

# PANDEMIC PLAN

**2020-2023**

**VERSION 3.0**



**Adopted by Council on 15 Apr 2020**

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# Authority and Endorsement

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## Authority

The West Wimmera Shire Council is the custodian of the West Wimmera Shire Pandemic Plan (the PP) pursuant to the [Victorian Health Management Plan for Pandemic Influenza](#) (VHMPPI), October 2014. The PP takes into consideration Appendix 10 of the VHMPPI, provided as a guide for local government. The West Wimmera Shire Pandemic Plan is a sub-Plan of the Municipal Emergency Management Plan (MEMP).

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

- [State Emergency Response Plan \(SHERP\) Edition 4 2017](#) (Victoria)
- [Victorian Health Management Plan for Pandemic Influenza 2014](#) (VHMPPI)
- [Victorian Action Plan for Human Influenza Pandemic 2015](#)
- [Victorian Public Health and Wellbeing Plan 2015 – 2019](#)
- [Australian Health Management Plan for Pandemic Influenza April 2014](#) (AHMPPI)
- [Pandemic Influenza Risk Management – WHO Guidance 2017](#)
- [The Pandemic Influenza Preparedness Framework WHO 2011](#)
- World Health Organization Pandemic Preparedness Plan 2013

The Pandemic Plan aligns with the following legislation:

- Emergency Management Act 1986/2013
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2019
- National Health Security Act 2007
- International Health Regulations 2005

## Endorsement

The West Wimmera Shire Pandemic Plan was endorsed by the West Wimmera Municipal Emergency Planning Committee (hereafter referred to as “the MEMPC” or “the Committee”) at a meeting on Friday 20 March 2020.

Chairperson of the Municipal Emergency Management Planning Committee

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## Adoption

Version 3.0 of the West Wimmera Shire Pandemic Plan was adopted by the West Wimmera Shire Council at a meeting on Wednesday 15 April 2020.

Chief Executive Officer West Wimmera Shire Council

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## Acknowledgements

The Indigo Shire Council is acknowledged by the Partner Councils for the use of their Pandemic Influenza Plan in preparing this document.

## Disclaimer

No reader should act on the basis of any matter contained in this publication without appreciating that it may be the subject of amendment or revocation from time to time without notice. The West Wimmera Shire Council expressly disclaim all and any liability (including liability in negligence) to any person or body in respect of anything and of the consequences of anything done or omitted to be done by any such person or body in reliance, whether total or partial, upon the whole or any part of this publication.

# Document Information

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## Amendment Register

| Version Number | Date Endorsed by MEMPC | Date adopted by Council | Amendment History          |
|----------------|------------------------|-------------------------|----------------------------|
| Version 1.0    | deferred               | deferred                | 2020 Review of Version 1.0 |
| Version 3.0    | 20 March 2020          | 15 April 2020           | 2020 Review of Version 3.0 |
|                |                        |                         |                            |

This plan is administered by the Environmental Health Officer of the West Wimmera Shire Council.

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## Administrative Updates

Administrative updates will be made to this plan from time to time that will be noted in the Amendment Register section. These amendments are of an administrative nature and do not substantially change the content or intent of this plan. These amendments do not require the plan to be endorsed by the Committee or Council.

Where there is substantial change required to the content or intent of the plan, the plan will go through the formal endorsement and adoption process.

## Review and Major Updates

The West Wimmera Shire Pandemic Plan will be reviewed by the MEMPC annually; or following a major event that has required the plan to be enacted.

## Glossary and Acronyms

Definitions of words and phrases used in the PP have the same meaning as those prescribed in the relevant legislation and should be referred to, they include:

- Emergency Management Act 1986
- Emergency Management Act 2013
- Local Government Act 1958
- Risk Management Standard ISO: 31000 2009
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009
- National Health Security Act 2007
- International Health Regulations 2005
- Victorian health management plan for pandemic influenza Abbreviations (Appendix F) and Glossary of Terms (Appendix G)

The PP follows the practice of writing a name in full followed by the acronym in brackets after it and is used thereafter in the plan.

## Statistical Data

All facts and figures cited in this Plan have been taken from the Victorian Health Management Plan for Pandemic Influenza (VHMPPI) unless otherwise stated.

Statistical data referenced in this document is sourced from the following:

- (1) Australian Bureau of Statistics 2016 Census
- (2) Department of Health and Human Services 2015 Local Government Area Statistical Profiles
- (3) VicHealth Indicators Survey 2015



## Introduction

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

Specifically, Council Officers with emergency management responsibilities will use this plan and other emergency management arrangements to reduce, as far as is practical, the impact of an Influenza Pandemic on the Community.

It considers the affected stakeholders and ongoing health issues within the municipality. The roles and responsibilities within the community; control measures, state and local communication, as well as continual community support across the municipality and region.

Direction for Pandemic Influenza response will come from the Commonwealth and/or State health agencies, and the local level of government will support the response and implement controls as documented in the PIP.

### Aim

The aim of this plan is to enable an integrated approach to the management of a Pandemic in the West Wimmera Shire.

### Objectives

The objective of the PP is to reduce the local impact of a pandemic on the community by:

- Providing relevant information to the community.
- Reducing transmission and implementing infection control measures.
- Providing support services to people who are isolated or quarantined within the municipality.
- Arranging vaccination services to the community when appropriate.
- Trigger activation of other relevant Council plans (e.g. BCP) to enable essential Council services to continue during the pandemic

### Plan Review

The Pandemic Plan will be reviewed periodically, and updated as required to reflect current practice. The plan is a dynamic document that will be aligned with the most recent VHMPP.

Review and evaluation of the plan will be undertaken in consultation with DHHS and the Municipal Emergency Management Planning Committee.

# Definitions

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## Pandemic

The WHO defines the word pandemic loosely - "the worldwide spread of a new disease".

According to the US Centres for Disease Control and Prevention (CDC), a pandemic is a disease that has spread in multiple countries around the world, usually affecting a large number of people.

The word comes from the Greek word "pan" meaning all and "demos" meaning people.

## Influenza

Influenza is an acute respiratory disease caused by Influenza virus type A or B. Symptoms usually include fever, cough, lethargy, headache, muscle pain and sore throat. Infections in children may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

## Pandemic Influenza

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A pandemic is the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity.

Seasonal influenza occurs annually, primarily causes complications and or death in people aged over 65 years and those with chronic medical conditions. The vast majority of people exposed will recover and develop immunity to that strain of virus.

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

It is estimated that 10 – 40% of the population would show clinical signs of infection and 1.2 – 2.4% of the population would die (VHMPPI, 2014).

## Mode of Transmission

The main mode of transmission for the Human influenza virus is by respiratory and contact spread.

