



Influenza Pandemic Plan

December 2015

Revised August 2018

Version 1.01



1. CONTENTS

1.	Contents	1
	Document version and approval	2
2.	Introduction	3
3.	Aims and Objectives	4
4.	Policy Context	4
5.	Definition of Pandemic Influenza	5
	Mode of transmission	5
	Physical health	5
	Mental health	6
6.	Review and Evaluation of The Pandemic Influenza Sub Plan	6
7.	Pandemic Influenza Sub Committee	6
8.	Pandemic Influenza Sub Plan	7
	Exercising of the Pandemic Influenza Sub Plan	7
	Activating the Pandemic Influenza Sub Plan	7
9.	Council Influenza Pandemic Vulnerability Profile	8
10.	Business Continuity Plan	9
11.	Pandemic Influenza Stakeholders	9
	Roles and responsibilities	9
	Department of Health and Human Services (DHHS)	10
	Health services and primary health care	10
	Commercial groups, not for profit groups, residents and visitors	11
12.	Surf Coast Pandemic Influenza Vulnerability Profile	11
13.	Support	12
	Business and community support	12
	Support for isolated or quarantined people	12
	Council staff support	12
14.	Control Strategies	13

	Basic precautions	13
	Education and training	13
	Personal Protective Equipment (PPE)	14
	Social distancing	14
	Restricting workplace entry	14
	Council workplace cleaning	15
15.	Communications	15
	State Communication Plan	15
	Council communication plan	15
	Internal communication	16
	External communication	16
16.	Immunisation	16
17.	Acknowledgements	16
18.	Appendices	18
	Appendix 1: Council pandemic influenza response procedures	19
	Appendix 2: Vulnerable groups	23
	Appendix 3: Signage	25
	Appendix 4: References	26

DOCUMENT VERSION AND APPROVAL

Version	Date	Author	Title	Reason for update	Doc number
V1 2015	December 2015	Adam Lee	Coordinator Environmental Health	Original version	D15/114251
V1.1 2018	August 2018	Adam Lee	Coordinator Environmental Health	Annual review	D15/114251

2. INTRODUCTION

The Surf Coast Shire Influenza Pandemic Response Plan is a result of the Influenza Pandemic Response Plan template developed by the Barwon-South Western (BSW) Region Influenza Pandemic Response Plan Committee. The Committee is comprised of representatives from the Department of Health & Human Services (DHHS) and each of the region's nine Municipalities (Table 1). The Influenza Pandemic Response Plan Committee was formed to produce a template for use by each of the Local Government municipalities in the region (Figure 1). This Influenza Pandemic Response Plan is a sub-plan to the Shires Municipal Emergency Management Plan (MEMP).



Figure 1 shows the 9 municipalities involved with developing the Influenza Pandemic Response Plan Template

This document provides a framework and guidance for Council and other pandemic influenza stakeholders in the municipality to appropriately plan for and effectively respond to pandemic influenza conditions. The Plan is supported by a set of operational documents, including **Council Pandemic Influenza Response Procedures** ([Appendix 1](#)) and **Council's Business Continuity Plans**. These documents detail specific actions to be conducted by Council staff before, during and after a pandemic influenza outbreak.

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

3. AIMS AND OBJECTIVES

The aim of this plan is to enable a consistent approach to response for an Influenza pandemic outbreak and recovery across the region, while facilitating an integrated approach for the Surf Coast Shire when dealing with an Influenza pandemic outbreak. Specifically, Council Officers with emergency management responsibilities will use this plan and other emergency management arrangements to reduce, as far as is practical, the impact of an Influenza Pandemic on the Community. It considers the affected stakeholders and ongoing health issues within the municipality. The roles and responsibilities within the community; control measures, state and local communication, as well as continual community support across the municipality and region.

The Influenza Pandemic Response Plan aims to:

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

The objective of this plan is to:

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

4. POLICY CONTEXT

The context within this document has been largely aligned and referenced with what is required in the VHMPPI, October 2014. It takes into consideration Appendix 10 of the VHMPPI, which is given as guide to be used by local government. This document also considers information provided in the Victorian Action Plan for Human Influenza Pandemic 2015, World Health Organization Pandemic preparedness plan 2013. The previous BSW Influenza Pandemic Response Plan 2009 was reviewed as part of the process for developing the Influenza Pandemic Response Plan template.

