Contents

1. Introduction 3

2. Framework and Background 4
   2.1 Framework 4
   2.2 Background 4

3. Aims and Objectives 8
   3.1 Aims 8
   3.2 Objectives 8

4. Australian Pandemic Arrangements 11
   4.1 International Arrangements 11
   4.2 Commonwealth arrangements 13
   4.3 State arrangements 13
   4.4 Role of Hume City Council 14

5. Community Profile 23
   5.1 Hume City Council profile 23
   5.2 Analysis of community profile 26

6. Infection Control 27
   6.1 Coughing or sneezing 27
   6.2 Washing hands 27
   6.3 Personal items 28
   6.4 Clean surfaces 28
   6.5 Social Distancing 28

7. Mass Vaccination Plan 34
   7.1 Pandemic vaccine 35
   7.2 Vaccination strategy/priority groups 35
   7.3 Session structure and management 35

8. Mass Fatality Plan 42
   8.1 Planning considerations 42
   8.2 Mortuary/crematoria capacity 42
   8.3 Cemeteries/crematoria in Victoria 42
   8.4 Religious/social considerations 42

9. Communication 43
   9.1 State Government communication strategy 43
   9.2 Hume City Council communication strategy 43
   9.3 Staff communication 44
   9.4 Staff support 45

10. Community Support and Recovery 46
    10.1 Relationship with MEMP 46
    10.2 Activation of community support and recovery 46
    10.3 Vulnerable groups 47

Appendix A: Frequently asked questions 50
Appendix B: Glossary 54
Appendix C: Resources and Finance 55
Introduction

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

Tony Gullone – Co-ordinator Public Health is nominated as the Pandemic Coordinator for the municipality, and will work with risk management in identifying critical staff and functions as part of Council business continuity.

Denise Shearer – Municipal Recovery Manager will assist Tony Gullone – Co-ordinator Public Health, and be the Deputy Pandemic Coordinator.

It is required that all business units and sections offer their assistance to the Pandemic Coordinator and provide as much information as is necessary. This will enable the implementation of a robust plan, reducing the local impacts of an influenza pandemic and providing support and recovery assistance to our affected community, throughout the pandemic’s duration. The Plan is also intended to integrate and work in conjunction with the Municipal Emergency Management Plan, in particular part 4 & 5 (Response and Recovery Arrangements).

The plan will be reviewed and exercised annually (July) by the Pandemic Co-ordinators and any changes made will be identified in future revisions.

I trust all business sections will offer as much assistance as is required.

(Signed and dated by the CEO)
2. Framework and Background

2.1 Framework

2.1.1 Commonwealth plan

2.1.2 State plan
- Community Support and Recovery Sub Plan – Victorian Department of Human Services March 2008

2.1.3 Municipal plan
- *Hume City Council Influenza Pandemic Plan*
- Municipal Emergency Management Plan
- Hume City Council Business Continuity Plan

2.2 Background

2.2.1 Pandemic influenza

An influenza pandemic is defined as a worldwide epidemic. Research has identified three prerequisites for the start of a pandemic.

- A novel virus sub-type must emerge to which the general population will have no or little immunity.
- The new virus must be able to replicate in humans and cause serious illness.
- The new virus must be efficiently transmitted from human to human.

Pandemics, as opposed to epidemics, occur globally at unpredictable intervals, are trans-seasonal, and can last for up to two to three years.
2.2.1 Disease description

There are two main types of influenza viruses of concern, both of these infections are known to have originated from animal hosts.

The influenza A (H1N1) (also known as human swine influenza) appears to be as contagious as seasonal influenza, and is spreading fast particularly among young people (from ages 10 to 45). The virus was first reported in Mexico in May 2009 and its high death rate in Mexico was cause for some concern. However outside of Mexico the virus is presenting itself similar to the seasonal influenza. The severity of the disease ranges from very mild symptoms to severe illnesses that can result in death. The majority of people who contract the virus experience the milder disease and recover without antiviral treatment or medical care. Of the more serious cases, more than half of hospitalized people had underlying health conditions or weak immune systems.

The other virus of concern, influenza H5N1 (also known as avian influenza) first emerged to infect humans in Hong Kong in 1997 causing 6 deaths. At that time, millions of chickens were culled after the virus was found to cause disease in people exposed to infected birds. Since 2003 it has re-emerged to spread widely among avian populations, and by October 2007 has caused 333 laboratory confirmed human cases with a mortality rate of approximately 60%. Of the human cases, the young are more commonly affected than the elderly, with most cases being symptomatic (high fever & respiratory symptoms).

Influenza is an acute respiratory disease caused principally by influenza type A or B viruses. Symptoms usually include fever, cough, lethargy, headache, muscle pain and sore throat. Infections in children, particularly type B and A (H1N1) may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea. Clinical features in babies and children may result in fever alone, fever and cough, croup, poor feeding or features suggestive of meningitis. One of the earliest indicators of the influenza pandemics in Melbourne in 1957 and 1968 was an increased incidence of croup.

The incubation period for influenza is usually one to three days. Adults have been shown to 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. Generally, shedding peaks early in the illness, typically within a day of symptom onset. The influenza virus remains infectious in aerosols for hours, viability being facilitated by low relative humidity, and potentially remains infectious on hard surfaces for one to two days.

Most symptoms resolve within two to seven days although the cough may persist longer. Also children may excrete the virus for up to 14 days if left untreated. General symptoms include:-

- Chills, shivering and a fever (temperatures greater than 38°C)
- Onset of muscle aches and pains
• Sore throat
• Dry cough
• Trouble breathing
• Sneezing
• Stuffy or runny nose
• Tiredness

Complications of influenza include middle ear infection, primary viral pneumonia, secondary bacterial pneumonia, a range of rare non-pulmonary complications, and exacerbations of underlying chronic health conditions.

2.2.2 Transmission

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

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

• Intubation
• Taking respiratory samples
• Performing suctioning
• Use of a nebuliser.

2.2.3 History of influenza pandemics

Previous pandemics have started abruptly without warning, swept through populations with ferocious velocity, and left considerable damage in their wake. They could not be stopped, but peaked rapidly and then subsided almost as abruptly as they began. Recovery was, however, impeded by the tendency of many pandemics to recur in
second and sometimes third waves, often causing more severe disease. Subsequent waves often began simultaneously in several different parts of the world, intensifying the abrupt disruptions at the global level.

The 20th century there were three recognised influenza pandemics (Spanish influenza 1918–19; Asian influenza 1957–58; and Hong Kong influenza 1968). All three pandemics were associated with increased mortality rates in Australia.

The influenza pandemic of 1918–19 was unprecedented in terms of loss of human life. The illness was notorious for its rapid onset and progression to respiratory failure and death, and it is estimated that between 20 and 40 million people died worldwide, with the highest numbers of deaths among those aged between 20 and 40 years. By the end of 1919, 11,500 people in Australia had died of influenza, with 60 per cent of deaths in people aged 20 to 45 years. In these same age groups the male rates were 1.5 to 2.5 times higher than in females.

The Asian influenza of 1957–58 had infection rates reported to range between 20 to 70 per cent, but case fatality rates were low, ranging from one in 2000 to one in 10,000 infections. Age-specific mortality rates showed that those aged over 65 years were most affected. The Hong Kong influenza was similar, with the highest mortality rates appearing in those over the age of 65. Infection rates were around 25 to 30 per cent.

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

3.1 Aims

- 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

3.2 Objectives

- 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.

3.2.1 Predicted impact of an influenza pandemic

Modelling the potential impacts of influenza pandemics involves a high degree of uncertainty. Factors such as the virulence and infectivity of the next pandemic strain limit our abilities to characterise the next pandemic with any accuracy. It is, however, possible to model various pandemic scenarios given a series of pre-determined assumptions and limitations. Modelling provides a tool for guiding planning.

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

3.2.2 Hume City Council Impact

For Hume City Council, depending on the severity of the strain up to 64,000 (40 per cent of the municipality’s population as of February 2009) would be infected with pandemic influenza, and of those 1600 (2.4 per cent of the 40 per cent of municipalities population) would die.

Assumption population of 160,000

3.2.3 Pandemic Planning Committee

In order to prepare for a possible pandemic Council has developed a Pandemic Planning Sub Committee (PPC) who reports to the Municipal Emergency Management Planning Committee (MEMPC) and the Influenza Recovery Committee, made up of senior managers and City Communities Director.

The PPC is made up of relevant internal personnel and external agencies that would play a key role in the management of an emergency of this kind.

Community representatives include the Department of Human Services (DHS), Community Health Service and Municipal Medical Officer of Health.

3.2.3.1 Objectives of Pandemic Planning Committee

- Determine and maintain pandemic influenza policies and plans consistent with the role of local government and complementing Victorian and Australian policies and plans.

- Develop, maintain and test Pandemic Plan at the direction of the Pandemic Planning Committee

- Support national and state response and recovery by representing the diverse needs of the local community and contributing to their continuing viability.

