Eastern Metropolitan Councils

LOCAL GOVERNMENT PANDEMIC INFLUENZA PLAN

Version 2.0 | February 2018

Eastern Metropolitan Councils' Emergency Management Partnership

emergency management without borders…

Regional Amendments Record

For a record of document amendments, refer to the EMCEMP Regional Documents Amendment Record found on the Emergency Management Victoria / Fire and Emergency Management Planning portal (Eastern Metropolitan Region / EMR MEMEG Collaboration Groups).

Acronyms

BCP	Business Continuity Plan
CHO	Chief Health Officer
DHHS	Department of Health and Human Services
EHO	Environmental Health Officer
EMCEMP	Eastern Metropolitan Councils Emergency Management Partnership
EMMV	Emergency Management Manual Victoria
EMR	Eastern Metropolitan Region
MEMPC	Municipal Emergency Management Planning Committee
MEMP	Municipal Emergency Management Plan
OH&S	Occupational Health and Safety
PPE	Personal Protective Equipment
SHERP	State Health Emergency Response Plan
VAPPI	Victorian Action Plan for Pandemic Influenza
VIFM	Victorian Institute of Forensic Medicine
WHO	World Health Organisation

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1. Introduction

The World Health Organisation (WHO) defines a pandemic as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

A pandemic occurs when a new viral strain appears when there is no or limited immunity amongst within the population. It is therefore readily transferrable between humans, producing infection in a high proportion for those exposed. The widespread nature of a pandemic can result in high percentages of morbidity and mortality, which then causes major social and economic disruptions.

The Eastern Region Pandemic Plan is developed to coordinate an integrated, consistent response to a pandemic influenza emergency across the Eastern Metropolitan Region (EMR). The plan is a sub plan of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges individual Municipal Emergency Management Plans (MEMPs).

This plan is produced collaboratively with the Eastern Metropolitan Councils' Emergency Management Partnership (EMCEMP), the EMR Environmental Health Team Leaders Group, the Department of Health and Human Services (DHHS), and supporting agencies. The plan enables consistent messaging, greater collaboration and the ability to innovate across the Eastern Region and the local Councils within the boundaries. The collective commitment to communication, planning, response and recovery in a pandemic influenza emergency will create positive health and wellbeing outcomes for EMR communities.

A pandemic influenza is unpredictable and therefore careful planning for such an event is crucial to ensure that local government manages the pandemic in a way that is adequate and effective for the response, relief and recovery phases. The likelihood of a pandemic influenza emergency is low; however the effects on the community in the wake of a pandemic influenza emergency could be devastating.

1.1. The Regional Profile

The EMR is comprised of seven municipalities: Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges.
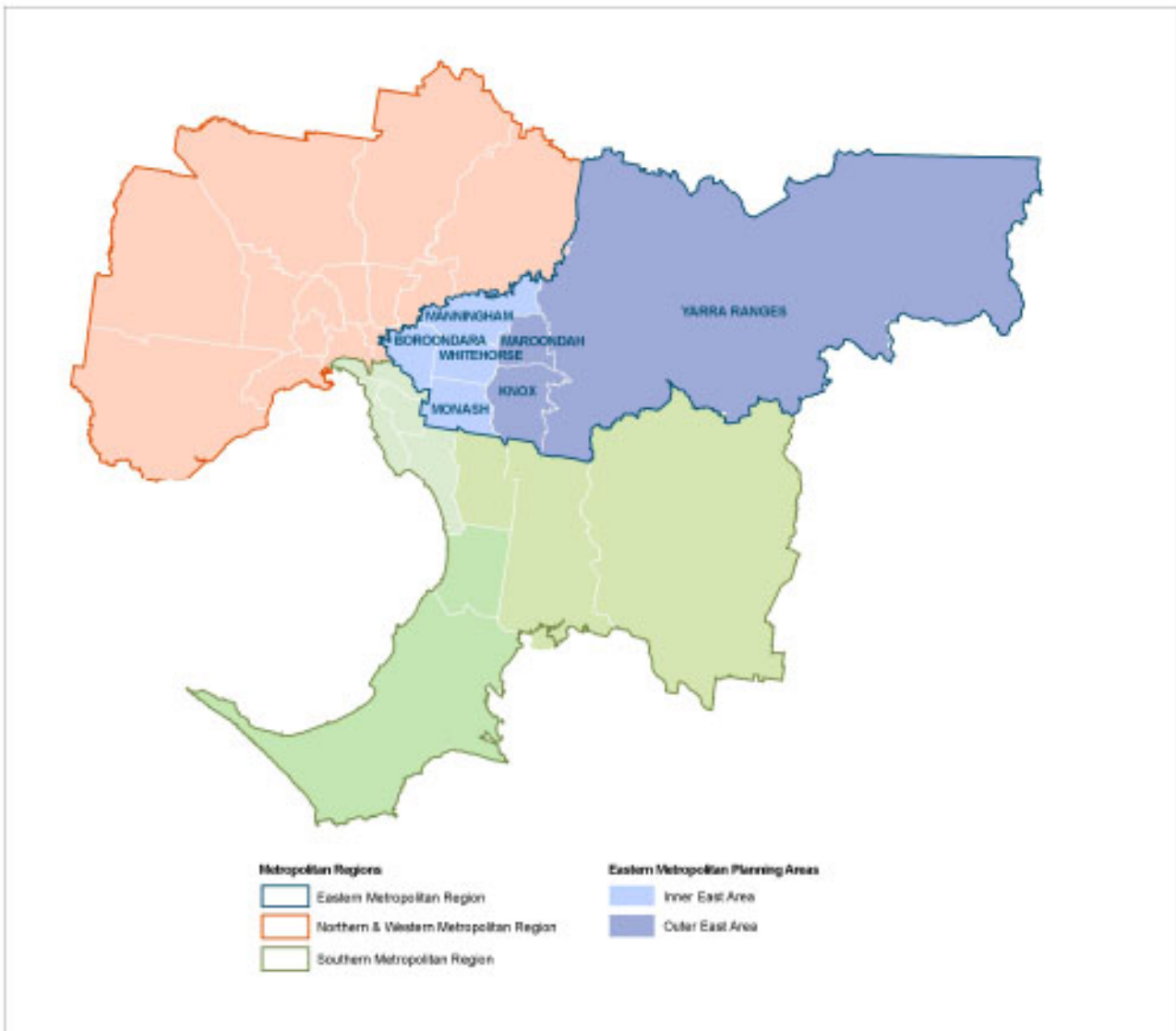
Figure 1: Map of the Eastern Metropolitan Region

Diverse communities found within the region include inner-city suburbs such as Kew and Hawthorn, large outer metropolitan suburbs such as Ringwood and Boronia, and semi-rural townships such as Healesville, Yarra Glen, Warburton and Yarra Junction. Refer to Table 1 for more detail.

