STRATHBOGIE SHIRE PANDEMIC PLAN
MARCH 2020
A SUB-PLAN OF THE MEMP
Version 1.0

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INTRODUCTION

Strathbogie Shire Council, as part of its emergency management planning, is revising its Pandemic Plan. The recent emergence of the global spread of the corona virus Covid 19 has resulted in the high likelihood of a world wide pandemic with a significant impact within Victoria and the Strathbogie Shire likely.

The Victorian State Government released their Pandemic plan for the Victorian Health Sector (Ver 1) on 10th March 2020.

This document details specific actions to be conducted by Council staff before, during and after a pandemic outbreak. All facts and figures cited in this Plan have been taken from the Victorian Health Management Plan for Pandemic Influenza (VHMPPI) and the COVID-19 Pandemic plan for the Victorian Health Sector unless otherwise stated. Direction for Pandemic will come largely from the Commonwealth and or State. It will be coordinated by Hume Region, and local level government will implement controls.

The Director Infrastructure is nominated as the Pandemic Coordinator for Strathbogie Shire Council and will work with all business units and sections in identifying critical staff and functions.

The Municipal Recovery Manager (MRM) will assist the Pandemic Coordinator as 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 construction 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 will be reviewed at least every three years (from date of endorsement). The Pandemic Coordinator is to ensure that the document is reviewed annually as a sub-plan of the Municipal Emergency Management Plan (MEMP) and make amendments, as required.

It is emphasised that the pandemic plan is to work in conjunction with the municipality's emergency management plans.

AUTHORISATION

This Plan has been produced by and with the authority of the Strathbogie Shire Municipal Emergency Management Planning Committee (MEMPC) to support the general requirements of Section 20(1) of the *Emergency Management Act 1986*.

This Plan is endorsed by the Chief Executive Officer, Strathbogie Shire Council.

The Influenza Pandemic Plan adopted by the MEMPC on *(insert date)*:

Signed:…………………………………………………Date: ……………………………..
David Roff
Acting Director Infrastructure
Chair, Municipal Emergency Management Planning Committee

Signed: Date: …………………………….
Julie Salomon
Chief Executive Officer
Strathbogie Shire Council

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1.0   Framework and Background

1.1.   Framework

The context within this document has been largely aligned and referenced with what is required in the [Australian Health Management Plan for Pandemic Influenza (AHMPPI)](#) April 2014. It takes into consideration Appendix 10 of the Victorian Health Management Plan for Pandemic Influenza (VHMPPI), which is given as a guide to be used by local government. This document also considers information provided in the [Victorian Action Plan for Human Influenza Pandemic](#) (VAPHIP) 2015, World Health Organization Pandemic preparedness plan 2013. Strathbogie Shire's Influenza Pandemic Plan aligns with the following federal, state and local government plans:

Commonwealth Plans

- [Australian Health Management Plan for Pandemic Influenza](#) - Australian Government Department of Health April 2014

State Plans

- [State Health Emergency Response Plan (SHERP)](#) - Victorian Government, September 2017
- [Victorian Action Plan for Influenza Pandemic](#) - Victorian Government, August 2015
- [Victorian Health Management Plan for Pandemic Influenza](#) - Department of Health, October 2014
- [Victorian Action Plan for Human Influenza Pandemic: Frequently asked questions (FAQs)](#) - Department of Health, June 2012
- [COVID-19 Pandemic plan for the Victorian Health Sector](#)

Local Government

- [Municipal Emergency Management Plan](#) – Strathbogie Shire Council, October 2019
- Municipal Emergency Management Plan – Influenza Pandemic Plan
- Strathbogie Shire Council Business Continuity Plan

1.2.   Pandemic Background

A pandemic is the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, with most people lacking immunity to this new virus.

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

Disease Description

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

The incubation period for influenza is usually one to four days after infection, however average incubation period is two days. Adults will have shed the influenza virus from one day before developing symptoms and to up to seven days after the onset of the illness. Young children

can shed the influenza virus for longer than seven days. The influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very sick very quickly.

The World Health Organisation (WHO) has declared a Public Health Emergency of International Concern due to an emerging pandemic of coronavirus disease 2019 caused by a newly identified virus, SARS-CoV-2.

Transmission

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

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

- Intubation;
- Taking respiratory samples;
- Performing suctioning; and
- Use of a nebuliser.

The period of communicability can be 24 hours before the onset of the disease and peak shedding occurs within the first two days of the illness. Children and older people may be infectious for longer periods.

There is evidence that the coronavirus Covid-19 spreads rapidly from person to person.

Mental Health

Chaos, confusion, distress and trauma triggered by public health threats and emergencies can place enormous stress on the coping abilities of even the healthiest people. In the case of a pandemic, effects on mental health can occur regardless of whether an individual is directly affected by the pandemic, whether their family or close friends are affected or whether they are indirectly affected.

Individuals may develop mental health concerns following experiences with sick and dying loved ones, with prolonged isolation or with other significant changes to their daily lives. Existing mental health conditions such as depression may worsen. These mental health effects may be long lasting.

The impact of a pandemic will depend on the clinical severity of the disease, the ability to transmit between humans, the functionality of the state's health systems, the state's level of effective response to a pandemic and the population. Once the pandemic has been effectively contained the state can measure the effect. Victorian Department of Health and Human

Services (DHHS) will estimate the level of the pandemic early in the response and inform the state of that level based on information collected.

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

1.3.   History of Influenza Pandemics

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

[Department of Health & Human Services - Pandemic Influenza](#)

1.4.   Predicted Impact of a Pandemic

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

As documented in the VHMPPI, the unmitigated attack rate of the Influenza virus in humans (with no antivirals or antibiotics) is estimated to be 40 per cent, with a case fatality rate of 2.4 – 3 per cent (i.e. of the 40 per cent with the illness of which 2.4 - 3 per cent could die). However, with the appropriate treatment that number could be halved.

The evidence is incomplete, but strongly suggests that SARS-CoV-2, the virus that causes COVID-19, meets the criteria for being capable of causing a pandemic, which are:

1.   Humans have little or no pre-existing immunity

2.   The virus causes disease in humans, and

3.   The virus has the capacity to spread readily or efficiently from person to person.

There is a wide span of possibilities for the impact of a Victorian outbreak of COVID-19, but there is a high probability that any emerging pandemic and its impacts will be prolonged.

The trajectory of the COVID-19 pandemic is highly uncertain, but it is likely to coincide with the Australian influenza season, so the effects of both diseases may be felt simultaneously.

