Glenelg Shire Council

Human Influenza Pandemic Plan

GLENELG SHIRE
Victoria's Birthplace

Adopted by Council 22 June 2010

Forward

The *Emergency Management Act 1986* requires the Glenelg Shire Council to develop a municipal plan which will assist the community in the prevention, response and recovery functions that are associated with an emergency.

Traditionally, emergencies within the Glenelg Shire have been fire and/or flood related events which are usually resolved in a matter of weeks. However, as the world has recently experienced, Influenza Pandemics are not resolved in a matter of weeks or even months so they require a vastly different emergency management approach.

The municipal Human Influenza Pandemic Plan will be a sub plan of Council's existing Municipal Emergency Management Plan.

When the 2009 global Human Influenza Pandemic was declared, the Shire was in the process of drafting an Influenza Plan. The works undertaken by our emergency team during this process and during the peak periods of this public health threat highlighted the complexities associated with an emergency which can continue for an extended period.

Although the 2009 Human Influenza Pandemic was not as severe as initially anticipated within the Glenelg Shire, this plan has assumed that the impact from any future influenza pandemics will be significant and will result in high morbidity and mortality across the municipality.

The activation of this plan will be based on the phase level determined by Victoria's Chief Health Officer at the time. The seven (7) phases highlight the degree of risk of a Human Influenza Pandemic occurring within Victoria. These phases are part of the Federal Governments' Influenza Planning Strategy.

Council will closely follow the determinations made by the Chief Health Officer and implement any directives as issued at the time to lessen the impact on our community.

Stuart Burdack
Chief Executive Officer

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Acronyms

AHMPPI	Australian Health Management Plan for Pandemic Influenza
AQIS	Australian Quarantine Inspection Services
CMO	Chief Medical Officer (Australian Government)
CHO	Chief Health Officer (Victorian Government)
DoH	Department of Health (Victorian Government)
DoHA	Department of Health and Ageing (Australian Government)
EHO	Environmental Health Officer
GIPC	Glenelg Influenza Pandemic Committee
IPC	Influenza Pandemic Committee
MERO	Municipal Emergency Response Officer
MRM	Municipal Recovery Manager
PPE	Personal Protective Equipment
VHMPPI	Victorian Health Management Plan for Pandemic Influenza
WHO	World Health Organisation

Definitions

Antivirals	A class of medicines used to prevent and treat influenza.
Epidemic	A sudden increase in the incidence of a disease which affects a large number of people over a large area.
Fomite	Inanimate objects that serve as a transmitter of infection.
H1N1	Human Influenza also known as Swine Flu.
Influenza	A highly contagious disease of the respiratory tract, caused by the influenza virus.
Influenza Type A	A virus that occurs in both humans and animals.
Influenza Type B	A virus that occurs only in humans.
Isolation	Refers to the separation of patients with an infectious disease from those persons who are healthy. Isolation can also refer to a control measure to restrict the movement of cases to home or designated areas.
Pandemic	Pandemic (from the Greek language, "pan" meaning all and "demos" meaning people) is used to describe an epidemic on a global scale.
Prophylaxis	Short-term protection against contracting Influenza.
Quarantine	Separation and restriction of movement of persons who may become or are infectious.
Social Distancing	Strategy used to restrict/prevent close contact between persons.

1. Pandemic History

Influenza is a highly contagious viral disease of the respiratory tract and can be spread when an infectious person coughs and/or sneezes. These airborne droplets usually travel less than one (1) metre but they can remain infectious on hard surfaces (fomites) for one to two days. The disease is characterized by rapid onset of symptoms including fever, chills, sore throat, stuffy or runny nose, headache, dry cough, fatigue and aching joints[1].

The incubation period for influenza is usually one to three days. Adults have been shown to shed the influenza virus from day one before developing symptoms to up to seven days after the onset of the illness.

For a pandemic to occur, three criteria need to be fulfilled:

1. A new influenza virus is detected for which the world's population has little or no immunity;
2. The new virus must be virulent enough to cause disease; *and*
3. The new virus must have the capacity to spread efficiently from person to person.