For further specific municipal demographics, see the links to individual Council's Municipal Emergency Management Plan (MEMPs) listed in Appendix 2 or the Eastern Metropolitan Region Relief and Recovery Plan (DHHS) or the Eastern Metropolitan Region DHHS Regional Information.

Table 1: Eastern Metropolitan Region Demographic Summary (2016 Census)

LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Total Population	167,231	160,665	122,902	114,979	192,850	162,078	155,312	1,076,017	6,244,227	17.2%
At-Risk Age Groups										
LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Persons Younger than 14 Years	28,806	27,063	18,727	20,600	28,894	27,241	28,454	179,785	1,140,283	15.8%
% Persons Younger than 14 Years	17.2%	16.8%	15.2%	17.9%	15.0%	16.8%	18.3%	16.7%	18.3%	N/A
Persons Older than 65 Years	26,809	23,890	24,704	17,702	31,380	28,293	23,338	176,116	929,214	19.0%
% Persons Older than 65 Years	16.0%	14.9%	20.1%	15.4%	16.3%	17.5%	15.0%	16.4%	14.9%	N/A
Non-English Speaking Country of Origin										
LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Born in non-English Speaking Country	40,149	35,525	40,251	17,304	80,820	53,576	11,357	278,982	1,367,485	20.4%
% Born in non-English Speaking Country	24.0%	22.1%	32.8%	15.0%	41.9%	33.1%	7.3%	25.9%	21.9%	N/A
People Speaking Languages Other than English at Home										
LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Total Non-English Spoken at Home	45,568	38,835	49,402	18,744	91,537	35,393	10,690	290,169	1,623,499	4.6%
% Total Non-English Spoken at Home	27.2%	24.2%	40.2%	16.3%	47.5%	21.8%	6.9%	27.0%	26.0%	N/A

More than 1000 People Speaking Languages Other than English at Home										
LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Mandarin	13,700	8,072	12,469	3,601	26,821	20,966		85,629	199,815	42.9%
Cantonese	4,945	4,781	9,398	1,398	8,708	8,573		37,803	81,175	46.6%
Greek	4,760	1,797	7,050		10,325	4,125		28,057	118,640	23.6%
Italian	2,777	1,799	4,888		3,844	2,233	1,374	16,915	118,640	14.3%
Vietnamese	2,054	1,188			2,977	2,068		8,287	106,152	7.8%
Sinhalese		2,078			4,645	1,406		8,129	37,465	21.7%
Hindi	1,398	1,348			3,109	1,783		7,638	56,198	13.6%
Arabic		1,130	1,805		1,320			4,255	81,175	5.2%
Tamil		1,104			2,670			3,774	24,977	15.1%
Korean					2,362	1,232		3,594	18,733	19.2%
Persian/Dari			2,207			1,131		3,338	37,465	8.9%
Indonesian					1,750			1,750	18,733	9.3%
Punjabi					1,543			1,543	56,198	2.7%
Chin Haka				1,158				1,158	6,244	18.5%
German		1,109						1,109	18,733	5.9%
Filipino		1,075						1,075	43,710	2.5%
French	1,031							1,031	18,733	5.5%
Aboriginal and Torres Strait Islander Heritage										
LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Aboriginal and Torres Strait Islander	61	92	42	100	78	71	177	621	47,788	1.3%

SEIFA Index

LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
SEIFA Index	1,098	1,049	1,071	1,044	1,045	1,051	1,037	N/A	959	N/A
SEIFA Rank (Maximum 80)	80	65	76	64	71	72	61	N/A	N/A	N/A
SEIFA Decile Rank (Maximum 10)	10	9	10	9	10	10	9	N/A	N/A	N/A
Need for Assistance										
LGA/Region	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	TOTAL	Victoria	% of Victoria
Need for Assistance	6,355	6,199	6,145	4,692	9,257	6,461	7,144	46,253	318,456	14.5%
% Need for Assistance	3.8%	3.9%	5.0%	4.1%	4.8%	4.0%	4.6%	4.3%	5.1%	N/A

2. Objectives

The EMR Local Government Pandemic Influenza Plan outlines EMR Councils coordinated response to the impacts and consequences of a pandemic influenza emergency on the community, infrastructure, environment and services.

This EMR Local Government Pandemic Influenza Plan aims to enhance and coordinate:

Before - (Preparedness)
Arrangements in place providing information and advice to key stakeholders to assist them to reduce the negative impact of a pandemic influenza emergency.

During – (Response)
Outline actions and response arrangements to a pandemic influenza emergency including:

- **Containment** –– assist with preventing transmission, implement infection control measures, provide support services to people who are isolated or quarantined. Social Distancing may be used as a community level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Social distancing measures include school closures, workplace measures, cancellation of mass gatherings, changing public transport arrangements and population movement restrictions.

- **Provide mass vaccination** –– assist in providing vaccination services to the communities within the region, should a pandemic influenza vaccine becomes available.

- **Maintain essential municipal services** –– make provisions for business continuity within the municipalities within the region to assist with the possible increase absenteeism and changes in demand on regional local government services.

After – (Community support and recovery)
Ensure there is a comprehensive approach to emergency recovery planning in the seven municipalities' municipal emergency management plans, with specific focus on the issues associated with a pandemic influenza emergency. In particular, focus on the priority tasks recommended by the Municipal Recovery Management arrangements.
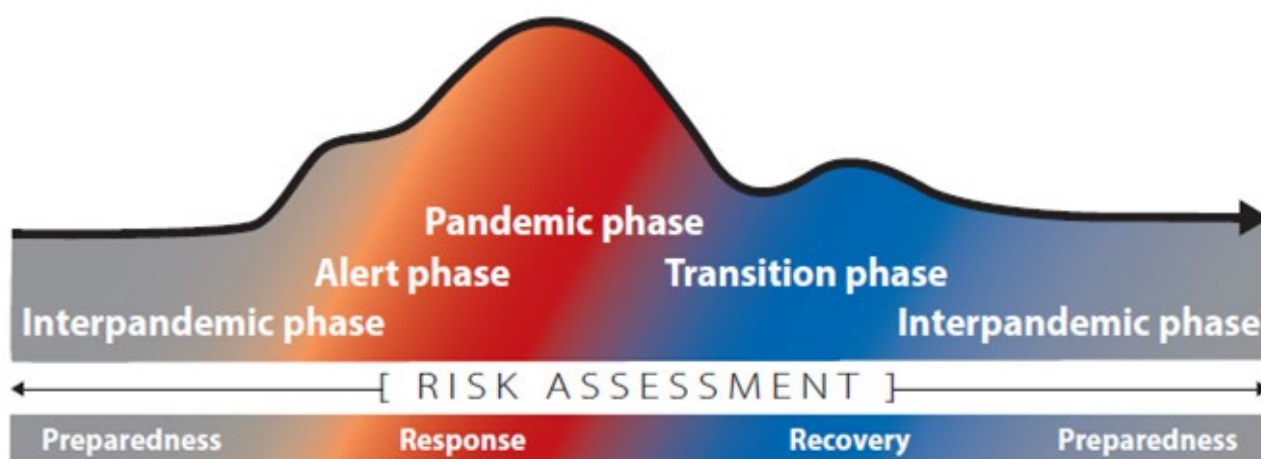
a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Figure 2: Pandemic Influenza Continuum

