

Municipal Emergency Management Plan -Influenza Pandemic Sub Plan

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1. Introduction

The Mount Alexander Shire as part of its emergency management planning, is putting in place an Influenza Pandemic Plan. Whilst the likelihood of an influenza pandemic is low, the impact on this organisation in such an event could be devastating.

This documents details 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.

The Senior Environmental Health Officer is nominated as the Pandemic Coordinator for the municipality, and will work with all business units and sections in identifying critical staff and functions.

The Environmental Health Officer will assist the Senior Environmental Health Officer and be the Deputy Pandemic Coordinator.

It is required that all business units and sections offer their assistance to the Pandemic Coordinator and provide as much information as is necessary. This will enable the construction of a robust plan, reducing the local impacts of an influenza pandemic and providing support and recovery assistance to our affected community, throughout the pandemic's duration.

The plan will be reviewed annually. The Pandemic Coordinator is to ensure that the document is reviewed annually as a sub-plan of the Municipal Emergency Management Plan (MEMP) and make amendments, as required.

It is emphasised that the pandemic plan is to work in conjunction with the municipality's emergency management plans.

Mr Darren Fuzzard
Chief Executive Officer

2. Framework and Background

2.1 Framework

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. Council's Influenza Pandemic Sub Plan aligns with the following federal, state and local government plans:

Commonwealth Plans

- National Action Plan for Human Influenza Pandemic – Council of Australian Governments July 2007
- Australian Health Management Plan for Pandemic Influenza – Australian Government Department of Health April 2014

State Plans

- Victorian Human Influenza Pandemic Plan – Victorian Government April 2007
- Community Support and Recovery Sub Plan – Victorian Department of Human Services March 2008
- Victorian Health Management Plan for Pandemic Influenza – Department of Health, Victoria 2014
- Victorian Action Plan for Human Influenza Pandemic - June 2015

Local Government Influenza Pandemic Plan

- Municipal Emergency Management Plan – Influenza Pandemic Sub-Plan
- Municipal Emergency Management Plan
- Business Continuity Plan

2.2 Pandemic Influenza Background

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.

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 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.

Transmission

Human influenza virus is mainly by **droplet transmission**. This occurs when droplets from the cough or sneeze of an infected person are propelled through the air (generally up to 1 metre) and land on the mouth, nose or eye of a nearby person. Influenza can also be spread by **contact transmission**. This occurs when a person touches respiratory droplets that are either on another person or an object – and then touches their own mouth, nose or eyes (or someone else's mouth, nose or eyes) before washing their hands.

In some situations, **airborne transmission** may result from medical procedures that produce very fine droplets (called fine droplet nuclei) that are released into the air and breathed in. These procedures include:

- Intubation;
- Taking respiratory samples;
- Performing suctioning; and
- Use of a nebuliser.

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.

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.

The impact of an influenza pandemic will depend on the clinical severity of the disease, the ability to transmit between humans, the functionality of the state's health systems, the state's level of effective response to a pandemic and the population. Once the pandemic has been effectively contained the state can measure the effect. Victorian Department of Health and Human Services (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.

2.3 History of Influenza Pandemics

Information about the history of influenza pandemics, the most recent outbreaks and their impact can be found on the DHHS web site at:

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

2.4 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 infectivity of the next pandemic strain limit our abilities to characterise the next pandemic with any accuracy. It is however possible to model various pandemic scenarios given a series of pre-determined assumptions and limitations. Modelling provides a tool for guiding the planning process.

The attack rate in humans is estimated to be 40 per cent, with a case fatality rate of 2.4 per cent (i.e. of the 40 per cent ill, 2.4 per cent could die).

In Mount Alexander Shire, it is expected that 7,252 people (40 per cent of the municipality's population – 18,130 [as at June 2011]) could be infected with pandemic influenza, and of those 174 (2.4 per cent of the 40 per cent of the municipality's population) could die.

2.5 CERM Risk Assessment

It is important to note that Council's Municipal Emergency Management Plan sets in place arrangements to be followed in the event of an emergency. Furthermore, Council's Emergency Risk Management Profile identifies human epidemics including influenza, as:

Likelihood Rating = D: Unlikely – The event could occur at some time, there are no recorded incidents or anecdotal evidence, no recorded incidents in associated organisations or facilities and there is limited opportunity, reasons or means to occur.

Consequence Rating = 4: Major – The event will result in extensive injuries, significant hospitalisation, large number displaced (more than 24 hours duration), fatalities, and external resources will be required for personal support. Furthermore, there will be significant damage that requires external resources, the community will only partially function and some services will be unavailable. Some impact on the environment may occur with long-term effects, significant financial losses may occur and some financial assistance will be required.

The overall risk rating for human epidemics, including influenza, in the Mount Alexander Shire's Emergency Risk Management Profile is high and planning and preparedness is essential to minimise the affect a human epidemic such as influenza will have on the community.

3. Aims and Objectives

3.1 Aims

The aim of this plan is to:

- Assist in reducing the impacts of an influenza pandemic on the Municipality;
- Provide support and recovery assistance throughout the duration of the influenza pandemic; and
- Ensure response activities are consistent across whole of government.

3.1.1 Objectives

The objectives of this plan are:

- *Preparedness* – have arrangements in place to reduce the pandemic impact;
- *Containment* – prevent transmission, implement infection control measures, provide support services to people who are isolated or quarantined within the municipality;
- *Maintain essential municipal services* – provision for business continuity in the face of staff absenteeism and rising demand on local government services;
- *Mass vaccination* – assist in providing vaccination services to the community, if an influenza 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; and
- *Community support and recovery* – ensure a comprehensive approach to emergency recovery planning in the Municipal Emergency Management Plan, with specific focus on pandemics.

