



MUNICIPAL PANDEMIC PLAN



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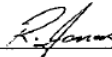
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DOCUMENT CONTROL

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Endorsement and Adoption

This plan was adopted by the Alpine Municipal Emergency Management Planning Committee (MEMPC) at their meeting on 11th March 2020:

Signed  Date: 11 / 03 / 2020

Chair Cr. Ron JANAS


This plan was considered, endorsed and adopted by *Alpine Shire Council* at its meeting of 7th April 2020:

THE COMMON SEAL OF THE ALPINE SHIRE COUNCIL WAS AFFIXED this:


7th day of APRIL 2020 in the presence of:




JOHN FORBES
Print name

 Councillor
Sign

RONALD JANAS
Print name

 Councillor
Sign

Charlie BIRD

 Chief Executive Officer
Sign

Version Control table

Version Number	Date of Issue	Author(s)	Brief Description of Change
Version 1	22/08/2014	Paul Bond	Doc development
Version 2	21/02/2020	Karen van Huizen	Complete review and rewrite in line with the 2014 VHMPPPI and Victorian Action Plan for Human Influenza Pandemic 2015
	03/03/2020	Karen van Huizen	Changes from MEMPC comments

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1 INTRODUCTION

This document provides a framework and guidance for the Alpine Shire Council and other pandemic stakeholders in the municipality to appropriately plan for and effectively respond to pandemic conditions. The Plan is supported by a set of operational documents found in **Appendix 1** - Council Pandemic Response Procedures. These documents detail specific actions to be conducted by Council staff before, during and after a pandemic 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 in the event of a pandemic will come largely from the Commonwealth and or State and local level of government will implement controls.

This plan is to be read in conjunction with the *Alpine Shire Municipal Emergency Management Plan (MEMP)*.

2 AIMS AND OBJECTIVES

The aim of this plan is to enable an integrated approach to response and recovery for a pandemic outbreak impacting on the Alpine Shire. 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 a pandemic on the Community. It considers the affected stakeholders and ongoing health issues within the municipality. The roles and responsibilities within the community; control measures, state and local communication, as well as continual community support across the municipality and region.

The Municipal Pandemic Response Plan aims to:

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

The objective of this plan is to:

- **Preparedness** – Arrangements to reduce the impact of a pandemic.
- **Containment** - Prevent transmission and implement infection control measures while providing support services to people who are isolated or quarantined within the municipality.
- **Maintain essential Council services** – Continue to provide services during the absence of staff and the rising demand placed on municipal services.
- **Mass Vaccination** – Assist in providing vaccination services to the community when appropriate.
- **Communicate** - Inform the public and staff of changes to regular services within the municipality.
- **Relief and Recovery** – Ensure a comprehensive approach to emergency recovery planning in the MEMP, with a focus on influenza pandemic and other pandemics.

3 POLICY CONTEXT

The context within this document is aligned and referenced with the Victorian Health Management Plan for Pandemic Influenza (VHMPPi), October 2014. It takes into consideration Appendix 10 of the VHMPPi, which is a guide to for local government. This document also considers information provided in the Victorian Action Plan for Human Influenza Pandemic 2015, World Health Organization Pandemic preparedness plan 2013. The Influenza Pandemic Response Plan aligns with the following State, Federal and International Plans:

- *Australian Health Management Plan for Pandemic Influenza (AHMPPI) April 2014*
- *State Health Emergency Response Plan (SHERP) Oct 2017*
- *Victorian Health Management Plan for Pandemic Influenza (VHMPPi) October 2014*
- *Victorian Action Plan for Human Influenza Pandemic August 2015*
- *Victorian Public Health and Wellbeing Plan 2019 – 2023*
- *The Pandemic Influenza Preparedness Framework WHO 2011*
- *Pandemic Influenza Risk Management – WHO Interim Guidance 2013*
- *Victorian Action Plan for Human Influenza Pandemic: Frequently asked questions (FAQs)*
- *Pandemic Plan for the Victorian Health Sector 2020 – Version 1.0 March 2020*

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

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

A Community Emergency Risk Assessment (CERA) has been completed for Pandemic Influenza with a residual risk rating of medium. For further detail refer to **section 4.4** of the *Alpine Shire Council Municipal Emergency Management Plan (MEMP)*.

4 PANDEMIC STAKEHOLDERS

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

[Alpine Shire Roles and Responsibilities](#)

Under the VHMPPi, Alpine Shire is expected to:

- Prepare and maintain the *Pandemic Response Plan* as a Sub Plan of the *MEMP*.
- Activate the plan to assist with reducing the impacts of a pandemic.
- Provide support and recovery assistance throughout the duration of the pandemic to staff and community.

- Provide information to staff and community.
- Have business continuity arrangements in place to maintain essential services.
- Provide vaccination services when appropriate.
- Support community resilience by having effective arrangements in place to inform people about how to assess risks and reduce their exposure and vulnerability to the virus.
- Have clear and effective education systems so people understand what options are available and what the best course of action is in responding to the pandemic.
- Support individuals and communities to prepare for pandemic events.
- Undertake a Community Emergency Risk Assessment for Pandemic Influenza.
- Form a specialist working group every to provide input and give advice for the plan.
- Annually review and update the plan when necessary.

Emergency Management Coordinator

Planning for a 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.

The role includes:

- Administering the Pandemic Planning working group with the support of Environmental Health Officer (EHO).
- Liaising with municipal Health, Safety and Risk Officer to ensure the Municipal Business Continuity Plan has addressed the specific considerations likely to arise in a pandemic.
- Increasing awareness among municipal health care providers about pandemics and involving them in the development of planned municipal arrangements
- Identifying vulnerable groups within the community to ensure plans developed are appropriate for them
- Arranging exercises or workshops in conjunction with Environmental Health Officer

Pandemic Coordinator

A Pandemic Coordinator will be identified and activated during the 'Stand By' stage. The role includes:

- Coordination of the response stage of the Pandemic Plan.
- Liaising with the Municipal Recovery Manager (MRM) in relation to specific community support and recovery considerations in an influenza pandemic.
- Liaising with the Municipal Incident Controller for Business Continuity to ensure a coordinated approach.

Working group

The role of this working group is to assist the Emergency Management Coordinator to develop a sub plan of the Municipal Emergency Management Plan. This is to ensure the arrangements dovetail and link to existing emergency management and public health arrangements and work being undertaken in the municipality and across Victoria.