Influenza pandemics have traditionally been associated with high morbidity and significant mortality which has resulted in major social and economic disruption occurring within the affected countries.

In Australia, the Pandemic (H1N1) 2009 Influenza affected at least 37,700 persons (laboratory confirmed cases) and resulted in 191 deaths. The median age of those who died was 53 years compared to 83 years for the seasonal (Flu) Influenza[2].

The Department of Health and Ageing identified that as at 30th April 2010, 4,992 persons had been hospitalized with Pandemic (H1N1) 2009 Influenza with 681 of these being admitted to an Intensive Care Unit. 30% of these admissions were healthy persons prior to contracting Pandemic (H1N1) 2009 Influenza and more than 50% of those hospitalised were younger than 35 years of age.

Previous pandemics were the Spanish Flu 1918 - 1919, Asian Flu 1957-1958 and the Hong Kong Flu 1968 -70.

The Spanish Flu Pandemic swept across the world in three waves over a two year period and resulted in an estimated 50 million deaths[3].

2. Implementation of Pandemic Phases

The following table highlights the sequence of events which determine Council's actions in the advent that an Influenza Pandemic is declared within Victoria.

Table 1: Implementation of Pandemic Phases

Phase	Description
Global	The determination of the global phases including the up scaling and down scaling will be determined by the Director General of World Health Organisation.
National	The Australian Phases will be designated by the DoHA, in particular the Chief Medical Officer.
State	The Victorian Government's Chief Health Officer (CHO) will take guidance from the DoHA in determining the phase levels applicable for Victoria during a pandemic.
Regional & Local	The Victorian Government's CHO will determine the pandemic levels applicable for Victoria, the Barwon South West region and the Glenelg Shire.
Municipal	The Chief Executive Officer will determine Council's response and recovery functions based on advice from the MERO and the IPC.

3. World Health Organisation - Activation of Pandemic Phases

The World Health Organisation (WHO) has implemented a series of six (6) phases to inform the world of the likelihood that a Human Influenza Pandemic will occur.

Phase 1 and 2 are used to indicate a new form of influenza virus that has emerged from birds or animals that has the potential to transfer to humans. This level is usually referred to as the Inter-Pandemic Phase.

Phase 3 provides the early warning that a new virus has emerged which has been transmitted from a bird and/or animal to a human. Although the viral transmission has occurred, the efficiency of the transmission at this stage may not be a dominant factor in the transmission process.

Phase 4 and 5 is the pandemic alert. Human to human transfer has been confirmed.

Phase 6 is the pandemic phase. The virus spreads easily between humans causing widespread illness and potentially deaths on a global scale.

The WHO Pandemic Phases for an Influenza Pandemic are described below.

Table 2: WHO Pandemic Phases for Influenza Pandemic[1].

WHO	Description	Status
Phase 1	Animal infection overseas: the risk of human infection or disease is considered low.	
Phase 2	Animal infection overseas: substantial risk of human disease.	
Phase 3	Human infection overseas with new subtype/s: no human to human spread or at most, rare instances of spread to a close contact.	
Phase 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans.	
Phase 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but not yet fully adapted (substantial pandemic risk).	
Phase 6	Pandemic overseas: increased and sustained transmission in general population.	CURRENT

On the 25th April 2009, the WHO declared that a "*Public Health Emergency of International Concern had occurred and that a Pandemic was imminent*". The Pandemic alert level was then raised to Phase 5 which meant that human to human transmission had occurred and that the virus was becoming increasingly better adapted to humans.

As of 16th May 2009, 16 countries had officially reported cases of Pandemic (H1N1) 2009 influenza.

On the 11th June 2009, the WHO raised the Global alert to Phase 6 which indicated that a Pandemic had occurred overseas which had resulted in an increased and sustained transmission in the general population[4].

On the 11th August 2009, the WHO reported that the Pandemic (H1N1) 2009 Influenza had resulted in 215,101 laboratory confirmed cases which had resulted in 1,753 deaths.

As of 2nd May 2010, more than 214 countries had laboratory confirmed cases of Pandemic (H1N1) 2009 Influenza and had resulted in at least 18,001 deaths[5].