4. Roles and Responsibilities

Local Government performs important public health roles during normal day to day business. During a human influenza pandemic this role may be escalated to include:

- Conducting mass vaccination sessions;
- Distributing public information and advice, and;
- Assessing the impact of the pandemic in Mount Alexander Shire and assisting the State Government to develop and implement strategies to maintain public health.

Local government must have designated resources who can lead the pandemic planning process. Consideration must be given to planning, response, community support and recovery and business continuity during all phases of a pandemic.

4.1 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, it is recommended that each municipality assign responsibility for coordinating influenza pandemic planning to a Pandemic Coordinator.

The role could include:

- Administering the Pandemic Planning Sub 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 your Municipal Business Continuity Plan has addressed the specific considerations likely to arise in an influenza pandemic
- Liaising with your Municipal Recovery Manager (MRM) in relation to specific community support and recovery considerations in an influenza pandemic
- Arranging exercises or workshops.

4.2 Influenza pandemic planning sub committee

The role of this committee is to assist the Pandemic Coordinator to develop a sub plan of the municipal emergency management plan, ensuring the 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 your municipality's business.

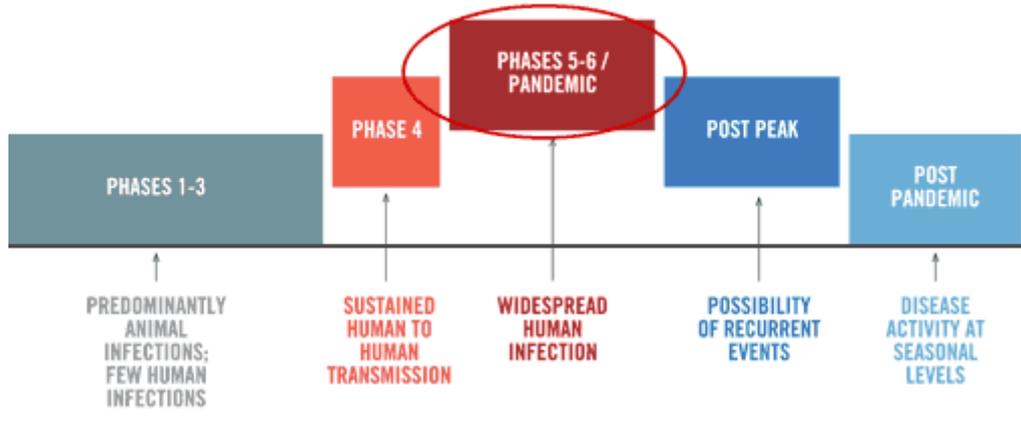
Representation on the committee should include:

- A senior manager as the champion of the project
- The 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
 - Municipal Emergency Management Planning Committee
 - Infrastructure management
 - Health and community care services aged services
 - Risk management and occupational health and safety services immunisation coordinator
 - Communication/public relations.
 - Representation from other community related health services
 - Local health sector such as Divisions of General Practice, hospitals
 - Support services such as meals on wheels, home care, community nursing
 - DHHS region.
- Community and business representatives, especially from special needs groups.

5. Pandemic Phases

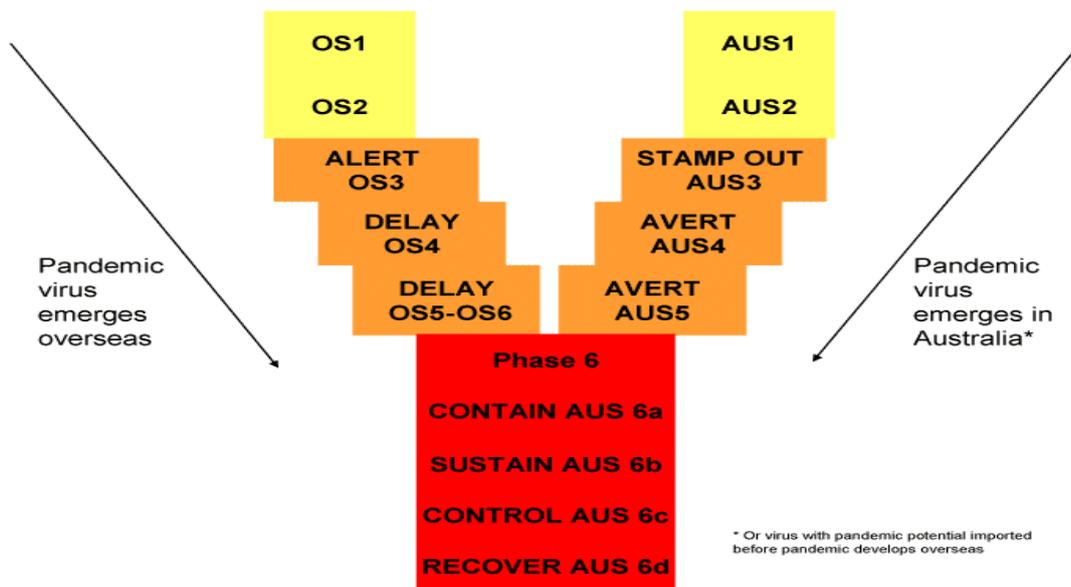
The World Health Organisation (WHO) has a set of pandemic phases that it uses to describe the global situation (phases 1–6). Australia uses the same numbering system as the WHO to describe each phase; however, the Australian pandemic phases are designed to describe the situation in Australia and to guide 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- http://www.who.int/csr/disease/avian_influenza/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 Mount Alexander Shire community may be very different to the experiences elsewhere in Australia. For instance, if there is a high rate of infection in the Mount Alexander Shire community but not elsewhere, Australia may remain at the Alert or Delay phase, even though Council will need to activate many or all parts of this plan.