The working group should consist of but is not limited to:

- Emergency Management Coordinator (EMC)
- Environmental Health Officer (EHO)
- Department of Health and Human Services (DHHS) Hume Region
- Advice from the following areas of council:
 - Human resources (especially with skill in work planning, industrial relations and financial management)
 - IT management
 - Economic Development Officer
 - Health, Safety and Risk Officer
 - Immunisation and Maternal Child Health Nurses
 - Communications Officer.
- Local health sector such as primary health networks and hospitals – Alpine Health
- Representation from other community related health services
- Support services such as meals on wheels, home care, community nursing - managed by Alpine Health
- Victoria Police
- Ambulance Victoria
- Community and business representatives, especially from special needs groups.

Department of Health and Human Services (DHHS)

DHHS is the control agency for an influenza pandemic in Victoria. The Chief Health Officer will activate the VHMPPPI and DHHS will activate the Victorian response to the pandemic through the VHMPPPI.

Responsibilities of DHHS include:

- Surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community.
- Timely implementation of measures seeking to limit or prevent the transmission of a pandemic in the various stages of a pandemic.
- Provide alerts and information to health services, primary care, residential facilities, schools, education and care facilities, local government and emergency services.
- Continue surveillance to monitor the status of the outbreak.
- Maximise the use of resources.
- Public health strategies to best meet the needs of the current situation based on the best surveillance data.

- Implement policies on the use of personal protective equipment (PPE) and antivirals.
- Communicate accurate, consistent and comprehensive information about the situation to the general public, the media, partners in the health sector and other key stakeholders.

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

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

Health Services and Primary Health Care

Health services, including all public sector services, private hospitals, and primary healthcare, including general practice, community pharmacy, community nursing, ambulance services and community health services will form part of the front line of Victoria's response for a human pandemic. Primary healthcare plays an important role in minimising the spread of a pandemic 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 VHMPPPI, 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 Alpine Shire. Refer to **Appendix C2** of *MEMP* for contacts.

Commercial Groups, Not for Profit groups, Residents and Visitors

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

- Undertake seasonal influenza vaccination and encourage staff and members to do so.
- Stay informed – keep up to date with current information being distributed via Council via: www.alpineshire.vic.gov.au and <http://www.health.vic.gov.au/chiefofficer/alerts/>
- Practise good personal hygiene – cover your mouth and nose with a tissue when you cough or sneeze, put the used tissue in a rubbish bin and wash your hands with soap and running water. Dry hands thoroughly with a paper towel. Wash hands regularly and avoid touching eyes, nose or mouth. Refer to **Appendix 3** for further detail.
- Don't go to work or public areas if you have symptoms (chills, shivering, fever, muscles aches and pains, sore throat, dry cough, trouble breathing, sneezing, stuffy or runny nose and extreme tiredness). Check DHHS website for up to date information on the symptoms of the particular pandemic.
- Seek medical advice if you have concerns regarding any symptoms.
- Alpine Health may require support during a pandemic. e.g. home care, meal provision. For contact details refer to **Appendix C2** – Contact Directory of *MEMP*.

5 DEFINITION OF SEASONAL AND PANDEMIC INFLUENZA

A pandemic is the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Seasonal influenza ("the Flu") occurs annually, primarily it attacks the respiratory tract (nose, throat, and lungs) in humans. The illness usually comes on suddenly and may include fever, headaches, fatigue, cough and muscle aches. It can lead to complications such as pneumonia and can be an extremely serious illness for vulnerable population groups such as the elderly, immune compromised people and pregnant women. The vast majority of people exposed will recover and develop immunity to that strain of virus. The key differences between seasonal influenza and pandemic influenza can be found in **Table 1**.

The impact of a 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 then measure the effect. DHHS will estimate the level of the pandemic early in the response and inform the state of that level based on information collected.

A number of risk associated scenarios can eventuate due to the nature of the virus. The amount of vulnerable people and or their level of exposure, the ability of local municipalities and the state as a whole's ability to cope with an influenza pandemic, will be vital in the progress of overcoming a pandemic.

Table 1 – Differences between seasonal and pandemic influenza

SEASONAL INFLUENZA	PANDEMIC INFLUENZA
Annual, largely predictable, occurs year round due to global travel and in winter	Rare, unpredictable, can begin in any season
Most people under the age of 65 have some level of immunity	No one will have any immunity
Annual vaccine available pre-season	No vaccine for up to 9 months after the virus is sequenced
The elderly, the very young, immune compromised and pregnant women most at risk of severe illness and complications	Can affect all demographics, harder to predict who will be most at risk
Severity and transmissibility are within certain parameters	Severity and transmissibility can vary significantly between pandemic strains of virus
Mild-moderate impact on the community, health system, workforce and economy	Unpredictable, but possibly severe impact on community, health system, workforce and economy

6 MODE OF TRANSMISSION

The main mode of transmission for the human influenza virus is by respiratory and contact spread. Respiratory spread occurs by **droplet transmission**. The droplets from an infected person cough, sneeze 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 with influenza virus droplet on it. Then touch their own mouth, nose or eyes (or someone else’s mouth, nose or eyes) before washing their hands.

In some situations, **airborne transmission** may result from medical procedures that produce very fine droplets that are released into the air and breathed in. Influenza virus may be present in faeces, blood or other body fluids, but this is unlikely to be a significant route of transmission. The Incubation period for influenza is usually one to four days after infection, however average incubation period is two days. Up to date Information on incubation periods for other identified pandemics can be found on the DHHS website at: <https://www.dhhs.vic.gov.au/incidents-and-emergencies>

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. Up to date Information for other identified pandemics can be found on the DHHS website at: <https://www.dhhs.vic.gov.au/incidents-and-emergencies>

Survival of the virus on surfaces

The virus can survive if not cleaned/undisturbed and is potentially infectious for the following lengths of time:

- On hard non-porous surfaces such as stainless steel and plastic it can last up to 48 hours.
- On cloth, paper and tissues it can last up to 12 hours.
- On surfaces contaminated with blood or faeces it can last up to five days.
- On unwashed hands it can last up to 30 minutes.
- Virus may be found within a cadaver for several days, possibly weeks after death, particularly if the body has been refrigerated.
- In low temperature, protected by organic matters, the virus might survive for up to five weeks (H5N1 data).

Physical Health

Respiratory symptoms usually include:

- High fever, chills and sweating
- Cough
- Lethargy
- Headache
- Muscle and joint pain (in the legs and back)
- Sore throat, shortness of breath/difficulty breathing

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 and other pandemics.

