HUME CITY COUNCIL

PANDEMIC PLAN

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HUME CITY COUNCIL

Contents

1. Introduction

The Hume City Council, as part of its emergency management planning, has developed the Municipal Pandemic Plan. This plan will be implemented in accordance with Hume City Council's legislative roles and responsibilities to ensure support to state and federal authorities and the community in a declared pandemic. The plan also highlights the need for a coordinated response due to the public health and economic impact a pandemic can generate.

Anthony Knight – 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.

Marcus Wait – Senior Environmental Health Officer will assist Anthony Knight, 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 Five and Six (Response, including relief and Recovery Arrangements) and Council Business Continuity Plan.

The plan will be reviewed and exercised regularly by the Emergency Management Team and any changes made will be identified in future revisions.

This document has been adopted by the members of the Hume City Council Municipal Emergency Management Planning Committee as representatives and with authority of their agencies on the:

DATE: December 2019

The signature below indicates that this document has been approved for release under their delegation as Coordinator of Public Health/Pandemic Coordinator on behalf of the Municipal Emergency Management Planning Committee.

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Anthony Knight - Coordinator of Public Health

2. Framework and Background

2.1 Framework

2.1.1 Commonwealth plan

- Australian Health Management Plan for Pandemic Influenza (AHMPPI) 2019
- Emergency Response Plan for Communicable Disease Incidents of national Significance: National Arrangements 2018.
- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).
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2.1.2 State plan

- Victorian Action Plan for Pandemic Influenza Aug 2015
- Victorian Health Management Plan for Pandemic Influenza –Victorian Department of Human Services Oct 2014
- COVID 19 Pandemic plan for the Victorian Health Sector 2020
- State Relief Plan for COVID-19

2.1.3 Municipal plan

- Municipal Emergency Management Plan
- Hume City Council Business Continuity Plan

2.2 Background

2.2.1 Pandemic

A 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.

2.2.2 Disease description - Influenza

There are two main types of influenza viruses of concern, both 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 diarrhea. 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 38ºC)
- 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.

2.2.3 Disease description - Coronavirus

There have been three main types of coronaviruses of concern and all infections are known to have originated from animal hosts.

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome -CoV (MERS-CoV) identified in 2012; and Severe Acute Respiratory Syndrome (SARS-CoV) which had an outbreak in 2002-2003. COVID-19 being a new strain that has not been previously identified in humans.

Middle East respiratory syndrome (MERS), also known as camel flu, is a viral respiratory infection caused by the MERS-coronavirus (MERS-CoV). Symptoms may range from mild to severe. They include fever, cough, diarrhea and shortness of breath. Disease is typically more severe in those with other health problems. Mortality is about one-third of diagnosed cases. Just under 2000 cases have been reported as of 4 April 2017. The first identified case occurred in 2012 in Saudi Arabia and most cases have occurred in the Arabian Peninsula. A large outbreak occurred in South Korea in 2015. A further outbreak of MERS was reported in 2018, affecting Saudi Arabia and other countries (including South Korea) to which infected persons travelled, but from the years 2015–18, the number infected in Saudi Arabia in 2018 was the lowest.

Severe acute respiratory syndrome (SARS) is a viral respiratory disease of zoonotic origin caused by the SARS coronavirus (SARS-CoV). Between November 2002 and July 2003, an outbreak of SARS in southern China caused 8,098 cases, resulting in 774 deaths reported in 17 countries (9.6% fatality rate), with the majority of cases in mainland China and Hong Kong. In late 2017. No cases of SARS have been reported worldwide since 2004.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), previously known as novel coronavirus (2019-nCoV). It is contagious in humans and is the cause of the ongoing 2020 pandemic and has been designated a Public Health Emergency of International Concern by the World Health Organization (WHO). SARS-CoV-2 has close genetic similarity to bat coronaviruses, from which it likely originated. To avoid confusion with the disease SARS, the WHO refers to the virus as "the virus responsible for COVID-19" or "the COVID-19 virus" in public health communications. Both the virus and the disease are often called "coronavirus" by the general public, but scientists typically use more precise terms.

The most common coronavirus (COVID-19) symptoms reported are:

- Fever
- Breathing difficulties, breathlessness
- Cough
- Sore throat
- Fatigue or tiredness.

Studies suggest that coronavirus (COVID-19) may persist on surfaces for a few hours or up to several days. This may vary under different conditions such as the type of surface, temperature or humidity of the environment.

If you think a surface may be infected, clean it with a common household disinfectant to kill the virus.

In general, to avoid contact with the virus, clean your hands with an alcohol-based hand rub or wash them with soap and water often. Avoid touching your eyes, mouth, or nose.

2.2.4 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 nebulizer

2.2.5 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 was 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 twofold 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.

2.2.6 History of coronavirus pandemics

The 2020 coronavirus pandemic is an ongoing pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).The outbreak was first identified in Wuhan, China, in December 2019, and was recognized as a pandemic by the World Health Organization on 11 March 2020. As of 22 March, more than 308,000 cases of COVID-19 have been reported in over 180 countries, resulting in more than 13,000 deaths and 95,000 recoveries, including 1,098 confirmed cases in Australia with 7 deaths.

The virus is spread between people primarily via respiratory droplets produced during coughing. These droplets can also be produced from sneezing and normal exhalation, and the virus may spread from touching contaminated surfaces and then touching one's face. It is most contagious when people are symptomatic, although spread may be possible 24 hours before symptoms appear. The time between exposure and symptom onset is typically around five days but may range from two to fourteen days. Common symptoms include fever, cough, and shortness of breath. There is no vaccine or specific antiviral treatment. Recommended preventive measures include hand washing, covering the mouth when coughing, maintaining distance from other people, and monitoring and self-isolation for people who suspect they are infected.

Efforts to prevent the virus spreading include travel restrictions, quarantines, curfews, event postponements and cancellations, and facility closures.

The pandemic has led to global socioeconomic disruption and widespread fears of supply shortages which have spurred panic buying.