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

6. Community profile

This information is contained in Part 2 - Area Description and Risk Assessment, of the MEMP. Please ensure that the MEMP is checked before any additional information is sought.

7. Communication

Council has developed a Municipal Emergency Recovery – Information/Media Liaison Sub Plan. This plan outlines the councils approach to the dissemination of information during an emergency and has specific instructions for pandemics.

The Victorian Government has developed a communication strategy to strengthen pandemic preparedness at state, regional and local level and ensure that timely, informative and consistent messages are provided to the wider community. The strategy supports the Australian Government Department of Health and Ageing Communication Strategy, while accommodating Victorian circumstances.

During a pandemic the Australian Department of Health and DHHS will deliver messages via national and state media outlets and in addition provide guidance and key local messages to be distributed via council.

Examples of communication at key stages during a pandemic are:

STAGE	COMMUNICATION
1 – Proactive communication Planning and proactive communication	<ul style="list-style-type: none"> • Preparation of key messages • Focus on promoting facts/ key information of pandemic in Victoria, contact key agencies and prevention through hygiene measures • Internal communication and briefings • Community and staff education • Information/ updates

STAGE	COMMUNICATION
	<ul style="list-style-type: none"> Liaison with Loddon Mallee Region (LMR) councils, Municipal Association of Victoria (MAV), DHHS and health agencies.
<p>2 – Pandemic management information</p> <p>Influenza case/s in Mount Alexander – response and containment</p>	<ul style="list-style-type: none"> Regular updates: information and advice to staff and community/ with revised key messages to cater for new information Messages to focus on communicating services available/ clarifying Council’s role and referral to appropriate agencies Communicating actions to ensure business continuity Communicating occupational health & safety measures for staff Liaison with LMR councils, MAV, DHHS and health agencies.
<p>3 – Crisis communication</p> <p>Widespread cases and high service demands</p>	<ul style="list-style-type: none"> Regular updates: information and advice to staff and community/ with revised key messages to cater for new information (eg, vaccinations, use of masks, staffing & service arrangements, etc) Communications of temporary closures of facilities/ sporting events/mass gathering activity Messages to focus on communicating services available/ clarifying Council’s role and referral to appropriate agencies Communicating actions to ensure business continuity Off-site communications Liaison with LMR councils, MAV, DHHS and health agencies.

Communication methods for planning:

INTERNAL	EXTERNAL
<ul style="list-style-type: none"> Councillor briefing Executive Management Team (EMT) briefing Manager/ Coordinator briefing Staff briefing FAQs Intranet page All users emails Posters 	<ul style="list-style-type: none"> Website page Media release Fact sheets and posters Advertising – Leader newspaper Local radio briefs Podcast Targeted mail drops Multi-lingual communication Facebook Twitter

8. Planning

8.1 Plan Review Cycle

The Influenza and Pandemic 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 VHMPPPI. The plan will be updated and an amendment register or document update will be completed as part of the document.

The Influenza pandemic planning subcommittee will meet in February each year to review the plan, verify the contact details of external parties and the links and references to state, federal and municipal plans and documents are correct and relevant.

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

(Refer to appendix A - Pandemic Action Plan – Section 1. Preparedness)

9. Response

In the event of an influenza pandemic, 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.

9.1 Standby activities

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

- Call a meeting of the Influenza Pandemic Planning Sub – Committee to oversee activity and provide advice;
- Strengthen infectious disease control measures to minimise or prevent the spread of influenza in the workplace by promoting good hand washing practices, cough etiquette, provision of alcohol based hand rub, increased cleaning regimes and ensuring cleaning contractors use a neutral detergent (Refer Appendix E for staff facility checklist);
- Provide additional staff influenza vaccination sessions;
- 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 aged care facilities, child care centres, maternal and child health centres, immunisation services and home and community care services;
- Provide staff briefings to essential service departments covering infectious disease procedures including personal hygiene protocols, treatment of diagnosed clients, services exclusion policies and notification protocols, and;
- Review Council's Business Continuity Plan.

9.1.1 Exercising of the Influenza and Pandemic Sub Plan

The Municipal Emergency Management Planning Committee (MEMPC) will ensure that the Influenza and Pandemic 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.