- Respiratory spread occurs when influenza virus is transferred from person to person by droplet transmission. The droplets from an infected person coughing, sneezing or talking are propelled through the air (generally up to one metre) and land on the mouth, nose or eye of a nearby person.

- Contact transmission occurs when a person touches a surface, object or another person contaminated with influenza virus droplets, then touches their own mouth, nose or eyes before washing their hands.

The incubation period for influenza is usually one to four days after infection, however average incubation period is two days.

- Adults may shed the influenza virus from one day before developing symptoms, to up to seven days after the onset of the illness
- Young children may shed the influenza virus for longer than seven days.
- The influenza virus may remain infectious in the air for hours and may remain infectious on hard surfaces for one to two days.

## Physical Health

Flu symptoms usually include:

- High fever, chills and sweating
- Cough, can be non-productive (dry) or may develop into more severe and productive (sputum or mucous is coughed up)
- Lethargy
- Headache
- Muscle and joint pain (in the legs and back)
- Sore throat
- In children - nausea, vomiting and diarrhoea.

Pneumonia can also develop as a result from influenza.

## 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.

# West Wimmera Shire Pandemic Influenza Vulnerability Profile

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

In general, the attack rates in children (20 – 30%) will be higher than in adults (5-10%). Attack rates in health care settings have the potential to be very high unless effective infection control measures are implemented and closed settings such as institutions and households will have higher attack rates than other settings.

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

Groups in the West Wimmera Shire who may be more vulnerable are listed in [Appendix B](#). As an influenza pandemic progresses, there will be new groups of people who will become vulnerable; these are known as “emerging vulnerable groups”. Emerging vulnerable groups are also listed in [Appendix B](#).

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

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

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

West Wimmera Shire has a declining and aging population. Nearly a third of the population is 65 or older. People aged 45-64 currently make up forty-seven percent (47%) of the population. In twenty years this group will add to the 65+ group (Social Atlas of Australia, 2016).

Most people in West Wimmera Shire do not live near public transport services, and 28% of the community have experienced transport difficulties at least annually (WWSC, 2017).

# West Wimmera Shire Health Services

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## Kaniva

- Hospital, West Wimmera Health Service (WWHS) and associated services, and ancillary services visiting from Nhill (WWHS's headquarters).
- Doctor's surgery that is open each week day with a doctor available four days per week; there is also a pharmacy within the township, but no dentist. The nearest public dentist is within the townships of Nhill or Bordertown.
- Ambulance Victoria branch with volunteer community officers (ACO's)

## Edenhope

- Edenhope & District Memorial Hospital, which provides Urgent Care, Acute Care, Aged Care and a range of Community Health and support services including a medical clinic with doctors available.
- Edenhope is also serviced by the Kincaig Medical Centre from Naracoorte with doctors available in Edenhope three days per week. Edenhope Township also has a pharmacy.
- Ambulance Victoria branch with professional paramedics supported by volunteer community officers.

## Goroke

- Community Health Centre serves the small community of Goroke, and is part of the West Wimmera Health Service. Services provided at set intervals from WWHS.
- Doctor visit's once a week from Kaniva.
- The Goroke community is serviced by a pharmacy depot that is open at set intervals.
- Ambulance Victoria branch with volunteer community officers (ACO's)

## Harrow

- Bush Nursing Centre provides district nursing, accident & emergency nursing, visiting GP services and other ancillary services at set intervals.

## Maternal & Child Health

- The Shire has a highly dedicated maternal and child health nurse who provides a service to new mothers, including regular health checks for babies and small children, home visits where required, immunisation, referral to other services such as postnatal depression groups, and a listening professional ear. The dedication of the maternal and child health nurse sees the West Wimmera have high immunisation rates throughout the shire.

## Community Services

- Provided through both the Shire and local health services, aiding the frail, aged or infirm people of the municipality with in home support services.

No maternity services are available at hospitals within West Wimmera Shire but Maternal and Child Health Services are available. This also impacts on the accuracy of population figures between census dates, due to the morbidity outside of our shire and the reporting practices.

Community members may have to make specialist appointments in Horsham, Ballarat, Mt Gambier (SA), as well as Melbourne and Adelaide. This can be difficult for those unable to drive, but services are available to assist with this, such as the community car service.

Contact details for the above services are listed in [Appendix E](#).