2.2.7 Difference between coronavirus and influenza

The first symptoms of coronavirus (COVID-19) and influenza infections are often very similar. They both cause fever and similar respiratory symptoms, which can then range from mild through to severe disease, and sometimes can be fatal.

Both viruses are also transmitted in the same way, by coughing or sneezing, or by contact with hands, surfaces or objects contaminated with the virus. You can reduce the risk of both infections with good hand hygiene, good cough etiquette and good household cleaning.

The speed of transmission is an important difference between the two viruses. The time from infection to appearance of symptoms (the incubation period) for influenza is shorter than that for coronavirus. This means that influenza can spread faster than coronavirus.

While the range of symptoms for the two viruses is similar, the proportion of people who develop severe disease appears to be higher for coronavirus.

International evidence consistently shows that most people have mild symptoms. While evidence varies from country to country, it is currently estimated that around 15% of people will experience severe infections and 5% will become critically ill. The proportions of severe and critical coronavirus infections are higher than for influenza infections.

3. Aims and Objectives

3.1 Aims

- Assist in reducing the impacts of a pandemic on the Municipality
- Provide relief support and assistance throughout the duration of the 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 – Align media and communication messages with national and state government messages, to inform the community (ensuring Aboriginal and Torres Strait Islander / aged care communities & people determined to have a greater vulnerability are included) 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

3.3 Predicted impact of an influenza pandemic

Modeling 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 characterize the next pandemic with any accuracy. It is, however, possible to model various pandemic scenarios given a series of pre-determined assumptions and limitations. Modeling 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 (i.e., of the 40 per cent ill, 2.4 per cent would die).

3.3.1 Hume City Council Impact

For Hume City Council, depending on the severity of the strain up to 93,000 (40 per cent of the municipality's population 2019*) would be infected with pandemic influenza, and of those 2232 (2.4 per cent of the 40 per cent of municipalities population) would die.

** 2019 population of Hume City Council = 232, 700*

3.4 Pandemic Planning Committee

To prepare for a possible pandemic Council has developed a Pandemic Planning Committee (PPC) who reports to the Municipal Emergency Management Planning Committee (MEMPC).

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 Health & Human Services (DOH), Ambulance Victoria and Community Health Services.

The Pandemic Planning Committee meets annually, prior to the flu session to assess the Pandemic Plan. The plan is reviewed every 3 years, or after legislation changes and/or incidents.

3.4.1 Objectives of Pandemic Planning Committee

- Determine and maintain pandemic 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
- Plan for a pandemic incident in a manner that coordinates activities across agencies encompassing Preparedness, Prevention, Response and Recovery.
- Share knowledge and create an environment of continuous improvement.

Table 1: Pandemic Planning Committee

The Hume City Council Pandemic Planning Committee will be made up from representatives from the following internal departments and external stakeholders:

- Coordinator Public Health
- Municipal Emergency Management Officer (MEMO)
- Emergency Recovery Coordinator / (MRM)
- Coordinator Population Health
- Marketing and Communications
- Ambulance Victoria
- Sunbury and Cobaw Community Health
- DPV Health
- Manager Emergency Management
- Northern Health
- Northern region DOH (Regional EHO)
- DFFH Northern Region (Emergency Management Coordinator)

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 which categorizes 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 & 3). 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

Table 2: Pandemic Phases
(Australian Health Management Plan for Pandemic Influenza)

To clearly show how the approach will change over the course of responding to a pandemic the AHMPPI is divided into several stages.

Preparedness		• Establish pre-agreed arrangements by developing and maintaining plans; • research pandemic specific influenza management strategies; • ensure resources are available and ready for rapid response; • monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur.
Response	**Standby**	• Prepare to commence enhanced arrangements; • identify and characterise the nature of the disease (commenced in Preparedness); and • communicate to raise awareness and confirm governance arrangements.
	Action	Action is divided into two groups of activities: Initial (when information about the disease is scarce) • prepare and support health system needs; • manage initial cases; • identify and characterise the nature of the disease within the Australian context; • provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and • support effective governance. Targeted (when enough is known about the disease to tailor measures to specific needs.) • support and maintain quality care; • ensure a proportionate response; • communicate to engage, empower and build confidence in the community; and • provide a coordinated and consistent approach.
	Standdown	• Support and maintain quality care; • cease activities that are no longer needed, and transition activities to seasonal or interim arrangements; • monitor for a second wave of the outbreak; • monitor for the development of antiviral resistance; • communicate to support the return from pandemic to normal business services; and • evaluate systems and revise plans and procedures.

Table 3: Coronaviruses Pandemic Phases
(Australian Health Sector Emergency Response Plan for Novel Coronavirus Plan)

To Clearly show how the approach will change over the course of responding to a novel coronavirus outbreak, the COVID-19 Plan is divided into several stages.

COVID-19 Plan STAGES	ACTIVITIES
Action	Action is divided into two groups of activities: *Initial (when information about the disease is scarce)* • Minimise transmission; • Prepare and support health system needs; • Manage initial cases and contacts; • Identify and characterise the nature of the disease within the Australian context; • Provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and • Confirm and support effective governance arrangements. *Targeted (when enough is known about the disease to tailor measures to specific needs)* • Ensure a proportionate response; • Support and maintain quality care; • Communicate to engage, empower and build confidence in the community; and • Provide a coordinated and consistent approach.
Standdown	• Support and maintain quality care; • Cease activities that are no longer needed, and transition activities to normal business or interim arrangements; • Monitor for a second wave of the outbreak; • Monitor for the development of resistance to any pharmaceutical measures (if being used); • Communicate to support the return from emergency response to normal business services; and • Evaluate systems and revise plans and procedures.

Once response activities are completed arrangements will return to the preparedness stage, to monitor for any future novel coronavirus outbreaks; maintain plans and response agreements; research novel coronavirus-specific management strategies and to ensure resources are available and ready for a rapid response.

4.2 Commonwealth Arrangements

4.2.1 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.

The AHMPPI is supported by the Emergency Response Plan for Communicable Diseases Incidents of National Significance: National arrangements (National CD Plan).