The Influenza Pandemic Response Plan aligns with the following State, Federal and International Plans:

- Victorian health management plan for pandemic influenza 2014 (VHMPPI)
- Victorian Action Plan for Human Influenza Pandemic 2015
- Pandemic Influenza Risk Management – WHO Interim Guidance 2013
- Victorian Public Health and Wellbeing Plan 2011 – 2015
- Australian Health Management Plan for Pandemic Influenza April 2014 (AHMPPI)
- The Pandemic Influenza Preparedness Framework WHO 2011

The Influenza Pandemic Response Plan complies and aligns with the following legislation:

- Emergency Management Act 1986/2013
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009
- National Health Security Act 2007
- International Health Regulations 2005

5. DEFINITION OF PANDEMIC INFLUENZA

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 for example 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's ability to cope with an influenza pandemic, will be vital in the progress of overcoming a pandemic.

Mode of transmission

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

In some situations, airborne transmission may result from medical procedures that produce very fine droplets that are released into the air and breathed in. Influenza virus may be present in faeces, blood or other body fluids, but this is unlikely to be a significant route of transmission. The Incubation period for influenza is usually one to four days after infection, however average incubation period is two days.

Adults have shed 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. The influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

Physical health

Flu symptoms usually include:

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

A non-productive dry cough that can later become more severe and productive (sputum or mucous is coughed up) can result. Pneumonia can also develop as a result from influenza.

Infections in children may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea. It is estimated that 10 – 40% of the population would show clinical signs of infection and 1.2 – 2.4% of the population would die (VHMPPI, 2014).

Mental health

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

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

6. REVIEW AND EVALUATION OF THE PANDEMIC INFLUENZA SUB PLAN

The Pandemic Influenza Sub Plan will be reviewed at least annually and if required updated periodically to reflect new developments and changes as requested by DHHS. The plan is a dynamic document that will be aligned with the most recent VHMPPI. The plan will be updated and an amendment register or document update will be completed as part of the document.

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

7. PANDEMIC INFLUENZA SUB COMMITTEE

The Pandemic Influenza Sub Committee (PISC) may consist of Council staff and includes representation from stakeholder organizations including DHHS, local hospitals, community health centres and the regional GP representative group. The PISC is responsible for the implementation of the plan.

The Municipal Emergency Resource Officer (MERO) or specified persons within Council is the designated secretariats of the PISC and has responsibility for activating the PISC if not

already established and coordinating reviews of the plan. These persons will primarily be responsible for document control and input of updates. From time to time, the PISC may co-opt other people (internal and external to the organisation) to participate in the review, testing and development of the Sub Plan and its associated procedures.

8. PANDEMIC INFLUENZA SUB PLAN

Exercising of the Pandemic Influenza Sub Plan

The Municipal Emergency Management Planning Committee (MEMPC) will ensure that the Pandemic Influenza Sub Plan is exercised when the state activation level has reached the 'standing by for response' phase if the plan has not already been activated in the last three years. The exercise process will be completed prior to the activation level reaching 'response phase'. DHHS will support Council in planning and conduct of exercises. Exercises will comply with standards outlined in the Australian Emergency Management Institute Exercise Management Handbook.