# Pandemic Plan

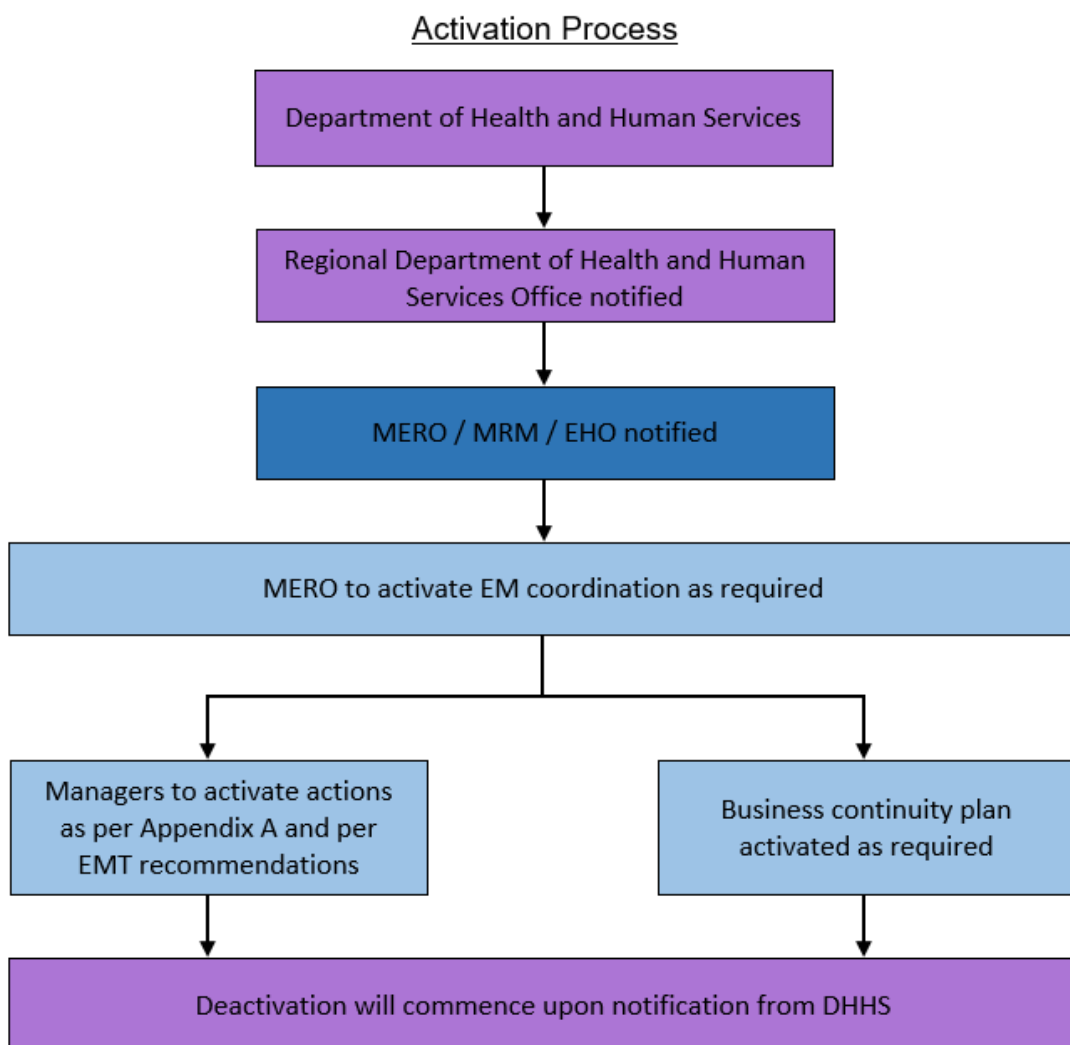
## Activation

The PP will be activated following advice from Department of Health and Human Services (DHHS). DHHS receives advice from:

- the Australian Government Department of Health,
- the Australian Health Protection Principal Committee (AHPPC), and
- the World Health Organisation as they determine each pandemic phase.

Following advice from DHHS, the MERO/MRM/EHO will alert the Council's executive and activate the Council Pandemic Influenza Response Procedures ([Appendix A](#)).

Council may activate their Business Continuity Plan.



Actions of this Plan will function under the VHMPPI stages. The Council Pandemic Influenza Response Procedures (Appendix A) describe activities to be considered at the different pandemic stages.

Activation will follow the process outlined in the West Wimmera MEMP unless advised otherwise.

## Roles and Responsibilities

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

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

### Department of Health and Human Services (DHHS)

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

Responsibilities of DHHS include:

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

### Health Services and Primary Health Care

Health services, including all public sector services, private hospitals, and primary healthcare, including general practice, community pharmacy, community nursing, ambulance services and community health services will form part of the front line of Victoria's response for human pandemic influenza. Primary healthcare plays an important role in minimising the spread of pandemic influenza and treatment of people in a community setting. The particular needs and concerns of Aboriginal and Torres Strait Islander peoples should also be recognised during a pandemic.

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



- Prepare and maintain an influenza pandemic plan which covers patient, visitor, staff and contractor protection as well as business continuity.
- Health services may consider establishing influenza wards or clinics as numbers increase.
- Primary Health Care should activate and de-activate clinics based on health services demand in consultation with DHHS.
- Provide staff and resources for each clinic as detailed in specific clinic plans.
- Provide triage to clinics.
- Provision of specialist staff and services as required (e.g. infection prevention and control, infectious diseases, pharmacy, pathology, public relations).
- Phone screening for patients.
- Separate waiting and consulting rooms for suspected influenza patients.
- Encourage staff and high risk patients to have seasonal influenza vaccinations.

There are a number of health service providers in the West Wimmera Shire. Refer to Wimmera Integrated Relief and Recovery Plan 2017 (WIRRP).

### **West Wimmera Shire**

- Prepare and maintain the Pandemic Plan as a Sub Plan of the MEMP.
- Activate the plan to assist with reducing the impacts of an influenza pandemic.
- Provide support and recovery assistance throughout the duration of the influenza pandemic to staff and community.
- Provide information to staff and community.
- Have business continuity arrangements in place to maintain essential services.
- Provide vaccination services when appropriate.
- Support individuals and communities to prepare for, respond to, and recover from pandemic events.
- Review and update the plan when necessary.

### **Commercial Groups, Not for Profit groups, Residents and Visitors**

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

- Stay informed with current information being distributed via the [Council website](#), [Council Facebook page](#) and <http://www.health.vic.gov.au/chiefhealthofficer/alerts/>.
- Businesses/organisations in the Shire are encouraged to develop their own BCP's to manage the impact of an influenza pandemic on their business.
- Undertake seasonal influenza vaccination and encourage staff and members to do so.
- Practise good personal hygiene – cover your mouth and nose with a tissue when you cough or sneeze, put the used tissue in a rubbish bin and wash your hands with soap and running water. Dry hands thoroughly with a paper towel. Wash hands regularly and avoid touching eyes, nose or mouth. Refer to [Appendix C](#).

- Don't go to work or public areas if you have influenza symptoms (chills, shivering, fever, muscles aches and pains, sore throat, dry cough, trouble breathing, sneezing, stuffy or runny nose and extreme tiredness).
- Seek medical advice if you have concerns regarding influenza symptoms.
- Residents can contact Council Community Services for support e.g. home care, meal provision

## **Business Continuity Plans**

The Council's Business Continuity Plan details each of Council's critical services, current resource levels, minimum resources required to complete the work and areas where staff may be available for redeployment.

A pandemic may result in reduced staffing for a long period of time. The Business Continuity Plan identifies strategies to manage resultant service disruptions.

Staff absences are expected for many reasons including:

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

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

# Support: Relief and Recovery

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## Relief and Recovery

Support during a pandemic is managed through West Wimmera Municipal Emergency Management Plan (MEMP) and Wimmera Integrated Relief and Recovery Plan (WIRRP). Specific consideration for particular groups include:

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

In planning for and providing support, consideration should be had to culture, faith, and language.

## Support for Isolated or Quarantined people

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

- Food
- Water
- Shelter
- Medicine

Effective arrangements to provide for these needs should be detailed. Options include building on Council run services such as Home Aged Community Care Services or a formal arrangement with external service providers. In planning for support, likely demand patterns and timing should be addressed.

Other support requirements will be as per MEMP such as personal support, and financial special consideration.

# Control Strategies

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## Basic Precautions

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

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

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

The following table is a summary of the infection prevention and control measures in healthcare settings for pandemic influenza (Australia Government Department of Health 2014).

