Northern Victorian Integrated Influenza Pandemic Plan

Northern Victorian Emergency Management Cluster

Issue 1.0 November 2019

Issue Number	Date of Issue	Brief Description of Change	Author
0.1	Initial draft	Draft for discussion	Meryl Brown, Campaspe Shire
0.2	Second draft	Draft for discussion at Workshop on 14/9/18	Meryl Brown, Campaspe Shire
0.3	Third draft	Draft from Workshop session 14/9/2018	Meryl Brown, Campaspe Shire
0.4	Fourth draft	Updates with comments from Agencies	Meryl Brown, Campaspe Shire
0.5	Fifth draft	Updates from Loddon	Meryl Brown, Campaspe Shire
0.6	Sixth draft	Updates from Campaspe	Meryl Brown, Campaspe Shire
0.7	Seventh draft	Updates from Central Goldfields Shire	Wendy Gladman, Central Goldfields Shire Council
1.0	7 Nov 2019	Adopted by IMEMPC	Cluster Executive Working Group

This Plan is administered by the Northern Victorian Emergency Management Cluster, Cluster Coordinating Council, on behalf of the Northern Victorian Integrated Municipal Emergency Management Planning Committee.

Table of Contents

1 Abbreviations

DHHS	Department of Health and Human Services
EMMV	Emergency Management Manual Victoria
IMEMP	Integrated Municipal Emergency Management Plan
IMEMPC	Integrated Municipal Emergency Management Planning Committee
IPP	Influenza Pandemic Plan
MOC	Municipal Operations Centre
MRM	Municipal Recovery Manager
NVEMC	Northern Victorian Emergency Management Cluster - consisting of the municipalities of Central Goldfields, Loddon, Greater Bendigo, Mount Alexander and Campaspe)
NVIMEMPC	Northern Victorian Integrated Municipal Emergency Management Planning Committee
PC	Pandemic Coordinator
PPE	Personal Protective Equipment
VIFM	Victorian Institute of Forensic Medicine
VHMPPI	Victorian Health Management Plan for Pandemic Influenza

2 Introduction

This document provides a framework and guidance for the NVEMC Councils and other influenza pandemic stakeholders in the municipalities to appropriately plan for and effectively respond to influenza pandemic conditions. The plan is supported by a set of operational documents, including Influenza Pandemic Response Procedures and Business Continuity Plans.

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 and local level of government will implement controls.

Pandemic is defined as an epidemic that is geographically widespread; occurring throughout a region or even throughout the world. 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.

Pandemics have been experienced in the past and are expected to occur again in the future and the impact on the organisation and community in such an event could be devastating.

3 Aims and Objectives

3.1 Aims

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

3.2 Objectives

- Preparedness - have arrangements in place to reduce the impact on the community during a pandemic.
- Containment – prevent transmission, implement infection control measures, and 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 – assist in providing vaccination services to the community, if pandemic vaccine becomes available.
- Communication – 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 – ensure a comprehensive approach to emergency recovery planning in the Municipal Emergency Management Plan, with specific focus on influenza pandemic.

This Plan has been written for Influenza Pandemic, however it could be adapted to all types of communicable disease pandemics.

This Plan is to be used in conjunction with, and as a supplement to, existing emergency management plans in place within state, regional, municipal councils and the wider community.

4 Framework and Background

4.1 Framework

4.1.1 Commonwealth Plans

- National Action Plan for Human Influenza Pandemic – Australian Government Department of Prime Minister and Cabinet - September 2011
- Australian Health Management Plan for Pandemic Influenza – Australian Government Department of Health - April 2014.

4.1.2 State Plans

- Victorian Emergency Management Manual
- Victorian Action Plan for Influenza Pandemic – August 2015
- Victorian Health Management Plan for Pandemic Influenza – Victorian Department of Health – October 2014 - http://health.vic.gov.au/pandemicinfluenza/
- The Whole of Government Communication Strategy
- Action plans for all government departments
- The Victorian Human Influenza Pandemic Plan – Community Support and Recovery Sub Plan.

4.1.3 Other Plans

- Integrated Municipal Emergency Management Plan
- Business Continuity Plans
- Mass Vaccination Standard Operating Procedures

4.1.4 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 shed the influenza virus from one day before developing symptoms and up to seven days after the onset of 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.

4.1.5 Transmission

Human influenza virus is primarily transmitted via droplets. This occurs when droplets from the cough or sneeze of an infected person are propelled through the air (generally up to one 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
- Use of a nebuliser.

4.2 History of Pandemics

Previous pandemics have started abruptly without warning, swept through populations with rapid escalation, and left considerable damage in their wake.

The twentieth 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 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%, 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 and infection rates of 25% to 30%.

Since then the world has experienced one other pandemic; H1N1 influenza virus. A new H1N1 influenza virus derived from human, swine and avian strains was initially reported in April 2009 in Mexico and subsequently spread around the world. In Australia during 2009, there were 37,636 cases of pandemic (H1N1) influenza 2009, including 191 associated deaths. The median age of those dying was 53 years, compared to 83 years for seasonal influenza.

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

Further information about influenza pandemics can be found on the DHHS website at: http://www.health.vic.gov.au/pandemicinfluenza.

4.3 Predicted impact of an influenza pandemic

Modelling the potential impacts of influenza pandemics involves a high degree of uncertainty. Factors such as the virulence and infection rate 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.

