All&items\\_per\\_page=10](https://www.emv.vic.gov.au/publications?publicationfilter=Emergency+Management+Manual+Victoria&field_publication_type_target_id=All&items_per_page=10)

The EMMV contains policy and planning documents for emergency management in Victoria, and provides details about the roles different organisations play in the emergency management arrangements.

The Office of the Emergency Services Commissioner maintains the EMMV, in collaboration with emergency management agencies. The Role Statements (Part 7) and the Contact Directory (Part 10) are updated annually. Other parts of the Manual are updated as emergency management arrangements change.

### **Public Health Fact Sheets**

Fact sheets in English and other community languages, developed for the purpose of providing guidance only, to community members, can be accessed via DHHS and State Government of Victoria websites:

[http://rss.health.vic.gov.au/atoz/?Public Health](http://rss.health.vic.gov.au/atoz/?Public+Health)

[http://www.health.vic.gov.au/environment/emergency\\_mgmnt/index.htm](http://www.health.vic.gov.au/environment/emergency_mgmnt/index.htm)

[http://www.health.vic.gov.au/foodsafety/bus/emergency\\_situations.htm](http://www.health.vic.gov.au/foodsafety/bus/emergency_situations.htm)

<http://www.dhs.vic.gov.au/emergency>

<http://healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/CategoryDoc/PresentCategory?open>

<http://www.betterhealth.vic.gov.au/>

**Note:** ensure websites are checked on a regular basis to guarantee you are referring to the most recent versions, as fact sheets are continually being updated.

## Appendix G - Example of Memorandum of Understanding (MOU)

This Memorandum of Understanding is made the \_\_\_\_\_ day of \_\_\_\_\_ between:

1) \_\_\_\_\_ in his/her  
capacity as Chief Executive Officer  
of the \_\_\_\_\_ Council  
Signature:

AND

2) \_\_\_\_\_ in his/her  
capacity as Chief Executive Officer  
of the \_\_\_\_\_ Council  
Signature:

AND

3) \_\_\_\_\_ in his/her  
capacity as Chief Executive Officer  
of the \_\_\_\_\_ Council  
Signature:

AND

4) \_\_\_\_\_ in his/her  
capacity as Chief Executive Officer  
of the \_\_\_\_\_ Council  
Signature:

AND

5) \_\_\_\_\_ in his/her  
capacity as Chief Executive Officer  
of the \_\_\_\_\_ Council  
Signature:

### RECITALS

The Parties to this Understanding are either signatories to, or principal stakeholders in, the Municipal Emergency Management Plan for their respective Municipalities, made in accordance with Council's obligations under the Emergency Management Act.

a) Each party desires to promote the objectives of the Act and in so doing to minimise the risk to their various municipalities.

b) This Understanding is in addition, and complementary to, the Emergency Management arrangements reproduced in the Victorian Emergency Management Manual and the Regional Emergency Response Plan as they exist from time to time.

c) The parties wish to record: -

- their understanding to cooperate with each other to the maximum extent practicable to ensure the efficient and timely deployment of human resources in the event of an Emergency Incident in the Region.
- the basis on which it is understood that deployment should take place.

## **THE PARTIES AGREE AND DECLARE AS FOLLOWS:**

### **1. STATUS OF UNDERSTANDING**

This Understanding is not intended to be legally binding and the provisions of this understanding shall be interpreted accordingly.

### **2. DEFINITIONS**

2.1 In this Understanding unless the context otherwise requires:

**"Applicable Occupational Health and Safety Law"** means the OH&S laws which apply from time to time in the jurisdiction in which a Loaned Employee is working pursuant to Clause 3 of this Understanding.

**"Party"** means a Municipality, party to this Understanding, and on whose behalf the Chief Executive Officer of their respective Municipalities has signed this Understanding.

**"Host Agency"** means a Party, which received a Loaned Employee from a Lending Agency pursuant to this Understanding. (The Host Agency will be a Municipality, being a signatory to this understanding).

**"Lending Agency"** means a Party, which supplies a Loaned Employee to another Party for the purpose of assisting a response to an Incident in accordance with this Understanding.

**"Loaned Employee"** means an employee of a party made available to another party pursuant to sub-clause 4.1 of this Understanding.

**"Incident"** means an actual or threatened incident of a kind, which warrants a response pursuant to the Emergency Management Plan.

**"The Parties"** means the parties to this Understanding.

**"Personnel"** means persons employed by a Party and includes senior officers and employees who are listed from time to time in the various municipalities Emergency Management Plans.

### **3. COMMENCEMENT OF REVIEW OF UNDERSTANDING**

3.1 The Understanding will commence on <date to be inserted> and will be reviewed by the Parties every two years. Following such a review, this Understanding may be revised and renewed.

3.2 This Understanding will remain in effect (notwithstanding the outcome of any review) until such times as: -

- a) by mutual consent, it is formally revised by all the Parties; or
- b) by unilateral action, any Party gives written notice to all of the parties of its intention to no longer participate in the Understanding in which case: -
  - i) the Party giving the notice will cease to be a Party; and
  - ii) all the other Parties will continue to be Parties.

### **4. DEPLOYMENT OF PERSONNEL**

- 4.1 Where there has been an Incident, a Party may request of another Party that personnel whether named individuals or specified classes of persons, be made available to the requesting Party to assist it to respond to the Incident.
- 4.2 A request pursuant to sub-clause 4.1 must in writing and name or specify the personnel sought to provide assistance. In exceptional circumstances or cases of urgency, a request may be made orally but must be confirmed in writing within 48 hours of the oral request.
- 4.3 When a request pursuant to sub-clause 4.1 is received, subject to the availability of relevant personnel under their direct control, the parties undertake to make available personnel to the requesting Party as requested. Where the personnel are not under the direct control of the Party, that Party shall take all necessary action to assist to make the personnel available to the Host Agency.
- 4.4 The Loaned Employee shall provide assistance to the Host Agency for the duration of the incident response / recovery (that is until the formal announcement of the termination of the response / recovery, or for a shorter period if the Host Agency so decides.
- 4.5 The Parties will endeavour to ensure that personnel made available pursuant to sub-clause 4.1 are appropriately trained, and/or qualified to perform the functions, which could be expected to be allocated during an emergency incident.

## **5. GENERAL TERMS GOVERNING PROVISION OF LOANED EMPLOYEES**

- 5.1 Personnel made available pursuant to Clause 4.1 shall continue at all times to be and shall remain the employee of the Lending Agency. The Lending Agency shall continue to be liable to pay the personnel's wage or salary and all entitlements arising under the contract of employment between the employee and the Lending Agency.
- 5.2 It is the intention of the Parties that redeployment of personnel under this understanding will not sever or otherwise alter the existing employment relationship between a Loaned Employee and the Lending Agency.
- 5.3 Without prejudice to clause 5.1, it is the intention of the Parties that duly authorised persons of the Host Agency have the power to direct Loaned Employees as to the manner and form of work to be performed by the Loaned Employee while the Loaned Employee is made available under this Understanding to the Host Agency. By virtue of this clause, general authority to so direct Loaned Employees is hereby conferred upon Host Agencies by Lending Agencies.
- 5.4 The Lending Agency shall endeavour to ensure that personnel are made aware of their obligation to comply with directions of duly authorised persons of the Host Agency during an Incident.

## **6. EXPENSES AND WAGES**

- 6.1 The Host Agency shall provide to the Lending Agency details of hours worked and the nature of the duties undertaken during the period of the loaned Employee's absence from his/her normal place of work for the purpose of assisting with an emergency incident pursuant to this Understanding.
- 6.2 The Host Agency shall pay all reasonable expenses, including travel, accommodation and incidentals, of Loaned personnel incurred during their period of assisting with the emergency incident.
- 6.3 Under this Memorandum of Understanding, the requesting Municipality (Host agency), reimburses all of the costs and expenditure incurred by any Municipality providing a loaned employee or employees (the Lending agency) as the result of a request for assistance to aid the Host agency in responding to an emergency incident. Accordingly, where the host Agency has paid the reasonable expenses of a Loaned Employee in accordance with clause 6.2, the Host Agency should, where it is entitled to do so, seek reimbursement from State Displan funds through the appropriate channels.

## **7. WORKERS' COMPENSATION**

- 7.1 The Parties recognise that Australian workers' compensation laws continue to apply to Loaned Personnel even where the employee in question suffers an injury in a jurisdiction which is not that employee's normal jurisdiction of employment. Accordingly, the Parties recognise that any Loaned Employee who suffers a compensable injury or contracts a compensable disease in the course of his/her

work for the Host Agency shall be entitled to pursue workers' compensation in accordance with his/her legal rights.

**8. OCCUPATIONAL HEALTH AND SAFETY**

8.1 The Host Agency shall be responsible to the Lending Agency for any costs and expenses which may arise as a result of a Loaned Employee suffering any injury of being involved in any incident for which liability to prosecution or suit under an applicable Occupational Health and Safety law may arise.

**9. NEGLIGENCE OF LOANED EMPLOYEES**

9.1 In any claims or actions against the Host Agency or Lending Agency resulting from the negligence of a Loaned Employee, the Host and Lending agencies will cooperate with each other to the fullest extent and will provide any information of assistance reasonably required in relation to any such claim or action.

9.2 Subject to any law to the contrary, the Host Agency shall be responsible to the Lending Agency for any costs and expenses which may arise as a result of the act or omission of the Loaned Employee acting under the direction of the Host Agency.

**Appendix H - Victorian Department of Health and Human Service**

**Department of Health and Human Services**

DHHS has an important role in protecting the health and well-being of Victorians before, during and after an emergency. DHHS has a number of responsibilities related to emergency planning, preparation, response and recovery; and works closely with the emergency management sector, health services and hospitals, community health centres, pharmacies and the broader health sector during an emergency.

Planning and preparing for emergencies in collaboration with other key stakeholders is an essential role for DHHS. During major emergencies DHHS is responsible for overseeing and coordinating the health system's response, and coordinating relief and social recovery for communities who have been impacted by a disaster. The department works in partnership with emergency services, Victorian government agencies and non-government organisations to ensure there is a whole-of-government response.

The State Health Emergency Response Plan, edition 4 (SHERP4) sets out the arrangements and describes the integrated approach and shared responsibilities for health emergency management between the department, Ambulance Victoria and the emergency management sector.

DHHS supports councils to manage local recovery efforts and coordinates recovery operations at the regional level.

