



# Pandemic Influenza Sub Plan

Version 9

This is a sub plan of the Municipal Emergency Management Plan (MEMP)  
and should be read in conjunction with the MEMP.



**Developed with the assistance of:**  
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## Definitions

**Pandemic:** A disease prevalent throughout an entire country, continent, or the whole world.

**Epidemic:** An outbreak, or unusually high occurrence of a disease or illness, in a population or area.

## Activation of this Pandemic Influenza Sub Plan

Activation of this plan will typically only be considered in the event of a pandemic influenza or an epidemic involving, or likely to involve, a significant portion of the City of Glen Eira community.

Minor outbreaks of disease or illness within the City of Glen Eira will be managed by the routine procedures of the Council's Public Health Team, in line with the appropriate Victorian Health Regulations. Refer to section 6 of this plan for more information.

Upon receipt of notification that the Australian or Victorian Health Management Plan for Pandemic Influenza has moved to the 'Standby' stage (refer to Appendix A) the City of Glen Eira Pandemic Coordinator (Director Community Wellbeing), in liaison with the Department of Health and Human Services (DHHS), will arrange to brief all members of the Pandemic Influenza Planning Sub Committee.

Upon receipt of notification that the Australian or Victorian Health Management Plan for Pandemic Influenza has moved to the 'Action' stage (refer to Appendix A) the City of Glen Eira Pandemic Coordinator will recommend the activation of this plan to the Municipal Recovery Manager (MRM) and the Municipal Emergency Management Officer (MEMO).

Upon activation of the plan, the Glen Eira Pandemic Influenza Sub Committee will be convened as soon as practicable. The MEMO will chair the meeting. The Committee will be briefed on the current and expected impact of the pandemic and the plan for Council's response. The standard Pandemic Plan Activation Meeting Agenda at Appendix B of this Plan shall be used for this meeting.

Members of the Pandemic Planning committee can be notified by a group email to:  
[pandemic@gleneira.vic.gov.au](mailto:pandemic@gleneira.vic.gov.au)

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Amendment Register:

<b>Amendment</b>	<b>Date</b>
Original issue	June 2009
1	September 2010
2	September 2012
3	December 2013
4	December 2014
5	December 2015
6 – complete re-write	February 2017
7	October 2017
8	December 2018
9	September 2019

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## Introduction

This document is a Sub Plan of the City of Glen Eira Municipal Emergency Management Plan (MEMP) and is to be used in conjunction with the MEMP and not as a stand-alone document. Whilst the likelihood of a pandemic is low, the impact on the community and the City of Glen Eira council could be devastating.

The Director Community Wellbeing is nominated as the Pandemic Coordinator for Glen Eira City Council, and will work with the Glen Eira City Council Business Continuity Coordinator (Manager Buildings and Properties) to determine the critical business functions to be maintained and the wider health services in Glen Eira to determine the needs of the community.

The Municipal Recovery Manager will assist the Pandemic Coordinator.

The operational elements of this Sub Plan are to be confirmed annually with the Sub Plan being fully reviewed every 3 years after adoption, or in the event of its use in an emergency.

## 1. Aim and Objectives

### Aim

The aim of this plan is to document the agreed arrangements within the City of Glen Eira to:

- Minimise the spread of a pandemic influenza in the preliminary phases;
- Manage the response to a pandemic influenza through community and employee protection in later phases; and
- Implement risk mitigation measures, such as vaccination, as and when they become available.

### Objectives

Minimisation of the impact of a pandemic will be achieved by implementing the following objectives:

- Preparedness – implementing arrangements to reduce the pandemic impact;
- Containment – preventing transmission, implementing infection control measures, providing support services to people who are isolated or quarantined within the municipality;
- Maintain essential municipal services – providing advice to the Glen Eira City Council Business Continuity Coordinator about the critical services that need to be maintained;
- Mass vaccination – assist in providing vaccination services to the community, if an influenza pandemic vaccine becomes available;
- Communication – developing media and communication messages in line with government messages, to inform the community and employees of any changes to normal municipal service delivery;
- Community support and recovery – ensuring a comprehensive approach to emergency recovery planning based on the City of Glen Eira Municipal Emergency Management

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Plan, with specific focus on the influenza pandemic. (Refer to the priority tasks recommended in the Community Support and Recovery Sub Plan of the Victorian Human Influenza Pandemic Plan) and Part A5 (Relief and Recovery) of the MEMP.

## 2. Pandemic Planning

A Pandemic Influenza Planning Sub Committee of the Municipal Emergency Management Planning Committee (MEMPC), consisting of the following members, or their representatives, will undertake pandemic planning within the City of Glen Eira:

- Director Community Wellbeing / Pandemic Coordinator
- Manager Family & Children Services (MRM)
- Coordinator Public Health
- Manager Residential Care Services
- Coordinator Maternal and Child Health
- Team Leader(s) x 3 Childcare
- Team Leader Immunisation
- Manager Customer and Communications
- Customer Solutions and Service Design Lead
- MEMO
- Deputy MRM
- Manager Community Development and Care
- Team Leader Public Health
- Municipal Emergency Response Coordinator (MERC) - Optional

Others may be co-opted as required to assist in implementation of mitigation and response strategies.