Source: https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/global-planning-508.html and Influenza Pandemic Threat Alert Phases (WHO).

Communication
Develop media and communication messages set out in Appendix 4 - EMR Pandemic Influenza Plan in line with whole-of-government pandemic influenza messages to inform the community and staff about issues relating to pandemic influenza emergency.

Consistency
Ensure the plan complements the planning framework of each respective municipality and pandemic influenza action plan as well as the Victorian action plan for pandemic influenza.

3. Scope

This plan seeks to support local municipalities to support the health and wellbeing of at-risk residents and organisations within the EMR:

- Defines a pandemic influenza emergency and the impact such an event would have on the community (particularly the young, elderly and infirmed) and the impact on region's service sector.

- Outlines the generic Eastern Region Local Government action and communication plans for preparing for, responding to and recovering from a pandemic influenza emergency.

- Describes the levels of impact of the emergency and the possible consequences that may arise from a pandemic influenza emergency.

- Describes the collaboration phases that mirror the state and national plans around pandemic influenza and the responses for a pandemic influenza emergency.

- References publications and web sites where the plan reader may obtain more detailed information and advice.

This plan is not designed to be a guide for the health and wellbeing of Council staff and volunteers of the individual municipalities as these are covered under the Business Continuity and Occupational

Health and Safety (OH&S) policies and procedures of each individual municipality. However, this plan should be read in conjunction with the relevant Business Continuity, OH&S policies and procedures and the Community Wellbeing Plans held by each individual Council.

4.   Audience

The audience for this Regional Pandemic Plan comprises of the seven Councils within the Eastern Region (Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges) local agencies that play a significant part in the management of a pandemic emergency.

Although local businesses and community groups aren't directly involved in the planning or activation of this plan, they may find the content of this plan informative and helpful in the event of a pandemic within the community.

5.   Activation of the Plan

In the event of a pandemic influenza emergency, the pandemic would be declared by DHHS and/or the Chief Health Officer (advice regarding identified cases in Victoria). The activation of this plan would then become a direction from the state.

Each Council would then activate their nominated Pandemic Coordinator to become that liaison between DHHS and the individual Councils. Refer Appendix 3.

If it becomes evident that the pandemic emergency will exceed the capacity of individual Councils to perform the emergency relief and recovery functions, the individual Council may request the Regional Recovery Coordinator (DHHS) to monitor the emergency relief and recovery situation and activate the Regional Emergency Relief and Recovery Plan.

Further escalation to the state level of management may be necessary in respect to certain service needs in very large or complex emergency events. The Australian Government may also provide Commonwealth resources to deliver particular services.

6.   Authorising Environment

Under the Emergency Management Act 2013 a Pandemic is a Class 2 emergency. DHHS in Victoria is the lead agency for the control of incidents involving human illnesses and epidemics including a human pandemic.

This plan is an EMR sub-plan of each of the MEMPs and aligns with the Australian Health Management Plan for Pandemic Influenza 2014 and the Victorian Health Management Plan for Pandemic Influenza 2014.

The Victorian Government has a legislative framework relevant to pandemic influenza emergencies that informs the development and implementation of this plan. These include:

- Public Health and Wellbeing Act (Vic) 2008 - which strengthens local government's role through the municipal public health planning process.
- Emergency Management Act (Vic) 1986
- Emergency Management Act (Vic) 2013

- Local Government Act (Vic) 1989 - which outlines the responsibility of local government to protect public health emergencies.
- Emergency Management Manual Victoria (EMMV)

7.   Linkages

This plan reflects the relevant legislation and the activation of the individual municipal Council's MEMP a pandemic influenza emergency.

Based on Appendices 3 and 4 respectively, each of the individual Councils may include an operations and communication plan for their individual responses to a pandemic emergency.

This plan is consistent with:

- Australian Health Management Plan for Pandemic Influenza
- Victorian Action Plan for Pandemic Influenza (2015)
- Victorian Health Management Plan for Pandemic Influenza (2014)
- Victorian State Health Emergency Response Plan
- Emergency Management Manual Victoria
- EMR Relief and Recovery Plan

8.   Exercising and Evaluation

Exercising this plan may be undertaken in conjunction with other emergency management or business continuity exercises. Records will be kept by the testing and participating municipalities.

9.   Review

9.1.   Responsibilities

This plan is a sub-plan of the municipal MEMPs and is maintained through the Document Management Working Group which is a subcommittee of the EMCEMP and the relevant stakeholders. This plan will be tabled for comments and feedback with each of the Eastern Region MEMPC's prior to the partnerships endorsement.

9.2.   Review

This plan will be reviewed to ensure that the plan functions adequately and promotes a continuous improvement approach to planning:

- Every three years
- Following any changes to the Victorian State planning
- Following a pandemic influenza event; or
- Following plan exercises

9.3. Debriefing and Evaluation

Evaluation of activities and programs following emergency events is essential to maximise lessons learned and identify where improvements can be made. Evaluation must identify the strengths and weaknesses of the operational response to the needs of the community.

While activities are being undertaken the agencies and organisations that are responsible for delivering pandemic influenza services will:

- Monitor the delivery and effectiveness of emergency operations through regular reporting; and

- Adjust the management and delivery of activities as necessary to achieve better outcomes.

10. What is Pandemic Influenza?

10.1. Influenza

Influenza is a viral disease that is most commonly known as, "the flu". It is a highly contagious disease of the respiratory tract, caused by the influenza virus.