Infections in children may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea. It is estimated that 10% of the population (approximately 592,700 Victorians) would show clinical signs of infection and 1.2 % of the population (approximately 7,100 Victorians) would die (VHMPP, 2014).

Mental Health

Chaos, confusion, distress and trauma triggered by public health threats and emergencies can place enormous stress on the coping abilities of even the healthiest people. In the case of a 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.

History of Influenza Pandemics

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

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

Pandemic Phases

The World Health Organisation (WHO) has a set of pandemic phases that it uses to describe the global situation. The Australian pandemic phases are designed to describe the situation in Australia and guide the response.

Further information can be found in Appendix 2 or on page 15 of the AHMPPI found at:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmpipi.htm>

Victoria also defines pandemic status using a set of phases. Dependant on the state of spread the Victorian phase may differ from the Australian and World phases.

Further information can be found in Appendix 2 or on page 30 of the VHMPPPI found at:

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

The impact on the Alpine Shire community may be different to elsewhere in Australia. It is important that Council is proactive to assess the impact of the pandemic of its own community and staff to determine which elements of this plan to activate. This will be done with the advice and support from the Department of Health and Human Services (DHHS) and other stakeholders.

7 PANDEMIC VULNERABILITY PROFILE

It is understood that most individuals will be susceptible to any pandemic and the level of susceptibility will differ in groups. At risk groups for influenza pandemic include pregnant women, people who are immunocompromised, people with chronic respiratory conditions, cardiac disease, Down syndrome, diabetes mellitus, chronic renal failure, chronic liver disease, chronic neurological conditions, alcoholism, haemoglobinopathies, chronic inherited metabolic diseases, people who are obese, children receiving long-term aspirin therapy, Aboriginal and Torres Strait Islander peoples, children under 5 and people aged over 65 years. Carers and household contacts of the above groups can also be considered at risk. An individual's own levels of immunity will have an effect on influenza type during a pandemic.

Each individual's ability to overcome the effects of a pandemic 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 virus can greatly affect the ability to fight off infection as well.

For example, due to the level of vulnerability, rates in children may 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 the pandemic.

Shire

It is expected that most individuals will be vulnerable to pandemic 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 for influenza pandemic (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 fewer support structures to assist in times of stress and rely on Council or community group programs to assist. 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 Alpine Shire who may be more vulnerable than others as a result of a pandemic outbreak are listed in **Appendix 2** of this plan. As a pandemic progresses, there will be new groups of people who will become vulnerable; these are known as “emerging vulnerable groups”. Emerging vulnerable groups are also listed in **Appendix 2** of this plan.

8 PANDEMIC INFLUENZA SUB PLAN

Activating the Pandemic Influenza Plan

This Plan will be activated following advice from Department of Health and Human Services (DHHS) who receives advice from the Australian Government Department of Health via the Australian Health Protection Principal Committee (AHPPC), who in turn refer to the World Health Organisation as they determine each pandemic phase.

Following advice from DHHS, the MERO/MRM will alert the Council’s executive and activate the relevant response procedures listed in **Appendix 1** – Municipal Pandemic Action Plan ensuring that Council responds appropriately to the pandemic in a coordinated manner.

Upon ‘activation’ of this Plan, at the earliest opportunity, the Municipal Recovery Manager (MRM) shall convene a meeting of Alpine Shire Emergency Management Team (EMT) and activate the Pandemic Coordinator. In addition, and at the earliest opportunity, either the MERO or MRM will inform Council’s Chief Executive Officer that the Council’s Municipal Emergency Management Plan and Pandemic Sub-Plan have been activated.

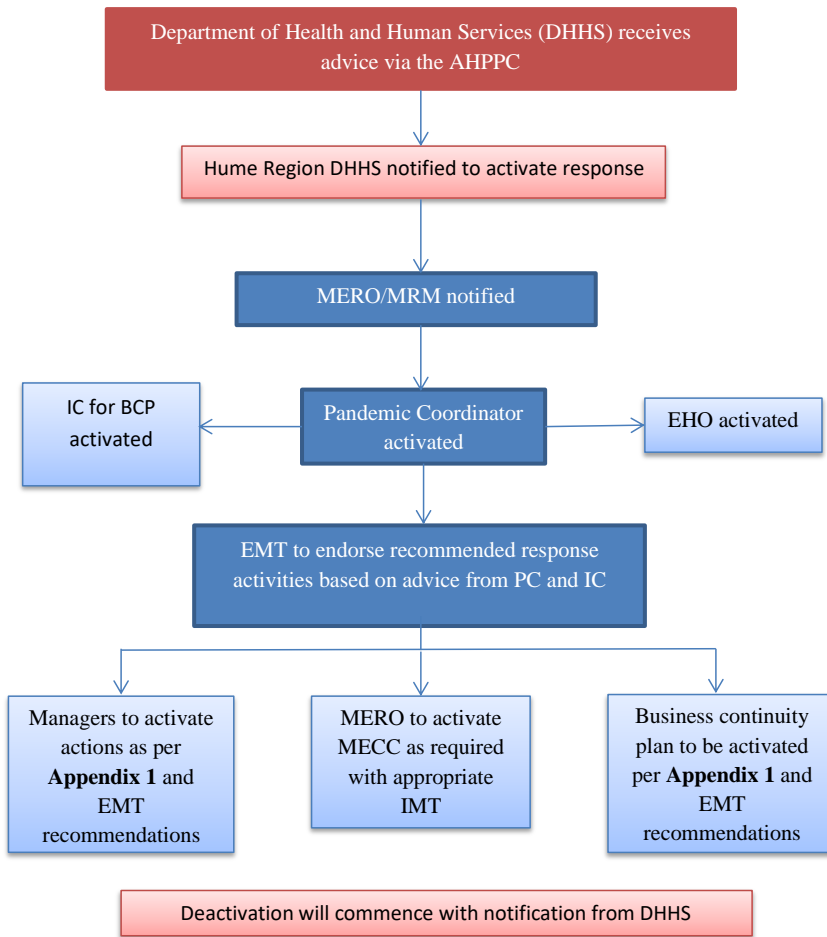
Individual departments and Council may activate their Business Continuity Plan as necessary under the direction of the Pandemic Coordinator and activate the Municipal Incident Controller for Business Continuity. It may be necessary that only some aspects of the plan are activated during a pandemic depending on the severity of the disease and the impact it has on the community, and the needs of the community.