4.2.2 Australian Health Sector Emergency Response Plan for Novel Coronavirus (the COVID-19 Plan)

The first Australian Health Sector Emergency Response Plan for Novel Coronavirus (the COVID-19 Plan) is designed to guide the Australian health sector response. It should be considered a living document that will be periodically updated. As we learn more about the virus and its key at risk groups, and as potential treatments become available such as antiviral drugs and vaccine, we can target resources and public health interventions to protect the health of all Australians most effectively.

The novel coronavirus outbreak represents a significant risk to Australia. It has the potential to cause high levels of morbidity and mortality and to disrupt our community socially and economically. The national approach to this plan has been based on the AHMPPI, noting that the response to the novel coronavirus outbreak is now in the Initial Action stage. Accordingly, the preparedness and standby stages have not been included.

Australia will approach this novel coronavirus outbreak by undertaking activities to:

- monitor and investigate outbreaks as they occur.
- identify and characterize the nature of the virus and the clinical severity of the disease.
- research respiratory disease-specific management strategies.
- respond promptly and effectively to minimise the novel coronavirus outbreak impact.
- undertake strategies to minimise the risk of further disease transmission; and
- contribute to the rapid and confident recovery of individuals, communities and services.

The activities required to support our community during this novel coronavirus outbreak will involve state and territory governments, the Australian Government and many other health sector parties. Coordination and communication at the national level will be particularly important during our current active response.

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 Health (DOH) is the designated control agency for human illnesses/epidemics.

The Victorian Health Management Plan for Pandemic Influenza (VHMPPI) is a sub-plan of the DOH 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 DOH. The CHO also has a range of other Powers to issue directions under the Public Health and Wellbeing Act 2008.

Under these arrangements DOH will provide information to communities and the public using the media and internet. Specific requirements and requests for assistance from municipalities will be forwarded from the CHO through DOH regions to affected municipalities.

4.4 Role of Hume City Council

During a pandemic Council will establish a Pandemic Response Team. This team will be responsible for the activation on this plan at the standby stage and activated by the Pandemic Coordinator in liaison with the Municipal Emergency Management Officer and the Municipal Recovery Manager.

The aims and objectives of the Pandemic Response Team are:

- Proactively protect Hume City's community and limit the transmission of COVID-19 through the delivery of local, state, and national control measures – including COVIDSafe practices, social distancing, COVID-19 testing and COVID-19 vaccination.
- Ensure the safety and wellbeing of Hume City Council staff, including workplace practices that are aligned to COVIDSafe guidelines/health directions, and protecting and supporting staff mental and physical health.
- Develop and implement effective measures to ensure business continuity and essential services delivered by Council.
- Support, coordinate and integrate response/recovery efforts across multiple stakeholders including government, local community leaders, agencies, and the private industry.
- Gather, capture and share lessons and insights emerging through the COVID-19 response to ensure these are acted upon appropriately.
- Deliver timely and accurate COVID-19 related communications and information to the Hume City community, including culturally and linguistic diverse audiences and vulnerable cohorts.
- Coordinate community engagement and support for diverse and vulnerable communities
- Support and inform enforcement and compliance activities across Hume City
- Coordinate food and essential relief requirements to support positive cases and primary close contacts in the community, ensuring cross-governmental responses.
- Ensures council meets its obligations and commitments under this plan and of DOH.

The team consists of staff who have diverse skill sets including leadership, human resources, project management, administration, public health and media and communications. The team will

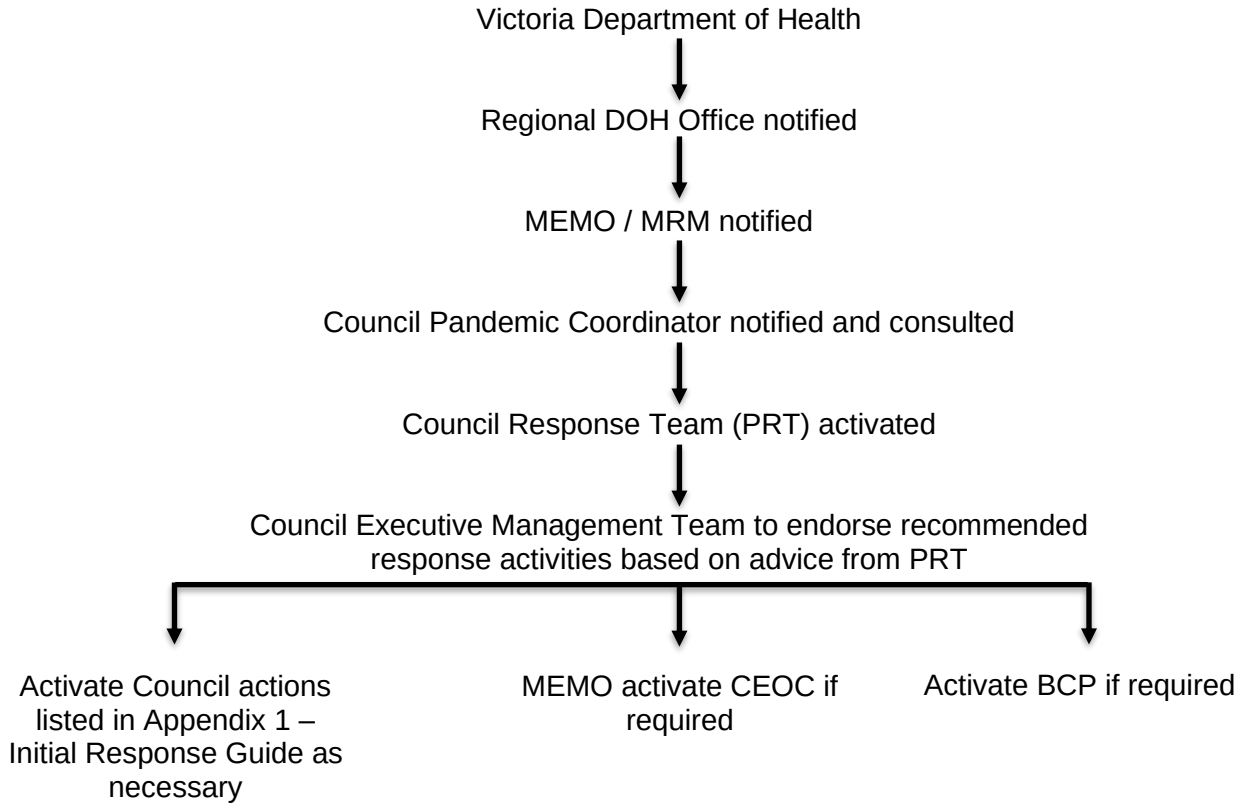
work with relevant stakeholders in their areas of operations to identify the needs of the community and organisation during the response phase within their stream of responsibility.