(Refer to appendix A - Pandemic Action Plan – Section 2. Standby)

9.2 Initial/Targeted Response

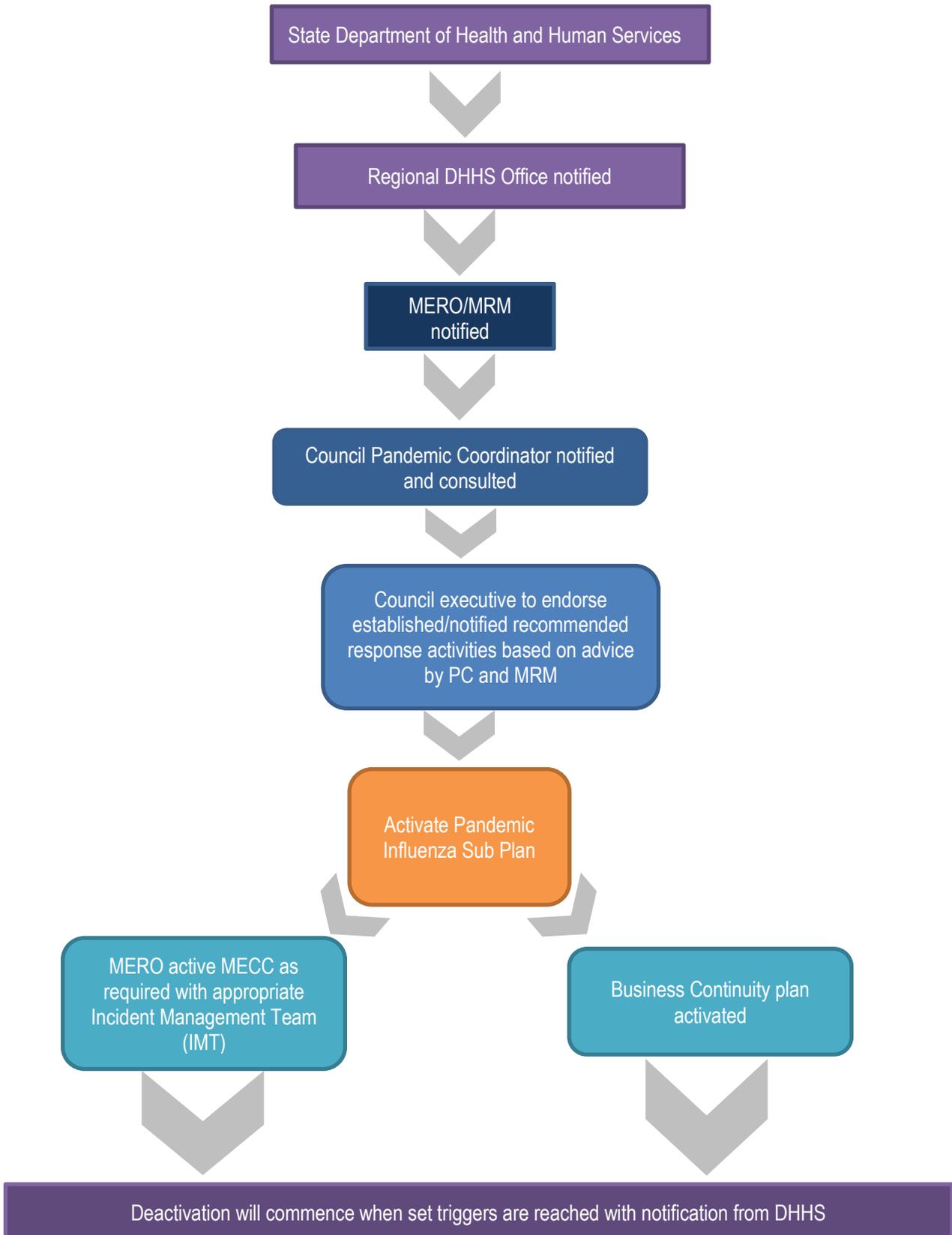
9.2.1 Activation

Following advice from DHHS, the Municipal Emergency Response Officer (MERO) will alert Council's executive and activate the relevant response ensuring that Council responds 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/ MRM. In addition, and at the earliest opportunity, either the MERO or MRM will inform Council's Chief Executive that the Council's Municipal Emergency Management Plan and Influenza Pandemic Sub-Plan have been activated.

(Refer to appendix A - Pandemic Action Plan – Section 3 & 4. Initial action & Activation)

ACTIVATION PROTOCOL



Activation of this Plan will function under the VHMPPPI stages. 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.

9.2.2 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 Mount Alexander Shire may be required to assist with control strategies appropriate to the nature of the contagion. This will be handled within existing Emergency Management arrangements.

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 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.

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 municipality 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.

Council's event calendar can be found here: <http://www.maldoncastlemaine.com.au/>

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 been in contact with someone who has/d symptoms of the pandemic.

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.

Council Visitors

In order to prevent and limit the likelihood of influenza transmission between Council staff and visitors the following actions should be undertaken. The following procedures are currently in place at both council offices and will remain even in inter-pandemic times.

- Stringent cleaning procedures and the use of anti-bacterial 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.
- Implement the Visitor Policy to restrict entry to the public and contractors into Council Offices.
- Cancel/ relocate mass gatherings, such as festivals.
- Implement enhanced cleaning services.
- Distribute face masks to Aged and Disability Support Services (ADSS) home workers.
- Distribute hand sanitiser and alcohol wipes.
- Enhanced cleaning and servicing of air conditioners. Or switching off/ isolating air conditioning in favor of providing natural ventilation.

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

Virtual MECC operations

The Council's MEMP details arrangements for the normal operation of the Municipal Emergency Control Centre (MECC). Should social isolation be considered as the most appropriate control strategy by the control agency, the MECC can still be managed by staff logging onto Crisisworks remotely. Communication via telephone rather than gathering in the predetermined MECC facility should also be considered. As a pandemic is likely to be long running consideration should be given to incorporating the MECC role into a person's normal role. The long-running nature of pandemic also means the MECC may not need permanent full staffing.

Municipal Waste Collection Arrangements

Council will work with DHHS and EPA regarding suitable disposal of contaminated waste product during a pandemic. It is anticipated that normal levels of service will continue to prevent the build-up of waste in the municipality.