Review and Evaluation

The Pandemic Plan will be reviewed 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 VHMPP. The plan will be updated, and an amendment register, or document update will be completed as part of the document.

Review and evaluation of the plan will be undertaken in consultation with DHHS, the Municipal Emergency Management Planning Committee (MEMPC) who may form a working group of specialists for the review of the plan triennially.

Activation Process



Exercising of the plan

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

Refer to **Appendix 1** – Municipal Pandemic Influenza Action Plan – Response Stage - Standby.

9 BUSINESS CONTINUITY

Alpine Shire 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. Each Business Unit identified as having a critical service will have a unit-specific continuity plan.

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

Staff absences are expected for many reasons including:

- Illness/incapacity (suspected/actual/post-infectious).
- To care for ill family members.
- To look after children if schools or childcare 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 so contingency plans will need to be considered

Modelling for an influenza pandemic as severe as that in 1918, but with modern day preparation, medication and response strategies shows that work absenteeism would be 30-50% with the duration of the pandemic to last 7-10 months in a single wave (VHMPPI, 2014).

10 CONTROL STRATEGIES

Basic Precautions

Preventing transmission and infection during a pandemic will require a package of related measures: Refer to VHMPPI – Appendix 1: Guide to implementation of the suite of measures.

Depending on the transmission mode of the agent, varied control measures will be implemented to prevent/limit transmission. During a Pandemic, agencies within the Alpine

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.

Alpine Shire will encourage the following basic precautions:

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

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

Education and Training

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

Specific issues covered in training will 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 symptoms or refuse to leave work to seek medical attention.
- Disposal of contaminated materials.
- Use of appropriate and context specific Personal Protective Equipment (PPE).
- Storage, supply and stock control of PPE and Disinfectants.
- Return to work processes.

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

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

Personal Protective Equipment (PPE)

In addition to Councils existing hygiene measures, PPE stocks will be obtained in accordance with the activation table in **Appendix 1** of this plan. 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.

Municipal Waste Collection Arrangements

Council will work with DHHS and Environment Protection Authority (EPA) regarding suitable disposal of any 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.

Social Distancing

This comprises interventions to reduce normal physical and social population mixing, in order to slow the spread of a pandemic. 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 such as hand shaking and hugging and avoid large gatherings. An imaginary one-metre distance rule should be implemented to eliminate physical interaction

Limiting Mass Gatherings

Mass gatherings have the capacity to spread viruses among participants. Places that may be considered as mass gatherings include schools/education facilities such as childcare centres, kindergartens, maternal and child health centres workplaces and recreational facilities.

In the event of a pandemic, mass gatherings organised within or by council will be reviewed in line with DHHS advice. DHHS will determine the approach based on the particular nature of the contagion and advise private business and event organisers of their obligation to close and cancel public events such as concerts, large sporting events, festivals, shopping areas, cinemas, and places of worship.

Work from home/Restricting Workplace 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 or has had 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, 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, dependant on the pandemic, (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.

Council visitors

In order to prevent and limit the likelihood of transmission between Council staff and visitors the current infection control protocols may need to be enhanced:

- Stringent cleaning procedures and the use of appropriate cleaning products.
- Enhanced cleaning and servicing of air conditioners or switching off/isolating air conditioning in favor of providing natural ventilation.
- Sanitary waste management, including the installation of foot pedal operated lidded bins
- Distribute face masks to council staff as required.
- Increased budget allowance for essential supplies.
- Provision of education / awareness programs regarding transmission of infection and exclusion requirements.

In response to pandemic extra precautions would be taken to prevent infection. Some of these actions will only be implemented if the pandemic is particularly infectious or severe. These include:

- Minimising direct face-to-face contact with customers.
- Restricting staff travel and using other non-contact methods of communication.
- Restrict entry to the public and contractors into Council Offices.
- Closure of non-essential locations.
- Suspension of non-essential services
- Implement enhanced cleaning services.

11 SUPPORT

Business & Community Support

Support during an emergency or pandemic is covered in the *Municipality Emergency Management Plan (MEMP)*. Specific consideration is required for:

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

Where possible consideration should be given to culture, faith, and what language is required for effective communication when providing support.

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 considered. This would include Council supporting the Alpine Health pandemic strategy, which includes locally run services such as Community Care Services. In planning for support, planning will address likely demand patterns and timing and include escalation to DHHS when capacity is likely to be exceeded.

Other support requirements such as personal support, and financial special consideration are detailed in the *MEMP*.

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.

12 COMMUNICATIONS

State Communication Plan

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

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.

Council Communication Plan

At the municipal level, Alpine Shire Council's Communications Officer and Customer Service branches are responsible for both community and internal staff pandemic communications.

Effective engagement is essential with community and staff. Communication to affected communities needs to be targeted, timely and clear. Alpine Shire Council has an Emergency Communications Plan that governs the way that we communicate as specified in **Appendix 17** of the *MEMP*.

All Council services will have a responsibility to promote or distribute approved information as provided by the Australian Department of Health and DHHS. For example, Environmental Health to restaurants, Engineers to contractors, Social and Community to community groups and CALD Community leaders, etc.

Council's Communications team 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.

Alpine Shire Council Communication Plan – Pandemic protocols.

STAGE	COMMUNICATION
<p>1 Proactive communication Planning and proactive communication</p>	<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 • Liaison with DHHS Hume Region, adjacent councils, Municipal Association of Victoria (MAV) and health care providers.
<p>2 Pandemic management information Influenza case/s in Alpine Shire – 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 as directed by DHHS • 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 adjacent councils, MAV, DHHS and health care providers.
<p>3 Crisis communication 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 (e.g. vaccinations, use of masks, staffing & service arrangements, etc.) as directed by DHHS • Communication 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 adjacent Councils, MAV, DHHS and health care providers.

Internal Communication

The Municipal Emergency Management Team (see **Part 3.1.4** of *MEMP*) will be formed to stand by for response stage then meet weekly at initial response phase (or more regularly as

required) to discuss management of Council operations and associated issues during the pandemic. The Communications Officer will be requested to attend these meetings.

The Municipal Recovery Manager (MRM) 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.

Internal communication with council staff will be via the following:

- Manager/Coordinator briefing
- Staff briefing
- FAQs
- All users email
- Posters

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.