For further information on the roles and responsibilities of DHHS refer to the EMMV and the State Health Emergency Response Arrangements (available at <https://www2.health.vic.gov.au/emergencies/shera>)

**Control agency responsibilities:**

Public health area	Possible types of emergencies	DHHS Regions Responsibility
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<p><b>Food</b></p>	<ul style="list-style-type: none"> <li>· contamination of food during manufacturing, storage, transport or through contaminated raw materials or other natural means</li> <li>· contamination of food following emergencies, eg: floods and bushfires leading to loss or refrigeration and food spoilage.</li> <li>· threatened or deliberate tampering and contamination of food.</li> <li>· Infectious diseases arising from food preparation and consumption.</li> </ul>	<ul style="list-style-type: none"> <li>· coordinate field investigations and assist with food premises closure</li> <li>· coordinate and advise regarding preliminary issues for food recalls</li> <li>· coordinate sample collection and transfer</li> <li>· provide public health information regarding food safety</li> <li>· support local government EHP's</li> </ul>
<p><b>Biological</b></p>	<ul style="list-style-type: none"> <li>· food/waterborne illness</li> <li>· gastrointestinal illness</li> <li>· communicable diseases from an animal source (such as Avian influenza)</li> <li>· diseases spread by vectors (such as Murray Valley Encephalitis spread by mosquitoes)</li> <li>· emerging infectious diseases (such as SARS)</li> <li>· pandemic influenza</li> <li>· CBR incidents of a biological nature (such as Anthrax)</li> <li>· exotic disease (such as Viral Haemorrhagic Fever)</li> </ul>	<ul style="list-style-type: none"> <li>· coordination and support of the action by local government EHP's</li> <li>· coordinate sample collection and transfer</li> <li>· provide public health advice about infection control</li> </ul>
<p><b>Water</b></p>	<ul style="list-style-type: none"> <li>· loss of disinfection of drinking water supply</li> <li>· microbiological or other contamination of a drinking water supply</li> <li>· toxic blue-green algae detected in water supply systems or recreational waters</li> </ul>	<ul style="list-style-type: none"> <li>· coordination and support of the action by local government EHP's</li> <li>· support and assist DHHS public health field teams</li> <li>· provide advice on potability of private drinking water supplies</li> <li>· coordinate sample collection and transfer</li> </ul>
<p><b>Radiation</b></p>	<ul style="list-style-type: none"> <li>· transport accidents involving radioactive material</li> <li>· finding of suspected radioactive material</li> <li>· lost or stolen radioactive material</li> <li>· other incidents involving dispersal of or a breach in containment of radioactive material.</li> </ul>	<ul style="list-style-type: none"> <li>· disseminate public health information</li> <li>· support and assist Public Health field teams</li> <li>· support local government EHP's</li> </ul>

**Support agency responsibilities**

<b>Public health area</b>	<b>Possible types of emergencies</b>	<b>DHHS Regions Responsibility</b>
<p><b>Chemical</b> (DHHS provides support but is not a support agency in EMMV)</p>	<ul style="list-style-type: none"> <li>· support fire services (the control agency) during chemical emergency events not related to food or drinking water.</li> <li>· upon request, provide toxicological advice from a public health perspective during and after chemical incidents. This advice includes the assessment of potential chemical health risk(s) to the community, identification of ways to manage risks and assistance in the communication of risks to agencies and the public.</li> </ul>	<ul style="list-style-type: none"> <li>· assist with environmental sampling</li> <li>· coordinate sample collection/transfer</li> <li>· support local government EHP's</li> </ul>
<p><b>Natural Events</b></p>	<ul style="list-style-type: none"> <li>· Water contaminated with sewage or other contaminants (such as ash run off).</li> <li>· Food contaminated due to ineffective storage or through improper preparation.</li> <li>· Infectious disease outbreaks arising from food or water, unsanitary conditions, vectors (such as mosquitoes, vermin).</li> <li>· Environmental effects such as chemicals or growth of moulds and fungus.</li> </ul>	<ul style="list-style-type: none"> <li>· support local government EHP's</li> </ul>
<p><b>Water</b></p>	<ul style="list-style-type: none"> <li>· support Victoria Police in investigation of threats or deliberate attempts to contaminate drinking water supplies.</li> </ul>	

## Appendix I - Information management pro formas

### Public health services incident/complaint report

<b>Date:</b>	<b>Time:</b>	<b>Officer:</b>
<b>Caller details</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone no:</b>		
<b>Map reference:</b>		
<b>Incident/complaint:</b>		
<b>Matter referred to:</b>		
<b>Report/action taken:</b>		
<b>EHO:</b>		
<b>Date completed:</b>		

**Public health unit emergency complaints register**

Complaint number	Date	Time	Name	Address	Telephone	Details	Comments/ Completion date

**Appendix J - Checklists for Standard Operating Procedures**

- Checklist for public health risks in an emergency
- Chlorine concentrations required for disinfection
- Public Health survey of damaged premises/affected housing
- Checklist of public health responsibilities in emergency relief centres

**Checklist for public health risks in an emergency**

Providing safe and adequate water	Provision of emergency ablution facilities																			
<p>Townships affected &amp; source of water supply: Eg: tank, bore, well, reticulated, stream, river</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Issues to consider before implementing SOPs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> contaminated private water supplies</li> <li><input type="checkbox"/> water sampling</li> <li><input type="checkbox"/> provisions of information on water treatment</li> <li><input type="checkbox"/> provision of alternative water supply (responsibility of Water Authority)</li> <li><input type="checkbox"/> ensure water cartage vehicles are registered</li> <li><input type="checkbox"/> list of suppliers of bottled water</li> <li><input type="checkbox"/> hygienic storage of water</li> </ul> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Facilities</th> <th>Toilets</th> <th>Urinals</th> <th>Washbasins</th> <th>Showers</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td>1 per 20 persons</td> <td>1 per 25 persons</td> <td>1 per 30 persons</td> <td>1 per 35 persons</td> </tr> <tr> <td>Females</td> <td>1 per 15 persons</td> <td>N/A</td> <td>1 per 30 persons</td> <td>1 per 35 persons</td> </tr> </tbody> </table> <p>Calculate the number of facilities (toilets, showers, laundry facilities) for displaced persons: .....</p> <p>.....</p> <p>.....</p> <p>Issues to consider before implementing SOPs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> location of facilities</li> <li><input type="checkbox"/> who is responsible for cleaning and maintenance of facilities?</li> <li><input type="checkbox"/> disposal of waste (may need to liaise with EPA)</li> <li><input type="checkbox"/> are any records being kept?</li> </ul> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					Facilities	Toilets	Urinals	Washbasins	Showers	Males	1 per 20 persons	1 per 25 persons	1 per 30 persons	1 per 35 persons	Females	1 per 15 persons	N/A	1 per 30 persons	1 per 35 persons
Facilities	Toilets	Urinals	Washbasins	Showers																
Males	1 per 20 persons	1 per 25 persons	1 per 30 persons	1 per 35 persons																
Females	1 per 15 persons	N/A	1 per 30 persons	1 per 35 persons																



Refuse collection and disposal	Infectious disease control
<p>Liaise with municipal engineer and EPA regarding waste management requirements:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> siting of bins/services in community &amp; relief centres</li> <li><input type="checkbox"/> concerns/complaints</li> <li><input type="checkbox"/> commercial premises requirements</li> <li><input type="checkbox"/> providing domestic bins and services</li> <li><input type="checkbox"/> damaged or destroyed bins</li> <li><input type="checkbox"/> keeping of records</li> <li><input type="checkbox"/> alternative disposal sites</li> </ul> <p>.....</p> <p>.....</p> <p>Are there dead animals or stock? Y/N</p> <p>Liaise with municipal rangers, DJPR and Agriculture Victoria for disposal methods</p> <p>Is community information required on:</p> <ul style="list-style-type: none"> <li>q storage and separation of waste prior to collection</li> <li>q disposal of spoilt and damaged food</li> <li>q location and use of additional bins and services provided throughout emergency affected area</li> </ul>	<p>Is there the potential for infectious diseases? Y/N</p> <p>Any concerns regarding infectious disease outbreaks to be notified to DHHS. Investigate any possible outbreaks in accordance with DHHS publication '<i>Guidelines for the investigation of gastroenteritis</i>'.</p> <p>Officer responsible:.....</p> <p>Ensure appropriate documentation is retained.</p> <p>Vaccination Sessions (if required) issues to consider:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> locate suitable venue/s</li> <li><input type="checkbox"/> distribute information and advice</li> <li><input type="checkbox"/> assist with the coordination of vaccination session/s</li> <li><input type="checkbox"/> provide refrigeration and storage</li> <li><input type="checkbox"/> provide personnel i.e. nurses, administration</li> <li><input type="checkbox"/> provide waste management information</li> </ul> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Disinfection and cleaning	Environmental hazards
<p>Issues to consider: provide advice on how to clean and disinfect.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> private houses</li> <li><input type="checkbox"/> commercial premises</li> <li><input type="checkbox"/> public swimming pool, spas etc</li> </ul> <p>Is community information required?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> clean-up and disinfection of private homes and rainwater tanks following a floods/fires</li> <li><input type="checkbox"/> cleaning and disinfection of swimming pools and spas</li> </ul>	<p>What are the hazards?</p> <p>.....</p> <p>.....</p> <p>Is sampling &amp; analysis required? Y/N</p> <p>If yes, what?.....</p> <p>Is erection of signs &amp; public notices required? Y/N</p> <p>If yes, what?.....</p> <p>Is distribution of information &amp; advice to the community required? Y/N</p> <p>If yes, what?.....</p>



## Chlorine concentrations required for disinfection

Chlorine based sanitisers (like household bleach) should be used in outbreak situations, as other sanitisers and disinfectants (such as quaternary ammonium compounds) are only effective against some bacteria but have very little effect on destroying viruses. Chlorine solutions must be made up freshly as the chlorine deteriorates over time. To make the concentration required dilute the chlorine as follows:

<b>Milton disinfectant (with 1% available chlorine)</b>			
	Add following amounts of Milton to the water to give the required concentration		
Volume of warm water to which chlorine is added	100ppm	200ppm	1000ppm
5 litres	50 ml	100 ml	500 ml
10 litres	100 ml	200 ml	1000 ml
50 litres	500 ml	1000 ml	5000 ml

<b>Household bleach (with 4% available chlorine)</b>			
	Add following amounts of bleach to the water to give the required concentration		
Volume of warm water to which chlorine is added	100ppm	200ppm	1000ppm
5 litres	12.5 ml	25 ml	125 ml
10 litres	25 ml	50 ml	250 ml
50 litres	125 ml	250 ml	1250 ml

<b>Liquid pool chlorine (with 12.5% available chlorine - concentrations based on 10% available chlorine)</b>			
	Add following amounts of liquid pool chlorine to the water to give the required concentration		
Volume of warm water to which chlorine is added	100ppm	200ppm	1000ppm
5 litres	5 ml	10 ml	50 ml
10 litres	10 ml	20 ml	100 ml
50 litres	50 ml	100 ml	500 ml

<b>Granular chlorine (with 65% available chlorine) - if using sachets follow manufacturers instructions</b>			
	Add following amounts of granular chlorine to the water to give the required concentration		
Volume of warm water to which chlorine is added	100ppm	200ppm	1000ppm

5 litres	0.8 g	1.5 g	8 g
10 litres	1.5 g	3 g	15 g
50 litres	8 g	15 g	77 g

- ppm = parts per million (a measure of concentration of chlorine)
- 5ml = 1 teaspoon. A standard bucket holds approximately 9-10 litres

**Important safety notes:**

- It is safer to add chlorine to water (do not add water to chlorine) & use gloves when handling chlorine
- Do not heat water to make up chlorine solutions – warm tap water is safer (up to 50°C).
- Follow safety, storage and handling instructions on all bleach and chlorine containers as it is corrosive to metals, bleaches fabrics and may irritate the skin, nose and lungs.