Influenza most commonly occurs during autumn and winter. Illness can result in hospitalisation and sometimes death within the vulnerable communities (the very young, the elderly and those that are immunosuppressant). The common symptoms of influenza are fever, headache, myalgia, lethargy, sore throat and a cough. Young children may also present with gastrointestinal symptoms including nausea, vomiting and diarrhoea. Most symptoms last for approximately 2-7 days, however a cough may persist for longer.

The influenza virus could be a **Novel Virus** that has never previously infected humans, therefore it is likely that no one will have sufficient antibodies/immunity to protect them against the virus. This virus can be an emergent virus which represents a new strain or it may also be an extant virus not previously identified.

PLEASE NOTE: While this Plan is specifically focused on pandemic influenza, the principles of the plan may be applied to other pandemic disease situations.

10.2. Epidemic/Pandemic

An **Epidemic** is a sudden increase of a disease, affecting a large number of people, over a large geographic area. A **Pandemic** is an epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemics.

10.3. Mode of transmission

Influenza is most commonly transmitted by airborne aerosols but can also be transmitted through direct contact by droplets (person to person) and contaminated surfaces.

11. Pandemic Influenza Hazard

11.1. Level of Impact

The level of impact from a pandemic influenza emergency will depend on a number of factors including the severity of the illness, the transmissibility of the disease from person to person, the

capability of the health system and the response from the agencies in relation to a pandemic and the vulnerability of the population.

The level of impact from the pandemic will only be best measured after the event has occurred and the impacts. However the State Government will estimate the severity of the disease early in the response phase as low, moderate or high based on the available evidence and emerging epidemiology.

Low
The majority of those cases affected are likely to experience mild to moderate clinical features.

- People in, "at-risk", groups may experience more severe symptoms.
- Health services may (feel stretched) experience increased workloads at this time.

Moderate
People in "at-risk" groups and young healthy people may experience severe illness.

- The number of cases presenting with symptoms for medical care is likely to be higher than for other seasonal influenza strains.
- Pressure on the health services will be intense.

High
Widespread illness will cause concern and challenge the services of the health sector.

- Careful planning and prioritisation will be essential in the hospital system to maintain the essential services. Mortuary services will be under pressure and the pressure on health services will be extreme and potentially beyond the scope of local health services.
- The focus on the governments, agencies and sectors from the community perspective will be on maintaining the delivery of the essential services.
- Absenteeism will be higher than anticipated seasonal rates, as staff become ill or are caring for family members that have contracted the illness.

11.2. At-Risk Members of the Population

Across the seven individual municipalities there will be a percentage of the population consisting of vulnerable people, the specific details around this percentage will vary from each individual municipality. When an emergency is occurring, specific planning and community engagement will need to incorporate and manage these groups.

People with an underlying medical condition or reduced immunity are most at risk and should be immunised against the influenza. They include:

- Children on long-term aspirin therapy aged 6 months to 10 years.
- Anyone aged 65 years and older.
- Pregnant women (at any stage of pregnancy).
- Aboriginal and Torres Strait Islander people aged six months to under five years and 15 years and over.
- People aged six months or older with:
  - Heart disease
  - Chronic lung disease (including people with severe asthma who require frequent hospital visits)
  - Chronic neurological conditions

- Impaired immunity
- Haemoglobinopathies (blood disorders caused by genetic changes)
- Diabetes
- Kidney disease
- People with Down syndrome.
- People who are obese (BMI greater than or equal to 40 kg/m2).
- People who are addicted to alcohol.
- People who are homeless.
- Residents in nursing homes or other long-term care facilities.

12. Consequences

12.1. Wellbeing

Those who are responsible for people who may fall into the at-risk group will need to ensure that they have an appropriate action plan for these events and take the necessary precautions before, during and after these extreme days.

When an emergency is occurring, specific planning and community engagement will need to incorporate these groups. Refer to Appendix 4 for the Communications Plan.

12.2. Liveability

During these events there will also be a higher demand for medical services. This may lead to less urgent medical conditions remaining untreated for an extended time.

12.3. Sustainability

During pandemic influenza emergencies, Councils may see a higher level of staff absenteeism due to family members or others that may be dependent on them requiring assistance. This may cause an impact on the delivery of Council's critical services. Each Council within the EMR have a Business Continuity Plan (BCP) that identifies the critical services within each business unit that have been assessed and analysed to meet the needs for the response to the emergency.

12.4. Viability

A pandemic influenza emergency that is exacerbated by severity, length, blackout or another emergency may result in the integrity of health and social care systems being threatened.

At this level, illness and death may occur among the fit and healthy and not just in high-risk groups. In the event of a major incident being declared, Municipal Emergency Management Plans (MEMP) will be activated.
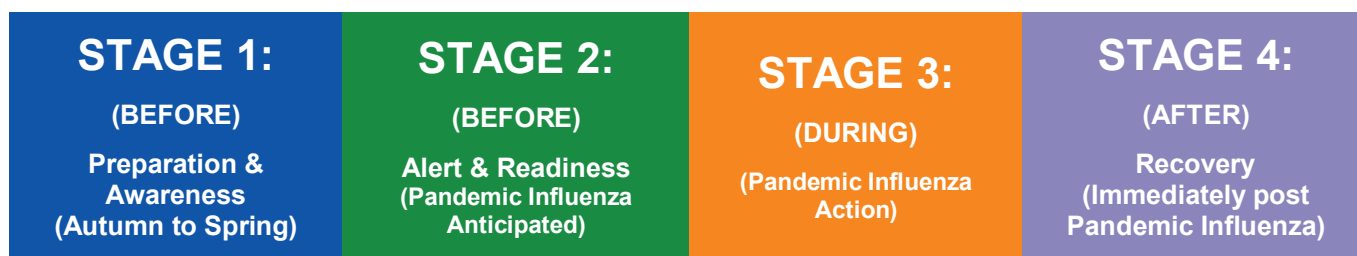
In addition to the consequences that have been listed above, the Australian Health Management Plan for Pandemic Influenza and the Victorian Health Management Plan for Pandemic Influenza provide detailed information about the potential consequences that can be the direct result of pandemic influenza. As described in the last scenario when the severity of the pandemic is high, this can cause significant challenges to the health sector. The focus for local government during this time will be

ensuring that it continues to provide the essential services. Councils will work closely with state agencies to address the key issues.

