

Moorabool Shire Council



PANDEMIC INFLUENZA PLAN

A Sub Plan of the Moorabool Municipal Emergency Management Plan

Endorsed by the MEMPC on August 2019

Version 5.0

Last Amended August 2019

Contents

Version Control	4
Introduction	6
Policy Context	7
Definition of Pandemic Influenza	7
Aims and Objectives	8
Review and Evaluation of the Pandemic Influenza Sub Plan	8
Influenza Pandemic Planning Committee (IPPC)	8
Activating the Influenza Sub Plan	10
Risks Associated with an Influenza Pandemic in Moorabool	11
Mode of transmission	11
Impact on physical health.....	11
Impact on mental health.....	12
Impact on Council Business Continuity.....	12
Additional Impacts.....	12
Pandemic Influenza Stakeholders: Roles and Responsibilities	13
Moorabool Shire Council:.....	13
Department of Health and Human Services	14
Health Services and Primary Health Care	14
Moorabool Pandemic Influenza Vulnerability Profile	15
Support for Community Resilience	17
Likely Impacts on the Community	17
Identifying Service Requirements in the Recovery Environments.....	18
MSC Staff Support	18
Basic Precautions	19
Hygiene Practices	19
Social distancing	20
Restricting workplace entry	20
Council Workplace Cleaning.....	21
Personal Protective Equipment.....	21
Communications	22
Staff Communication.....	22
Public Communication	23
Immunisation	24
Appendix 1 - Roles and Responsibilities of Local Government (<i>Victorian Health Management Plan for Pandemic Influenza – Appendix 10</i>)	25
Appendix 2- Signage	28
Appendix 3 Safe usage of Work Vehicles during Pandemic Influenza	28
Appendix 4 - Ensure Cleaning Contractors use a Neutral Detergent	31
Appendix 5 – Mass Vaccination	32
Mass Vaccination	32
National Medical Stockpile (NMS)	32
Session structure and management	32
Staffing	33
Operational Flow	33
Presentation of sick people	33
Post Vaccination	33
Logistics of maintaining stock and vaccines	33
Vaccine Security	34
Waste Disposal	34

Post Immunisation Evaluation.....	34
Appendix 6 – Social Distancing Measures.....	35
Appendix 7- Council Pandemic Influenza Response Procedures	36

Acronyms

Acronym	Full Title
AACA	Active Ageing and Community Access
AHMPPI	Australian Health Management Plan for Pandemic Influenza
BCP	Business Continuity Plan
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CHO	Chief Health Officer
CERA	Community Emergency Risk Assessment
CMO	Chief Medical Officer
DPC	Deputy Pandemic Coordinator
DHHS	Department of Health and Human Services
DELWP	Department of Environment, Land, Water and Planning
EHO	Environmental Health Officer
GPs	General Practitioners
HR	Human Resources
HSSC	Health Service Support Centre
IMT	Incident Management Team
IPAP	Influenza Pandemic Action Plan
IPPC	Influenza Pandemic Planning Committee
LGA	Local Government Authority
MCSC	Municipal Community Support Centre
MECC	Municipal Emergency Coordination Centre
MEM	Municipal Emergency Manager
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Coordinator
MERO	Municipal Emergency Resource Officer
MRM	Municipal Recovery Manager
MSC	Moorabool Shire Council
NMS	National Medical Stockpile
OH&S	Occupational Health and Safety
PC	Pandemic Coordinator
PHC	Public Health Coordinator
PISC	Pandemic Influenza Sub Committee
PPE	Personal Protective Equipment
VHMPPI	Victorian Health Management Plan for Pandemic Influenza

Acronym	Full Title
WHO	World Health Organisation

Introduction

The Moorabool Shire Council, as part of its emergency management planning, has developed this Influenza Pandemic Plan. Whilst the likelihood of an Influenza pandemic is low, the impact on our community and this organisation in such an event could be devastating.

The Coordinator Community Health and Safety is nominated as the Pandemic Coordinator for the municipality and will work with all service units and sections in identifying critical staff and functions. The Municipal Recovery Manager (MRM) and the Environmental Health Officer will be the Deputy Pandemic Coordinators and assist the Pandemic Coordinator.

All service units and sections offer their assistance to the Pandemic Coordinator and provide as much information as is necessary. This will enable the construction of a robust plan, reducing the local impacts of an Influenza pandemic and provide support and recovery assistance to our affected community, throughout the pandemic's duration. The pandemic plan is to work in conjunction with the municipality's emergency management plans as a sub-plan of the Emergency Management Plan.

The focus of influenza pandemic management is Mitigation, Preparedness, Response and Recovery. The major determinant of the severity of an influenza pandemic, as measured by the number of cases of severe illness and deaths, is the inherent virulence of the virus. However, many other factors influence the overall severity of a pandemic's impact. Even a pandemic virus that initially causes mild symptoms in otherwise healthy people can be disruptive, especially under the conditions of today's highly mobile and closely interdependent societies.

Policy Context

This document is a Sub Plan of the Municipal Emergency Management Plan (MEMP). All background information on the municipality and detailed information on supplementary emergency management arrangements can be found in the MEMP.

This Sub Plan aligns with and should be read alongside the following Council policies and plans:

- Moorabool Shire Council Plan 2017-2021
- Municipal Emergency Management Plan
- Moorabool Shire Council's Business Continuity Plan
- Municipal Public Health Emergency Management Sub Plan

This Sub Plan aligns with the following State, Federal and International Plans:

- Victorian health management plan for pandemic influenza 2014 (VHMPPi)
- Victorian Action Plan for Human Influenza Pandemic (currently under review)
- Victorian Public Health and Wellbeing Plan 2015 – 2019
- Community Support and Recovery Sub Plan – Victorian Department of Human Services March 2008
- Australian Health Management Plan for Pandemic Influenza April 2014 (AHMPPI)
- National Action Plan for Human Influenza Pandemic 2011 (currently under review)
- Pandemic Influenza Risk Management – WHO Interim Guidance 2013
- The Pandemic Influenza Preparedness Framework WHO 2011

This Sub Plan complies and aligns with the following legislation:

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

Definition of Pandemic Influenza

An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity (WHO 2013).