- Support state emergency management framework and advocate on Local Government issues on behalf of the Hume community.
# Table 1: Pandemic Planning Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denise Shearer</td>
<td>Municipal Recovery Manager (MRM)</td>
<td>Work: 9205 2561, Mobile: 0419 740 096</td>
</tr>
<tr>
<td>Nicolas Hall</td>
<td>Deputy MRN/ Emergency Relief</td>
<td>Work: 9205 2582, Mobile: 0418 326 457</td>
</tr>
<tr>
<td>Lisa Letic</td>
<td>Manager Family and Children’s Services</td>
<td>Work: 9205 2873, Mobile: 0421 144 231</td>
</tr>
<tr>
<td>Travis Heeney</td>
<td>Manager Aged Care and Health</td>
<td>Work: 9205 2816, Mobile: 0417 382 415</td>
</tr>
<tr>
<td>Tony Gullone</td>
<td>Co-ord Public Health</td>
<td>Work: 9205 2585, Mobile: 0409 521 248</td>
</tr>
<tr>
<td>Allan Carmichael</td>
<td>Co-ord Risk Management</td>
<td>Work: 9205 2435, Mobile: 0417 234 655</td>
</tr>
<tr>
<td>Martine Pickergill</td>
<td>Co-ord Home Support Services</td>
<td>Work: 9205 2514, Mobile: 0407 323 831</td>
</tr>
<tr>
<td>Angela Dunn</td>
<td>Immunisation Team Leader</td>
<td>Work: 9205 2525, Mobile: 0414 383 717</td>
</tr>
<tr>
<td>Natalie Liot</td>
<td>Co-ord Intake &amp; Complex Care</td>
<td>Work: 9205 2814, Mobile: 0411 657 517</td>
</tr>
<tr>
<td>Anthony Knight</td>
<td>Senior Environmental Health Officer</td>
<td>Work: 9205 2521, Mobile: 0418 359 625</td>
</tr>
<tr>
<td>Kylie Ezzy</td>
<td>Manager Marketing and Communications</td>
<td>Work: 9205 2683, Mobile: 0421 056 052</td>
</tr>
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</table>

**External Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue MacGill</td>
<td>Hume City Council Medical Officer of Health</td>
<td>Work: 9302 8888, Email: <a href="mailto:macspin@optusnet.com.au">macspin@optusnet.com.au</a> or <a href="mailto:roslyn.borg@dianella.org.au">roslyn.borg@dianella.org.au</a></td>
</tr>
<tr>
<td>John Whittam</td>
<td>Influenza Pandemic Planning Officer NW region DHS (Regional EHO)</td>
<td>Work: 9412 5329, Mobile: 0411 236 270, Email: <a href="mailto:John.Whittam@dhs.vic.gov.au">John.Whittam@dhs.vic.gov.au</a></td>
</tr>
</tbody>
</table>
4. Australian Pandemic Arrangements

4.1 International Arrangements

Internationally, the peak body for influenza pandemic information exchange is the World Health Organisation (WHO). It maintains an extensive global monitoring program for all communicable diseases including influenza. It developed the Pandemic Influenza Phases (Appendix 1), which categorises the evolution of an influenza pandemic into three periods and six phases, covering its absence, emergence and existence.

At a national level, Australia has adapted the phase structure to reflect the differing conditions being experiences in Australia and overseas (see Table 2). This adaptation distinguishes between actions that are undertaken before pandemic flu reaches Australia and those that happen once it arrives. The phases are intended to guide actions, rather than a step-by-step guide on how a pandemic would unfold.

The alert levels as at April 2008 are:

- Overseas: Level 3. Human infections overseas with new subtype(s) but no human-to-human spread or at most rare instances of spread to a close contact.

- Australia: Level 0. No circulating animal influenza subtypes in Australia that have caused human disease.

It should be noted that these phases are not sequential.
<table>
<thead>
<tr>
<th>Period</th>
<th>Global Phase</th>
<th>Australian Phase</th>
<th>Description of phase</th>
<th>Main strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-pandemic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 0</td>
<td></td>
<td>No circulating animal influenza subtypes in Australia that have caused human disease</td>
<td>Containment</td>
</tr>
<tr>
<td></td>
<td>Overseas 1</td>
<td></td>
<td>Animal infection overseas: the risk of human infection or disease is considered low</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 1</td>
<td></td>
<td>Animal infection in Australia: the risk of human infection or disease is considered low</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overseas 2</td>
<td></td>
<td>Animal infection overseas: substantial risk of human disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 2</td>
<td></td>
<td>Animal infection in Australia: substantial risk of human disease</td>
<td></td>
</tr>
<tr>
<td>Pandemic alert</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overseas 3</td>
<td></td>
<td>Human infection overseas with new subtype(s) but no human to human spread or at most rare instances of spread to close contacts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 3</td>
<td></td>
<td>Human infection in Australia with new subtype(s) but no human to human spread or at most rare instances of spread to close contacts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overseas 4</td>
<td></td>
<td>Human infection overseas: small cluster(s) consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 4</td>
<td></td>
<td>Human infection in Australia: small cluster(s) consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overseas 5</td>
<td></td>
<td>Human infection overseas: large cluster(s) but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 5</td>
<td></td>
<td>Human infection in Australia: large cluster(s) but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).</td>
<td></td>
</tr>
<tr>
<td>Pandemic</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Overseas 6</td>
<td></td>
<td>Pandemic overseas – not in Australia: increased and sustained transmission in general population.</td>
<td>Maintain essential services</td>
</tr>
<tr>
<td></td>
<td>Aus 6a</td>
<td></td>
<td>Pandemic in Australia: localised (one area of the country)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 6b</td>
<td></td>
<td>Pandemic in Australia: widespread</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 6c</td>
<td></td>
<td>Pandemic in Australia: subsided</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aus 6d</td>
<td></td>
<td>Pandemic in Australia: next wave</td>
<td></td>
</tr>
</tbody>
</table>
4.2 Commonwealth Arrangements

Australian Health Management Plan for Pandemic Influenza

The Australian Health Management Plan for Pandemic Influenza (AHMPPI) requires implementation through all levels of government, health services and emergency services. It requires a whole-of-government response.

The national strategy for managing pandemic influenza focuses on Containment for as long as possible. If this fails, the strategy switches to Maintenance of Social Functioning.

The Australian Health Protection Committee (AHPC) is the key policy and coordinating body that plans for and responds to public health emergencies, communicable disease threats and environmental threats to public health. The AHPC reports to the Health Minister through the Australian Health Minister’s Advisory Council (AHMAC). The AHPC has developed a number of specialist advisory groups to further develop and operationalise the Plan.

Guidelines for border control (air and sea) screening are contained with the AHMPPI. In Victoria medical support and direction for passenger screening and border nurse actions are through the Chief Quarantine Officer.

4.3 State Arrangements

Victorian Health Management Plan for Pandemic Influenza

In Victoria, an influenza pandemic would constitute an emergency under the Emergency Management Act 1986.

The Emergency Management Manual Victoria (EMMV) details the emergency roles and responsibilities of agencies in relation to the prevention, mitigation, risk reduction, response and recovery components of emergencies.

The Department of Human Services (DHS) is the designated control agency for human illnesses/epidemics.

The Victorian Health Management Plan for Pandemic Influenza (VHMPPI) is a sub-plan of the DHS Public Health Emergency Management Arrangements (PHEMA). Under this plan the responsibility for controlling infectious disease emergencies, such as pandemic influenza, lies with the Chief Health Officer (CHO) through the Communicable Disease Control Unit of DHS. The CHO also has a range of other Powers to issue directions under the Health Act 1958.

Under these arrangements DHS will provide information to communities and the general public using the media and internet. Specific requirements and requests for assistance from municipalities will be forwarded from the CHO through DHS regions to affected municipalities.
4.4 Role of Hume City Council

During a pandemic Council will establish an Influenza Response Committee, this committee will be responsible for the activation on this plan. The committee will be activated at pandemic phase 3 by the Pandemic Co-ordinator. This committee will report to the Pandemic Planning Committee.

The influenza response committee's key objective is to coordinate Council’s response through a pandemic emergency and ensure Council meets its obligations and commitments of this plan and of DHS.

Table 3: Influenza Response Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Webb</td>
<td>Director City communities</td>
<td>Executive Director committee member</td>
</tr>
<tr>
<td>Denise Shearer</td>
<td>Manager Social Development</td>
<td>Municipal Recovery Manager (MRM) and Chair</td>
</tr>
<tr>
<td>Travis Heeney</td>
<td>Manager Aged Care and Health</td>
<td>Deputy (MRM) / Pandemic Operations</td>
</tr>
<tr>
<td>Tony Gullone</td>
<td>Co-ordinator Public Health</td>
<td>Pandemic Co-ordinator/Public Health Expertise</td>
</tr>
<tr>
<td>Travis Tremayne</td>
<td>Manager Human Resources</td>
<td>Advising of Staff Matters</td>
</tr>
<tr>
<td>Nicholas Hall</td>
<td>Manager Sunbury Aquatic Centre</td>
<td>Emergency Relief and Recovery</td>
</tr>
<tr>
<td>Kylie Ezzy</td>
<td>Manager Marketing and Communications</td>
<td>Internal and External Communications</td>
</tr>
<tr>
<td>Dora Papadakis</td>
<td>Administration Officer – Aged Care and Health</td>
<td>Executive Support to Committee</td>
</tr>
</tbody>
</table>

4.4.1 Hume City Council Influenza Pandemic Plan

Local government is the closest level of government to the community and is often the first point of contact for assistance, advice and information. It is therefore expected that local government will provide a level of leadership during a pandemic and establish partnerships with respective service providers within its community. This role can be best described under four distinct areas:

- Community support and recovery,
- Public health,
- Business continuity and
- Essential services.
4.4.2 Community support and recovery

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

During a pandemic these may include:

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

During a pandemic Council will address the following issues as part of its Community Support and Recovery Planning:

- Assessment of impacts
- Identifying vulnerable groups
- Community risk analysis
- Planning for community support and recovery
- Planning for business support and recovery
- Information and awareness
- Volunteers
- Exercise development and practising plans
- Coordination (Municipal Recovery Committee / Community Support Centre)

Many of the above issues are currently identified in the Municipal Emergency Management Plan (MEMPlan).
Coordination with Regional DHS and Regional MRMs will be on going basis to discuss and assess the sharing and coordination of recovery resources.

**Note:** The delivery of food meals to eligible recipients is contracted out to Moreland City Council. During a pandemic influenza, Council will ensure the service is carried out as per contractual agreements.

### 4.4.3. Public Health

Hume City Council performs important public health roles during their normal day-to-day business. During a human influenza pandemic this role may be escalated to include:

- Conducting extraordinary vaccination sessions (mass vaccination sessions)
- Distributing public information and advice
- Assessing the impact of the pandemic in their municipality and assisting the State Government to develop and implement strategies to maintain public health.

### 4.4.4. Business continuity

Business continuity will be an essential part of local government’s role in preparing for and responding to an influenza pandemic and should complement and support other activities that they will be performing during a pandemic.

Hume City Council has developed a business continuity plan (BCP) and is currently upgrading the plan to reflect business continuity for 30% staff absenteeism, as part as Council risk management process. The BCP will make specific references to continuity planning during a pandemic and will make use of cross trained staff during staff absenteeism. The BCP will identify essential services and functions and will also incorporate the viability of suppliers/contractors to third party providers.

### 4.4.5. Essential services

A human influenza pandemic will have a significant impact on the service delivery of local essential services which subsequently will have a great impact on communities. During a pandemic, Hume City Council will ensure important community support services and critical municipal functions still continue, the maintenance of Council services will be referred in the Business Continuity Plan. These functions include:

- Legislative functions (e.g environmental health, building)
- Maternal and child health
- Payroll
- Waste management
- Aged services, including HACC
- Day care facilities, adult and child
- Essential traffic services
- Communications
- Emergency management functions
- HR functions
- IS support/functions
- Staff counselling – Psycho/social support through EAP
## Appendix 1: Pandemic Preparedness – Roles and Responsibilities of Local Government categorised by Phase of Pandemic.