4. Australian Pandemic Phases

The Australian Pandemic Phases are based on seven (7) phases. These are specified in the Australian Health Management Plan for Pandemic Influenza (AHMPPI) and are provided in the table below.

Table 3: Australian Pandemic Phases for Influenza Pandemic[3.]

Australia	Description	Status
ALERT	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.	
DELAY	Novel virus has not arrived in Australia. Small cluster of cases in one country overseas and/or large cluster(s) of cases in only one or two countries overseas.	
CONTAIN	Pandemic virus has arrived in Australia causing a small number of cases and/or clusters.	
SUSTAIN	Pandemic virus is established in Australia and spreading in the community.	
PROTECT	Pandemic virus is mild in most but severe in some and moderate overall. This phase sits alongside CONTAIN and SUSTAIN phases with a greater focus on treating and caring for those more vulnerable to severe outcomes.	CURRENT
CONTROL	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.	
RECOVER	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.	

5. Federal and State Governments Response to H1N1 Pandemic

Due to the declaration by the WHO that an Influenza Pandemic was imminent, the Federal Government introduced thermal scanning at airports on the 27th April 2009. Any travellers who met the case definition for H1N1 on arrival within Australian Airports were asked to go into voluntary home quarantine pending additional medical testing.

In May 2009, Victoria reported its first confirmed case of H1N1.

On the 22nd May 2009, the Federal Government raised Australia's pandemic status level to CONTAIN, in recognition that Australia had a number of H1N1 cases with at least one human to human transmission. The main aim of the CONTAIN phase is to contain the spread of the virus within Australia.

On the 3rd June 2009, the Victorian Health Minister announced a decision to move to a modified SUSTAIN phase. This enabled antiviral treatment to be provided to those persons exhibiting symptoms of H1N1 and also to household contacts associated with confirmed cases. Confirmed cases were asked to isolate themselves for three days following the commencement of the antiviral treatment[4].

On the 23rd June 2009, the Federal Government introduced a new phase called PROTECT. The phase recognised that the disease, whilst mild in most cases, can result in severe infection in some individuals. PROTECT focuses on early treatment of those identified as vulnerable and those with moderate or severe infections, especially respiratory infections. Those with a mild illness were no longer given antiviral treatment unless clinically identified by their treating doctor. Specific border surveillance also ceased with AQIS officers managing potentially ill H1N1 passengers through normal treatment procedures.

On the 30th September 2009, the Federal Government released the Panvax® H1N1 Influenza vaccine to General Practitioners.

In November 2009, Council undertook a Panvax® H1N1 Influenza campaign for Glenelg Shire staff and undertook a community vaccination program in April 2010.

6. Australian Statistics of H1N1 Cases for 2009/2010

The following table highlights the number of laboratory confirmed cases of Pandemic (H1N1) 2009 Influenza within Australia as at 30th April 2010.

Table 4: Summary of Severity Indicators of H1N1 in Australia (2009 to up to 30 April 2010)[6].

	2009#				2010[a]
	Confirmed (Pandemic H1N1 2009) cases	**Hospitalised cases**	**ICU Cases**	**Deaths**	**Confirmed (Pandemic H1N1 2009) cases**
Total Number	37,636	13%	14%	191	64
Crude rate per 100,000 population	172.1	22.8	3.1	0.9	0.3
Median age (years)	21	31	44	53	27
Females	51%	51%	53%	44%	43.7%
Vulnerable groups (Indigenous persons, pregnant women & individuals with at least 1 co-morbidity)	n/a	58%	74%	67%	n/a
Indigenous people~	11%	20%	19%	13%	1.6%
Pregnant women*	n/a	27%	16%	4%	n/a
Cases with at least 1 co-morbidity	n/a	46%	67%	62%	n/a

Data for 2009 from NetEpi, Data for 2010 from NNDSS and NetEpi (NSW).

[a] Data are extracted from a number of sources depending on the availability of information. Figures used in the analysis have been provided in parentheses. Data are not always complete for each summarised figure.

~ The denominator for this row is the number of confirmed cases for which Indigenous cases for which Indigenous status is known.

