Pandemic Sub Plan

Version 10.1

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

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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 Sub Plan

Activation of this plan will typically only be considered in the event of a pandemic 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, after liaison with the Department of Health (DH), will arrange to brief all members of the Pandemic 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 Sub Committee will be convened as soon as practicable. The Pandemic Coordinator will chair the meeting. The Committee will be briefed on the current and expected impact of the pandemic and the plan to support the community. 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

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Amendment Register:

Amendment	**Date**
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
10 – complete re-write (with COVID-19 learnings)	April 2022
10.1 – minor content amendments and update stats	December 2022

1. Introduction

This document is a sub plan of the Glen Eira Municipal Emergency Management Plan (MEMP) and is to be read and used in conjunction with the MEMP and not as a stand-alone document.

The Director Community Wellbeing is the substantive Pandemic Coordinator for Glen Eira City Council (GECC). In the event of an ongoing pandemic, impacting the City of Glen Eira, this power may be delegated. The Pandemic Coordinator will work with:

- The GECC Risk Management Coordinator (coordinator of GECC's Business Continuity Plan (BCP)) to determine the critical Council business functions to be maintained;
- Connect Health and the wider community health services and support agencies in Glen Eira to determine the needs of the community; and
- The Municipal Recovery Manager to ensure an effective connection into the wider municipal emergency management arrangements, especially with respect to recovery.

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

2. 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 in the preliminary phases;
- Manage the response to a pandemic 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;
- Encourage all emergency management agencies to ensure effective business continuity arrangements are implemented to support non-stop service delivery to the community of Glen Eira;
- Mass vaccination – assisting with the development and delivery of vaccination services to the community, if a pandemic vaccine becomes available;

- Communication – developing media and communication messages in line with government messages, to inform and educate the community and employees about:
  - Public health;
  - Restrictions on movement, activity, and social interaction; and
  - Changes to municipal service delivery;
- Community support and recovery – ensuring an effective link to the Municipal Recovery Manager (MRM) and Municipal Emergency Management Plan (MEMP) to facilitate community recovery. (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.

3. Potential Impact on Glen Eira

Disease description
Influenza is the most likely form of pandemic to impact the community. 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 DH web site at: http://www.health.vic.gov.au/pandemicinfluenza

Coronavirus
Coronavirus disease is an infectious disease that is one of a family of hundreds of viruses. The earliest strain was first identified in chickens in the 1930s. In 1965 the first human coronaviruses were identified. Of these, severe acute respiratory syndrome (SARS), caused by a coronavirus (SARS-CoV) was identified in 2002. Between 2002 and 2014, it is reported that 774 people died worldwide due to SARS. Between 2012 and 2018 another outbreak known as the Middle East respiratory syndrome (MERS) originated in Saudi Arabia and spread to South Korea but was largely geographically isolated to those countries.

Global pandemics are rare events. Australia has been impacted by the following pandemics:

- **Spanish Flu (1918-20):** Returning soldiers from World War I are believed to have been the carrier of this virus to Australia. Although quarantine camps were established in places like Darwin, the virus eventually entered the community. There is limited information about the specific information on the impact for the community now known as Glen Eira. This is largely due to the limited records from the time.
- **COVID-19** (2020 –): The first cases of human infection from a then novel strain of coronavirus (SARS-CoV-2) were identified in Wuhan, China. This quickly spread globally, resulting in isolation of communities, the closure of Australia's international borders and a very high mortality rates. In December 2022 the World Health Organisation had reported more than 640 million cases and more than 6.6 million deaths worldwide since the outbreak began in December 2019. Over the same period in Australia there were over 10.7 million cases, resulting more than 15,361 deaths.

  The first case of COVID-19 in Victoria was detected on 25 January 2020. As of December 2022, Victoria has suffered four (4) waves resulting in over 2,751,000 cases and the loss of 6067 lives. Of these, 67,000 cases have been in Glen Eira. The greatest impact being on the elderly and medically vulnerable.

  In February 2021 a vaccination rollout program commenced in Australia. By November 2022, more than 95% of the population over 12 years of age have received 2 vaccinations and 79.5% an additional booster dose.