**Public health survey of damaged premises/affected housing**

Property inspection details			
Date:		Time:	
Completed by:		Position/title:	
Completed by:		Position/title:	
Property details			
Property name and address * description if address unknown			
Melway/VicRoads/VicMap Book ref		GPS coordinates	
Dwelling type:	<input type="checkbox"/> House <input type="checkbox"/> Unit/Flat <input type="checkbox"/> Caravan <input type="checkbox"/> Business/Shop		
Ownership details:	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant <input type="checkbox"/> Government		
Name of owner/occupier:		Contact No.	
Name of person/s present at visit?		Contact No.	
Have any person/s visited an Emergency Relief Centre?			
Damage assessment summary	Yes	No	Comments
Is property accessible for inspection?			

Has property been assessed for insurance?			
Are there functional utilities onsite?			<input type="checkbox"/> Power <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Telephone
Duration of interruption?			.....
Has the house been damaged?			
Have the outbuildings been damaged?			
Is the presence of asbestos likely?			
Is there an operational toilet onsite?			
Is the property connected to sewer?			
Are septic tank & effluent lines operational?	.....	.....	.....
Is a mechanical treatment plant used?	.....	.....	.....
Is the septic connected to a sand filter?	.....	.....	.....
Does septic require electric pump?	.....	.....	.....
<b>Damage assessment summary</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Is there operational potable water supply to the property?			<input type="checkbox"/> Mains <input type="checkbox"/> Tank <input type="checkbox"/> Bore <input type="checkbox"/> Surface Other:.....
Is there a requirement for removal of: Dead stock/domestic animals/wildlife?	.....	.....	.....
Putrescible materials?	.....	.....	.....
Food from refrigerators/freezers?	.....	.....	.....
Are there potential hazards onsite? eg: hazardous chemicals, LPG gas cylinders			
Is there extensive flood damage? (List items and areas affected)			
Are there any additional health and sanitation problems?			

<b>Temporary accommodation</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
Is temporary accommodation required?				
Is there a caravan already onsite?				Power connected: Yes / No Toilet operational: Yes / No
Is there a suitable area for a caravan?				
Is clearing required for a caravan?				Approximate quantity:.....m <sup>2</sup>
Is sanitary contractor required?				
<b>Follow-up details:</b>				
Follow-up inspection date:		Time:		
Recovery action undertaken:..... .....				
Further follow-up action required:..... ..... .....				

**Checklist of public health responsibilities in Emergency Relief Centres**

<b>Site details</b>				
Site name & address				
Site manager name		Site manager phone		
Audit conducted by (name & position)		Audit date/time		
<b>Food Safety</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
Is dry food being stored appropriately?				
Is the refrigeration capacity adequate?				
Are refrigerators/freezers at correct temperatures?				
Is there a dedicated operational hand wash basin with warm water, soap and paper towel available?				
Are food handlers displaying good hygiene practices?				
Are food preparation equipment and eating and drinking utensils being cleaned and sanitised after each use?				
Is food being sourced from registered suppliers?				
Is there a process for inspection, acceptance/rejection, storage or disposal of donated foods?				
Are special dietary requirements being met with appropriate procedures in place?				
<b>Water Supply</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
Is there an adequate supply of hot and cold potable water?  <input type="checkbox"/> Mains <input type="checkbox"/> Tank <input type="checkbox"/> Bore <input type="checkbox"/> Surface  Other:.....				
Does the water require treatment?				

Is the water supply adequate for: <input type="checkbox"/> Drinking <input type="checkbox"/> Food prep <input type="checkbox"/> Cooking <input type="checkbox"/> Sanitation			
<b>Wastewater Management</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Type of system installed: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic tank <input type="checkbox"/> Secondary Treatment			
Is the system coping with the load?			
Is desludging of the septic tank required?			
Has the disposal area been isolated to prevent damage?			
<b>Sanitary Facilities</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Is there adequate no. of toilet facilities for the number of people being accommodated? <i>(including male, female, child and disabled)</i> <b>Note:</b> Recommended no. of toilets is 1 per 15 females, 1 per 20 males; urinals 1 per 25 males; hand basins 1 per 30 people.			
Do additional portable toilet facilities need to be sourced?			
Are toilets supplied with toilet paper and hand basins supplied with soap and paper towel?			
Is there an adequate no. of shower and washing facilities? <i>(including male, female, child and disabled)</i> <b>Note:</b> Recommended ratio is 1 shower per 50 persons.			
Do additional portable shower facilities need to be sourced?			
Are the toilet and shower/wash room facilities being maintained in a hygienic state?			
Are the laundry facilities (washing, drying & hanging) adequate?			
Are there adequate baby changing facilities?			

Refuse Management	Yes	No	Comments
Are there an adequate number of receptacles? If not, how many more are needed? Have they been requested?			
Are the bins situated appropriately? eg: kitchen/toilets			
Is frequency of disposal/removal adequate?			
General	Yes	No	Comments
Temperature control – are changes required to improve:  <input type="checkbox"/> Ventilation <input type="checkbox"/> Heating <input type="checkbox"/> Cooling			
Is the level of lighting appropriate? eg: kitchen, toilets			
Are there any problems with vermin/vectors?			
Are there any issues associated with noise?			
Are animals being brought /strays attracted to the venue?  Is assistance from local laws/rangers required?			
Other Comments			

Actions	Yes	No	Date and Time
Is a follow-up inspection required?			

## Appendix K - Acronyms, abbreviations and glossary

This section includes a list of acronyms and abbreviations for organisations, positions and terms used in the Public Health Emergency Management sub-plan (PHEMP).

A comprehensive list of emergency management acronyms, abbreviations and a glossary can be found in Part 8 of the *Emergency Management Manual Victoria*.

### Agencies

AEMI	Australian Emergency Management Institute
ARC	Australian Red Cross
AV	Agriculture Victoria
CFA	Country Fire Authority
DHHS	Department of Health & Human Services
DELWP	Department of Environment, Land, Water and Planning
DJPR	Department of Jobs, Precincts and Regions
EHPA	Environmental Health Professionals Australia
EPA	Environment Protection Authority
MAV	Municipal Association of Victoria
MFESB	Metropolitan Fire and Emergency Services Board
VicSES	Victorian State Emergency Service
VicPol	Victoria Police
WorkSafe	WorkSafe Victoria (Victorian WorkCover Authority)

### Documents and Plans

EMMV	Emergency Management Manual Victoria
SHERP	State Health Emergency Response Plan
MPH&WP	Municipal Public Health and Wellbeing Plan, prepared by a Council under S26 of the <i>Public Health and Wellbeing Act 2008</i> .
CERA	Community Emergency Risk Assessment
MEMP	Municipal Emergency Management Plan
PHEMP	Public Health Emergency Management sub-plan
MOU	Memorandum of Understanding
SOPs	Standard Operating Procedures
Practice notes	Specific instructions describing how an activity included in an SOP is conducted (can include fact sheets, references, etc)

## Operation Centres

SCC	State Control Centre
H&HS SEMC	Health & Human Services State Emergency Management Centre - used by the Department of Human Services and the Department of Health to coordinate the health and human services response and recovery operations of medium to large-scale incidents
H&HS REOC	Health & Human Services Regional Emergency Operations Centre
RERCC (RCC)	Regional Emergency Response Coordination Centre
ICC	Incident Control Centre - the location where the incident controller (and incident management team) provide overall direction of response activities
MECC/MEOC	Municipal Emergency Coordination Centre/Operations Centre
ERC	Emergency Relief Centre - a building or place established to provide essential needs to persons affected by an emergency

## Roles

MEMPC	Municipal Emergency Management Planning Committee
MERC	Municipal Emergency Response Coordinator (Victoria Police)
MEMC	Municipal Emergency Management Coordinator, a council employee who represents council in the liaison and coordination of emergency response and recovery planning arrangements at a municipal and regional level.
MERO	Municipal Emergency Resource Officer
MRM	Municipal Recovery Manager
EMLO	Emergency Management Liaison Officer
Environmental Health Department	The Environmental Health Department or other department/s of a municipal council with responsibility for the PHEMP
Manager/Team Leader Environmental Health EHP	An EHP with responsibility for leading a team of EHP's and other officers Environmental Health Professional – a person with qualifications in public and/or environmental health including Environmental Health Officers, Environmental Health Technicians, Medical Officer of Health or other authorised officers with public health responsibilities employed by a municipal council or Department of Health and Human Services
EHO	Environmental Health Officer
MOH	Medical Officer of Health
Emergency management personnel	Employees and volunteers of the council or other agency, with roles in emergency management

Public health emergency	In this PHEMP, public health emergency will be taken to mean an emergency where a public health risk is the basis of the emergency, such as water contamination or an emergency event (such as flood or fire) that causes actual or emerging public health risks
Registered premises	Premises registered with the Council under the <i>Public Health and Wellbeing Act 2008</i> , <i>Food Act 1984</i> , <i>Residential Tenancies Act 1997</i>
SIA	Secondary Impact Assessment
SDPHO	Senior Divisional Public Health Officer
PHM	Public Health Manager employed by DHHS
Partner	Other municipalities or agencies that have established agreements with the municipality to provide support in an emergency

## 9.5. Taylors Gully Lease Transfer

**Author/Position:** **Kylie Allen, Risk & Lease Management Officer**

### Summary

The YMCA of Ballarat Chief Executive Officer advised Council that YMCA of Ballarat and Horsham District Kindergarten Association (HDKA) have agreed to move the management of the Taylor's Gully Childcare Centre to HDKA.

The YMCA of Ballarat currently has a *Crown Land (Reserves) Act 1978* 17D lease with Council for the Taylor's Gully Childcare Centre (part), currently known as the Y Community Hub and requests this lease to be assigned to HDKA. Lease conditions require Council, as landlord, and Ministerial consent for the assignment of lease for this premises located on 87-89 Darcy Street, Stawell.