Influenza is a viral illness that attacks the respiratory tract (nose, throat and lungs) in humans. The virus is transmitted in most cases by droplets, but it can also be transmitted in certain situations by direct contact or aerosols. Although mild cases may be similar to an upper respiratory tract infection, influenza is typically much more severe, usually comes on suddenly, and may include fever, headache, tiredness, cough, sore throat, nasal congestion and body aches. It can result in complications such as pneumonia. Seasonal influenza occurs annually and 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.

Aims and Objectives

The aim of this plan is to detail how resources and activities will be managed in Moorabool Shire to:

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

The objectives of this plan are to:

- Preparedness – have arrangements in place to reduce the pandemic impact
- Containment – prevent transmission, implement infection control measures, provide support services to people who are isolated or quarantined within the municipality
- Maintain essential municipal services – provision for business continuity in the face of staff absenteeism and rising demand on local government services
- Mass vaccination – assist in providing vaccination services to the community, if an influenza pandemic vaccine becomes available
- Communication – develop media and communication messages, in line with whole of government messages, to inform the community and staff of any changes to normal municipal service delivery
- Community support and recovery – ensure a comprehensive approach to emergency recovery planning in the municipal emergency management plan, with specific focus on influenza pandemic. (Refer to the priority tasks recommended in the Community Support and Recovery Sub Plan of the Victorian Human Influenza Pandemic Plan).

Review and Evaluation of the Pandemic Influenza Sub Plan

To be prepared for an influenza pandemic, it is important to regularly review and exercise this plan (as part of the Municipal Emergency Management Plan) and make amendments, as required.

Each plan should also include feedback mechanisms for evaluating its effectiveness. The Municipality is encouraged to observe exercises undertaken by other municipalities.

The Plan will be exercised every 3 years prior to the flu season through the MEMPC. The exercise format will be a 'table top' exercise and may include independent assessment and will include identified agencies and key stakeholders (DHHS, SES, Victoria Police, Ballan District Health and Care, and Djerriwarrh Health Services).

Influenza Pandemic Planning Committee (IPPC)

The Committee's role is to:

- Assist with implementing components of the plan
- Ensure the plan is updated every 3 years
- Meet as required during an event to review effectiveness of planning and actions

The IPPC consists of the following members:

- Coordinator of Community Health and Safety (CCHS)
- Senior Environmental Health Officers (SEHO)
- Municipal Emergency Manager (MEM)
- Senior Health Protection Officer (DHHS)
- Emergency Management Coordinator (DHHS)
- Infection Control Nurse (Djerriwarrh Health Services)
- Municipal Recovery Manager (MRM)

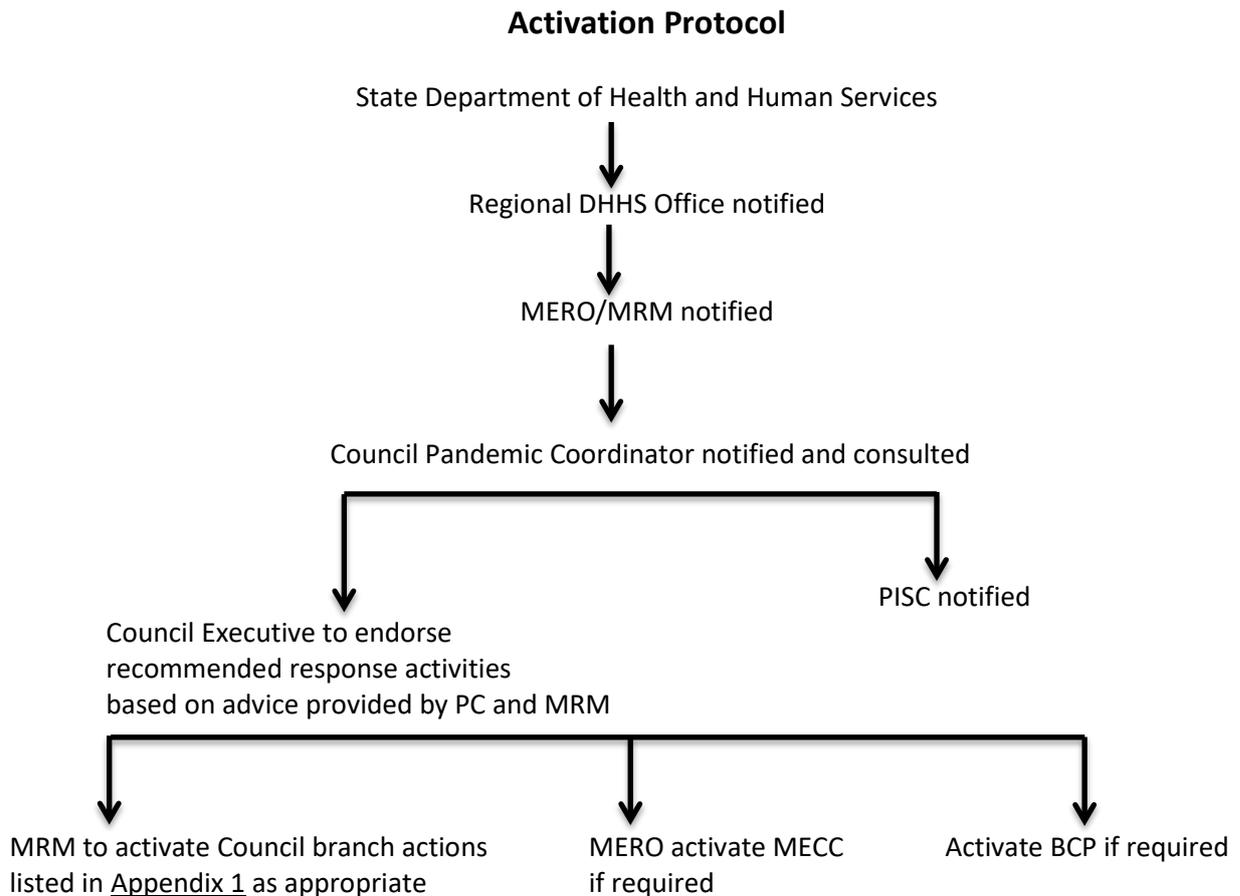
Pandemic Influenza Sub Committee (PISC) will be formed during an event, which will be activated by the MEMP Committee and may include the following positions:

- MEM
- Municipal Emergency Resource Officer (MERO)
- CCHHS
- Municipal Recovery Manager (MRM)
- SEHO
- Senior Health Protection Officer (DHHS)
- Senior Risk Advisor
- Manager of People and Organisational Development
- Media and PR Officer
- Manager Information and Communication Technology
- Manager Child, Youth and Family
- Manager Active Ageing and Community Access
- Infection Control Nurse (Djerriwarrh Health Services)
- Emergency Management Coordinator (Djerriwarrh Health Services)
- Manager of Health Service (Ballan District Health and Care)
- External agencies as required

Activating the Influenza Sub Plan

This Plan will be activated following advice from Victoria's Department of Health and Human Services. DHHS takes 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 who determines each pandemic phase.

Following advice from DHHS, the Municipal Emergency Manager (MEM) will alert Council executive. The MEM will then consult with MSC Executive to activate the Incident Management Team (IMT), activate the relevant response procedures listed in the Council Pandemic Influenza Response Procedures ([Appendix 1](#)), ensuring that Council responds appropriately to a pandemic in a coordinated manner.



The Pandemic Coordinator will notify the PISC via email adding specific details of the DHHS advice and Council activity. Members of the PISC may be asked to provide information, advice or support to meet the demands placed upon the services and functions of Council, especially in regards to maintaining business continuity and complying with emergency management legislation and guidelines.

Activation of this Plan will function under the Victorian Health Management Plan for Pandemic Influenza (VHMPPPI) stages. The Council Pandemic Influenza Response Procedures describe activities to be considered at the different pandemic stages- see [Appendix 1](#).

The Relief and Recovery Sub Committee will be coordinating the recovery arrangements that will be required. The committee will assess the impact of the pandemic 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. The Relief and Recovery Sub Committee will then provide feedback to the MEMP Committee on progress of recovery activities.

Persons will be asked if they have any family members or friends that can assist in the first instance, and if not, arrangements will be made to assist them.

Community groups such as Rotary Club and Lions Club may be asked to assist in their local communities. As they have local knowledge they may be asked to check on people known to live alone, and are considered as vulnerable, to see if they require any assistance.

Risks Associated with an Influenza Pandemic in Moorabool

The impact of a pandemic cannot be predicted precisely because it will depend on the virulence of the virus, its transmissibility, the availability of vaccines and antiviral medications, and the effectiveness of pharmaceutical and non-pharmaceutical community containment measures.

When an influenza pandemic occurs, the Victorian Health Manager for Pandemic Influenza will consider the severity of illness caused by the virus and categorise it as low, moderate or high, based on the available evidence and emerging epidemiology. These categories are described below:

- **LOW** clinical severity: The level of impact on the community may be similar to severe seasonal influenza or the H1N1 pandemic 2009.
- **MODERATE** clinical severity: The number of people presenting for medical care is likely to be higher than for severe seasonal influenza. Pressure on health services will be more intense.
- **HIGH** clinical severity: Widespread severe illness will cause concern and challenge the capacity of the health sector.

In the Moorabool Shire Council, response activity will be proportionate to the severity of the virus and as directed by DHHS.

Mode of transmission

The human influenza virus is transferred mainly by **droplet transmission**. This occurs when droplets from the cough or sneeze of an infected person are propelled through the air (generally up to 1 metre) and land on the mouth, nose or eye of a nearby person.

Influenza can also be spread by **contact transmission**. This occurs when a person touches respiratory droplets that are either on another person or an object—and then touches their own mouth, nose or eyes (or someone else's mouth, nose or eyes) before washing their hands.

In some situations, **airborne transmission** may result from medical procedures that produce very fine droplets that are released into the air and breathed in.

The incubation period for influenza is usually one to three days. Adults have shed the influenza virus from one day before developing symptoms, to up to seven days after the onset of the illness. Young children can shed the influenza virus for longer than seven days. The influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

Impact on physical health

Influenza can cause illness and death. Symptoms of infection 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.

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).

Impact on mental health

Emotional reactions are a normal response to the distress and trauma associated with an emergency. In the case of an influenza pandemic, they 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.

Impact on Council Business Continuity

Business continuity planning is the act of anticipating and preparing for incidents that could affect critical service delivery functions and processes for the organisation, in order to respond to incidents in a planned and rehearsed manner. Refer to Council's Business Continuity Plan 2016.

Moorabool Shire Council recognises that this plan (BCP) in isolation, does not build capability, it provides the approach to establishing effective capability. Whilst the plan is important, it is an outcome of the more important planning and analysis process and is a blueprint to kick-start the response to a business continuity incident.