* Includes women in the post-partum period.

^ Validation of data has identified anomalies affecting median ages for ICU cases and deaths in reports #28-33 2009 and report #1 2010. Correction has resulted in change in the median ages of ICU cases and deaths from report #2, 2010.

7. Planning and Preparedness

a. Likely Impact

The impact of the Pandemic (H1N1) 2009 Influenza on the Glenelg Shire was minimal with only 27 persons (7.1% of the Shire population and 0.39% of the Victorian population) being laboratory confirmed as having H1N1.

The Barwon South West region reported a total of 380 cases. The total number of cases both within this Shire and Victoria in general is likely to be far higher than the figures suggest due to the change in reporting process adopted by DoH during the peak period of the pandemic.

For planning purposes, this plan has assumed an infection rate of 40% and a mortality rate of 2.4% (2.4% of the 40%). The impact on the Glenelg community would therefore be 7,950 persons infected and 192 deaths (based on a population of 19,759 as at the 2006 Census)[7].

Should infection rates reach this level, staff absenteeism is also expected to range from 40% to 60% as staff members stay home due to illness or to attend to sick family members and/or friends.

b. Promote personal hygiene strategies to reduce the risk of transmission from person to person

Appropriate infection control will be crucial to prevent the spread of influenza from person to person within the home, workplace and the community.

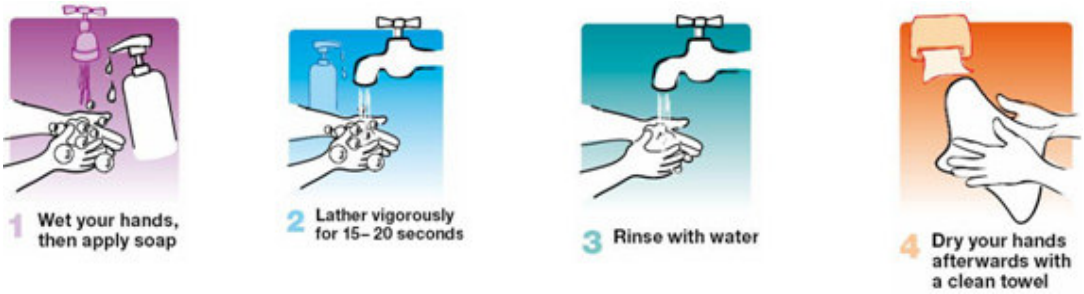
To reduce the potential for infection within the workplace, home or community setting, the mode of transmission will need to be broken. The usual transmission process is as follows:

- Though spread of droplets from one person to another (by coughing and sneezing);
- By touching things that are contaminated (fomites) by respiratory secretions and then by touching your mouth, eyes or nose; *and/or*
- Airborne transmission within enclosed or crowded places.

The following strategies will assist in reducing the potential transmission from person to person:

- Cover your mouth and nose when you sneeze. This could be with a tissue which can be immediately discarded into the nearest bin or in the absence of a tissue, use your sleeve to stop the projection of the potentially infectious droplets.
- Regularly wash your hands. Hand washing is one of the simplest and most efficient ways to reduce the potential for transmission of the virus. Your

hands can be regularly washed using soap and water or by using an alcohol based sanitiser purchased from a supermarket. The diagram below highlights the basic four steps required to wash your hands properly:



- Do not share personal items. At home these could be towels, bedding, toothbrushes and/or eating and drinking utensils. At the workplace or in a community setting these could be pens, keyboards and/or phones. During a pandemic event, these items need to be regularly cleaned with an appropriate cleaner and/or sanitiser.
- Regularly clean high-risk areas. As the flu virus can live on surfaces for several hours it is essential that commonly touched items are regularly cleansed. The cleaning regime for tables, benches, fridge handles, door knobs etc. could simply consist of regularly wiping these surfaces down with a neutral detergent and warm water. For surfaces where this method of cleaning is not suitable, a sanitiser wipe that contains 70% alcohol may be appropriate.
- Stay at home and avoid going out in public if you have influenza or feel unwell. By attending work, school or attending community or social functions you could be potentially spreading the virus throughout the community.
- Reduce the risk of contracting infection from a family member/friend. If a family member or friend has influenza or feels unwell, they should be separated from other household members where possible. All items handled by the sick family member/friend should be washed immediately after use and sanitised where required.
- Avoid close contact with others if you have influenza or feel unwell. By maintaining a one (1) metre separation distance from others will reduce the potential transmission of the influenza virus. During a pandemic you should assume others may be infectious, so by maintaining the one metre separation distance either by standing or sitting back from others will provide a high level of personal protection.
- Implement a social distancing strategy at home, work and socially where practicable. Avoid crowded locations where possible and in a work setting if face to face meetings are required, select a large room or setting where you can sit/stand one metre from other people.