The Victorian Health Management Plan for Pandemic Influenza (VHMPPI), October 2014, shows the following:

Pandemic Impact, unprepared vs prepared

	Pandemic as severe as the one that occurred in 1918 and we were not prepared and unable to respond	**Pandemic as severe as that in 1918, but we were prepared and were able to respond effectively**
Estimated population showing clinical signs of infection	40 per cent (2.2 million people)	10 per cent (540,000 people)
Estimated deaths	2.4 per cent of those affected would die (around 53,000 people)	1.2 per cent of those clinically affected would die (around 6,500 people)
Work absenteeism	50 per cent	30 – 50 per cent
Duration of the pandemic	Several waves each, lasting up to 12 weeks	7 – 10 months, in a single wave
Disruption of services	As long as two years	7 – 10 months

The table below shows the infection rates in the municipalities for a severe pandemic:

Municipality	Population	Infection rate (40% of the population) - Severe	Estimated fatality rate over the duration of the pandemic (2.4% of those infected)
Campaspe	37,000	14,800	355
Greater Bendigo	110,447	44,178	1,060
Central Goldfields	13,000	5,520	132
Loddon	7,500	3,000	72
Mount Alexander	18,761	7,504	180

Figures based on the 2016 Census of population and housing

The table below shows the infection rates in the municipalities for a mild pandemic:

Municipality	Population	Infection rate (10% of population) - mild	Estimated fatality rate over the duration of the pandemic (1.2% of those infected)
Campaspe	37,000	3,700	45
Greater Bendigo	110,447	11,044	133
Central Goldfields	13,000	1,300	16
Loddon	7,500	750	9
Mount Alexander	18,761	1,876	23

Figures based on the 2016 Census of population and housing

The VHMPPI states "While each pandemic is unique, the VHMPPI will consider the severity of illness caused by the virus and categorise it as low, moderate or high, based on the available evidence and emerging epidemiology.

Scenario 1: If clinical severity is low

The level of impact on the community may be similar to severe seasonal influenza or the 2009 H1N1 pandemic.

Scenario 2: If clinical severity is moderate

The number of people presenting for medical care is likely to be higher than for severe seasonal influenza. Pressure on health services will be more intense. The level of impact may be similar to the 1957 Asian influenza.

Scenario 3: If clinical severity is high

Widespread severe illness will cause concern and challenge the capacity of the health sector. The level of impact may be similar to the 1918 Spanish influenza.

Responses will be proportionate to the observed impact and may fall between these scenarios.

4.4 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.

4.5 Family violence

Disaster is no excuse for family violence

The Northern Victorian Integrated Municipal Emergency Management Planning Committee recognises that the risk and incidence of family violence increases significantly during and after an emergency. The Committee can play a vital role in preventing and reducing the impact of family violence during emergencies.

Family violence can affect anyone in our community, regardless of gender, age, socio-economic status, sexuality, culture, ethnicity or religion. During an emergency, many factors can increase the risk of family violence, including homelessness, financial stress, unemployment, drug and alcohol abuse, and trauma. None of these factors cause family violence, nor are they an excuse.

Family violence is driven by gender inequity, gender stereotypes and a culture of excusing violence. During emergencies, it is common for people to lapse into traditional gender roles of men as the protectors and women as protected. This is damaging to both genders, and the

Committee is committed to promoting the involvement of both men and women in all aspects of the response and recovery phase.

Family violence can include physical assaults and a range of tactics including:

- Intimidation or coercion;
- Direct or indirect threats;
- Sexual assault;
- Emotional or psychological abuse;
- Financial control;
- Social abuse/isolation;
- Racial or spiritual abuse, and;
- Any behaviour that causes a person to fear for their safety and wellbeing.

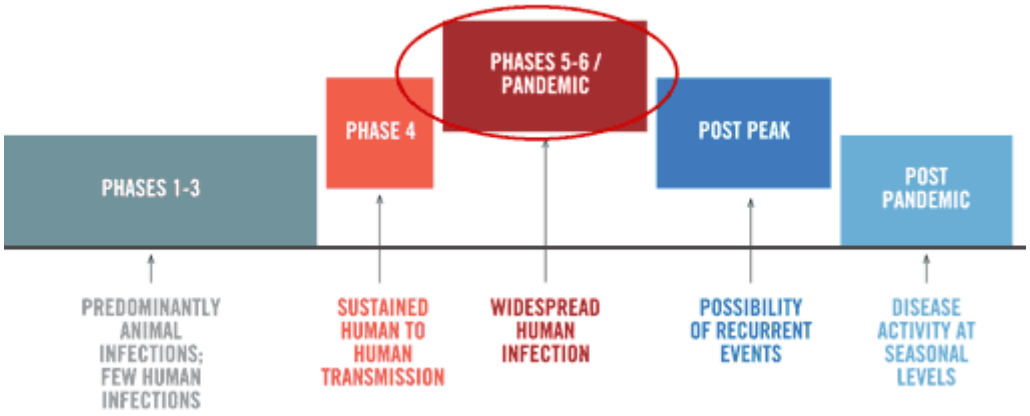
In planning for and responding to emergencies, the Committee will endeavor to:

- Openly and candidly acknowledge the heightened risk of family violence during and post emergencies;
- Dispel the notion that family violence is an acceptable response to stress and trauma, and that other issues should take priority during an emergency;
- Ensure incidences of family violence, or suspected family violence, are recorded and referred to support services and Victoria Police as appropriate;
- Provide mental health information to both men and women;
- Provide family violence information to both men and women;
- Provide women-friendly and men-friendly activities and outreach services;
- Target and tailor risk and recovery information for men and women when needed;
- Make use of existing social networks and gathering places, such as local venues and clubs, to distribute information across the community.