This plan identifies the required facilities, technical infrastructure, key responsibilities, and processes that will be required to position Council to be able to respond and recover from a business interruption event.

Moorabool Shire Council's BCP is intended to provide guidance to Council officers to assist continuity of service for critical functions, where those officers are not normally responsible for managing the specific function affected. Where the Council officer who is normally responsible for managing the specific function is available, it is assumed that the BCP will serve as a check document to reduce the possibility for omission of important actions.

Additional Impacts

In the event of an influenza pandemic, there is likely to be an increased demand on medical and social facilities in Moorabool; at the same time, these services and facilities may suffer resourcing constraints as a result of employee/contractor illness and death. Indeed, business continuity in all organisations may be significantly impacted, impacting the stability and health of Moorabool's economy, built environment, infrastructure (including public transport and road networks), utilities, wildlife and pets. If social distancing measures are introduced, social connectivity and trust may also be negatively affected.

Coordination of the Recovery Operation

Pandemic recovery operations will occur in two stages:

Stage 1. Outbreak

Coordination of services will require a modification to standard recovery processes due to the constraints identified earlier as well as managing the demands of maintaining these services over a potentially longer time frame. A virtual Recovery Centre will be established via the Council website and via telephone and email contact. This will involve information being provided on an ongoing basis via the Council website, updating people with the most recent information available. For those who do not have internet access they can contact Council on the dedicated number to be provided at the time.

Stage 2. Containment

After the influenza infection has been contained, the recovery operation can begin to move to standard operating procedures, as outlined in the Municipal Recovery Plan.

NOTE: Community and Economic Development activities have been added to the second stage to assist with reconnecting both communities and conducting a range of assistance measures so a full recovery can be achieved. Activities in these two areas require face to face community interaction, so even though their need would become apparent earlier than this stage, the infection control constraints make this difficult to implement. Some of the services will have a short life span of a few weeks while others can take years.

Pandemic Influenza Stakeholders: Roles and Responsibilities

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

The *Emergency Management Act 1986 and the Emergency Management Act 2013* requires Council to have arrangements in place to prevent, respond to and recover from any emergencies that could occur in the municipality.

The *Public Health & Wellbeing Act 2008* states that Council's function is to "seek to protect, improve and promote public health and wellbeing within the municipal district".

In Victoria, an influenza pandemic constitutes an emergency under the *Emergency Management Act 1986 and Emergency Management Act 2013*.

Local Government is the closest level of government to the community and is often the first point of contact for assistance, advice and information. Council will act as a Support Agency when it comes to assisting the community in the event of a Pandemic. Council's Municipal Emergency Management Planning Committee (MEMPC) will manage the impact on the community along with the Control Agency and other emergency agencies.

Moorabool Shire Council:

- Prepare and maintain this Pandemic Influenza Plan as a Sub Plan of the MEMP
- Activate this plan to assist in reducing the impacts of an influenza pandemic
- Assisting in preventing transmission by implementing infection prevention and control measures as appropriate
- 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 identify and maintain essential services
- Identify infection control measures for staff in interactive roles
- Provide vaccination services to local community as appropriate
- Have procedures in place to support affected people within the local government area
- Maintain a specialist subcommittee to provide input and advice to the plan
- Review this plan annually

Council's Environmental Health Team has a lead role in public health protection within the municipality. In conjunction with the Grampians Region Public Health Team, this involves the identification, assessment and management of public health risks associated with infectious diseases such as those occurring throughout an influenza pandemic. Council would need to ensure the following activities were undertaken:

- Promote and coordinate mass vaccination for influenza and pneumococcal for identified high-risk groups and continue to expand the annual workplace influenza vaccination campaign, registered nurses can be used to assist.
- Ensure that appropriate stocks of masks, eye protection, gloves, gowns (coveralls) are available to protect priority staff and that staff are trained in their use, Djerriwarrh Health Services can assist in this area.
- Provide ongoing education to Moorabool Shire staff and the community on infection control issues – cough etiquette, hand washing, cleaning of potentially contaminated surfaces. The aim of education strategies will be to raise awareness of infection control issues at a community level
- Encourage individual agencies to have infection control kits in place at key facilities and for key front-line staff

Department of Health and Human Services

DHHS is the control agency for an influenza pandemic in Victoria. DHHS will activate the Victorian response to an influenza pandemic through the Victorian Health Management Plan for Pandemic Influenza (VHMPPi).

Responsibilities of DHHS include:

- surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community
- timely implementation of measures seeking to limit or prevent the transmission of pandemic influenza in the various stages of a pandemic
- providing alerts and information to health services, primary care, residential facilities, schools, education and care facilities, local government and emergency services.
- continuing surveillance to monitor the status of the outbreak
- maximising the use of resources
- public health strategies to best meet the needs of the current situation based on the best surveillance data
- implementing policies on the use of personal protective equipment (PPE) and antivirals
- communicating 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, public and private hospitals, and Primary healthcare, including general practice, community pharmacy, community nursing, ambulance services, community health services and telehealth services (NURSE-ON-CALL and GP Helpline) will form part of the front line of Victoria's response for human pandemic influenza. Primary healthcare plays an important role in minimising the spread of pandemic influenza and treatment of people in a community setting.

Responsibilities are detailed in Appendix 6 and 7 of the Victorian Health Management Plan for Pandemic Influenza, 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

Patients with suspected pandemic influenza may present to any health service in a variety of ways. Health services need to develop a process for separating, triaging and admitting people with influenza-like illness, to prevent cross-infection. This may involve setting up a separate area, such as an influenza triage or influenza clinic.