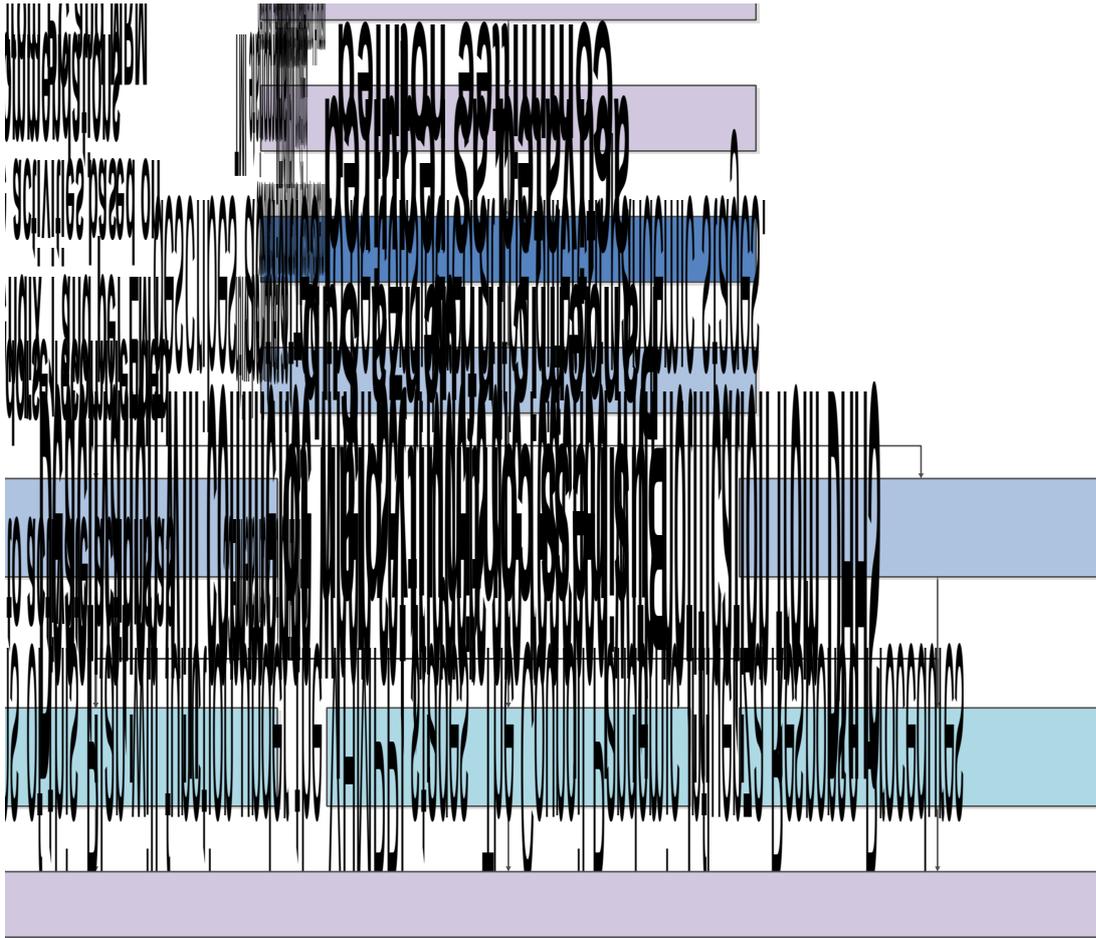
Activating the Pandemic Influenza Sub Plan

This Plan will be activated following advice from DHHS 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 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 MERO/ Municipal Recovery Manager (MRM). In addition, and at the earliest opportunity, either the MERO or MEM will inform Council's Chief Executive that the Council's Municipal Emergency Management Plan and Influenza Pandemic Sub-Plan have been activated.

Individual departments and Council may activate their Business Continuity Plans 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.



9. COUNCIL INFLUENZA PANDEMIC VULNERABILITY PROFILE

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

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

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

10. BUSINESS CONTINUITY PLAN

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

An influenza pandemic could create a unique staff loss environment for a long period of time. It is estimated that at the peak of a pandemic there may be significant staff absenteeism.

Staff absences are expected for many reasons including:

- Illness/incapacity (suspected/actual/post-infectious).
- To care for ill family members.
- To look after children if schools or child care centres are closed.
- Feeling safer at home (e.g. to keep away from crowded places such as public transport).
- Fulfilling other voluntary roles in the community.

The above will also apply to Council's contracted service providers.

11. PANDEMIC INFLUENZA STAKEHOLDERS

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

Roles and responsibilities

Under the VHMPPI, Surf Coast 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 Pandemic Influenza.
- Maintain a specialist subcommittee to provide input and give advice for the plan.
- Annually review and update the plan when necessary.

Department of Health and Human Services (DHHS)

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

Responsibilities of DHHS include:

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

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

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

Health services and primary health care

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

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

- Prepare and maintain an influenza pandemic plan which covers patient, visitor, staff and contractor protection as well as business continuity.
- Health services may consider establishing influenza wards or clinics as numbers increase.