<table>
<thead>
<tr>
<th>Phase*</th>
<th>Interpandemic period</th>
<th>Animal infection overseas</th>
<th>Animal infection in Australia</th>
<th>Human cases overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>No circulating animal influenza subtypes in Australia that have caused human disease</td>
<td>No human or animal cases in Australia</td>
<td>No confirmed human cases overseas or in Australia</td>
<td>No transmission between humans or at most rare instances of spread to close contacts. No confirmed human cases in Australia</td>
</tr>
<tr>
<td>Goal</td>
<td>Preparedness</td>
<td>Containment</td>
<td>Containment</td>
<td>Containment</td>
</tr>
<tr>
<td>Global Phase (as defined by WHO)</td>
<td>Phase 0</td>
<td>Phase 1-2</td>
<td>Phase 1-2</td>
<td>Phase 3</td>
</tr>
<tr>
<td>Responsibilities of Hume City Council - To be actioned by Influenza Response Committee</td>
<td>1. Undertake influenza pandemic planning</td>
<td>As per phase 0</td>
<td>As per Phase 0 with the addition of:</td>
<td>1. Undertake influenza pandemic planning</td>
</tr>
<tr>
<td></td>
<td>2. Make provisions for business continuity in face of increased absenteeism and demand on services.</td>
<td></td>
<td>1. Provide support to individuals/communities quarantines/isolated in homes/institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Promote vaccination for influenza and pneumococcal vaccine for the identified high-risk groups</td>
<td></td>
<td>2. Disseminate and implement infection control guidelines for those with exposure to an affected animal or its environment, including monitoring/education</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Promote vaccination for influenza and pneumococcal vaccine for the identified high-risk groups</td>
<td></td>
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<td></td>
<td></td>
<td>4. Provide support to individuals/communities quarantines/isolated in homes/institutions</td>
<td></td>
</tr>
<tr>
<td>Interfacing with other health agencies</td>
<td>DHS to work with local government authorities to assist with influenza pandemic planning</td>
<td>Community support groups</td>
<td>Workshops provided by DHS for GPs, community support groups and DHS regional offices (local govt) to discuss pandemic planning</td>
<td></td>
</tr>
</tbody>
</table>

*Two phases may be referred to simultaneously for example, one phase for what is occurring overseas and one phase for Australia. The phases are intended to guide actions rather than be strict categorization of the event*
<table>
<thead>
<tr>
<th>Phase</th>
<th>Australia 3</th>
<th>Overseas 4 and Overseas 5</th>
<th>Australia 4 and Australia 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Human cases in Australia</td>
<td>Human cases overseas</td>
<td>Human cases in Australia</td>
</tr>
<tr>
<td>Definition</td>
<td>No human-to-human spread or at most, rare instances of spread to a close contact</td>
<td>Transmission between humans. No confirmed human cases in Australia</td>
<td>Transmission between humans (from small to large clusters)</td>
</tr>
<tr>
<td>Goal</td>
<td>Containment</td>
<td>Containment</td>
<td>Containment/Modified Sustain/Sustain/Protect</td>
</tr>
<tr>
<td>Global Phase (as defined by WHO)</td>
<td>Phase 3</td>
<td>Phase 4-5</td>
<td>Phase 4-5</td>
</tr>
<tr>
<td>Responsibilities of Hume City Council</td>
<td>1. Promote vaccination for pneumococcal vaccine and (if still in production) interpandemic influenza vaccine for the identified high-risk groups 2. Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases 3. 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.</td>
<td>1. Promote vaccination for pneumococcal vaccine for the identified high-risk groups 2. Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases 3. 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.</td>
<td>1. Establish Influenza Recovery Committee 2. Make provisions for business continuity in face of increased absenteeism and demand on services 3. Promote vaccination for pneumococcal vaccine for the identified high-risk groups. 4. Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases. 5. Consider measures to increase social distancing (eg work closures, limiting mass gatherings – only in sustain stage) 6. 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.</td>
</tr>
<tr>
<td>Interfacing with other health agencies</td>
<td>DHS - Assist DHS with contact tracing. Community support groups</td>
<td>DHS - Assist DHS with contact tracing. Community support groups</td>
<td>DHS - Assist DHS with contact tracing. Community support groups</td>
</tr>
</tbody>
</table>

*Two phases may be referred to simultaneously for example, one phase for what is occurring overseas and one phase for Australia. The phases are intended to guide actions rather than be strict categorization of the events.*
<table>
<thead>
<tr>
<th>Phase</th>
<th>Australia 6a &amp; 6b</th>
<th>Australia 6c</th>
<th>Australia 6d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Epidemic declared in Australia</td>
<td>End of first pandemic wave</td>
<td>Second or later waves of pandemic</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Transmission between humans.</td>
<td>Transmission between humans</td>
<td>Transmission between humans</td>
</tr>
<tr>
<td></td>
<td>Reducing morbidity/mortality and maintaining essential services</td>
<td>Maintaining vigilance</td>
<td>Reducing morbidity/mortality and maintaining essential services</td>
</tr>
<tr>
<td><strong>Global Phase (as defined by WHO)</strong></td>
<td>Phase 6</td>
<td>Phase 6</td>
<td>Phase 6</td>
</tr>
<tr>
<td><strong>Responsibilities of Hume City Council-to be actioned by Influenza Response Committee</strong></td>
<td>Information/resources</td>
<td>1. Evaluate previous phases</td>
<td>1. Evaluate previous phases</td>
</tr>
<tr>
<td></td>
<td>1. Work in conjunction with Regions and Public Health Group to disseminate information (including warnings)</td>
<td>2. Stock inventory and resupply</td>
<td>2. Stock inventory and resupply</td>
</tr>
<tr>
<td></td>
<td>2. Provision of resources as available and need by the community and response agencies</td>
<td>3. Consider measures to increase social distancing (eg work closures, limiting mass gatherings)</td>
<td>3. Consider measures to increase social distancing (eg work closures, limiting mass gatherings)</td>
</tr>
<tr>
<td></td>
<td>3. Establishment of Municipal Emergency Coordination Centre (MECC) – facilities and staffing</td>
<td>4. Provide pandemic vaccination according to recommendations by DHS</td>
<td>4. Provide pandemic vaccination according to recommendations by DHS</td>
</tr>
<tr>
<td></td>
<td>4. Post-impact assessment – gathering and processing of information (to be determined)</td>
<td>5. Staff debrief (psychological and operational)</td>
<td>5. Financial issues documented</td>
</tr>
<tr>
<td></td>
<td>6. Provide support to individuals/communities quarantined/isolated in homes/institutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Provision and/or coordination of volunteer helpers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Provision of personal support services eg counselling, advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Provision and staffing of recovery/information centre(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Convening of Municipal/Community Recovery Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Vaccines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Vaccine storage and delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Provide pandemic vaccination according to recommendations by DHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Identify temporary mortuary facilities that could be used if required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Pandemic planning summary and checklist

<table>
<thead>
<tr>
<th>Phase</th>
<th>Broader community</th>
<th>Local government</th>
<th>Action</th>
</tr>
</thead>
</table>
| **Pandemic Alert period – Overseas 3**  
(Human infection overseas with a new sub-type (H5N1) or (H1N1) but no human-to-human spread or, at most, rare instances of spread to a close contact) | 1. Healthcare workers are being provided with health alerts to maintain vigilance  
2. DHS will control and supply antiviral prophylaxis for cases and controls. | 1. Make one person responsible for coordinating influenza pandemic planning in Council  
2. Form a pandemic planning sub committee of your MEMPC and establish reporting processes and timelines  
3. Identify vulnerable/priority/high risk groups of the community, provide data and update to PPSC required  
5. Communicate preparedness planning to the staff of Council and develop protocols for communication with staff during an influenza pandemic  
6. Develop a process for communication with the community including CALD groups on immunisation session details, Mass Vaccination Centres, high risk priority groups  
8. Develop procedures to manage mass vaccination  
(Refer: Mass Vaccinations Sessions Appendix 4)  
9. Identify the critical business functions Council must continue to deliver  
10. Identify the staff required to deliver these functions  
11. Identify alternate sources of people to assist in delivering those key functions and ensure they are cross-trained to assist  
12. Assess viability of any suppliers/contractors/third party providers, including voluntary groups, to continue to deliver their critical functions  
13. After planning is complete, in conjunction with the DHS region, other stakeholders and local health care providers, design and conduct an exercise to practice your arrangements  
14. Establish annual review of your planned arrangements | To be actioned by Influenza Response Committee                                      |

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**Page 21**
| Pandemic phases | 1. Suspected cases will be sent to designated hospitals 2. Intensive contact tracing will be undertaken 3. There will be targeted antiviral prophylaxis for contacts and frontline healthcare workers 4. Sick people will be asked to stay home to reduce spread | 1. Establish the MECC, either formally or in virtual form (teleconference), to determine which elements of Pandemic Sub Plan to implement 2. Maintain MECC activity as required throughout the onset of the pandemic 3. Establish arrangements for the recovery of the affected communities through the MRMC and PPSC 4. Develop a strategy 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 5. Consider arrangements for minimising risk of infection in the workplace 6. Consider further arrangements for minimising the risk of infection 7. Liaise with the DHS region for up-to-date information |  
| Pandemic in Australia phase 6 | Many people will be affected with high levels of morbidity and mortality | 1. Mobilisation to immunise priority groups against pandemic influenza 2. Upon availability of the vaccine, priority groups will be vaccinated by municipal teams using Mass Vaccination Centres 3. Implement workforce support strategy to assist in areas such as mental health first aid and other staff issues 4. Continue recovery processes to assist the Council community and consider appointing a Community Development Officer to assist with recovery activities 5. Continue to liaise with DHS region for up-to-date information | To be actioned by Influenza Response Committee  
| Pandemic over | Pandemic over and recovery of services to normal levels | 1. Implement plan for resumption of full business capacity 2. Restock inventory and supply 3. Document financial expenditure and seek advice from the DHS region in relation to any financial support packages available 4. Conduct staff debriefs (psychological and operational) 5. Review plans and prepare for the next influenza pandemic 6. Continue recovery processes to assist community development | To be actioned by Influenza Response Committee |
5. Community Profile

5.1 Hume City Council Profile

Hume City is located on Melbourne’s north-west fringe, between 15 and 45 kilometres from the Melbourne CBD. Hume City is bounded by the Macedon Ranges and Mitchell Shires in the north, the City of Whittlesea in the east, the Cities of Moreland, Moonee Valley and Brimbank in the south, and the Shire of Melton in the west. Hume City’s boundaries are Jacksons Creek and Deep Creek in the north, Merri Creek in the east, the Western Ring Road, Sharps Road, Keilor Park Drive and the Maribyrnong River in the south, and the Calder Freeway in the west.