13. EMR Pandemic Influenza and Emergency Management Arrangements

The EMCEMP has developed Action and Communications Plans that guide EMR Councils in implementing a staged process to managing pandemic influenza emergencies collaboratively across all responsible agencies and with their communities to help reduce the impacts of pandemic influenza emergencies. These plans follow those specified in Section 6 – Authorising Environment above and the EMMV and will have the focus of mitigating the risk before, after and during the emergency to reduce the potential risk on the community. Eastern Region Municipal Coordination

The Action and Communications Plans have four clearly identifiable stages that include a set of clear actions (Refer Appendices 3 and 4).

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:
(BEFORE)	(BEFORE)	(DURING)	(AFTER)
Preparation & Awareness (Autumn to Spring)	Alert & Readiness (Pandemic Influenza Anticipated)	(Pandemic Influenza Action)	Recovery (Immediately post Pandemic Influenza)

Stage 1: Preparation and Awareness

All Councils within the EMR will work with the State Government, local agencies and carers to provide targeted community information in order to improve community resilience.

EMR Councils recognise that the best defence to illness from pandemic influenza is prevention. The most effective way to increase understanding about pandemic influenza prevention is to actively educate people, particularly at-risk groups, through the provision of information. Each individual Council within the region will publish pandemic influenza information material via its website and social media posts. Refer to Appendix 4 - Communications Plan.

Stage 2: Alert and Readiness

Pandemic Influenza Management Arrangements
The Australian Health Management Plan for Pandemic Influenza outlines the Australia's strategy to deal with a pandemic influenza emergency and ways to minimise the spread of illness and the health effects of Australians and the impacts on the health systems.

The Victorian Health Management Plan for Pandemic Influenza (2015) (VHMPPI) outlines Victoria's approach to minimising the social and economic impacts and the consequences on the of a pandemic influenza emergency on the community and surrounding communities. The VHMPPI provides a framework for government and the health sector to minimise transmissibility, morbidity and mortality associated with a pandemic influenza emergency, and to manage the impact of a pandemic on the community and the health system.

The VHMPPI provides both tools and strategies to:

- Establish surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community
- Implement measures to limit or prevent the transmission of pandemic influenza in the various stages of progression
- Monitor the status of the outbreak
- Maximise resources
- Use surveillance data to best meet the needs of the current situation
- Meet staffing needs and requirements
- Implement policies on the use of personal protective equipment and antivirals.
- Communicate accurate, consistent and comprehensive information about the situation to the general public, the media, health sector partners and other key stakeholders

The Victorian Action Plan specifies that Local Government is to:

- Assist in preventing transmission by implementing infection prevention and control measures as appropriate
- Provide services to people who are isolated or quarantined
- Have business continuity arrangements in place that consider a pandemic influenza emergency, plan for increased absenteeism in local government and ensure that local government essential services are provided during a pandemic influenza emergency
- Assist with providing vaccination services to the local community as appropriate
- Assist with distribution of communication messages for staff and for the public relating to essential local government services

Immunisation

EMR Councils undertake a program of influenza immunisation on an annual basis to reduce staff absenteeism.

Immunisation is also recommended (but not necessarily free) for people who can expose at-risk people to infection. People who work with or live in close contact with people who are in the at-risk group should also be immunised to minimise the spread of the flu to themselves, the people they work or live with and their families. These people include:

- Staff in long-term care facilities or nursing homes.
- People who live with, or care for someone who has a chronic illness or is aged over 65 years.
- Carers of homeless people.
- Workers, particularly those in workplaces that provide essential services.
- Health care workers who provide direct care to people.
- People who work with children.
- People involved in the commercial poultry and pig industry.
- Workers in other high-risk industries.
- Anyone visiting parts of the world where flu is circulating, especially if travelling in a group.

Stage 3: Pandemic Influenza Action

Triggered upon receiving a pandemic influenza emergency alert. The action plan is implemented, which may include some Council services being cancelled, altered or reduced.

This stage may include an extreme pandemic influenza emergency which is exacerbated by severity, length or another emergency. If a pandemic influenza emergency is severe and/or prolonged its effects may result in the integrity of health and social care systems becoming threatened.

Education/ Hygiene

This is a strategy that Councils will adopt to promote the education and personal hygiene measures to protect both the internal staff at the individual Councils as well as the wider community in the preparedness stage as well as during and after the pandemic. This material will be issued by DHHS and distributed by the Council.

Mass Gatherings/ Social Distancing

This is a strategy that Councils will adopt to limit the spread of illness from person to person. Mass gatherings both inside and outside events should be avoided as the illness can be transmitted from up to a metre when someone sneezes or coughs. Contact with an ill personal should be avoided whenever possible and wherever practical.

Mass Vaccination/Immunisation

Advice on how this process could be undertaken is clearly outlined in Appendix 3 of the Victorian Health Management Plan for Pandemic Influenza (2015) (VHMPPI). The guide illustrates how to undertaken mass vaccinations and how to set up such centres for effective delivery.

The guide details:

- The national medical stockpile

- Strategy for vaccination (priority groups)

- Routine vaccination outside of the pandemic outbreak

- Mass vaccination venues - session structure/ management (documentation and administration tasks)

- Logistics

- Pro forma documents (consent forms for immunisation, records of immunisation and documentation outlining the possible after effects).

Selection of venues suitable for the mass vaccinations will need to be carefully planned to ensure that the venue is capable of meeting the demands of the session; a venue size which allows for good flow between the areas, accessibility, signage, parking and other facilities (toilets, hand washing etc.).

Knowledge of the contagious nature of the virus and its ability to be contained will assist in determining suitable venues for mass vaccination. This assessment and determination will occur at the time of the incident and in conjunction with regional health services.

DHHS has a list of nominated hospitals that will be used as designated flu clinics during a pandemic. DHHS will communicate these locations to the region during the pandemic response phase.

Mass Fatality

In the event of mass fatalities, the Victorian Institute of Forensic Medicine (VIFM) is responsible for all deceased persons where there is no doctor's Certificate of Death. The VIFM has a capacity for normal operations and surge capacity arrangements for a significant number of deceased persons. Depending upon the emergency and the situation, there remains an unlikely potential that Councils

may be requested to assist. If this were to occur, requests would be made to the Municipal Emergency Response Coordinator (MERC), in consultation with Council's Municipal Emergency Resource Officer (MERO) and Municipal Recovery Manager (MRM).

While it is recognised that a number of religious and ethnic groups have special requirements about how bodies are managed after death, and the importance of meeting such needs, wherever possible, this Plan acknowledges that during a pandemic event, all religious considerations may not be able to be fully met, due to overriding public health concerns.

Advice will be sought from religious leaders in relation to funeral management, bereavement counselling and communication, for all grieving parties, and with particular attention given to those groups were English is their second language, in order to best consider their needs.