In a non-pandemic environment, the MEMO, MRM, Deputy MRM and Manager Public Health will meet at least once per annum to review the operational elements of the plan. The review of the plan should take into account:

- Any new or emerging information about current pandemic strains;
- Any changes to the classification phases or management of pandemics from the World Health Organisation (WHO), Australian or Victorian Chief Health Officers;
- Any changes to Victoria's emergency management arrangements that pertain to the management of pandemics.

Upon activation of this plan (refer to page 2) the Pandemic Planning Sub Committee will meet as required to determine the necessary actions to be implemented.

The role of the committee is to support the Pandemic Coordinator in planning for, responding to and recovering from a pandemic event.

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## Plan Evaluation

Upon completion of development, and thereafter at least once every three years, or if there is an identified pandemic risk, the plan will be practiced through a discussion exercise or similar process to evaluate its effectiveness. Any actions or improvements identified during the evaluation activity will be referred back to the Chair of the Pandemic Planning Sub Committee, or MEMPC Executive Officer, for inclusion in an amended version of the plan. The Chair of the Pandemic Planning Sub Committee will report to the MEMPC on the outcomes of the evaluation.

## 3. Council Service Delivery Planning

During an influenza pandemic many Council employees may be affected while at the same time be required to provide extra services and undertake extra activities to assist the local community. Council could suffer significant employee absenteeism because employees may be sick or need to care for immediate family members who are sick.

Council employees will need to be flexible to accommodate extra workloads while suffering employee shortages. The Council Business Continuity Coordinator will be responsible for liaising with the Pandemic Coordinator to ensure priority is given to the appropriate service delivery areas. Refer to the Glen Eira City Council Business Continuity Plan (BCP) for more detail.

External support may be available from a range of emergency relief support organisations within the Glen Eira community. Refer to Part A5 of the MEMPC for more information.

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### Internal Council Responsibilities

To ensure the risk of contamination and pandemic spread in Council workplaces is minimised, the following measures currently exist or will be implemented at identified phases of the pandemic:

Procedure	Available		Action
	Yes	No	
Facilities for people to wash their hands frequently. Liquid soap and disposable towels for hand washing where sinks are available	✓		
Promotion of basic hygiene practices, including good hand washing and cough etiquette (refer or link to our posters)	✓		
Tissues and no-touch receptacles for used tissue disposal	✓		
Conveniently located dispensers of alcohol-based hand rub	✓		Will be purchased when required
Provision of disposable surgical masks for use by persons who are coughing/sneezing—persons displaying these symptoms will need to be sent home	✓		
Restricting entry to the workplace by employees and visitors with Influenza symptoms	✓		
Increased cleaning regimes	✓		
Ensure cleaning contractors use a neutral detergent	✓		
Illness Reporting Scheme (refer to Appendix F)	✓		
Posters related to pandemic influenza information displayed in Council buildings	✓		

## 4. Health Services Planning for Managing Affected Individuals

### Influenza streams

Patients with suspected pandemic influenza may present to any health service in a variety of ways. Health services will implement a process for separating, triaging and admitting people with influenza-like illnesses, to prevent cross-infection in line with their own operating policies and procedures. This may involve setting up a separate area, such as an influenza triage or influenza clinic.

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## Designated hospitals (Flu Clinics)

To prevent the spread of pandemic influenza infection within hospitals, the Department of Health & Human Services may implement a Designated Hospital Model. This model implements influenza clinics as patient numbers increase, to minimise impacts on hospital emergency departments and GP clinics. The Department of Health & Human Services has identified a number of designated hospitals in Victoria. They have been designated based on:

- Location
- Isolation facilities (for example, negative pressure rooms)
- Infectious diseases expertise

The decision to transfer suspected cases to a designated hospital will be made by DHHS, in consultation with the health service provider. Clinical or other considerations may preclude patient transfer.

## 5. Non-Pandemic Events

In the event of any infectious disease outbreak, prevention and control measures shall be undertaken in accordance with the Blue Book: Control of Infectious Disease published by the Communicable Diseases Section, Public Health Group, Victorian Department of Health and Human Services, 2005. The Blue Book can also be found on the following website:  
<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>

The Blue Book provides information about infectious agents, methods of diagnosis, incubation period, periods of communicability, control measure, control of contacts and outbreak measures.

In the event of an infectious disease outbreak, public health interventions employed by Council shall be undertaken in accordance with guidance and advice provided by the DHHS and the Victorian Chief Health Officer.

