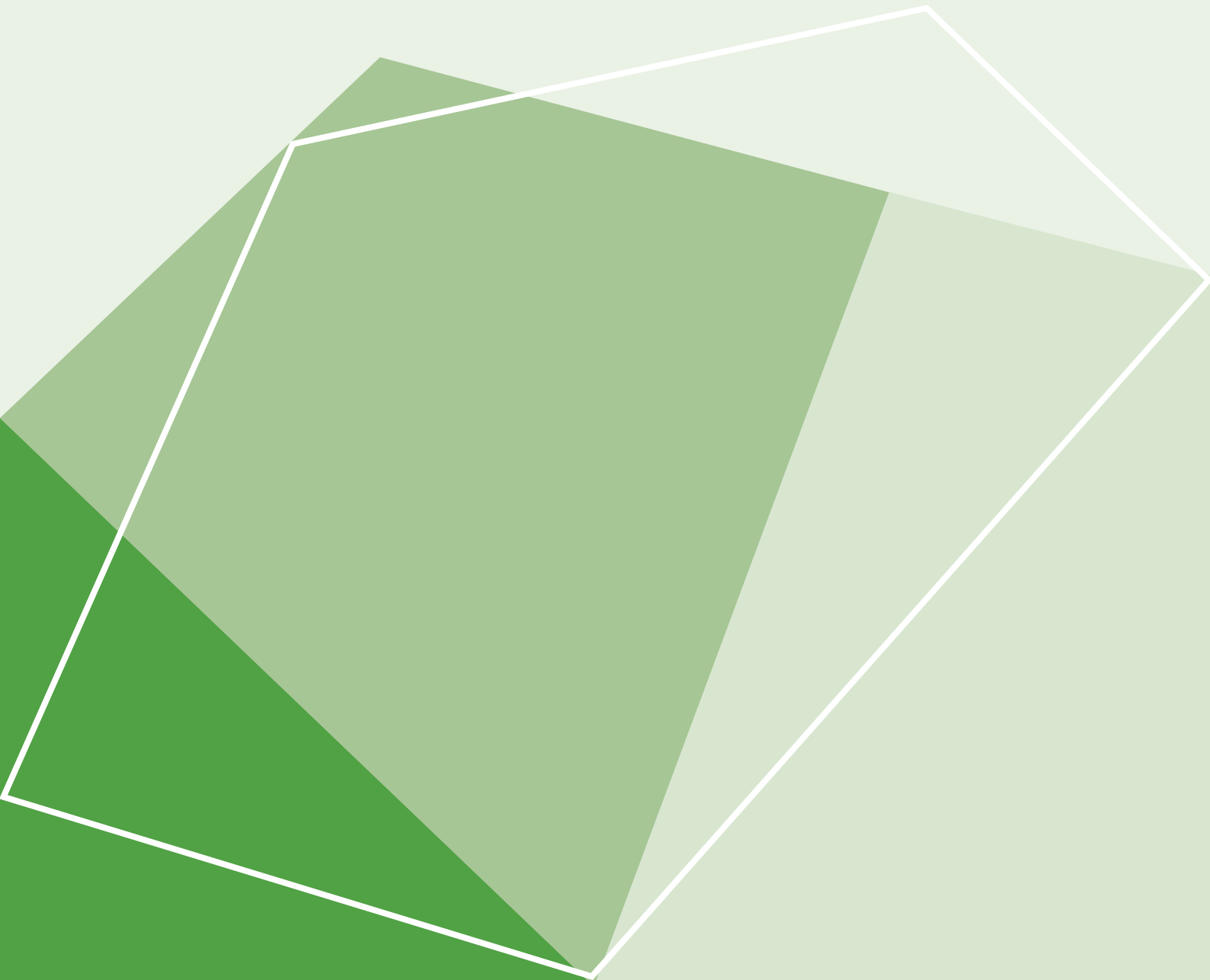




Municipal Pandemic Influenza Sub-Plan.

2020-2023



Pandemic Influenza Sub-Plan

Baw Baw Shire Council

Authorisation and Endorsement

Baw Baw Shire Council is the custodian of this Municipal Pandemic Influenza Plan (MPIP), as a sub-Plan of the Municipal Emergency Management Plan (MEMP).

This MPIP has been produced by a sub-committee of Municipal Emergency Management Planning Committee (MEMPC).

Version Control

Version	Release Date	Author	Changes
5.0	2012	R Duffy (MRM)	1 st draft of plan
6.0	August 2019	Ken Jones (DMRM)	Update and modernised plan
6.1	19 November 2019	MEMPC	Endorsed

The Baw Baw MEMPC has made every effort to ensure the accuracy of the information contained within this plan.

Any inaccuracies or omissions should be notified to:

Coordinator Emergency Management

Baw Baw Shire Council

Toll Free: 1300 BAW BAW (1300 229 229)

Email: emergency.management@bawbawshire.vic.gov.au

Postal Address: PO Box 304, WARRAGUL VIC 3820

Acknowledgements

Baw Baw Shire Council would like to acknowledge the pandemic influenza planning work of South Gippsland Shire, Wellington Shire and West Wimmera & Hindmarsh Shire Councils. It is their leadership and innovation that has led to the development of this plan.