Hume City includes the suburbs and localities of Attwood, Broadmeadows, Bulla, Campbellfield, Clarkefield (part), Coolaroo, Craigieburn, Dallas, Diggers Rest (part), Gladstone Park, Greenvale, Jacana, Kalkallo, Keilor (part), Meadow Heights, Melbourne Airport, Mickleham, Oaklands Junction, Roxburgh Park, Somerton, Sunbury, Tullamarine (part), Westmeadows, Wildwood and Yuroke.

Hume City is a rapidly developing area, with both rural and urban (residential, industrial and commercial) areas. The southern parts of the City are well-established urban areas, while the northern and central areas are rural in character. Recent growth has been largely in suburbs to the north and north-west of Broadmeadows, and also in the far west of the City, in Sunbury. The City encompasses a total land area of about 500 square kilometres. Rural land is used mainly for agriculture.

Major features of the City include Melbourne Airport, Victoria University (Sunbury Campus), Kangan Batman Institute of TAFE (Broadmeadows Campus and Malcolm Creek Learning Centre), part of the Organ Pipes National Park, Woodlands Historic Park, Greenvale Reservoir, Broadmeadows Valley Park, Greenvale Reservoir Park, Emu Bottom Homestead, Rupertswood Mansion, The Meadows Greyhound Racing Complex, Maygar Barracks, Victoria Police Attwood complex, Broadmeadows Health Service, Craigieburn Public Golf Course, Goonawarra Public Golf Course, Melbourne Airport Golf Club, Broadmeadows Shopping Centre, the Sunbury Town Centre, Pipeworks Fun Market and various wineries. The City is served by the Hume Highway, the Western Ring Road, the Calder Freeway, the Hume Freeway, the Tullamarine Freeway and the Craigieburn and Melbourne-Bendigo railway lines.
Table 4: Hume City Council Statistics

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population and Housing ABS 2006 Census</th>
<th>Population and Housing projection 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons number</td>
<td>percent</td>
</tr>
<tr>
<td>0-4</td>
<td>11,132</td>
<td>7.5%</td>
</tr>
<tr>
<td>5-9</td>
<td>12,270</td>
<td>8.3%</td>
</tr>
<tr>
<td>10-14</td>
<td>12,542</td>
<td>8.5%</td>
</tr>
<tr>
<td>15-19</td>
<td>12,092</td>
<td>8.2%</td>
</tr>
<tr>
<td>20-24</td>
<td>10,370</td>
<td>7.0%</td>
</tr>
<tr>
<td>25-29</td>
<td>9,772</td>
<td>6.6%</td>
</tr>
<tr>
<td>30-34</td>
<td>10,663</td>
<td>7.2%</td>
</tr>
<tr>
<td>35-39</td>
<td>12,144</td>
<td>8.2%</td>
</tr>
<tr>
<td>40-44</td>
<td>12,050</td>
<td>8.2%</td>
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<tr>
<td>45-49</td>
<td>10,573</td>
<td>7.2%</td>
</tr>
<tr>
<td>50-54</td>
<td>8,836</td>
<td>6.0%</td>
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<tr>
<td>55-59</td>
<td>7,670</td>
<td>5.2%</td>
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<tr>
<td>60-64</td>
<td>5,697</td>
<td>3.9%</td>
</tr>
<tr>
<td>65-69</td>
<td>4,169</td>
<td>2.8%</td>
</tr>
<tr>
<td>70-74</td>
<td>3,225</td>
<td>2.2%</td>
</tr>
<tr>
<td>75-79</td>
<td>2,297</td>
<td>1.6%</td>
</tr>
<tr>
<td>80-84</td>
<td>1,403</td>
<td>0.9%</td>
</tr>
<tr>
<td>85 and over</td>
<td>876</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>147,781</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Birthplace

<table>
<thead>
<tr>
<th>Enumerated data</th>
<th>Hume City 2006 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>number</td>
</tr>
<tr>
<td>Overseas born</td>
<td>43,208</td>
</tr>
<tr>
<td>Mainly English speaking countries</td>
<td>6,353</td>
</tr>
<tr>
<td>Non-English speaking backgrounds</td>
<td>36,855</td>
</tr>
<tr>
<td>Total persons</td>
<td>147,784</td>
</tr>
</tbody>
</table>

## Labour force

<table>
<thead>
<tr>
<th>Enumerated data</th>
<th>Hume City 2006 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total employed</td>
<td>61,386</td>
</tr>
<tr>
<td>Total unemployed</td>
<td>4,628</td>
</tr>
<tr>
<td>Total labour force</td>
<td>66,014</td>
</tr>
</tbody>
</table>
5.2 Analysis of Community Profile

An analysis of the jobs held by the resident population in Hume City in 2006 shows the three most popular industry sectors were:

- Manufacturing (10,684 persons or 17.5%)
- Retail Trade (7,183 persons or 11.8%)
- Transport, Postal and Warehousing (6,109 persons or 10.0%)

In combination these three industries employed 23,976 people in total or 39.2% of the employed resident population. In comparison, the Melbourne Statistical Division employed 12.9% in Manufacturing; 11.4% in Retail Trade; and 4.7% in Transport, Postal and Warehousing.

The major differences between the jobs held by the population of Hume City and the Melbourne Statistical Division were:

- A larger percentage persons employed in Transport, Postal and Warehousing (10.0% compared to 4.7%);
- A larger percentage persons employed in manufacturing (17.5% compared to 12.9%);

The unemployment rate of Hume City residents is 7% significantly higher than the states average. The most vulnerable are our aged community, as of 2006 Hume has 11,800 people aged 65 and over, hence these people and families are amongst our vulnerable community whom may also be from non English speaking backgrounds.

Hume City Council through its Network Alliance committee has links with Dianella Community Health. Dianella Community Health carry out a range of medical and non medical services, their core focus is health promotion and enhancing good health in our community. They are located throughout the municipality:

- 35 Johnstone Street, Broadmeadows (03) 8345 5678
- 21 – 27 Hudson Circuit, Meadow Heights
- 55 Craigieburn Road, Craigieburn
- 393 Camp Road Broadmeadows (Mental Health Service)
- Blair Street, Dallas (Aged and Respite Service)
- 175 Glenroy Road, Glenroy (Community Resource and Support Service)

Hume City Council hosts a variety of events and festivals all year round, these events can be located at:

6. Infection Control

Following simple practices 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), workplace 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 travel, restricting workplace entry and screening workers, are all strategies aimed at keeping staff healthy. Hume City Council in the event of an influenza pandemic will reiterate basic hygiene precautions to staff.

One of the most effective ways to minimise spread of influenza is to practise good personal hygiene. The Pandemic Sub Committee will advise staff and the general public of the following ways to prevent the spread of pandemic influenza.

6.1. Coughing or Sneezing

The influenza virus can travel through the air when a person coughs or sneezes. Hume City Council staff will be advised of the following information when coughing or sneezing:

- Turn away from other people
- Cover your mouth and nose with a tissue or your sleeve
- Use disposable tissues rather than a handkerchief (which could store the virus)
- Put used tissues into the nearest bin, rather than a pocket or handbag
- Wash your hands, or use an alcohol hand rub, as soon as possible afterwards.
- People who are sick may be encouraged to wear a surgical mask to contain the virus and help prevent its spread.

6.2. Washing hands

Washing your hands regularly with soap and water or using an alcohol-based product (gels, rinses, foams - available at supermarkets and pharmacies) that does not require water - even when they aren't visibly dirty - is effective in killing the influenza virus.

Always wash your hands:
- after you've been to the toilet
- after coughing, sneezing or blowing your nose
- after being in contact with someone who has a cold or flu
- before touching your eyes, nose or mouth
• before preparing food and eating.

To wash your hands properly

![Handwashing steps]

6.3. Personal items

The flu virus can spread when someone touches an object with the virus on it and then touches their eyes, nose or mouth.

If a staff member has the flu:

• Keep personal items, such as pens, phones including mobiles separate

• Do not share eating and drinking utensils, food or drinks.

6.4. Clean surfaces

Flu viruses can live on surfaces for several hours. If a member of your household has the flu, you should regularly clean surfaces such as tables, benches, fridge doors and door knobs with soap and water or detergent.

6.5 Social distancing

6.5.1 Measures to increase social distancing

Another strategy to protect staff is minimising their contact with others. Crowded places and large gatherings of people should be avoided, whether inside or outside.

Because the virus can travel up to one metre when someone sneezes or coughs, a distance of at least one metre could reduce the propensity to be infected. Visiting or other contact with unwell people should be avoided, wherever practicable.
6.5.2 How to minimise contact

- Avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building.

- Avoid any unnecessary travel and cancel or defer non-essential meetings/gatherings/workshops/training sessions.

- If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace.

- Practice shift changes where one shift leaves the workplace before the new shift arrives. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.

- Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.

- Bring lunch and eat it at your desk or away from others. Introduce staggered lunchtimes so numbers of people in the lunch room are reduced.

- Do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area.

- If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands. Consider holding meetings in the open air.

- Set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery ie permits, registrations etc.

- Encourage staff to avoid large gatherings where they might come into contact with infectious people.
6.5.3 Use of PPE (Personal Protective Equipment) during a pandemic

PPE is used to protect the wearer from contact with the pandemic influenza virus. During the early phases of a pandemic when the transmission characteristics of the newly emergent virus are not fully understood, immunity to the virus is absent and a vaccine is not available, adherence to appropriate PPE may be recommended, the Pandemic Coordinator will determine the use of PPE as the virus progress and is fully understood. In the later phases, recommendations will be updated in light of increasing knowledge about the virus.

PPE includes:

- P2 (N95) mask
- disposable gloves
- protective eyewear (goggles/visor/shield)
- long-sleeved cuffed gown

6.5.4 Purchase of PPE (Personal Protective Equipment) during a pandemic

At Australian Phase 4 of a pandemic, Council will arrange purchase of PPE.