Statutory reporting guidelines are legislated in Victoria to reduce community risk from communicable disease through the implementation of patient focused and population focused control strategies based on surveillance and risk assessment.

Notifiable infectious diseases are included in Schedule 3 of the *Health (Infectious Diseases) Regulations 2001*. These regulations guide mandatory reporting requirements and notifications to the DHHS medical practitioners and laboratories.

The *Health (Infectious Diseases) Regulations 2001* require laboratories to notify tests indicating the probable presence of a human pathogenic organism associated with an infectious disease. The notification should state the laboratory finding, the family name and given name of the patient (except for Group C diseases), the age, sex and postcode of the patient, and the name, address and telephone number of the doctor requesting the test.

The regulations are divided into four groups on the basis of the method of notification and the information required and includes highly infectious diseases such as Anthrax, Cholera, Diphtheria, Measles, Plague, Typhoid and influenza.

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Investigations of outbreaks are controlled by the DHHS. The DHHS Regional Environmental Health Officers will liaise with Council Public Health Officers to investigate outbreaks through interviews with patients and family members as well as sample collection processes.

The Council Public Health Unit in conjunction with the Council Medical Officer of Health shall manage Council response to outbreaks of infectious disease. Interventions may include health status screening, medical treatments and vaccination.

Control of transmission shall be dependent upon the virulence of the disease and associated guidelines for prevention and control. Clinical infectious disease protocols for employees and the community may include:

- Personal hygiene and hand washing;
- Personal protective equipment;
- Routine management of the physical environment, such as creating physical separation between Council staff and members of the community and adjustment of air handling systems;
- Education about respiratory hygiene and cough etiquette;
- Aseptic technique;
- Waste management; and
- Handling of linen.

Where vaccines are available to prevent the spread of disease, the immunisation capabilities of the Council can be employed which includes a team of accredited vaccination nurses and where appropriate Maternal and Child Health Nurses.

The City of Glen Eira is also well served by 2 major hospitals (Caulfield Hospital -Alfred Health and Moorabbin Hospital – Monash Health) as well as nuMEMOus general practitioners and community health providers.

## 6. Pandemic Events – Phases and Stages

The World Health Organisation (WHO) has a set of pandemic *phases* that it uses to describe the global situation (phases 1–6). By contrast, Australia and Victoria in their respective Health Management Plans for Pandemic Influenza use a series of action *stages* to describe the state of the pandemic in Australia (or Victoria) and the key actions to be undertaken. Thus, the WHO phase, Australian and Victorian stages may not always be the same depending on the extent of impact in the respective jurisdictions. Where there is a conflict between these systems the Victorian action stage will be used to guide actions in Glen Eira.

The City of Glen Eira Pandemic Coordinator will assess the level of impact of the pandemic on the community of Glen Eira to recommend to the Pandemic Sub Committee which elements of this plan to activate. Actions implemented in Glen Eira will be informed by the level of activation of these other plans in the following order:

- a. Victorian Health Management Plan for Pandemic Influenza
- b. Australian Health Management Plan for Pandemic Influenza
- c. WHO Pandemic Phase.

Refer to Appendix A for descriptions of the WHO phases and Australian/Victorian stages.

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## 7. Pandemic Events – Potential Impact on Glen Eira

### 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, particularly type B and A (H1N1) may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

The incubation period for influenza is usually one to three days. Adults have shed the influenza virus from one day before developing symptoms, to up to seven days after the onset of the illness. Young children can shed the influenza virus for longer than seven days. Generally, shedding peaks early in the illness, typically within a day of symptom onset. The Influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

### Transmission

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

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

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

### 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: <http://www.health.vic.gov.au/pandemicinfluenza>

### Community profile

A comprehensive community profile is detailed in Part C17 of the City of Glen Eira Municipal Emergency Management Plan (MEMP).

### Predicted impact of an influenza pandemic

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

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The attack rate in humans is estimated to be as high as 40 per cent, with a case fatality rate of 2.4 per cent (i.e. of the 40 per cent ill, 2.4 per cent could die).

In the City of Glen Eira, it is expected that 59,605 people (40 per cent of the municipality's population – 149,012 [as at 2016]) could be infected with pandemic influenza, and of those 1258 (2.4 per cent of the 40 per cent of the municipality's population) could die.

### **Council's response to a pandemic**

Through the efforts of the Pandemic Coordinator, supported by regular meetings of the Pandemic Planning Sub Committee, Council will implement the following:

- Strengthen infectious disease control measures to minimise or prevent the spread of influenza in the workplace by promoting good hand washing practices, cough etiquette, provision of alcohol based hand rub, increased cleaning regimes and ensuring cleaning contractors use a neutral detergent;
- Provide additional employee influenza vaccination sessions;
- Provide clear, timely and pro-active communication to employees including how Council is responding to the situation;
- Provide clear, timely and pro-active communication to residents;
- Provide personal protective equipment to employees (surgical masks, disposable gloves);
- Review and strengthen infectious disease control measures and exclusion policies in all Council's aged care facilities, child care centres, maternal and child health centres, immunisation services and home and community care services;
- Provide employee briefings to essential service departments covering infectious disease procedures including personal hygiene protocols, treatment of diagnosed clients, services exclusion policies and notification protocols; and
- Review Council's Business Continuity Plan for accuracy and effectiveness.