5 Pandemic Phases

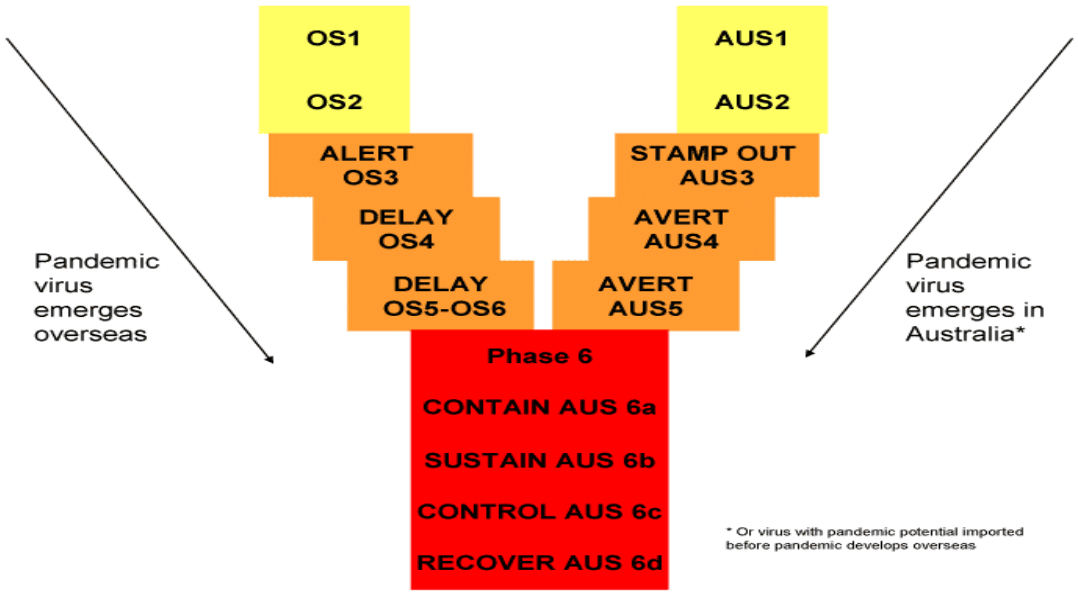
The World Health Organisation (WHO) has a set of pandemic phases that it uses to describe the global situation (phases 1–6). Australia uses the same numbering system as the WHO to describe each phase; however, the Australian pandemic phases are designed to describe the situation in Australia and to guide Australia's response. Thus, the Australian and the WHO phase may not always be the same and do not neatly align. Similarly, Victoria also defines pandemic status using a set of phases. These definitions align with the Australian definitions, but once again depending on the state of spread of a pandemic the Victorian phase may differ from the Australian and World phases.

World Health Organisation Pandemic Phases



Reference: World Health Organisation- https://www.who.int/csr/disease/swineflu/phase/en/

Australian Pandemic Phases



Reference: Australian Department for Health and Aging -Australian Health Management Plan for Pandemic Influenza. http://www.flupandemic.gov.au

Australian Phases of the health response	
The ALERT phase	Being alert to the risk of a pandemic and preparing for a pandemic
The DELAY phase	Once the pandemic virus emerges overseas, keeping the virus out of Australia
The CONTAIN phase	Once the pandemic virus does arrive in Australia, limiting the early spread
The PROTECT Phase	Protecting vulnerable people and those who care for them from the virus.
The SUSTAIN phase	Sustaining the response, while we wait for a pandemic vaccine
The CONTROL phase	Controlling the pandemic spread with a vaccine
The RECOVER phase	Once the pandemic is under control, returning to normal, while remaining vigilant

It is vital, however, that Council is proactive to assess the impact of the pandemic on its own community and staff to determine which elements of this plan to activate. The impact of a pandemic on the local community may be very different to the experiences elsewhere in Australia.

Council should act on advice from and in support of the Victorian Department of Health & Human Services.

6 Roles

In the event of an emergency such as a pandemic it is the role of Local Government, as the closest level of government to the community, to ensure the provision of essential services to the community. Actions will be in accordance with individual municipalities Business Continuity Plans. The following items are a high priority during a pandemic:

- Continuation of the essential components of services provided to the community by Council eg. aged care services, children's services, immunisation services (as relevant) where they can be provided within the confines outlined in this plan.
- Provision of services as outlined in the Integrated Municipal Emergency Management Plan, including recovery assistance.
- Provision of public health information and education to the community.
- As an existing immunisation provider, in conjunction with other providers, deliver a pandemic vaccination program (if / when vaccine is available).

Additional services will be provided on an as needs basis. The State Government will advise Council of any further assistance they may be required at a local level.

An Influenza Pandemic Committee consisting of Environmental and Emergency Management staff will be necessary in the event of a pandemic, or if a pandemic is considered imminent. The Influenza Pandemic Committee will be appointed by the Northern Victorian Integrated Municipal Emergency Management Planning Committee.

The requirements of the Pandemic Coordinator and Influenza Pandemic Committee are shown below.

6.1 Pandemic Coordinator

Planning for an influenza pandemic is a complex task, requiring input from a range of work areas and specialists to ensure a cohesive and effective response to and recovery from such an emergency. To address this, each Council will assign responsibility for coordinating influenza pandemic planning to a Pandemic Coordinator (MRM, MERO, EHO to be determined by the Influenza Pandemic Committee).

The role could include:

- administering the Influenza Pandemic Committee;
- increasing awareness among municipal health care providers about pandemic; influenza and involving them in the development of planned municipal arrangements
- researching vulnerable groups within the community;
- liaising with municipal business continuity planners to ensure the Municipal Business Continuity Plan has addressed the specific considerations likely to arise in an influenza pandemic;
- liaising with the Municipal Recovery Manager (MRM) in relation to specific community support and recovery considerations in an influenza pandemic;
- arranging exercises or workshops.