- Primary Health Care should activate and de-activate clinics based on health services demand in consultation with DHHS.
- Provide staff and resources for each clinic as detailed in specific clinic plans.
- Provide triage to clinics.
- Provision of specialist staff and services as required (e.g. infection prevention and control, infectious diseases, pharmacy, pathology, public relations).
- Phone screening for patients.
- Separate waiting and consulting rooms for suspected influenza patients.
- Encourage staff and high risk patients to have seasonal influenza vaccinations.

There are a number of health service providers in Surf Coast Shire and the Barwon South West Region. Refer to Appendix 4 within the MEMP.

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 Surf Coast 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: www.surfcoast.vic.gov.au and <http://www.health.vic.gov.au/chiefhealthofficer/alerts/>.
- 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 3.
- 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). Refer to Appendix 3.
- Seek medical advice if you have concerns regarding influenza symptoms.
- Contact Council if you require support e.g. home care, meal provision on (03) 5261 0600.

12. SURF COAST PANDEMIC INFLUENZA VULNERABILITY PROFILE

It is expected that most individuals will be vulnerable to pandemic influenza, however a level of partial protection may occur in some groups. Individuals who have recovered from a natural infection will have a reasonably high degree of protection from a second infection but this cannot be presumed due to changes in virus strains over time.

In general, the attack rates in children will be higher than in adults. Attack rates in health care settings have the potential to be very high unless effective infection control measures are implemented and closed settings such as institutions and households will have higher attack rates than other settings.

Some people in the community have less support structures to assist in times of stress and rely on Council or community programs to help. These members are more vulnerable to illness, less able to cope with illness and are referred to as the existing vulnerable group.

Groups in the Surf Coast Shire who may be more vulnerable than others as a result of a pandemic influenza outbreak are listed in [Appendix 2](#). As an influenza pandemic progresses, there will be new groups of people who will become vulnerable; these are known as “emerging vulnerable groups”. Emerging vulnerable groups are also listed in [Appendix 2](#).

13. SUPPORT

Business and community support

Support during an influenza pandemic should be covered under the Authorities Municipality Emergency Management Plan (MEMP). Specific consideration is required for:

- Isolated or Quarantine People
- Business & Community Resilience
- Council Staff

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

Support for isolated or quarantined people

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

- Food
- Water
- Shelter
- Medicine

Effective arrangements to provide for these needs 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.

Council staff support

Councils need to ensure they are able to continue delivering essential local services, through effective business continuity planning and providing support. Specific actions to support Council staff should include:

- Having effective arrangements in place to inform staff about how to assess risks and reduce their exposure and vulnerability to influenza virus both in the community and occupational setting.

- Having clear and effective education systems for staff to understand what options are available and what the best course of action is in responding to an influenza pandemic.
- Having effective arrangements for the acquisition and distribution of PPE, and supporting education on how to effectively use the PPE.
- A priority support response for staff based on risk of exposure.
- Having effective arrangements to provide psychosocial support to staff and to support resumption of work by staffs that have been absent due to illness or other reasons.

14. CONTROL STRATEGIES

Basic precautions

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

- Individual measures – hand hygiene, respiratory hygiene, cough etiquette and immunisation.
- Appropriate personal protective equipment (PPE as directed by DHHS).
- Organisational and environmental measures – patient placement, social distancing and cleaning.

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

Education and training

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

Specific issues to be covered in training include:

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

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

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

Personal Protective Equipment (PPE)

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

PPE stockpile may consist of:

- Single use surgical masks
- Alcohol swabs and wipes (minimum of 70% alcohol)
- Alcohol hand sanitiser
- Gloves – nitrile, vinyl, latex and rubber
- Safety glasses
- Disposable cleaning cloths
- Tissues
- Thermometers
- Biohazard bags
- Isopropyl, bleach and detergent/cleaner.

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

Social distancing

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

Restricting workplace entry

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

- Minimising direct face-to-face contact with customers.
- Implementing, where possible, work from home policies.
- Minimising face-to-face internal meetings.
- Closure of non-essential locations.
- Suspension of all non-essential services.
- Reminding staff not to share workstations and/or equipment.

- Provision of education / awareness programs regarding transmission of infection and exclusion requirements.
- Provision of workplace signage.