### **Community support and recovery**

The City of Glen Eira's role during recovery includes assisting individuals and communities. The key recovery activities to be carried out in the event of a human influenza pandemic by the City of Glen Eira are:

- Providing information services to affected communities e.g. information lines, newsletters, websites, social media and other means, as appropriate;
- Establishing and staffing recovery/information centre(s);
- Forming and leading Municipal/Community Recovery Committees;
- Post-impact assessment – gathering and processing of information;
- Providing and managing community development services;
- Providing and/or co-ordinating volunteer helpers;
- Providing personal support services, such as counselling and advocacy;
- Providing material aid and a range of in-home assistance;
- Assisting with public appeals.

### **Public health**

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

- Conducting mass vaccination sessions, when a vaccine is available;
- Distributing public information and advice;

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- Assessing the impact of the pandemic in Glen Eira and assisting the State Government to develop and implement strategies to maintain public health.

### **Business continuity and essential services**

The City of Glen Eira will continue to deliver essential local services through effective business continuity planning. Refer to the City of Glen Eira Business Continuity Plan for further information.

### **Supporting Plans**

#### **Australian Government Plans**

- National Action Plan for Human Influenza Pandemic – Council of Australian Governments September 2011.
- Australian Health Management Plan for Pandemic Influenza – Australian Government Department of Health, April 2014.

#### **Victorian Government Plans**

- Victorian Human Management Plan for Pandemic Influenza – Victorian Department of Health and Human Services, October 2014.
- Emergency Management Manual Victoria.

#### **Local Government Pandemic Influenza Sub Plan**

- City of Glen Eira Pandemic Influenza Sub Plan 2019.

## **8. Pandemic Events – Implementation Actions in Glen Eira**

### **Public Health Control Measures**

The City of Glen Eira may become involved in support of the Department of Health & Human Services in the delivery of key messages to the community. However the Pandemic Coordinator and Pandemic Planning Sub Committee will determine if there is a requirement to implement any additional public health control measures within Glen Eira, based on the severity of impact of the pandemic across the Glen Eira community. Posters, letterbox drops, web site updates and social media may be used to achieve this.

A checklist of implementation actions is attached as Appendix C.

Appropriate infection control measures will be crucial to preventing the spread of influenza. Infection control will involve a multi-faceted approach, to include:

#### **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, universities, workplaces and recreational facilities, cancelling public events, home isolation or strict travel restrictions.

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### **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 or hugging. Consider holding meetings in the open air.
- Set up systems where clients and customers can pre-order or request information via phone/email and have the order or information ready for fast pick-up or delivery.
- Encourage employees to avoid large gatherings where they might come into contact with infectious people.

A Frequently Asked Questions template for both internal and external audiences is attached at Appendix D.

### **Basic hygiene**

Underpinned by public awareness and education, basic hygiene practices are an effective way for individuals to protect themselves and their families. These measures include:

- Promoting basic hygiene practices including good hand washing and cough etiquette.
- Encouraging employees to receive annual influenza vaccinations.
- Introducing measures to manage employees that report symptoms or become unwell at work.
- Providing disposable surgical masks for use by persons who are coughing.
- Providing protective barriers such as glass or Perspex to protect employees that have frequent face-to-face contact with the public.
- Restricting employee travel.
- Restricting entry to the workplace by employees and visitors with influenza symptoms.
- Increasing cleaning regimes.
- Ensuring that cleaning contractors use a neutral detergent followed by a disinfectant solution to clean surfaces.

### **Community Support**

Vulnerable, isolated persons able to demonstrate inadequate support networks and an inability to help themselves, who have been quarantined under State pandemic arrangements, may require additional support from Council in a pandemic event.

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Council will be made aware of these individuals through liaison with Department of Health and Human Services (DHHS) Southern Metropolitan Region Emergency Management Unit. The procedure is:

- a. The medical professional, on diagnosing an infected individual, will report details to the Communicable Disease Unit of DHHS.
- b. Council's Public Health Unit will then contact the infected person to undertake contact tracing and, on completion passes details to DHHS Southern Metropolitan Region Emergency Management Unit who in turn pass details to the Council Pandemic Coordinator.
- c. The Pandemic Coordinator, or delegate, will contact the individual to assess support networks with an aim to ensure the affected individual has appropriate supply needs for the duration of the quarantine.
- d. The decision to support an infected individual will be at the discretion of the Pandemic Coordinator and relevant to the pandemic phase. For instance, it is envisaged support may be provided in the contain phase but not in the sustain phase and this will be a decision for the Pandemic Planning Committee.