Initial Purchase will involve purchase (prices of June 2009):

- 500ea P2 (N95) cupped mask @ box of 12 $29.34
- 600 pairs disposable gloves (powder free) @ box of 100 $12.85
- 300ea protective eyewear (spec barkly H/C) @ $4.16
- 300ea long-sleeved cuffed gown (split small, medium, large @ $7.28 ea

Supplies will be made available within three days business days, purchases will be made through a designated cost centre determined by Finance Unit.

Preferred supplier is BOC Limited
Cnr Leader & Scammel Sts
Campbellfield
Ph: 9308 9499
Fax: 9308 9488

6.5.5 General Infection Control Information

During an Australian Phase 5 pandemic, Council will place the following posters at tea stations and toilets through staff areas. Council will also provide paper towel at staff toilets.
STAY HEALTHY AT HUME BY PRACTICING GOOD PERSONAL HYGIENE

One of the most effective ways to minimise the spread of infection is to practice good personal hygiene to protect yourself, your colleagues and your family from the common cold or flu.

**STEP 1**
Wash your hands with warm running water and soap, scrubbing your wrists, palms, fingers and nails for 10-15 seconds.

**STEP 2**
Rinse and completely dry your hands with paper towel.

SOME OF THE OTHER STEPS YOU CAN TAKE INCLUDE:

- When you cough or sneeze, cover your mouth and nose with a tissue or if no tissue is available, use your hand to cover your mouth and nose. Dispose of any used tissues in a rubbish bin immediately.
- Wash your hands after you cough, sneeze or blow your nose, before you eat, and before or after you touch your eyes, nose or mouth.
- Avoid touching your eyes, nose or mouth as germs spread that way.
- Avoid sharing food, drinks and eating utensils, unless these have been washed between users.
- Maintain a distance of one metre from people who are coughing or sneezing.
- Clean your hands with the antiseptic hand wash that is located at the tea station/lunch room. To use, press pump once and rub solution onto hands, fingers and wrists thoroughly until hands are dried.
- Use antiseptic wipes to wipe down surfaces such as desks and to clean phones.
WHAT TO DO TO PROTECT YOURSELF THIS FLU SEASON

One of the most effective ways to minimise the spread of infection is to practice good personal hygiene to protect yourself, your colleagues and your family from the common cold or flu.

**STEP 1**
Wash your hands with warm running water and soap, scrubbing your wrists, palms, fingers and nails for 10-15 seconds.

**STEP 2**
Rinse and completely dry your hands with paper towel.

**SOME OF THE SIMPLE STEPS YOU CAN TAKE INCLUDE:**

- **DO NOT** exercise if you feel unwell with flu-like symptoms. If you are unwell and anticipate that you will not be visiting Council’s Leisure Centre for at least two weeks, contact the Leisure Centre and we can arrange to have your membership suspended.
- Always have a towel with you when you exercise, especially when using gymnasium equipment.
- When you cough or sneeze, cover your mouth and nose with a tissue or if no tissue is available, use your hand to cover your mouth and nose. Dispose of any used tissues in a rubbish bin immediately.

- Wash your hands after you cough, sneeze or blow your nose, before you eat and before or after you touch your eyes, nose or mouth.
- After you go to the bathroom, ensure you wash your hands with warm running water and soap, scrubbing your wrists, palms, fingers and nails for 10-15 seconds. Rinse and completely dry your hands with paper towel.
- Avoid touching your eyes, nose or mouth as germs spread that way.
- Avoid sharing food, drinks and eating utensils, unless these have been washed between users.
- Maintain a distance of one metre from people who are coughing or sneezing.

**SAFETY TIP:**
- Alcohol-based cleaners are very effective hand cleaners. Rub solution onto hands, fingers and wrists thoroughly until hands are dry.

**What additional actions is Council doing to help protect us during the flu season?**

- Eco-friendly paper towels are being placed in all bathroom facilities to assist patrons to more effectively dry hands.
- We are undertaking additional cleaning, particularly in relation to ‘contact surfaces’. This includes ensuring that gym equipment is regularly wiped down and disinfected.

If you have any questions relating to this issue please do not hesitate to talk to the Centre’s Duty Manager. If you are concerned about H1N1 or would like to discuss this further, you can contact the DHS Influenza hotline on 180 2007, or the Nurse-on-Call on 1300 60 60 24.
STAY HEALTHY AT HUME BY PRACTICING GOOD PERSONAL HYGIENE

One of the most effective ways to minimise the spread of infection is to practice good personal hygiene to protect yourself, your colleagues and your family from the common cold or flu.

SOME OF THE SIMPLE STEPS YOU CAN TAKE INCLUDE:

- When you cough or sneeze, cover your mouth and nose with a tissue or if no tissue is available, use your hand to cover your mouth and nose. Dispose of any used tissues in a rubbish bin immediately.
- Wash your hands after you cough, sneeze or blow your nose, before you eat and before or after you touch your eyes, nose or mouth.
- After you go to the bathroom, ensure you wash your hands with warm running water and soap, scrubbing your wrists, palms, fingers and nails for 10-15 seconds. Rinse and completely dry your hands with paper towel.
- Avoid touching your eyes, nose or mouth as germs spread that way.

- Avoid sharing food, drinks and eating utensils, unless there have been washed between users.
- Maintain a distance of one metre from people who are coughing or sneezing.
- Clean your hands with the antiseptic hand wash that is located at the tea station/lunch room. To use, press pump once and rub solution onto hands, fingers and wrists thoroughly until hands are dried.
- Use antiseptic wipes to wipe down surfaces such as desks and to clean phones.

- DO NOT wash your hands in the same sink as crockery and cutlery as there is a risk of cross contamination of germs.
- Stay at home if you feel unwell with flu-like symptoms.

If you have any questions relating to this issue and your workplace, please contact your Manager/Coordinator who will be able to either assist you directly, or seek further information on your behalf. And don’t forget you can also contact the DrS Influenza hotline on 1800 2007 or the Nurse-on-Call on 1300 60 60 24.
7. Mass Vaccination Plan

Influenza vaccines have been available for over 60 years. Extensive experience during this long period has demonstrated their safety and efficacy. In populations at risk of severe complications, vaccination is known to reduce hospital admissions and deaths. Vaccination is thus the cornerstone of influenza prevention. In most years, minor or major epidemics of type A or type B influenza occur, usually during the winter months. As influenza viruses are constantly evolving, a new influenza vaccine is produced each year with its composition based on the most relevant strains of virus identified through a global surveillance system and determined by the Australian Influenza Vaccine Committee.

Modern influenza vaccinations achieve immunity in 70-90 per cent of those immunised (less in infants and older people). Immunity is typically produced after a period of ten to fourteen days following a single vaccine dose when the viruses contained are similar to ones to which the vaccinees have had past experience. A second dose will be required for pandemic vaccine. Currently only inactivated vaccines produced in embryonated eggs are available throughout the world.

By definition, a pandemic strain of influenza is a new strain of virus. Existing stocks of influenza vaccine will be ineffective against the pandemic strain when it emerges.

Influenza vaccines registered in Australia are currently distributed as single dose product pre-dispensed in disposable syringes. In the event of a pandemic it is likely that even if antigen production can be increased, the availability of suitable syringes will become limiting, and that the pandemic vaccine will be available only in a multi-dose preparation. The DOHA will procure sufficient equipment for vaccination of the Australian population.

In the pandemic situation, it is likely that only limited quantities of vaccine specific for the new strain will be available during to the first wave of infection. The amount of protection one vaccine dose will provide is currently the subject of trials. It is expected that two doses of a pandemic influenza vaccine will be necessary for optimal protection, due to the novel nature of the pandemic strain. High rates of compliance for both doses must be achieved. Due to limited vaccine supplies doses should be allocated and distributed to those considered to benefit most from vaccination. This benefit needs to be considered from the perspective of the population as a whole. Allocation of priority groups for vaccination will be done in conjunction with the decision-making structures nationally, that is, the National Influenza Pandemic Action Committee, Australian Health Protection Committee and the advisory committee to the Chief Medical Officer.

The Commonwealth and State Governments will identify the risk groups to be immunised and the method of delivering a mass immunisation program. The following processes in this document will vary depending upon the groups identified and method of mass immunisation delivery. For example if the risk group is identified as teenagers then the mass immunisation program may be delivered via a school program with a modified program available to the general public through Mass Vaccination Clinics (MVC).

The provision of a mass immunisation program must remain flexible to respond to the unique identified risk groups and delivery requirements.
7.1 Pandemic vaccine

A vaccine that gives good protection against pandemic influenza can only be developed after that virus strain appears. The Australian Government has contracts in place with vaccine manufactures to expedite the development and supply of a vaccine as soon as the pandemic strain emerges, as well as priority provision of any vaccine developed to Australia. Despite these processes being in place the development of a suitable vaccine could, however, take several months from the time the disease is identified.

7.2 Vaccination strategy/priority groups

Once available the vaccine will be made available to people at high risk of exposure to the virus (frontline health care workers) and people most vulnerable to severe illness from infection, then rolled out to the rest of the community. Priority group rationale is detailed later in this Appendix. It is intended that:

- Hume City Council immunisation unit will vaccinate the identified priority groups within the community then, as vaccine becomes available, vaccinate the remainder of the population.

- For community groups unable to attend Mass Vaccination Clinics (MVC), it is intended that their existing health care provider will provide the vaccine. These groups include:
  - patients in nursing homes and other long-term care institutions
  - immobile patients who receive care at home through community health care service

7.3 Session structure and management

Staffing

Staff attending the MVC will be vaccinated prior to any mass vaccination sessions. Core staff required to operate a centre include:

- Medical-nursing staff (preparation of vaccine, administration of vaccine, determine health of clients; establish any contraindications to vaccination and to manage medical emergencies.)

- Administrative (including staff to undertake data collection, collation of data and if required computer management of data)

- Security (to maintain the security of the staff, public and of the vaccine)

- Environmental Health Officers and other staff (organization and management of clients attending MVC and responding to general enquiries)
The Department of Human Services is in the process of exploring legal options to enable additional nurses to vaccinate, a process of coordinating nurses and exploring who can draw up the vaccine. Council currently has a pool of 6 nurses whom are suitably qualified in administering vaccinations. All of the 6 nurses also currently work as Nurse Immunisers for Councils other than Hume City Council.

**Venues**

Council Public Health Unit currently carries out Council immunisation services, Council utilises 9 different venues, in a variety of locations throughout the Hume City Council area. During a pandemic Council proposes to carry out pandemic immunisation at 2 main sites with a consideration of a third site if the need arises.