Personal Protective Equipment (PPE) and Cleaning Supplies

In accordance with Council's Business Continuity Plan, PPE and cleaning supplies will be acquired by the Risk and Safety Officer during the appropriate pandemic phase.

See section 4.8 of Council's – Business Continuity Plan

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.

Pharmaceutical Access

Whilst it is expected that normal pharmaceutical business will continue to operate, each business will determine its own risk exposure and level of operation. In a pandemic this may impact the ability for the community to access pharmaceutical supplies. In this eventuality the State Pandemic Incident Management Team will be required to manage the supply of pharmaceutical goods.

Mass Vaccination/ Immunisation

Advice on the process of mass vaccination is provided in the Mass Vaccination Guide, which forms Appendix 8 of the VHMPPI. Council responsibilities in activation include:

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

The nature of the contagion will determine the configuration and/or the need for additional clinics. The DHHS will determine whether other locations across the region are required for use as a vaccination clinic such as scout halls or community facilities. Neighbouring municipalities should be

contacted to provide details of their pre-planned vaccination centres. Agencies will need to remain flexible in the event of extraordinary requests (*Refer to Mass Vaccination Standard Operating Procedure*)

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 taken into account and teams are briefed on local religious beliefs, cultural attitudes and practices and political systems.

Depending upon the emergency and situation, there remains an unlikely potential that local government may be requested to assist. Requests would be made to Victoria Police and the Municipal Emergency Response Coordinator (MERC) would make any requests of the MERO.

In ALL instances, detailed advice should be obtained from the VIFM.

A pandemic with a mortality rate of 2.4% will cause approximately 168 additional deaths in the Mount Alexander Shire, most probably over a 6-8 week period.

The Shire is currently serviced by two Funeral Directors, numerous cemeteries and a bereavement support service.

Bereavement support service is provided by the Pastoral Care Coordinator located at Castlemaine Health and Castlemaine District Community Health Centre.

Cemeteries include:

- Castlemaine;
- Maldon;
- Baringhup
- Taradale;
- Harcourt;
- Newstead;
- Guildford;
- Chewton;
- Fryerstown;
- Vaughn;
- Joyce's Creek; and
- Muckleford.

Both the Castlemaine and Maldon Cemetery Trusts have advised that they have the capacity to bury 4-6 people per day. Mortuary facilities are limited with capacity to store 34 bodies. The local funeral directing services have advised that capacity to bury deceased persons is limited to 4-6 burials per day.

Temporary mortuary facilities will be established in the event that the capacity of existing facilities outweighs demand with the assistance of the Australian Funeral Directors Association. Additional precautions are to be taken when caring for deceased pandemic cases. Mortuary and funeral home staff are to be informed that the deceased had pandemic disease, and that additional precautions are required when preparing the body for burial under the direction of the DHHS.

Religious and Social Considerations

It is recognised that a number of religious and ethnic groups have special requirements about how bodies are managed after death, and such needs will be met wherever possible. It is possible, however, that religious considerations will not be able to be fully met during a pandemic due to overriding public health measures.

Mount Alexander Shire has a number of Sudanese people in the community and 70% of Sudanese belong to the Islamic faith. Advice will be sought from religious leaders in relation to funeral management, bereavement counselling and communication, particularly for Sudanese residents and other ethnic groups who do not speak English.

Ovals as temporary storage facilities

The VIFM may request a location to establish a temporary storage facility. The VIFM has arrangements in place for the supply of refrigerated shipping containers, the support services required to fit them out and the staff to manage them. A location such as a sporting oval would be suitable and would hold between 60 – 100 containers depending upon whether a mortuary is also established on site. Council currently have 14 recreation reserves.

Other considerations should include:

- Location – away from schools, community facilities or residential areas
- Vehicular access for two wheel drive vehicles
- Access to power – Supply grid or generator/s
- Access to water – mains preferred
- Security – temporary fencing with black screening mesh
- Signage

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

Burial Sites

In rare, exceptional circumstances, Council could be asked to identify possible sites for burial of deceased persons. These areas should be carefully considered as they are likely to remain as cemeteries and/or at very least; memorial sites into the future and the site will have little chance of repatriation and return to its previous use. Consideration should be given to the use of existing cemeteries such as Anderson's Creek and Templestowe Cemeteries.

A typical site would require a long, relatively shallow trench where each body would be separated by a piece of chipboard type material. Bodies would ideally be wrapped in plastic, and clearly identified with some form of reference number and recorded on a map or plan. Bodies would not be stacked on top of each other to facilitate exhumation and reburial by families at a later date if required.

If requested to provide such a location, Council may also be required to supply excavators, chipboard dividers, cable ties and tags that will not degrade (e.g., metal tag with engraving or stamps). The deceased will require to be photographed, have a DNA sample taken and photo of their teeth – all to be catalogued and sent to a central repository (most probably at the VIFM Central Office). Unless exceptional circumstances existed, this would be done by the VIFM or their authorised agents.

Cremation

Unless specific directions are issued by the Victorian Institute of Forensic Medicine, cremation will not be considered in the event of mass fatality situations. In the event directions are issued, detailed information as to specific requirements will be given at that time by the relevant authority.

Civil Disturbance

It is likely that as health and mortality issues increase, the responsibility of the justice system will rapidly expand through greater calls for service, added security responsibilities for health care and related facilities, enforcement of court-imposed restrictions, public education, control of panic and fear and associated behaviours, and ensuring that the public health crisis is not used as an opportunity for individual or organisational (criminal) gains.