1.5.   Community Emergency Risk Assessment (CERA)

It is important to note that Strathbogie Shire Municipal Emergency Management Plan sets in place arrangements to be followed in the event of an emergency. Furthermore, Strathbogie Shire's Community Emergency Risk Assessment identifies human epidemics including influenza, as:

- Likelihood Rating = 3: Unlikely
  - Some recorded events
  - Some events in comparable jurisdictions
  - Some opportunity, reasons or means to occur

- Consequence Rating = 4: Major
  - o The event will result in extensive illness, significant hospitalisation, large number displaced (more than 24 hours duration), fatalities, and external resources will be required for personal support.
  - o Increased and potentially high levels of workforce abstenteeism
  - o There will be significant interruption that requires external resources, the community will only partially function, and some services will be unavailable.
  - o Some impact on the environment may occur with long-term effects
  - o Significant financial losses may occur, and some financial assistance will be required

The overall risk rating for human epidemics, including influenza, in Strathbogie Shire's Emergency Risk Assessment profile is 'medium' and planning and preparedness is essential to minimise the affect a human epidemic such as influenza will have on the community.

2.0 Aim and Objectives

2.1. Aim

The aim of this plan is to:

- Assist in reducing the impacts of a pandemic on the community in Strathbogie Shire
- Provide support and recovery assistance throughout the duration of the pandemic
- Ensure response activities are consistent across whole of government.

2.2. Objectives

The objectives of this plan as outlined in the VHMPPI are:

- *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;
- *Community vaccination* – assist in providing vaccination services to the community, if a pandemic vaccine becomes available;
- *Communication* – all agencies disseminate whole of government messaging in a coordinated, targeted and timely way; and
- *Community support and recovery* – ensure a comprehensive approach to emergency recovery planning in the Municipal Emergency Management Plan, with specific focus on pandemics.

3.0 Roles and Responsibilities

Local Government performs important public health roles during normal day to day business. During a human pandemic this role may be escalated to include:

- Conducting mass vaccination sessions;
- Distributing public information and advice, and;
- Assessing the impact of the pandemic in Strathbogie Shire and assisting the State Government to develop and implement strategies to maintain public health.

3.1 Pandemic Coordinator

Planning for an pandemic is a complex task, requiring input from a range of work areas and specialists to ensure a cohesive and effective response to and recovery from such an emergency.

The role of the Pandemic Coordinator includes:

- Administering the Pandemic Planning Sub Committee as required
- Increasing awareness among health care providers about pandemic influenza and involving them in the development of planned municipal arrangements
- Vulnerable groups within the community are identified and appropriate plans for them are developed
- Ensuring that the Council's Business Continuity Plan is reviewed and has addressed the specific considerations likely to arise in a pandemic
- Liaising with the Municipal Recovery Manager (MRM) in relation to specific community support and recovery considerations in a pandemic
- Arranging exercises or workshops.

3.2 Pandemic Planning Sub Committee

The role of this committee is to assist the Pandemic Coordinator to develop a sub plan of the Municipal Emergency Management Plan, ensuring the arrangements dovetail with existing emergency management and public health arrangements in the municipality and across Victoria.

Representation on the committee should include:

- Pandemic Coordinator (Director Infrastructure – deputy MERO)
- Deputy Pandemic Coordinator (MRM)
- Environmental Health Officer (deputy MRM)
- Municipal Emergency Resource Officer (MERO)
- Representation and/or advice from the following areas of Council:
  - Human resources (especially with skill in workforce planning, industrial relations and financial management)
  - IT management
  - Operations (includes Parks, Roads & Waste)
  - Economic Development
  - Events and Tourism
  - Health and community care services – Maternal Child Health
  - Risk management and occupational health and safety services
  - Communication/public relations
- Hospitals- Euroa Health (MEMPC member)
- Local Health Support services such as meals on wheels, home care, community nursing - managed by Nexus Primary Health (MEMPC member)
- DHHS Hume Region. (MEMPC member)
- Victoria Police (MEMPC member)
- Ambulance Victoria (MEMPC member)
- Community and business representatives, especially from special needs groups.

4.0   Pandemic Phases

The World Health Organisation (WHO) has a set of pandemic phases that it uses to describe the global situation (phases 1–6). Australia uses the same numbering system as the WHO to describe each phase; however, the Australian pandemic phases are designed to describe the situation in Australia and to guide Australia's response. Thus, the Australian and the WHO phase may not always be the same and do not neatly align. Similarly, Victoria also defines pandemic status using a set of phases. These definitions align with the Australian definitions, but once again depending on the state of spread of a pandemic the Victorian phase may differ from the Australian and World phases.

Key activities in each stage of the AHMPPI, page 15

Preparedness *No novel strain detected (or emerging strain under initial investigation)*		• Establish pre-agreed arrangements by developing and maintaining plans; • research pandemic specific influenza management strategies; • ensure resources are available and ready for rapid response; • monitor the emergence of diseases with pandemic potential, • and investigating outbreaks if they occur.
Response	**Standby** *Sustained community person to person transmission overseas*	• 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 *Cases detected in Australia*	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 *The public health threat can be managed within normal arrangements and monitoring for change is in place*	• Support and maintain quality care; • cease activities that are no longer needed, and transitioning activities to seasonal or interim arrangements; • monitor for a second wave of the outbreak; • monitor for the development of antiviral resistance; • communicate to support the return from pandemic to normal business services; and • evaluate systems and revise plans and procedures.

VHMPPI - Victorian pandemic stages and actions updated with actions from the COVID-19 Pandemic Plan for the Victorian Health Sector

Stage		Description	Key actions
Prevention		*Prevention is not the primary focus of this plan*	
Preparedness		No novel strain detected *(or emerging strain under initial detection)*	• Establish pre-agreed agreements by developing and maintaining plans • Research pandemic-specific influenza management strategies • Ensure resources are available and ready for rapid response • Monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur
Response	**Standby**	Sustained community person-to-person transmission detected overseas	• Prepare to commence enhanced arrangements • Identify and characterise the nature of the disease (commenced in preparedness) • Communicate measures to raise awareness and confirm governance arrangements
	Action *Initial and targeted*	Cases detected in Australia	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 healthcare and to empower the community and responders to manage their own risk of exposure • 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 • Provide a coordinated and consistent approach
		Stage 1 Initial containment (Covid-19)	• Monitor and investigate outbreaks as they occur, identify and share accurate information about the virus on a timely basis • Contribute to local and international research efforts • Communicate with the community about the nature of COVID-19, risk reduction measures and ensure community cohesion • Communicate with at-risk groups about preventive actions • Prepare hospital surge management activities to be ready for potential increased demand • Engage closely with the primary care sector to ensure appropriate clinical knowledge, response and capacity