Table: Package of infection prevention and control measures in healthcare settings for pandemic influenza Preparedness and standby stages

| Strategies  |   | Initial response  | Targeted response  |   |   |
|---|---|---|--|---|---|
|   |   |   | Low severity   | Moderate severity   | High severity   |
| Individual measures   | Hand hygiene<br>Respiratory hygiene and cough etiquette                   | Standard precautions  | Standard precautions   | Standard precautions  | Standard precautions  |
| Organisational measures<br>1. Patient placement, flow and segregation | Early and timely identification, triage and separation of potential cases | Patients self-identify, timely triage and separation of potential cases   | Patients self-identify   | Patients self-identify prior to (telephone triage) or on presentation   | Patients self-identify prior to presentation (telephone triage) – and are directed to specific/separate sites                           |
|   | Single-use face masks for patients with influenza-like illness            | Yes   | Yes  | Yes   | Yes   |
|   | Reduce mixing of non-influenza, possible and influenza patients           | Isolation <sup>2</sup> of suspected/confirmed patients  | Isolate/cohorting of suspected/confirmed patients  | Consider clinical care models: <ul style="list-style-type: none"> <li>dedicated influenza clinics</li> <li>dedicated influenza (and non-influenza) GP clinics</li> <li>specific parts of a hospital</li> </ul> Isolate/segregate patients | Influenza clinics or hospitals at separate sites<br>Isolate/segregate patients in the practice or ward                                  |
| 2. Staff management, resourcing                                       | Stay home if sick   | Yes   | Yes  | Yes   | Yes   |
|   | Conduct risk assessment for vulnerable staff                              | Vulnerable staff – avoid influenza patients, ensure appropriate PPE   | Vulnerable staff – avoid influenza patients, ensure appropriate PPE  | Vulnerable staff – isolate from settings where risk of influenza exposure   | Vulnerable staff – isolate from settings where risk of influenza exposure   |
|   | Separate influenza and non-influenza staff                                | If possible or required   | If possible or required  | Cohort staff  | Cohort staff  |
| PPE   |   | Contact and droplet precautions plus eye protection <sup>3</sup><br>Airborne precautions for aerosol-generating procedures <sup>4</sup> | Contact and droplet precautions plus eye protection <sup>3</sup><br>Airborne precautions for aerosol-generating procedures | Contact and droplet precautions plus eye protection <sup>3</sup><br>Airborne precautions for aerosol-generating procedures  | Contact and droplet precautions plus eye protection <sup>3</sup><br>Airborne precautions for aerosol-generating procedures <sup>4</sup> |
| Environmental measures  | Environmental cleaning  | Standard precautions  | Standard precautions   | Standard precautions  | Standard precautions  |
|   | Open environment – outside clinics, verandahs, open doors/windows         | Consider  | Consider   | Where possible  | Where possible  |

will be the same as initial response



## Education and Training

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

Specific issues to be covered in training include:

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

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

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

## Personal Protective Equipment (PPE)

In addition to Councils existing hygiene measures, PPE stocks will be obtained in accordance with the activation table in [Appendix A](#). Appropriate training will be provided to individuals using PPE at a time prior to a pandemic to ensure they become competent and proficient in its use.

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

## Social Distancing

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

## Restricting Workplace Entry

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

- Minimising direct face-to-face contact with customers.
- Minimising face-to-face internal meetings.
- Closure of non-essential locations.
- Suspension of all non-essential services.
- Provision of education / awareness programs regarding transmission of infection and exclusion requirements.



# Communications

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## State Communication Plan

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

## Council Communication Plan

At the municipal level, Council's Communications and Customer Service areas is responsible for both community and internal staff pandemic communications. All Council service units will have a responsibility to distribute approved information as provided. For example, Environmental Health to restaurants, Engineers to contractors, Social and Community to community groups and CALD Community leaders, etc.

Council's Communications Unit will prepare a script based on State department advice, for customer service staff or other Council staff who may take calls from the general public seeking help and information during a pandemic. Specific Council communications activity during an influenza pandemic is outlined in [Appendix A](#).

## Internal Communication:

The Emergency Management Group (see Part 3 of MEMP) will be formed at stand by for the response stage then meet as required to discuss management of Council operations and associated issues during the pandemic.

Councils Communications Officer will attend these meetings. The Pandemic Coordinator will be responsible for providing initial information to Council's CEO, Executive, Councillors and staff. Initial briefing will be at pandemic alert then at weekly intervals.

## External Communication

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

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

## Immunisation

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

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

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

## Mass fatality

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

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

### Storage

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

Other considerations should include:

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

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

### Burial sites

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

## Appendix A: Council pandemic response procedures

### No novel strain detected

| PHASE   | ✓                                   | RESPONSIBILITIES   |
|---|-------------------------------------|--|
| No novel strain has been detected<br><br>(or emerging strain under initial detection) |                                     | COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)  |
|   |                                     | Identify critical business activities and available resources  |
|   |                                     | Assist with review of the Pandemic Plan as requested by the Pandemic Coordinator   |
|   |                                     | Promote vaccination, good hygiene and flu preparedness practices (infection control) among staff, contractors and clients. |
|   |                                     | Staff who are unwell should not come to work   |
|   |                                     | Identify staff PPE requirements and organise appropriate training for staff  |
|   |                                     | Municipal Emergency Management Planning Committee (MEMPC)  |
|   |                                     | Participate in annual Pandemic Plan review   |
|   |                                     | Assist with Pandemic Plan reviews as requested by the MRM  |
|   |                                     | Delegate Officer as Pandemic Coordinator when required   |
|   |                                     | Municipal Recovery Manager (MRM)   |
|   |                                     | Establish and maintain pandemic planning team  |
|   |                                     | Ensure Pandemic Plan is reviewed annually  |
|   |                                     | Organisational Development (OD)  |
|   |                                     | Review HR planning for pandemic  |
|   |                                     | OHS to assist Coordinators with advice on PPE training for staff   |
|   |                                     | Communications   |
|   |                                     | Establish / review communication policy and procedure  |
|   |                                     | Environmental Health   |
|   |                                     | Recommend seasonal flu vaccinations  |
|   |                                     | Promote all scheduled vaccination programs   |
|   |                                     | Family, Youth and Children Services  |
|   |                                     | Ensure staff training for PPE usage  |
|   | Aged and Disability Services        |  |
|   | Ensure staff training for PPE usage |  |