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.

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.

4. Pandemic Planning

A Pandemic 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
- Municipal Emergency Management Officer (MEMO)
- Municipal Recovery Manager
- Deputy MRM
- Manager Family, Youth and Children's Services
- Manager Aged Care and Independent Living
- Manager Community Development
- Manager Communications, Engagement and Advocacy
- Risk Management Coordinator (coordinator of GECC's BCP)
- Coordinator Public Health
- Manager Community Safety & Compliance

The following MEMPC agencies are also part of the sub committee

- Municipal Emergency Response Coordinator (MERC)
- Ambulance Victoria
- Department of Families, Fairness and Housing
- Connect Health
- Hatzolah

Others may be co-opted as required.

In a non-pandemic environment, this group will meet annually, usually in May, to review and update the plan. The review of the plan should consider:

- 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 Health Management Plan activations;
- Any changes to Victoria's emergency management arrangements that pertain to the management of pandemics.

In the event of a pandemic, the committee's role will change. Refer to Preparedness and Response sections below.

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 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.

Business Continuity

All organisations involved in the response to and recovery from emergencies are expected to have developed their own business continuity plans (BCP) to ensure minimal disruption to service delivery. During a pandemic all organisations in the community are likely to be affected. Emergency management organisations will still be expected to continue to operate, providing normal services, as well as potentially undertake additional roles in the support of the community.

As part of the pandemic planning process, each emergency management agency in Glen Eira will be expected to confirm their BCP status and advise any changes to their operating arrangements in the event of a pandemic.

Glen Eira City Council has developed a BCP which is managed by Council's Risk Management Coordinator. The Council BCP acknowledges that Council employees will be affected by a pandemic. This may include:

- Increased absenteeism due to concerns about the personal impact of the pandemic;
- Increased or alternate workload in support of the community.

The Council Business Continuity Coordinator is responsible for liaising with the Pandemic Coordinator to ensure priority is given to the appropriate service delivery areas. Refer to the GECC 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 MEMP for more information.

5. Health Services Planning for Managing Affected Individuals

Influenza streams
Patients with suspected pandemic disease symptoms 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.

Designated hospitals (Flu Clinics)
To prevent the spread of pandemic influenza infection within hospitals, the Department of Health (DH) 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 has identified several 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 DH, in consultation with the health service provider. Clinical or other considerations may preclude patient transfer.

Community Support
Community health organisations, such as Connect Health, provide a range of support services to the community. This may include:

- Direct assistance to pandemic affected people, on behalf of DH, such as testing, treatment, and access to immediate relief while in isolation.
- Referral to other allied health services for ongoing support and case management.

To deliver these services, Connect Health will develop its own internal operational plans and liaise with GECC to facilitate relief services.

Ambulance Victoria
Where community members are identified with complex needs or support requirements, Ambulance Victoria (AV) will note a 'Location of Interest' (LoI) in their despatch system. This will enable future responding AV crews to be advised of any special support or care plans that are in place to assist that person.

6. Non-Pandemic Events

In the event of any infectious disease outbreak, infection 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. The Blue Book can also be found at: 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 shall be undertaken in accordance with guidance and advice provided by the Victorian Government. Where appropriate local community health organisations and Council Public Health Team members will be supporting the response.

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 4 of the *Public Health and Wellbeing Regulations 2009*. These regulations guide mandatory reporting requirements and notifications to the DH medical practitioners and laboratories.

The *Public Health and Wellbeing Regulations 2009* 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 based on the method of notification and the information required and includes highly infectious diseases such as Anthrax, Cholera, Diphtheria, Measles, Plague, Typhoid, and influenza.

Investigations of outbreaks, including gastroenteritis, are controlled by the DH. The DH 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. For more information: https://www.health.vic.gov.au/publications/guidelines-for-the-investigation-of-gastroenteritis-for-environmental-health-officers

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 numerous general practitioners and community health providers.

7. Preparedness

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.