- Personal Protective Equipment (PPE) can be an effective means of reducing the risk of transmission if used correctly. PPE includes the use of masks and gloves. Care should be taken to ensure that the correct mask is selected and fitted, as the risk of wearing an incorrectly fitted mask may actually increase the risk of infection by providing a false sense of security to the wearer. Gloves can prevent the wearer from infecting their hands with the virus but the virus can still be passed from the contaminated gloves to the wearer's nose, eyes or mouth. Gloves should never be seen as an effective alternative to regular hand washing. Most persons and/or work places will not require face masks and/or gloves if basic personal hygiene principles and social distancing strategies are employed. Contaminated PPE must be discarded after use.

c. Identification of Vulnerable sectors within our Community

Previous pandemics have affected different sectors of our community so it is difficult to accurately predict at the planning stage what sections of our community would be deemed high risk.

Vulnerability to emergencies is often defined by the level of susceptibility an individual has to influenza. This includes the time taken for the individual to return to their normal level of functioning.

The sectors most likely to be vulnerable in an Influenza Pandemic are indicated in the table below.

Table 5: Vulnerable Groups in an Influenza Pandemic[8].

Vulnerable Group	Potential Impact
Young families	May need to manage a range of demands with limited support.
Older people, living alone with limited support	Limited support and potential isolation may result in a deterioration of health and ability to function.
Social isolation	Potential lack of a support network in periods of an extended illness.
Physical isolation	Reduced potential to access support in an emergency situation.
Unemployed	Lack of financial and physical resources.
People relying on external help	Existing support networks (home help) may be compromised during a pandemic.

People living in institutional settlings	Increased exposure will require higher level of infection control.
Indigenous communities	Increase risk of respiratory infections.
Immuno-suppressed persons	Higher risk of additional medical complications associated with an influenza outbreak.
Homeless and itinerant persons	Lack of access to information and support.
Culturally and linguistically diverse communities	Communication and ability to comprehend the public health message, access to support networks.
Financially disadvantaged individuals and families	Limited access to goods and services.

d. Immunisation and Public Vaccination Clinics

A vaccine that provides protection against a pandemic virus can only be developed after the new virus strain has been isolated. The Pandemic (H1N1) 2009 vaccine (Panvax® H1N1) was released within a relatively short period of time (4 months from the first case being confirmed within Victoria).

Once the Federal and State Governments distribute the vaccine and approve the establishment of local government public vaccination sessions, Council will conduct public immunisation sessions as early as practicable.

The timing and frequency of these vaccination sessions will be determined following consultation with the local health service providers.

The public vaccination sessions are likely to take place at the following venues:

- Casterton – Town Hall, 67 Henty St, Casterton
- Heywood – Senior Citizens Building, 9 Hunter Street, Heywood
- Portland - Civic Hall, 30 Bentinck Street, Portland

e. Communication

Effective communication during the CONTAIN, SUSTAIN, PROTECT and RECOVERY phases of the pandemic are essential to ensure the community is fully informed of the actions taken by the Shire at the time.

The primary source of information concerning the various phases of the pandemic, rates of infection, control and quarantine requirements will be delivered by the DoH.

Council will assist in the distribution of this material where relevant and provide up to date information on access to Council services and access to essential services that are not provided by Council.