Strathbogie Shire Council Pandemic Plan

Stage		Description	Key actions
		Stage 2 Targeted action (Covid-19)	**In addition to the measures above:** • Slow the disease transmission with social distancing, and coordination with the plans of other government agencies, including police, ambulance, fire services, SES, transport and education agencies • Ramp up risk reduction communication activity across the community and especially at-risk groups • Begin to implement hospital resource and demand management strategies to maximise resources available for containment • Prioritise diagnostic testing to critical risk groups
		Stage 3 Peak action stage (Covid-19)	**In addition to the measures above:** • Coordinate and prioritise hospital activities to maintain essential services and support quality care • Divert resources from less urgent care, implement alternate models of care, staff surge strategies and appropriate management of supplies • Focus laboratory testing on areas of critical need
	Standdown	Public health threat can be managed within normal arrangements Monitoring for change is in place	• Support and maintain quality care • Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement • Monitor for a second wave of the outbreak • Monitor for the development of antiviral resistance • Communicate activities to support the return from pandemic to normal business services • Evaluate systems and revise plans and procedures
Recovery		*Recovery is not the primary focus of this plan*	

It is vital, however, that Council is proactive to assess the impact of the pandemic on its own community and staff to determine which elements of this plan to activate

Council will act on advice from and in support of the Department of Health & Human Services.

5.0   Community Profile

This information is contained in the MEMP - Part 2- Background

6.0   Communication

This plan outlines the Council's approach to the dissemination of information during an emergency and has specific instructions for pandemics.

The Victorian Government has developed a communication strategy to strengthen pandemic preparedness at state, regional and local level and ensure that timely, informative and consistent messages are provided to the wider community.   The strategy supports the Australian Government Department of Health and Ageing Communication Strategy, while accommodating Victorian circumstances.

During a pandemic the Australian Department of Health and DHHS will deliver messages via national and state media outlets and in addition provide guidance and key local messages to be distributed via council.

The public can access up to date information on the coronavirus at Covid-19 at DHHS.

Strathbogie Shire Council Communication Plan – Pandemic protocols

STAGE	COMMUNICATION
1 Proactive communication Planning and proactive communication	• Preparation of key messages • Focus on promoting facts/key information of pandemic in Victoria, contact key agencies and prevention through hygiene measures • Internal communication and briefings • Community and staff education • Information/updates • Liaison with DHHS Hume Region, adjacent councils, Municipal Association of Victoria (MAV) and health care providers.
2 Pandemic management information Influenza case/s in Strathbogie Shire – response and containment	• Regular updates: information and advice to staff and community/with revised key messages to cater for new information as directed by DHHS • Messages to focus on communicating services available/clarifying Council's role and referral to appropriate agencies • Communicating actions to ensure business continuity • Communicating occupational health & safety measures for staff • Liaison with adjacent councils, MAV, DHHS and health care providers.
3 Crisis communication Widespread cases and high service demands	• Regular updates: information and advice to staff and community/with revised key messages to cater for new information (e.g. vaccinations, use of masks, staffing & service arrangements, etc.) as directed by DHHS • Communication of temporary closures of facilities/sporting events/mass gathering activity • Messages to focus on communicating services available/clarifying Council's role and referral to appropriate agencies • Communicating actions to ensure business continuity • Off-site communications • Liaison with adjacent Councils, MAV, DHHS and health care providers.

Strathbogie Shire Council communication methods for planning:

INTERNAL	EXTERNAL
• Councillor briefing • Executive Leadership Team (ELT) briefing • Emergency Management Team (EMT) briefing • Manager/Coordinator briefing • Staff briefing • FAQs • Intranet page • All users email • Posters	• Website page • Media release • Fact sheets and posters • Advertising – local newspapers • Local radio briefs • Podcast • Targeted mail drops • Multi-lingual communication • Facebook • Twitter • Public events

7.0 Planning

7.1 Plan Review Cycle

The Pandemic Sub Plan will be reviewed at least every three years (from date of endorsement) and if required updated periodically to reflect new developments and changes as requested by DHHS. The plan is a dynamic document that will be aligned with the most recent VHMPPI.

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

Refer to Appendix A - Pandemic Action Plan – Section 1 Preparedness

8.0 Response

In the event of a pandemic, this Plan will be activated on advice from DHHS and 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.

8.1 Standby Activities

Council will implement the following strategies in the initial response to a pandemic:

- Call a meeting of the Influenza Pandemic Planning Sub – Committee (of the MEMPC) to oversee activity and provide advice.

- Review current infection control protocols and strengthen where required.

- Provide additional staff influenza vaccination sessions

- Provide clear, timely and pro-active communication to staff including how Council is responding to the situation.

- Provide clear, timely and pro-active communication to residents.

- Provide personal protective equipment to staff (surgical masks, disposable gloves) upon the advice of Victoria's Chief Medical Officer.

- Review and strengthen infectious disease control measures and exclusion policies in all Councils maternal and child health centres, kindergartens, immunisation services.

- Provide staff briefings to essential service departments covering infectious disease procedures including personal hygiene protocols, treatment of diagnosed clients, services exclusion policies and notification protocols.

- Activate Council's Business Continuity Plan.
- Act as a resource for agencies within Strathbogie Shire working in child care, aged care and home care services to obtain information and support the implementation of their individual Pandemic Plans.

Exercising the Pandemic Plan

The Municipal Emergency Management Planning Committee (MEMPC) will ensure that the Pandemic Plan is exercised when the State activation level has reached the 'standing by for response' phase if the plan has not already been activated in the last three years. The exercise process will be completed prior to the activation level reaching 'response phase'. DHHS will support Council in planning and conduct of exercises.