As minimum, Incident Action Plans (IAPs) in support of this plan will be reviewed and updated in readiness for possible implementation. These include:

- Operation Larder – Food and immediate needs relief plan
- Operation Zorro – Mask distribution plan
- Operation Remedium – Mass vaccination hub establishment and operation plan

Copies of these plans are available via the Pandemic Coordinator and the MRM.

Upon advice from the Victorian Government that Victorian community may be impacted by a pandemic, the Glen Eira Pandemic Coordinator will:

- Convene the Pandemic Sub Committee and conduct an initial meeting (as per Appendix B)
- Establish Council's Pandemic Coordination Team to support the Pandemic Coordinator
- Run the Preparedness Checklist (Appendix C1)

8. Response

Upon activation of this plan (refer to page 2) the Pandemic Planning Sub Committee will shift from a pure planning role to become a multi-agency and Council multi-departmental local Emergency Management Team (EMT) to consider:

- The current situation and immediate operational support needs/objectives for the community of Glen Eira
- Status of specific operations (e.g. food relief) to support the community
- Representation on the EMT to ensure all affected cohorts and support groups in the community adequately represented
- Development and implementation of specific Incident Action Plans as necessary to support response and recovery in the community

The EMT will meet initially weekly, or as required, to determine the necessary actions to be implemented. Subsequently, meetings may be less frequent depending on the rate of change of the situation.

Operational management

The COVID-19 experience has identified numerous operational management challenges for a Pandemic Coordinator and EMT to consider. These include:

- The need for an agile response to frequent opening and closing of services and changes to delivery methods, as multiple waves impact of the pandemic impact on the community.
- Fatigue both among staff of organisations involved in the response to the emergency and in the wider community with respect to the compliance with restrictions and directions.
- Mental health challenges due to isolation and workload for the emergency management personnel involved, as well as the wider community.

To address these challenges, the GECC Pandemic Coordinator and wider EMT representatives will be encouraged to maintain high situational awareness about new and emerging strains of the pandemic disease that may generate new waves. A 'prudent over reaction' stance is encouraged to prepare for such an eventuality. In addition, an effective fatigue management and rostering strategy should be implemented early across all organisations involved in the management of the response to a pandemic.

To monitor progress, a response and recovery action plan will be developed to track actions, their priority and progress across all facets of support to the community. As an initial guide the action plan (See Appendix G for a suggested template) will cover the following topics.

Public health control measures

GECC (and the Pandemic EMT) may become involved in support of DH, as the Control Agency, in the delivery of key messages to the community. However the Pandemic Coordinator and Pandemic EMT 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. Any such messaging will be designed to deliver the repeat the messaging from the Control Agency but delivered in a suitable manner for the community of Glen Eira. It will take into consideration the vulnerabilities, cultural and linguistic variances in the community of Glen Eira. For more information contact the Glen Eira Council Manager Customer and Communications and refer to Part B8 of the main MEMP.

Appropriate infection control measures will be crucial to preventing the spread of disease. 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, 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 directions issued by the Victorian Government including closing schools, childcare centres, universities, workplaces, and recreational facilities, cancelling public events, home isolation or strict travel restrictions.

How to minimise contact

- Avoid meeting people face to face – use a 'work from home' model 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 adjusting the air-conditioning to fully exhaust air in the facility and refill with fresh air from outside the building. Consider the use of approved air filtration systems for essential workplaces that must be occupied.
- 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.
- Encourage online ordering and 'click and collect' supply delivery options.
- Encourage employees to avoid large gatherings where they might come into contact with infectious people.

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.

Workplace

Enhanced workplace safety can be implemented by:

- Social distancing and hygiene signage and reminders (physical floor markers, room capacity signage, etc.
- Increased natural ventilation where possible
- Encouraging use of face masks
- Free access to Rapid Antigen Tests (RATs)

- Recommending access to anti-viral medication and vaccination for workforce members in relevant categories

Community support for people in isolation

Vulnerable and isolated persons that 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.

