

Heat Health Plan

2019-20

Sub plan of the Boroondara Municipal
Emergency Management Plan

Heat Health Plan

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1. Part 1 – Management Arrangements

1.1 List of Abbreviations

Abbreviation	Full Title
BDM	Victorian Registry of Births, Deaths and Marriages
BOM	Bureau of Meteorology
CALD	Culturally and Linguistically Diverse
CamCare - AH&C	Community support agency (merged with Access Health and Community in June 2018)
CBS	Coordinator Business Systems
CEO	Chief Executive Officer
CFA	Country Fire Authority
CHSP	Commonwealth Home Support Program
COB	City of Boroondara
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DHHS	Department of Health & Human Services
EHP	Extreme Heat Plan
ELT	Executive Leadership Team
EMC	Emergency Management Commissioner
EMR	Eastern Metropolitan Region (of DHHS)
EMV	Emergency Management Victoria
ERC	Emergency Relief Centre/s
GPs	General Practitioners
HAADS	Health, Active Ageing & Disability Services
HACC	Home and Community Care
HC	Home Care
HHP	Heat Health Plan
HR	Human Resources
HSS	Home Support Staff
LAWA	Local Area Work Agreement
LGA	Local Government Authority
MCH	Maternal and Child Health
MECC	Municipal Emergency Coordination Centre
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Coordinator
MERO	Municipal Emergency Resources Officer
MMDS	Melbourne Medical Deputising Service
MOW	Meals on Wheels
MRM	Municipal Recovery Manager
OH&S	Occupational Health and Safety
PC	Personal Care
PCP	Primary Care Partnership/s
RC	Respite Care
RSL	Returned Services League
UV	Ultraviolet radiation
VEMD	Victorian Emergency Minimum Dataset
VICSES	Victoria State Emergency Service

1.2 Introduction

The Heatwave Plan was produced in 2009 to enable council to assist the community implement strategies in the event of a heatwave occurring and will support the strategies developed by Department of Health and Human Services State Heatwave Plan.

Note: It is proposed to substantially reduce the content in section 1 due to the recently developed Regional Extreme Heat Plan which has been adopted in draft form. This plan will become more operational focussed, with the strategic content being dealt with by the regional plan.

1.2.1 Why this plan is needed

Of the many climate change hazards affecting human health, the increase in heatwaves and hot days is one of the most dangerous. Those most vulnerable are people including the very young, elderly, sick and disadvantaged. The City of Boroondara (COB) plays an important role in assisting people to manage the risks of more hot days, and longer and more frequent heatwaves. The Victorian Heat Health Plan (2015-2019) describes the actions and systems in place to support those most at risk in periods of extreme heat. Victoria's State Heat Plan (2014) outlines roles and responsibilities for reducing the impact of heatwaves on the community, infrastructure and services.

Heatwaves cause more deaths than any other natural disaster in Victoria. As seen in the State of the Climate Report (CSIRO & BOM 2014), if the community is not supported to adapt, research has found that there will be an additional 6214 deaths in Victoria by 2050 from heatwaves caused by climate change. That equates to 402 extra deaths every year, which is 150 more than died on Victoria's roads in 2015.

The Community Services Climate Resilience Program (2015-2017) assists health and community service organisations to better manage the risks and impacts of climate change on their services.

As outlined in A Regional Risk Assessment for Member Councils of the Eastern Alliance for Greenhouse Action (EAGA) report (2014), climate change exacerbates many existing risks faced by Community Planning, Services and Health services within COB, and climate change is likely to:

- Increase the demand on council support services during and after extreme weather events
- Increase demand on council facilities, particularly air-conditioned and shaded refuges during heatwaves such as libraries and swimming pools
- Reduce Council's ability to service vulnerable members of community, such as aged and disability, low income households and people who rely on frequent medical services
- Potential for significant impacts on mental and physical wellbeing of community due to reduced participation in sport, reduced use of open space, reduced air quality and reduced amenity, increased exposure to water and food borne disease and toxins and increased anxiety from climate change events
- Reduce regional food and water security
- Reduced regional economic development from financial and business interruption impacts of increasing extreme weather events, reduced access to work, increased costs of food, water and energy
- Reduced economic activity in strip shopping centres (or "precincts") in favour of protected and air conditioned shopping centres

1.2.2 What have we got in place for extreme heat events?

- Links to the existing Municipal Emergency Management Plan and relevant emergency services emergency management plans
- An endorsed Heat Health plan
- Internal policies, procedures and guidelines within COB including OH&S policy, Thermal Working Conditions policy.
- Access to organisational networks within Boroondara and surrounding municipalities e.g. primary care partnerships.
- Existing partnerships with local media and access to the larger metropolitan media network.
- A register of clients from HACC/CHSP identified as vulnerable.
- A list of stakeholders and their responsibilities in the event of an extreme heat event.
- Consistent preventative material and associated health messages
- A municipal extreme heat communications strategy.