Methods used to distribute information and provide links to DHHS, DHA and WHO websites:

- Council webpage
- Media release
- Fact sheets and posters at Council offices and Visitor Information Centres
- Advertising - local newspapers
- Local radio
- Multi-lingual communication
- Facebook
- Live streams
- Public events
- Recorded messages on Council phone line

13 IMMUNISATION

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

When a customised pandemic vaccine does become available, a mass vaccination program will be coordinated by DHHS. Alpine Shire 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.

14 MASS FATALITY

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 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.

Temporary mortuary facilities

The VIFM may request a location to establish a temporary storage facility if the fatality rate is expected to exceed capacity – for further information see **Appendix 4**. 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 ore 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.

Funeral directors, Cemeteries and Crematoria

VIFM, The Australian Funeral Director Association (AFDA) and Cemeteries and Crematoria Association of Victoria (CCAV) all need to be involved in the development of guidelines and plans which addresses specific pandemic situations. The Coroner will not be involved with the majority of cases and normal funeral industry arrangements will continue. Crematoria can be used if there is no disruption to gas supply, no crematoria malfunctions and enough staff to manage the service.

Refer to VHMPPPI Appendix 15 Management of the Deceased. For further information see **Appendix 4**.

Burial Sites

In rare, exceptional circumstances, the Alpine Shire Council may be asked to identify possible sites for burial of deceased persons if fatality rate is expected to exceed the capacity of cemeteries within the Shire. For further information see **Appendix 4**. This should take careful consideration 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.

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.

Victoria Police will monitor and manage the following potential impacts:

- Increased violence at medical clinics
- Hijacking of vehicles transporting vaccines
- Burglaries on pharmaceutical suppliers and local chemists
- Black market selling vaccines
- Police Officers reluctant to enter home where persons suspected to be affected

15 STANDDOWN

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 the DHHS Hume Region for up-to-date information.
- Implement plan for resumption of full business capacity.
- Restock inventory and resupply.
- Document financial expenditure and seek advice from DHHS Hume 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.

16 COMMUNITY SUPPORT AND RECOVERY

Municipal recovery arrangements are detailed in **Part 6** the *Alpine MEMP*. The recovery arrangements in a pandemic are coordinated at regional level by DHHS and will be long lasting and operate parallel to response activities.

Responsibilities in Recovery

Under the current emergency recovery arrangements, Emergency Management Victoria (EMV) is the lead agency for recovery in Victoria and DHHS is responsible for regional coordination. Local Government plays a key role in coordinating 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)
- 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.

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 (public transport).
- Transition back into office buildings for people who were temporarily working from home.
- Lessening demand on medical facilities.

Alpine Shire Role

Local government has a pivotal role in assisting individuals and communities in the recovery phase of an emergency. The Emergency Management Manual Victoria (EEMV) 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 through information lines, newsletters, community meetings and websites
- Providing and staffing of recovery/information centers
- Forming and leading municipal/community recovery committees
- Post-impact assessment — gathering and processing of information
- Environmental Health — including food and sanitation safety, vector control
- 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
- Organising, managing or assisting with public appeals.

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

Coordination with DHHS Hume Region and neighbouring MRMs will be on going to discuss and assess the sharing and coordination of recovery resources. Refer to **Part 6** of the *Alpine MEMP* – Relief and Recovery Arrangements for details on the arrangements for the management of community support and recovery and the community organisations and agencies that can assist.

Community Recovery Committee

To drive the recovery process, a Community Recovery Committee may be established. This committee will be the instigator of community recovery activities for the Alpine. This committee will consist of Council staff, recovery agencies and community members.

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. Refer to **Part 6.2.2** of *Alpine Shire MEMP* for further detail.

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 from MSC and community agencies	Reduced ability to deliver basic services e.g. maternal; and child health, kindergarten, 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 if relevant. 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

17.4 Financial Arrangements

Accurate and comprehensive expenditure recording are referred to in the MEMP a dedicated cost centre number will established to 'capture' costs associated with the pandemic event, this allows for tracking of expenditure for potential funding claims to the Department of Treasury and Finance (DTF).

17 APPENDICES

APPENDIX 1 – Municipal Pandemic Influenza Action Plan

- Preparedness Stage
- Response Stage – Standby
- Response Stage – Initial Action
- Response Stage – Activation
- Targeted Response – Moderate and high clinical severity
- Stand down

APPENDIX 2 – Stages of Pandemic

APPENDIX 3 -Vulnerable Groups

APPENDIX 4 – Supporting People Isolated in their Home

APPENDIX 5 – Signage

APPENDIX 6 - Storage, Funeral and Burial Considerations

APPENDIX 7 - Abbreviations

APPENDIX 8 – Resources and Fact Sheets

Appendix 1: Municipal Pandemic Influenza Action Plan

ACTIONS REQUIRED		RESPONSIBLE	✓
PREPAREDNESS STAGE			
No novel strain has been detected OR emerging strain under initial detection			
Objective: Plan and prepare for Pandemic Influenza as part of normal risk management process			
Prior to normal influenza season			
1	Review the Municipal Pandemic Plan and update any contact details or operating procedures.	-EMC	
2	Promote influenza prevention activities with staff such as: <ul style="list-style-type: none"> Workplace seasonal influenza immunisation programme Importance of good personal hygiene – hand hygiene and respiratory/cough etiquette. Refer to Appendix 3 – ‘Signage’ for further detail. Staying away from work or public gatherings if symptomatic 	-EMC -Health, Safety and Risk Officer - EHO -Immunisation team	
3	Review Business Continuity Plan to ensure plans and procedures are up to date	-Health, Safety and Risk Officer	
4	Promote seasonal influenza vaccination to the broader community via local newspaper, Council website and Facebook page	-Communications	
5	Check Influenza PPE stockpiles: <ul style="list-style-type: none"> Current levels of PPE adequate? Are masks, gloves and hand sanitisers within adequate use by date? Current storage and location OK? If not, what alternatives are available? 	-EMC -Health, Safety and Risk Officer - EHO	
6	Check all measures to prevent transmission have been assessed such as posters and soap in toilet blocks etc.	-EHO -Health, Safety and Risk Officer	
7	Review current Influenza/Mass Vaccination clinics	-MRM	
8	Convene meeting with Pandemic working group members to discuss organizational preparedness (as required)	-EMC -MRM	
9	Ensure people on Vulnerable Person’s Register are offered vaccination	-MRM -Care Agencies	