Key elements of the pandemic plan will include identifying vulnerable groups, mass vaccination centres, business continuity plans, municipal staff support and relevant health and social support arrangements

4.4.1 Activation Protocol

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

Following advice from DOH, the Municipal Emergency Management Officer (MEMO) will alert Council executive. The MEMO will then consult the pandemic coordinator activate the Pandemic Response Team (PRT) and activate the relevant response procedures listed in the Council Pandemic Influenza Response Procedures (Appendix 1), ensuring that Council responds appropriately to a pandemic in a coordinated manner.



4.4.2 Triggers for activation of the Pandemic Response Team

There may be several triggers which would activate the PRT and Pandemic Plan. The plan will be activated following advice from the Department of Health if a further outbreak has been determined, which will impact the safety and wellbeing of the community. Triggers can be, but not limited to:

- The Premier has made a pandemic declaration as per the Public Health and Wellbeing Act 2008 - Part 8A—Protection of life and public health during pandemics.
- The Minister of Health has made orders setting out public health measures and restrictions.
- Identification of an outbreak which cannot be contained under current infection control guidelines
- Outbreak within the municipality which is uncontained
- A new strain of the disease which may be resistant to current vaccinations

The following actions will need to be undertaken and considered as part of the reactivation:

- Identify activities which need to be reactivated as per the Pandemic Plan and the scope and scale of these activities. For example, partial reactivation of the PRT or full activation activities.
- Inform and communicate decisions under the Emergency Management arrangements with the Executive Leadership Team. Information to be relayed to the CEO and via email to the Executive Leadership Team, including the decision-making process to reactivate the PRT.

The Pandemic Response Team will provide information, advice and/or support to the Executive management team (EMT), who will then be able to make informed decisions to meet the demands placed upon the services and functions of Council, especially in regard to maintaining business continuity and complying with emergency management legislation and guidelines.

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

Table 4: Pandemic Response Team

Name	Title	Role
Brooke Watson	Manager Health and Community Wellbeing	**Pandemic Response Manager**
Anthony Knight	Coordinator Public Health	**Pandemic Response Coordinator**
Martha Martin	Emergency Recovery Coordinator - MRM	**Pandemic Relief and Recovery Coordinator**
Adele Parris	Project Manager – Supporting Diverse	**Community Engagement**
Lauren Swallow	Sport and Recreation Officer	**Pandemic Response Administration Officer**
Zina Miceli	Coordinator Business Engagement and Development	**Business engagement**
Glenn Frisch **Sharni Carroll**	Strategic Campaigns Coordinator, Strategic Communications	**Strategic Communications Advisor**
Chris Bradbury	Human Resources	**Human Resource Advisor**

Name	Title	Role
Samuel Ferrier	**State Support Officer**	**Coordinator Population Health and Social Policy**

4.2.3 Stand down of the Pandemic Response Team

The decision to stand down operations and transition from a response and relief phase to a recovery phase of an incident can be dependent on several triggers. These include the imminent risk of the incident and the likelihood of it reoccurring. COVID-19 and other pandemics always have the risk of recurrence or introduction of a new strain to the community. In managing COVID-19, it is essential to be aware the PRT may be required to stand up fully or partially to manage the ongoing nature of the incident. If the decision is to stand down the response the following should be maintained:

- Support and maintain quality care
- Cease activities that are no longer required and transition activities into BAU or interim arrangements
- Monitor for other outbreaks
- Communicate to support operations to return to BAU
- Evaluate current systems, plans and procedures
- Conduct a debrief and incorporate learnings into future planning.
- Ongoing PRT meetings to be conducted monthly or as required.

4.2.4 Stakeholders

Stakeholder management remains an important part throughout the response, relief, and recovery phases of the incident. Liaison with the following stakeholders will need to be maintained over the course of the pandemic and into the future:

Stakeholder	Representatives/Departments
Victorian Government	• Pandemic Incident Controller • Chief Health Officer • Commander COVID Response
Regional Representatives (State)	• Emergency Management • Department of Health (DH) • Department of Families, Fairness and Housing (DFFH) • Department of Jobs, Precincts and Regions (DJPR)Department of Education and Training (DET) • VicPol
Public Health Units	• Northeastern Public Health Unit • Western Public Health Unit
Community Health	• DPV Health • Sunbury and Cobaw Community Health • Eastern Health (EACH) • Merri Health • CoHealth • IPC Health • Victorian Aboriginal Health Service (VAHS)
Community organisations	• Relief agencies • CALD specific organisations • Youth services • Mental Health services • Northern Homelessness Network
	• Community Leaders • Residents • Councillors • Other Councils • Local Businesses

Stakeholder	Representatives/Departments
	• MAV • Local GPs • Primary Health Networks • Public and Private Hospitals

4.2.5 Transition Agreement

The Transition Agreement involves specific activities of a short-term nature as recovery coordination requirements evolve and become fully established.

The key tasks under this agreement include the following:

- Identifying resources required to support immediate recovery requirements including public health and safety, communication, and actions for the stand down of the PRT
- Key actions for response and recovery coordination.
- Business as usual activities which will be integrated into business arrangements.
- Roles and responsibilities of the Emergency Management Team and Municipal Recovery Manager (MRM).
- Identifies when and if the PRT will need to be activated again.

The transition plan will be endorsed by the Pandemic Response Manager and MRM to acknowledge the incident has transitioned into the recovery phase.