### Recommendation

#### That Council:

1. **gives consent to assign the Taylor's Gully Childcare Centre lease from the Young Men's Christian Association of Ballarat Incorporated to Horsham District Kindergarten Association; and**
2. **authorises the Mayor and Chief Executive Officer to sign the relevant lease transfer documents as agreed by all parties.**

## RESOLUTION

#### That Council:

1. **gives consent to assign the Taylor's Gully Childcare Centre lease from the Young Men's Christian Association of Ballarat Incorporated to Horsham District Kindergarten Association; and**
2. **authorises the Mayor and Chief Executive Officer to sign the relevant lease transfer documents as agreed by all parties.**

**Moved:** **Cr Murray Emerson**

**Seconded:** **Cr Tony Driscoll**

**Carried**

## Background/Rationale

The YMCA of Ballarat and Horsham District Kindergarten Association (HDKA) have agreed to move the management of the Taylor's Gully Childcare Centre (known as the Y Community Hub) under the management of HDKA to provide consistency of service, a fully integrated children's hub and allow for the incoming impacts of the provision of Early Years with the introduction of funded 3 year-old kindergarten in 2020.

Clause 12 of the current Taylor's Gully Childcare Centre lease states:

*The tenant must not without the prior written consent of the Landlord and the Minister:*

- a. *assign, transfer, sub-let, grant any licence, mortgage, encumber, charge or part with or share possession of or otherwise deal with or dispose of the Tenant's estate or interest in the Land or any part of the Land or the Premises.*

The YMCA of Ballarat is the current leaseholder of the childcare centre and has submitted a formal request to Council for landlord consent to assign this lease to HDKA. The lease current term expiry is 31 December, 2021 with the option of three further terms of three years each.

HDKA is administered by a Board of Management and is the Early Years Manager and licensee of eleven kindergartens in the Horsham district. All of the kindergartens managed by HDKA implement the Victorian Early Years Learning Development Framework and the national early years curriculum framework Belonging Being and Becoming.

HDKA is a current tenant of the adjoining Marrang Kindergarten and providing Council consents to the assignment of the childcare centre lease will be consistent with the purpose of the reserve (childcare).

## Legislation, Council Plan, Strategy and Policy Implications

*Crown Land (Reserves) Act 1978*

### Options

#### Option 1

That Council consents to the assignment of the Taylor's Gully Childcare Centre (Y Community Hub) Lease from the Young Men's Christian Association of Ballarat Incorporated to Horsham District Kindergarten Association, and authorises the Mayor and Chief Executive Officer to sign the relevant lease transfer documents as agreed by all parties. **[recommended]**

#### Option 2

Not consent to the assignment of the Taylor's Gully Childcare Centre (Y Community Hub) Lease from the Young Men's Christian Association of Ballarat Incorporated to Horsham District Kindergarten Association. **[not recommended]**

### Implications

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

**Social** - Assignment of lease to HDKA will support the continuation of childcare services.

**Financial** - Assignment of lease to HDKA would not impact current lease conditions.

**Asset Management** - Assignment of lease to HDKA would not impact current maintenance responsibilities.

### Consultation

Department of Environment, Land, Water & Planning has been advised of the request for assignment of the Taylor's Gully Childcare Centre lease.

**Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Kylie Allen, Risk & Lease Management Officer

In providing this advice as the author, I have no disclosable interests in this report.

**Attachments**

Nil

## 9.6. Senior Citizens Leases

**Author/Position:** Kylie Allen, Risk & Lease Management Officer

### Summary

The purpose of this report is for Council to commence the process to enter into a formal lease with the St Arnaud Senior Citizens Centre Inc. for use of the St Arnaud Senior Citizens Clubrooms located at 1A Golden Street, St Arnaud and the Stawell Senior Citizens Centre Inc. for the use of the Stawell Senior Citizens Clubrooms located at 9 Victoria Street, Stawell.

### Recommendation

- That:**
- 1. Council gives notice of its intention to enter into a lease with the St Arnaud Senior Citizens Centre Inc. for use of the St Arnaud Senior Citizens Clubrooms and Stawell Senior Citizens Centre Inc. for the use of the Stawell Senior Citizens Clubrooms and**
  - 2. in respect of the above notice, Council seeks submissions from any person pursuant to section 223 of the *Local Government Act 1989*.**

## RESOLUTION

- That:**
- 1. Council gives notice of its intention to enter into a lease with the St Arnaud Senior Citizens Centre Inc. for use of the St Arnaud Senior Citizens Clubrooms and Stawell Senior Citizens Centre Inc. for the use of the Stawell Senior Citizens Clubrooms and**
  - 2. in respect of the above notice, Council seeks submissions from any person pursuant to section 223 of the *Local Government Act 1989*.**

**Moved:** Cr Tony Driscoll  
**Seconded:** Cr Murray Emerson

**Carried**

## Background/Rationale

The Stawell and St Arnaud Senior Citizens clubs have been in occupation of their respective clubrooms for many years without any formal occupancy agreement. The implementation of leases will ensure both clubs have security of tenure and will give clarity to obligations by all parties.

Lease conditions will include 'peppercorn' rental on an initial five year term with options of two further terms of five years each. Rent reviews will not be applied. Council will continue to maintain both building and surrounds and be responsible for utility costs at both facilities.

In line with the *Municipal Health & Wellbeing Plan 2017-21* priorities, Council will include an obligation upon the tenant to encourage community use of the facilities with the aim of the buildings becoming a 'Community Hub' and also to administer the appropriate hire arrangement requirements.

## St Arnaud Senior Citizens Clubrooms

The St Arnaud Senior Citizens Clubrooms is located on Council freehold land (Crown Allotment 5 and 6 Section B Township of St Arnaud Parish of St Arnaud) and located on the corner of Market and Golden Streets, St Arnaud.

## St Arnaud Senior Citizens Clubrooms Plan for Lease Purposes (area outlined in orange)



## Stawell Senior Citizens Clubrooms

Stawell Senior Citizens Clubrooms is located at 9 Victoria Street, Stawell which is within the Cato Park Reserve. Council is the appointed Committee of Management for the Cato Park Reserve ID: 0203225 Gazette No. RS09929, more particularly Crown Land allotment 9 Section 27 Parish of Stawell, reserved for recreation, convenience or amusement of people, and has power to enter into a lease for part of the reserve (as per Plan for Lease Purposes following) pursuant to Section 17D of the *Crown Land (Reserves) Act 1978* subject to the approval in writing of the Minister.

**Stawell Senior Citizens Clubrooms Plan for Lease Purposes (area outlined in orange)**



**Legislation, Council Plan, Strategy and Policy Implications**

*Local Government Act 1989*

*Crown Land (Reserves) Act 1978*

**Options**

**Option 1**

Agree to give public notice of Council's intention to enter into a lease with the St Arnaud Senior Citizens Centre Inc. for use of the St Arnaud Senior Citizens Clubrooms and the Stawell Senior Citizens Centre Inc. for the use of the Stawell Senior Citizens Clubrooms, and seek submissions on the proposal. **[recommended]**

**Option 2**

Not to enter into a lease with St Arnaud Senior Citizens Centre Inc. for use of the St Arnaud Senior Citizens Clubrooms and the Stawell Senior Citizens Centre Inc. for the use of the Stawell Senior Citizens Clubrooms. **[not recommended]**

**Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

**Consultation**

Community consultation will occur via the giving of public notice. Council is required to consider any submissions received prior to making a formal decision on the proposed lease.

**Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Kylie Allen, Risk & Lease Management Officer

In providing this advice as the author, I have no disclosable interests in this report.

**Attachments**

Nil

## 9.7. Appointment of Acting Chief Executive Officer

**Author/Position:** Mary Scully, Manager Governance & Civic Support

### Summary

Council is asked to appoint an Acting Chief Executive Officer during the recruitment period for a new Chief Executive Officer.

### Recommendation

**That Council in accordance with the *Local Government Act 1989* appoints an Acting Chief Executive Officer from close of business on Friday 13 September 2019 until the position is filled.**

**Mr Williams, having earlier declared an interest in Item 9.7, left the Chamber at 12.44pm.**

## RESOLUTION

**That Council in accordance with the *Local Government Act 1989* appoints Mr Vaughan Williams as an Acting Chief Executive Officer from close of business on Friday 13 September 2019 until the position is filled.**

**Moved:** Cr Murray Emerson

**Seconded:** Cr Karen Hyslop

**Carried**

**Mr Williams returned to the Chamber at 12.45pm.**

### **Background/Rationale**

Mr Michael Bailey, Chief Executive Officer, has formally announced his resignation from close of business on Friday 13 September 2019. Since this announcement Council has appointed a consultant to commence the process for engagement. Section 94(1) of the *Local Government Act 1989* (the Act) stipulates that the Council must have a Chief Executive Officer and therefore Council will need to appoint an Acting Chief Executive Officer to cover the recruitment period.

### **Legislation, Council Plan, Strategy and Policy Implications**

Under s94(1A) of the Act Council must make a permanent appointment to the position of Chief Executive Officer as soon as reasonably practicable after a vacancy in the position occurs. Section 94(3) of the Act stipulates that Council may only appoint a Chief Executive Officer after it has invited applications for the position in a notice in a newspaper circulating generally throughout Victoria and has considered all applications received by it that comply with the conditions specified in the notice. In the intervening period between the resignation of the current Chief Executive Officer and the appointment of the new position s94(4A) allows Council to appoint a person to act as its Chief Executive Officer for a period of not more than 12 months.

### **Options**

#### **Option 1**

That Council appoints Mr Vaughan Williams as Acting Chief Executive Officer until the position is filled.

**[recommended]**

#### **Option 2**

That Council appoints an Acting Chief Executive Officer not currently employed with Council. **[not**

**recommended]**

### **Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

### **Consultation**

No consultation undertaken.

### **Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Mary Scully, Manager Governance & Civic Support.

In providing this advice as the author, I have no disclosable interests in this report.

### **Attachments**

Nil

## 9.8. Audit Committee External Member Appointment

**Author/Position:** Vaughan Williams, Director Corporate Services

### Summary

The Audit Committee provides an independent overview of Council's organisational risk and financial position. The Committee currently consists of five members, two Councillors and three external independent representatives.

External independent representatives are appointed for a term of three years after which time the position shall be advertised and the member is able to reapply. Council appoints the external members and the Chief Executive Officer is responsible for recommending the external members of the committee to Council, after consultation with the Mayor.

Council is asked to formalise appointments of Mr Tony Roberts external independent representative to the Audit Committee.

### Recommendation

**That reappoints Mr Tony Roberts as an external independent representative to the Audit Committee for a term to expire in September 2022.**

### RESOLUTION

**That Council reappoints Mr Tony Roberts as an external independent representative to the Audit Committee for a term to expire in September 2022.**

**Moved:** Cr Karen Hyslop

**Seconded:** Cr Jason Hosemans

**Carried**

### **Background/Rationale**

The Audit Committee is an advisory committee established under section 139 of the *Local Government Act 1989*. An independent Audit Committee is a fundamental component of a good corporate governance structure.