ACTIONS REQUIRED		RESPONSIBLE	✓
RESPONSE STAGE – Standby			
Sustained human-human transmission of a novel influenza virus has been detected overseas in one or more countries triggering a response by the Chief Health Officer.			
Objective: Commence arrangements to reduce the impact on the Alpine Shire and increase vigilance for case detection			
Chief Health Officer issues advice			
1	Convene the Emergency Management Team of the Alpine Shire Council to ensure the following occurs: <ul style="list-style-type: none"> Maintain access to the Chief Health Officer's alerts to monitor the situation Liaise with DHHS Hume Region and other agencies 	-MRM -EMC	
2	Alert Executive Chief Officer and provide advice	-MRM	
3	Identify and activate Pandemic Coordinator	-MRM -EMT	
4	Identify Incident controller for Business Continuity Plan	-EMT	
4	Provide messaging to staff. Messaging include: <ul style="list-style-type: none"> Explanation of the local status. Incorporate advice from Department of Health & Human Services. Need to increase vigilance for case detection. Staff Vaccination Programme The infection prevention arrangements and promote ongoing education regarding the minimizing of infection spread. Refer <i>Part 12- 'Control Strategies'</i> for further detail. Messages for employees to convey to fellow staff members, friends, family, clients and customers. Links to the Department of Health & Human Services website and other pandemic information resources. Refer <i>Appendix 6 –Resources and Fact Sheets</i> for further detail. 	-Pandemic Coordinator -IC for PCP -MRM -Health, Safety and Risk Officer - EHO	
5	Confirm procedures to support people in home isolation are current and operable. Refer Appendix 3 – "Procedure for supporting People Isolated in their home"	-Pandemic Coordinator -MRM	
6	Meet with Health, Safety and Risk Officer and Incident Controller for Business Continuity Plan to ensure Council's Business Continuity plan considers the impacts of a pandemic event	-Pandemic Coordinator -IC for BCP -Health, Safety and Risk Officer - EHO	

ACTIONS REQUIRED		RESPONSIBLE	✓
RESPONSE STAGE – Standby			
Sustained human-human transmission of a novel influenza virus has been detected overseas in one or more countries triggering a response by the Chief Health Officer.			
Objective: Commence arrangements to reduce the impact on the Alpine Shire and increase vigilance for case detection			
Chief Health Officer issues advice			
7	Review stocks of Personal Protection Equipment (PPE) and make any necessary arrangements to increase capacity.	-Pandemic Coordinator -Health, Safety and Risk Officer - EHO	

ACTIONS REQUIRED		RESPONSIBLE	✓
RESPONSE STAGE – Initial Action			
Novel influenza virus or pandemic virus declared in Australia with limited information available			
Objective: Minimise transmission by implementing maximum infection control procedures and monitoring staff wellness.			
Chief Health Officer alert notification			
1	Alert council staff of the situation and reinforce the infection control measures implemented in the previous stage. In addition: <ul style="list-style-type: none"> Stay away from work or public gatherings if symptomatic to minimise the risk of infecting others. Seek medical advice if symptoms continue or get worse. 	-Pandemic Coordinator -IC for BCP -Health, Safety and Risk Officer - EHO	
2	Maintain the communication activities initiated in the Standby Response stage.	-Communications	
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. Use clear screens or PPE for staff in customer interactive roles. Encourage home quarantine for suspected cases.	- Pandemic Coordinator -Health, Safety and Risk Officer -IC for BCP - EHO	
4	Review cleaning procedures for council facilities: <ul style="list-style-type: none"> Cleaning contracts to be reviewed and enhanced cleaning standards to be negotiated. Introduce additional cleaning and disinfecting (handrails, door handles, lift controls, telephones, rubbish bins). Provide all workstations with alcohol wipes for phones and computers Check wash areas regularly to replenish supplies 	-IC for BCP -Manager Facilities	
5	Report any changes in activities or resource levels to Pandemic Coordinator	-All staff	

Commented [KvH1]: Should Incident Controller for Business Continuity go into here

ACTIONS REQUIRED		RESPONSIBLE	✓
RESPONSE STAGE - Activation			
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			
Objective: Provide targeted support and quality care while maintaining business continuity			
Pandemic virus infections are being reported in Alpine Shire			
1	Alert Executive and provide advice	-Pandemic Coordinator	
2	Liaise with DHHS and the Merc to determine the need to establish a virtual Municipal Emergency Coordination Centre (MECC) 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. 	- MRM -Pandemic Coordinator	
3	MERO/EMLO to liaise with DHHS to inform of Council activity and resourcing	-MRM/EMLO	
	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"> Provide antiseptic hand wash to ingress points of Council buildings Public access to the Council offices be restricted. Secure any closed sites. Promote social distancing. Investigate Work from home options / accessibility of systems from remote locations Unwell staff to be excluded from the workplace. Additional cleaning and increased infection control procedures for communal areas PPE usage – the State controller will provide advice about the appropriate use of PPE. Isolate air circulation systems (heating/cooling) for all municipal facilities if required. 	-Pandemic Coordinator -IC for BCP -Health, Safety and Risk Officer -Customer Service - EHO	
4	Implement procedures to ensure continued support for Agencies caring for HACC clients and people who are isolated in their homes, including those of the Vulnerable Person's Register.	-Health care Providers -Pandemic Coordinator -MRM	
5	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. Refer Appendix 3 – "Procedure for supporting People Isolated in their home" for further detail.	-Pandemic Coordinator	

ACTIONS REQUIRED		RESPONSIBLE	✓
RESPONSE STAGE - Activation			
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			
Objective: Provide targeted support and quality care while maintaining business continuity			
Pandemic virus infections are being reported in Alpine Shire			
6	Liaise with the Health, Safety and Risk Officer and Customer Service Team regarding measures to maintain critical council service delivery.	-IC for BCP -EMC & EMT -Health, Safety and Risk Officer	
7	Maintain communication with Council staff and the community <ul style="list-style-type: none"> • Prepare internal and external messages using advice from DHHS. • Reinforce good personal hygiene and infection control procedures • Promote information on vaccination services • Ensure staff have OH&S training on using PPE • Provide area specific information for work units dealing with the public – customer service, family case workers, maternal and child health nurses, childcare centers, library, visitor information centers, leisure, and civic facilities 	-Communications -Health, Safety and Risk Officer - EHO	
8	Provide vaccination services to the priority community groups when directed by DHHS. Listings made available through: <ul style="list-style-type: none"> • Family, youth and children services • Ages and disability service agencies 	-Pandemic Coordinator -Immunisation Team	
9	Continue to review services and resource levels	-IC for BCP -EMC & EMT -Pandemic Coordinator -Health, Safety and Risk Officer - EHO	
10	Prepare for the recovery arrangements for the affected community as the needs arise. Liaise with the local health and other service providers to ensure these actions complement each other	-Pandemic Coordinator -MRM	