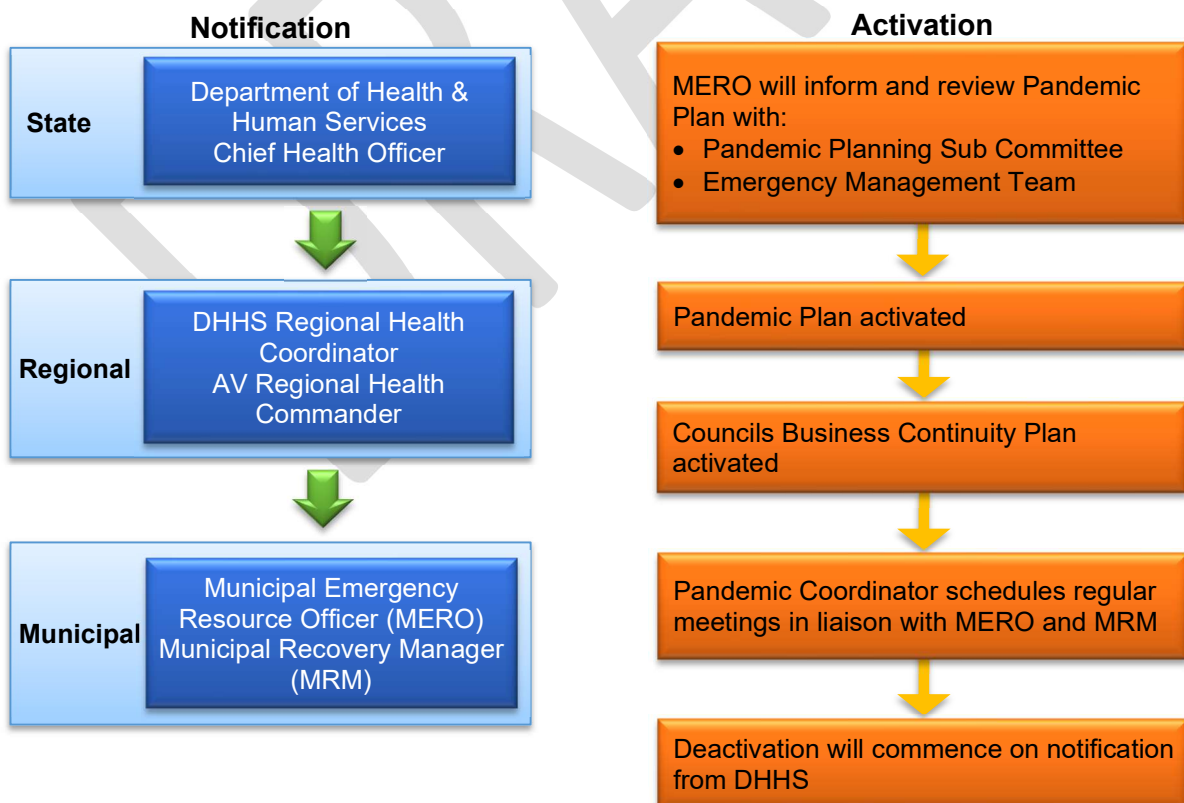Refer to Appendix A - Pandemic Action Plan – Section 2. Standby.

8.2   Initial/Targeted Response

Activation

Following advice from DHHS, the Municipal Emergency Response Officer (MERO) will alert Council's executive and activate the relevant response ensuring that Council responds to the pandemic in a coordinated manner.

Upon 'activation' of this Plan, at the earliest opportunity, a meeting of Council's Emergency Management Team shall be convened by the MERO.

Refer to Appendix A - Pandemic Action Plan – Section 3 & 4. Initial action & Activation

Notification

State	Department of Health & Human Services Chief Health Officer
Regional	DHHS Regional Health Coordinator AV Regional Health Commander
Municipal	Municipal Emergency Resource Officer (MERO) Municipal Recovery Manager (MRM)

Activation

MERO will inform and review Pandemic Plan with:
- Pandemic Planning Sub Committee
- Emergency Management Team

Pandemic Plan activated

Councils Business Continuity Plan activated

Pandemic Coordinator schedules regular meetings in liaison with MERO and MRM

Deactivation will commence on notification from DHHS

Activation of this Plan will function under the VHMPPI stages. Council may activate the Business Continuity Plan and Emergency Management Team as necessary. It may be necessary that only some aspects of the Plan are activated during a pandemic depending on the severity of the disease and the impact and the needs of the community.

Control Strategies

This Plan identifies a number of strategies that may need to be undertaken in the event of a pandemic. Refer to VHMPPI - Appendix 1: Guide to implementation of the suite of measures; p. 33.

Depending on the transmission mode of the agent, varied control measures will be implemented to prevent/limit transmission. During a Pandemic, agencies within the Strathbogie Shire may be required to assist with control strategies appropriate to the nature of the contagion. This will be handled within existing Emergency Management arrangements.

- *Social distancing*

    Social distancing refers to various personal and physical infection control measures designed to reduce the risk of transmission between people. Measures need to be implemented appropriately and progressively at different phases of a pandemic, in order to maximise their benefits and limit any unnecessary impact on communities and business.

    - Moderate measures may include advising people to minimise physical contact and avoid large gatherings and public places;
    - Extreme measures might include closing schools, childcare centres, kindergartens, maternal and child health centres, universities, workplaces and recreational facilities, cancelling public events, home isolation or strict travel restrictions.

    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 and 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 (avoid the cafeteria and crowded restaurants). 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 needs to be done and then leave the area.
    - If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands. Consider holding meetings in the open air.

- Set up systems where clients and customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery.
- Encourage staff to avoid large gatherings where they might come into contact with infectious people.

- ***Limiting Mass Gatherings***

  Mass gatherings have the capacity to spread viruses among participants. Events that may be considered as mass gatherings include schools/education facilities, concerts, large sporting events, citizenship ceremonies, festivals, shopping centres, cinemas, nightclubs and places of worship.

  In the event of a pandemic, mass gatherings organised <u>within</u> or by Council will be reviewed in line with DHHS advice. DHHS will determine the approach based on the particular nature of the contagion and advise private business and event organisers of their obligation to close and cancel events.

- ***Work from Home/ Restricting Work Place Entry***

  As a minimum, on declaration of the Australian 'Contain Phase', agencies will, via their Business Continuity Plan, determine the need to advise staff and visitors not to attend if they have symptoms of the pandemic or been in contact with someone who has or has had symptoms of the pandemic.

  Employees shall be advised not to come to work when they are feeling unwell, particularly if they are exhibiting symptoms associated with the pandemic. Unwell employees will be advised to see a doctor and to stay at home until symptom free for at least eight days (14 days current isolation period recommended for the coronavirus Covid-19), and medical clearance has been provided.

  Staff who have recovered from the pandemic related illness are unlikely to be re-infected (most will have natural immunity) and will be encouraged to return to work as soon as medical clearance is provided. In extreme cases it may be desirable that staff are not gathering in the same place. In this instance work from home (remote) practices may need to be authorised.

- ***Council offices and depots***
  In response to a pandemic extra precautions would be taken to prevent infection. These include:

  - Reducing staff travel and using other non-contact methods of communication.
  - Implement the Visitor Policy to restrict entry to the public and contractors into Council Offices.
  - Cancel/relocate mass gatherings, such as festivals.
  - Implement enhanced cleaning services.
  - Distribute face masks to Council staff as required.
  - Distribute hand sanitiser and alcohol wipes to all Council work areas.
  - Enhanced cleaning and servicing of air conditioners or switching off/isolating air conditioning in favor of providing natural ventilation.
  - Stringent cleaning procedures and the use of anti-bacterial cleaning products.
    - Sanitary waste management, including the installation of foot pedal operated lidded bins.