Council workplace cleaning

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

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

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

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

15. COMMUNICATIONS

State Communication Plan

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

The whole of Victorian Government communication strategy is currently under review and will be available online in the near future at <http://www.health.vic.gov.au/pandemicinfluenza>

Council communication plan

At the municipal level, Council's Communications and Customer Service branch is responsible for both community and internal staff pandemic communications. All Council service units will have a responsibility to distribute approved information as provided by communications and marketing. For example Environmental Health to restaurants, Engineers to contractors, Social and Community to community groups and CALD community leaders, etc. Council's Communications Unit will prepare a script based on State department advice, for customer service staff or other Council staff who may take calls from the general public seeking help and information during a pandemic. Specific Council communications activity during an influenza pandemic is outlined in [Appendix 1](#).

Internal communication

The Emergency Management Group (see Section 6.7.6 of the MEMP) will be formed at stand by for response stage then meet weekly at initial response phase (or more regularly as required) to discuss management of Council operations and associated issues during the pandemic. The Communications Manager will be requested to attend these meetings. The Pandemic Coordinator will be responsible for providing initial information to Council's CEO, Executive, Councillors and staff. Initial briefing will be at Phase 4 of pandemic alert then at weekly intervals.

External communication

Council is able to provide information to the community via a number of avenues. DHHS information will be utilised to ensure consistent messages are being communicated.

- Council's website will be used to post information and provide links to DHHS, DHA and WHO websites.
- Council offices and service centres will be used to provide advice regarding customer use.
- Recorded phone messages can be utilised on the main Council phone line.
- Local papers, radio and community papers can be used to transfer information.

16. IMMUNISATION

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

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

At the time of such a program, guidelines will be developed to provide useful information, forms, guidelines and tips to be used to implement such as program. The purpose of such guidelines would be to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery.

17. ACKNOWLEDGEMENTS

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

Municipalities	Representatives
Borough of Queenscliffe	James McDonald
City of Greater Geelong	Lyndon Ray
Colac Otway Shire	Jonathan Brett, Wendie Fox
Corangamite Shire	Lyall Bond, Matthew White, Sharna Whitehand
Glenelg Shire	Greg Andrews
Moyne Shire	Anna Wortley
Southern Grampians Shire	Pauline Porter
Surf Coast Shire	Adam Lee, Kerrie Williams
Warrnambool City Council	Mark Handby, Rebecca Schack
Department of Health & Human Services	Bree Porter, Lesley Dow

Table 1 shows the representatives of the Influenza Pandemic Response Plan Committee.

The Barwon South Western region of Councils would also like to acknowledge the City of Yarra for allowing use of their pandemic response plan as a guide in setting out this template for the region.

Appendix 1: Council pandemic influenza response procedures

Council area Responsible	No novel strain has been detected (or emerging strain under initial detection)	Standing by for Response Sustained community person to person transmission is detected overseas	Initial Response Initial and targeted cases are detected in Australia but information about the disease is scarce	Targeted Response When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs		
				Low Clinical Severity	Moderate Clinical Severity	High Clinical Severity
ALL COUNCIL SECTIONS (RESPONSIBILITY LIES WITH MANAGERS)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Emergency Management Group Promote good hygiene and infection control procedures Staff who are unwell should not come to work 	<ul style="list-style-type: none"> Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Emergency Management Group Report any changes to branch activities or resource levels to Reinforce good personal hygiene and infection control procedures with all staff Staff suspected of or reporting being unwell to be excluded from the workplace 	<ul style="list-style-type: none"> Review services, resource levels and BC arrangements Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group Report any changes to branch activities or resource levels to Staff suspected of or reporting being unwell to be excluded from the workplace Introduce work place social distancing measures and reduce numbers of mass gatherings (meetings, events etc.) 	<ul style="list-style-type: none"> Review services, resource levels and BC arrangements Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group Report any changes to branch activities or resource levels to 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 	<ul style="list-style-type: none"> Review services, resource levels and BC arrangements Implement working from home arrangements where appropriate Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group Report any changes to branch activities or resource levels to..... All staff to adhere to PPE requirements for direct service delivery
Pandemic Coordinator		<ul style="list-style-type: none"> Implement procedures as per DHHS instructions Alert Executive and provide advice Work with Communications Team to Increase staff awareness (e.g. personal health messages on display in workplace) Organise acquisition of PPE or other resources as required 	<ul style="list-style-type: none"> Alert Executive and provide advice Alert Pandemic Sub Committee and inform them of Council activity Work with Communications Team to Increase staff awareness (e.g. personal health messages on display in workplace) Review requirement to purchase PPE if required Liaise with DHHS to discuss contact tracing arrangements 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 	<ul style="list-style-type: none"> 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 Ensure staff using PPE have undertaken OHS training on PPE usage Distribute PPE supplies to units Purchase or procure health, PPE and cleaning products / consumables for an extended period. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