Stage 4: Community Support and Recovery

Depending on the nature and extent of a pandemic influenza emergency, the Municipal Relief and recovery Plan (MRRP) may be activated.

Councils and the Victorian Government have a responsibility in ensuring that relief and recovery services are well coordinated and effective. The Victorian Government supports Councils to fulfil these local requirements by establishing the State's relief and recovery arrangements and for coordinating all the regional and state level relief and recovery activities.

Councils take the lead at municipal level for relief and recovery after an emergency because of the connections they have with the community. Part 4 of EMMV outlines the roles and responsibilities for response and recovery from any emergency in Victoria including the roles and responsibilities of Councils.

Recovery assistance by EMR Councils aims to help the individuals of the community to manage the reestablishment of those elements that are required for effective everyday functioning. These will differ depending on the severity of the emergency. Councils will work closely with the relevant agencies as per the individual MRRP Sub-Plans.

Community Information

A whole-government communication strategy will act as a guide for Councils and all the relevant government departments and agencies to develop adopt and maintain a consistent and planned approach to the pandemic. The appointed Chief Health Officer (CHO) will lead the development of this strategy.

The strategy will provide the necessary framework for communicating with the communities as well as government and non-government sectors. The Victorian strategy will coordinate the messages and tailor them specific to the communities and appropriate for the situation at hand.

Pandemic influenza messaging and public information will be developed by DHHS. The EMR will follow the directions of the Chief Health Officer and DHHS. EMR Councils will be responsible for the distribution of the communication material to the community and internal staff members. This is more detailed in Appendix 4.

14. Contact List

The most recent and up to date contact list of emergency services, agencies, Council offices such as the MERO and MRM can be found in each Council Municipal Emergency Management Plan (MEMP) or via Council's emergency management operating system (Crisisworks).

Appendix 1. References and Additional Resources

- World Health Organisation – Information on Current Emergencies
- Implementation of the Pandemic Influenza Preparedness Framework in the WHO European Region
- Australian Health Management Plan for Pandemic Influenza
- Victorian Action Plan for Pandemic Influenza (2015)
- Victorian Health Management Plan for Pandemic Influenza (2014)
- Victorian State Health Emergency Response Plan
- Emergency Management Manual Victoria

Appendix 2. Links to Municipal Emergency Management Plans

- City of Boroondara Municipal Emergency Management Plan
- City of Knox Municipal Emergency Management Plan
- City of Manningham Municipal Emergency Management Plan
- City of Maroondah Municipal Emergency Management Plan
- City of Monash Municipal Emergency Management Plan
- City of Whitehorse Municipal Emergency Management Plan
- Shire of Yarra Ranges Municipal Emergency Management Plan

Appendix 3. EMR Pandemic Influenza Action Plan

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
Human Resources	• Provide all staff with annual influenza vaccinations	• Assess who can work from home if required • Arrange additional influenza injections for staff who may have missed the annual program	• Implement exclusion and distancing policies by: • Instructing symptomatic staff not to attend work and see their GP • Send all non-essential staff home • Encourage Departments to review their work-force and functions, in particular, high risk groups such as pregnant women, elderly staff and volunteers by working from home where appropriate or taking annual leave or LSL where appropriate • Instructing all childcare children returning from affected overseas countries to self-quarantine for seven days before returning to child care • Implementing distancing measures/barriers to Customer Services areas and close non-essential Customer Service areas • Discouraging visitors by placing notices on the doors; • Suspending the hiring of new staff and volunteers until the pandemic has been contained unless they	• Review Business Continuity Plans

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
			can provide a medical clearance certificate • Avoiding face to face meetings and contact – use phone, video conferencing, internet, even in same building. If meeting is unavoidable hold it in a large meeting room and with 1 meter distance from each other • Ceasing non-essential staff travel • Requesting staff to avoid public transport • Suspending non-essential training • Discouraging congregating and avoiding large gathering – including cancelling Council-sponsored or hosted festivals, events etc.	

Environmental Health	• Prepare supportive information for managers
	• Monitor the progress of influenza outbreaks
	• Maintain a stockpile of:
	  o P2 face masks
	  o Bacterial wipes
	  o Masks and gloves
		• Check and Business Continuity Plans
		• Provide staff with hygiene information
		• Increase the number of vaccination sessions for residents including at-risk residents and their carers/families
		• Encourage international travellers to undertake immunisation
			• Assist with mass vaccination if requested by DHHS	• Review Business Continuity Plans

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
OHS		• Monitor the progress of influenza outbreaks Install supportive signage • Install anti-bacterial sanitiser pumps • Distribute personal protection masks and gloves	• Follow directives of health authorities	• Review Business Continuity Plans
Municipal Emergency Management Planning Committee (including MERO)	• Ensure that lines of communication and responsibility of the MERO are clear with respect to communication of a pandemic influenza emergency • Ensure that relevant pandemic influenza emergency actions are included in the review of MEMP and MRRPs	• Receive alerts from DHHS • Monitor local conditions • Monitor the progress of influenza outbreaks • Prepare to assist if mass fatalities occur	• Activate the EMR Pandemic Influenza Plan (this plan) and the Victorian Health Management Plan for Pandemic Influenza (2014) • Assist with mass fatalities if required	• Debrief with regional Emergency Management staff to improve the EMR Pandemic Influenza Plan and local procedures
Childcare/ Youth Facilities/ Maternal Health		• Prepare signage for youth, maternal and child health, childcare and family centres that children returning from affected overseas countries self-quarantine for seven days before returning to child care	• Consider closing Council facilities	• Review Business Continuity Plans
Social & Community Services Areas	• Identify and engage with key stakeholders to develop and promote influenza vaccination campaigns • Brief staff about influenza	• Promote, coordinate and oversee implementation of the EMR Pandemic Influenza Plan • Develop and promote a 'Know your Neighbour' campaign	• Promote, coordinate and oversee implementation of the EMR Pandemic Influenza Plan • Promote a 'Know your Neighbour' campaign throughout EMR	• Debrief with regional Emergency Management staff to improve the EMR Pandemic Influenza Plan and local procedures