Public health emergencies pose special challenges for Victoria Police, whether the threat is manmade (e.g. the anthrax terrorist attacks) or naturally occurring (e.g. flu pandemics). Policing strategies will vary depending on the cause and level of the threat, as will the potential risk to the responding officers.

Depending on the threat, the role of Victoria Police may include enforcing public health orders (e.g. quarantines or travel restrictions), securing the perimeter of contaminated areas, securing health care facilities, securing vaccination centres, controlling crowds, investigating scenes of suspected biological terrorism, and protecting national stockpiles of vaccines or other medicines. If this occurs, the request will originate from the controlling agency (DHHS) but a protocol with DHHS outlines that all necessary PPE will be provided by DHHS.

The Victoria Police Influenza Pandemic Plan identifies police responsibility on the following potential impacts:

- Increased violence at Fever Clinics
- Hijacking of vehicles transporting vaccines
- Burglaries on pharmaceutical companies and chemists
- Black market selling vaccines
- Continuous demand for extra services from Customs, Australian Department of Health, Quarantine Services
- Police members reluctant to enter home where persons suspected to be affected
- Large scale absenteeism of police staff
- No access to sufficient levels of PPE
- IT technology collapse
- limited capacity of remote dispatch centre

9.3 Stand- down

When response activities are nearing completion, the MERC 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 include:

- Liaise with your departmental region for up-to-date information.
- Implement your plan for resumption of full business capacity.
- Restock inventory and resupply.

- Document financial expenditure and seek advice from your departmental region in relation to any financial support packages available.
- Conduct staff debriefs.
- Review plans and prepare for the next influenza pandemic using lessons learnt.
- Continue recovery processes to assist with community resilience.

(Refer to appendix A - Pandemic Action Plan – Section 5. Stand-down)

10. Community Support and Recovery

Council's recovery arrangements are detailed in the MEMP. The recovery arrangements in a pandemic are coordinated by the DHHS and will be long lasting and operate parallel to response activities.

10.1 Responsibilities in recovery

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

In the event of a pandemic, recovery arrangements will be similar to those outlined in the MEMP. This includes the following:

- Provision of material aid as required
- Assistance from various recovery agencies
- Provision of information (Recovery Centre); and
- Establishment of a Community Recovery Committee.

In an emergency situation a Recovery Centre is usually established as a one stop shop for information for people that have been affected by the emergency. In the event of a pandemic this will not be able to be established due to requirements for social distancing to reduce spread of the virus.

A virtual Recovery Centre may be established via Council's website and telephone and email contacts. This will involve information being provided on an ongoing basis via Council's website updating people with the most recent information available. For those that do not have access to the internet they will be able to contact an on-call number and will be provided with the information they require, depending on the enquiry. An independent email could also be made available that would be monitored by recovery volunteers and staff throughout the pandemic. The community will be able to email in specific questions relating to their concerns and can either be emailed back the information or be contacted by telephone by a recovery staff member or volunteer.

To drive the recovery process for the community, a Community Recovery Committee will be established. This committee will be the instigator of community recovery activities for the Mount Alexander Shire. This committee will consist of Council staff, recovery agencies and community members. Recovery from a pandemic will focus mainly on three of the four environments:

Social:

- Encourage people to return to their 'normal' social routine.
- Facilitate community events.
- Work with at risk or Culturally And Linguistically Diverse (CALD) communities.
- Provide measures to restore emotional and psychological wellbeing.

Economic:

- Return to regular retail spending.
- Return to work and disposable income.
- Decreased demand on the health system.

Built:

- Return to normal use of essential and community infrastructure (the public transport system).
- Transition back into office buildings for people who were temporarily working from home.
- Lessening demand on medical facilities.

Possible outcomes during/ after a pandemic for the committee to consider:

Impact as a result of an influenza pandemic	Consequence to the community
Staff absenteeism	Reduced ability to deliver basic services e.g. Home and Community Care (HACC) and health 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 centers	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. Increases 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

The committee will assess the impact the pandemic has had on the community as well as anticipating ongoing impacts and will establish arrangements to assist the community. It is anticipated that the social and economic impacts will have the greatest effect on the community and that the built environment will only be impacted if utilities such as power and water supply are affected.

10.2 Local Government Roles

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

During a pandemic these may include:

- Providing information services to affected communities using, for example, information lines, newsletters, community meetings and websites;
- Providing and staffing of recovery/information centre(s);
- Forming and leading municipal/community recovery committees;
- Post-impact assessment — gathering and processing of information;
- Environmental Health — including food and sanitation safety, vector control etc.;
- Providing and managing community development services;
- Providing and/or coordinating volunteer helpers;
- Providing personal support services, such as counselling, advocacy, in home support;
- Providing/coordinating temporary accommodation; and
- Organising, managing or assisting with public appeals.

Many of the above issues are currently identified in the MEMP.

Coordination with Regional DHHS and Regional MRMs will be on going to discuss and assess the sharing and coordination of recovery resources. Refer to section 6 – Relief and Recovery Arrangements to for full details on the planned arrangements for the management of community support and recovery and the community organisations and agencies that can assist.

10.3 Finance during recovery

Accurate and comprehensive expenditure recording are referred to in the MEMPlan if required a dedicated cost centre number will be used by the Pandemic Influenza Recovery Committee and later referred to the MERO/MRM.