Council area Responsible	No novel strain has been detected (or emerging strain under initial detection)	Standing by for Response Sustained community person to person transmission is detected overseas	Initial Response Initial and targeted cases are detected in Australia but information about the disease is scarce	Targeted Response When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs		
				Low Clinical Severity	Moderate Clinical Severity	High Clinical Severity
			<p>of infection – personal hygiene, avoiding contact, influenza immunisation etc.</p> <ul style="list-style-type: none"> Provide area specific information for work units dealing with the public - family case workers, maternal and child health nurses, childcare centres, home care, meals on wheels, library, leisure, and civic facilities 		cleaning products / consumables for an extended period.	
Emergency Management Group (MERO)	<ul style="list-style-type: none"> Participate in annual Pandemic Plan review Assist with Pandemic Plan tri-annual audit Assist with Pandemic Plan reviews as requested by the EMPO Assist with Pandemic Plan tri-annual audit Delegate Officer as Pandemic Coordinator when required 	<ul style="list-style-type: none"> Implement procedures as per DHHS instructions Assist Pandemic Coordinator in acquisition of PPE or other resources as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator in acquisition of PPE or other resources as required MERO to liaise with DHHS to inform them of Council activity and resourcing 	<ul style="list-style-type: none"> Liaise with Department of Health and Police (MERC) to determine need to activate MECC and ERC MERO to review resourcing requirements for Community Support Service and report to IMT Assist Pandemic Coordinator in acquisition of PPE or other resources as required MERO to liaise with DHHS to inform them of Council activity and resourcing 	<ul style="list-style-type: none"> Liaise with Department of Health and Police (MERC) to determine need to activate MECC and ERC MERO to review resourcing requirements for Community Support Service and report to Assist Pandemic Coordinator in acquisition of PPE or other resources as required MERO to liaise with DHHS to inform them of Council activity and resourcing 	<ul style="list-style-type: none"> Establish community support services, facilities and staffing with advice from DHHS Maintain regular contact with DHHS MERO to liaise with DHHS to discuss relief and recovery arrangements Assist PC as requested for vaccination and session security
Emergency Management Officer	<ul style="list-style-type: none"> Establish and maintain pandemic planning team Ensure Pandemic Plan is reviewed annually and audited tri-annually 	<ul style="list-style-type: none"> Assist Pandemic Coordinator as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator, MERO as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator and MERO as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator, MERO and MRM as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator, MERO and MRM as required
People and Culture	<ul style="list-style-type: none"> Review HR planning for pandemic OHS to assist Coordinators with advice on PPE 	<ul style="list-style-type: none"> Review HR planning for pandemic 	<ul style="list-style-type: none"> Assist Pandemic Coordinator to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of 	<ul style="list-style-type: none"> Assist Pandemic Coordinator to distribute PPE supplies as required Staff suspected of or reporting being unwell to be excluded 	<ul style="list-style-type: none"> Staff suspected of or reporting being unwell to be excluded from the workplace (assist in 	<ul style="list-style-type: none"> Ensure provision of Employee Assistance Program by telephone Staff suspected of or reporting being unwell to be excluded from