The above list incorporates measures that have been developed and/or being developed within the parameters of this document.

1.2.3 Eastern Metropolitan Region (EMR) Heatwave Steering Committee

This was established in 2009 to assist municipalities develop consistent heatwave plans at that time.

Since 2014 a further Eastern Regional committee has been developing a "Regional" Heatwave plan. Boroondara is a member of this committee.

1.3 Aim

The aim of this plan is to reduce extreme heat associated risks within the COB with a strategy to assist, educate and alert vulnerable community members of a declared heat health alert to enhance their resilience to such an event.

1.4 Objectives

The objectives of this plan will:

- Outline health, community and emergency services actions and response arrangements to heat health alert;
- Promote a community awareness and education component to ensure Heat Health planning is consistent with whole of government approaches;
- Ensure consistency with the planning framework of the Boroondara Municipal Emergency Management Plan and the Municipal Public Health and Wellbeing Plan, as well as relevant State and regional Heat Health planning documents.

1.5 Legislative Context

Both emergency management, and health and well being planning have established planning methodologies within council and these methodologies have areas of overlap and areas of difference. For the purpose of Heat Health planning the COB Heat Health Plan is as a sub plan of the Municipal Emergency Management Plan.

Generally, emergency management has traditionally been linked with *prevention, response and recovery* elements in a document but extreme heat is somewhat different as an emergency, because there is no universal definition. The focus will be primarily on preparedness and communication strategies for this event.

1.5.1 Emergency Management Acts 1986 & 2013

This 1986 Act required each municipality to develop and maintain a Municipal Emergency Management Plan which identifies municipal resources available for use in emergency prevention, response and recovery. This Act has been amended by the 2013 Act which is progressively incorporating sections of the 1986 Act. Currently both Acts are in operation.

1.5.2 Local Government Act 1989

This Act declares that: functions of councils include “general public services” such as “local emergency and safety services”.

1.5.3 Public Health and Wellbeing Act 2008

This Act requires local councils produce a Municipal Public Health and Wellbeing Plan that identifies strategies for creating a local community in which people can achieve maximum health and wellbeing.

This Plan should be considered in conjunction with, and applicable to the following documents:

- Eastern Metropolitan Region Local Government Extreme Heat plan
- Boroondara Municipal Emergency Management Plan
- Boroondara Public Health and Wellbeing Plan
- COB HR Policy – Thermal Working Conditions policy
- COB HR Policy – OH&S Working policy
- Business continuity & crisis management planning within COB
- DHHS Extreme Heat Planning Guide
- Department of Health & Human Services Heat Health Plan.

1.5.4 Climate Change Act 2017

The Climate Change Act 2017 requires local governments to consider climate change in their municipal health and wellbeing plans.

In addition, the Government is making further progress addressing climate change impacts in health planning through the development of the overarching Victorian public health and wellbeing plan (2019-2023), which emphasises the importance of adapting to climate change and building community resilience as part of the Government’s long-term agenda to improve the health of Victorians.

1.6 Definition of Extreme Heat

There is no universal definition of extreme heat, but the Department of Health & Human Services (DHHS) has developed a definition based on the lower limit above which heat-related illness and mortality increase. This lower temperature limit is described as a “heat health temperature threshold” in Victoria.

It is accepted that the higher the temperatures, and the longer the duration, the higher the death rate will be; with the greatest threat occurring when high temperatures continue with little overnight relief.

1.7 Climate Change

Human induced climate change is likely to have significant consequences for local governments. An Intergovernmental Panel on Climate Change special report (2018) states that human activities are estimated to have caused approximately 1.0°C of global warming above pre-industrial levels, with a *likely* range of 0.8°C to 1.2°C. Global warming is *likely* to reach 1.5°C between 2030 and 2052 if it continues to increase at the current rate.