Health Services within Moorabool Shire

Facility	Function	Capacity	Contact
[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

General Practitioners

General practitioners will be important in the provision of clinical assessment including referral of suspected cases in the early containment phase, and care of confirmed cases in the pandemic or maintenance phase. Information, support and reassurance to concerned people, clinical management of people with chronic diseases usually managed through hospitals, home care for mildly ill or even terminally ill pandemic patients in the maintenance phase, and referral of people requiring social support to local councils and appropriate agencies.

NOTE: Contacts were current at time of adoption of Plan:

Facility	Contact
[REDACTED]	[REDACTED]

Municipal Facilities

Municipal facilities – halls, reserves, council offices, library/information centres, accommodation and other centres are as listed in the Municipal Emergency Management Plan (MEMP)

Moorabool Pandemic Influenza Vulnerability Profile

The official population of Moorabool Shire in 2016 is 33,448. More than half the population lives in Bacchus Marsh and surrounds (18,247). The Shire's second largest population can be found in and around Ballan (2,985).

Moorabool also features 18 localities, hamlets and towns that have a population less than 100. Children aged 0-14 make up 21.0% of the population and people aged 65 years and over make up 15% of the population.

Covering an area of 2,110 square kilometres, all areas of Moorabool Shire are expected to increase in population over the coming years. The most significant increases in population are expected in Darley, Bacchus Marsh, Ballan, Gordon and Maddingley, based on residential expansion.

It is anticipated that Moorabool Shire will be the third fastest growing rural Shire in Victoria due to growing urbanisation, particularly in the east adjacent to the Melbourne metropolitan area.

Vulnerable Persons, for the purpose of Pandemic Planning can be identified by the following groups:-

- Elderly
- Immune-compromised
- Young
- Disability clients
- Institutionalised people
- Mobile people (travelling)
- Lower Social Economic Status lack education, lack access to information
- Isolated communities
- Care givers and receivers
- Public transport users
- Employees with community contact
- Medical/health workers
- Indigenous (contact Ballarat Co-op)

Support for Community Resilience

Moorabool Shire Council supports community resilience to pandemics through the following activities:

- Providing flu vaccinations to Council staff and run an immunization program for flu for under 5s
- Providing information to the public on preparing for pandemics via Council's website;
- Developing the Pandemic Influenza Plan;
- Providing advice and information via the Maternal Child and Health Network

Community resilience will be boosted when individuals take self-responsibility to manage their health, access information and manage their exposure to the disease. Council will assist this by communicating:

- the status of the disease in Australia and internationally;
- hygiene and cough / sneeze etiquette;
- how to minimize disease transmission;
- how to recognize the signs and symptoms of the disease; and
- how and when to access support, advice and medical assistance, including mental health services.

Likely Impacts on the Community

Influenza will cause a considerable impact upon the Social, Health & Community Environment as well as the Economic Environment across a wide-ranging area for quite some time.

The possible impacts in each environment include:

Social, Health & Community Environment:

- Loss of life causing grief and trauma
- Disconnection from community support due to isolation and illness
- Disruption to food/utilities/fuel supply and access to essential items
- Disruption to a wide range of community, cultural and sporting events
- Disruption to a range of community care services
- Closure of schools and childcare facilities
- Increased needs of community in relation to provision of information
- Increased needs of vulnerable groups
- Widespread illness and sickness and need for health and medical support
- Increased hospital admissions
- Widespread fear and anxiety
- Increased need for financial assistance and material aid

Economic Environment:

- Disruption to businesses customer base due to falling numbers and cancellation of community events
- Loss of income as demand drops for the service industry causing stress and anxiety.
- High staff absenteeism and related costs
- Supply shortages
- Closure of venues
- Public transport disruption/ delays / closures
- Disruption to fuel and energy supplies
- Disruption to essential service (i.e. gas, electricity, water etc.)

- Business closures
- Financial impact retail/ entertainment/ hospitality industries
- Increased demand on some services exceeding capacity to supply

Identifying Service Requirements in the Recovery Environments

Any emergency recovery operation addressing the recovery needs of the community will need to make preparations in the following service areas:

- Environmental Health
- Personal Support, Case Management & Counselling
- Communication and Media Liaison
- Recovery Centre Management
- Community Development
- Financial Assistance
- AACA – Delivery of Meals, General AACA services including personal care
- Material Aid – especially food donations and catering
- Temporary Accommodation
- Economic Development
- Children Services
- Volunteer Coordination
- Donations Coordination
- Transport

As well as identifying the necessary resources, training and coordination requirements for each of these recovery service areas, operational planning needs to identify and document the service delivery process to those in need within the constraints of an infection control environment. For example, communication of public health messages will need to be limited to the electronic media, web sites and mail deliveries. Personal support/case management is provided via the telephone to a call centre. Relief and Recovery Sub Committee meetings should be conducted by video/teleconferences.

MSC Staff Support

As part of Council's preparedness, it is paramount that staff support be implemented to maximise individual personal protection as well as ensuring that contingencies are put in place to maximise business continuity. All staff are offered the annual Influenza Vaccine as part of Council's preparedness process.

To manage possible fear and anxiety regarding a pandemic, Moorabool Shire Council is committed to the following:

- provide early communication about the possibility of a pandemic, and what action Council has undertaken in preparation to manage it;
- discuss with staff possible health and safety issues, the potential for stand down, and leave arrangements if they are ill or need to look after children or relatives;
- provide clear, timely and pro-active communication to staff, including how Moorabool Shire Council is responding to the situation;
- communicate the provision of Personal Protective Equipment (PPE), alcohol wipes and hand sanitiser as they are issued;
- display signage at building entrances, toilet areas and coffee areas as appropriate
- allow staff to have regular contact with their families to ensure they are safe and well.
- Proactively communicate to all staff prior to flu season every year on basic hygiene principals.