6.2 Influenza Pandemic Committee

The role of this Committee is to assist the Pandemic Coordinator to plan for a pandemic when it is imminent, respond to a pandemic and plan for recovery. The Committee will need to ensure arrangements dovetail with existing emergency management and public health arrangements in the municipality and across Victoria. With this in mind, it is vital to ensure all issues are addressed and that there is a link to the important work being undertaken in other parts of the Council business, and other agencies.

Representation on the Influenza Pandemic Committee should include:

- a senior manager of Council as the champion of the project;
- the Influenza Pandemic Coordinator;
- an Environmental Health Officer;
- representation and/or advice from the following areas of the municipal business:
  - human resources (especially with skill in work planning, industrial relations and financial management)
  - IT management
  - Integrated Municipal Emergency Management Planning Committee
  - infrastructure management
  - children, Health and community care services and aged care services
  - risk management and occupational health and safety services immunisation coordinator
  - communication/public relations.
- representation from other community related health services;
- medical practices, hospitals;
- support services such as meals on wheels, home care, community nursing;
- DHHS region;
- community and business representatives, especially from special needs groups.

7 Health Services Planning

Individual Health Service providers will have their own pandemic arrangements. Refer to the State Pandemic Plan.

A list of Hospitals, General Practices and Health Services are contained in the Cluster Contacts stored within Crisisworks (refer IMEMP for details).

8 Community Profile

This information is contained in Appendix 2 of the IMEMP – Municipal Statistics and Demographics.

9 Communication and Education

9.1 Community Education

The Cluster Councils will not initiate any community education or public health control measures without guidance from the Department of Health and Human Services. The Department of Health and Human Services will provide information to all forms of media regarding good personal hygiene practices and precautions the public should be taking to protect themselves.

Refer to IMEMP and SHERP v.4 section 4.2 - www2.health.vic.gov.au/emergencies/shera

9.2 Education Materials

The DHHS website provides information sheets on influenza pandemics, as well as posters in relation to coughing and sneezing and washing hands.
www.health.vic.gov.au/pandemicinfluenza .

The Better Health Channel Flu Site contains all the information about influenza:
https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/flu-influenza

Local provider websites may also contain information.

10 Plan Review

Plan Review Cycle / Maintenance of the Plan

The plan will be reviewed every two years by the Northern Victorian Integrated Municipal Emergency Management Planning Committee (IMEMPC). This review may be undertaken by a Working Group of Local Government emergency management staff.

The Cluster Coordinating Council holds the master copy of the document and it is expected that agencies have internal processes in place to ensure distribution of the Plan within their organisation.

11 Activation

11.1 Activation Protocol

The Influenza Pandemic Plan will be activated if any of the following occurs:

- a request is made by the State,
- a request is made by the Control Agency (Department of Health and Human Services),
- a request is made by the Police Municipal Emergency Response Coordinator (MERC) or Regional Emergency Management Inspector (REMI);
- a request is made by Council's Chief Executive Officer or Executive Management Group,
- a request is made by the Municipal Emergency Resource Officer (MERO) or Municipal Recovery Manager (MRM).
- Council's Municipal Operations Centre is established in response to the pandemic.

Individual departments within 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.

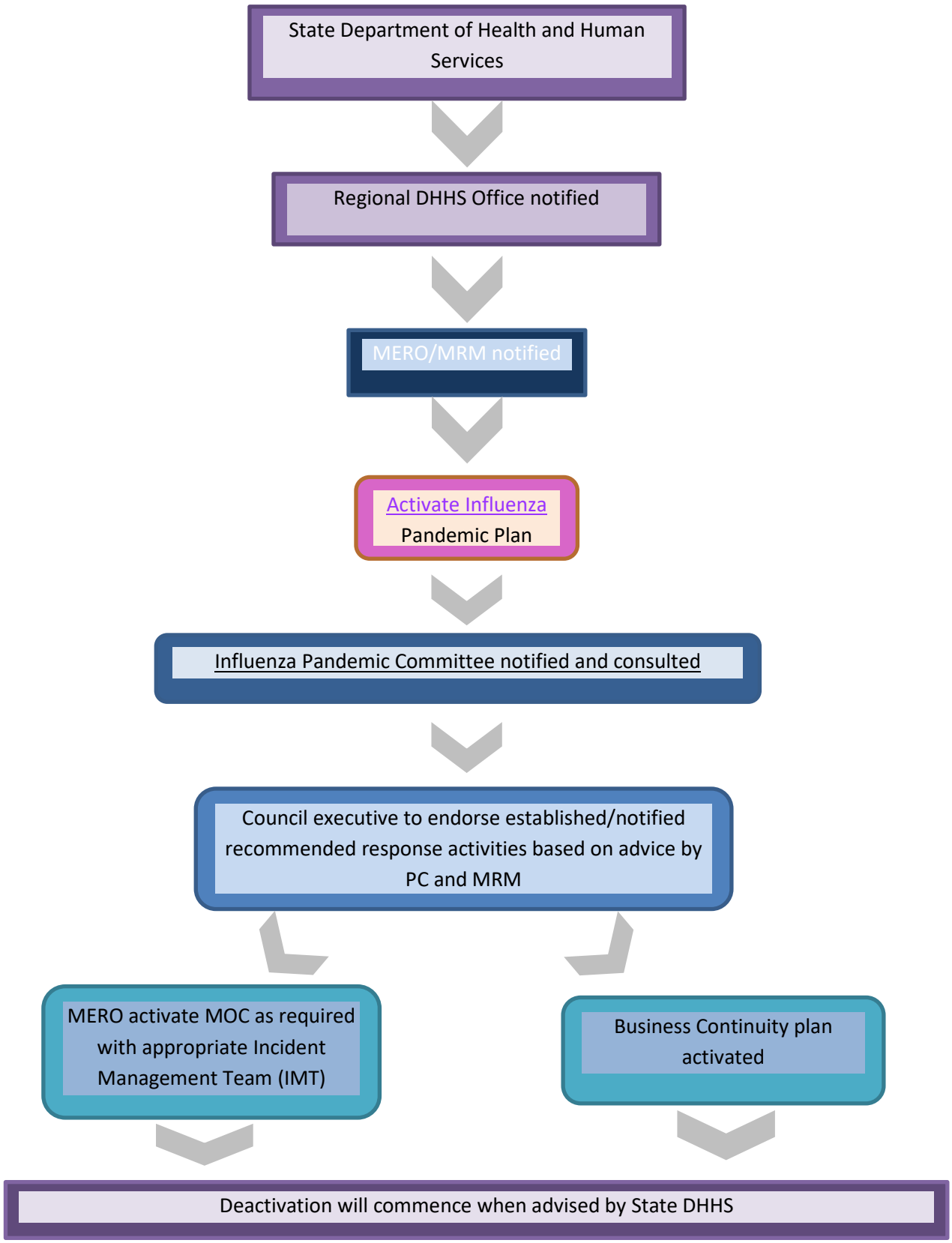
The Pandemic Committee will meet throughout the pandemic. This will most likely be via teleconference to avoid close contact and reduce the risk of the virus spreading.