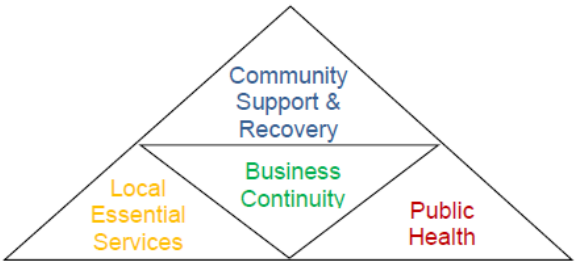
Reactivation of the Pandemic Response Team

Due to the nature of pandemics, planning needs to be undertaken to identify the triggers for the reestablishment of the Pandemic Response Team. These reinstatement of the PRT would initially be conducted at the Standby phase of the pandemic.

5. Hume City Council 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.



5.1 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 operational 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 DOH and Regional MRMs will be ongoing basis to discuss and assess the sharing and coordination of recovery resources.

5.1.1 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

5.1.2 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.

5.1.3 Essential Services / Function

A human 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 continue. These will minimise potential public health risks and the consequential impacts from an already burdened community and health services sector, as a minimum,

the following critical functions will be maintained by Council. These are also referred to in the Business Continuity Plan.

- Legislative functions (e.g., environmental health, building)
- Public health regulatory services (food safety, prescribed accommodation, and other premises)
- Incident response (roads, building control, animals, etc.)
- Maternal and child health
- Payroll
- Procurement
- Waste management
- Aged services, including HACC
- Day care facilities, adult and child
- Essential traffic services
- Communications and customer enquiries
- Emergency management functions
- HR functions
- IS support/functions
- Staff counselling – Psycho/social support through EAP
- Immunisation
- Employees of councils who are appointed by the secretary as authorized officers continuing to carry out the functions, duties and powers of that appointed position.

Appendix 1: Incident Response Guide

Phase	Preparedness	Standby	Initial action response
	No novel strain detected (or emerging strain under initial detection)	**Sustained community person-person transmission detected overseas**	**Cases detected in Australia, but information about the disease is scarce**
Goal	Preparedness	Containment	Containment
Responsibilities			
1. Incident response	1. Undertake influenza pandemic planning	1. Liaise with DOH and any other relevant agencies. Use existing appropriate staff to monitor the situation	1. Liaise with DOH and any other relevant agencies. Use existing appropriate staff to monitor the situation. – Establish Influenza Recovery Committee – Update, disseminate and implement infection control guidelines for human cases and those with exposure to cases.
2. Influenza prevention	2. Promote vaccination for influenza and pneumococcal vaccine for the identified high-risk groups and Council staff. - Identify vulnerable elements of the community.	2. N/A	2. Implement remote work arrangements if applicable or use alternate non-face-to-face work arrangements.
3. Hygiene measures	3. Promote good personal hygiene	3. Reinforce good hygiene messages/practices with staff and ensure they have knowledge of PPE and its use.	3. Reinforce good hygiene messages/practices with staff.
4. Communications	4. DOH to work with local government authorities to assist with influenza pandemic planning	4. DOH to work with local government authorities to assist with influenza pandemic planning – Promote messages for employees to convey to staff members, clients and customers.	4. DOH to work with local government authorities to assist with influenza pandemic planning – Promote messages for employees to convey to staff members, clients and customers.
5. Containment strategies	5. N/A	5. N/A	5. State controller to provide advice about appropriate use of PPE when moderate-high clinical severity. – Encourage home quarantine for suspected cases.
6. Business Continuity	6. Make provisions for business continuity in face of increased absenteeism and demand on services.	6. Make provisions for business continuity in face of increased absenteeism and demand on services. – Ensure adequate workforce availability for essential services such as immunisation.	6. Make provisions for business continuity in face of increased absenteeism and demand on services.

Phase	Targeted action response	Stand down response stage
	Cases detected in Australia, and enough is known about the disease to tailor measures to specific needs	**The public health threat can be managed with normal arrangements and monitoring for change is in place**
Goal	Containment	Containment
Responsibilities: **1. Incident response**	1. Liaise with DOH and any other relevant agencies. Use existing appropriate staff to monitor the situation. – Implement infection control guidelines for human cases and those with exposure to cases. – Establishment of Municipal Emergency Coordination Centre (CEOC) facilities and staffing. Facilities and staffing.	1. N/A
2. Influenza prevention	2. Vaccine and storage delivery – Upon availability of the vaccine, priority groups will be vaccinated by municipal teams using mass vaccination centres.	2.N/A
3. Hygiene measures	3. Reinforce good hygiene messages/practices with staff.	3. Continue good hygiene practices.
4. Communications	4. Department secretary or agency CEO to explain local status. – Integrate advice from DOH. – Promote messages for employees to convey to staff members, clients and customers. – Advice from DOH about what needs to be done regarding travel, hygiene and medical advice.	4. Liaise with departmental region for up-to-date information. - Conduct staff debriefs/ post impact assessment.
5. Containment strategies	5. Consider measures to increase social distancing (e.g., work closures, limiting mass gatherings) in cases of high clinical severity. – Identify temporary mortuary facilities that could be used if required. – Encourage home quarantine for suspected cases.	5. Restock inventory and supply.
6. Business continuity	6. Make provisions for business continuity in face of increased absenteeism and demand on services.	6. Implement plan for resumption of full business capacity

6. Community Profile

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 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, 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