Council will be made aware of these vulnerable individuals through a variety of community network sources that contribute to the EMT. Additionally, those who test positive to the pandemic disease will be notified to Council via liaison with DH Southern Metropolitan Region Emergency Management Unit, through daily situational update meetings.

The procedure will be:

a. The medical professional, on diagnosing an infected individual, will report details to the Communicable Disease Unit of DH.
b. DH South-East Public Health Unit (SEPHU) will then advise Connect Health and the local health provider. Connect Health will then advise 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 EMT.

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

Where a person is isolated and requires further assistance, the GECC Pandemic Coordination Team will arrange support via the following process:

1. In collaboration with Connect Health capture data about the needs of the vulnerable person or household in isolation, including:
    a. Food requirements (amount, capacity to cook, cultural and dietary requirements)
    b. Other genuine specific and essential supplies (e.g. personal and household hygiene needs, baby formula, nappies, etc.)
    c. Any pet support requirements
    d. Identification of any other specialist or urgent services required such as urgent maintenance (e.g. blocked toilet)
2. Food and other immediate needs requirements will be provided based on Operation Larder.

3. Delivery by Council staff to a single household will be to the household doorstep 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 two metres distance from physical contact. Alternatively Council staff may deliver to health concierge facility should one have been established in a medium to high density lockdown (e.g. apartment building) scenario. Staff of the health provider are to deliver to household in such settings as Council staff are not trained in donning and doffing PPE.
4. 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 any relevant pandemic information. 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 template for tracking households in isolation is in Appendix F.

Community testing

Any testing arrangements to determine who in the community has been infected by the pandemic disease will be coordinated at State level by DH. Council's may be able to assist through the provision of facilities and resources to assist with establishment of local testing centres. Any such requests should, in the first instance, be directed via the MERC to the MEMO, as per normal emergency management arrangements. The MEMO will discuss the request with the Pandemic Coordinator before deciding on Council's capacity to assist.

Council's internal response to a pandemic

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 vaccination sessions when a vaccine is available.
- 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, by generally re-transmitting State Government messaging.
- Provide personal protective equipment to employees (surgical masks, disposable gloves) as appropriate.

- Review and strengthen infectious disease control measures and exclusion policies in all Council's aged care facilities, childcare centres, maternal and child health centres, immunisation services and home and community care services in-line with State and Commonwealth guidelines and directives.
- 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.
- Implement Council's Business Continuity Plan.

Delivery of Community Care Services

In the event of a 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.

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.

Refer to Operation Larder for more detail.

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.

If not directed by the State Government, the Pandemic EMT will need to determine at what point these services will need to be suspended to minimise the risk of transmission of a pandemic.

A checklist of implementation actions is attached as Appendix C2.

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 a 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.

If not directed by the Victorian Government or the Commonwealth Department of Ageing, Council will establish a policy that will direct all Residential Care Services staff to be properly immunised prior to commencing work.

Provision of information and support to the community

DH has a range of fact sheets and educational posters available for various sectors of the community at https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources

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: https://www.health.vic.gov.au/emergency-type/pandemic-influenza

The Pandemic EMT will oversee the following support to the community through:

- 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), either real or virtual, through organisations like Community Information and Support Glen Eira;
- Forming and leading Municipal/Community Recovery Committees as appropriate;
- 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;
- Assessing the extent of impact in the community, especially to vulnerable cohorts, and passing this information to the Control Agency and State Government departments;
- Support the business community;
- Targeted communications for CALD communities developed with input from relevant community leaders.

Messaging will include:

- Re-transmission of or links to State information sources (e.g. DH website) to ensure a single source of truth
- Explaining what the municipality is doing about pandemic planning
- Promoting educational information about hygiene and awareness
- Advising the community and employees about any changes in arrangements for service delivery

All available channels for community messaging will be used. Further information is available in Part A7 (Public Communication) of the MEMP.

Mass vaccination

It is likely that there will a considerable delay between the initial outbreak of the pandemic and the development and mass production of a vaccine.

Although local government is one of several providers of immunisation services, experience during the 2020/21 COVID-19 pandemic suggests that Councils will have a limited role in the distribution and administration of vaccinations. Distribution of and responsibility for vaccination will be situation specific and determined by the Commonwealth and State Departments of Health.