Possible outcomes during/ after a pandemic for the committee to consider are shown in Appendix 1.

Council will implement the following strategies in the initial response to a pandemic:

- call a meeting of the Influenza Pandemic Committee to oversee activity and provide advice. This will most likely be via teleconference to avoid close contact and reduce the risk of the virus spreading;
- strengthen infectious disease control measures to minimise or prevent the spread of influenza in the workplace;
- provide clear, timely and pro-active communication to staff including how Council is responding to the situation;
- provide clear, timely and pro-active communication to residents;
- provide personal protective equipment to staff (surgical masks, disposable gloves);
- review and strengthen infectious disease control measures and exclusion policies in all Councils' child care centres/kindergartens (as relevant), maternal and child health centres, immunisation services and other funded community services (eg home support – aged care);
- enact Business Continuity Plan.

ACTIVATION PROTOCOL



11.2 Control Strategies

This plan identifies a number of strategies that may need to be undertaken in the event of a pandemic.

Depending on the transmission mode of the agent, varied control measures will be implemented to prevent/limit transmission. During a Pandemic, agencies within the Cluster Councils may be required to assist with control strategies appropriate to the nature of the contagion. This will be handled within existing Emergency Management arrangements.

11.2.1 Social distancing

Social distancing refers to various personal and physical infection control measures designed to reduce the risk of transmission between people. Measures need to be implemented appropriately and progressively at different phases of a pandemic, in order to maximise their benefits and limit any unnecessary impact on communities and business.

Moderate measures may include advising people to minimise physical contact and avoid large gatherings and public places.

Extreme measures might include closing schools, childcare centres, universities, workplaces and recreational facilities, cancelling public events, home isolation or strict travel restrictions.

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 and training sessions.
- If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace.
- 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 the 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.
- Set up systems where clients and customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery.
- Encourage staff to avoid large gatherings where they might come into contact with infectious people.

11.2.2 Limiting mass gatherings

Mass gatherings have the capacity to spread viruses among participants. Events that may be considered as mass gatherings include schools/education facilities, concerts, large sporting events, citizenship ceremonies, festivals, shopping centres, cinemas, nightclubs and places of worship.

In the event of a pandemic, mass gatherings organised within or by the Council will be reviewed in line with DHHS advice. DHHS will determine the approach based on the particular nature of the contagion and advise private business and event organisers of their obligation to close and cancel events.

11.2.3 Procedure for Supporting People Isolated in their home

During influenza pandemic community members may be quarantined in their homes. Additional support may be required for members of the community who are quarantined in their homes who don't have any form of assistance (family or friends). Identification of these 'affected' people could be made by DHHS via their Help Line, requests for assistance through the Council Reception or referrals from members of the community. Initial consideration should be given as to the person's reasonable ability to remain quarantined in their home with limited support, with other options to be considered (e.g: hospital admission).

Assistance provided by Councils will be dependent on each municipality's capacity and funding streams and they may not all be the same. Any assistance provided must take into consideration the control strategies identified in this plan, see section 11.2.1 and 11.2.2.

The following points will be considered by the municipalities when determining what assistance can be provided:

- council may have limited capacity to respond
- the least human contact is the underlying principle
- initial information provided should indicate:
    - health status
    - access to food and support
    - access to medication.
- the need to maintain regular phone contact and whether this is possible due to resourcing issues
- any deliveries of supplies (e.g: food or medications) to be delivered to a pre-arranged collection point that minimises contact with the quarantined person/s.

11.2.4 Work from Home / Restricting work place entry

As a minimum, on declaration of the Australian 'Contain Phase', agencies will, via their Business Continuity Plan, determine the need to advise staff and visitors not to attend if they have symptoms of the pandemic or have been in contact with someone who has/d symptoms of the infection.

Employees shall be advised not to come to work when they are feeling unwell, particularly if they are exhibiting symptoms associated with the pandemic. Unwell employees will be advised to see a doctor and to stay at home until symptom free for at least eight days, and medical clearance has been provided.

Staff who have recovered from the pandemic related illness are unlikely to be re-infected (most will have natural immunity) and will be encouraged to return to work as soon as medical clearance is provided. In extreme cases it may be desirable that staff are not gathering in the same place. In this instance work from home (remote) practices may need to be authorised and then supported by the IT department.