Table of Contents

Part 1 – Introduction	3
What is influenza pandemic?	3
History of influenza pandemics.....	3
Disease description	3
How do you get influenza (flu)?.....	4
Who is most at risk?	4
How will at risk groups be supported in Baw Baw?.....	7
Part 2 – Community Profile	8
Vulnerability in Baw Baw.....	8
Part 3 – Influenza Pandemic Plan	9
Our partners.....	9
Activation.....	9
What we do in Preparation Phase	10
What we do in Standby Phase	11
What we do in Initial Response Phase.....	12
What we do in the Targeted Response Phase.....	12
Recovery Phase.....	14
Appendix 1 – Australian Pandemic Planning Framework	15
Appendix 2 – Roles and Responsibilities.....	16
Appendix 3 – Victorian Pandemic stages and actions (Victorian Health Management Plan for Pandemic Influenza 2014)	21
Appendix 4 – Communications Plan.....	23

Part 1 – Introduction

What is influenza pandemic?

Pandemics are outbreaks of a disease that can be across a whole country, or on a worldwide scale. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity (WHO 2013b). It has significant impacts on communities, where there is little or no immunity already existing within the population. These strains can be rapidly transferred between humans, resulting in infection to a high proportion of those exposed. Influenza pandemics are associated with high rates of disease and significant numbers of deaths and involve massive social and economic disruption. Past outbreaks of Severe Acute Respiratory Syndrome (SARS) and Avian influenza (bird flu) have brought the issues of pandemic preparedness to the forefront; the possibility of a pandemic is real.

History of influenza pandemics

Previous pandemics have started abruptly without warning, swept through populations with ferocious velocity and left considerable damage in their wake. The 20th century had 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 – between 20 and 40 million people died worldwide, with the highest numbers of deaths among those aged between 20 and 40 years.

The Asian influenza of 1957–58 had infection rates reported to range between 20 to 70 per cent, but 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 old 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.

Disease description

There are three types of influenza viruses: A, B and C. Influenza type A viruses can infect people, birds, pigs, horses, seals, whales and other animals. Wild birds are the natural hosts for these viruses. Influenza B viruses are usually found only in humans. Influenza type C viruses cause mild illness in people.

How are seasonal influenza, Avian influenza (bird flu) and pandemic influenza different?

Seasonal influenza

Follows predictable yearly patterns, in Australia generally from March through to October. Viruses associated with seasonal influenza include influenza A, influenza B and influenza C. People usually have some immunity built up from previous exposure to circulating seasonal influenza viruses.

Avian influenza (bird flu)

An influenza infection caused by bird flu viruses. These bird flu viruses occur naturally among birds worldwide. Rarely, transmission is possible from sick or dead birds to people.

Human swine influenza (swine flu)

Human swine influenza is also known as swine flu, influenza A (H1N1) virus or H1N1 influenza 09 is a highly contagious respiratory disease caused by a new strain of influenza virus. The name 'swine flu' comes from a strain of the virus found in pigs. In 2009, a new strain of the swine flu virus that affects humans was identified during the pandemic outbreak.

Pandemic Influenza

A global disease outbreak of influenza. An influenza pandemic is possible when an influenza A virus makes a dramatic change that results in a new or novel virus to which people have little or no immunity. The new virus then begins to cause serious illness, spreads easily from person to person and can sweep around the world quickly.

How do you get influenza (flu)?

Flu is very contagious. It can be caught from breathing in droplets in the air from someone sneezing, coughing or talking. The flu is also spread when people touch something with the flu viruses on it, such as a doorknob or handrail and then touch their eyes, nose or mouth. People can spread flu from one day before symptoms appear to seven days after symptoms go away.

Personal protective equipment (PPE) including a full gown (or coveralls), gloves, eye shield and P2 mask (or other recommended mask) are required to protect health care workers from influenza. Infected persons should wear an appropriate mask to prevent transmission to others.

Who is most at risk?

In an influenza pandemic everyone will be at risk of infection. This Plan focuses on who is most at risk of severe consequences from a pandemic. The risk of disease transmission and the duration of the event are two important differences between a pandemic and other types of community disasters. These characteristics influence the type of impacts a pandemic has on the people in a community, particularly those who are more at risk.

Factors that increase the risk of harm during an influenza pandemic include:

- Economic disadvantage (e.g. having too little money to stockpile emergency food, or to stay home from work even briefly).
- Absence of a support network (e.g. some children, homeless, travellers, and the socially, culturally, or geographically isolated).
- Needing support to be independent in daily activities because of:
 - Physical disability
 - Developmental disability
 - Mental illness or substance abuse/dependence
 - Difficulty seeing or hearing
 - Medical conditions
- Trouble reading, speaking, or understanding English.