Some of these actions will only be implemented if the pandemic is particularly infectious or severe.

- ***Municipal Waste Collection Arrangements***

  Council will work with DHHS and Environment Protection Authority (EPA) regarding suitable disposal of contaminated waste product during a pandemic. It is anticipated that normal levels of service will continue to prevent the build-up of waste in the municipality.

- ***Personal Protective Equipment (PPE) and Cleaning Supplies***

  Personal Protective Equipment (PPE) and cleaning supplies will be given out to at risk staff. Individuals will be responsible for their hand hygiene, immunisation, respiratory hygiene, PPE and environmental measures around cleaning.

  The Chief Health Officer will advise what PPE will need to be in place and when they are needed. Training using PPE is advised prior to the pandemic.

- ***Pharmaceutical Access***

  Whilst it is expected that normal pharmaceutical business will continue to operate, each business will determine its own risk exposure and level of operation. In a pandemic this may impact the ability for the community to access pharmaceutical supplies. In this eventuality the State Pandemic Incident Management Team will be required to manage the supply of pharmaceutical goods.

- ***Mass Vaccination/Immunisation***

  Advice on the process of mass vaccination is provided in the VHMPPI Appendix 3 Immunisation, p: 43. Council responsibilities in activation include:

  - vaccination strategy (priority groups)
  - routine vaccination in the inter-pandemic periods
  - mass vaccination centres—session structure and management (administration, documentation, consent etc.) as directed by DHHS.
  - logistics coordination / requirements
  - various *pro forma* documents (immunisation consent form, record of administration and report of suspected adverse events).

  The nature of the contagion will determine the configuration and/or the need for additional clinics. DHHS will determine whether other locations across the region are required for use as a vaccination clinic such as halls or community facilities. Neighbouring municipalities should be contacted to provide details of their pre-planned vaccination centres. Agencies will need to remain flexible in the event of extraordinary requests

- *Mass Fatality*

  The [Victorian Institute of Forensic Medicine](#) (VIFM) is responsible for all deceased persons where there is no Doctor's certification of death. The VIFM has a capacity for normal operations and surge capacity arrangements for a significant number of deceased persons. The VIFM will use the Disaster Victim Identification INTERPOL Guidelines to identify multiple bodies after a mass fatality (likely in a pandemic). Cultural sensitivities are considered, and teams are briefed on local religious beliefs, cultural attitudes and practices and political systems.

  Depending upon the emergency and situation, there remains an unlikely potential that local government may be requested to assist. Requests would be made to Victoria Police and the Municipal Emergency Response Coordinator (MERC) would make any requests of the MERO.

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

- *Funeral Directors, Cemeteries and Crematoria*

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

  Refer to [VHMPPI](#) Appendix 15 Management of the Deceased, p: 96

- *Temporary mortuary facilities*

  Temporary mortuary facilities will be established in the event that the capacity of existing facilities outweighs demand with the assistance of the Australian Funeral Directors Association. Additional precautions are to be taken when caring for deceased pandemic cases. Mortuary and funeral home staff are to be informed that the deceased had pandemic disease, and that additional precautions are required when preparing the body for burial under the direction of the DHHS.

- *Religious and Social Considerations*

  It is recognised that a number of religious and ethnic groups have special requirements about how bodies are managed after death, and such needs will be met wherever possible. It is possible, however, that religious considerations will not be able to be fully met during a pandemic due to overriding public health measures.

  Strathbogie Shire Council will seek advice from religious leaders in relation to funeral management, bereavement counselling and communication, particularly for residents from different ethnic groups, and those who do not speak English.

- *Temporary Storage Facilities*

  The VIFM is the state provider of forensic pathology and other services related to medical investigation of deaths reported under the Coroners Act 2008.

  VIFM is responsible for contingency planning required for body management in the event of a mass casualty disaster in Victoria. This planning is adaptable so it can manage deaths due to a pandemic, in which case hospital mortuaries may be

overwhelmed. In the event of a major disaster involving mass fatalities such that VIFM's mortuary is likely to go beyond its peak capacity, contingency plans entail refrigerated 'pantecs' containers being placed at various locations in the CBD of Melbourne, with each container fully organised as a temporary cool store with all necessary equipment.

The VIFM may request a location to establish a temporary storage facility. The location of a temporary storage facility must consider community sensitivities and post pandemic use of the site. Industrial and unused public or council land with access to roads and utilities should be considered. Using sporting ovals/grounds and other public space may create community concerns regarding post pandemic use.

- ***Burial Sites***

    In rare, exceptional circumstances, Council could be asked to identify possible sites for burial of deceased persons. These areas should be carefully considered as they are likely to remain as cemeteries and/or at very least; memorial sites into the future and the site will have little chance of repatriation and return to its previous use. Consideration should be given to the use of existing cemeteries:
    - Avenel
    - Euroa
    - Longwood
    - Nagambie
    - Strathbogie
    - Violet Town

    DHHS and VIFM will advise Council on the burial of the deceased persons and may request the use of extra equipment to use at the burial sites.

- ***Civil Disturbance***

    It is likely that as health and mortality issues increase, the responsibility of the justice system will rapidly expand through greater calls for service, added security responsibilities for health care and related facilities, enforcement of court-imposed restrictions, public education, control of panic and fear and associated behaviours, and ensuring that the public health crisis is not used as an opportunity for individual or organisational (criminal) gains.

    Public health emergencies pose special challenges for Victoria Police, whether the threat is manmade (e.g. the anthrax terrorist attacks) or naturally occurring (e.g. flu pandemics). Policing strategies will vary depending on the cause and level of the threat, as will the potential risk to the responding officers.

    Depending on the threat, the role of Victoria Police may include enforcing public health orders (e.g. quarantines or travel restrictions), securing the perimeter of contaminated areas, securing health care facilities, securing vaccination centres, controlling crowds, investigating scenes of suspected biological terrorism, and protecting national stockpiles of vaccines or other medicines. If this occurs, the request will originate from the controlling agency (DHHS) but a protocol with DHHS outlines that all necessary PPE will be provided by DHHS.

    Victoria Police will monitor and manage the following potential impacts:
    - Increased violence at medical clinics
    - Hijacking of vehicles transporting vaccines

- Burglaries on pharmaceutical suppliers and local chemists
- Black market selling vaccines
- Police members reluctant to enter home where persons suspected to be affected

8.3 Standdown

When response activities are nearing completion, the MERC in conjunction with the control agency will call together relevant relief and recovery agencies including the MERO and the MRM to consult and agree on the timing and process of the response stand down.