Table 4: Hume City Council Population Statistics

Hume City						
Population 2016						
(Id Population)						
	PERSONS		MALES		FEMALES	
Age group	Number	Percent	Number	Percent	Number	Percent
0-4	15,542	7.9%	8092	4.1	7500	3.8
5–9	14,757	7.5%	7697	3.9	7105	3.6
10–14	13,615	6.9%	6908	3.5	6711	3.4
15–19	14,047	7.1%	7105	3.6	6908	3.5
20–24	14,538	7.4%	7500	3.8	7105	3.6
25–29	15,509	7.9%	7697	3.9	7697	3.9
30–34	15,575	7.9%	7697	3.9	7895	4
35–39	14,138	7.2%	7105	3.6	7105	3.6
40–44	13,182	6.7%	6513	3.3	6711	3.4
45–49	13,522	6.9%	6513	3.3	6908	3.5
50–54	12,815	6.5%	6316	3.2	6513	3.3
55–59	10,815	5.5%	5329	2.7	5526	2.8
60–64	8,924	4.5%	4342	2.2	4540	2.3
65–69	7,395	3.7%	3553	1.8	3947	2
70–74	5,181	2.6%	2566	1.3	2566	1.3
75–79	3,555	1.8%	1776	0.9	1776	0.9
80–84	2,371	1.2%	987	0.5	1382	0.7
85+	1,889	1.0%	592	0.3	1184	0.6
Total	**197,370**	100.0%	**98290**	**49.8**	**99080**	**50.2**

Hume City			
Census 2016			
Total persons (Usual residence)			
Birthplace	Number	%	Greater Melbourne %
Australia	113,841	57.7	59.8
Total overseas born	70,435	35.7	33.8
Main English-speaking countries	7,783	4.0	7.2
Non-English-speaking backgrounds	62,652	31.8	24.2
Not stated	13,094	6.6	6.4
Total Population	197,370	100.0	100.0

5.2 Analysis of Community Profile

The unemployment rate of Hume City residents is 8.7% significantly higher than the states average of 6.8%.

Hume City council is home to 1,456 Aboriginal and Torres Strait Islander people (6.1% of Melbourne's Indigenous population live in Hume) and has the fifth largest indigenous population in metropolitan Melbourne.

The most vulnerable are our aged community, as of 2016 Hume has over 20,000 people aged 65 and over, hence these people and families are amongst our vulnerable community who may also be from non-English speaking backgrounds.

Hume City Council through its Network Alliance committee has links with:

1. **DPV Health:** DPV Health deliver a wide variety of clinical, support and community services that focus on integrated health promotion, treatment and prevention of illness and injury. These include medical, children and adult NDIS and disability, elder and senior, and dental services. We also deliver a wide range of health and wellbeing services. They are located throughout the municipality:

   - 21 – 27 Hudson Circuit, Meadow Heights
   - 55 Craigieburn Road, Craigieburn
   - 61 Riggall Street, Broadmeadows (Hume Hub)
   - 42-48 Coleraine Street, Broadmeadows (Medical and Dental Clinic)

2. **Sunbury Cobaw Community Health:** Sunbury Community are concerned not just about ill-health and treatment of disease but about the factors that contribute to a good life – a life well lived – like strong families, social cohesion and mental health, as well as the prevalence of risks such as social isolation, tobacco, alcohol and drug use, family violence, problem gambling and vulnerabilities that come from low incomes or ageing. They are located at:
   - 12-28 Macedon Street, Sunbury

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), work place cleaning (rigorous cleaning of all hard surfaces in the workplace), personal protective equipment, shutting down public drinking fountains, social distancing or avoiding contact with others, restricting travel, restricting work place 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 practice good personal hygiene. The Pandemic Sub Committee will advise staff and the 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

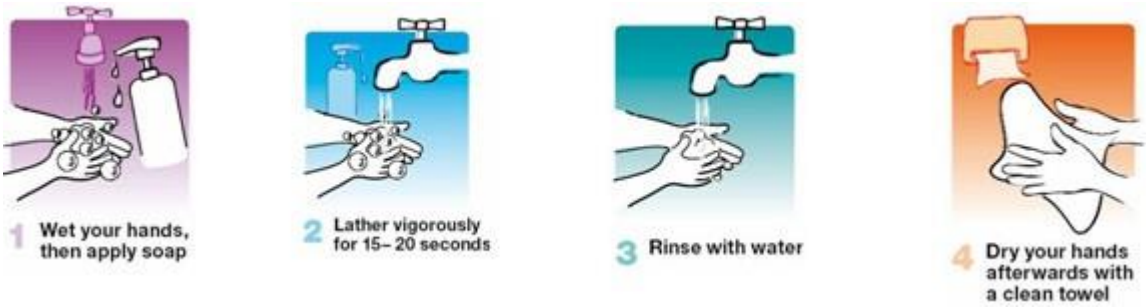
6.2 Washing hands

Washing your hands regularly and thoroughly with soap and water or using an alcohol-based product (gels, rinses and/or foams) 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



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 of 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 Washing 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 doork n o b s with soap and water or detergent.

6.5 Social Distancing

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.

7.5.2 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 lunchroom are reduced
- Do not congregate in tearooms or other areas where people socialise. Do what need 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 i.e., permits, registrations etc.
- Encourage staff to avoid large gatherings where they might encounter infectious people

7.5.3 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 Co-ordinator will determine the use of PPE as the virus progress and is fully understood. In the later phases, recommendations will be updated considering increasing knowledge about the virus.

However, use of PPE needs to be a considered decision, ensuring the need of appropriate information / training on the use of PPE (putting on, wearing, removal and disposal).

PPE includes:

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

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

At the Standby stage of a pandemic, Council will arrange purchase of PPE.

Initial Purchase will involve purchase:

- 600ea P2 (N95) cupped mask
- 800 pairs (powder free) disposable gloves (split small, medium, large)
- 300ea protective eyewear (spec barkly H/C)
- 300ea long-sleeved cuffed gown (split small, medium, large)

Purchases will be made through a designated cost centre determined by the Finance Unit.

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

7.5.5 General Infection Control Information

During the initial stages of the influenza pandemic, Council will place the following posters at tea stations and toilets. 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.

HUME CITY COUNCIL

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.
- Alcohol-based cleaners are very effective hand cleaners. Rub solution onto hands, fingers and wrists thoroughly until hands are dried.

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 your doctor or the Nurse-on-Call on 1300 60 60 24.

HUME CITY COUNCIL

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 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.
- **DO NOT** wash your hands in the same sinks 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 your doctor or the Nurse-on-Call on **1300 60 60 24**.