These factors can impair the ability of at-risk individuals to maintain independence, communicate, travel from one place to another or manage medical conditions. The more difficulty people have in meeting those needs, the greater the risk for them to be harmed during a pandemic. In the event of an influenza pandemic, at risk groups may include:

- Pregnant women
- Babies and children
- Older adults
- People living in retirement villages/nursing homes/boarding homes, military barracks, prisons and other concentrated populations
- Indigenous and Torres Strait Islanders
- People with a disability
- Immobile individuals who receive care at home through community health and/or private service providers
- Individuals cared for by relatives
- The homeless
- Culturally and Linguistically Diverse (CALD) communities
- Tourists or the travelling community

The most vulnerable people may not receive important public health messages because they are not connected to mainstream communication networks or because of cultural or language barriers.

Others may be unable to access the services they need to maintain or improve health due to physical or economic barriers. Women either fleeing or living with violence may have limited ability to access health care services because of their inability to leave the home.

Youth and young adults may not be connected to school or supported through traditional family and medical supports. This may result in increased vulnerability, especially if there are issues related to lifestyle, existing illness and access to health and social services.

Aboriginal and Torres Strait Islander peoples

Indigenous Australians were found to be more vulnerable than the general Australian population to complications from the pandemic (H1N1) 2009 virus. They suffered disproportionately high rates of complication and a six-fold death rate compared with non-indigenous Australians. The reasons for these more serious outcomes are likely to be multi-factorial and include social and cultural factors as well as the physical environment.

Pregnant women

Evidence from previous pandemics support the conclusion that pregnant women are at high risk of serious complications following an infection with influenza, particularly the pandemic influenza strain. In 2009, 279 pregnant women were hospitalised in Australia due to pandemic influenza. Changes to a pregnant women's immune system during pregnancy can make them more prone to severe illness from influenza. This can result in serious problems for the unborn baby, including premature labour and delivery.

Babies and children

Children's immune systems are less developed than those of adults, therefore they are often identified as a population at high risk for severe illness during pandemic. Babies and children are at risk because of functional needs for supervision, transportation, psychosocial supports, communication and their inability to live independently.

Children are reliant on parents and guardians for psychological support and decision-making, such as getting vaccinated or seeking treatment for symptoms. Severe influenza related complications are most common in children younger than two years of age. Young children, six months to five years of age, are at risk of febrile seizures. Children with chronic health conditions such as asthma and diabetes have an extremely high risk of developing serious influenza related complications.

Older adults

The elderly are at a higher risk of influenza due to biological factors. Due to decreased immune system activity, the elderly can experience an increased risk of respiratory infections, especially if they live in assisted living facilities. The elderly can be more vulnerable to secondary bronchial infections like pneumonia and may also require additional booster vaccinations to ensure their immune systems are properly functioning with the vaccine. In addition, if the elderly were to contract influenza, they can be ill for a longer period of time and therefore transmit the virus at a higher rate than the rest of the population.

People with a disability

Not all people with disabilities are at high risk of experiencing influenza-related complications. Certain groups are at a higher risk of getting influenza or having unrecognised influenza symptoms. People with disabilities are at risk if they:

- Have limited mobility
- Can't limit contact with others who are infected, such as staff or family members
- Have trouble understanding or practicing preventive measures such as hand-washing
- Are unable to communicate symptoms
- Are not monitored closely for symptoms

People receiving support services at home

An influenza pandemic may impact the delivery of health and personal care services in several ways:

- Staff absenteeism
- Changes in work practices to limit the spread of disease
- Higher demand for community support services due to widespread illness

People receiving the following services should contact their service provider directly to determine how services may be affected:

- Personal services – help with showering, dressing and mobility
- Support services – help with household chores, transport, shopping, attending medical or social activities, meals on wheels, home visits
- Clinical care – district nursing, maternal and child health services, wound management

Concentrated populations

Influenza can spread rapidly in large and concentrated populations. The number of people infected is likely to be higher in closed communities such as prisons, military barracks, residential homes, boarding schools and offshore living quarters. Each respective agency or organisation is responsible for ensuring appropriate plans are in place to reduce the risk of transmission and infection.

The Baw Baw Pandemic Influenza planning process has identified and engaged with the following organisations to ensure appropriate plans are in place:

- Residential aged and disability services
- Department of Education and Training (Gippsland Region)

Tourists

The movement of people is a significant determinant of the speed and spread of infectious diseases. Any decision that is taken in relation to restricting travel across Gippsland will be made at a regional or State level.

How will at risk groups be supported in Baw Baw?

Agencies and organisations who interact directly with vulnerable clients have appropriate plans in place to ensure communication strategies and essential services are maintained. The Department of Health & Human Services (DHHS) is responsible for providing public health advice and for supporting all aspects of the public health response to an influenza pandemic.

Local communication strategies are also in place to educate and inform the community of how to stay healthy and minimise risk.

Part 2 – Community Profile

A comprehensive community profile including population, demographics and industry is contained in the MEMP and is available from the Baw Baw Shire Council website www.bawbawshire.vic.gov.au.

Current information regarding the demographics for Baw Baw Shire can be obtained by going to <https://profile.id.com.au/baw-baw>.

Vulnerability in Baw Baw

Baw Baw Shire has identified in Part 2 of the MEMP 2.6 Vulnerable Persons in Emergencies, that its most vulnerable population groups are older people; people who are socially isolated; people living with a disability and people with young children.