## Standing by for response

| PHASE  | ✓ | RESPONSIBILITIES   |
|--|---|--|
| Standing by for Response<br><br>(Sustained community person to person transmission is detected overseas) |   | COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)  |
|  |   | Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Municipal Recovery Manager |
|  |   | Promote good hygiene and infection control procedures  |
|  |   | Staff who are unwell should not come to work   |
|  |   | Municipal Recovery Manager (MRM) – Pandemic Coordinator (PC)   |
|  |   | Implement procedures as per DHHS instructions  |
|  |   | Alert Senior Management Group and provide advice   |
|  |   | Work with Communications team to increase staff awareness (e.g. personal health messages on display in workplace)          |
|  |   | Review requirements and order PPE supplies   |
|  |   | Deputy Pandemic Coordinator (DPC)  |
|  |   | Assist Pandemic Coordinator as required  |
|  |   | Assist Pandemic Coordinator in acquisition of PPE or other resources as required   |
|  |   | Organisational Development   |
|  |   | Review HR planning for pandemic  |
|  |   | Communications   |
|  |   | Work with Pandemic Coordinator to Increase staff awareness (e.g. display health messages in workplace)                     |
|  |   | Environmental Health   |
|  |   | Promote all scheduled vaccination programs   |
|  |   | Family, Youth and Children Services  |
|  |   | Review hygiene and food preparation procedures as per instructions from DHHS.  |
|  |   | Aged and Disability Services   |
|  |   | Review hygiene and food preparation procedures as per instructions from DHHS.  |
|  |   | Buildings and Property   |
|  |   | Cleaning contracts to be reviewed and enhanced cleaning standards to be negotiated.  |
|  |   | Review cleaning processes in communal areas  |
|  |   | Library and Leisure Services   |
|  |   | Cleaning contracts to be reviewed and enhanced cleaning standards to be negotiated.  |
|  |   | Review cleaning processes in communal areas  |

## Initial response

| PHASE  | ✓   | RESPONSIBILITIES  |
|--|---|---|
| (Initial and targeted cases are detected in Australia but information about the disease is scarce) |   | <b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>  |
|  |   | Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Municipal Response Manager (MRM).   |
|  |   | Report any changes to activities or resource levels to MRM  |
|  |   | Reinforce good personal hygiene and infection control procedures with all staff   |
|  |   | Staff suspected of or reporting being unwell to be excluded from the workplace  |
|  |   | <b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>   |
|  |   | Alert Executive and provide advice  |
|  |   | Alert Pandemic Sub Committee and inform them of Council activity  |
|  |   | Work with Communications Team to Increase staff awareness (e.g. personal health messages on display in workplace)   |
|  |   | Review requirement and purchase further PPE if required   |
|  |   | Liaise with DHHS to discuss contact tracing arrangements  |
|  |   | Work with HR and communications team to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, influenza immunisation etc.        |
|  |   | Provide area specific information for work units dealing with the public - family case workers, maternal and child health nurses, childcare centers, home care, meals on wheels, library, leisure, and civic facilities |
|  |   | <b>Municipal Emergency Resource Officer (MERO)</b>  |
|  |   | Liaise with DHHS to inform them of Council activity and resourcing  |
|  |   | <b>Deputy Pandemic Coordinator (DPC)</b>  |
|  |   | Assist Pandemic Coordinator, MRM as required  |
|  |   | Assist Pandemic Coordinator in acquisition of PPE or other resources as required  |
|  |   | <b>Organisational Development (OD)</b>  |
|  |   | Assist Pandemic Coordinator to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, influenza immunisation etc.                 |
|  |   | <b>Communications</b>   |
|  |   | Work with Pandemic Coordinator to Increase staff awareness (e.g. display health signage etc.)   |
|  | Assist Pandemic Coordinator to alert staff and Councilor's of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, immunisation etc. |   |

| PHASE | ✓ | RESPONSIBILITIES   |
|-------|---|--|
|       |   | Prepare internal and external messages using advice from DHHS  |
|       |   | <b>Environmental Health</b>  |
|       |   | Provide advice to the Council on social distancing measures and ways to reduce numbers of mass gatherings. |
|       |   | Promote all scheduled vaccination programs   |
|       |   | <b>Family, Youth and Children Services</b>   |
|       |   | Review listings of vulnerable clients and communication channels   |
|       |   | Contact vulnerable community members to ensure they have adequate supplies                                 |
|       |   | Make contact with relief food agency (Red Cross) to discuss anticipated future needs.                      |
|       |   | <b>Aged and Disability Services</b>  |
|       |   | Review listings of vulnerable clients and communication channels   |
|       |   | <b>Buildings and Property</b>  |
|       |   | Provide shared work stations with alcohol wipes for phones, computers                                      |
|       |   | Check wash areas regularly to replenish supplies   |
|       |   | <b>Library and Leisure Services</b>  |
|       |   | Provide shared work stations with alcohol wipes for phones, computers                                      |
|       |   | Check wash areas regularly to replenish supplies   |

## Low clinical severity

| PHASE                  | ✓ | RESPONSIBILITIES  |
|------------------------|---|---|
| Targeted Response      |   | When initial and targeted cases are detected in Australia and where enough is known about the disease to tailor to specific needs                         |
| Low Clinical Severity* |   | <b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>  |
|                        |   | Review services & resource levels<br>Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Municipal Response Manager |
|                        |   | Report any changes to activities or resource levels to MRM  |
|                        |   | Staff suspected of or reporting being unwell to be excluded from the workplace  |
|                        |   | Introduce work place social distancing measures and reduce numbers of mass gatherings (meetings, events etc.)   |
|                        |   | <b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>   |
|                        |   | Implement enhanced infection control procedures based on advice from DHHS   |
|                        |   | Liaise with Department of Health and Police (MERC) to determine need to activate Operations Centre  |
|                        |   | Purchase or procure health, PPE and cleaning products / consumables for an extended period.   |
|                        |   | Distribute PPE supplies to units  |
|                        |   | Ensure staff using PPE have undertaken OHS training on PPE usage  |
|                        |   | Liaise with DHHS to discuss contact tracing arrangements  |
|                        |   | Review and confirm vaccine and PPE supply chain and secure storage with MERO  |
|                        |   | <b>Municipal Emergency Resource Officer (MERO)</b>  |
|                        |   | Review resourcing requirements for Community Support Service and report to IMT  |
|                        |   | Liaise with DHHS to inform them of Council activity and resourcing  |
|                        |   | <b>Emergency Management Officer</b>   |
|                        |   | Assist Pandemic Coordinator and MERO as required  |
|                        |   | Assist Pandemic Coordinator in acquisition of PPE or other resources as required  |
|                        |   | <b>Organisational Development</b>   |
|                        |   | Assist Pandemic Coordinator to distribute PPE supplies as required  |
|                        |   | Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)   |
|                        |   | Implement an illness register   |
|                        |   | Employment/deployment of staff to ensure continuation of critical services  |
|                        |   | <b>Communications</b>   |