Refer to Appendix E for an example phone assessment script callers may follow.

Where it is deemed that a person is isolated and requires further assistance Council's Meals on Wheels service may be able to deliver an appropriate amount of meals for the duration of the quarantine period.

Food will be delivered to the door step in a cooler bag. Delivery person to knock on the door and step back. Individual to pick up the food once the delivery person is at least one metre distance from physical contact. Council's Delivered Meals service and will invoice the resident for the service.

Community support from the Red Cross may also be possible. Red Cross may assist through an outreach operation providing personal support; assist with the delivery of basic food items and medical supplies. Red Cross can also assist with checks on how each household is managing in isolation, and pass on/hand out any relevant pandemic information such as flyers, assistance available. Red Cross involvement will also be dependent on the level of impact the pandemic is having on their volunteers.

For Red Cross contact details, refer to the Municipal Emergency Management Plan Contact Directory.

A tracking template is located in Appendix G.

### **Targeted use of antivirals, personal protective equipment and vaccines**

Targeted use of antivirals will depend on their availability. Distribution will, in the first instance, be tightly controlled and carefully monitored. Antiviral medication can be used for:

- Treatment with one course of medication
- Preventing infection after exposure (post exposure prophylaxis), with one course of medication.

The use of antivirals will be limited. Priority groups will be determined to ensure that antivirals are used to reduce the associated population-wide morbidity and mortality. The policy for access to antivirals that comprise the national medical stockpile will be based on the level of risk of exposure to pandemic influenza and the ability to further contain its spread.

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Personal protective equipment (PPE) is used to protect the wearer from contact with the pandemic influenza virus and may include masks, gloves, gowns and protective eye wear.

### **Community Education**

Factsheets supplied by DHHS will be made available via the Council's website.

### **Mass Vaccination / Immunisation**

Local government is one of a number of providers of immunisation services. Distribution of and responsibility for vaccination will be situation specific and determined by DHHS at the time.

Advice and additional information is available from DHHS and within the Victorian Health Management Plan for Pandemic Influenza.

### **Role of Council**

Council currently delivers immunisation services to employees and members of the public with an emphasis on childhood and school immunisations. A protocol is already in place for the administration and delivery of these programs.

### **Vaccine administration**

DHHS will provide the vaccine in batches according to the storage facilities available. Identification of eligible population will be best undertaken by use of the Medicare database. Presentation of the Medicare card will be required as proof of identity and eligibility. Security arrangements may also be required to prevent unauthorised access to vaccine and to maintain order at sessions. These arrangements should be developed in consultation with Victoria Police and Council's security service providers.

### **Priority group rationale**

The vaccine will be made available first to people at high risk of exposure to the virus and people most vulnerable to severe illness from infection and then rolled out to the rest of the community.

Consideration should be given to prioritising essential employees within Council based on the Business Continuity Plan.

### **Mass vaccination/immunisation centres**

The following venues are already used as immunisation centres in Glen Eira and are also identified as potential Emergency Relief Centres should the need arise. They each have facilities to conduct mass vaccination activities, including support staff to assist in management of the facility and can easily be secured.

Vaccines for routine immunisation sessions are transported in an esky containing ice. In a pandemic event more eskys and ice can be arranged or if the volume of vaccine requires, suitable mobile fridges can be sourced via the MEMO and installed on site at these centres.

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Venue name	Address	Facility details
Glen Eira Town Hall, Auditorium	Corner Glen Eira and Hawthorn Roads, Caulfield Melway 68 A2	Client capacity: 500 Disabled access Off street parking Toilets
D.C. Bricker Pavilion	Princes Park, Beech Street, Caulfield South Melway 68 B6	Client capacity: 100 Disabled access Off street parking Toilets
Duncan McKinnon Reserve	Corner Murrumbeena and North Roads, Murrumbeena Melway 68 K9	Client capacity: 80 Off street parking Toilets
Moorleigh Community Village	90–92 Bignell Road, Bentleigh East Melway 78 B5	Client capacity: 100 Disabled access Off street parking Toilets
Packer Park	Leila Road, Carnegie Melway 68 J8	Client capacity: 100 Disabled access Street parking Toilets
Carnegie Library and Community Centre	7 Shepparson Avenue, Carnegie Melway 68 J5	Client capacity: 80 Disabled access Off street parking Toilets
Glen Eira Sports and Aquatic Centre	200 East Boundary Rd, Bentleigh East Melway 68 K12	Client capacity: 300 Disabled access Off street parking Toilets
McKinnon Public Hall	118 McKinnon Road, McKinnon Melway 68 D10	Client capacity: 100 Disabled access Off street parking Toilets

A checklist of implementation actions is attached as Appendix C.