These residents can be reliant on local service providers to support in the provision of the various services. The demand for services will increase as the Baw Baw population grows. Long term plans need to be considered to ensure our vulnerable residents are well placed to cope with the predicted increase in average temperatures and can respond appropriately.

A person most at risk during a pandemic;

- are socially isolated and without any other supports, family or friends;
- lives alone and has additional needs and/or lives with an individual with similar or greater level of additional needs and/or physical dependence; and/or
- is unable to make an independent decision due to cognitive or other impairment (including acquired brain injury) in relation to activating/implementing a personal survival plan.

The details of aged and disability support services and residential accommodation facilities have also been identified in the MEMP and are held in Crisisworks. The contacts list also contains details of facilities where vulnerable individuals are likely to be situated and also include:

- hospitals;
- aged care facilities;
- schools;
- kindergartens; and
- child care facilities.

This will allow for early warning and arrangements to limit the impact of an emergency on vulnerable people.

Part 3 – Influenza Pandemic Plan

Our partners

The MPIP is a sub-plan of the MEMP. This Plan is subject to the endorsement of the MEMPC and will be reviewed annually.

This Plan has been developed with reference to the Victorian Influenza Pandemic Plan 2014, which details the different areas of response and action across government and the health and community sectors.

Council works alongside stakeholders from within the Baw Baw community to act as key partners in the MPIP. We have partnered with government, private sector, service providers and community group organisations that represent our vulnerable communities of the isolated, very young, elderly residents and visitors.

- Ambulance Victoria (AV)
- Australian Red Cross
- Baw Baw Shire Council
- Central West Gippsland Primary Care Partnerships
- Department of Health and Human Services (DHHS)
- Department of Education and Training (DET)
- Department of Environment, Land, Water & Planning (DELWP)
- Gippsland Primary Health Network
- Pharmacy Guild of Australia
- Ramahyuck Aboriginal Cooperative
- Latrobe Community Health Service
- West Gippsland Healthcare Group

Roles and responsibilities of these agencies and services are contained in Appendix 2

Activation

The MPIP will be activated following advice from DHHS, who receives advice from:

- the Australian Government Department of Health;
- the Australian Health Protection Principal Committee (AHPPC); and
- the World Health Organisation as they determine each pandemic phase.

Activation will follow the process outlined in the MEMP unless advised otherwise.



What we do in Preparation Phase

Prepare/revise plans

All members of the Health and Medical working group together with external stakeholders and relevant community groups will be contacted to participate in emergency management planning to discuss, plan and share best practice in the context of an influenza pandemic scenario. Business continuity arrangements will be discussed that consider an influenza pandemic, plans for increased absenteeism across key organisations and assurances sought that essential services are continued during an influenza pandemic.

External communication and action plans (Appendix 4) have been developed to ensure health information and support that is readily available to our community and to provide timely and appropriate advice to targeted stakeholders.

Identify vulnerable groups

Key stakeholders who interact directly with vulnerable clients will be encouraged during the 'Preparation Phase' to ensure that vulnerable people within the community are identified and plans put in place to address their needs. During this phase, Council and partner agencies will promote and encourage a high level of coverage of seasonal influenza immunisation among the community and workplaces.

Engage key stakeholders

Responding effectively during an influenza pandemic requires the combined efforts of all stakeholders to coordinate and establish integrated multi-agency response plans. The Municipal Health and Medical working group enables local service providers to establish a coherent approach with each organisation knowing its role in relation to others. During this phase, stakeholders will be encouraged to review their own plans, roles and responsibilities as appropriate.

What key stakeholders can do in Preparation Phase

Ensure influenza pandemic plans are in place for each sector ensuring links to the MEMP and the Victorian Health Management Plan for Pandemic Influenza (VHMPPi).

- Ensure business continuity plans including surge capacity are in place that considers an influenza pandemic.
- Ensure up to date resources are available and ready for rapid response.
- Monitor the emergence of diseases with pandemic potential.
- Communicate pandemic plans with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave.
- Identify vulnerable elements of the community using the 'Vulnerable Persons in Emergency Policy'.
- Promote seasonal influenza vaccination to the community including workplaces.
- Review stocks of adequate PPE and other supplies and equipment and ensure arrangements are in place to increase capacity. Ensure staff understand and are trained in its use.

- Monitor DHHS information.
- Continue surveillance as per regular seasonal influenza.

What we do in Standby Phase

The 'Standby Phase' is characterised by activities and key messages that focus on commencing arrangements for an impending influenza pandemic and increased vigilance for case detection. This stage involves the actions of most key stakeholders and is implemented in line with information received from the DHHS.

Implement the communications plan

The communication plan provides key health messages to the community during this time via media releases, website news, tourist information centres, community newsletters, agency newsletters and emergency broadcasters.

Key messages

- Seasonal influenza immunisation for at risk groups.
- Seasonal influenza immunisation in workplaces.
- Good hygiene, which includes hand hygiene and respiratory/cough etiquette.
- Staying away from school, childcare, work or public gatherings if symptomatic to minimise the risk of infecting others.
- Seeking medical advice if symptoms continue or get worse.