The Audit Committee is guided by its *Audit Committee Charter* and *Audit Committee Guidelines*, which include the structure of the committee and process for appointments to the committee.

The Audit Committee comprises two Councillors, appointed annually, and three independent external members, appointed for three year terms, staggered to ensure that there is only one new appointment each year.

The Audit Committee Guidelines require all independent external positions to be advertised publicly. The Mayor and Chief Executive Officer are responsible for evaluating the applications with regards to the qualities set out in the guidelines, and making a recommendation to Council to appoint the member.

The Audit Charter states that the appointment of each of the three independent external members should be staggered. Mr Tony Roberts has formally reapplied as an external independent member for the period September 2019 to September 2022.

### **Legislation, Council Plan, Strategy and Policy Implications**

Council Plan 2017-21 - Improve Organisational Effectiveness  
Audit Committee Guidelines  
*Local Government Act 1989*

### **Options**

The only option provided is that Council appoints Mr Tony Roberts as external independent members to the Audit Committee for the recommended term.

### **Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

### **Consultation**

Audit Committee members have been consulted.

### **Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Vaughan Williams, Director Corporate Services

In providing this advice as the author, I have no disclosable interests in this report.

### **Attachments**

Nil

## 9.9. Queen Mary Gardens Committee of Management - Appointment of Members

**Author/Position:** Mary Scully, Manager Governance & Civic Support

### Summary

Council is asked to consider the appointment of representatives to the Queen Mary Botanic Gardens Committee of Management as detailed in the report.

### Recommendation

- That:**
1. **Council appoints**
    - a. **Len Reid (existing member) as a representative of the St Arnaud Historical Society**
    - b. **Deidre Freeman and Brenda Proctor (new members) as representatives of the Friends of the Queen Mary Gardens**
    - c. **Janelle Patching (new member) as a Community Representative to the Queen Mary Botanic Gardens Committee of Management until October 2021**
  2. **the members of the committee who are not Councillors are, pursuant to section 81(2A) of the *Local Government Act 1989*, exempted from being required to submit a primary return or ordinary return**
  3. **all members of the committee except Councillor and staff representatives have voting rights on the committee.**

### RESOLUTION

- That:**
1. **Council appoints**
    - a. **Len Reid (existing member) as a representative of the St Arnaud Historical Society**
    - b. **Deidre Freeman and Brenda Proctor (new members) as representatives of the Friends of the Queen Mary Gardens**
    - c. **Janelle Patching (new member) as a Community Representative to the Queen Mary Botanic Gardens Committee of Management until October 2021**
  2. **the members of the committee who are not Councillors are, pursuant to section 81(2A) of the *Local Government Act 1989*, exempted from being required to submit a primary return or ordinary return**
  3. **all members of the committee except Councillor and staff representatives have voting rights on the committee.**

**Moved:** Cr Tony Driscoll

**Seconded:** Cr Karen Hyslop

**Carried**

### **Background/Rationale**

In October 2017, Council appointed the following 12 community members and representatives of user groups to the committee.

#### *Friends of the Queen Mary Gardens (5)*

Joanne Hamilton  
Rosalind Small  
Lynne Box  
Eric Walker  
Len Reid

#### *St Arnaud Historical Society Representatives (2)*

Ella Ebery  
Beverley Reid

#### *Country Women's Association (2)*

Margaret McCahon  
Dorothy Baldwin

#### *Community Representatives (3)*

Dorothy Patton  
Flora McRae  
Lindee Parry

Vacancies now exist following the passing of Ella Ebery and Flora McRae and the resignation of Eric Walker. Deidre Freeman and Brenda Proctor have expressed an interest in joining the committee and would represent the Friends of the Queen Mary Gardens. To allow for this appointment, and in line with the current membership breakdown, Len Reid who is currently appointed as a representative of the Friends has offered to represent the St Arnaud Historical Society as he is a member of the society. Janelle Patching has also expressed an interest in joining the committee to fill the Community Representative vacancy. The term of appointment of each person is to align with the review of the committee delegation and membership which is scheduled to be considered by Council in October 2021.

Council is also asked to consider an exemption for the members of these committees from the responsibility of submitting six monthly Primary and Ordinary Returns. It is industry practice and a means by which Council can cut red tape for community volunteers. Under section 81(2A) of the *Local Government Act 1989* Council may exempt a member of a special committee who is not a Councillor from this responsibility.

In doing so, Council must consider the level of authority granted to the relevant committee when deciding whether to grant exemptions. Committees with significant powers or where there is scope for conflicts of interest in terms of money or property should not be granted exemptions. It is important to note that an exemption from the duty to lodge a return is not an exemption from the responsibility to disclose a conflict of interest.

### **Legislation, Council Plan, Strategy and Policy Implications**

S86 *Local Government Act 1989*  
Council Plan 2017-21

### **Options**

The only option suggested is for Council to appoint members to the Queen Mary Botanic Gardens Committee of Management as requested.

**Implications**

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable. Any identified implications have been addressed in this report.

**Consultation**

Members of the committee were consulted about the proposed new membership arrangements.

**Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Mary Scully, Manager Governance & Civic Support

In providing this advice as the author, I have no disclosable interests in this report.

**Attachments**

Nil

## 9.10. Annual Designation of Neighbourhood Safer Places (Places of last resort)

**Author/Position:** Kelly Boladeras, Emergency Management Officer

### Summary

The purpose of this report is to seek formal designation of the Northern Grampians Shire Neighbourhood Safer Places (NSPs) by the Council. The Northern Grampians Shire Council (NGSC) has three designated NSPs which have been reassessed and found compliant for the 2019-20 fire danger period as follows:

- Halls Gap Visitor Information Centre surrounds  
Corner of Grampians Road and Heath Street, Halls Gap, 3381.
- St Arnaud Lord Nelson Park Oval (Harness Racing)  
Dunstan Street (off Charlton-St Arnaud Road), St Arnaud, 3478.
- Stawell Cato Park  
Victoria Street (opposite Haitts Lane), Stawell, 3380.

It is a legislative requirement that these NSPs are to be assessed by the Country Fire Authority (CFA) before being redesignated on an annual basis. Advice of confirmation of the re-designation by Council must then be made to the CFA by 30 September 2019.

### Recommendation

**That:**

1. **the three Neighbourhood Safer Places in the Northern Grampians Shire municipal district be re-designated as suitable to be Neighbourhood Safer Places in accordance with the *Country Fire Authority Act 1958*, Country Fire Authority Guidelines, the Northern Grampians Shire Council Neighbourhood Safer Places Plan 2010, and the Northern Grampians Shire Municipal Fire Management Plan 2019-2022 and**
2. **Council notifies the Country Fire Authority of Council's intent to continue/retain designation of the Neighbourhood Safer Places by 30 September 2019.**

### RESOLUTION

**That:**

1. **the three Neighbourhood Safer Places (Places of last resort) in the Northern Grampians Shire municipal district be re-designated as suitable to be Neighbourhood Safer Places and places of last resort in accordance with the *Country Fire Authority Act 1958*, Country Fire Authority Guidelines, the Northern Grampians Shire Council Neighbourhood Safer Places Plan 2010, and the Northern Grampians Shire Municipal Fire Management Plan 2019-2022 and**
2. **Council notifies the Country Fire Authority of Council's intent to continue/retain designation of the Neighbourhood Safer Places (Places of last resort) by 30 September 2019.**

**Moved:** Cr Jason Hosemans

**Seconded:** Cr Murray Emerson

**Carried**

## Background/Rationale

In accordance with section 50J of the *Country Fire Authority Act 1958* (the CFA Act) councils are required to conduct an annual review of each designated NSP by 31 August to determine if it is still suitable to be designated as an NSP. This review is required to include a request to the CFA for reassessment. On receiving the request, CFA is required to assess the NSP in accordance with the CFA Assessment Guideline criteria.

The CFA has completed NSP Assessment Summary Reports for the three designated sites and found them to be compliant with the CFA Guidelines. The NGSC Municipal Emergency Resource Officer (MERO) and the Municipal Fire Prevention Officer (MFPO) have also undertaken a risk assessment of the designated sites in accordance with the Northern Grampians Shire Municipal Neighbourhood Safer Places Plan (MNSPP) and found the sites met the criteria detailed in Section 2.1 of the MNSPP.

The Municipal Emergency Management Planning Committee (MEMPC) and the Municipal Fire Management Planning Committee (MFMP) have been informed of the intent to re-designate the existing sites.

Council is required to make a determination on the suitability of the NSPs based on the assessments. Council can only determine the designation is not warranted if the risk assessments undertaken by the MERO and MFPO did not address the matters raised in section 2.1 of the MNSPP.

In accordance with section 50K of the CFA Act, advice of confirmation of the re-designation of NSPs by Council must be made to the CFA by 30 September 2019.

## Legislation, Council Plan, Strategy and Policy Implications

Meets the requirements of relevant Legislation; aligns with Council plans, strategies and policies; and meets with emergency and fire management planning goals and objectives.

*Country Fire Authority Act 1958*, Division 3 and Division 4  
Northern Grampians Shire Council Neighbourhood Safer Places Plan 2010  
NGS Municipal Emergency Management Plan, Version 3.2, May 2018  
NGS Municipal Fire Management Plan 2019-2022

## Options

### Option 1

Council re-designates the three NSPs and directs the MFPO to notify the CFA as per the officer's recommendation. **[recommended]**

### Option 2

That Council does not re-designate the three NSPs. **[not recommended]**

## Implications

This report has considered social, heritage/cultural, amenity, human rights/privacy, environmental, economic and marketing, risk management, financial and asset management implications where applicable.

Risk Management - The purpose of the three NSPs is to provide a place of last resort that may mitigate the impact of a bushfire or grassfire on human life.

Financial - As per site maintenance undertaken for original use/purpose.

Asset Management - Site maintenance undertaken for original use/purpose.

## Consultation

Consultation on NSPs occurred during the recent review of the Municipal Fire Management Plan in June-July 2019 which included the Plan being available for public comment. Additionally, fire and emergency management stakeholders including members of the MEMPC, MFMP and RSFMP were part of the consultation process.

### **Officer's Declaration of Interest**

Under section 80C of the *Local Government Act 1989* officers providing advice to Council must disclose any interests, including the type of interest.

Kelly Boladeras, Emergency Management Officer

In providing this advice as the author, I have no disclosable interests in this report.