APPENDIX A – Pandemic Action Plan

As stated within the Pandemic Influenza Sub Plan, Mount Alexander Shire Council has responsibilities in the following areas:

1. Core public health activities by reinforcing public awareness messages conveying appropriate hygiene, social distancing, use of personal protective equipment, maintaining quarantine arrangement and contact tracing;
2. The Coordination and provision of Mass Vaccinations upon request of DHHS;
3. Provision of essential services by ensuring Council can maintain business continuity for the duration of the pandemic as well as provide appropriate additional services to the community when requested by DHHS, and;
4. Provide Community Support and Recovery activities including the provision of support to people affected by the pandemic who are in quarantine. Provision of food and medical supplies may be provided where affected individuals demonstrate lack of access to support from family and friends.

Council may face the challenge of undertaking these roles while facing significant staff shortages due to absenteeism.

Action Plan Implementation

The following checklists are provided to assist Council staff to undertake certain tasks during the following stages:

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

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.

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
Prior to normal influenza season			
1.	Review the Municipal Pandemic Influenza Plan and update any contact details or operating procedures	Pandemic Coordinator	
2.	Promote influenza prevention activities such as: <ul style="list-style-type: none"> 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 	Pandemic Coordinator	
3.	Ensure all business continuity plans are current at all times	Risk and Safety Officer	
4.	Promote seasonal influenza vaccination via HACC clients	HACC Coordinator	
5.	Promote seasonal influenza vaccination to the broader community via the community newsletter, local newspaper and the council website	Pandemic Coordinator/ Communications Officer	
6.	Check Influenza PPE stockpiles: <ul style="list-style-type: none"> 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? 	Pandemic Coordinator/ Risk and Safety Officer	
7.	Review of current Influenza/Mass Vaccination clinics	Pandemic Coordinator	
8.	Meet with Pandemic Planning Committee to discuss organisational preparedness	Pandemic Coordinator	

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 Mount Alexander Shire and increase vigilance for case detection.

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
Upon hearing news of a Pandemic Outbreak Overseas			
1.	<p>Convene the Pandemic Planning Sub-Committee of the MASC MEMPC to ensure the following occurs:</p> <ul style="list-style-type: none"> Maintain access to the Chief Health Officer's alerts to monitor the situation Liaise with Department of Health and Human Services and other agencies. 	Pandemic Coordinator	
2.	<p>Messages to staff should include:</p> <ul style="list-style-type: none"> Explanation of the local status. The infection prevention arrangements and promote ongoing education regarding the minimizing of infection spread. <p>See Appendix B - 'Infection Prevention Procedures' for more detail.</p> <ul style="list-style-type: none"> Need to increase 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 link to the Department of Health & Human Services website and other pandemic influenza information resources. <p>See Appendix C – List of Helpful Resources and Fact Sheets</p>	Pandemic Coordinator/ Communications Officer	
3.	<p>Confirm that the procedures to support people in home isolation are current and operable.</p> <p>See Appendix D - 'Procedure for supporting People Isolated in Their Home'</p>	MRM/ Pandemic Coordinator	
4.	<p>Meet with Risk and Safety Officer to ensure Council's business continuity plan considers the impacts of a Pandemic.</p>	Pandemic Coordinator/Risk and Safety Officer	
5.	<p>Review stocks of Personal Protection Equipment (PPE) and make arrangements to increase capacity.</p>	Pandemic Coordinator	

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.

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
Upon hearing that the virus has entered Australia			
1.	Alert Council staff of the situation and reinforce the infection control measures implemented in the previous stage. Also to: <ul style="list-style-type: none"> 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 	Pandemic Coordinator	
2.	Maintain the communication activities initiated in the Standby Response stage.	Communications Officer	
3.	Consider further arrangements for minimising the risk of infection in the workplace: <ul style="list-style-type: none"> 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 	Pandemic Coordinator	

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

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
Pandemic Virus infections are being reported in MASC			
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: <ul style="list-style-type: none"> • 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 	Pandemic Coordinator/ Business Continuity Team	
2.	Establish a Municipal Emergency Coordination Centre and implement the following: <ul style="list-style-type: none"> • Conduct regular tele-conferences with DHHS, support agencies and neighbouring municipalities • Identify which parts of the municipal plan will need to be implemented on advice from DHHS 	MERO	
3.	Implement procedures to ensure continued support for Council HACC clients and people who are isolated in their homes	HACC Coordinator	
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 ‘delivered services’) will also vary	Pandemic Coordinator	
5.	Liaise with the Business Continuity Team regarding measures to maintain critical Council service delivery.	Pandemic Coordinator	
6.	Maintain communication with Council staff and the community	Communications Officer	
7.	Provide vaccination services to the priority community groups when directed by the DHHS See Mass Vaccination Standard Operating Procedure	Pandemic Coordinator	
8.	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	Pandemic Coordinator/ MRM	

5. Stand Down – 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

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
Infection rate has dropped significantly			
1.	Stand-down: Initiate stand down procedures which include: <ul style="list-style-type: none"> Reducing community support activities while maintaining quality care of HACC clients Cease activities that are no longer needed (eg the MECC) 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 	Pandemic Coordinator	
2.	Liaise with the Municipal Recovery Manager regarding a hand-over from response to recovery operations. <i>Refer to Council MEMP – Emergency Recovery Plan for more detail on the recovery services likely to be required.</i>	Pandemic Coordinator	
3.	Continue to coordinate vaccination sessions when requested by DHHS	Pandemic Coordinator	
4.	Participate in a Pandemic Recovery Committee to determine the services and resources required to address the identified needs	Pandemic Coordinator	
5.	Conduct staff debriefs to determine: <ul style="list-style-type: none"> Status of their psycho-social well-being Effectiveness of the Pandemic Plan procedures 	MERO/MRM/EMT/ Pandemic Coordinator	
6.	Participate in regional operations debrief/s	Pandemic Coordinator	
7.	Review municipal plans and implement recommendations arising from the debriefs. Modify the MASC Pandemic plan to reflect those actions.	Pandemic Coordinator	