Plan for the delivery of mass vaccinations

DHHS guidelines will be made available to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery. During this phase, Council will work with key stakeholders to ensure that procedures are in place to manage mass vaccination if requested. Residents in nursing homes, disability accommodation, correctional centres and immobile patients who receive care at home through community health care service providers and will be provided with vaccine via existing health care providers.

What key stakeholders can do in Standby Phase

- Activate pandemic plans.
- Activate business continuity plans.
- Activate a communication strategy.
- Monitor DHHS website for up to date information.
- Promote DHHS infection prevention and control measures.
- Communicate with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave.
- Manage suspected cases by following the advice in Chief Health Officer alerts. Notify cases to the DHHS Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions.
- Restrict visitors and staff members with influenza-like illness.

- Continue to participate in surveillance activity within the organisation and ensure correct data collection processes are in place.
- Develop and refine surveillance systems and assess resources and priorities for their sustainability.
- Prepare to deliver a pandemic prophylactic or immunisation program.

What we do in Initial Response Phase

The control agency in the event of a pandemic influenza is DHHS. Baw Baw Shire Council and key stakeholders will implement public health control measures within the municipality in line with information received from DHHS during an influenza pandemic. These measures aim to limit or slow the spread of an influenza virus throughout the community in order to minimise infection rates and disruption to social and economic activity.

The 'Initial Response Phase' is characterised by activities that focus on minimising transmission, morbidity and mortality with limited information. This stage involves the actions of most key stakeholders and is implemented in line with information received from DHHS.

What key stakeholders can do in Initial Response Phase

- Monitor, disseminate and act on information from the DHHS (as appropriate).
- Depending on the severity of the influenza pandemic strain, will advise clinicians about appropriate treatments.
- Continue measures outlined for standby, with an increase in infection prevention and control measures (in particular social distancing guidelines about people movements and mass gatherings).
- Ensure that triage plans including influenza streams are in place and that staff are issued with up-to-date case definitions (where appropriate).

What we do in the Targeted Response Phase

The 'Targeted Response Phase' is characterised by activities that focus on minimising transmission, morbidity and mortality in the wake of enhanced understanding of the spread of the influenza virus, its mode of transmission, its infectiousness, its severity and optimal treatment regimens. Demand for urgent clinical services, combined with staff absenteeism, is likely to be high.

Baw Baw Shire Council will;

- establish an emergency coordination function, either formally or in 'virtual' form (teleconference), to determine which elements of the MPIP need to be implemented;
- maintain emergency coordination activity as required throughout the onset of the pandemic;
- establish arrangements for the recovery of the affected community(s) through the Municipal Recovery Manager (MRM) and the Municipal Relief and Recovery Working Group; and
- Develop a Municipal Relief and Recovery Plan 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.

What key stakeholders can do in Targeted Response Phase

- Implement emergency plans for an influenza pandemic, mass casualties, business continuity and surge capacity.
- Manage suspected cases by following the advice in Chief Health Officer health alerts. Notify cases to the DHHS Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions.
- Designated influenza hospitals may be nominated by DHHS if appropriate.
- Restrict visitors and staff members with influenza-like illness.
- Continue measures outlined for standby, with an increase in infection prevention and control measures.
- Coordinate a pandemic immunisation program (if/when vaccine is available).
- Ensure access to the DHHS Chief Health Officer health alerts, which will provide up-to-date information in relation to pandemic influenza case/contact definitions, use of antivirals and laboratory tests.
- Continue to implement enhanced triaging of patients/clients (where appropriate) such as segregation and use of appropriate PPE.
- Reduce transmission of influenza within primary health services by reducing non-urgent care patients/clients (consider home visits and phone consultations if appropriate).
- Provide advice to individuals suspected and/or confirmed mild cases to isolate themselves at home.
- Liaise with local health services.
- Liaise with local municipal organisations (as per routine community support arrangements) for community support services for isolated cases.
- Provide antivirals as directed by the Chief Health Officer (further information about antivirals is provided in Victorian Human Influenza Pandemic Plan 2014 Appendix I: VHMPPi Antivirals).
- Provide patients with information on community support and other community-based provision available from the DHHS.
- Implement changes to staffing levels as appropriate in response to increased demands.

Stand down Phase

The focus of activities in this stage is regaining normal activities and services where applicable:

- Prepare for the likelihood of further waves of the pandemic.
- Undertake operational debriefs and update pandemic influenza plans to reflect any lessons learnt.

What key stakeholders can do in Stand down Phase

- Support and maintain quality care.
- Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement.
- Monitor DHHS updates and take appropriate action.
- Communicate activities to support the return from pandemic to normal business services.

- Evaluate systems and revise plans and procedures.

Recovery Phase

The MRM will convene the Municipal Relief and Recovery Working Group as early as possible to determine:

- The level of impact to people, communities and businesses.
- The level of assistance affected by the influenza pandemic to achieve an effective level of functioning.

DHHS and the Gippsland Regional Emergency Management Planning Committee has developed and endorsed a Regional Recovery Plan for Gippsland.