The recent Victorian Climate Projections (2019) findings include:

- Average annual temperature is projected to increase by 0.5 to 1.3°C by the 2030s compared to the 1986-2005 average. This is on top of the pre-industrial era to 1986.
- Changes beyond 2030 depend greatly on the greenhouse gas emissions pathway the world follows.
- If the average global temperature rise is limited to 2°C (matching aspirations under the Paris Agreement and requiring emissions reductions greater than what is modelled in the moderate emission scenario) Victoria is also expected to warm by about 2°C.
- Rainfall in Victoria is projected to continue to decline in the long-term in all seasons except summer, for which models indicate that both increases and decreases in average rainfall are possible.
- The amount of rain falling on 1-20 year wet days is projected to increase, even in areas where average rainfall is expected to decline.
- The number of fire days is projected to increase in fire days for alpine regions.

1.7.1 Boroondara climate change preparedness issues

While it's important that we act now to reduce the impacts, we also must help out local communities to adapt to changes in their climate.

Developing a robust approach to adaptation is critical to building resilience in our communities and securing a healthy and prosperous future for all Victorians. It's all about collaborative action between Government, metro and regional communities to meet the challenges and act on the opportunities of climate change.

That's why the Victorian government developed its Supporting our Regions to Adapt initiative. The information from Victorian Climate Projections 2019 will be used to inform this regional adaptation planning.

Local Governments are responding to climate change in two ways; through mitigation actions whereby greenhouse gas emissions are reduced, and through adaptation actions that aim to reduce the impacts of climate change. Adaptation actions have the potential through effective planning to provide multiple in-direct benefits that would favour the community, for example, urban greening can provide a happier and healthier environment, whilst improving air quality in cities and towns.

Making better long-term decisions will help minimise the physical and mental health consequences of extreme weather events and other disruptions caused by climate

change. Councils Boroondara Community Plan (2017-27) supports efforts towards both mitigation and adaptation through the adoption of the Strategy 3.7: *Lead our community through advocacy and action to mitigate against and adapt to the impacts of climate change to minimise adverse impacts on community health and wellbeing, our natural environment and facilities and services.*

1.8 What will the Heat Health trigger/threshold be?

There is no international or national standard definition or formula for a temperature threshold, and given the nature of extreme heat events, identifying a definitive trigger to activate the Heat Health plan is difficult to determine.

The COB is within the Central District (Melbourne) for the heat health temperature thresholds for Victorian weather forecasts districts, as these thresholds differ in different areas of the state.

Central District (Melbourne) threshold has been calculated at a mean of 30°C.

It has been established that the following circumstances will apply for activation of the Boroondara Heat Health Plan:

- Advice will be received from DHHS in conjunction with BOM. This will generally be four days in advance of the potential extreme heat event occurring; and/or
- When the average of the lowest nightly temperature and the highest day temperature is predicted to reach 30°C (mean of the days maximum and minimum temperatures) or alternatively, when the nightly temperature does not drop below 24°C.

There is no minimum duration for extreme heat events in Victoria; they can be as short as a single day and will typically last for several days and can last for weeks at a time.

The mean average temperature greater than 30°C means significant heat, and research indicates that once this threshold is exceeded, the average daily mortality in people aged 65 or more is about 15–17% greater than usual.

The following table shows the mean temperature calculation based on the BOM forecasts. The BOM Victorian seven day forecasts are available on their website www.bom.gov.au/weather/vic/maps/vic-forecast-map-7-day.shtml

Calculating the Mean

The mean temperature is calculated from the forecast **daily maximum** and the forecast **daily minimum for the following day** (i.e. the period from 9am -9pm on any given day).

An example of the calculation is demonstrated below:

Tuesday

Min: 20° C

Max: 38°C

$$(38 + 25)/2 = 31.5^{\circ}\text{C}$$

The threshold for Melbourne = Mean of 30°C

The temperature forecast indicates the threshold will be exceeded

Wednesday

Min: 25°C

Max: 31°C

This calculation will be repeated for each of the 7 days included in the daily forecast.

1.9 Historical Heatwave Data

1.9.1 Heatwave morbidity 2009 & 2014

The heatwave which affected south eastern Australia between 14 and 17 January 2014 was similar, in terms of intensity and duration, to the heatwaves of January 2009, 1939 and 1908. Although maximum temperatures for the January 2014 heatwave were slightly lower than those observed during the earlier heatwaves, mean temperatures were high and the heat lasted for a longer time, with Victoria actually experiencing the hottest 4 day period on record. Maximum temperatures 12°C or more above average for much of Victoria, whilst Melbourne experiencing temperatures in excess of 41°C each day between 14 and 17 January 2014.