| PHASE | ✓ | RESPONSIBILITIES   |
|-------|---|--|
|       |   | Provide information to local papers / radio stations regarding pandemic situation, including where support services can be accessed. |
|       |   | Regularly update community information on website, phone wait message and other public access points                                 |
|       |   | <b>Environmental Health</b>  |
|       |   | Arrange immunisation sessions when vaccine available   |
|       |   | Promote vaccination for pneumococcal vaccine for identified high-risk groups.  |
|       |   | <b>Family, Youth and Children Services</b>   |
|       |   | Review listings of vulnerable clients and communication channels   |
|       |   | Determine support for quarantined and isolated clients at home   |
|       |   | Contact vulnerable community members to ensure they have adequate supplies   |
|       |   | Make contact with relief food agency (Red Cross) to discuss anticipated food relief quantities and distribution                      |
|       |   | <b>Aged and Disability Services</b>  |
|       |   | Review listings of vulnerable clients and communication channels   |
|       |   | Determine support for quarantined and isolated clients at home   |
|       |   | <b>Buildings and Property</b>  |
|       |   | Review cleaning and infection control procedures for communal areas  |
|       |   | Provide antiseptic hand wash to ingress points of Council buildings  |
|       |   | Investigate work from home capacity / accessibility of systems from remote locations   |
|       |   | Additional infection control procedures for communal areas   |
|       |   | <b>Library and Leisure Services</b>  |
|       |   | Review cleaning and infection control procedures for communal areas  |
|       |   | Provide antiseptic hand wash to ingress points of Council buildings  |
|       |   | Investigate work from home capacity / accessibility of systems from remote locations   |
|       |   | Additional infection control procedures for communal areas   |

## Moderate clinical severity

| PHASE                       | ✓ | RESPONSIBILITIES   |
|-----------------------------|---|--|
| Moderate Clinical Severity* |   | <b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>   |
|                             |   | Review services, resource levels and BC arrangements   |
|                             |   | Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group                 |
|                             |   | Report any changes in activities or resource levels to Municipal Response Manager (MRM)  |
|                             |   | Cease all non-essential person to person contact with customers and clients  |
|                             |   | Staff suspected of or reporting being unwell to be excluded from the workplace   |
|                             |   | <b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>  |
|                             |   | Implement enhanced infection control procedures based on advice from DHHS  |
|                             |   | Review and confirm vaccine and PPE supply chain and secure storage with MERO   |
|                             |   | Liaise with DHHS to discuss contact tracing arrangements   |
|                             |   | Implement PPE training for essential services staff. Distribute PPE supplies   |
|                             |   | Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period.                         |
|                             |   | Liaise with Department of Health and Police (MERC) to determine need to activate operations center                                   |
|                             |   | <b>Municipal Emergency Resource Officer (MERO)</b>   |
|                             |   | Review resourcing requirements for Community Support Service and report to MRM   |
|                             |   | Liaise with DHHS to inform them of Council activity and resourcing   |
|                             |   | <b>Deputy Pandemic Coordinator (DPC)</b>   |
|                             |   | Assist Pandemic Coordinator, MERO and MRM as required  |
|                             |   | Assist Pandemic Coordinator in acquisition of PPE or other resources as required   |
|                             |   | <b>Organisational Development (OD)</b>   |
|                             |   | Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)                    |
|                             |   | Implement an illness register  |
|                             |   | Continuation of critical services  |
|                             |   | <b>Communications</b>  |
|                             |   | Provide information to local papers / radio stations regarding pandemic situation, including where support services can be accessed. |
|                             |   | Regularly update community information on website, phone wait message and other public access points                                 |
|                             |   | <b>Environmental Health</b>  |
|                             |   | Arrange immunisation sessions when vaccine available   |

| PHASE | ✓ | RESPONSIBILITIES   |
|-------|---|--|
|       |   | Promote vaccination for pneumococcal vaccine for identified high-risk groups.                                    |
|       |   | <b>Family, Youth and Children Services</b>   |
|       |   | Review listings of vulnerable clients and communication channels   |
|       |   | Consider closure of facilities based on DHHS advice  |
|       |   | Determine and provide support for quarantined and isolated clients at home                                       |
|       |   | PPE to be utilized where needed  |
|       |   | <b>Aged and Disability Services</b>  |
|       |   | Review listings of vulnerable clients and communication channels   |
|       |   | Consider closure of facilities based on DHHS advice  |
|       |   | Determine and provide support for quarantined and isolated clients at home                                       |
|       |   | PPE to be utilized where needed  |
|       |   | <b>Buildings and Property</b>  |
|       |   | Review cleaning and infection control procedures for communal areas  |
|       |   | Provide antiseptic hand wash to ingress points of Council buildings  |
|       |   | Support work from home arrangements  |
|       |   | Additional infection control procedures for communal areas (Consider closure of facilities based on DHHS advice) |
|       |   | <b>Library and Leisure Services</b>  |
|       |   | Review cleaning and infection control procedures for communal areas  |
|       |   | Provide antiseptic hand wash to ingress points of Council buildings  |
|       |   | Support work from home arrangements  |
|       |   | Additional infection control procedures for communal areas (Consider closure of facilities based on DHHS advice) |

## High clinical severity

| PHASE                   | ✓ | RESPONSIBILITIES  |
|-------------------------|---|---|
| High Clinical Severity* |   | <b>COUNCIL DEPARTMENTS (RESPONSIBILITY LIES WITH MANAGERS)</b>  |
|                         |   | Review services, resource levels and BC arrangements  |
|                         |   | Implement working from home arrangements where appropriate  |
|                         |   | Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group  |
|                         |   | Report any changes to branch activities or resource levels to the MRM   |
|                         |   | All staff to adhere to PPE requirements for direct service delivery   |
|                         |   | <b>Municipal Recovery Manager (MRM) - Pandemic Coordinator (PC)</b>   |
|                         |   | Maintain regular contact with DHHS, IMT and the Emergency Management Group  |
|                         |   | Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period   |
|                         |   | Implement vaccination programs as advised by DHHS   |
|                         |   | Establish community support services, facilities and staffing with advice from DHHS   |
|                         |   | <b>Municipal Emergency Resource Officer (MERO)</b>  |
|                         |   | Liaise with DHHS to discuss relief and recovery arrangements  |
|                         |   | Assist PC as requested for vaccination session security   |
|                         |   | <b>Deputy Pandemic Coordinator (DPC)</b>  |
|                         |   | Assist Pandemic Coordinator to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, influenza immunisation etc. |
|                         |   | Assist Pandemic Coordinator, MERO and MRM as required   |
|                         |   | <b>Organisational Development (OD)</b>  |
|                         |   | Ensure provision of Employee Assistance Program by telephone  |
|                         |   | Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this)   |
|                         |   | Implement an illness register   |
|                         |   | <b>Communications</b>   |
|                         |   | Provide information to local papers / radio stations regarding pandemic situation, including where support services can be accessed.  |
|                         |   | Regularly update community information on website, phone wait message and other public access points  |
|                         |   | <b>Environmental Health</b>   |
|                         |   | Arrange immunisation sessions when vaccine available  |
|                         |   | Promote vaccination for pneumococcal vaccine for identified high-risk groups  |