Appendix 1 – Australian Pandemic Planning Framework

The planning for pandemics involves all three spheres of government.

National

- Australian Health Management Plan for Pandemic Influenza (AHMPPI)
- National Action Plan for Human Influenza Pandemic (2011)

State

- Victorian Health Management Plan for Pandemic Influenza (VHMPPI October 2014)
- Preparing for an influenza pandemic – An information kit and workplan for general practice (2006)
- Victorian Action Plan for Pandemic Influenza (2015)
- State Health Emergency Response Plan (SHERP)
- Emergency Management Manual Victoria (EMMV)

Local

- Baw Baw Municipal Emergency Management Plan (MEMP)
- Baw Baw Municipal Pandemic Influenza Plan (MPIP)

Appendix 2 – Roles and Responsibilities

Multi sector and agency responsibilities in the event of an influenza pandemic are summarised in the below table.

Organisation	Key Actions
<p>All organisations are expected to deliver the following key actions at the specified phases as per the Victorian Health Management Plan for Pandemic Influenza (VHMPPi) 2014 and the MEMP.</p> <p>Key actions have also been cross referenced with the Emergency Management Manual Victoria (EMMV).</p> <p>This section lists the local organisations/agencies involved in planning for influenza pandemic operations in Baw Baw and the local operating principles that underpin the collaborative working arrangements.</p>	<ul style="list-style-type: none"> • Throughout all stages of a pandemic, all partners will follow implementation guides outlined in the appendices of the VHMPPi. • Throughout all stages of a pandemic, all partners will provide up-to-date and timely pandemic information to its workforce and sector. • Monitor and evaluate risks and impacts for areas of responsibility. • Identify and mitigate, where possible, critical vulnerabilities. • Undertake business continuity and resilience planning in the context of an influenza pandemic scenario. • Ensure that planning is an integrated activity and that all plans are regularly maintained and exercised. • Communicate plans with employees, contractors and affiliated organisations. • Participate in emergency management planning groups to discuss, plan and share best practice. • Consolidate and test preparedness arrangements. • Familiarise themselves with Health Department advice on influenza pandemic planning. • Promote and attain a high level of coverage of seasonal influenza immunisation among staff. • Promote infection prevention and control protocols based on the Australian guidelines for the prevention of infection in healthcare (NHMRC 2010). www.nhmrc.gov.au/guidelines/publications/cd33 • Implement actions to contain/implement social distancing measures to minimise transmission. • Support pandemic vaccination efforts when a vaccine is available.
<p>Department of Health and Human Services (DHHS) – Control Agency</p>	<p>DHHS is responsible for working to enhance and protect the health and wellbeing of all Victorians. DHHS is responsible for providing public health advice and for supporting all aspects of the public health response to an influenza pandemic including regional coordination of emergency relief and recovery. DHHS has a lead role in surveillance and intelligence gathering, informing public health policy and support inter-agency planning and response at all levels.</p> <ul style="list-style-type: none"> • Provide whole of health leadership and direction in planning and preparing for emergencies with major health consequences (EMMV).

	<ul style="list-style-type: none"> Support service delivery by DHHS to affected individuals, groups and/or communities.
Municipal Emergency Management Planning Committee (MEMPC)	<p>Develop a specialist Health and Medical working group that reports to the MEMPC. The Health and Medical working group is to:</p> <ul style="list-style-type: none"> Maintain this Plan as a sub-Plan of the MEMP. Review this Plan annually. Exercise this Plan as directed by the MEMPC.
Local Government Refer Appendix 9 VHMPPi	<p>Baw Baw Shire Council (Environmental Health Unit) review its level of preparedness against municipal responsibilities by:</p> <ul style="list-style-type: none"> Assisting in preventing transmission by implementing infection prevention and control measures as appropriate. Ensuring effective protocols are in place to ensure services to people who are isolated or quarantined. Having business continuity arrangements that consider an influenza pandemic and plans for increased absenteeism and ensures that local government essential services are continued during an influenza pandemic. Assisting with providing vaccination services to the local community as appropriate. Assisting with distribution of communication messages for staff and for the public relating to essential local government services.
Community Health Services Appendix 6 VHMPPi	<ul style="list-style-type: none"> Review arrangements for providing an effective and sustainable response during an influenza pandemic in conjunction with local partners. Ensure that vulnerable people within the community are identified and plans put in place to address their needs. Maintain essential health services, including home and community care, district nursing, maternal and child health services. Provide vaccination services to the local community as appropriate. Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.
Ambulance Victoria (AV) Appendix 16 VHMPPi	<ul style="list-style-type: none"> Develop appropriate models of service for the potential increased demand during an influenza pandemic. Promote community resilience programs through community education programs. Provide appropriate pre-hospital leadership, skills and equipment through planning for various health emergencies, including mass casualty incidents. Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate. Specific ambulance operational arrangements are detailed in the Ambulance Victoria Emergency Response Plan, which describes its implementation of the State Health Emergency Response Plan (SHERP).