## Delivery of Community Care Services

In the event of an influenza pandemic there may be an increased number of requests for local food delivery services and ‘meals and on wheels’ type services. Council will coordinate these deliveries through its Community Care services.

Particular consideration will be given to the surge capacity of providers in the event of an increased demand. In addition, all employees and volunteers will be briefed on the importance of social distancing during the pandemic.

Should local providers’ capabilities be exhausted, the Red Cross may be able to provide additional community support including provision of volunteers and assistance with meal delivery. They may be contacted through the MEMO.

A checklist of implementation actions is attached as Appendix C.

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## Delivery of Children's Services

Council operates childcare centres within the City of Glen Eira. These have the potential to be particularly vulnerable in the event of an influenza pandemic. Not only are the children a group at increased risk, but also their capacity to adhere to effective public health control measures is reduced, and therefore the risk of increased spread is greater.

One of the key decisions the Pandemic Planning Sub Committee will need to determine is at what point these services will need to be suspended in order to minimise the risk of transmission of a pandemic.

A checklist of implementation actions is attached as Appendix C.

## Delivery of Residential Care Services

Council operates residential care services within the City of Glen Eira. These have the potential to be particularly vulnerable in the event of an influenza pandemic. Not only are the aged population a group at increased risk, but also their capacity to adhere to effective public health control measures may be reduced, and therefore the risk of increased spread is greater.

An internal Council policy will be implemented during the 'Response stage' of an influenza pandemic which will direct all Residential Care Services staff to be properly immunised prior to commencing work.

A checklist of implementation actions is attached as Appendix C.

## Provision of Information to the Community

The Department of Health & Human Services has a range of fact sheets and educational posters available for various sectors of the community at <http://www.health.vic.gov.au/pandemicinfluenza>

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

For further information on the Human Influenza Pandemic Whole of Victorian Government Communication Strategy: [www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)

Glen Eira will need to plan for a number of messages to the community, including:

- Explaining what the municipality is doing about human influenza pandemic planning
- Promoting accurate information about hygiene and awareness
- Advising the community and employees about any changes in arrangements for service delivery

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There are a broad range of communication facilities available within the municipality for disseminating information including:

- Community newsletters
- Media Releases
- Council's website
- Community newspapers
- Commercial television stations
- Commercial Melbourne radio stations both FM and AM networks
- Information on hold for telephone callers to Council
- Briefing notes for employees in the Council Customer Service Centre and Knowledge Bank
- Social media
- Libraries

Further information on Council's communication infrastructure is available in Part A7 (Public Communication) of the MEMP.

A checklist of implementation actions is attached as Appendix C.

## Community Support and Recovery

Recovery from emergencies in Victoria is managed across four environments: social, health, community and economic (built and natural).

The community support and recovery efforts for an Influenza pandemic will focus on social, health and economic environments, rather than on the built and natural environments that are traditionally impacted upon during an emergency.

The potential social and economic impacts of an influenza pandemic include:

- Increased levels of uncertainty, fear and anxiety
- Breakdown of community support mechanisms
- Increased numbers of vulnerable people and emergence of new groups
- High workforce absenteeism
- Widespread economic disruption

Refer to part A5 of the City of Glen Eira MEMP for full details on the planned arrangements for the management of community support and recovery and the community organisations and agencies that can assist.

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## Appendix A – Descriptions of Pandemic Stages and Phases

Note: World Health Organisation (WHO) phases describe the transmission of the pandemic. Australian (and Victorian) stages describe the key actions to be undertaken based on activity in that jurisdiction.

### WHO Phases

Phase	Description
One	No animal influenza virus circulating among animals has been reported to cause infection in humans.
Two	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Three	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Four	Human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Five	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Six	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post-peak	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible new wave	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
Post-pandemic	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

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### Australian and Victorian Stages

Stage		Description	Key actions
Prevention		<i>Prevention is not the primary focus of this plan</i>	
Preparedness		No novel strain detected (or emerging strain under initial detection)	<ul style="list-style-type: none"> <li>Establish pre-agreed agreements by developing and maintaining plans</li> <li>Research pandemic-specific influenza management strategies</li> <li>Ensure resources are available and ready for rapid response</li> <li>Monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur</li> </ul>
Response	Standby	Sustained community person-to-person transmission detected overseas	<ul style="list-style-type: none"> <li>Prepare to commence enhanced arrangements</li> <li>Identify and characterise the nature of the disease (commenced in preparedness)</li> <li>Communicate measures to raise awareness and confirm governance arrangements</li> </ul>
	Action (initial and targeted)	Cases detected in Australia	<p><b>Initial (when information about the disease is scarce)</b></p> <ul style="list-style-type: none"> <li>Prepare and support health system needs</li> <li>Manage initial cases</li> <li>Identify and characterise the nature of the disease within the Australian context</li> <li>Provide information to support best practice healthcare and to empower the community and responders to manage their own risk of exposure</li> <li>Support effective governance</li> </ul> <p><b>Targeted (when enough is known about the disease to tailor measures to specific needs)</b></p> <ul style="list-style-type: none"> <li>Support and maintain quality care</li> <li>Ensure a proportionate response</li> <li>Communicate to engage, empower and build confidence in the community</li> <li>Provide a coordinated and consistent approach</li> </ul>
	Stand down	Public health threat can be managed within normal arrangements Monitoring for change is in place	<ul style="list-style-type: none"> <li>Support and maintain quality care</li> <li>Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement</li> <li>Monitor for a second wave of the outbreak</li> <li>Monitor for the development of antiviral resistance</li> <li>Communicate activities to support the return from pandemic to normal business services</li> <li>Evaluate systems and revise plans and procedures</li> </ul>
Recovery		<i>Recovery is not the primary focus of this plan</i>	