Council area Responsible	No novel strain has been detected (or emerging strain under initial detection)	Standing by for Response Sustained community person to person transmission is detected overseas	Initial Response Initial and targeted cases are detected in Australia but information about the disease is scarce	Targeted Response When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs		
				Low Clinical Severity	Moderate Clinical Severity	High Clinical Severity
	training for staff		infection – personal hygiene, avoiding contact, influenza immunisation etc.	from the workplace (assist in implementation of this) <ul style="list-style-type: none"> Implement an illness register employment/deployment of staff to ensure continuation of critical services 	implementation of this) <ul style="list-style-type: none"> Implement an illness register continuation of critical services 	the workplace (assist in implementation of this) <ul style="list-style-type: none"> Implement an illness register
Communications and Strategic Advocacy	<ul style="list-style-type: none"> Establish / review communication policy and procedure 	<ul style="list-style-type: none"> Work with Pandemic Coordinator to Increase staff awareness (e.g. display health messages in workplace) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed. Regularly update community information on website, phone wait message and other public access points 	<ul style="list-style-type: none"> Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed. Regularly update community information on website, phone wait message and other public access points 	<ul style="list-style-type: none"> Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed. Regularly update community information on website, phone wait message and other public access points
Environmental Health	<ul style="list-style-type: none"> To recommend seasonal flu vaccinations Promote all scheduled vaccination programs 	<ul style="list-style-type: none"> Promote all scheduled vaccination programs 	<ul style="list-style-type: none"> Provide advice to the Council on social distancing measures and ways to reduce numbers of mass gatherings. Promote all scheduled vaccination programs 	<ul style="list-style-type: none"> Arrange immunisation sessions when vaccine available Promote vaccination for pneumococcal vaccine for identified high-risk groups. 	<ul style="list-style-type: none"> Arrange immunisation sessions when vaccine available Promote vaccination for pneumococcal vaccine for identified high-risk groups. 	<ul style="list-style-type: none"> Arrange immunisation sessions when vaccine available Promote vaccination for pneumococcal vaccine for identified high-risk groups
Family, Youth and Children Services Aged & Disability Services	<ul style="list-style-type: none"> Ensure staff training for PPE usage 	<ul style="list-style-type: none"> Review hygiene and food preparation procedures as per instructions from DHHS. 	<ul style="list-style-type: none"> Review listings of vulnerable clients and communication channels 	<ul style="list-style-type: none"> Review listings of vulnerable clients and communication channels Determine support for quarantined and isolated clients at home 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

Council area Responsible	No novel strain has been detected (or emerging strain under initial detection)	Standing by for Response Sustained community person to person transmission is detected overseas	Initial Response Initial and targeted cases are detected in Australia but information about the disease is scarce	Targeted Response When initial and targeted cases are detected in Australia and there enough is known about the disease to tailor to specific needs		
				Low Clinical Severity	Moderate Clinical Severity	High Clinical Severity
Buildings, Property, Library and Leisure Services		<ul style="list-style-type: none"> • Cleaning contracts to be reviewed and enhanced cleaning standards to be negotiated. • Review cleaning processes in communal areas 	<ul style="list-style-type: none"> • Provide shared work stations with alcohol wipes for phones, computers • Check wash areas regularly to replenish supplies 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Isolate air circulation (heating / cooling) systems for all relevant municipal facilities • Secure closed sites • Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice) • Reduce services as required

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

Appendix 2: Vulnerable groups

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

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

Protect yourself and your family

Cover your cough and sneeze

- 

1 **COVER** your mouth and nose with a tissue when you cough or sneeze.
- 

2 Put your used tissue in the rubbish **BIN**.
- 

3 If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, **NOT YOUR HANDS**.
- 

4 **WASH** your hands with soap and running water. Dry your hands thoroughly with a disposable paper towel.

Stay germ free and healthy

A Victorian Government initiative 

Protect yourself and your family

Wash your hands regularly

- 

1 **WET** your hands.
- 

2 Put **SOAP** on your hands.
- 

3 **RUB** all parts of your hands until you have a thick lather.
- 

4 **RINSE** your hands under running water.
- 

5 **DRY** your hands thoroughly with a disposable paper towel.

Stay germ free and healthy

A Victorian Government initiative 

Appendix 4: References

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

Victorian-action-plan-for-pandemic-influenza Available:

<https://www.emv.vic.gov.au/plans/victorian-action-plan-for-pandemic-influenza/>

City of Yarra Influenza Pandemic Plan Available:

<http://www.yarracity.vic.gov.au/DownloadDocument.ashx?DocumentID=2888>