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
	prevention strategies • Prepare to promote and provide key pandemic influenza messages for families • Promote and distribute the Australian Red Cross RediPlan through Council's website and print distribution • Make available guidelines from relevant peak bodies to kindergartens and private childcare for their own policy development • Source appropriate pandemic influenza education material for culturally diverse groups • Interact with schools and vulnerable facilities if necessary • Perform risk assessments for festivals and events	throughout EMR • Continue to engage key stakeholders • Promote and provide key pandemic influenza messages to families • Distribution of pandemic influenza materials to at-risk Council clients	• Promote pandemic influenza messages to all families • Consider closing Council facilities	
Aged and Disability Support Areas	• Ensure pandemic influenza procedures are reviewed regularly • Incorporate pandemic influenza into service planning • Brief staff re management strategies in a pandemic influenza plan including Red Cross RediPlan • Promote key pandemic influenza messages to clients • Promote pandemic influenza	• Promote key pandemic influenza health messages to clients • Encourage clients to prepare for pandemic influenza, including purchase of some non-perishable food items • Encourage Senior Citizens Reference Groups to promote key pandemic influenza health messages in all key languages • Promote Department of Human	• Include reminders about pandemic influenza actions in newsletters or by email/mail • Promote key pandemic influenza health messages to clients • Notify staff of declaration of a pandemic influenza emergency and advise of social distancing and personal protective equipment • Reconsider service delivery arrangement and modify or cancel	• Debrief with regional Emergency Management staff to improve the EMR Pandemic Influenza Plan and local procedures

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
	messages and information regarding access to Government Assistance-Utilities) through Senior Citizens Reference Group in all key languages • Promote Department of Human Services and Department of Health and Human Services key community safety messages. • Help vulnerable residents to complete an emergency plan using the Red Cross Rediplan • Interact with vulnerable facilities	Services and Department of Health and Human Services key community pandemic influenza messages • Advise staff of the need for social distancing and personal protective equipment	services • Undertake telephone welfare checks with at-risk Council clients • Consider the declaration of a pandemic influenza emergency for assisted transport	
Economic & Environment Planning Areas	• Incorporate information about pandemic influenza planning into Council's monthly community publications to the business community • Include pandemic influenza impact into regular Traders' Group meetings • Incorporate pandemic influenza/business continuity planning into start-up business kits	• Incorporate information about pandemic influenza planning into Council's monthly community publications to the business community • Include pandemic influenza impact into regular Traders' Group meetings • Incorporate pandemic influenza/business continuity planning into start-up business kits	• Encourage businesses to activate their business continuity plans if required	• Debrief with regional Emergency Management staff to improve the EMR Pandemic Influenza Plan and local procedures
Cultural Services Area	• Brief staff about management strategies in a pandemic influenza emergency • Review the event management kit to include relevant pandemic	• Incorporate pandemic influenza planning into event management • Promote and distribute key pandemic influenza messages at all festivals and event	• Implement pandemic influenza emergency management policies and procedures • Consider cancelling festivals and events	• Debrief with regional staff to improve the EMR Pandemic Influenza Plan and local procedures

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
	influenza management and promote to other organisations responsible for events within the municipality • Ensure that event permits consider the risk and incorporate strategies for managing pandemic influenza as part of the event. Advise Ambulance Victoria of all events for which a permit has been issued			
EMR Libraries	• Promote key pandemic influenza messages	• Promote key pandemic influenza messages • Determine and publicise library opening hours in pandemic influenza conditions	• Consider reducing Library services	• Debrief with regional staff to improve the EMR Pandemic Influenza Plan and local procedures
Parks and Recreation	• Provide pandemic influenza guidelines for sporting clubs associations and the physically active to all sporting clubs for their own policy development	• Promote key pandemic influenza messages	• Alert all sporting clubs to pandemic influenza emergencies • Liaise with Leisure Services providers about reducing their programs or services	• Debrief with regional staff to improve the EMR Pandemic Influenza Plan and local procedures
Customer service	• Update the pandemic influenza script	• Advise staff of a pandemic influenza script	• Implement the pandemic influenza script	• Debrief with regional staff to improve the EMR Pandemic Influenza Plan and local procedures

Appendix 4. EMR Pandemic Influenza Communications Plan

Communication with the community forms an integral part of this plan. The Eastern Metro Region (EMR) Councils are responsible for:

- Providing timely and accurate information to the community in line with Department of Health and Human Services messaging to reduce the possible impact of a pandemic influenza emergency.

- Arranging all messaging at each stage of the Pandemic Influenza Communications Plan.

- Providing information to internal staff during the pandemic influenza emergency stages.

The Communications Plan details key messages for each stage of this Pandemic Influenza Plan via various channels to ensure every possible avenue is used to reach the community. Councils may choose to deliver additional communications activities as required within the municipality.

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
External Communications	Council will consider undertaking some or all of the following: • Pandemic influenza page launched on Council websites (relaunches in Nov each year) • Article in Council newsletters which are sent out to all residents • Media Releases sent to the local newspapers • Assist with the development and printing of any promotional material • Develop media and	Council will consider undertaking some or all of the following: • Council websites updated with current information regarding safety messages and cancellation / alterations to Council services. • Media Releases sent to local newspapers • Information added to Councils 'On Hold' telephone messages • Develop media and communications messages that	Council will consider undertaking some or all of the following: • Maintain Council websites with current information • Continue running Media Releases if printing deadlines can be met • Continue running 'On Hold Messages' and media and communication messages to the community	• Implement improvements to the communication plan following feedback

EMR Councils	STAGE 1: (BEFORE) Preparation & Awareness (Autumn to Spring)	STAGE 2: (BEFORE) Alert & Readiness (Pandemic Influenza Anticipated)	STAGE 3: (DURING) (Pandemic Influenza Action)	STAGE 4: (AFTER) Recovery (Immediately post Pandemic Influenza)
	communications messages that inform the community about: • Possible changes to normal Council service delivery • Basic safety measures • Information on where to get further information and/or medical advice	inform the community about: ○ Possible changes to normal Council service delivery. ○ Basic safety measures ○ Information on where to get further information and/or medical advice		
Internal Communications	• Maintain pandemic influenza information on the Council's intranet • Staff education rolled out	• Maintain the intranet with up to date supportive information	• Follow directives of health authorities	• Review Business Continuity Plans

Appendix 5. Role Statement- Pandemic Coordinator

Title	Pandemic Coordinator
Overview Statement	This person is a senior Council staff member ideally the Senior Environmental Health Officer. This person will be responsible for the coordination of Council's functions during the pandemic and will work in conjunction with the MERO and MRM.
Duties	The pandemic coordinator will be responsible for undertaking the following functions: 1. Identify the staff requirements and the functions of the staff 2. Convene a committee if required 3. Activate this plan in conjunction with the MERO and MRM 4. Ensure that all staff have access to the required personal protective equipment during the emergency 5. Ensure that the community and surrounds are receiving up to date and correct information 6. Provide updates to the CEO/Crisis Management Team and others during the emergency when required 7. Coordinate the response of the immunisation team 8. Ensure Council staff are educated to reduce the risk of spread at the workplace
Reports To	MERO
Supervises	Environmental Health Team
Liaises With	Department of Health and Human Services Local Health Services Neighbouring Councils within the EMR

Appendix 6. Pandemic Influenza Case Studies

Background

The World Health Organisation (WHO) defines a pandemic as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

A pandemic occurs when a new viral strain appears when there is no or limited immunity amongst within the population. It is therefore readily transferrable between humans, producing infection in a high proportion for those exposed. The widespread nature of a pandemic can result in high percentages of morbidity and mortality, which then causes major social and economic disruptions.