**Sunbury – Sunbury Memorial Hall**  
**Broadmeadows – Broadmeadows Town Hall**  
**Craigieburn – Function Room (Beside Craigieburn Leisure Centre)**

### 7.3.1 Operational flow

**Registration**

As members of the public enter a MVC, they will be required to provide proof that they comply with the guidelines of those eligible for immunisation. The proof required will be dependent upon the criteria of those eligible to receive the influenza vaccine. For example proof of age may be required if there is an age restriction on those eligible for vaccination. Once a person enters a MVC they will be required to provide

- Their Medicare card which will be used as a unique identifier for that individual.
- The Medicare details for each individual will be recorded on an attendance sheet and on the consent card.
- The individuals mobile phone number as the facility to send a recall reminder through bulk SMS text messages may be available
- Personal details, name address, date of birth, home phone number on a consent card.

**Information**

Small groups of vaccinees will be directed to an information area where they will be provided written and verbal information about the vaccination. Multilingual written information should be provided and interpreters. Information provided will include:

- Composition of the vaccine
- What are the risks/benefits
- Contraindications to the vaccine
- Pre immunisation checklist
Possible side effects of the vaccine and where to seek further information treatment for such side effects

The elements of informed consent.

Importance of completing the two dose course

They will then be asked to sign their consent cards if they consent to immunisation they will then

- Be told and provided in writing the time and date for them return for their second dose of the vaccine.

Presentation of unwell individuals

If people who are unwell attend a MVC, they will be assessed by a nurse present, on their status of health. If applicable the person should be referred to their usual health care provider. The person should be provided with a surgical mask if influenza/cold symptoms are present. If a person collapses pre immunisation at a MVC, they should be assessed or treated according to medical protocol. If people present with fever, they should not receive the vaccine. The nurse present should check by thermometer the person's temperature and if appropriate they should be referred to their GP.

Preparation and Vaccination

A Nurse Immuniser or an approved health professional will be involved with the preparation of the vaccine. The presentation of the vaccine will dictate the requirements and time involved for the preparation of the vaccine.

Multidose vials

- Will require the vaccine doses to be individually drawn up from the multidose vial following standard infection control guidelines of a clean drawing up needle and a syringe for each dose drawn up.
- Multidose vials involve a longer time period to draw up a vaccine dose than predrawn vaccines.
- Will require additional equipment in the form of needles and syringes

Single dose vials

- Will require the individual dose to be drawn up from a vial following standard infection control guidelines of a clean drawing up needle and a syringe for each dose drawn up.
- Will require additional equipment in the form of needles and syringes
- Will produce large amounts of paper waste.

Predrawn doses

- Will require minimal preparation as the vaccine is presented in a syringe and only the giving needle needs to be attached to the syringe prior to administering the vaccine.
- Will produce large amounts of paper waste.

Patients will receive their vaccination from a Nurse Immuniser or an approved health professional.

- The immuniser will ensure that the client has read a pre immunisation check list and that there are no contraindications to proceeding with the immunisation.
- The immuniser will obtain additional verbal consent
• The vaccine will be administered into either the arm (deltoid region) or thigh (vastus lateralis muscle area) as appropriate for age.

Post vaccination

Following vaccination, clients must remain on the premises under observation for 15 minutes to observe for any possible adverse events. Once the 15 minute observation period has elapsed provided the client is well they will leave the venue.

Communication

Public communication will advise of the identified priority groups and location and time of sessions. It should also advise about adverse reactions and contraindications. Local government will need to work with local media to communicate and identify their priority groups. The Department of Human Services will provide advice about the continuance of routine vaccination programs (suspending infant, secondary school programs) closer to the time of the vaccine release.

Prioritisation

Vaccination of front line priority groups (such as essential services, at risk groups) will be based on the epidemiology of the pandemic, that is, those age groups most affected will be targeted first.

Equipment

It is expected that all immunisation related equipment will be provided to Hume City Council by DHS. Additional vaccine fridges may not be required for vaccine storage, as DHS may arrange for frequent deliveries of the vaccine thus avoiding large amounts of vaccines being stored by Hume City Council. Should additional refrigeration be required Council will purchase a portable coolroom that strictly maintains temperatures between 2-8°C and place the locked coolroom in the Broadmeadows Council Offices basement. Data loggers will also be provided to ensure the temperature of the vaccines is maintained at 2-8°C.

Additional equipment required or supplied by DHS is as follows;
• Supply of surgical masks for unwell individuals who attend MVC’s
• Sharps containers and their disposal
• Syringes (if multidose or non predrawn vaccines provided)
• Needles (for drawing up vaccine and or giving vaccine)
• Cottonwool
• Micropore
• Hand cleansers/gels
• Surface disinfectants
• Adrenaline
• Consent cards
• Information sheets/ multilingual
• Additional eskies and coolblocks
• Additional high-low thermometers or data logger for the transportation of the vaccine
• Additional transport-cars for staff to and from venues.
Ordering vaccines

The pandemic influenza vaccine will be provided free of charge by the Australian Government. The DHS has existing arrangements to store, deliver and order vaccines. These existing arrangements will be used during a pandemic or alternative procedures outlined by DHS. Enquiries regarding orders should be referred to The Department of Human Services on 1300 882 008.

7.3.2 Pre-immunisation procedures

It is recommended that prior to any vaccination, the immuniser reviews the vaccination history of the client (if applicable), determines the client’s suitability for vaccination, and obtain the client’s consent for vaccination.

Review vaccination history

The vaccinee will be asked if they have been recently vaccinated and if so with which vaccine.

Determine suitability for vaccination

It is recommended that a clinical assessment is conducted to ensure that the vaccinee is medically well to be vaccinated and has no contraindications to the vaccine being given. The pre-immunisation checklist appears on the immunisation consent form and also as a separate form. A specific pre-immunisation checklist may be designed for the pandemic influenza vaccine.

Obtain valid consent

Consent for vaccination must be informed consent. Written and/or verbal information will be provided on the benefits and risks of immunisation (in a number of languages if possible) and written and/or verbal consent obtained. If verbal consent is obtained, a note in the documentation should state that the consent process has been undertaken. It is envisaged that written consent will be obtained from all clients and the immuniser will obtain verbal consent at time of the administration of the vaccine. Interpreters are important in the consent process.

Information resources

Information resources will be provided by the DHS and include:

- Immunisation consent form (including a pre-immunisation checklist) – pro forma
- Record of treatment – pro forma
- Report of suspected adverse reaction to drugs and vaccines – pro forma
• Posters
• Common reactions fact sheets
• Fact sheets on risk and benefit, vaccine content (in various languages).

**Vaccine administration**

The Department of Human Services will provide the vaccine in amounts according to the storage facilities available. The frequency and duration of clinics will be monitored and adjusted as required to provide maximum benefit and vaccine coverage to the community. Considerable scaling up of the local government immunisation workforce will be required, which is the subject of further negotiation. As approximately 1,500 nurses have passed through the immunisation accreditation course at La Trobe University, identification of this workforce will be undertaken to bolster the available workforce.

Identification of the eligible population will be best undertaken by the use of the Medicare database, which contains approximately 98 per cent of the Australian population. Use of the Medicare number as the identification number also has precedent in immunisation programs, due to its use as the number in the childhood program. Presentation of the Medicare card will be required as proof of identity and maybe eligibility.

Security arrangements will be necessary to prevent unauthorised access to the vaccine and to maintain order at sessions.

Locations and times of immunisation sessions could be announced through local press releases, community radio announcements and through the Council internet site, to ensure the public is fully informed.

### 7.3.3 Post–immunisation procedures

**Observation post-immunisation**

Following vaccination, vaccinees should remain on the premises under observation for 15 minutes.

**Documentation**

• Record vaccination information in Child Health Record Book

• If client has previously been recorded on the IMPS program then their pandemic influenza vaccination can recorded on presentation at the session (this is providing that the IMPS program is updated by DHS/GUI-the data company, to enable the vaccine to be recorded on IMPS).

• All required vaccination data should be forwarded to the DHS or a central national database in accordance with protocol (to be decided by the government).

• On presentation for immunisation vaccinees and/or parents/guardians should be informed in writing of the date and time their next vaccination is due.
• Adverse events following immunisation

• Public communication surrounding adverse reactions will be important during a pandemic. The public communication is to maintain public confidence in the vaccine and to prevent the reporting of mild known adverse event. If a suspected unexpected or serious adverse reaction to the vaccine occurs, it should be reported to SAEFVIC. (Surveillance of Adverse Events Following Vaccination in the Community) or other DHS identified groups. The Immunisation Team Leader should report to SAEFVIC following notification from nursing staff.

7.3.4 Vaccination records

Data collection and storage

Systematic recording of those who have been immunised will be essential for evaluation of age-specific coverage rates and identification of those who have received a first dose and require a further dose. IMPS has limited reporting facilities but can produce client identifying reports by:

• Venue attendance
• School sessions
• Year levels
• Vaccine type (used over specified dates)
• Age groups (specific age date ranges)

• Vaccination consent card records will need to be retained for a minimum of seven years to allow for retrospective claims for adverse events following immunisation
8. Mass Fatality Plan

8.1 Planning considerations

During a pandemic if the mortality rate is high, existing mortuary services will undoubtedly experience an increased workload, potentially over and above their capacity. Within any locality, the number of total deaths (including influenza and all other causes) occurring during a 6–8 week pandemic wave is estimated to be similar to that which typically occurs over six months in the inter-pandemic period.

8.2 Mortuary/crematoria capacity

It is estimated that the Victorian public and private mortuary providers have the capacity to hold approximately 2,000 bodies in refrigeration throughout mortuaries in Victoria. Further capacity in holding rooms and refrigerated vehicles could increase this capacity by approximately 500.

The daily normal graves capacity in Victoria is 368 and daily normal cremations capacity is 227.

8.3 Cemeteries/crematoria in Victoria

There are 550 public cemeteries and nine crematoria, which contain 21 cremator units in Victoria. The current weekly cremation capacity is 2,776. Consideration of increasing services will need to be made at the time of the pandemic, with the following assumptions:

- No interruption to natural or LP gas supply
- No cremator malfunctions
- Availability of operational staff or modern assisted operation.