The communication strategy adopted by this Shire will be prepared in association with DoH, local health service providers and emergency service agencies. A draft Communication Strategy is in Appendix 1.

f. Business Continuity Planning

Businesses, especially small businesses, should contemplate developing a business continuity plan for use whenever the phase alert reaches the DELAY phase.

A Business Continuity Plan should review how an individual business could function if staff absenteeism rates and staff infection rates reach 40% of their workforce[8].

The plan should also include the inability to access a range of suppliers, or at the very least, factor in an extended delay in the supply of essential goods or equipment.

If the business is a service provider, the plan should also consider limited access or restricted access to major service centres and areas quarantined during a pandemic.

Further assistance on business continuity planning is available from the Federal Government's Department of Industry, Tourism and Resources document – *"Being prepared for a human influenza pandemic – A kit for small business"*[9].

In the absence of a business continuity plan the following workplace practices may be appropriate:

- Provide information on how to minimise the spread of the virus, including advice to stay at home if you are sick.
- Provide hygiene facilities and personal protective equipment. This may include providing alcohol based wipes, alcohol based hand sanitiser, tissues, paper towel, no touch lined bins etc.
- Display posters and signs to remind staff of appropriate hygiene practices.
- Review workplace cleaning practices.
- Implement social distancing.
- Maintain staff contact lists.
- Reduce the number of staff working at any one time i.e. consider splitting staff rosters i.e. half of the staff work one day and the other half the next day, work hours extended to enable some staff to start earlier or later or where work practices permit, staff may be able to be productive from home.
- Once an influenza vaccine is available, encourage your staff to be vaccinated.

The Glenelg Shire does not presently have a Business Continuity Plan that is applicable for use in the advent of an Influenza Pandemic. This plan will be developed by Council in the near future.

g. Establishment of a Pandemic Committee

The establishment of Influenza Pandemic Committee/s will play a pivotal role in reducing the severity of an Influenza Pandemic on our community. These committees will be established at the CONTAIN phase and remain operational until the RECOVERY phase is activated.

The pandemic committees will consist of two independent groups; one committee will review how the municipal services will be provided while the second committee will establish a communication and operational network with health services and other essential service agencies.

Both these Committees will be sub committees of Council's Municipal Emergency Management Planning Committee.

g.(i) Internal Pandemic Committee

The Internal Pandemic Committee will be activated during the CONTAIN, SUSTAIN, PROTECT and CONTROL phases. The Terms of Reference for the Internal Pandemic Committee will be as follows:

1. Define what municipal services will be provided by Council.
2. Define how these services will be maintained through each phase of the pandemic.
3. Define what municipal services will be suspended.
4. Define which staff will be redeployed.
5. Review retraining options for all redeployed staff.
6. Review staff employment and absenteeism policies.
7. Review staff "fit for work" policy.
8. Develop and implement a policy to remove potentially infectious staff from the workplace.
9. Determine if and when customer service centres will be closed.
10. Review and implement workplace cleaning guidelines.
11. Implement personal hygiene programs and encourage staff to be vaccinated when an appropriate vaccine is available.

12. Define what PPE is required and which workplaces/staff are required to wear PPE.

13. Develop and implement infection control guidelines for each essential service.

14. Define which groups/individuals are deemed "at risk" and/or "vulnerable".

15. Develop, review and implement the communication strategy.

The Internal Pandemic Committee will consist of representatives from the following:

- Senior Management Team (SMT)
- Municipal Emergency Resource Officer (MERO)
- Municipal Recovery Manager (MRM)
- Human Resource Officer
- Risk Manager
- HACC manager
- Information Services Manager
- Municipal Works Coordinator
- Environmental Health Officer (EHO)

The Internal Pandemic Committee will report directly to the Chief Executive Officer.

g.(ii) Glenelg Influenza Pandemic Committee

The Glenelg Influenza Pandemic Committee (GIPC) will provide the external interface with other essential services and public health service providers located within the municipality.

The GIPC will also play a critical role in the establishment of mass vaccination clinics and "fever clinics" where required.