### **Attachments**

1. NSP Compliant Letter - Lord Nelson Park [9.10.1]
2. Assessment Summary Report - Lord Nelson Park [9.10.2]
3. Lord Nelson Park Oval Council Out 2019 [9.10.3]
4. NSP Compliant Letter - Halls Gap [9.10.4]
5. Halls Gap Visitor Information Centre Council Out 2019 [9.10.5]
6. Assessment Summary Report - Halls Gap [9.10.6]
7. NSP Compliant Letter - Stawell [9.10.7]
8. Cato Park Council Out 2019 [9.10.8]
9. Assessment Summary Report - Stawell [9.10.9]



CFA Region: West  
Telephone: 5329 5500  
Fax: 5329 5582

06 AUG 2019

Northern Grampians Shire  
Town Hall, Main Street  
Stawell 3380

Dear Kelly Boladeras

Neighbourhood Safer Places - Places of Last Resort Assessment for  
**100008508 Lord Nelson Park Oval (Harness)**  
**Dunstan Street (off Charlton-St Arnaud Road) St Arnaud 3478**

The CFA ACT 1958, Sect 50G (5 a and b), sets out obligations for CFA as follows;

- (5) On receiving a request (for assessment from Municipal Council), the Authority must-*
- (a) assess the place; and*
  - (b) if the place meets the criteria set out in the CFA Assessment Guidelines, certify in writing that the place meets those criteria.*

This letter and the attached report are designed to meet these obligations and provide assistance to Council in its further decision-making for potential Neighbourhood Safer Places - Places of Last Resort.

CFA developed criteria to assist Council in determining the suitability of potential sites for Neighbourhood Safer Places - Places of Last Resort. These criteria have been developed as part of a consultative process, involving other fire agencies, emergency services and stakeholders.

This site assessment has been based on the quantity of vegetation determined at the time of this inspection and under section 50I of the CFA ACT 1958, it is council responsibility to maintain all Neighbourhood Safer Places.

The **100008508 Lord Nelson Park Oval (Harness) Dunstan Street (off Charlton-St Arnaud Road) St Arnaud 3478** has been determined as **Compliant** with the CFA Guidelines.

CFA understands that it is Council's responsibility to designate this site as a Neighbourhood Safer Place - Place of Last Resort and that Council may wish to engage with other Agencies and stakeholders, including CFA as part of any final approval process before a final decision is made.

CFA hopes you find this information of benefit in the final designation process. If you require further assistance on this matter, please contact Tony Brady at 0400573943.

Yours faithfully

(Refer to attached file for authorisation signature)

Operations Manager  
West



# NEIGHBOURHOOD SAFER PLACES - Places of Last Resort CFA ASSESSMENT CRITERIA REPORT

**Neighbourhood Safer Place Site Name and Address:**

**1000008508 Lord Nelson Park Oval (Harness)**

**Dunstan Street (off Charlton-St Arnaud Road) St Arnaud 3478**

**The site is assessed as:**

- a)  Meeting the CFA assessment criteria on the day of assessment; or
- b)  Not meeting the CFA assessment criteria on the day of assessment; or
- c)  Meeting the assessment criteria provided that prescriptions of management of the grassland over the fire danger period are secured by agreed terms entered into by the landholder (see below)

## Criteria

### 1) *Setback Distances and Radiant Heat Measures*

<p>Neighbourhood Safer Places should provide protection to people from lethal levels of radiant heat by providing an appropriate separation distance between fire hazards, particularly vegetation and the site of the Neighbourhood Safer Place.</p> <p>If a Neighbourhood Safer Place is an open space, the appropriate separation distance should be greater than 310 metres from the outer edge of the NSP to the fire hazard, or should be prescribed to ensure a maximum potential heat impacting on the site of no more than 2kw/m<sup>2</sup>.</p> <p>If a Neighbourhood Safer Place is a building, the appropriate separation distance greater than 140 metres from the outer edge of the building to the fire hazard or should be prescribed to ensure that the maximum potential heat impacting on the building is no more than 10kw/m<sup>2</sup>.</p>				
	North Aspect	East Aspect	South Aspect	West Aspect
Setback distance (m)	150	130	180	310
Radiant Heat (Kw/ m <sup>2</sup> )	.73	1.12	.33	N/A

### 2) *The following is only to be completed if grassland areas require further and specified management over the fire danger period*

Recommendation	Y/N
There must be prescriptions for management of the grassland over the fire danger period, secured by agreed terms entered into by the landholder.	<b>N</b>
The identified treatment of the grassland be included within the MFPP or MFMP (whichever is relevant) and is the responsibility of Council to facilitate and if required enforce the treatment during the fire danger period.	<b>N</b>
<b>Treatments and Prescriptions:</b>	



# CFA Neighbourhood Safer Places Assessment Summary Report

NSP ID: 1000008508 Municipality: Northern Grampians Shire  
 Location: Lord Nelson Park Oval (Harness)  
 Address: Dunstan Street (off Charlton-St Arnaud Road) St Arnaud 3478

Location Type: Open Space CFA Region: West  
 Assessment Date: 30.07.2019 Assessed By: Tony Brady  
 Result: Compliant

Assessment Factors		North Aspect	East Aspect	South Aspect	West Aspect
Vegetation Type		AS3959 Forest / BAAWetSclerophyllForest	AS3959 Forest / BAAWetSclerophyllForest	AS3959 Woodland / BAA Woodland	No Classified Vegetation Type / BAA N/A
Separation Distance to Vegetation (m)	Actual	150	130	180	310
	Prescribed (Grassland areas only)				
Vegetation Height (m)		20	20	20	N/A
Effective Slope (°)		0	3	0	0
Site Slope (°)		0	0	0	0
Prescribed or Deemed to Satisfy Requirements for distance achieved - (Distance equal to or greater than 140M structure 310M open space)		N	N	N	Y
Deemed to Satisfy Requirements for slope achieved - (Effective Slope less than 20 degrees)		Y	Y	Y	Y
Deemed to Satisfy (DtS) Requirements Achieved		N	N	N	Y
(If DtS not achieved) Calculated Heat Flux (kW/m <sup>2</sup> ) (To be no greater than 2kw for open space or 10kw for a building)	Actual	.73	1.12	.33	N/A
	Prescribed (Grassland areas only)				
Treatments & Prescriptions (For Grassland areas ONLY)					
Overall NSP Criteria Achieved		Y	Y	Y	Y
Result		<p><b>Compliant</b></p> <p><input checked="" type="checkbox"/> Meeting the CFA assessment criteria on the day of assessment.</p> <p><input type="checkbox"/> Meeting the assessment criteria provided that prescriptions of management of grassland over the fire danger period are secured by agreed terms entered into by the landholder.</p> <p><b>Non Compliant</b></p> <p><input type="checkbox"/> Not meeting the CFA assessment criteria on the day of assessment</p>			



# Neighbourhood Safer Place – Bushfire Place of Last Resort Assessment Certification



## Site Details:

NSP-BPLR ID Number	1000008508		
CFA Region	West	CFA District	16
Municipal Council	Northern Grampians Shire		

Main Location	Lord Nelson Park Oval (Harness)		
Sub Location			
Address	Dunstan Street (off Charlton-St Arnaud Road)		

Township	St Arnaud	Postcode	3478
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Location Type	Building <input type="checkbox"/>	Open Space <input checked="" type="checkbox"/>
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Best Access to Site	
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Brief Description of Use	Harness racing
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## Site Assessment Officer Details:

Name	Tony Brady
Contact Number	0400 573 943
Assessment Date	30.07.2019
Signature	

## Assessment Result:

<input checked="" type="checkbox"/> COMPLIANT	<b>PRESCRIPTIONS OF MANAGEMENT TO BE SECURED FOR COMPLIANCY</b> (Option for Grassland ONLY – Refer to attached 'Assessment Summary Report' for detail)
-----------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

<input checked="" type="checkbox"/> Review Reassessment - Site Unchanged (Option for designated NSP-BPLR ONLY, where applicable)
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<input type="checkbox"/> NON-COMPLIANT
----------------------------------------

## Certification Details:

	Manager Community Safety (Acting)	Operations Manager
Name	Gavin Hope	Bernie Fradd
Date	01/08/19	5/8/19
Signature		

Assessment result is determined in accordance with the CFA NSP-BPLR Assessment Guideline. The guideline has been prepared and approved by CFA, published in the Government Gazette and on the CFA website, pursuant to s.50E of the Country Fire Authority Act 1958.



CFA Region: West  
Telephone: 5329 5500  
Fax: 5329 5582

06 AUG 2019

Northern Grampians Shire  
Town Hall, Main Street  
Stawell 3380

Dear Kelly Boladeras

Neighbourhood Safer Places - Places of Last Resort Assessment for  
**100008477 Visitor Information Centre , Surrounds**  
**Corner Grampians Road & Heath Street Halls Gap 3381**

The CFA ACT 1958, Sect 50G (5 a and b), sets out obligations for CFA as follows;

- (5) *On receiving a request (for assessment from Municipal Council), the Authority must-*
- (a) *assess the place; and*
  - (b) *if the place meets the criteria set out in the CFA Assessment Guidelines, certify in writing that the place meets those criteria.*

This letter and the attached report are designed to meet these obligations and provide assistance to Council in its further decision-making for potential Neighbourhood Safer Places - Places of Last Resort.

CFA developed criteria to assist Council in determining the suitability of potential sites for Neighbourhood Safer Places - Places of Last Resort. These criteria have been developed as part of a consultative process, involving other fire agencies, emergency services and stakeholders.

This site assessment has been based on the quantity of vegetation determined at the time of this inspection and under section 50I of the CFA ACT 1958, it is council responsibility to maintain all Neighbourhood Safer Places.

The **100008477 Visitor Information Centre , Surrounds Corner Grampians Road & Heath Street Halls Gap 3381** has been determined as **Compliant** with the CFA Guidelines.

CFA understands that it is Council's responsibility to designate this site as a Neighbourhood Safer Place - Place of Last Resort and that Council may wish to engage with other Agencies and stakeholders, including CFA as part of any final approval process before a final decision is made.

CFA hopes you find this information of benefit in the final designation process. If you require further assistance on this matter, please contact Tony Brady at 0400573943.

Yours faithfully

(Refer to attached file for authorisation signature)

Operations Manager  
West



# NEIGHBOURHOOD SAFER PLACES - Places of Last Resort CFA ASSESSMENT CRITERIA REPORT

**Neighbourhood Safer Place Site Name and Address:**

**1000008477 Visitor Information Centre , Surrounds**

**Corner Grampians Road & Heath Street Halls Gap 3381**

**The site is assessed as:**

- a)  Meeting the CFA assessment criteria on the day of assessment; or
- b)  Not meeting the CFA assessment criteria on the day of assessment; or
- c)  Meeting the assessment criteria provided that prescriptions of management of the grassland over the fire danger period are secured by agreed terms entered into by the landholder (see below)

## Criteria

### 1) *Setback Distances and Radiant Heat Measures*

Neighbourhood Safer Places should provide protection to people from lethal levels of radiant heat by providing an appropriate separation distance between fire hazards, particularly vegetation and the site of the Neighbourhood Safer Place.