Stand- down activities include:

- Liaise with the DHHS Hume Region for up-to-date information.
- Implement plan for resumption of full business capacity.
- Restock inventory and resupply.
- Document financial expenditure and seek advice from DHHS Hume Region in relation to any financial support packages available.
- Conduct staff debriefs.
- Review plans and prepare for the next pandemic using lessons learnt.
- Continue recovery processes to assist with community resilience.

9.0 Community Support and Recovery

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

9.1. Responsibilities in Recovery

Under the current emergency recovery arrangements, Emergency Management Victoria (EMV) is the lead agency for recovery in Victoria and DHHS is responsible for regional coordination. Local Government plays a key role in coordinating the provision of services at a local level due to the close relationship they have with the community. The MEMP outlines arrangements Council has in place in relation to the provision of aid and support in the event of an emergency.

In the event of a pandemic, recovery arrangements will be similar to those outlined in the MEMP. This includes the following:

- Provision of material aide as required
- Assistance from various recovery agencies
- Provision of information
- Establishment of a Community Recovery Committee

In an emergency situation a Recovery Centre is usually established as a one stop shop for information for people that have been affected by the emergency. In the event of a pandemic this will not be able to be established due to requirements for social distancing to reduce spread of the virus.

A virtual Recovery Centre may be established via Council's website and telephone and email contacts. This will involve information being provided on an ongoing basis via Council's website updating people with the most recent information available. For those that do not have access to the internet they will be able to contact an on-call number and will be provided with the information they require, depending on the enquiry. An independent email could also be made available that would be monitored by recovery volunteers and staff throughout the pandemic. The community will be able to email in specific questions relating to their concerns and can either be emailed back the information or be contacted by telephone by a recovery staff member or volunteer.

Recovery from a pandemic will focus mainly on three of the four environments:

- *Social:*
  - Encourage people to return to their 'normal' social routine.
  - Facilitate community events.
  - Work with at risk or Culturally and Linguistically Diverse (CALD) communities.
  - Provide measures to restore emotional and psychological wellbeing.

- **Economic:**
  - Return to regular retail spending.
  - Return to work and disposable income.
  - Decreased demand on the health system.

- *Built:*
  - Return to normal use of essential and community infrastructure (the public transport system).
  - Transition back into office buildings for people who were temporarily working from home.
  - Lessening demand on medical facilities.

Community Recovery Committee

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

Possible outcomes during/after a pandemic for the committee to consider:

Impact as a result of an influenza pandemic	Consequence to the community
Staff absenteeism from MSC and community agencies	Reduced ability to deliver basic services e.g. maternal; and child health and kindergarten. Loss of income. Extra stress (financial) on already struggling families.
Death of employees	Emotional toll on their family, work/community friends and colleagues and organisation. Interruption to service delivery particularly if new staff are required to be recruited for the service or temporary staff can be sourced. Depression/grief in the workplace.
Decreased socialisation/breakdown of community support mechanisms	Depression, loneliness
Increased pressure on services	Greater demand on resources, decrease in means of distribution. Current receivers of care may receive insufficient care
School closure	Parents of dependent children can't go to work. Teachers and school staff can't work. Economic loss
Increased need for information	Conflicting messages and misinformed social media groups can cause anxiousness and fear
Overloaded hospitals and medical centers	Reduced capacity to treat all patients, patients with minor problems less likely to be admitted
Animal abandonment	Abandonment of a domestic animal originally responsible for carrying the flu if relevant. Fear of animals. Animal cruelty.
Increased numbers of vulnerable people and emergence of new groups	More pressure on already struggling services. Increased care requirements of vulnerable people. Less numbers of carers available.
Closure of public places	Reduced ability to buy supplies, loss of entertainment
Widespread economic disruption	Increase in crime. Stress on families. Businesses will struggle. Reduced ability to buy essential supplies. Reduced employment
Psychological health	Trauma, depression
Mental health	Survivor guilt

The committee will assess the impact the pandemic has had on the community as well as anticipating ongoing impacts and will establish arrangements to assist the community. It is anticipated that the social and economic impacts will have the greatest effect on the community

and that the built environment will only be impacted if utilities such as power and water supply are affected.

9.2. Local Government Role

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

During a pandemic these may include:

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

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

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

9.3. Finance Arrangements

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

Appendix List

APPENDIX A – Pandemic Action Plan

As stated within the Pandemic Plan, Strathbogie Shire Council has responsibilities in the following areas:

1. Core public health activities by reinforcing public awareness messages conveying appropriate hygiene, social distancing, use of personal protective equipment, maintaining quarantine arrangement and contact tracing;
2. The coordination and provision of Mass Vaccinations upon request of DHHS;
3. Provision of essential services by ensuring Council can maintain business continuity for the duration of the pandemic as well as provide appropriate additional services to the community when requested by DHHS, and;
4. Provide Community Support and Recovery activities including the provision of support to people affected by the pandemic who are in quarantine. Provision of food and medical supplies may be provided where affected individuals demonstrate lack of access to support from family and friends.

Council may face the challenge of undertaking these roles while facing significant staff shortages due to absenteeism.

Action Plan Implementation

The following checklists are provided to assist Council staff to undertake certain tasks during the following stages:

*   Preparedness
*   Standby
*   Initial Action
*   Activation
*   Stand-down

Preparedness – Planning Stage

Status: No novel strain of the virus has been detected.

Primary Objective: Plan and prepare for pandemic as part of normal risk management business.

Pandemic Coordination – Actions required	Responsible	Actioned Y/N
Prior to normal pandemic (influenza) season		
1 Review the Municipal Pandemic Plan and update any contact details or operating procedures.	Pandemic Coordinator	
2 Promote influenza prevention activities such as: • Offering workplace seasonal influenza immunisation to staff • Promote good personal hygiene – hand hygiene and respiratory/cough etiquette • Staying away from work or public gatherings if symptomatic	Pandemic Coordinator/ Communications	
3 Ensure all business continuity plans are current.- minimum annual review	Risk and OHS Coordinator	
4 Promote seasonal influenza vaccination via HACC clients.	Nexus Primary Health	
5 Promote seasonal influenza vaccination to the broader community via the community newsletter, local newspaper and the council website.	EHO/ Communications	
6 Check Influenza PPE stockpiles: • Current levels of PPE adequate? • Are masks, gloves and hand sanitisers within adequate use by date? • Current storage OK? If not, what alternatives are available?	Pandemic Coordinator Risk and OHS Coordinator MRM	
7 Review of current Influenza/Mass Vaccination clinics.	Pandemic Coordinator	
8 Meet with Pandemic Planning Sub Committee to discuss organisational preparedness (as required).	MRM/Pandemic Coordinator	
9 Ensure the people on Vulnerable Person's register are offered vaccination.	MRM and Care Agencies	

Standby - Response Stage

Status: Sustained human-human transmission of a (influenza) virus has been detected overseas in one or more countries

Primary Objective: Commence arrangements to reduce the impact of a pandemic on the Strathbogie Shire and increase vigilance for case detection.