HUME CITY COUNCIL

During the initial stages of the coronavirus pandemic, Council will place the following posters at tea stations and toilets. Council will also provide paper towel at staff toilets.


Protect yourself and your family
Wash your hands regularly
1
Wet your hands.
2
Put soap on your hands.
3
Rub the soap over all parts of your hands for at least 20 seconds.
4
Rinse your hands under running water.
5
Dry your hands thoroughly with disposable paper towel or hand dryer.
Stay germ free and healthy
Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
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VICTORIA State Government
Health and Human Services

Ten ways to reduce your risk of coronavirus

- **WASH** hands often with soap and running water, for at least 20 seconds. DRY with paper towel or hand dryer.
- **TRY** not to touch your eyes, nose or mouth.
- **COVER** your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue cough or sneeze into your upper sleeve or elbow.
- **ISOLATE** yourself at home if you feel sick. If you take medication ensure you have adequate supplies.
- **PHONE** your GP first if you need medical attention. They will tell you what to do.
- **CONTINUE** healthy habits: exercise, drink water, get plenty of sleep, and now is the time to quit smoking. Call the Quitline 137 848.
- **DON'T** wear a face mask if you are well.
- **BUY** an alcohol-based hand sanitiser with over 60 per cent alcohol.
- **GET** the flu shot (available April).
- **SHAKING HANDS** is optional!

Find out more
www.dhhs.vic.gov.au/coronavirus

If you are concerned, call the

Coronavirus hotline 1800 675 398 (24 hours)

Please keep Triple Zero (000) for emergencies only

To receive this publication in an accessible format email COVID-19@dhhs.vic.gov.au
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BetterHealth Channel

VICTORIA State Government | Health and Human Services

8.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.

8.1 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.

8.1.1 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
    -

8.1.2 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)

Council currently has a pool of nurses who are suitably qualified in administering vaccinations. All these nurses also currently work as Nurse Immunisers for Councils other than Hume City Council.

Venues

Council Population Health Unit currently carries out Council immunisation services. Council utilises several different venues, in a variety of locations throughout Hume City Council. During a pandemic, Council would be able to conduct pandemic immunisation at any of these sites with a consideration which was the most appropriate, or a larger council facility such as Broadmeadows Town Hall is necessary.

Sunbury – Neighborhood House and Community Centre (531 Elizabeth Drive, Sunbury)

Broadmeadows – Hume Global Learning Centre (1093 Pascoe Vale Rd, Broadmeadows)

Greenvale – Greenvale Recreation Centre (Barrymore Road, Greenvale)

Craigieburn – Aitken Hill Community Centre (40 Waterview Blvd, Craigieburn)

Newbury Child & Community Centre (440 Grand Blvd, Craigieburn)

8.1.3 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, 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
- Importance of completing the two-dose course
- The elements of informed consent
- Possible side effects of the vaccine and where to seek further information treatment for such side effects

They will then be asked 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 an 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 an 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 persons 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 pre-drawn 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 Health 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 DOH. Additional vaccine fridges may not be required for vaccine storage, as DOH 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 cool room that strictly maintains temperatures between 2-8°C and place the locked cool room 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 DOH 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 cool blocks
- 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 DOH has existing arrangements to store, deliver and order vaccines. These existing arrangements will be used during a pandemic or alternative procedures outlined by DOH. Enquiries regarding orders should be referred to The Department of Human & Human Services on 1300 882 008.

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 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 DOH 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 Health 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.

Post–immunisation procedures

- *Observation post-immunisation*
- Following vaccination, vaccines should remain on the premises under observation for 15 minutes.

Documentation

- Record vaccination information in Child Health Record Book
- If a client has previously been recorded on the IMPS program, then their pandemic influenza vaccination can be recorded on presentation at the session (this is providing that the IMPS program is updated by DOH/GUI-the data company, to enable the vaccine to be recorded on IMPS)
- All required vaccination data should be forwarded to the DOH or a central national database in accordance with protocol (to be decided by the government)
- On presentation for immunisation vaccines 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 DOH identified groups. The Immunisation Team Leader should report to SAEFVIC following notification from nursing staff

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 have 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 immunization

9.Mass Fatality Plan

9.1 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.

9.1.2 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.

9.1.3 Cemeteries/crematoria in Victoria

There are 522 active 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

9.1.4 Social/religious considerations

Several 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.

10. Communication

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

10.2 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:

Pre-pandemic

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

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

During a pandemic

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

Post pandemic
- Use communications to aid recovery

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, e.g., 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 DOH.

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

11. Community Support and Recovery

Relationship with MEMP and BCP

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 Council Business Continuity Plan and the MEMP (Part 6 Recovery Arrangement: Hume City Council – Municipal Emergency Management Plan), however there are some areas specific to response in the event of an influenza pandemic.

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 Health. The phases of the pandemic will determine the level of support and recovery implemented.

Standby Stage – 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 DOH and other regional contacts

Targeted Stage – 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 7 and Community Wellbeing) 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 Health and Community Wellbeing 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 arrangement.

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.

Stand down Stage – 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 i.e., 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 would suffer significant long term psychological effects.

12. 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 6: Existing Vulnerable Groups

Vulnerable group	Ways affected
Young families, especially single- parent families	May need to manage a range of demands with minimum support.
Older people, living alone without support	Isolation could cause deterioration in health and ability to function.
Socially isolated	Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety.
Physically isolated	Reduced ability to call on assistance from other members of the community, or from agencies.
Unemployed, Social warfare recipients	Lack of financial and physical resources may result in higher levels of disadvantage.
People relying on external help	Existing support, such as home support, may be compromised
People living in residential care settings	More exposed to the spread of disease, due to close living arrangements and sharing of facilities.
People with existing disability, physical or mental illness	Existing support may be compromised. Higher risk of exposure to infection and psychological stressors.
People with limited coping capability	Reduced capacity to manage life events
Substance dependent	Increased vulnerability if medical and other care arrangements are disrupted.
Indigenous communities, including those living in remote communities	Limited access to health care and the impact of a range of social. Cultural and geographic consequences.
Culturally and linguistically diverse communities (CALD)/ new arrivals	Reduced understanding of potential risks and difficulty gaining access to information and resources
Homeless, itinerant and street kids	Lack of access to information and support. Higher levels of exposure to infection.
Financially disadvantaged, individuals and families on low incomes and/or high debt levels/Homeless people	May have limited access to goods and services. May not be able to stockpile, due to diminished supply and potential rising costs.