ACTIONS REQUIRED		RESPONSIBLE	✓
TARGETED RESPONSE – Moderate and high clinical severity			
When pandemic virus is spreading throughout the Alpine Shire.			
Objective: To provide targeted support and high quality care while maintaining critical services			
Where multiple virus infections are being reported in Alpine Shire			
1	Maintain virtual Municipal Emergency Coordination Centre (MECC) as per 'Activation' stage as a virtual centre if required. <ul style="list-style-type: none"> Maintain regular contact with DHHS, IMT, EMT and other agencies. 	-EMC -MRM -Pandemic Coordinator	
2	Continuation of critical services: <ul style="list-style-type: none"> Working from home / accessibility of systems from remote locations in place. Consider closure of facilities based on DHHS advice. Ascertain critical services to continue. Arrange for employment/deployment of staff to ensure continuation of critical services 	-IC for BCP -EMC & EMT -CEO -MRM -Pandemic Coordinator	
3	Regularly update Council staff and the community with the following: <ul style="list-style-type: none"> Pandemic situation and advice from DHHS such as droplet protection plus eye protection. Where support services can be accessed Information on council services and public access points – website, Facebook, phone wait message, Virtual customer service and other access points facilities 	-Pandemic Coordinator -IC for BCP -Communications -Health, Safety and Risk Officer - EHO	
4	Implement enhanced infection control procedures based on advice from DHHS <ul style="list-style-type: none"> Implement illness register Liaise with DHHS to discuss contact tracing arrangements 	-Pandemic Coordinator -Health, Safety and Risk Officer - EHO	
5	Continuation of vaccine and PPE as directed by DHHS <ul style="list-style-type: none"> Review and confirm vaccine and PPE supply chain Cold storage for vaccines If clinical severity is high, all cases should be treated to reduce mortality and morbidity. Purchase or procure health, PPE and cleaning products / consumables for an extended period Arrange secure storage for vaccine and PPE supplies to avoid theft 	-MERO -Pandemic Coordinator -Health, Safety and Risk Officer - EHO	
6	Continue to coordinate vaccination sessions directed by DHHS <ul style="list-style-type: none"> Promote vaccination for identified high risk groups 	-Immunisation Team	

ACTIONS REQUIRED		RESPONSIBLE	✓
TARGETED RESPONSE – Moderate and high clinical severity			
When pandemic virus is spreading throughout the Alpine Shire.			
Objective: To provide targeted support and high quality care while maintaining critical services			
Where multiple virus infections are being reported in Alpine Shire			
7	Review cleaning and infection control procedures for communal areas <ul style="list-style-type: none"> • Provide handwash to ingress points of council buildings • Which buildings and services should be closed 	-IC for BCP -Pandemic Coordinator -Health, Safety and Risk Officer -Manager Facilities - EHO	
8	Liaise with DHHS to determine continued level of support for quarantined and isolated community members <ul style="list-style-type: none"> • Arrange for employment/deployment of staff to ensure continuation of support services 	-Pandemic Coordinator - EMC & EMT -MRM	
9	Review listings of vulnerable and communication channels	-Pandemic Coordinator -MRM	
10	Ensure Employee Assistant Program (EAP) is available for staff by phone	-HR Officer	
11	Liaise with local businesses (eg supermarkets) to support continuity of services	-Pandemic Coordinator -MRM -Communications - EHO	
12	Report any changes or activities to MRM	-All staff	

ACTIONS REQUIRED		RESPONSIBLE	✓
STAND DOWN			
Pandemic subsiding and/or vaccinations result in a protected population			
Objective: The public health threat is managed within normal arrangements and monitoring for change is in place			
Infection rate has dropped significantly			
1	Stand-down: Initiate stand down procedures which include: <ul style="list-style-type: none"> Reducing community support activities Cease activities that are no longer needed (eg the MECC) Communicate these changes to staff and external agencies Maintain normal infection control procedures Monitor for a second wave of the outbreak and also for development of anti-viral resistance Document financial expenditure and seek advice from DHHS regarding financial support packages available. 	-CEO IC for BCP -EMC & EMT -MRM -Pandemic Coordinator - EHO	
2	Liaise with DHHS Hume Region regarding a hand-over from response to recovery operations. Refer to Alpine Shire MEMP for more detail on the recovery services likely to be required.	- MRM -Pandemic Coordinator	
3	Continue to coordinate vaccination sessions when requested by DHHS	- Pandemic Coordinator -Immunisation Team	
4	Participate in a Pandemic Recovery Committee to determine the services and resources required to address the identified needs	-MRM	
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 	-CEO -EMC & EMT -MERO/MRM -HR Officer	
6	Participate in regional operations debrief/s	-EMC -Pandemic Coordinator -All agencies	
7	Review municipal plans and implement recommendations arising from the debriefs. Modify the Mitchell Shire Influenza Pandemic Plan to reflect those actions.	-EMC -Pandemic Coordinator	

Appendix 2 AHMPPI – Stages of Pandemic

Australian Pandemic phases and key activities – Page 15 of AHMPPI

Commented [KvH2]: Put into Appendix

<p>Preparedness</p> <p><i>No novel strain detected (or emerging strain under initial investigation)</i></p>		<ul style="list-style-type: none"> Establish pre-agreed arrangements by developing and maintaining plans; research pandemic specific influenza management strategies; ensure resources are available and ready for rapid response; monitor the emergence of diseases with pandemic potential, and investigating outbreaks if they occur.
<p>Response</p>	<p>Standby</p> <p><i>Sustained community person to person transmission overseas</i></p>	<ul style="list-style-type: none"> Prepare to commence enhanced arrangements; identify and characterise the nature of the disease (commenced in Preparedness); and communicate to raise awareness and confirm governance arrangements.
	<p>Action</p> <p><i>Cases detected in Australia</i></p>	<p>Action is divided into two groups of activities:</p> <p>Initial (when information about the disease is scarce)</p> <ul style="list-style-type: none"> prepare and support health system needs; manage initial cases; identify and characterise the nature of the disease within the Australian context; provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and support effective governance. <p>Targeted (when enough is known about the disease to tailor measures to specific needs):</p> <ul style="list-style-type: none"> support and maintain quality care; ensure a proportionate response; communicate to engage, empower and build confidence in the community; and provide a coordinated and consistent approach.
	<p>Standdown</p> <p><i>The public health threat can be managed within normal arrangements and monitoring for change is in place</i></p>	<ul style="list-style-type: none"> Support and maintain quality care; cease activities that are no longer needed, and transitioning activities to seasonal or interim arrangements; monitor for a second wave of the outbreak; monitor for the development of antiviral resistance; communicate to support the return from pandemic to normal business services; and evaluate systems and revise plans and procedures.