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
Chief Health Officer issues advice			
1	Convene the Pandemic Planning Sub-Committee of the Strathbogie Shire MEMPC to ensure the following occurs: • Maintain access to the Chief Health Officer's alerts to monitor the situation • Liaise with DHHS Hume Region and other agencies.	Pandemic Coordinator	
2	Messages to staff should include: • Explanation of the local status. • The infection prevention arrangements and promote ongoing education regarding the minimizing of infection spread. ***See Appendix B - 'Infection Prevention Procedures' for more detail.*** • Need to increase vigilance for case detection. • Incorporate advice from Department of Health & Human Services. • Promote messages for employees to convey to fellow staff members, friends, family, clients and customers. • Provide link to the Department of Health & Human Services website and other pandemic influenza information resources. ***See Appendix C – List of Helpful Resources and Fact Sheets***	Pandemic Coordinator Communications	
3	Confirm that the procedures to support people in home isolation are current and operable. ***See Appendix D - 'Procedure for supporting People Isolated in Their Home'***	MRM/Pandemic Coordinator	
4	Council's internal Emergency Management Team convene to ensure Council's business continuity plan considers the impacts of a pandemic event.	Pandemic Coordinator	
5	Review stocks of Personal Protection Equipment (PPE) and make arrangements to increase capacity.	MRM	

Initial Action – Response Stage

Status: Pandemic virus detected in Australia with limited information available.

Primary Objective: Minimise transmission by implementing maximum infection control procedures and monitoring staff wellness.

	Pandemic Coordination – Actions required	Responsible	Actioned Y/N
	Chief Health Officer alert notification		
1	Alert Council staff of the situation and reinforce the infection control measures implemented in the previous stage. In addition: • Stay away from work or public gatherings if symptomatic to minimise the risk of infecting others. • Seek medical advice if symptoms continue or get worse.	Pandemic Coordinator/ Communications	
2	Maintain the communication activities initiated in the Standby Response stage.	Communications	
3	Consider further arrangements for minimising the risk of infection in the workplace: • Implement remote work arrangements if applicable. • Use alternate non face-to-face work arrangements. • Introduce additional cleaning and disinfecting (handrails, door handles, lift controls, telephones, rubbish bins). • Use clear screens or PPE for staff in customer interactive roles. • Encourage home quarantine for suspected cases.	Pandemic Coordinator/ Executive Leadership Team (ELT)/Managers	

Activation – Response Stage

Status: The pandemic virus has entered the country and is spreading throughout the community. Enough is known about the disease to tailor measures to specific needs

Primary Objective: Provide targeted support and quality care while maintaining business continuity

	Pandemic Coordination – Actions required	Responsible	Actioned Y/N
	Pandemic virus infections are being reported in Strathbogie Shire		
1	Maintain current infection control measures implemented in the Initial Action stage. If the severity of the pandemic is deemed high the following is recommended: • Public access to the Council offices be restricted. • Promote social distancing. • PPE usage – the State controller will provide advice about the appropriate use of PPE.	Pandemic Coordinator/ Customer Service Coordinator / Risk and OHS Coordinator	
2	Implement the following: • Conduct regular tele-conferences with DHHS, support agencies and neighbouring municipalities. • Identify which parts of the municipal plan will need to be implemented on advice from DHHS.	MERO/MRM Pandemic Coordinator/EHO	
3	Implement procedures to ensure continued support for Agencies caring for HACC clients and people who are isolated in their homes, including those of the Vulnerable Person's Register.	Health Care Providers/ Pandemic Coordinator/ MRM	
4	Implement the procedure to establish and deliver community support services. The nature of these will vary, depending on the degree of impact. Similarly, how they are delivered (single gathering point for the community or 'delivered services') will also vary.	Pandemic Coordinator	
5	Regularly (weekly) review measures to maintain critical council service delivery.	Pandemic Coordinator/ ELT	
6	Maintain communication with Council staff and the community	Communications	
7	Provide vaccination services to the priority community groups when directed by DHHS.	Pandemic Coordinator/EHO	
8	Prepare for the recovery arrangements for the affected community as the needs arise. Liaise with the local health and other service providers to ensure these actions complement each other	Pandemic Coordinator/ MRM	

Stand Down – Response Stage

Status: Pandemic subsiding and/or Vaccinations result in a protected population

Primary Objective: The public health threat is managed within normal arrangements and monitoring for change is in place

	Pandemic Coordination – Actions required	**Responsible**	**Actioned Y/N**
	Infection rate has dropped significantly		
1	Stand-down: Initiate stand down procedures which include: • Reducing community support activities • Cease activities that are no longer needed • Communicate these changes to staff and external agencies • Maintain normal infection control procedures • Monitor for a second wave of the outbreak and also for development of anti-viral resistance	MRM/Pandemic Coordinator	
2	Liaise with DHHS Hume Region regarding a hand-over from response to recovery operations. Refer to Strathbogie Shire MEMP for more detail on the recovery services likely to be required.	MRM/Pandemic Coordinator	
3	Continue to coordinate vaccination sessions when requested by DHHS	Pandemic Coordinator/ EHO	
4	Participate in a Pandemic Recovery Committee to determine the services and resources required to address the identified needs	Pandemic Coordinator	
5	Conduct staff debriefs to determine: • Status of their psycho-social well-being • Effectiveness of the Pandemic Plan procedures	MERO/MRM/ELT/ Pandemic Coordinator	
6	Participate in regional operations debrief/s	Pandemic Coordinator/MRM	
7	Review Pandemic sub-plan and implement recommendations arising from the debriefs. Modify the Strathbogie Shire Pandemic Plan to reflect those actions.	Pandemic Coordinator/EMO	

APPENDIX B - Infection Prevention Procedures

Infection control in the work place should focus on respiratory and hand hygiene. Keeping a distance from people with respiratory symptoms should be promoted and when the pandemic is circulating in the community this may be extended to keeping a distance of over one metre between all people regardless of symptom status. This could include the use of masks by persons with respiratory symptoms if feasible. The supply and use of temporary sneeze barriers in the Customer Service area is encouraged.