The GIPC will be activated during the CONTAIN, SUSTAIN, PROTECT and CONTROL phases. The Terms of Reference for the GIPC are as follows:

1. Review what essential services are being provided within the community.

2. Review access to essential services for "vulnerable" or "high risk" groups.

3. Develop a Memorandum of Understanding with essential services and health care providers to ensure that essential services (which include the provision of human resources) can be maintained throughout the pandemic.

4. Review inter-agency support for the establishment of mass vaccination clinics and fever clinics where required.

5. Review inter-agency support for the supply of PPE and infection control materials, including cleaning agents, during a pandemic.

6. Develop a communication strategy.

Representation on the GIPC should include:

- Council representative – Mayor or his nominated representative
- Pandemic Coordinator from the IPC
- MERO
- Representatives from the three local hospitals
- Representative from the GP clinics
- Representatives from Winda Mara and Dhauwurd Wurrung
- Representatives from the business community
- Community Representative
- Ambulance Victoria
- Victorian Police

The Glenelg Influenza Pandemic Committee will report directly to Council.

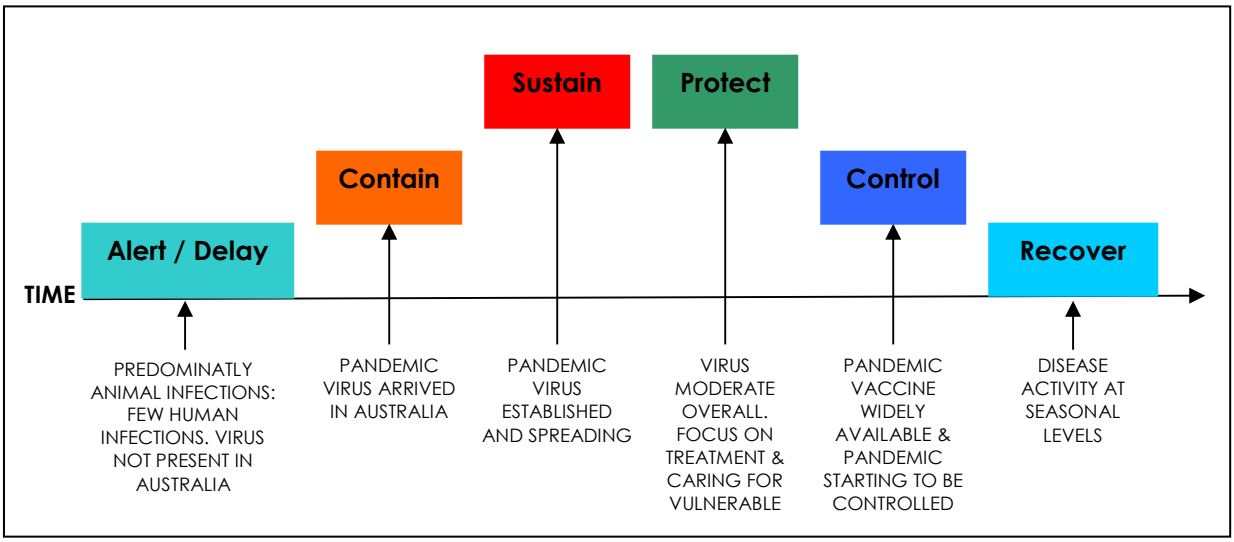
Their role together with the role of the IPC is designed to reduce the impact of a pandemic on our community.

8. Implementation

The level of activity undertaken will be determined by Victoria's Chief Health Officer. These pandemic phases as prescribed within the Australian Health Management Pandemic for Pandemic Influenza.

The Chief Health Officer will advise the Glenelg Shire of the present level of threat of an Influenza Pandemic.

Table 6: Influenza Pandemic Phase Timeline



These phases indicate the level of risk to human health and the natural progression of the virus.

The phase level will trigger the response required to be undertaken by the Glenelg Shire.

The actions listed below provide a summary of the actions which could be taken during the phase cycle.

These actions will need to be refined by the respective pandemic committee to ensure that they are relevant to the influenza threat at the time.