| PHASE | ✓                           | RESPONSIBILITIES   |
|-------|-----------------------------|--|
|       |                             | <b>Family, Youth and Children Services</b>   |
|       |                             | Review listings of vulnerable clients and communication channels   |
|       |                             | Consider closure of facilities based on DHHS advice  |
|       |                             | Determine and provide support for quarantined and isolated clients at home                                       |
|       |                             | PPE to be utilized where needed  |
|       |                             | <b>Aged and Disability Services</b>  |
|       |                             | Review listings of vulnerable clients and communication channels   |
|       |                             | Consider closure of facilities based on DHHS advice  |
|       |                             | Determine and provide support for quarantined and isolated clients at home                                       |
|       |                             | PPE to be utilized where needed  |
|       |                             | <b>Buildings and Property</b>  |
|       |                             | Isolate air circulation (heating / cooling) systems for all relevant municipal facilities                        |
|       |                             | Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice) |
|       |                             | Secure closed sites  |
|       |                             | Reduce services as required  |
|       |                             | <b>Library and Leisure Services</b>  |
|       |                             | Isolate air circulation (heating / cooling) systems for all relevant municipal facilities                        |
|       |                             | Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice) |
|       | Reduce services as required |  |

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

**\*Clinical severity** will be assessed by the number and rates of hospitalisations, ICU admissions and deaths from the enhanced data collection. Other than through the notifications data, information on hospitalisations and ICU admissions will be provided by FluCAN. This data will support the enhanced data and provide a comparator once the enhanced data collection ceases.

## Appendix B: Vulnerable groups

### Existing vulnerable groups

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

| Existing Vulnerable group       | Ways affected   |
|---------------------------------|---|
| Homeless                        | More exposed to the spread of disease, due to sharing of facilities. Lack of financial and physical resources may result in higher levels of disadvantage |
| People who use public transport | Higher likelihood of infection and transmission due to close contact with others  |

## Emerging vulnerable groups

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

| Emerging Vulnerable group   | Ways affected  |
|---|--|
| Small business owners   | Significant reduction in demand in some sectors. Lack of resources to maintain financial viability during a downturn in the economy and/or unable to function due to absence of key personnel. |
| Health care workers and workers who are in close regular contact with members of the public | Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels.   |

## Appendix C: Signage

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# Protect yourself and your family

Cover your cough and sneeze



1

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

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

2



3

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

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

4



Stay germ free and healthy

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Health and Human Services

# Protect yourself and your family

Wash your hands regularly



**1**

Wet your hands.

Put soap on your hands.

**2**



**3**

Rub the soap over all parts of your hands for at least 20 seconds.



Rinse your hands under running water.

**4**



**5**

Dry your hands thoroughly with disposable paper towel or hand dryer.



Stay germ free and healthy

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## Appendix D: Storage, funeral and burial considerations to be completed locally

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### Funeral Directors

| Funeral Business                       | Address                  | Contact        |
|--|--------------------------|----------------|
| <b>Wattle Range Funerals</b>           | 55 Gordon St, Naracoorte | (08) 8762 0099 |
| <b>Wimmera Funerals</b>                | 1 Wilson St, Horsham     | (03) 5381 1444 |
| <b>Horsham &amp; District Funerals</b> | 23 Pynsent St, Horsham   | (03) 53821149  |
| <b>Nhill &amp; District Funerals</b>   | 121 Nelson St, Nhill     | (03) 5391 3280 |
| <b>F Greed &amp; Son</b>               | 43 Collin St, Hamilton   | (03) 5572 1053 |

### Cemeteries

| Cemetery               | Address                        | Contact        |
|------------------------|--------------------------------|----------------|
| <b>Apsley</b>          | Apsley-Natimuk Rd, Apsley      | (03) 5586 1244 |
| <b>Edenhope</b>        | George St, Edenhope            | (03) 5585 9900 |
| <b>Goroke</b>          | Natimuk - Frances Rd, Goroke   | (03) 5585 9900 |
| <b>Kaniva/Lillimur</b> | Cemetery Rd, Kaniva            | (03) 5392 2700 |
| <b>Minimay</b>         | Cemetery Rd, Minimay           | (03) 5386 6258 |
| <b>Harrow</b>          | Harrow-Clear Lake Rd, Harrow   | (03) 5588 1273 |
| <b>Chetwynd</b>        | Chetwynd Cemetery Rd, Chetwynd | 0428 156 175   |
| <b>Dergholm</b>        | Dergholm –Chetwynd Rd          | (03) 5583 3263 |

## Appendix E: Contacts

### Health Services

| Service   | Address                          | Contact        |
|---|----------------------------------|----------------|
| <b>West Wimmera Health Service: Kaniva Hospital</b>                         | 7-11 Farmers St, Kaniva          | (03) 5392 7000 |
| <b>Rural Doctors: Kaniva</b>  | 7-11 Farmers St, Kaniva          | (03) 5323 5770 |
| <b>Edenhope and District Memorial Hospital</b>                              | 128 – 134 Elizabeth St, Edenhope | (03) 5585 9800 |
| <b>Edenhope and District Memorial Hospital Medical Clinic</b>               | 109 Lake St, Edenhope            | (03) 5585 9888 |
| <b>Kincraig Medical Clinic Edenhope</b>                                     | 65 Elizabeth St, Edenhope        | (03) 5585 1006 |
| <b>Harrow Bush Nursing Centre</b>   | 24 Blair St, Harrow              | (03) 5588 2000 |
| <b>West Wimmera Health Service: Goroke (including Rural Doctors Goroke)</b> | 54-62 Natimuk-Frances Rd, Goroke | (03) 5363 2200 |

### Pharmacies

| Name                                | Address                          | Contact   |
|-------------------------------------|----------------------------------|---|
| <b>Kaniva Pharmacy</b>              | 47 Commercial St East, Kaniva    | (03) 5392 2373                                    |
| <b>Edenhope Pharmacy</b>            | 69 Elizabeth St, Edenhope        | (03) 5585 1069                                    |
| <b>Nhill Pharmacy Depot: Goroke</b> | 54-62 Natimuk-Frances Rd, Goroke | (03) 5363 2200 (Goroke)<br>(03) 5391 1456 (Nhill) |

### Maternal and Child Health Nurse

| Name                | Address                            | Contact      |
|---------------------|------------------------------------|--------------|
| <b>Monica Feder</b> | West Wimmera Shire Council, Kaniva | 0428 595 725 |