Victorian Pandemic stages and actions – Page 30 of VHMPP1

Commented [KvH3]: Put into Appendix

STAGE		DESCRIPTION	KEY ACTIONS
Prevention		<i>Prevention is not the primary focus of this plan</i>	
Preparedness		No novel strain detected <i>(or emerging strain under initial detection)</i>	<ul style="list-style-type: none"> Establish pre-agreed agreements by developing and maintaining plans Research pandemic-specific influenza management strategies Ensure resources are available and ready for rapid response Monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur
Response	Standby	Sustained community person-to-person transmission detected overseas	<ul style="list-style-type: none"> Prepare to commence enhanced arrangements Identify and characterise the nature of the disease (commenced in preparedness) Communicate measures to raise awareness and confirm governance arrangements
	Action <i>Initial and targeted</i>	Cases detected in Australia	<p>Initial (when information about the disease is scarce)</p> <ul style="list-style-type: none"> Prepare and support health system needs Manage initial cases Identify and characterise the nature of the disease within the Australian context Provide information to support best practice healthcare and to empower the community and responders to manage their own risk of exposure Support effective governance <p>Targeted (when enough is known about the disease to tailor measures to specific needs):</p> <ul style="list-style-type: none"> Support and maintain quality care Ensure a proportionate response Communicate to engage, empower and build confidence in the community Provide a coordinated and consistent approach
	Stand down	Public health threat can be managed within normal arrangements Monitoring for change is in place	<ul style="list-style-type: none"> Support and maintain quality care Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement Monitor for a second wave of the outbreak Monitor for the development of antiviral resistance Communicate activities to support the return from pandemic to normal business services Evaluate systems and revise plans and procedures
Recovery		<i>Recovery is not the primary focus of this plan</i>	

Appendix 3 Vulnerable Groups

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

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

APPENDIX 4 Supporting People Isolated in their Home

Council may be asked to extend support to members of their community who are quarantined in their homes who don't have any form of assistance (family or friends) or assist the care agencies for the HACC clients within Alpine Shire. Identification of these people could be made by DHHS via their Help Line, requests for assistance through Council Reception or referrals from members of the community. They may also be on the Vulnerable Person's Register.

Points to consider:

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

APPENDIX 5 Signage

Coughing sneezing and hand hygiene procedures posters can be obtained from DHHS.

Table 4.1



APPENDIX 6 Storage, funeral and burial considerations

FUNERAL BUSINESS	ADDRESS	CAPACITY	CONTACT
Chiltern and District Funerals	70 Main Street Rutherglen	Capacity to store x 6 bodies Capacity to conduct x 3 funerals a day Plans for increased capacity - No	02 6032 8881
John Hossack Ovens Valley Funerals	53 High Street Beechworth	Capacity to store x 20 bodies Capacity to conduct x 8 funerals a day Capacity to conduct 8-10 cremations Plans for increased capacity - No	03 5728 1052
Tate Funeral Services	63 Greta Road Wangaratta	Capacity to store x 15 bodies Capacity to conduct x 3-5 funerals a day Plans for increased capacity - No	03 5722 2525
Christopher Tate Funeral Services	166 Myrtle Street Myrtleford	Capacity to store x 4 bodies Capacity to conduct x 2 funerals a day Plans for increased capacity - No	03 5752 2995
Howard Funeral Directors	11 Sanger Street Corowa	Capacity to store x 10 bodies Capacity to conduct x 4 funerals a day Plans for increased capacity - Yes	02 6033 4255
Conway Family Funeral Home	20 South Street Wodonga	Capacity to store 10-11 bodies Capacity to conduct x 4 funerals a day Plans for increased capacity - No	02 6024 1093
Lester & Son Funeral Home	49 Thomas Mitchell Drive Wodonga	Capacity to store 12 bodies Capacity to conduct x3 funerals a day Plans for increased capacity - No	02 6056 1700

CEMETERIES	ADDRESS	BURIAL CAPACITY	CONTACT
Bright Public Cemetery	20 Coronation Ave, Bright	Plenty of walls & camellia trees for ashes Approx. 1000 plots available 30 burials and 20-25 cremations per year	03 5755 1553
Myrtleford Lawn Cemetery	386 Yackandandah-Myrtleford Rd Barwidgee	Approx. 1500 Burial plots & ashes wall Cater for Muslim community 40 burials a year max 2 per day incl ashes	03 5751 1458
Bowmans Forest Cemetery	Great Alpine Road Bowmans Forest	Approx. 2500 plots in front & back Ashes wall has 45 spaces Currently 4 burials & 2 cremations per yr Has a section for Chinese and others	03 5727 1327
Buckland Cemetery		Approx	
Harrietville Public Cemetery	Cemetery Lane Harrietville	400 Plots currently available 2 x burials a year – not on code red days	03 5759 2686 0409 936 050
Havilah Cemetery			0424 615 050
Tawonga Cemetery	Cemetery Lane Coral Bank	1000 plots currently available 8 burials a year	0419 976 092
Beechworth Cemetery	Balaclava Rd	400 plots & capacity for 200 ashes	

	Beechworth	26 x burials a year	
Milawa Cemetery		Lots of plots currently available 12 x burials a year	0429 304 730

APPENDIX 7 Abbreviations

AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPPC	Australian Health Protection Principal Committee
BCP	Business Continuity Plan
CMP	Crisis Management Plan
DHHS	Department of Health and Human Services
DPC	Deputy Pandemic Coordinator
MERO	Municipal Emergency Resource Officer
MEMP	Municipal Emergency Management Plan
MRM	Municipal Recovery Manager
PC	Pandemic Coordinator
PIP	Pandemic Influenza Plan
PPE	Personal Protective Equipment
VIFM	Victorian Institute of Forensic Medicine
VHMPPI	Victorian Health Management Plan for Pandemic Influenza

APPENDIX 8 Resources and Fact Sheets

RESOURCES

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

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

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

Pandemic Influenza

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