Moorabool Shire Council's staff will be provided with information relating to the influenza pandemic via its internal email system and intranet. If email is unavailable, hard copy notices will be used. Information will include details of personal hygiene measures. This information will be prepared by Environmental Health throughout the pandemic on an 'as need' basis. Staff will be encouraged to stay away from work if they are unwell to prevent further spread of the virus.

Additional cleaning of Shire buildings will be arranged through the current cleaning contractor employed by Council. Staff will be encouraged to clean their own work areas especially those staff who share desks.

Personal Support for staff and their immediate family is available through Council's Employee Assistance Program

Basic Precautions

To minimise the spread of infection from a pandemic, infection control measures such as the use of personal protective equipment, proper disposal of contaminated objects such as paper tissues, correct cough etiquette, regular cleaning of contaminated surfaces and strict attention to hand washing are all going to be extremely important.

Some basic measures can have the greatest effect in helping protect staff from illness. Personal hygiene (such as hand washing, covering your nose and mouth with a tissue when coughing or sneezing, throwing the tissue in a bin and washing your hands afterwards), work place cleaning (rigorous cleaning of all hard surfaces in the workplace), personal protective equipment, shutting down public drinking fountains, social distancing or avoiding contact with others, restricting staff travel, restricting work place entry and screening workers, are all strategies aimed at keeping staff healthy.

Hygiene Practices

Hand Washing

Hand hygiene is crucial to reducing the transmission of infectious agents. Hand hygiene includes washing hands with soap and water or cleaning hands with alcohol-based products (gels, rinses, foams) that can be used without water.

- If your hands are visibly dirty with respiratory secretions (phlegm, spit), you need to wash them with soap (plain or antimicrobial) and water. Wash with soap and warm water, scrubbing your wrists, palms, fingers and nails for 15–20 seconds. Rinse, and dry with a clean, dry or paper towel
- If there is no visible dirt, you might prefer alcohol-based products with an emollient. They dry the skin less and can be more convenient
- Always wash and dry your hands after contact with other people, and before and after removing a mask or gloves, and before touching your mouth, nose or eyes
- In general, try to keep your hands away from your face



Coughing or sneezing

- Cover your nose and mouth with a disposable tissue rather than your hands.
- If there are no tissues available, cover your nose and mouth with your upper arm rather than your hands. Wash your upper arm (or sleeve) as soon as practical if you have sneezed or coughed into it.
- Dispose of used tissues in the nearest bin.
- Wash your hands afterwards or after touching used tissues.

Social distancing

Social distancing is a strategy that Moorabool Shire Council can implement to minimise the risk of transmission. Because the virus can travel up to one metre when someone sneezes or coughs, keeping a distance of at least one metre from other people could reduce the propensity to be infected. To minimise contact with others, staff are advised to:

- avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building;
- avoid any unnecessary travel and cancel or defer non-essential meetings /gatherings /workshops /training sessions;
- if possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace;
- practise shift changes where one shift leaves the workplace before the new shift arrives. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning;
- avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
- bring lunch and eat it at your desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced;
- do not congregate in tearooms or other areas where people socialise;
- if a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands or hugging.
- set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery;
- encourage staff to avoid large gatherings where they might encounter infectious people; and,
- consider implications of social distancing on social support activities, community transport.

Council may need to review scheduled events where large numbers of people would gather such as concerts, large sporting events, citizenship ceremonies, and festivals. Activation of formal social distancing measures will be determined by the DHHS. The Local Government role will be to ensure effective communication to the community to implement these measures. Refer to Appendix 6.

Restricting workplace entry

At the Initial Action stage, MCC will put up notices at all workplace/facility entry points advising staff and visitors not to enter if they have influenza symptoms. Employees will be advised not to come to work when they are feeling unwell, particularly if they are exhibiting any influenza symptoms and to stay at home until symptoms resolve. Information will be provided to staff about how to stay well during an influenza pandemic.

An illness register will be maintained by People and Culture to record staff absences from influenza. Staff have a responsibility to report illness and self-quarantine if affected. A quarantine process will be established and communicated by the People and Culture unit to ensure that ill employees have completed

any required quarantine period and are healthy before allowing them to return to work (this will be determined with DHHS advice).

Staff who have recovered from the pandemic influenza are unlikely to be re-infected (they will have natural immunity) and will be encouraged to return to work as soon as they are well.

Council Workplace Cleaning

During a pandemic, additional measures need to be implemented to minimise the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, counters and handled objects).

An increased cleaning regime will be introduced. Influenza viruses are inactivated by a minimum 60% alcohol and by 1000ppm chlorine – this can be obtained by diluting 1 cup or 250ml White King (4% chlorine) with 10 litres of cold water. Cleaning of surfaces with a neutral detergent followed by a disinfectant solution will be recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily.

Staff will be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with detergent and hot water (preferably in a dishwasher) after use.

Whilst many of Council's facilities are cleaned at night by contracted cleaners, there is capacity for these service providers to be on-call and respond. Each response time will be different and staff or building occupants may need to undertake basic hygiene cleaning prior to a contract cleaner's arrival.

On the announcement of the "Standby for Response" stage of an Influenza pandemic, a panel of alternative cleaning providers will be collated by the Building and Property Management Branch, so that service provision can be maintained. See Appendix 4.

Personal Protective Equipment

Moorabool Shire Council will have a number of PPE kits, containing surgical masks, antibacterial hand washing gel, and disposable gloves. The supply of the PPE kits is currently monitored by the Immunisation Coordinator and the Environmental Health Officer. Protective materials will be mainly stored and located in the Environmental Health store room in the case of a Pandemic or Epidemic.