Vulnerable group	Ways affected
Bushfire affected people and communities	Challenges regarding recovery within communities including social cohesion and effects of trauma and recovery. Also relates to messaging regarding health and community connection

Table 7: Emerging Vulnerable Groups

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

Appendix

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 website http://www.agriculture.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:-

- Victorian Department of Health & Human Services website
  http://DOH.vic.gov.au 1300 675 398
- Australian Government Department of Health
  http://www.health.gov.au 1800 020 103
- Australia Department of Foreign Affairs and Trade
  www.smartraveller.gov.au 1300 555 135
- Australia Department of Agriculture and Water Resources
  http://www.agriculture.gov.au 1800 900 090

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 Action Plan for Influenza Pandemic:

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

Victorian Health Management Plan Pandemic Influenza:

https://www2.health.vic.gov.au/getfile/?sc_itemid=%7BA9E3BCBF-3795-4251-A740-2C361D1E0EFC%7D&title=Victorian%20health%20management%20plan%20for%20pandemic%20influenza%20-%20October%202014

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

DOH - Pandemic Influenza Plans

DOH - Influenza Information and Advice

DOH - Preparing for an influenza pandemic - An information kit and workplan for general practice

DOH – Hygiene and Infection Control Resources

DOH – Workplace Influenza Vaccination Kit

Better Health Channel - Influenza

DOH - Coronaviruses

Department of Health (Commonwealth Government)

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

Department of Health - Covid 19

World Health Organisation – Documents

WHO – Pandemic Influenza Risk Management

WHO – Global Influenza Strategy 2019-2030

Highly pathogenic H5N1 avian influenza outbreaks in poultry and in humans: Food safety implications [pdf 206kb]

Fact Sheets

DOH - Pandemic Influenza – Protect yourself and your family

DOH - Pandemic influenza (flu) – Information for the general public – looking after yourself in a pandemic

DOH - Pandemic Influenza (flu) – Information for people who may have been exposed to pandemic influenza and are isolated

DOH - Influenza Facts for Staff

DH – The flu and you

DH – Seasonal and pandemic influenza

DH – Transmission of respiratory diseases and managing the risk

WHO – Pandemic Influenza

RCH – Kids and Influenza

Health posters to assist in controlling infection

DOH - Protect yourself and your family – Cover your Cough

DOH - Protect yourself and your family – You're your hands regularly

DOH - Workplace Influenza Vaccination

DH – How to fit and remove protective gloves

DH – How to fit and remove a protective gown

DH – How to fit and remove a surgical mask

DH – How to fit and remove a P2 (N95) respirator

DH – How to fit and remove protective eyewear

DH – Correct order to fit and remove personal protective equipment (PPE)

DH – How to clean hands using an alcohol-based liquid or hand rub

DH – How to wash and dry hands

DH – Have you recently returned from overseas

DH – The flu and you

DOH - Coronaviruses

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

Appendix D: Amendments Register

Date	Version	Author	Action
11 Dec 19	Version 6	Anthony Knight	Version 6 Adopted by MEMPC
27 Feb 20	Version 6	Martha Martin	Update contacts pages 10 & 14
22 Mar 20	Version 6.1	Anthony Knight	Renamed Influenza Pandemic Plan to Pandemic Plan Included additional commonwealth plans in 2.1.1 (Commonwealth Plan) Renamed 2.2.2 Disease Description to Disease Description - Influenza Included 2.2.3 Disease description – Coronaviruses Renumbered 2.2.4 History of Influenza Pandemics to 2.2.5 Included 2.2.6 History of Coronaviruses Pandemics Addition of 2.2.7 Difference between coronavirus and influenza Updated communication objective in 3.2 (Objectives) Updated table 2 under 4. Australian Pandemic Arrangements to reflect Pandemic Phases from the Australian Health Management Plan for Pandemic Influenza Added table 3 under 4. Australia Pandemic Arrangements to reflect Coronaviruses Pandemic Phases from the (Australian Health Sector Emergency Response Plan for Novel Coronavirus Plan) Included reference to National CD Plan in 4.2. Commonwealth Arrangements Rename Influenza Response Committee in 4.4. Role of Hume City Council to Pandemic Response Team Updated role of Hume City Council in 4.4 Role of Hume City Council Updated 4.4.5 Essential Services in accordance with CHO Letter to CEO's Added 4.5 Activation Protocol Hume City Council of Pandemic Plan Updated community profile details in 5.2 (Analysis of Community Profile) Improved washing procedures in 6.2 (Washing Hands) Included reference to information provision on use of PPE in 6.5.1. Use of PPE Included extra posters in 6.5.5 (General Infection Control Information) Update table 5 existing vulnerable groups under 10.3 Vulnerable Groups in line with state relief plan. Update DOH hotline number in Q and A

			in Appendix A Included specific references for coronaviruses in resources in Appendix C Update index and page numbers.
05/05/2021	Version 6.1	Martha Martin	Updated Dept. Health and Human Services DFFH to Department of Health DoH Council Emergency Operations Centre (MECC) replaced with Council Emergency Operations Centre (CEOC) Changes made to introduction – MEMP relationship is now Part Five and Six – Response including relief (P5) and Recovery (P6) Hume City Council Influenza Pandemic Plan changed to Hume City Council Pandemic Plan
25/02/2022	Version 6.1	Martha Martin	Page 3 – Updated introduction Page 10 – Aims and objectives change recovery and relief Page 17 – Role of Hume City Council – PRC changed to PRT, and roles added Activation of the PRT included Activation protocol PRT Team Stand down arrangements and stakeholders Pg.21 Transition agreements Pg. 22 Reactivation of the PRT New table of contents added