The population health impact of the recent extreme heat event has been assessed by collecting available data from different sources:

- Victorian Public hospital emergency department presentations
- Ambulance Victoria emergency despatches
- National Home Doctor Service after hours Locum doctor consultations
- Telephone calls to Nurse on Call service
- Reportable deaths to the State Coroner's Office (SCO)
- Death admissions to the Victorian Institute of Forensic medicine
- Death registrations collated by the Victorian Registry of Births, Deaths and Marriages (BDM).

Data for the week of the heatwave, 14 - 17 January 2014 was compared to the same period in previous year(s). The results of this analysis have shown that there was substantial morbidity and mortality related to the heatwave, with associated demands on health services.

1.9.2 Ambulance Victoria metropolitan emergency case load

- A 25% increase in total emergency cases (which compared to a 46% increase in 2009);
- The number of despatches peaked in the last 2 days, however the number of emergency incidents continued to be high for a few days following the heatwave

1.9.3 National Home Doctor Service after hour's consultations

- There was a 56% increase of consultations during the week of the heatwave;
- There was a three-fold increase of consultations with a heat related diagnosis in the week of the heatwave.

1.9.4 Emergency Department presentations

- There was a 7% increase in presentations (compared to 12% in 2009) with the peak number being the day following the final day of heatwave, with a greater proportion of acutely ill patients and a 23% increase (compared to 37% in 2009) in those 75 years or older;
- There was a 5 fold increase (2009 = 8 fold) in direct heat-related presentations, with 40% (2009 = 46%) in those aged 75 years and over;
- Almost half, 45%, (69% in 2009) of all the people who died in, or prior to arrival were 75 years or older.

1.9.5 Nurse On call heat related calls

- There was a threefold increase in heat related calls during the 2014 heatwave (87 to 267), 30% of which related to children, and 12% to people 65 and over.

1.9.6 Total all-cause mortality

In the 2014 event there were 167 excess deaths over what would be expected (compared with 374 in 2009): this is an increase of 24% mortality (compared to a 62% increase in 2009) total all-cause mortality.

Mortality during heatwaves can be difficult to measure, as deaths tend to occur from exacerbations of chronic medical conditions as well as direct heat related illness, particularly in the frail and elderly. Excess mortality provides a measure of impact, but does not provide information specifically on underlying cause of death.

1.9.7 2018-19 Heat health alerts

The Department of Health and Human Services issued heat health alerts in the Central Region for 6 days during the 2018-19 summer. In comparison, heat health alerts were issued for ten days during 2017-18, six days during 2016-2017 and 10 days during 2015-2016. We were fortunate not to have heat events as prolonged as those experienced in 2009 and 2014.