The administration of the PPE kits has not been defined but will be utilised by staff that may need to work in close contact with infected cases or persons in contact with infectious cases. Staff will also have to be trained in the appropriate use of PPE kits. Contractors who may be required to provide services to isolated or contact case will need to be advised on the provision and use of PPE kits.

Guidelines for PPE are contained with the Australian Health Management Plan for Pandemic Influenza – Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings.

During targeted response stages of a human influenza pandemic, Council staff may need to wear face masks or other protective equipment to reduce risk of infection and transmission. Each Council business unit coordinator is responsible for conducting a risk assessment based on the work their unit is conducting and the contact they have with others to determine what PPE is appropriate. PPE material will be procured by the Pandemic Coordinator and distributed directly to the units that require them. Staff required to wear PPE must be given instruction on the correct use, fitting and maintenance of the equipment. Additional masks, alcohol wipes, antiseptic hand wash and other PPE can be purchased from:

[REDACTED]

Protective material description	Purpose/use	Location	Distributed by	Distributed to
Hand sanitiser	Kills 99.9% of bacteria found on hands, should be used 4 times a day All staff to observe WHO – 5 moments of hand hygiene	Every staff members desk	Concept Cleaning	Moorabool Shire Council Staff
Face masks (P2/N95)	Protect from aerosol transmission when in close contact with the infected	Environmental Health store room	Clifford Hallam Healthcare	Moorabool Shire Council Staff
Soap in bathrooms	To ensure staff wash their hands after activities	All Council bathrooms	Cleaners	Moorabool Shire Council
Latex Gloves Nitrile Gloves	To prevent infection spread from contact surfaces	Environmental Health store room	Clifford Hallam Healthcare	Customer service/ Council staff with public contact

Communications

Pandemic messaging will be produced by the DHHS in consultation with the Australian Government and communicated to Council via situation reports. These reports will detail the number of cases, dedicated flu clinics, school closures, border control, business information, and Australia's current pandemic stage.

Public messaging will give advice on preventing and containing the pandemic, number of deaths and areas worst affected. National announcements regarding key milestones will be made by the Prime Minister (or delegate), following consultation with states and territories (through the National Pandemic Emergency Committee) and relevant commonwealth agencies.

At the municipal level, Council's Communications Officer is responsible for both community and internal staff pandemic communications. All Council service units will have a responsibility to distribute approved information as provided by Communications and marketing, e.g. Health to restaurants, Engineers to contractors, Social and Community to community groups and CALD community leaders, etc. Council's Communications Officer 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.

The purpose of the MSC Communication Strategy is to supplement the Victorian Government's Communication Plan. The State Government will be responsible for overall messaging and mass media communication across the state. MSC will ensure the community is made aware of the general hazards associated with a pandemic and the range of actions that people can apply in their daily lives to prepare for such an event. Therefore the communications role is in conjunction with Council responsibilities leading up to and during a pandemic and defined by the following key messages:

Staff Communication

To manage possible fear and anxiety regarding a pandemic, Moorabool Shire Council, via the Human Resources Department, will implement the following strategies;

- Discuss with staff possible health and safety issues, the potential for stand down, and leave arrangements if they are ill or need to look after children or relatives.

- Early communication about the possibility of a pandemic, and what action Council has undertaken in preparation to manage it.
- Have a comprehensive management plan in place that is clearly communicated to staff ensuring that communication management during a pandemic is part of the plan.
- Provide clear, timely and pro-active communication to staff, including how Moorabool Shire Council is responding to the situation.

During a Pandemic the communication will be conveyed to staff through intranet updates, emails, bulletins and fact sheets as provided by Department of Health and Human Services.

Public Communication

All communications will be coordinated through the Emergency Management Recovery Planning Committee using the Recovery Communications Sub Plan which details;

- The allocation of communication resources;
- All news releases to the media;
- All communications to employees and
- All communications regarding Recovery strategies.

The Pandemic Planning Committee or the Recovery Planning Committee will hold scheduled briefings in the Council offices. These meetings will be open to all employees, members of the public and the media. The frequency of these meetings can be scaled down as recovery progresses. These meetings may be via social media or youtube to minimise the risk of further infection.

Media and communication messages will be developed to inform the community of any changes to normal municipal service delivery and any additional services provided.

The key aim during a pandemic will be to keep the wider community and the target audience well informed about Council's services and to ensure the community remain calm. Therefore, direct communications and key messages will be critical.

Health Care Work Communications

The relevant Health Services will undertake the appropriate staff education and community for all staff and volunteers prior to an incident. This training/education will be documents and records maintained.

Immunisation

The most effective way of preventing infection with a pandemic influenza virus is vaccination with a customised pandemic vaccine. By definition, a pandemic is caused by a new virus strain and so it would be some time before a vaccine becomes available.

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.

Each year, several human influenza viruses cause infection in the winter months in the northern and southern hemispheres. Fortunately effective vaccines (which contain inactivated viruses that cause immunity and not disease) are available for seasonal influenza. These vaccines do not stop people contracting any of the other non-flu viruses, colds or any other influenza virus not contained in the vaccine. Currently MSC offers a seasonal influenza vaccine to all staff for free, an under 5 program for influenza and an immunisation program to the secondary schools within Moorabool.

Mass Vaccination Centres may need to be established in a pandemic emergency. The aim of MVC's is to deliver pandemic vaccines to all community members within Moorabool Shire. Mass vaccination will be coordinated by DHHS. In the initial phase vaccines will be limited and prioritisation of clients will be determined by DHHS. Prioritisation will be considered by information from the countries where the pandemic first strikes in determining which groups are most at risk. The vaccine will be made available first to people at high risk of exposure to the virus and people most vulnerable to severe illness from infection and then rolled out to the rest of the community. Consideration should be given to prioritising essential staff within Council based on the Business Continuity Plan.