<p>Coroners/Mortuaries Appendix 14 VHMPPPI</p>	<ul style="list-style-type: none"> • Liaise with the relevant authorities to ensure that arrangements for managing the demands of excess death projections are built into business continuity plans. • Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.
<p>Department of Education and Training (DET) Schools and Children’s Services Refer Appendix 10: VHMPPPI</p>	<ul style="list-style-type: none"> • The human influenza pandemic incident response procedures (DET 2014) outline the pandemic stages and the key actions to be taken by; <ul style="list-style-type: none"> ◦ emergency management division and regional directors; ◦ schools; and ◦ children’s services. • These three sectors are required to familiarise themselves with the procedures and to ensure they are able to respond to the key actions within each pandemic stage. • DET will work closely with the relevant authorities to prepare for influenza pandemic. • Put in place outline plans for a pandemic, including business continuity planning to cope with staffing shortages. • Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.
<p>Victoria Police (VicPol) Appendix 16 VHMPPPI</p>	<ul style="list-style-type: none"> • Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate. • Monitor and evaluate risks and impacts for prisoners held in police cells.
<p>Gippsland Primary Health Network Central West Gippsland Primary Care Partnership</p> <p>In the event of a pandemic, coordinating and overseeing the local health response and mobilising general practice and primary care resources.</p>	<ul style="list-style-type: none"> • Coordinate primary healthcare delivery by linking up services and addressing local healthcare needs and service gaps. • Conduit of information from DHHS to primary care before during and after a pandemic. • Assist in the coordination and distribution of supplies (PPE/antivirals/vaccines) if required.
<p>Community Pharmacies</p> <p>In an influenza pandemic the Pharmacy Guild of Australia (Victoria Branch) and the Victorian Pharmaceutical Society will provide a leadership role to the profession; they will also</p>	<p>Provide a health promotion/communication role for their communities including;</p> <ul style="list-style-type: none"> • education on influenza transmission risks; and • information on vaccines and antivirals. <p>Manage possible cases who present to pharmacy by;</p> <ul style="list-style-type: none"> • referring for assessment to the local hospital or health service or general practice, and managing consumer flow, as appropriate with prior warning to allow for use of personal protective equipment;

<p>act as a conduit for information between pharmacists and government.</p>	<ul style="list-style-type: none"> • providing extra supplies of medicines to institutions such as nursing homes via Webster packs; • considering increasing stock holding of analgesics and antibiotics in case of supply chain issues; and • anticipating demand for influenza-related items (such as thermometers), respiratory medications and other essential medications. <p>Pending the outcome of legislation before the Victorian Government in 2015, pharmacies may also have a role in the provision of vaccinations in the future.</p>
<p>Hospitals</p> <p>West Gippsland Healthcare Group, Warragul, Neerim South Latrobe Regional Hospital Monash Casey Hospital</p>	<ul style="list-style-type: none"> • Provide acute hospital inpatient and outpatient services. • Maintain infection control within the hospital environment. • Minimise disruption to health and other essential services during a pandemic. • Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic. • Activate Code Brown Plans. • Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.
<p>General Practice</p>	<ul style="list-style-type: none"> • Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic. • Ensure suspected cases of pandemic influenza are notified to the DHHS Communicable Disease Prevention and Control section on 1300 651 160. • Provision of vaccination services to the local community as appropriate. • The Royal Australian College for General Practitioners (RACGP) has developed a Pandemic Flu Kit to assist general practices in preparing for an influenza pandemic. The kit is designed to support the education and training of practice staff and cover a range of topics including business continuity, infection control, communication, and clinical management. The kit is aimed at all practice staff and will provide the practice team with the information to develop their own practice plan.
<p>Residential Aged Care Facilities</p>	<ul style="list-style-type: none"> • Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic. • Introduce stringent infection prevention and control measures, including restricting movement between affected and unaffected areas within the facility. • Minimise contact between affected and unaffected people (staff, clients, and visitors) during an outbreak. • Prevent/control outbreaks of respiratory illness in residential aged care services as per the respiratory illness in residential aged care guidelines and information kit.

	<ul style="list-style-type: none"> • The residential aged care services natural hazards ready resource is available at 'Residential aged care services natural hazards ready resource'. • The 'Respiratory illness in residential aged care: guidelines and information kit' (DHHS 2013a) provides general information on influenza, its risks to health and how to manage a respiratory outbreak in an aged care service. This document is available at: https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines
Disability Accommodation Services Refer Appendix 12: VHMPPi	Disability accommodation services should adhere to the infection prevention and control practices in section 3.10 of the Residential Services Practice Manual (RSPM), and the DHHS 'Blue Book'.
Australian Red Cross EMMV	Delivery of community information to assist people, communities, government and agencies prepare for, respond to and recover from emergencies.
Emergency Broadcasters EMMV	Broadcast emergency information.