## Churches

| Facility                            | Address   | Contact        |
|-------------------------------------|---|----------------|
| <b>Kaniva Presbyterian Church</b>   | Cnr Dungey St & Phillips St, Kaniva                     | 0412 567 091   |
| <b>Kaniva Church of Christ</b>      | 91 Commercial St, Kaniva                                | (03) 5392 2301 |
| <b>Kaniva Uniting Church</b>        | 91 Commercial St, Kaniva                                | (03) 5392 2301 |
| <b>Salvation Army Kaniva Corps</b>  | 34 Progress St, Kaniva                                  | (03) 5392 2304 |
| <b>Kaniva Catholic Church</b>       | 6 Roache St, Kaniva                                     | (03) 5392 2217 |
| <b>Serviceton Uniting Church</b>    | 13 Elizabeth St, Serviceton                             | (03) 5392 2301 |
| <b>Goroke Lutheran Church</b>       | 25-27 Church St, Goroke                                 | (03) 5386 1013 |
| <b>Goroke Uniting Church</b>        | Church St, Goroke                                       | (03) 5386 1021 |
| <b>Apsley Catholic Church</b>       | 14 Splatt St, Apsley                                    | N/A            |
| <b>Apsley Uniting Church</b>        | Johnston St, Apsley                                     | (03) 5586 1399 |
| <b>Edenhope Catholic Church</b>     | 5 Anzac Ave, Edenhope                                   | (03) 5585 1154 |
| <b>Edenhope Lutheran Church</b>     | 93 Elizabeth St, Edenhope                               | (03) 5381 1446 |
| <b>Edenhope Anglican Church</b>     | 14 Andrew St, Edenhope                                  | (03) 5585 1030 |
| <b>Edenhope Uniting Church</b>      | Cnr Elizabeth St & Wallace St, Edenhope                 | (03) 5585 1114 |
| <b>Harrow Uniting Church</b>        | Cnr Blair St & Kirby St, Harrow                         | N/A            |
| <b>Harrow Catholic Church</b>       | Glenferrie Rd, Harrow                                   | N/A            |
| <b>Dergholm Presbyterian Church</b> | Cnr Casterton-Apsley & Dergholm-Chetwynd Rd's, Dergholm | (08) 8733 4150 |

## Appendix F: Abbreviations

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|                |   |
|----------------|---|
| <b>AHMPPPI</b> | <i>Australian health management plan for pandemic influenza</i> |
| <b>AHMAC</b>   | Australian Health Ministers Advisory Council                    |
| <b>AHPPC</b>   | Australian Health Protection Principal Committee                |
| <b>ASPREN</b>  | Australian Sentinel Practices Research Network                  |
| <b>BDM</b>     | Births, Deaths and Marriages                                    |
| <b>CALD</b>    | culturally and linguistically diverse                           |
| <b>CDNA</b>    | Communicable Diseases Network of Australia                      |
| <b>HCW</b>     | healthcare worker   |
| <b>GP</b>      | general practitioner  |
| <b>ML</b>      | Medicare Local  |
| <b>NICs</b>    | National Influenza Centres                                      |
| <b>NNDSS</b>   | National Notifiable Disease Surveillance System                 |
| <b>NMS</b>     | National Medical Stockpile                                      |
| <b>PHLN</b>    | Public Health Laboratory Network                                |
| <b>PPE</b>     | personal protective equipment                                   |
| <b>RACGP</b>   | Royal Australian College of General Practitioners               |
| <b>VHMPPPI</b> | <i>Victorian health management plan for pandemic influenza</i>  |
| <b>VIDRL</b>   | Victorian Infectious Diseases Reference Laboratory              |
| <b>VMS</b>     | Victorian Medical Stockpile                                     |
| <b>WHO</b>     | World Health Organization                                       |
| <b>WHO CC</b>  | World Health Organization Collaborating Centre                  |
| <b>WHO NIC</b> | World Health Organization National Influenza Centre             |

\*sourced from the Victorian health management plan for pandemic influenza p108

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Victorian-health-management-plan-for-pandemic-influenza---October-2014>

## Appendix G: Glossary of terms

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**At-risk groups** are groups at increased risk of experiencing complications from influenza infection.

**Candidate vaccine** is a vaccine based on a strain of influenza virus considered to have pandemic potential. This vaccine may provide partial protection if it develops into a pandemic strain that is easily transmissible between humans.

**Case definition** is a set of uniform criteria used to define a disease for public health surveillance.

**Community transmission** is the passing of a disease from an infected individual to another individual outside of a known group of contacts, and outside healthcare settings.

**Contact tracing** is the process of identifying and managing people who have been 'in contact' with someone who has an infectious illness.

**Cough and sneeze etiquette** are measures individuals can take when we cough, sneeze or blow our nose to reduce the chance of spreading the virus. This is sometimes referred to as respiratory hygiene.

**Customised pandemic vaccine** is a vaccine based on the actual pandemic virus, which cannot be developed until the next pandemic virus emerges.

**Epidemic** is an outbreak or unusually high occurrence of disease or illness in a population or area.

**Health sector** refers to the government departments responsible for health, the public and private health system and health professionals.

**High-risk groups** are groups at increased risk of experiencing complications from influenza.

**Isolation** is the separation of infected persons (cases) from other people for the period they are likely to be infectious. This prevents or limits the direct or indirect transmission of the virus.

**Morbidity** is a state of disease. The term morbidity refers to the number of cases of illness in a population divided by the total population considered at risk of the disease.

**Mortality** is death. The mortality rate is the measure of the number of dead (in general or due to a specific cause) in a population scaled to the size of that population, per unit time.

**Post-exposure prophylaxis** is a dose or doses of drug (usually antibiotic or antiviral) given before exposure to disease, to protect the person from being infected.

Pre-exposure prophylaxis (PrEP) is a dose or doses of a drug (usually antibiotic or antiviral) given before exposure to a disease, to protect the person from being infected.

**Prophylaxis** is a medical or public health procedure designed to prevent infection rather than treat or cure existing disease.

**Reproductive number** (of an infection) is the number of cases one case generates on average over the course of its infectious period, in an otherwise uninfected population. Generally, the larger the value of  $R_0$ , the harder it is to control the pandemic.

**Resilience** is the capacity to cope with stress or change, and the capacity to adapt.

**Serial interval** is the average length of time between an initial primary case developing symptoms and subsequent secondary cases developing systems.

**Quarantine** is the limitation of freedom of movement for a period of time for well persons who are likely to have been exposed to the virus (contact) to prevent their contact with people who have not been exposed.

\*sourced from the Victorian health management plan for pandemic influenza p109-110

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Victorian-health-management-plan-for-pandemic-influenza---October-2014>



## Appendix H: References

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