If a Neighbourhood Safer Place is an open space, the appropriate separation distance should be greater than 310 metres from the outer edge of the NSP to the fire hazard, or should be prescribed to ensure a maximum potential heat impacting on the site of no more than 2kw/m<sup>2</sup>.

If a Neighbourhood Safer Place is a building, the appropriate separation distance greater than 140 metres from the outer edge of the building to the fire hazard or should be prescribed to ensure that the maximum potential heat impacting on the building is no more than 10kw/m<sup>2</sup>.

		North Aspect	East Aspect	South Aspect	West Aspect
Setback distance (m)	Actual	165	140	145	215
	Prescribed (Grassland Only)				
Radiant Heat (Kw/ m <sup>2</sup> )	Actual	1.01	.46	1.5	1.44
	Prescribed (Grassland Only)				

**2) The following is only to be completed if grassland areas require further and specified management over the fire danger period**

Recommendation	Y/N
There must be prescriptions for management of the grassland over the fire danger period, secured by agreed terms entered into by the landholder.	N
The identified treatment of the grassland be included within the MFPP or MFMP (whichever is relevant) and is the responsibility of Council to facilitate and if required enforce the treatment during the fire danger period.	N
<b>Treatments and Prescriptions:</b>	

**PRINT CFA OFFICER NAME: Tony Brady**

**DATE: 17.07.2019**



# Neighbourhood Safer Place – Bushfire Place of Last Resort Assessment Certification



## Site Details:

NSP-BPLR ID Number	1000008477		
CFA Region	West	CFA District	16
Municipal Council	Northern Grampians Shire		

Main Location	Visitor Information Centre		
Sub Location			
Address	Corner Grampians Road & Heath Street		

Township	Halls Gap	Postcode	3381
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Location Type	Building <input type="checkbox"/>	Open Space <input checked="" type="checkbox"/>
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Best Access to Site	
---------------------	--

Brief Description of Use	Other Township Area
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## Site Assessment Officer Details:

Name	Tony Brady
Contact Number	0400 573 943
Assessment Date	17.9.2019
Signature	

## Assessment Result:

<input checked="" type="checkbox"/> <b>COMPLIANT</b>	<input type="checkbox"/> <b>PRESCRIPTIONS OF MANAGEMENT TO BE SECURED FOR COMPLIANCY</b> <small>(Option for Grassland ONLY – Refer to attached 'Assessment Summary Report' for detail)</small>
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<input checked="" type="checkbox"/> <b>Review Reassessment - Site Unchanged</b> (Option for designated NSP-BPLR ONLY, where applicable)
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<input type="checkbox"/> <b>NON-COMPLIANT</b>
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## Certification Details:

	Manager Community Safety (Acting)	Operations Manager
Name	Gavin Hope	Bernie Fradd
Date	01/08/19	5/8/19
Signature		

Assessment result is determined in accordance with the CFA NSP-BPLR Assessment Guideline. The guideline has been prepared and approved by CFA, published in the Government Gazette and on the CFA website, pursuant to s.50E of the *Country Fire Authority Act 1958*.



# CFA Neighbourhood Safer Places Assessment Summary Report

NSP ID: 1000008477 Municipality: Northern Grampians Shire  
 Location: Visitor Information Centre Surrounds  
 Address: Corner Grampians Road & Heath Street Halls Gap 3381  
 Location Type: Open Space CFA Region: West  
 Assessment Date: 17.07.2019 Assessed By: Tony Brady  
 Result: Compliant

Assessment Factors		North Aspect	East Aspect	South Aspect	West Aspect
Vegetation Type		<b>AS3959 Woodland / BAA Woodland</b>	<b>AS3959 Grassland / BAA Grassland</b>	<b>AS3959 Forest / BAAWetSclero phyllForest</b>	<b>AS3959 Forest / BAAWetSclero phyllForest</b>
Separation Distance to Vegetation (m)	Actual	<b>165</b>	<b>140</b>	<b>145</b>	<b>215</b>
	Prescribed (Grassland areas only)				
Vegetation Height (m)		<b>23</b>	<b>.2</b>	<b>23</b>	<b>23</b>
Effective Slope (°)		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Site Slope (°)		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Prescribed or Deemed to Satisfy Requirements for distance achieved - (Distance equal to or greater than 140M structure 310M open space)		<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>
Deemed to Satisfy Requirements for slope achieved - (Effective Slope less than 20 degrees)		<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Deemed to Satisfy (DtS) Requirements Achieved		<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>
(If DtS not achieved) Calculated Heat Flux (kW/m <sup>2</sup> )  (To be no greater than 2kw for open space or 10kw for a building)	Actual	<b>1.01</b>	<b>.46</b>	<b>1.5</b>	<b>1.44</b>
	Prescribed (Grassland areas only)				
Treatments & Prescriptions (For Grassland areas ONLY)					
Overall NSP Criteria Achieved		<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Result		<p><b>Compliant</b></p> <p><input checked="" type="checkbox"/> Meeting the CFA assessment criteria on the day of assessment.</p> <p><input type="checkbox"/> Meeting the assessment criteria provided that prescriptions of management of grassland over the fire danger period are secured by agreed terms entered into by the landholder.</p> <p><b>Non Compliant</b></p> <p><input type="checkbox"/> Not meeting the CFA assessment criteria on the day of assessment</p>			



CFA Region: West  
Telephone: 5329 5500  
Fax: 5329 5582

06 AUG 2019

Northern Grampians Shire  
Town Hall, Main Street  
Stawell 3380

Dear Kelly Boladeras

Neighbourhood Safer Places - Places of Last Resort Assessment for  
**100008953 Cato Park**  
**Victoria Street (opposite Haitts Lane) Stawell 3380**

The CFA ACT 1958, Sect 50G (5 a and b), sets out obligations for CFA as follows;

- (5) On receiving a request (for assessment from Municipal Council), the Authority must-*
- (a) assess the place; and*
  - (b) if the place meets the criteria set out in the CFA Assessment Guidelines, certify in writing that the place meets those criteria.*

This letter and the attached report are designed to meet these obligations and provide assistance to Council in its further decision-making for potential Neighbourhood Safer Places - Places of Last Resort.

CFA developed criteria to assist Council in determining the suitability of potential sites for Neighbourhood Safer Places - Places of Last Resort. These criteria have been developed as part of a consultative process, involving other fire agencies, emergency services and stakeholders.

This site assessment has been based on the quantity of vegetation determined at the time of this inspection and under section 50I of the CFA ACT 1958, it is council responsibility to maintain all Neighbourhood Safer Places.

The **100008953 Cato Park Victoria Street (opposite Haitts Lane) Stawell 3380** has been determined as **Compliant** with the CFA Guidelines.

CFA understands that it is Council's responsibility to designate this site as a Neighbourhood Safer Place - Place of Last Resort and that Council may wish to engage with other Agencies and stakeholders, including CFA as part of any final approval process before a final decision is made.

CFA hopes you find this information of benefit in the final designation process. If you require further assistance on this matter, please contact Tony Brady at 0400573943.

Yours faithfully

(Refer to attached file for authorisation signature)

Operations Manager  
West



# NEIGHBOURHOOD SAFER PLACES - Places of Last Resort CFA ASSESSMENT CRITERIA REPORT

**Neighbourhood Safer Place Site Name and Address:**

**1000008953 Cato Park**

**Victoria Street (opposite Haitts Lane) Stawell 3380**

**The site is assessed as:**

- a)  Meeting the CFA assessment criteria on the day of assessment; or
- b)  Not meeting the CFA assessment criteria on the day of assessment; or
- c)  Meeting the assessment criteria provided that prescriptions of management of the grassland over the fire danger period are secured by agreed terms entered into by the landholder (see below)

## Criteria

### 1) *Setback Distances and Radiant Heat Measures*

<p>Neighbourhood Safer Places should provide protection to people from lethal levels of radiant heat by providing an appropriate separation distance between fire hazards, particularly vegetation and the site of the Neighbourhood Safer Place.</p> <p>If a Neighbourhood Safer Place is an open space, the appropriate separation distance should be greater than 310 metres from the outer edge of the NSP to the fire hazard, or should be prescribed to ensure a maximum potential heat impacting on the site of no more than 2kw/m<sup>2</sup>.</p> <p>If a Neighbourhood Safer Place is a building, the appropriate separation distance greater than 140 metres from the outer edge of the building to the fire hazard or should be prescribed to ensure that the maximum potential heat impacting on the building is no more than 10kw/m<sup>2</sup>.</p>				
	North Aspect	East Aspect	South Aspect	West Aspect
Setback distance (m)	310	310	310	310
Radiant Heat (Kw/ m <sup>2</sup> )	N/A	N/A	N/A	N/A

### 2) *The following is only to be completed if grassland areas require further and specified management over the fire danger period*

Recommendation	Y/N
There must be prescriptions for management of the grassland over the fire danger period, secured by agreed terms entered into by the landholder.	<b>N</b>
The identified treatment of the grassland be included within the MFPP or MFMP (whichever is relevant) and is the responsibility of Council to facilitate and if required enforce the treatment during the fire danger period.	<b>N</b>
<b>Treatments and Prescriptions:</b>	

**PRINT CFA OFFICER NAME: Tony Brady**

**DATE: 29.07.2019**



# Neighbourhood Safer Place – Bushfire Place of Last Resort Assessment Certification



## Site Details:

NSP-BPLR ID Number	100008953		
CFA Region	West	CFA District	16
Municipal Council	Northern Grampians Shire		

Main Location	Cato Park		
Sub Location			
Address	Victoria Street (opposite Haitts Lane)		
Township	Stawell	Postcode	3380

Location Type    Building     Open Space

Best Access to Site	
Brief Description of Use	Sports and Recreation

## Site Assessment Officer Details:

Name	Tony Brady
Contact Number	0400 573 943
Assessment Date	29.07.2019
Signature	

## Assessment Result:

**COMPLIANT**       **PRESCRIPTIONS OF MANAGEMENT TO BE SECURED FOR COMPLIANCY**  
(Option for Grassland ONLY – Refer to attached 'Assessment Summary Report' for detail)

**Review Reassessment - Site Unchanged** (Option for designated NSP-BPLR ONLY, where applicable)

**NON-COMPLIANT**

## Certification Details:

	Manager Community Safety (Acting)	Operations Manager
Name	Gavin Hope	Bernie Fradd
Date	01/08/19	5/8/19
Signature		

Assessment result is determined in accordance with the CFA NSP-BPLR Assessment Guideline. The guideline has been prepared and approved by CFA, published in the Government Gazette and on the CFA website, pursuant to s.50E of the Country Fire Authority Act 1958.