APPENDIX B - Infection Prevention Procedures

Infection control in the work place should focus on respiratory and hand hygiene. Keeping a distance from people with respiratory symptoms should be promoted and when the pandemic is circulating in the community this may be extended to keeping a distance of over one metre between all people regardless of symptom status. This could include the use of masks by persons with respiratory symptoms if feasible. The supply and use of temporary sneeze barriers in the Customer Service area is encouraged.

Hand hygiene

Hand hygiene is a crucial practice in reducing the transmission of infectious agents in workplace settings and is an essential element of standard precautions. The term 'hand hygiene' includes both hand washing with either plain or antimicrobial soap and water and use of alcohol-based hand sanitiser.

Personal Protective Equipment

The organisation has decided to invest in a limited supply of PPE face masks. A small quantity of surgical masks and P2 masks has been purchased. Guidelines for PPE are contained within the Australian Health Management Plan for Pandemic Influenza – Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings.

Protective materials are currently stored with the Environmental Health emergency kits.

The organisational policy for dealing with expiring or obsolescent stock is summarised in the following table:

Protective Material	Purpose/Use	Location	Quantity	Expiry Date	Distributed by	Distributed to
Face Masks	Staff use	EH emergency kits				
Hand Sanitiser	Staff use	EH emergency kits				
Alcohol Wipes	Staff use	EH emergency kits				
Soap in bathrooms	In addition to normal use (for use where soap not usually available)	To be brought as required				
Cleaning regimes	In addition to normal practices in pandemic	N/A			Venues Co-ordinator to be contacted regarding changes to cleaning practices in response phase.	

Ways to Minimise Contact

- avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building
- avoid any unnecessary travel and cancel or defer non-essential meetings/gatherings/workshops/training sessions
- if possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace
- 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
- 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 contact. Consider holding meetings in the open air.
- set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery
- encourage staff to avoid large gatherings where they might come into contact with infectious people.
- Ensure a positive air pressure exists in Council buildings where possible.

APPENDIX C – List of helpful resources and fact sheets

RESOURCES

Pandemic Tool Kit

http://humanswineflu.health.vic.gov.au/downloads/pandemic_tool_kit_web.pdf

Pandemic Influenza

<https://www2.health.vic.gov.au/emergencies/emergency-type/infectious-diseases/pandemic-influenza>

Victorian Action Plan for Pandemic Influenza

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

FACT SHEETS

How to fit and remove protective gloves

<http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-protective-gloves>

How to fit and remove a protective gown

<http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-a-protective-gown>

How to fit and remove a surgical mask

<http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-a-surgical-mask>

How to fit and remove a P2 -N95 respirator

<http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-a-P2-N95-respirator>

Protective eyewear

[https://www.health.gov.au/internet/main/publishing.nsf/Content/ABAE785E7AC39EFECA257E35007F6925/\\$File/eyewear.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/ABAE785E7AC39EFECA257E35007F6925/$File/eyewear.pdf)

How to fit and remove personal protective equipment

[https://www.health.gov.au/internet/main/publishing.nsf/Content/6C98191BEBE4B05ECA257E35007F6926/\\$File/correct_order.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/6C98191BEBE4B05ECA257E35007F6926/$File/correct_order.pdf)

Clean hands

[http://www.health.gov.au/internet/main/publishing.nsf/Content/FEBD5FAF9B3B6A0ACA257E35007F6928/\\$File/clean_hands_alcohol.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/FEBD5FAF9B3B6A0ACA257E35007F6928/$File/clean_hands_alcohol.pdf)

Travel health – Have you recently returned from overseas?

<http://www.health.gov.au/internet/main/publishing.nsf/Content/travel-health-have-you-recently-returned-from-overseas>

Avian Influenza

http://www.health.gov.au/avian_influenza

Seasonal and pandemic influenza

<http://www.health.gov.au/internet/main/publishing.nsf/Content/seasonal-and-pandemic-influenza>

Transmission of respiratory disease and managing the risk

<http://www.health.gov.au/internet/main/publishing.nsf/Content/transmission-of-respiratory-diseases-and-managing-the-risk>

World Health Organisation – Fact Sheet

<http://www.who.int/influenza/en/>

APPENDIX D - Procedure for Supporting People Isolated in Their Home

Context

As well as having primary responsibility for the care and support of their Home and Community Care (HACC) clients, Council will be asked to extend this support to members of their 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.

Points to consider:

- Council will have limited capacity to respond
- Least human contact is the underlying principle
- Triage could be conducted by the HACC support team using the phone to determine:
 - o Health status
 - o Access to food and support
 - o Access to medication
- The need to maintain regular phone contact
- Food deliveries initially could be through the Community Food Pantry and Meals on Wheels
- Information management will be through the use of Records Manager

The diagram depicts the Support Service request workflow which outlines the Helpline triage process that could be followed by DHHS to identify members of the Mount Alexander Shire community who would require Council home support.

Support Service Request Workflow