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## Appendix B – Pandemic Sub Committee Activation Meeting Agenda



Municipal Emergency Management Planning Committee  
Pandemic Planning Sub Committee

Activation Agenda

Date

Location

Time

**Attendees:**

**Apologies:**

**1. Briefing on current pandemic threat**

- Available information from health sources
  - WHO
  - Australian Department of Health
  - Victorian Department of Health and Human Services

**2. Potential impact on Glen Eira**

**3. Checklist Review**

**4. General Business**

**5. Next meeting**

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## Appendix C – Pandemic Plan Implementation Action Checklists

### Public Health Control Measures

Action	Action Status
Provision of information to the public and employees consistent with DHHS: <ul style="list-style-type: none"> <li>• Basic personal hygiene</li> <li>• Cough/sneeze etiquette</li> <li>• Social distancing</li> <li>• Re-assessment of group gatherings</li> </ul>	
PPE kits for relevant Council employees and associated education	
Hand sanitisers in Council offices	
Paper towel in wash rooms	
Increased waste management, including use of infectious waste bags	
Briefing to cleaning contractors in Council offices and increased frequency	
Maintain liaison with DHHS	
Review of operation of public facilities <ul style="list-style-type: none"> <li>• Swimming pools</li> <li>• Libraries</li> </ul>	
Review Council public events and recommend continuation or rescheduling	
Communicate infectious disease control information to the community to prevent the spread of illness	

### Mass Vaccination / Immunisation

Action	Action Status
Confirm suitability of immunisation centres and determine which to open	
Determine requirement for additional storage fridges at centres	
Determine priorities for receipt of vaccine across the Council workforce	
Undertake risk assessment of operation of immunisation centres with respect to security and mass gathering implications	
Implement enhanced security as required	
Provide interpreters at centres as necessary	
Assist with vaccination advice provision as information becomes available	

### Delivery of Community Development and Care Services

Action	Action Status
Maintain normal service delivery standards as long as staffing resources allow	
Establish and maintain a stockpile of PPE	
Ensure PPE available to employees	
Inform clients that services may be affected	
Provide on-going information updates to employees and care workers	
Consider mobile outreach services, subject to capacity to provide and risks to employees	
Record health status of clients	

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Delivery of Family and Children's Services

Action	Action Status
Display information for parents and employees	
Introduce disinfectant hand wash at the entrance of each centre	
Encourage children to wash their hands more frequently	
Exclude children and parents that appear unwell / display symptoms	
Increase frequency of cleaning surfaces and toys	
Increase frequency of waste disposal	
Wear gloves and masks when required	
Restrict food handling and maintain procedures in line with standard techniques	
Keep register of sick children	
Undertake a risk assessment to determine appropriateness to maintain operation of facilities while pandemic remains active	

Provision of Information to the Community

Action	Action Status
Enhanced community information via all channels: <ul style="list-style-type: none"> <li>• Social media</li> <li>• Web site</li> <li>• Newsletters</li> <li>• Media releases</li> <li>• Info on hold for callers</li> <li>• Briefings to Customer Service Centre employees</li> <li>• Printed collateral</li> </ul>	
Development and placement of multi-lingual and pictorial posters	
Collation of call transfer database information to assist in identifying service demands	
Recording information associated with caller enquiries	

Delivery of Residential Care Services

Action	Action Status
Maintain normal service delivery standards as long as staffing resources allow	
Establish and maintain a stockpile of PPE	
Ensure PPE available to employees	
Inform clients that services may be affected	
Provide on-going information updates to employees and staff	
Mass immunisation of staff as required	

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## Appendix D – Example FAQ's Template

Publication of a question and answer style 'Frequently Asked Questions' document is useful for both internal Council employees and the public. The information outlines the types of questions to consider and should be populated according to the specific circumstances of the pandemic with reference to materials produced at a State level by DHHS.

The information should be updated frequently and published at the first sign of a pandemic affecting the municipality.