11.2.5 Council visitors

In order to prevent and limit the likelihood of influenza transmission between Council staff and visitors the following actions should be undertaken:

- Stringent cleaning procedures and the use of disinfectant cleaning products.
- Enhanced cleaning and servicing of air conditioners.
- Sanitary waste management, including the installation of foot pedal operated lidded bins.
- A dedicated budget allowance for essential supplies.

In response to pandemic, extra precautions would be taken to prevent infection. These include:

- Reducing staff travel and using other non-contact methods of communication.
- Restrict entry by the public and contractors into Council Offices.
- Implement enhanced cleaning services.
- Provide PPE as required.
- Enhanced cleaning and servicing of air conditioners. Or switching off/ isolating air conditioning in favour of providing natural ventilation, where applicable.

Some of these actions will only be implemented if the pandemic is particularly infectious or severe.

11.2.6 Virtual MOC operations

The IMEMP details arrangements for the normal operation of the Municipal Operations Centre (MOC). Should social isolation be considered as the most appropriate control strategy by the control agency, the MOC can still be managed by staff logging onto Crisisworks remotely. Communication via telephone rather than gathering in the predetermined MOC facility should also be considered. As a pandemic is likely to be long running, consideration should be given to

incorporating the MOC role into a person's normal role. The long-running nature of pandemic also means the MOC may not need permanent full staffing.

11.2.7 Personal Protective Equipment (PPE) and Cleaning Supplies

Councils will maintain a limited stockpile of Personal Protective Equipment (PPE) for use by staff that have direct contact with the community during the pandemic. This includes: disposable gloves, safety glasses and alcohol based hand sanitiser. Appropriate face masks will be purchased as required.

These will be available to staff that have close contact with members of the community and with people who may be unwell. This includes personal carers in the aged and disability area, early years staff and maternal child health nurses. These will be supplied to staff on an as needs basis at the discretion of the Pandemic Coordinator with the assistance of internal staff, in particular the managers of these areas, Council's Occupational Health and Safety Officer and Environmental Health Officers.

The reliability of suppliers to provide these services during a pandemic has been investigated and deliveries are usually available within 3-4 days, providing the items are available.

11.2.8 Food Delivery

AUSFOODPLAN-Pandemic addresses National food supply during a pandemic. The plan includes arrangements for grocery stores to implement social distancing, and continue to supply groceries, hygiene and sanitary products. The plan does not cover vulnerable communities that are sick or not able to get to stores. The role of food supply at the state level is shared between Department of Environment, Land, Water and Planning (DELWP) and DHHS. If local food deliveries are required, this will be managed within the existing Emergency Management arrangements.

Cluster Councils utilise different contractors and approved suppliers for the catering of the delivered meals program and Council functions. Each Council keeps details of contractors and suppliers.

Councils maintain a list of approved suppliers for the purchasing of products. Local food businesses located throughout the Shire are able to provide catering for large numbers of people. If necessary these businesses will be contacted to assist in the provision of additional meals for isolated persons.

11.3 Council internal arrangements

Staff will be encouraged to regularly clean their own work areas, especially those that are shared with other members of staff. Focus will be on high contact areas such as computers, telephones, door handles, light switches and high traffic areas such as tea rooms and meeting rooms.

The collection of sharps has been considered and arrangements are in place for routine collections and deliveries of containers. An adequate supply of containers is on hand if

deliveries cannot be made and secure storage is available for full containers to be stored until collection can be arranged.

Personal Support for staff is available through the Employee Assistance Program. This is a counselling service that staff can access for a range of issues at any time.

11.3.1 Mass Vaccination

Advice on the process of mass vaccination is provided in the Mass Vaccination Guide, which forms Appendix 8 of the Victorian Health Management Plan for Pandemic Influenza (VHMPPI). Refer to individual Council's standard operating procedure for Mass Vaccination.

11.3.2 Mass fatality

The Victorian Institute of Forensic Medicine (VIFM) is responsible for all deceased persons where there is no Doctor's certification of death. The VIFM has a capacity for normal operations and surge capacity arrangements for a significant number of deceased persons. The VIFM will use the Disaster Victim Identification INTERPOL Guidelines to identify multiple bodies after a mass fatality (likely in a pandemic). Cultural sensitivities are taken into account and teams are briefed on local religious beliefs, cultural attitudes and practices and political systems.

11.3.3 Deactivation

When response activities are nearing completion, the Influenza Pandemic Committee in conjunction with the control agency will call together relevant relief and recovery agencies including the MERO and the MRM to consult and agree on the timing and process of the response stand down.

Stand- down activities for agencies include:

- Liaise with agencies for up-to-date information.
- Implement agency plan for resumption of full business capacity.
- Restock inventory and resupply.
- Document financial expenditure and seek advice from your regional department in relation to any financial support packages available.
- Conduct staff debriefs.
- Review the Influenza Pandemic Plan and prepare for the next influenza pandemic using lessons learnt.
- Continue recovery processes to assist the community.

(Refer to 13 - Action Plan Implementation – Section 5. Deactivation)

12 Community Support and Recovery

12.1 Responsibilities in recovery

Under the current emergency recovery arrangements, Emergency Management Victoria is the lead agency for recovery in Victoria. Regionally, DHHS leads recovery and Local Government plays a key role in assisting DHHS in the provision of services at a local level due to the close relationship Council has with the community. The IMEMP outlines arrangements in place in relation to the provision of aide and support in the event of an emergency.

Possible outcomes during/ after a pandemic for the Influenza Pandemic Committee to consider are shown in Appendix 1.