Hand Hygiene

Hand hygiene is a crucial practice in reducing the transmission of infectious agents in workplace settings and is an essential element of standard precautions. The term 'hand hygiene' includes both hand washing with either plain or antimicrobial soap and water and use of alcohol-based hand sanitiser.

Personal Protective Equipment

The use of appropriate PPE is recommended in all healthcare settings, including primary care and health services, and when advised by the Chief Health Officer for other health agencies.

Where the use of appropriate PPE is recommended the equipment must be suitable and maintained. Appropriate training must be provided to the individual using the PPE at a time prior to a pandemic to ensure they become competent and proficient in its use.

Ways 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
- Do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area
- If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid contact. 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
- Encourage staff to avoid large gatherings where they might come into contact with infectious people.
- Ensure a positive air pressure exists in Council buildings where possible.

APPENDIX C - Procedure for Supporting People Isolated in Their Home

Context

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

Points to consider:

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

The following diagram depicts the Support Service request workflow which outlines the Helpline triage process that could be followed by DHHS to identify members of the Strathbogie Shire community who would require Council home support.

Support Service Request Workflow
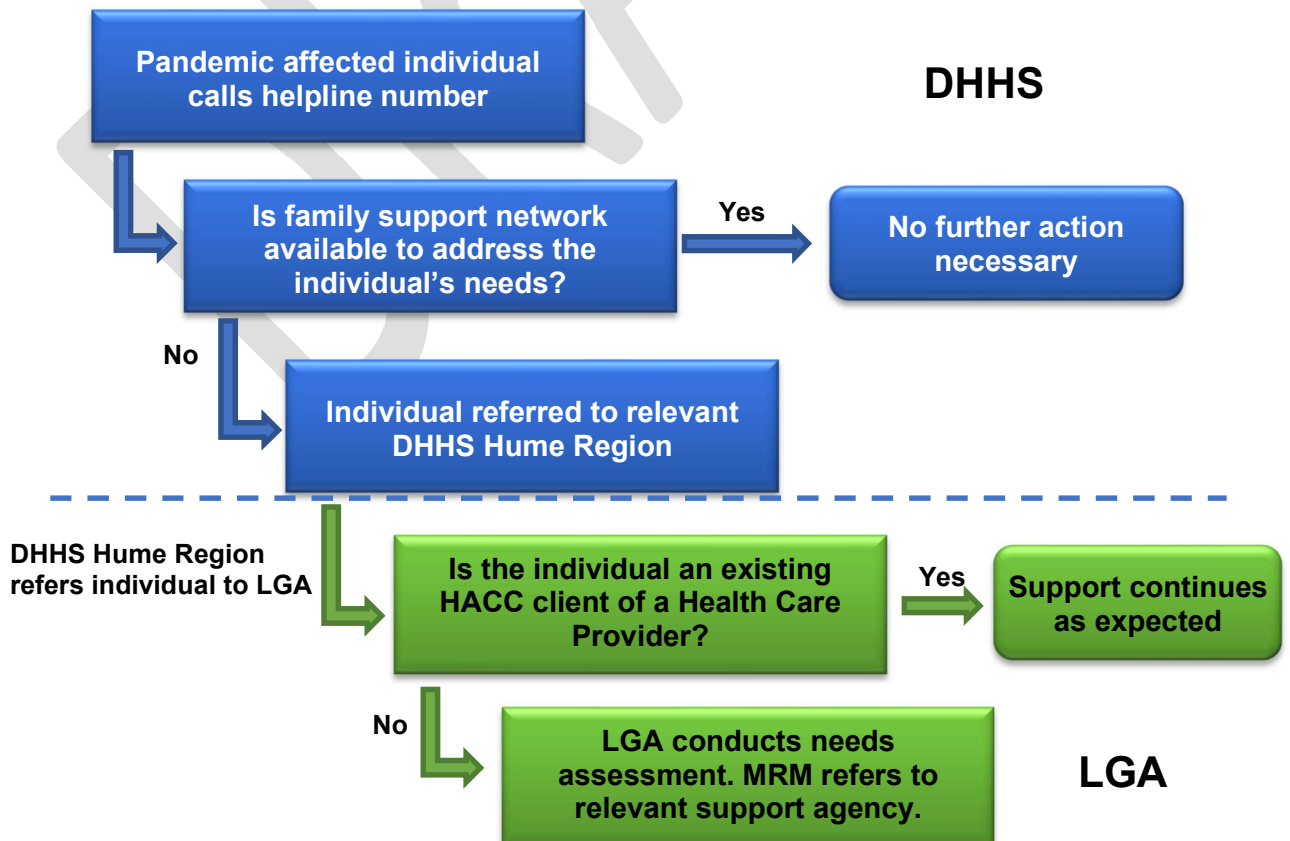
APPENDIX D – List of Helpful Resources and Fact Sheets

RESOURCES

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

Victorian Action Plan for Pandemic Influenza
https://files-em.em.vic.gov.au/public/EMV-web/Victorian-action-plan-for-pandemic-influenza.pdf

FACT SHEETS

How to fit and remove protective gloves
http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-protective-gloves

How to fit and remove a protective gown
http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-a-protective-gown

How to fit and remove a surgical mask
http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-a-surgical-mask

How to fit and remove a P2 -N95 respirator
http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-a-P2-N95-respirator

Protective eyewear
https://www.health.gov.au/internet/main/publishing.nsf/Content/ABAE785E7AC39EFECA257E35007F6925/$File/eyewear.pdf

How to fit and remove personal protective equipment
https://www.health.gov.au/internet/main/publishing.nsf/Content/6C98191BEBE4B05ECA257E35007F6926/$File/correct_order.pdf

Clean hands
http://www.health.gov.au/internet/main/publishing.nsf/Content/FEBD5FAF9B3B6A0ACA257E35007F6928/$File/clean_hands_alcohol.pdf

Travel health – Have you recently returned from overseas?
http://www.health.gov.au/internet/main/publishing.nsf/Content/travel-health-have-you-recently-returned-from-overseas

Avian Influenza
http://www.health.gov.au/avian_influenza

Seasonal and pandemic influenza
http://www.health.gov.au/internet/main/publishing.nsf/Content/seasonal-and-pandemic-influenza

Transmission of respiratory disease and managing the risk
http://www.health.gov.au/internet/main/publishing.nsf/Content/transmission-of-respiratory-diseases-and-managing-the-risk

World Health Organisation – Fact Sheet
http://www.who.int/influenza/en/

APPENDIX E - Amendment History

Issue No.	Date	Page No.	Description of Change
1.0	11/3/2020		Initial Version