Council could also consider publishing the information in a range of languages and formats as well as actively circulating to relevant local media.

- ***What is XYZ pandemic?***
- ***How is XYZ pandemic transmitted?***
- ***What can I do to avoid XYZ pandemic?***
- ***What should I do if I believe I may have XYZ pandemic?***
- ***How do you treat XYZ pandemic?***
- ***Are some people more at risk than others?***
- ***Is there a vaccine available?***
- ***What is Council doing about XYZ pandemic?***
- ***What assistance is available to me if I become ill?***

### Additional FAQs for internal employees

Similarly there may be questions asked by employees. Council should seek the advice of internal specialists (People & Culture, Pandemic Coordinator) and external agencies (DHHS) in responding to these.

- ***I'm in an 'at risk' category (i.e. pregnant). Should I stay home?***
- ***I catch public transport to work. Should I stay home?***
- ***One of my family members or dependents is sick. Can I stay home to take care of them?***
- ***I've been exposed to XYZ pandemic. Should I stay home?***
- ***Because so many people are away sick, I am struggling to keep up with all my work and all the requests I am receiving. What should I do?***
- ***I've been asked to fill-in for someone else in another business area while they are away sick. What will happen to my usual work?***
- ***I've been asked to fill-in for someone else in another business area while they are away sick. When will I return to my usual work?***

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## Appendix E – Example Phone Assessment Call Script

Hello, my name is \_\_\_\_\_

I am calling from the Glen Eira City Council.

I am calling to assess what help you may need at the moment while you are at home with the flu.

Is there anyone that you that you can ask to help you at the moment?

**YES** – I will call you back tomorrow to make sure that you have been able to access help.

Organise a follow up call for the next day.

**NO** – The services that we may be able to help with include;

- Supplies
  - Groceries
  - Medicine
    - Discuss methods of payment
- Other information – pass on the contact number for services that may be of assistance;
  - Nurse on call
  - Centrelink
  - Specific information lines
  - Website addresses

Follow the process to provide household support

- Register the household
- Fill in needs assessment form
- Give a name and contact number in case the affected household needs to get back in touch
- Organise delivery of household support service and daily phone contact follow up

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## Appendix F – Employee member reporting Pandemic Influenza

### Employee member reports influenza illness from home

- Instruct the employee not to attend work
- Complete the absenteeism register – See attached Pandemic Influenza – employee absenteeism register template
- If not already done so, advise employee to seek medical advice
- Ask employee to advise work of the outcome
- Identify when symptoms first appeared
- Identify close contacts of employee workplace (if applicable)
- Isolate and advise close contact of situation (if applicable).

### Employee member reports influenza illness while at work

- Avoid visiting the person if possible and manage the process over the phone;
- Has the employee any of the following symptoms?
  - Fever 38 degrees or higher (or history of fever) PLUS cough
  - PLUS one or more of the following:
    - Headache, fatigue and weakness
    - Sore throat, chest discomfort, difficulty in breathing (shortness of breath)
    - Muscle aches and pains.

**If Yes:** Person should be considered as a possible influenza case.

**If No:** Unlikely to be influenza. If employee is concerned, advise them to consult with their GP before attending work.

- Separate infected employee from other workers if possible
- Advise worker to seek medical advice
- Register illness with People and Culture (P&C)
- Arrange for clean up of person's workstation/area (contact cleaning contractor)
- Identify close contacts – see below for a definition
- Advise close contacts that they have been in contact with a suspect case
- Consider the need to ask close contacts to go home, and closely monitor their health and if they begin to feel ill, seek immediate medical advice and advise work
- Request employee to advise work of outcome.

### Close contact

The definition of a close contact is likely to change once the transmission characteristics of the pandemic strain are known and depending upon the phase of the pandemic. The definition below is a draft guideline.

A close contact is defined as:

- People who have been within one metre contact with an infectious case including physical contact or exposure to their respiratory droplets or droplet nuclei; or
- People who have spent more than 15 minutes in a confined space with the infectious person. This time period may be adjusted following consideration of the room size, ventilation, humidity and the number of people in the room.

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**Pandemic Influenza – employee absenteeism register template**

This form is to be completed by the Department Manager and/or Business Continuity Coordinator and forwarded to People & Culture and the Pandemic Coordinator

Division	Branch	Work Area	Employee Name	Absent from work (Yes/No)	Caring for relative/working from home/other	Medical certification of infection (Yes/No)	Has a medical certificate been provided?	Date Absent	Expected Return
<i>EXAMPLE: Corporate Services</i>	<i>Governance Services</i>	<i>Risk Management</i>	<i>Emma Smith</i>	<i>Yes</i>	<i>Working from home</i>	<i>Yes</i>	<i>Yes</i>	<i>dd/mm/yy</i>	<i>dd/mm/yy</i>

Signed..... Date.....

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