8.4 Social/religious considerations

A number of religious and ethnic groups have special requirements about how bodies are managed after death, and such needs must be considered as part of pandemic planning. As an example, Aboriginal/Torres Strait Islanders, Jews, Hindus, Muslims all have specific requirements for the treatment of bodies and funerals. Religious leaders with the guidance of the interfaith Council, should be involved in planning for funeral management, bereavement counselling and communications, particularly in ethnic communities with large numbers of people who do not speak English. During a pandemic it may not be possible for these religious considerations to be met, due to overriding public health measures.
9. Communication

9.1 State Government Communication strategy

A whole of Victorian Government Communication Strategy that maximises stakeholder engagement and use of existing networks. It targets a distinct but diverse group of key influencers who will channel the appropriate messages and planning actions through to their respective sectors. These key influencers include government departments the health sector, local government, emergency services, infrastructure services, community services and business associations.

Community engagement strategies will be developed by DHS for use at state and local government levels. These strategies will be aimed at provided individuals, families and communities with a range of self help initiatives to reduces the risks.

Pandemic Influenza information and updates will be provided by DHS, who are main source of the information. A number of Pandemic Influenza fact sheets have been developed by DHS, the Australian Government and the WHO. Links to these fact sheets have been identified in Section Appendix C – Resources

9.2 Hume City Council Communication Strategy

The purpose of our 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. We 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 objectives:

- Staff and community receive information about immunisations
- Staff receive guidelines about safe hygiene practices
- Communications remain in align with Victorian and National communications

Hume’s strategic approach covers four phases: pre, leading into, during and post pandemic.

The key aim during a pandemic will be to keep 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. Communication strategies are as follows:
9.2.1 Pre pandemic

- Promote preparedness for a pandemic outbreak in the community
- Create strong links with Hume partners (e.g., DHS and neighbouring Councils)
- Promote readiness among Hume staff

9.2.2 Leading into a pandemic

- Nurture an information network the community can readily tap into and trust by using direct communication to create an information network. The network has two components. One component is people such as community leaders, church/charity groups, community workers and the other component is electronic media (web and email).
- Media - Key influencer group, strategy to be developed with Media
- Develop an information hierarchy to ensure staff are kept well informed and calm

9.2.3 During a pandemic

- Promote scheduled vaccinations and Council’s services
- Ensure immunisation sessions operate in accordance with plan and immunisation best practices.
- Obtain DHS communications
- Promote cohesion and direction where possible through the media
- Ensure staff are kept updated and remain calm

9.2.4 Post pandemic

- Use communications to aid recovery

9.3 Staff Communication

Whether staff decide to come to work depends not only on how serious the employee perceives the risks to be, but also on how transparent and receptive Council has been during pandemic planning and what risk management strategies are in place.

To manage possible fear and anxiety regarding a pandemic, Hume City Council, via the Human Resources Branch, aims to 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 Hume City Council is responding to the situation;

• Establish policies that can minimize or prevent influenza spreading at work, eg cough etiquette, promote handwashing, policies for social distancing and minimising face-to-face contact amongst employees and between employees and clients;

• Establish staff briefing forums similar to those of the bushfire relief information session.

During a Pandemic the communication will be conveyed to staff through intranet updates, emails, bulletins and fact sheets as provided by DHS.

9.4 Staff Support
During a pandemic, employees will likely be concerned and preoccupied about the well being of their families. Their commitment, or ability, to work may not be their major concern.

In the event of a pandemic, Council will consider the following requirements:-

• Allow staff to have regular contact with their families to ensure they are safe and well;

• Investigate the possibility of work from home arrangements;
10. Community Support and Recovery

10.1 Relationship with MEMP

Hume’s Community Support and Recovery Plan sits within the parameters of the Municipal Emergency Management Plan (MEMP). The Pandemic responses will be in line with the approach of the MEMP (Part 5 Recovery Arrangement: Hume City Council – Municipal Emergency Management Plan), however there are some areas specific to response in the event of an influenza pandemic.

10.2 Activation of Community Support and Recovery

Hume’s Community Support and Recovery Plan will be activated in three stages, by the Municipal Emergency Resource Officer in consultation with the Municipal Recovery Manager and Department of Human Services. The phases of the pandemic will determine the level of support and recovery implemented.

10.2.1 Australian Phase 4 – Pandemic Planning Sub Committee

- Will review the potential social and business impacts of the pandemic as they unfold
- Will prioritise the vulnerable groups and vary according to current situation
- Will determine what services and how services can be delivered to our vulnerable community
- Will determine staff levels and plan to establish and staff a Community Support Service
- Will continue liaising with DHS and other regional contacts.

10.2.2 Australian Phase 6b – Establish Community Support Service

In the event of Influenza Pandemic, Council will be required to establish and staff a community support service. Influenza Pandemic traditional recovery or relief centres may not be appropriate as social distancing and isolation will be a key strategy to avoid further spread of infection. Preparedness activities will focus on alternative arrangements to provide access on community and recovery services. Linkages between those seeking assistance and service providers (as advised from Manager Aged Services and Health) will be undertaken electronically or via telephones. This function will be referred to as Community Support Service to distinguish it from the more traditional Recovery Centres. As a function, the Community Support Service will operate in a virtual environment, as opposed to a public building.
The Manager Aged Services and Health and Municipal Recovery Manager will arrange the staffing levels required to maintain a Community Support Service. Community Support Service staff will consider individual needs by telephone, prior to identifying agencies that can provide assistance, the service is not intended to be a medical support service. Health care services will be accessed through existing medical arrangements.

While there will be an expectation that family and friends and neighbours will care for the majority of the people isolated in their homes, many of these people will have complex needs and have no support networks to assist them. Those people will need to be case managed through a Community Support Service. The three key functions of the Community Support Service are intake, assessment and case management.

10.2.3 Australian Phase 6c – Municipal Recovery

Once the pandemic has subsided the Pandemic Planning Sub Committee will determine the effects on the community and implement strategy for returning the city to normal function. The primary objective to the recovery would be to encourage community members to participate in city life and therefore stimulate business and the economy. Council will also endeavour to assist the community in dealing with the psychological effects of the pandemic ie loss of loved ones, disruption to work and life, fear and anxiety caused by the pandemic etc.

Personal support such as bereavement and grief counselling would need to be provided at unprecedented level during and after the pandemic. It also recognised that many people will suffer significant long term psychological effects.

10.3 Vulnerable Groups

Vulnerable groups face different and often more complex challenges. These people include people in our community who are receiving services, or people who become vulnerable as a result of the pandemic. The numbers of vulnerable individuals and groups will also be higher during a human influenza pandemic.
Table 5: Existing Vulnerable Groups

<table>
<thead>
<tr>
<th>Vulnerable group</th>
<th>Ways affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young families, especially single-parent families</td>
<td>May need to manage a range of demands with minimum support.</td>
</tr>
<tr>
<td>Older people, living alone without support</td>
<td>Isolation could cause deterioration in health and ability to function.</td>
</tr>
<tr>
<td>Socially isolated</td>
<td>Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety.</td>
</tr>
<tr>
<td>Physically isolated</td>
<td>Reduced ability to call on assistance from other members of the community, or from agencies.</td>
</tr>
<tr>
<td>Unemployed</td>
<td>Lack of financial and physical resources may result in higher levels of disadvantage.</td>
</tr>
<tr>
<td>People relying on external help</td>
<td>Existing support, such as home support, may be compromised.</td>
</tr>
<tr>
<td>People living in an institutional setting</td>
<td>More exposed to the spread of disease, due to close living arrangements and sharing of facilities.</td>
</tr>
<tr>
<td>People with existing disability, physical or mental illness</td>
<td>Existing support may be compromised. Higher risk of exposure to infection and psychological stressors.</td>
</tr>
<tr>
<td>People with limited coping capability</td>
<td>Reduced capacity to manage life events.</td>
</tr>
<tr>
<td>Substance dependent Increased</td>
<td>Vulnerability if medical and other care arrangements are disrupted.</td>
</tr>
<tr>
<td>Culturally and linguistically diverse communities (CALD)/ new arrivals</td>
<td>Reduced understanding of potential risks and difficulty gaining access to information and resources. May also lead to panic and anxiety.</td>
</tr>
<tr>
<td>Financially disadvantaged, individuals and families on low incomes and/or high debt levels/Homeless people</td>
<td>May have limited access to goods and services. May not be able to stockpile, due to diminished supply and potential rising costs.</td>
</tr>
</tbody>
</table>
### Table 6: Emerging Vulnerable Groups

<table>
<thead>
<tr>
<th>Vulnerable group</th>
<th>Ways affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>People confined to their homes as a result of illness or quarantine</td>
<td>Lack of family and friends to provide adequate levels of care. Fear of being socially marginalised or stigmatised.</td>
</tr>
<tr>
<td>Children orphaned and without a carer, particularly where there is no alternative carer</td>
<td>Heightened levels of grief, anxiety, stress and trauma due to issues around housing and care. Potential dislocation and developmental effects.</td>
</tr>
<tr>
<td>Children whose parents become ill, particularly where there is no alternative carer</td>
<td>Heightened levels of grief, anxiety, stress and trauma. Increased vulnerability in the longer term.</td>
</tr>
<tr>
<td>Families where a pandemic influenza bereavement has taken place</td>
<td>Heightened levels of grief, anxiety, stress and trauma.</td>
</tr>
<tr>
<td>People whose carer is sick and unable to care for them</td>
<td>Lack of alternative support could lead to general deterioration of health and wellbeing.</td>
</tr>
<tr>
<td>People who become unemployed, due to business closure or economic downturn</td>
<td>Lack of financial and physical resources and high debt levels, with minimum savings in reserve.</td>
</tr>
<tr>
<td>People on low incomes or otherwise economically vulnerable</td>
<td>Lack of financial and physical resources to manage consequences over an extended period of time.</td>
</tr>
<tr>
<td>The worried well—people whose physical health has not been affected by the virus but are worried or anxious about getting sick</td>
<td>High levels of anxiety due to fear of illness, death, unemployment and lack of access to services and information.</td>
</tr>
<tr>
<td>Families</td>
<td>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.</td>
</tr>
<tr>
<td>Farmers, primary producers and people employed in the food industry</td>
<td>Reduced market demand, or disruption to supply chains. This could be compounded by the impacts from other emergencies e.g. drought, fire. Remote and rural areas could face interruptions to food supplies and essential services.</td>
</tr>
<tr>
<td>Small business owners</td>
<td>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.</td>
</tr>
<tr>
<td>Health care workers</td>
<td>Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels.</td>
</tr>
</tbody>
</table>
Appendix A: Frequently Asked Questions

Q. What is avian influenza?
A. Avian influenza is an infectious disease of birds caused by type A strains of the influenza virus. All birds appear to be susceptible, though some species are more resistant to infection than others. It is also called bird flu.