12.2 The role of Local Government

Local government has a pivotal role in assisting individuals and communities in the recovery phase of an emergency. The Emergency Management Manual Victoria (EMMV) outlines the key activities carried out by local government in close conjunction with, or with direct support by, government departments.

Coordination with Regional DHHS and Regional MRMs will be ongoing to discuss and assess the sharing and coordination of recovery resources. Refer to Part 7 of the EMMV – Emergency Management Agency Roles for full details on the planned arrangements for the management of community support and recovery and the community organisations and agencies that can assist.

12.3 Impact Assessments

Following an emergency it is important to conduct impact assessments as soon as possible to prioritise recovery activities for the community. An assessment of public health risks will ensure key messages are provided to the community in a timely manner which will be very important in trying to contain the pandemic. Section 8 of the IMEMP explains the assessment process.

12.4 Finance during recovery

Recording of accurate and comprehensive expenditure is referred to in the IMEMP. If required a dedicated cost centre number will be used by the Influenza Pandemic Committee and later referred to the MERO/MRM.

13 Action Plan Implementation

Appendix 2 contains checklists to assist Council staff to undertake required tasks during the following stages:

1. Preparedness
2. Standby
3. Initial Action
4. Activation
5. Stand-down.

14 Helpful resources and fact sheets

Refer to the Better Health Channel for information:
https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/flu-influenza
The Victorian Health website will provide information and fact sheets:
http://www.health.gov.au
The World Health Organisation: Fact Sheet: http://www.who.int/influenza/en/

Resources and fact sheets listed below can be found from the above websites:

RESOURCES
Pandemic Tool Kit
Pandemic Influenza
Victorian Action Plan for Pandemic Influenza

FACT SHEETS
How to fit and remove protective gloves
How to fit and remove a protective gown
How to fit and remove a surgical mask
How to fit and remove a P2 -N95 respirator
Protective eyewear
How to fit and remove personal protective equipment
Clean hands
Travel health – Have you recently returned from overseas?
Avian Influenza
Seasonal and pandemic influenza
Transmission of respiratory disease and managing the risk

15 Distribution List

Title	Organisation	Plan No.
Electronic database	Cluster Coordinating Council	1
Manager, Health Protection	Department of Health and Human Services Loddon Mallee Region	2
Manager, Emergency Management North Division	Department of Health and Human Services	3
Emergency Management Coordinator	Mount Alexander Shire Council	4
Emergency Management Coordinator	City of Greater Bendigo	5
Emergency Management Coordinator	Central Goldfields Shire Council	6
Emergency Management Coordinator	Loddon Shire Council	7
Emergency Management Coordinators	Campaspe Shire Council	8

A copy of this Plan can be found on each Cluster Council's website.

16 Appendices

Appendix 1 - Community Support and Recovery – Possible outcomes for consideration

Impact as a result of an influenza pandemic	Consequence to the community
Staff absenteeism	Reduced ability to deliver basic services e.g. home support (aged care and early years services). Loss of income. Extra stress on already struggling families
Death of employees	Loss of local knowledge, will take longer to train new person and restore the service, time for organisation to find new person
Decreased socialisation/ breakdown of community support mechanisms	Depression, loneliness
Increased pressure on services	Greater demand on resources, decrease in means of distribution. Current receivers of care may receive insufficient care
School closure	Parents of dependent children can't go to work. Teachers and school staff can't work. Economic loss
Increased need for information	Conflicting messages and misinformed social media groups can cause anxiousness and fear
Overloaded hospitals and medical centres	Reduced capacity to treat all patients, patients with minor problems less likely to be admitted
Animal abandonment	Abandonment of the animal originally responsible for carrying the flu. Fear of animals. Animal cruelty
Increased numbers of vulnerable people and emergence of new groups	More pressure on already struggling services. Increased care requirements of vulnerable people. Less numbers of carers available
Closure of public places	Reduced ability to buy supplies, loss of entertainment
Widespread economic disruption	Increase in crime. Stress on families. Businesses will struggle. Reduced ability to buy essential supplies. Reduced employment
Psychological health	Trauma, depression
Mental health	Survivor guilt

Appendix 2 – Action Plan Implementation Checklists

1. Preparedness – Planning Stage

STATUS – No novel strain of the virus has been detected.

PRIMARY OBJECTIVE - Plan and prepare for pandemic influenza as part of normal risk management business.

RESPONSIBLE OFFICERS: Council Environmental Health Coordinators and Emergency Management staff.

Influenza Pandemic Coordination – Actions required		Actioned Y/N
1.	Review the Influenza Pandemic Plan and update any contact details or operating procedures	
2.	Promote influenza prevention activities such as: ▪ offering workplace seasonal influenza immunisation to staff ▪ promote good personal hygiene – hand hygiene and respiratory/cough etiquette ▪ staying away from work or public gatherings if symptomatic	
3.	Ensure all business continuity plans are current at all times	
4.	Promote seasonal influenza vaccination to vulnerable community members through the Community Care / Community Services and Early Years teams	
5.	Promote seasonal influenza vaccination to the broader community via the community newsletter, local newspaper and the council website	
6.	Check Influenza PPE stockpiles: ▪ What current levels of PPE gear do you have? ▪ Are masks, gloves and hand sanitisers within adequate use by date? ▪ Is current storage ok? If not what location will you store items?	
7.	Review of current Influenza/Mass Vaccination clinics	
8.	Meet with Pandemic Planning Committee to discuss organisational preparedness (if activated)	

2. Standby - Response Stage

STATUS - Sustained human-human transmission of a novel influenza virus has been detected overseas in one or more countries

PRIMARY OBJECTIVE – Commence arrangements to reduce the impact of a pandemic on the municipalities and increase vigilance for case detection.