Advice and additional information are available from DH 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
DH 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, traffic, and pedestrian management 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 groups in the community
The Commonwealth government will determine the prioritisation of distribution of a vaccine when it becomes available. This will likely go to high-risk people in the community, such as front-line workers and those who are medically vulnerable due to illness, or age.

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.

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 Mackinnon 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 C2.

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 by the Commonwealth government 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.

9. Recovery

Part A5 of the Glen Eira MEMP provides the full details on the planned arrangements for the management of community support and recovery following emergencies in Glen Eira and the community organisations and agencies that can assist. Part A5 will be the primary guide for the recovery from a pandemic. However, the following subtle differences should be taken into consideration.

Recovery from emergencies in Victoria is managed across four environments:

- Social, health and wellbeing
- Natural
- Built
- Economic

The community support and recovery efforts for an Influenza pandemic will focus on social, health and wellbeing as well as the economic environment. However, there may be some increased impact on the natural environment due to an increase in litter from an increase in the disposal of used PPE.

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

The potential impact on the economic environment includes:

- Temporary or permanent closure of some businesses, especially non-essential retail
- Disruption of business services due to an inability to work from home or deliver online services
- Unemployment because of businesses being directed to close
- Reduction in local trade due to limited ‘cash flow’ in the local economy

To address these impacts the Pandemic Committee may establish specific community recovery committee(s) to meet the needs of and support the affected community. For example, in addition to support for the affected people, various economic development business initiatives may be established such as:

- Community grants programs
- Education programs for business operators to assist in developing their online presence
- Assisting with access to State and Commonwealth financial support packages

10. Other and 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 Plans

- Glen Eira Municipal Emergency Management Plan
- Glen Eira City Council Business Continuity Plan
- Local agency and community group business continuity plans

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.

Australian and Victorian Stages

Stage		Description	Key actions
Prevention		*Prevention is not the primary focus of this plan*	
Preparedness		No novel strain detected (or emerging strain under initial detection)	• Establish pre-agreed agreements by developing and maintaining plans • Research pandemic-specific influenza management strategies • Ensure resources are available and ready for rapid response • Monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur
Response	Standby	Sustained community person-to-person transmission detected overseas	• Prepare to commence enhanced arrangements • Identify and characterise the nature of the disease (commenced in preparedness) • Communicate measures to raise awareness and confirm governance arrangements
	Action (initial and targeted)	Cases detected in Australia	**Initial (when information about the disease is scarce)** • Prepare and support health system needs • Manage initial cases • Identify and characterise the nature of the disease within the Australian context • Provide information to support best practice healthcare and to empower the community and responders to manage their own risk of exposure • Support effective governance **Targeted (when enough is known about the disease to tailor measures to specific needs)** • Support and maintain quality care • Ensure a proportionate response • Communicate to engage, empower, and build confidence in the community • Provide a coordinated and consistent approach
	Stand down	Public health threat can be managed within normal arrangements Monitoring for change is in place	• Support and maintain quality care • Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement • Monitor for a second wave of the outbreak • Monitor for the development of antiviral resistance • Communicate activities to support the return from pandemic to normal business services • Evaluate systems and revise plans and procedures
Recovery		*Recovery is not the primary focus of this plan*	

Appendix B – Activation Meeting 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

2. **Potential impact on Glen Eira**

3. **Checklist Review**

4. **Establishment and Membership of Pandemic Emergency Management Team (EMT)**

5. **Membership of Council Pandemic Coordination Team**

6. **General Business**

7. **Next meeting**
   Note: Meetings may initially be held weekly and then subsequently decrease in frequency based on the needs of the situation.