Q. What is influenza type A H5N1?
A. This is the particular subtype of influenza virus that is causing the current epidemic of bird flu in overseas countries. The letters and numbers allow scientists to differentiate between different subtypes of influenza.

Q. Is it safe to eat eggs?
A. Yes. Egg shells may have been contaminated with bird faeces. All eggs should be washed before sale but it is prudent to apply careful hygiene when handling an egg such as: washing the outside of eggs or washing hands after handling an egg. Eggs should not be separated into yolk and white by bare hands. Proper cooking of eggs is recommended. Particular care needs to be taken with foods that contain eggs that are not cooked such as mayonnaise and mousse.

Q. Can I catch H5N1 from eating chicken, duck, turkey or other cooked birds?
A. No, you cannot catch H5N1 from properly cooked poultry (or eggs) such as chicken, duck, or turkey.

Q. I have domestic birds. How would I know if my domestic birds have avian influenza?
A. The Department of Agriculture, Fisheries and Forestry web-site www.daff.gov.au provides information on the symptoms of avian influenza in birds.

Q. Can avian influenza infect people?
A. It is currently very difficult for the H5N1 virus to be transmitted from birds to humans (it requires very close contact with sick or dead birds) but in those cases where it has been transmitted, it has caused severe illness and the death rate has been high.

Q. What is an influenza (or flu) pandemic?
A. An influenza pandemic is a disease outbreak that occurs worldwide when:
   1. a new strain of influenza virus emerges, to which no-one is immune;
   2. the virus causes disease in humans; and
   3. the virus is easily spread between humans.
In the absence of immunity, a new influenza strain can spread rapidly across the globe, causing worldwide epidemics or a pandemic, with high numbers of cases and deaths.

**Q. What are the symptoms of pandemic flu?**
**A.** The exact symptoms of a pandemic strain of flu will only be known at the time of the pandemic. Based on previous pandemics, experts predict that the symptoms of pandemic flu will be the same as the seasonal flu virus. For example, the sudden onset of high temperature, muscle aches and pains, tiredness, cough, sore throat and a stuffy or runny nose.

**Q. How long do symptoms take to develop and how long do they last?**
**A.** It may take two days to a week to show symptoms when you catch the flu, and the symptoms may last for up to a week.

**Q. Who is at risk from pandemic flu?**
**A.** A pandemic flu virus that emerges will be a new one for which the entire population has no immunity. Therefore, potentially all age groups will be at risk, but it is difficult to predict in advance who will be most severely affected. Previous pandemics have affected different age groups and have had varying death rates.

**Q. What should I do if I think I have avian flu symptoms?**
**A.** Many people get respiratory infections every day and the probability that your symptoms are from avian influenza is extremely low. If you have just returned from affected countries overseas and you are experiencing a fever, body aches, extreme tiredness, or a dry cough, you should seek medical advice advising your doctor of your recent travel and activities, including any visits to farms or markets in Asia or Europe. Remember your symptoms are highly unlikely to be caused by avian influenza.

**Q. How is avian influenza different from normal influenza?**
**A.** The main difference is the source of transmission of the virus; that is, from infected birds to humans. There is very little difference in the symptoms (though these may vary in severity) or treatment of the virus.

**Q. How does pandemic flu spread?**
**A.** Pandemics of flu are spread from person to person by respiratory secretions in three ways:

1. Through the spread of droplets from one person to another (e.g. coughing/sneezing);
2. By touching things that are contaminated by respiratory secretions and then touching your mouth, eyes or nose; and
3. Through the spread of particles in the air in crowded populations in enclosed spaces.

Q. How is avian influenza spread to humans?
A. People need to have close contact with infected birds or poultry manure to get avian influenza. The virus is found in bird faeces and respiratory secretions. There is no evidence of effective human to human transmission of the virus at this time.

Q. Can avian influenza kill?
A. Unfortunately, yes. While millions of birds have died from the disease only a few people have acquired the illness, a significant proportion of these people have died.

Q. Will the current influenza vaccine protect me against avian influenza?
A. No. The current vaccine for human influenza does not prevent avian influenza infection in people. However, in countries overseas, people exposed to bird flu will be immunized to protect them from human strains of influenza, to help prevent the emergence of a mixed human/avian influenza virus.

Q. What do I do if suspect an outbreak and need to report it?
A. Talk to your local vet, the Chief Veterinary Officer (CVO) in your State or Territory or call the 24 hour Hotline Number: 1800 675 888 (free call within Australia).

Q. What about antiviral medications?
A. The effectiveness of antivirals in the treatment of pandemic influenza is unclear. The Government’s strategy for use of antivirals as part of a pandemic response is set out in Appendix 1 of the Australian Health Management Plan for Pandemic Influenza. The Australian Government has developed a significant stockpile of the antivirals that will be used for prevention and treatment with the aim of minimising overall sickness and death in the population. However, it is important to recognise that antivirals can only be used as one part of a broader response to a pandemic, and that they need to be used strategically because stocks are limited, and because of the danger of the virus adapting to them.

Q. How can I protect myself and others from pandemic flu?
A. Short of a vaccine, there are many simple ways people can substantially reduce their risk of being infected by or spreading the influenza virus. These include:
• maintaining a physical distance from people who might be infected;
• frequent hand washing, particularly after coming into contact with people who might be infected;
• cough and sneeze etiquette;
• staying home from work when unwell; and
• in the event of a pandemic, wearing a simple surgical mask or other covering for the nose and mouth.

Q. Where can I get further information?
A. There are several places where further information about avian influenza can be obtained. These include:
   • Australian Government Department of Health & Ageing Information Hotline - Call 1800 004 599
   • Department of Human Services website www.health.vic.gov.au
   • Australian Government Department of Health and Ageing www.health.gov.au
   • Department of Foreign Affairs and Trade www.smartraveller.gov.au
   • Department of Agriculture, Fisheries and Forestry www.daff.gov.au
Appendix B: Glossary

**Antivirals:** Medicine used to prevent and treat influenza. May also show these properties against a pandemic strain of influenza.

**Business Continuity Plan:** Business Continuity Planning is the development of strategies, plans and actions which provide protection or alternative modes of operation for identified critical activities, if they were to be interrupted. It is an essential component of Council’s Risk Management process to minimise the impact of an emergency on Council.

**Containment:** Delaying transmission for as long as possible by border control measures, widespread adoption of good hygiene and infection control measures, isolating cases, quarantining contracts and use of antiviral medications.

**Epidemic:** A sudden increase in the number of cases over past experience for a given population, time and place.

**H5N1 avian influenza (bird flu):** Type A virus affecting birds but passable to humans following close contact with sick or dead birds. It causes severe influenza-like symptoms and may result in death.

**Influenza (‘the flu’):** A highly contagious viral infection of the respiratory tract, caused by the influenza virus.

**Influenza Type A:** A virus that occurs in both humans and animals.

**Influenza Type B:** A virus that occurs only in humans.

**Isolation:** Management strategy for human cases

**Maintenance of social function:** When community transmission is established, containment is no longer feasible. Pre-exposure prophylaxis for priority groups will be importance to maintain societal functioning

**Mass vaccination:** Vaccinating the whole population with a pandemic strain vaccine, when available

**Mass Vaccination Centre (MVC):** Designated facility for mass vaccinations

**Pandemic:** An epidemic occurring over a very wide area and usually affecting a large proportion of the population. Only Type A influenza viruses have been known to cause pandemics.

**Quarantine:** Management strategy for someone who has had contact with a human case

**Social distancing:** A strategy for reducing contact with others

**Vaccine:** A preparation that creates or artificially increases immunity to an influenza strain.
Appendix C: Resources and Finance

Resources

Victorian Influenza Pandemic Plan – DHS Website:

Hume City Council would like to acknowledge the plans and work that were undertaken by Department of Human Services and Department of Health and Ageing, these resources: include the following documents:

Preparation for an influenza pandemic: A tool kit for local government (527kb, pdf)
Preparation for an Influenza Pandemic: A planning guide for local government

Victorian Human Influenza Pandemic Plan: Community Support and Recovery Sub Plan
March 2008 (307kb, pdf)

Victorian Health Management Plan for Pandemic Influenza (1.2mb, pdf)

Preparation for an influenza pandemic - An information kit and workplan for general practice
(326kb, pdf)

Fact Sheets

Fact Sheet - Seasonal/Avian/Pandemic influenza (flu) – Information for the general public
(67kb, pdf)

Fact Sheet - Pandemic influenza (flu) – Information for the general public – looking after yourself in a pandemic (101kb, pdf)

Fact Sheet - Pandemic influenza (flu) – Information for people who may have been exposed to pandemic influenza and are isolated (95kb, pdf)

Fact Sheet – Information for the community on influenza (183kb, pdf)

Fact Sheet—Children and influenza (177kb, pdf)

Fact Sheet—Infants and influenza (170kb, pdf)

Fact Sheet—Information for medical practitioners (186kb, pdf)
Department of Health and Ageing (Commonwealth Government)

Australian Health Management Plan for Pandemic Influenza, Australian Government
Department of Health and Ageing, May 2006

Health posters to assist in controlling infection

How to fit and remove protective gloves (PDF file 140KB)
How to fit and remove a protective gown (PDF file 171KB)
How to fit and remove a surgical mask (PDF file 160KB)
How to fit and remove a P2 (N95) respirator (PDF file 171KB)
How to fit and remove protective eye wear (PDF file 158KB)
Correct order to fit and remove personal protective equipment (PDF file 140KB)
How to clean hands using an alcohol-based liquid or hand rub (PDF file 155KB)
Cough etiquette and respiratory hygiene (PDF file 159KB)
Travel health - Have you recently returned from overseas? (PDF file 106KB)
Staff Influenza Notice (PDF file 107 KB)
Avian influenza (PDF file 60KB)
Seasonal and pandemic influenza (PDF file 60KB)
Transmission of respiratory diseases and managing the risk (PDF file 60KB)
Infection control precautions for severe respiratory diseases (PDF file 60KB)

World Health Organisation – Fact Sheets

WHO – Communicable Disease Surveillance and Response - Influenza
Highly pathogenic H5N1 avian influenza outbreaks in poultry and in humans: Food safety implications [pdf 206kb]

Finance

Accurate and comprehensive expenditure recording are referred to in the MEMPlan (Part 6 Ancillary Arrangements), if required a dedicated cost centre number will be used by the Influenza Recovery Committee and later referred to MERO.