Table 7: Actions Required During an Influenza Pandemic

Phase Level	Action Required	Actioned by
Alert	No action required.	
Delay	Participate in pandemic monitoring and update MERO as required.	EHO
	Encourage staff uptake of seasonal flu vaccinations.	EHO
	Promote personal hygiene practices within the workplace.	EHO
	Review stockpile of PPE and infection control chemicals.	EHO
	Review Council's Business Continuity Plan.	EHO/MERO
Contain	Establish internal Pandemic Committee.	EHO
	Invite participation in Glenelg Influenza Pandemic Committee (GIPC).	EHO
	Monitor influenza transmission within Barwon South West and the Municipality.	EHO
	Review workplace-cleaning practices.	EHO
	Determine essential services to be delivered should infection or staff absenteeism rates reach 40%.	IPC
	Review staff redeployment and stand down policies.	HR/IPC
	Review infection control policies for staff to ensure infectious staff are removed from the workplace.	HR/IPC
	Review and implement social distancing strategies.	EHO/IPC
	Review option of closing customer service centres.	IPC
	Review service delivery options for essential services.	IPC
	Implement retraining options for staff to be redeployed to essential services.	HR/IPC
	Review service delivery to vulnerable sections of the community.	MRM
	Review communication policy and implement where required.	IPC
	Review PPE requirements and restock if required.	EHO
	Review infection control chemicals (bacterial wipes/sanitizers) and restock if required.	EHO
	Review Council's Business Continuity Plan and amend where required.	EHO/IRC/ MERO
	Establish Glenelg Influenza Pandemic Committee and IPC and implement actions/recommendations as proposed.	EHO/GIPC

Sustain	Implement communication strategy.	IPC/GIPC
	Implement HR policies for redeployment of staff, removal of infectious people from the workplace.	HR/IPC
	Implement retraining process for staff in non-essential services.	HR/IPC
	Determine essential services to be delivered.	IPC/CEO
	Implement social distancing policies and close customer service centres. Consider options to maintain public support via website/phone lines/e-mail.	IPC
	Establish communication links with vulnerable sections of the community.	HRM/IPC
	Implement infection control and PPE policies to all workstations as required.	EHO/IPC
	Implement public vaccination program when vaccine available.	EHO/IPC
	Review options to lesson impact of influenza on the community.	GIPC
	Review options for the community to access essential services.	GIPC
	Monitor staff sick leave and absenteeism rate to ensure essential services can be maintained.	HR/IPC
	Implement assistance program to vulnerable sections where required.	MRM/IPC/ GIPC
Protect	Review all sustain actions and stand down actions that are no longer relevant.	EHO/IPC/ GIPC
	Promote infection control and transmission reduction strategies.	EHO/IPC/ GIPC
Control	Review communication strategy to reflect changed status.	IPC/GIPC
	Promote vaccination clinics.	EHO/IPC/ GIPC
	Promote personal hygiene strategies.	EHO/IPC/ GIPC
	Monitor infection rates within municipality and Barwon South West.	EHO/IPC/ GIPC
Recovery	Hold debrief with GIPC and IPC.	EHO/IPC/ GIPC
	Stand down GIPC and IPC if second wave is not likely to occur within the next six (6) months.	EHO/IPC/ GIPC
	Review Communication Strategy, service delivery to vulnerable sectors and review DoH data to determine potential for second wave event.	MRM/IPC

9. References

1 Victorian Health Management Plan for Pandemic Influenza – July 2007

2 Media Release, Minister for Health and Ageing, Hon. Nicola Roxon MP – March 2010

3 Australian Health Management Plan for Pandemic Influenza, Department of Health and Ageing – www.flupandemic.gov.au

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5 World Health Organisation Pandemic (H1N1) 2009 – Update 92 – http://www.who.int/csr/don/2010_05_07/en/index.html

6 Department of Health and Ageing – www.healthemergency.gov.au

7 Preparing for an Influenza Pandemic – A Planning Guide for Local Government, Victorian Department of Health – September 2008

8 Victorian Human Influenza Pandemic Plan, Community Support and Recovery Sub Plan – March 2008

9 Department of Industry, Tourism and Resources , Being prepared for a human influenza pandemic – A kit for small business, www.industry.gov.au/pandemicbusinesscontinuity