RESPONSIBLE OFFICERS: Council Environmental Health Coordinators and Emergency Management staff. Note: A Pandemic Committee may be appointed at this point.

Pandemic Coordination – Actions required		Actioned Y/N
1.	Convene the Influenza Pandemic Planning Committee of the IMEMPC to ensure the following occurs: ▪ maintain access to the Chief Health Officer's alerts to monitor the situation ▪ liaise with Department of Health and Human Services and other agencies.	
2.	Messages to staff should: ▪ explain the local status ▪ explain infection prevention arrangements and promote ongoing education regarding the minimizing of infection spread ▪ demonstrate the need for increased vigilance for case detection ▪ incorporate advice from Department of Health & Human Services. ▪ promote messages for employees to convey to fellow staff members, friends, family, clients and customers. ▪ provide the link to the Department of Health & Human Services website and other pandemic influenza information resources. ***Refer to Part 14 - Helpful Resources and Fact Sheets***	
3.	Confirm that the procedures to support people in home isolation are current and operable.	
4.	Meet with Risk and Safety Officer, or other responsible officer, to ensure Council's business continuity plan considers the impacts of a Pandemic.	
5.	Review stocks of Personal Protection Equipment (PPE) and make arrangements to increase capacity.	

3. Initial Action – Response Stage

STATUS - Novel influenza virus or pandemic virus detected in Australia with limited information available.

PRIMARY OBJECTIVE – Minimise transmission by implementing maximum infection control procedures and monitoring staff wellness.

RESPONSIBLE OFFICERS: Council Environmental Health Officers / Coordinators and Emergency Management staff. Note: a Pandemic Coordinator may be instigated at this time.

Pandemic Coordination – Actions required		Actioned Y/N
1.	Alert Council staff of the situation and reinforce the infection control measures implemented in the previous stage. Additional advice to staff to also: ▪ stay away from work or public gatherings if symptomatic to minimise the risk of infecting others ▪ to seek medical advice if symptoms continue or get worse.	
2.	Maintain the communication activities initiated in the Standby Response stage.	
3.	Consider further arrangements for minimising the risk of infection in the workplace: ▪ implement remote work arrangements if applicable ▪ use alternate non face-to-face work arrangements ▪ introduce additional cleaning and disinfecting (handrails, door handles, lift controls, telephones, rubbish bins) ▪ use clear screens or PPE for staff in customer interactive roles ▪ encourage home quarantine for suspected cases.	

4. Activation – Response Stage

STATUS – The pandemic virus has entered the country and is spreading throughout the community. Enough is known about the disease to tailor measures to specific needs.

PRIMARY OBJECTIVE – Provide targeted support and quality care while maintaining business continuity.

RESPONSIBLE OFFICERS: Pandemic Coordinator, MERO, Community Care / Community Services Coordinator, MRM.

Pandemic Coordination – Actions required Pandemic Virus infections are being reported in the local municipalities		Actioned Y/N
1.	Maintain current infection control measures implemented in the Initial Action stage. If the severity of the influenza virus is deemed high the following is recommended: ▪ public access to the Council offices be restricted ▪ promote social distancing ▪ PPE usage – the State controller will provide advice about the appropriate use of PPE.	
2.	Establish a Municipal Operations Centre and implement the following: ▪ conduct regular tele-conferences with DHHS, support agencies and neighbouring municipalities ▪ identify which parts of the relevant plan need to be implemented on advice from DHHS	
3.	Implement procedures to continue delivery of the essential components of support for clients receiving funded services delivered by Council as per business continuity plans and determine capacity to provide support for people who are isolated in their homes.	
4.	Implement the procedure to establish and deliver community support services. The nature of these will vary, depending on the degree of impact. Similarly, how they are delivered (single gathering point for the community or on an individual basis) will also vary.	
5.	Liaise with the Business Continuity Team regarding measures to maintain critical Council service delivery.	
6.	Maintain communication with Council staff and the community.	
7.	Provide vaccination services to the priority community groups when requested by the DHHS. ***See Mass Vaccination Standard Operating Procedure***	
8.	The Influenza Pandemic Committee prepare for the recovery arrangements for the affected community (s) as the need arises. Liaise with the local health and other service providers to ensure these actions complement each other.	

5. Deactivation – Response Stage

STATUS – Pandemic subsiding and/or Vaccinations result in a protected population.

PRIMARY OBJECTIVE – The public health threat is managed within normal arrangements and monitoring for change is in place.

RESPONSIBLE OFFICERS: Pandemic Coordinator, MERO or MRM, Emergency Management Team.

Pandemic Coordination – Actions required Infection rate has dropped significantly		Actioned Y/N
1.	Stand-down: Initiate stand down procedures which include: ▪ reducing community support activities while maintaining quality care of funded clients ▪ cease activities that are no longer needed (eg the MOC) ▪ communicate these changes to staff and external agencies ▪ maintain basic infection control procedures ▪ monitor for a second wave of the outbreak and also for development of anti-viral resistance.	
2.	Liaise with the Municipal Recovery Manager regarding a hand-over from response to recovery operations. ***Refer to Council IMEMP – Emergency Recovery Plan for more detail on the recovery services likely to be required.***	
3.	Continue to coordinate vaccination sessions when requested by DHHS	
4.	Participate in the Influenza Pandemic Committee to determine the services and resources required to address the identified needs.	
5.	Conduct staff debriefs to determine: ▪ status of their psycho-social well-being ▪ effectiveness of the Pandemic Plan procedures.	
6.	Participate in regional operations debrief/s.	
7.	Recommend any changes to the IMEMPC in relation to the IMEMP, Influenza Pandemic Plan or Mass Vaccination Procedures. This may include improvements that have come from debriefs.	