Appendix 3 – Victorian Pandemic stages and actions (Victorian Health Management Plan for Pandemic Influenza 2014)

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)	<p>Establish pre-agreed agreements by developing and maintaining plans:</p> <ul style="list-style-type: none"> • Research pandemic-specific influenza management strategies. • Ensure resources are available and ready for rapid response. • Monitor the emergence of diseases with pandemic potential and investigate outbreaks if they occur.
Response	Standby	Sustained community person-to-person transmission detected overseas	<ul style="list-style-type: none"> • Prepare to commence enhanced arrangements. • Identify and characterise the nature of the disease (commenced in preparedness). • Communicate measures to raise awareness and confirm governance arrangements.
Response	Action (initial and targeted)	Cases detected in Australia	<p>Initial (when information about the disease is scarce):</p> <ul style="list-style-type: none"> • Prepare and support health system needs. • Manage initial cases. • Identify and characterise the nature of the disease within the Australian context. • Provide information to support best practice healthcare and to empower the community and responders to manage their own risk of exposure. • Support effective governance. <p>Targeted (when enough is known about the disease to tailor measures to specific needs):</p> <ul style="list-style-type: none"> • Support and maintain quality care. • Ensure a proportionate response. • Communicate to engage, empower and build confidence in the community. • Provide a coordinated and consistent approach.
Response	Stand down	Public health threat can be managed within normal arrangements	<ul style="list-style-type: none"> • Support and maintain quality care.

Stage		Description	Key Actions
		Monitoring for change is in place	<ul style="list-style-type: none"> • 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. A recovery plan should be developed through the course of the pandemic.	

Appendix 4 – Communications Plan

This plan must be read in conjunction with the Baw Baw Shire Council Emergency Communications Plan.

Collateral

Media Releases and Alerts

Media releases and public notices will be distributed to all local media, including local community newsletters and across Council's social media channels during all phases of a pandemic.

Media Distribution List

Council's standard media distribution list will be utilised. This includes local emergency broadcasters, commercial and public radio, television stations, local newspapers and the offices of local politicians. The majority of these channels manage secondary social media channels and we specifically request for emergency information to be shared via this as well as the traditional mediums.

FAQ Information Sheet

An FAQ information sheet will be produced, information supplied by the Public Health Coordinator and Coordinator Emergency Management for the Communications team to format. The FAQ information sheet will be available via Council's website, social media and printed copies provided to Customer Service Centres, libraries and Council sports facilities.

If required, a mass vaccination schedule will also be provided in a similar manner, when vaccination sessions are known.

Baw Baw Shire Council website and Social Media

A pandemic page will be created on the Council website to be maintained with relevant information. Public Health and Emergency Management are responsible for providing the content to Communications team following the direction of the DHHS.

This should be updated as required, content must be sent to the Communications team. A home page slide may be added to the site and a custom URL created for the page in order to easily direct traffic. Information may be shared via accessible video format. This would require a 24 to 48 hour turnaround time and allocation of ledger code to provide fees for Auslan interpreter.

Paid advertising

Should deadlines allow, messaging may be included within Council's weekly paid full page advertisement in the Warragul & Drouin Gazette. The Communications team can advise of the deadlines. Advertising funds may be used for social media campaign which will increase the unique user reach for relevant targeted messaging.

Internal Communication (Council)

Key messages and communication are to be shared via internal email to staff. If an internal newsletter is due, key messages may be included within this newsletter. Copies of the key

messages and the information/contact sheet are to be printed and displayed in staff areas at depots, libraries, swimming pools and health facilities. Public Health staff are responsible for requesting facility supervisors to print and display this information.

Additional Support

Customer Service must be provided with regular updates and current information, including the most up to date FAQs in order to assist responding to incoming calls. If this information is already available online, they may be provided with a link to this content. The Public Health Coordinator is to provide up to date weekly/fortnightly schedules of Vaccination Clinics should they be taking place, to Customer Service, Emergency Management and Communications teams.

Action	When	Responsible Officer
Preparation Phase		
Provide influenza and seasonal immunisation information on the Council website	Ongoing	PHC sends to the Communications team
Standby Phase		
Include key messages within Council advertising	Ad hoc	PHC sends to the Communications team
Public notice distribution regarding immunisation program (where applicable)	As required	PHC sends to the Communications team
Response Phase (Initial and Targeted)		
Activate homepage slide on website pointing to information page	At notification of pandemic response	PHC, CEM and Communications team
Generate a FAQ's sheet	Upon notification	PHC, CEM and Communications team
Distribute and regularly update FAQ's	Ongoing as required until	PHC, CEM and Communications team
Update webpage information	Ongoing as required until stand-down	DHHS will supply relevant information as it becomes available. Council page will act as an additional resource to the DHHS website. PHC, CEM and Communications team to collaborate on appropriate content.

Action	When	Responsible Officer
Include key messages and vaccination information within Council advertising	Ongoing as required until stand-down	PHC, CEM and Communications team
Media releases and public notices	As required	PHC, CEM and Communications team
Monitor and respond to public, social and media queries	As required	PHC, CEM and Communications team
Stand-down Phase		
Monitor and respond to public and media queries	As required	PHC, CEM and Communications team
Public notice distribution; stand-down key messages	As required	PHC, CEM and Communications team
Recovery Phase		
Monitor and respond to public and media queries	As required	PHC, CEM and Communications team
Archive website	As deemed appropriate to archive	Communications team
Update influenza and vaccination information on the Council website including learnings	Ongoing	PHC, CEM and Communications team