History of Pandemic Influenza

During the twentieth century the world experienced three pandemics. The twenty-first century has, to date, experienced one.

1918 Spanish Flu

"The Spanish flu swept across the world in three waves between 1918 and 1919. It tended to affect an area for up to 12 weeks and then would suddenly disappear, almost as quickly as it had arrived, only to return several months later. This wave pattern matches descriptions of some earlier pandemics, and occurred in a less pronounced form in the milder pandemics of 1957-58 and 1968-70.

In terms of the loss of human lives, the Spanish flu was unprecedented in modern times. More people died during the pandemic than were killed in the First World War. The illness came on suddenly and progressed rapidly to respiratory failure and in some instances death. Many people died from bacterial disease after infection with influenza (known as secondary bacterial infection).

Worldwide, at least 50 million people are thought to have died, with unusually high numbers of deaths in young and healthy people aged 15 to 35 years. It has been estimated that about 25% of the world's population was infected. Global spread and severity were influenced by the war and the movement of troops.

The Spanish flu did not reach Australia until 1919, partly because of strict maritime quarantine implemented by the government. It began in Victoria, spread to New South Wales then to the rest of Australia. By the end of 1919 (when the Australian population was just over 5 million), around 10,000 Australians, mostly young adults, had died of influenza. As in other countries, health services in Australia were greatly stretched during this time.

1957 Asian Flu

The influenza pandemic of 1957-58 was called the Asian flu. Although the proportion of people infected was high, the illness was relatively mild compared to the Spanish flu, resulting in milder effects and fewer deaths. The first wave of the pandemic was concentrated in school-children and the second in the elderly. Infants and the elderly were more likely to die. It is estimated that the Asian flu caused two million deaths worldwide.

Studies show that the virus responsible for this pandemic arose by genetic re assortment of a bird virus.

1968 Hong Kong Flu

The 1968-70 pandemic or Hong Kong flu was also relatively mild compared to the Spanish flu. It affected mainly the elderly and is thought to have caused about one million deaths worldwide.

Studies show that the virus responsible for this pandemic arose by genetic re assortment. Since then, the world has only experience one pandemic in 2009.

2009 Swine Flu (H1N1)

A recent H1N1 influenza virus derived from human, swine and avian strains was initially reported in April 2009 in Mexico and subsequently spread around the world. Cases of pandemic (H1N1) influenza 2009 were confirmed in most other countries throughout the world by the World Health Organization.

The pandemic (H1N1) influenza 2009 virus is not the same as seasonal influenza. The virus is mild in most people. However, in a small proportion of people the virus causes death due to viral pneumonia and lung failure. High risk groups were identified where the illness is more likely to cause complications, including patients with chronic respiratory conditions, pregnant women, patients who are obese (BMI >30), indigenous people and patients with chronic cardiac, neurological and immune conditions. Children and younger people have also been shown to be at increased risk of serious complications as well as rapid spreaders of the virus.

In Australia during 2009, there were 37,636 cases of pandemic (H1N1) influenza 2009, including 191 associated deaths. The median age of those dying was 53 years, compared to 83 years for seasonal influenza.

For further information on Pandemic (H1N1) - https://www.slideshare.net/Bonnieoliver/swine-flu-31789807.

Recorded human pandemic influenza
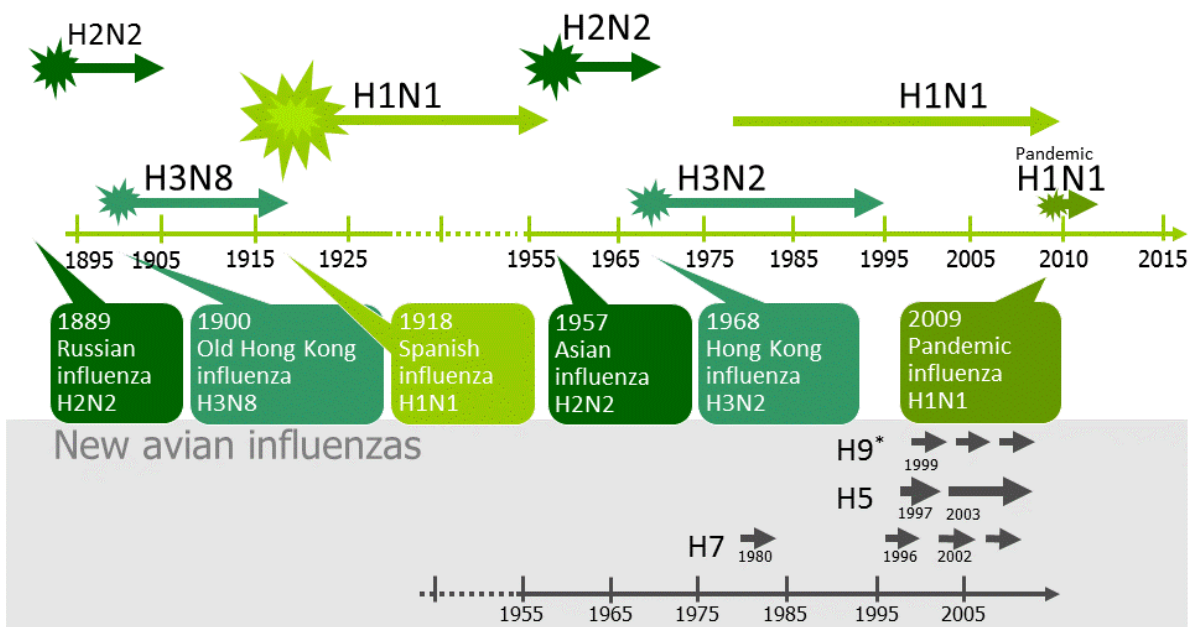
Centre for Influenza Virus Research,
National Institute of Infectious Diseases (NIID), Japan (2009)