Please refer to Appendix 5 for further information on Mass Vaccination and for nominated venues.

Appendix 1 - Roles and Responsibilities of Local Government

(Victorian Health Management Plan for Pandemic Influenza – Appendix 10)

Phase*	Australia 0	Overseas 1 and Overseas 2	Australia 1 and Australia 2	Overseas 3
	Interpandemic period	Animal infection overseas	Animal infection in Australia	Human cases overseas
Definition	No circulating animal influenza subtypes in Australia that has caused human disease.	No human or animal cases in Australia.	No confirmed human cases overseas or in Australia	No transmission between humans or at most rare instances of spread to close contacts. No confirmed human cases in Australia
Goal	Preparedness	Containment	Containment	Containment
Global Phase (as defined by WHO)	Phase 0	Phase 1-2	Phase 1-2	Phase 3
Responsibilities of Local Govt	<ul style="list-style-type: none"> ▪ Undertake influenza pandemic planning. ▪ Make provisions for business continuity in face of increased absenteeism and demand on services. ▪ Promote vaccination for influenza and pneumococcal vaccine for the identified high-risk groups. 	As per phase 0	<ul style="list-style-type: none"> ▪ As per Phase 0 with the addition of: Provide support to individuals/communities quarantines/isolated in homes/institutions. ▪ Disseminate and implement infection control guidelines for those with exposure to an affected animal or its environment, including monitoring/education. 	<ul style="list-style-type: none"> ▪ Undertake influenza pandemic planning ▪ Make provisions for business continuity in face of increased absenteeism and demand on services. ▪ Promote vaccination for influenza and pneumococcal vaccine for the identified high-risk groups. ▪ Provide support to individuals/communities quarantines/isolated in homes/institutions.
Interfacing with other health agencies	DH to work with local government authorities to assist with influenza pandemic planning		Community support groups	Workshops provided by DH for GPs, community support groups and DH regional offices (local govt) to discuss pandemic planning and coordinating each service listed above that.

Phase	Australia 3	Overseas 4 and Overseas 5	Australia 4 and Australia 5
	Human cases in Australia	Human cases overseas	Human cases in Australia
Definition	No human-to-human spread or at most, rare instances of spread to a close contact	Transmission between humans. No confirmed human cases in Australia	Transmission between humans (from small to large clusters)
Goal	Containment	Containment	Containment
Global Phase (as defined by WHO)	Phase 3	Phase 4-5	Phase 4-5
Responsibilities of Local Govt	<ul style="list-style-type: none"> ▪ Promote vaccination for pneumococcal vaccine and (if still in production) interpandemic influenza vaccine for the identified high-risk groups. ▪ Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases. ▪ Support will be needed for cases isolated at home and contacts who are quarantined at home, This will be especially important for single parent families, elderly living at home etc. 	<ul style="list-style-type: none"> ▪ Promote vaccination for pneumococcal vaccine for the identified high-risk groups. ▪ Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases. ▪ Support will be needed for cases isolated at home and contacts who are quarantined at home, This will be especially important for single parent families, elderly living at home etc. 	<ul style="list-style-type: none"> ▪ Make provisions for business continuity in face of increased absenteeism and demand on services. ▪ Promote vaccination for pneumococcal vaccine for the identified high-risk groups. ▪ Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases. ▪ Consider measures to increase social distancing (eg, work closures, limiting mass gatherings). ▪ Support will be needed for cases isolated at home and contacts who are quarantined at home, this will be especially important for single parent families, elderly living at home etc.
Interfacing with other health agencies	DH - Assist DH with contact tracing. Community support groups	DH - Assist DH with contact tracing. Community support groups	DH - Assist DH with contact tracing. Community support groups

Phase	Australia 6a & 6b	Australia 6c	Australia 6d
	Epidemic declared in Australia	End of first pandemic wave	Second or later waves of pandemic
Definition	Transmission between humans.	Transmission between humans	Transmission between humans
Goal	Reducing morbidity/mortality and maintaining essential services	Maintaining vigilance	Reducing morbidity/mortality and maintaining essential services
Global Phase (as defined by WHO)	Phase 6	Phase 6	Phase 6
Responsibilities of Local Govt	<p>Information/resources.</p> <p>Work in conjunction with Regions and Public Health Group to disseminate information (including warnings).</p> <p>Provision of resources as available and needed by the community and response agencies.</p> <p>Establishment of Municipal Emergency Coordination Centre (MECC) – facilities and staffing.</p> <p>Post-impact assessment – gathering and processing of information (to be determined).</p> <p>Community support.</p> <p>Provide support to individuals/ communities quarantined/isolated in homes/institutions.</p> <p>Provision and/or coordination of volunteer helpers.</p> <p>Provision of personal support services eg counselling, advocacy.</p> <p>Provision and staffing of recovery/information centre(s).</p> <p>Convening of Municipal/Community Recovery Committees.</p> <p>Vaccines.</p> <p>Vaccine storage and delivery.</p> <p>Provide pandemic vaccination according to recommendations by DH.</p> <p>Identify temporary mortuary facilities that could be used if required</p>	<ul style="list-style-type: none"> ▪ Evaluate previous phases. ▪ Stock inventory and resupply. ▪ Consider measures to increase social distancing (eg work closures, limiting mass gatherings). ▪ Provide pandemic vaccination according to recommendations by DH. ▪ Staff debrief (psychological and operational). ▪ Financial issues documented. 	<ul style="list-style-type: none"> ▪ Evaluate previous phases. ▪ Stock inventory and resupply. ▪ Consider measures to increase social distancing (eg work closures, limiting mass gatherings). ▪ Provide pandemic vaccination according to recommendations by DH. ▪ Financial issues documented ▪ Staff debrief (psychological and operational).