Appendix C1 – Pandemic Preparedness Checklist

Public Health Control Measures

Action	Action Status
Provision of information to the public and employees consistent with DH advice: • Basic personal hygiene • Cough/sneeze etiquette • Social distancing • Re-assessment of group gatherings	
Consider bespoke and targeted language and cultural content for messaging	
Confirm Council and emergency management agency capabilities and report any shortfalls to the chair of the MEMPC for determination of alternate arrangements	
Stocktake PPE supplies across organisations and seek State Government support for substantial shortfalls	
Encourage all agencies to undertake internal hygiene education programs	
Ensure community health organisations establish and maintain a vulnerable groups dataset that can be used for both targeted education and support	
Maintain liaison with community support organisations	
Maintain liaison with DH	

Council facilities

Action	Action Status
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 posters)	
Tissues and no-touch receptacles for used tissue disposal	
Conveniently located dispensers of alcohol-based hand rub	
Provision of disposable surgical masks	
Confirming policy of work from home policy for all employees where practical	
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 E)	
Posters related to pandemic influenza information displayed in Council buildings	
Review of operation of public facilities • Swimming pools • Libraries	
Review Council public events and recommend continuation or rescheduling	
Increased waste management, including use of infectious waste bags	
Briefing to cleaning contractors in Council offices and increased frequency	

Appendix C2 – Pandemic Plan Implementation Action Checklists

Delivery of Community Development

Action	Action Status
Maintain normal service delivery standards if 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	

Delivery of Family, Youth 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: • Social media • Web site • Newsletters • Media releases • Info on hold for callers • Briefings to Customer Service Centre employees • Printed collateral	
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 Aged Care and Independent Living Services

Action	Action Status
Maintain normal service delivery standards if 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	

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	

Appendix D – 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 now while you are at home with the flu.

Is there anyone that you can ask to help you now?
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

Appendix E – Employee reporting pandemic symptoms

(Note: This may be used in by any agency in this first instance until State Government Directions are issued).

Employee reports pandemic illness from home

- Instruct the employee not to attend work
- Complete the absenteeism register – See attached 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 contacts of situation (if applicable).

Employee member reports 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 37.5 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 case.

  If No: Unlikely to be influenza. If employee is concerned, advise them to consult with their GP before returning to work.
- Separate infected employee from other workers if possible
- Advise worker to seek medical advice
- Register illness with relevant Human Resources or equivalent business unit
- 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 may be adjusted following consideration of the room size, ventilation, humidity, and the number of people in the room.

Employee absenteeism register template

This form is to be completed by the Department Manager and/or Business Continuity Coordinator and forwarded to Human Resources (or equivalent) and the organisation's 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
EXAMPLE: *Corporate Services*	*Governance Services*	Risk Management	*Emma Smith*	*Yes*	***Working from home***	***Yes***	***Yes***	*dd/mm/yy*	*dd/mm/yy*

Signed…… Date……

Appendix F – Template for Tracking Quarantined Residents

Name, Address and Contact Details	Date Quarantined	Proposed End Date Quarantined	Support Services	Other Health Needs	Comments

Appendix G – Pandemic Planning Committee Action Plan Template

Title: Pandemic name and date

Sections:

- Introduction
- Committee membership
- State objectives, plans and phases
- Committee priorities (definitions)

High	HIGH priority actions are those that are required by Commonwealth or State requirements outlined in Commonwealth, State, or regional emergency management legislation, plans or arrangements **or** will impact the provision of essential services **or** are required by the Commonwealth or State Government to reduce infection rates amongst the community or staff or assist with the provision of essential items to the Glen Eira Community.
Medium	MODERATE priority actions are those that **will** enhance localised emergency management operations but are not formally required through emergency management arrangements **or** will impact the delivery of non-essential services that support relief and recovery efforts **or** are required to respond to emerging public health and welling issues arising from restrictions or community isolation.
Low	Low priority actions are those that **will** positively contribute towards community and/or economic resilience, maintain the delivery of non-essential services that are not directly linked to relief or recovery efforts or promote the overall sustained health and wellbeing of the community in the longer term

- Actions

No.	Action	Owner	Priority	Status
1	*e.g. Develop shutdown plan*	*GECC Pandemic Coordinator*	*High*	*Completed*
2	*e.g. Establish relief referral triage system*	*Connect Health*	*Medium*	*In progress*

- Appendices