# CFA Neighbourhood Safer Places Assessment Summary Report

NSP ID: 1000008953 Municipality: Northern Grampians Shire  
 Location: Cato Park  
 Address: Victoria Street (opposite Haitts Lane) Stawell 3380  
 Location Type: Open Space CFA Region: West  
 Assessment Date: 29.07.2019 Assessed By: Tony Brady  
 Result: Compliant

Assessment Factors		North Aspect	East Aspect	South Aspect	West Aspect
Vegetation Type		No Classified Vegetation Type / BAA N/A	No Classified Vegetation Type / BAA N/A	No Classified Vegetation Type / BAA N/A	No Classified Vegetation Type / BAA N/A
Separation Distance to Vegetation (m)	Actual	310	310	310	310
	Prescribed (Grassland areas only)				
Vegetation Height (m)		N/A	N/A	N/A	N/A
Effective Slope (°)		0	0	0	0
Site Slope (°)		0	0	0	0
Prescribed or Deemed to Satisfy Requirements for distance achieved - (Distance equal to or greater than 140M structure 310M open space)		Y	Y	Y	Y
Deemed to Satisfy Requirements for slope achieved - (Effective Slope less than 20 degrees)		Y	Y	Y	Y
Deemed to Satisfy (DtS) Requirements Achieved		Y	Y	Y	Y
(If DtS not achieved) Calculated Heat Flux (kW/m <sup>2</sup> )  (To be no greater than 2kw for open space or 10kw for a building)	Actual	N/A	N/A	N/A	N/A
	Prescribed (Grassland areas only)				
Treatments & Prescriptions (For Grassland areas ONLY)					
Overall NSP Criteria Achieved		Y	Y	Y	Y
Result		<p><b>Compliant</b></p> <p><input checked="" type="checkbox"/> Meeting the CFA assessment criteria on the day of assessment.</p> <p><input type="checkbox"/> Meeting the assessment criteria provided that prescriptions of management of grassland over the fire danger period are secured by agreed terms entered into by the landholder.</p> <p><b>Non Compliant</b></p> <p><input type="checkbox"/> Not meeting the CFA assessment criteria on the day of assessment</p>			

## 10. Notices of Motion or Rescission

Nil

## 11. Reports from Councillors/Committees

11.1.1 20190731 St Arnaud Recreation Advisory Group Minutes

11.1.2 20190707 Queen Mary Botanic Garden Committee Minutes

## RESOLUTION

**That the reports be received.**

**Moved: Cr Tony Driscoll**

**Seconded: Cr Murray Emerson**

**Carried**

**Cr Emerson extended a thank you to the Chief Executive Officer on behalf of Councillors as this is his last Council meeting.**

# Northern Grampians Shire Council

## St Arnaud Recreation Advisory Group Meeting Minutes

The scheduled meeting held at **6pm** on Wednesday 31 July 2019 in the Community Meeting Room

*To develop the strategic and long term vision of the Lord Nelson Park Precinct for the St Arnaud community*

**Chair:** Cr Reid

**Attendees:** Cr Driscoll, Nicole Amos, Tara Lowe, Kim Birthisel, Sharlene Bertalli, Bruce Hando, Naomi Goode, Tony Dark

**Apologies:** Peter Knights, Kaye Boyd, Mark Mactaggart,

- 1. General Business:** Cr Reid opened the meeting with an invitation for members to provide input on their club's views and progress to date for the Clubroom Development project and process:

Item	Topic	Discussion	Action/ Outcome
1.1	Club Feedback	<p>Sharlene commenced to advise the football club was approached by the sporting club about what sponsorship contribution would be required if the sporting club was to take on the responsibility of managing the whole facility.</p> <p>Discussed that it has potential to limit options of use, football club could lose identity and diminish the opportunities and responsibility of volunteering in the community. This option could also impact all other users/events including the show, schools etc.</p> <p>Cr Reid and Cr Driscoll support the opinions and views of the users and understood there could be implications with the funding by the State and Federal Governments with the involvement of poker machines at the venue.</p> <p>The group discussed that it does appear there are not as many weddings and events at the sporting club as there used to be so everyone views this as an opportunity for change and for renewed support if all clubs and community members can get on the same page with the redevelopment.</p> <p>The positive outcome of the discussion is that the sporting club and all clubs, in particular the football club, are keen to work together in finding solutions for the future in sponsorship/community funds and use of spaces at Lord Nelson Park.</p> <p>Whilst the <b>design of the new facility</b> is supported by many, the football club is still not fully on board as their preferred</p>	<p><b>Action:</b> Football club to organise a meeting with the sporting club to investigate further options for sponsorship and partnership opportunities.</p>

		<p>option would be one facility stretching along the wing to enhance viewing. The football club considers the project to be moving too quickly and they would like to look at other facilities in the area to gain a better understanding of what is out there and qualifying their needs.</p> <p>The key factors discussed were that the project has been in progress since at least 2014 when the LNP Precinct Plan was being developed and all users were consulted through an extensive process and outcomes documented. The two building design was a reflection of the community/users view to connect all sports with a new multipurpose facility that promotes and enhances a united and easily accessible option to all sports. The two building design allows netball, in particular, to be included in this connectivity for a flow though that allows a modern and acceptable approach to the majority of sports.</p> <p>The new design is a variation on the precinct plan design that takes up less of the sheep pavillion however extends further back towards the netball and parking to provide a closer relationship with sports. The facility is designed in reference to AFL and Netball Preferred Facility Guidelines.</p> <p>The football club would like a bit more time to understand the needs of the club. Whilst the designs have been signed off by the funding organisations there is opportunity for revisions if required. The particular area of concept design has a period of over 3 months from now given council needs to construct a project brief and go through the tender process and then engage a suitable Architect so there is some time for concept finalisation.</p>	
1.2	Fundraising	<p>The group discussed fundraising and how this could start. The group decided that a separate entity will need to be formed from interested people to start to drive fundraising. Suggested that a group of 6 to 7 executive or committee would need to be formed at the start and they will initiate a <b>community meeting for 11 September 2019, 7pm</b> in the community room at the St Arnaud Town Hall.</p> <p>The Bendigo Bank covers three communities locally including Maryborough, Avoca and St Arnaud and the local Manager is Peta Dobson. It seems that they have an annual allocation of funds and \$100k may be out there for the three communities. The Bendigo Bank has offered to hold funds for fundraising if required.</p>	<p><b>Action:</b> Community meeting and contact with the Bendigo Bank.</p>

## 2. Other discussed:

Nil

3. Close: 8.00pm

4. Next Meeting: TBC

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**MINUTES OF THE MEETING OF THE QUEEN MARY BOTANIC GARDENS  
COMMITTEE HELD ON WEDNESDAY 7th JULY 2019**

**PRESENT:**

Dorothy Baldwin (CWA)  
Rosalind Small (Friends of QMG)  
Lynne Box ( Friends Of QMG)  
Jason Abbott (Parks & Gardens)(Secretary)  
Joanne Hamilton (Chairperson)(Friends of QMG)  
Dorothy Patton (Community)  
Len Ried (historical society)  
Lindee Parry (Community)  
Cr Tony Driscoll

1. **OPEN MEETING:** The Chair declared the meeting open.
2. **APOLOGIES:** M Mc Cahon, B Ried
3. **DISCLOSURES OF INTEREST & DECLARATIONS OF CONFLICT OF INTEREST:**

Nil

4. **CONFIRMATION OF THE MINUTES:**

**'That the minutes of the Meeting held on Wednesday 20th March as circulated be adopted.'**

**Moved: J Abbott**

**Seconded: D Patton**

**Carried**

- 5.0 **MATTERS ARISING FROM MINUTES:**

- 5.1 Last months apologies were noted as Ella and Flora. The committee had a moment to remember them for their years of service.
- 5.2 Len Ried to become a historical society rep for COM. This will leave room for D Freeman and B Proctor to come on as friends of the gardens reps and J Patching to be a rep for the community.

6. **CORRESPONDENCE**

- 6.1 NIL

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**7. REPORTS**

7.1 Lyn reported that cooks are needed for seniors day 8th of October.  
11th of August St A resource center.

**8. GENERAL BUSINESS:**

8.1 Approximately \$400 left from last years friends donation for plants.

8.2 Tuesday 30th July 8.30 working bee in QMG.

8.3 Building progressing on Eastern corner some elements are being made  
and other parts will be delivered soon.

8.4 Ella,s plaque for tree is still with the family and are still considering a chair.

8.5 Angwin gates lettering has started.

**9. NEXT MEETING: 18-9-2019 St Arnaud Town Hall**

**10. CLOSE:**

The Meeting closed at 6.40PM

Confirmed  
.....

## **12. Urgent Business**

Nil

## **13. Public Question Time**

The Mayor noted that four questions had been submitted by Mr Richard Bazeley of 67 Millett Street, St Arnaud. Mr Bazeley was not present at the meeting.

The Mayor directed the Director Corporate Services to provide written responses to Mr Bazeley's questions.

#### **14. Closure of Meeting Pursuant to Section 89(2) of the Local Government Act 1989**

A Council or Special Committee may resolve that the meeting be closed to members of the public if the meeting is discussing any of the following :

- (a) Personnel matters;
- (b) The personal hardship of any resident or ratepayer;
- (c) Industrial matters;
- (d) Contractual matter;
- (e) Proposed developments;
- (f) Legal advice;
- (g) Matters affecting the security of Council property;
- (h) Any other matter which the Council or Special Committee considers would prejudice the Council or any other person;
- (i) A resolution to close the meeting to members of the public.

14.1 C4 2019/20 - External Plant & Equipment Hire for Civil Works - New Contract

14.2 C2 2019/20 - Provision of Plumbing & Gas Fitting Services - New Contract

14.3 C3 2019/20 - Provision of Electrical Maintenance Services - New Contract

#### **RESOLUTION**

That item 14.1, 14.2 and 14.3 be considered in Closed Council as they deal with confidential matters as detailed in section 89 of the *Local Government Act 1989*.

Moved: Cr Murray Emerson

Seconded: Cr Tony Driscoll

Carried

#### **RESOLUTION**

That the meeting be closed to consider the items listed pursuant to section 89(2) of the *Local Government Act 1989*.

Moved: Cr Murray Emerson

Seconded: Cr Tony Driscoll

Carried

#### **OPEN COUNCIL**

The Director Corporate Services reported on Item 14.1 discussed in Closed Council.

14.1 That Council awards the Contract No. C4 2019/20 - External Plant & Equipment Hire for Civil Works and appoints the tenderers listed to the panel of preferred contractors.

The Chief Executive Officer reported on Items 14.2 and 14.3 discussed in Closed Council.

14.2 That Council awards the Contract No. C2 2019/20 - Provision of Plumbing & Gasfitting Services, and appoints the tenderers listed to the panel of preferred contractors.

14.3 That Council awards the Contract No. C3 2019/20 - Provision of Electrical Maintenance Services, and appoints the tenderers listed to the panel of preferred contractors.

**15. Close**

**There being no further business the Mayor declared the meeting closed at 12.57pm.**

CR KEVIN ERWIN  
MAYOR