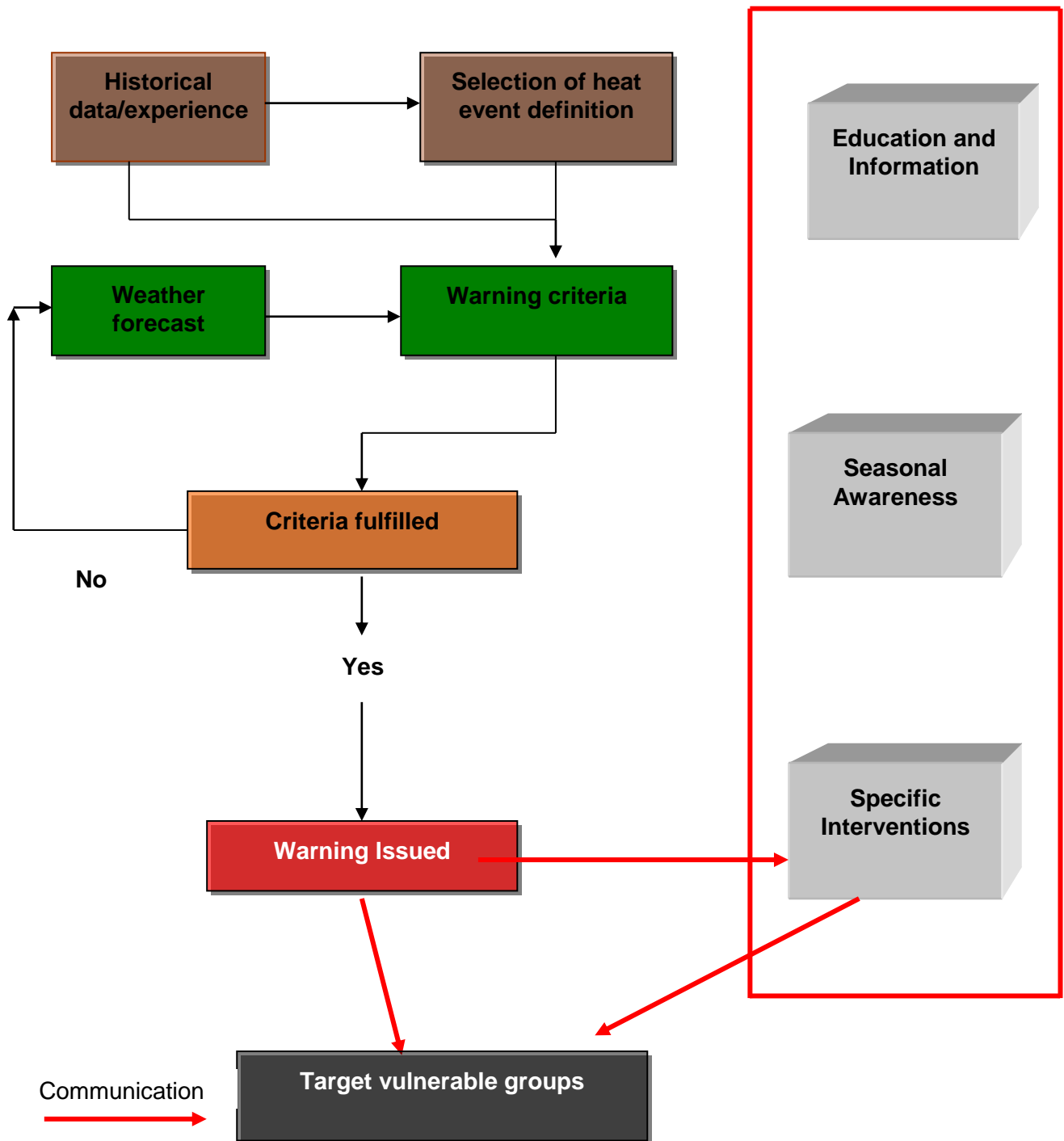
Over the 2018-19 summer, heat health alerts were issued for **nine** days in Mallee, **seven** days in and North Central; **eight** days in Northern Country; **six** days in Central; **three** days in Wimmera, **eight** days in North East; **two** days in South West; **one** day in West Gippsland, and **two** days in South Gippsland; and for **one** day in East Gippsland.

Over the 2017-18 summer, heat health alerts were issued for **eight** days in Mallee and North Central; **seven** days in Northern Country; **six** days in Central; **five** days in Wimmera and North East; **four** days in South West; **two** days in West & South Gippsland; and for **one** day in East Gippsland.

Heat health alerts were issued at least once for every weather forecast district during the summer of 2018-19, and 2017-18. The Bureau of Meteorology issued four Special Climate Statements between October 2017 and May 2018 that provide additional context to heat during 2018.

Heat health alerts were issued for **10** days during summer 2017-2018. Note that for some days the actual average temperature was below the threshold for the district. This was often because the overnight temperature was lower than forecast – a ‘cool change’ coming through earlier than expected.

1.10 Operation of a Typical Heat Health Strategy



- All systems should consider local meteorology, demographics and urban structure based upon thresholds that are related to actual heat/health outcomes. Categorisation should be clearly understood by the public, key stakeholders and decision-makers. Thereby on a state level a standardised terminology along with understandable criteria and messages would help significantly with communication.

1.11 Community Profile

1.11.1 Location

The COB is located in the inner eastern suburbs of Melbourne, between five and 10 kilometres east of the Melbourne central business district. It includes the suburbs of Ashburton, Balwyn, Balwyn North, Camberwell, Canterbury, Deepdene, Hawthorn, Hawthorn East, Kew and Kew East, and parts of Glen Iris, Surrey Hills and Mont Albert. The City encompasses a total land area of about 60 square kilometres.

The COB is well known for its wide, tree-lined streets. Council recognises the important role the existing tree infrastructure plays in reducing the effects of heatwave within the community, and has developed a Tree Strategy which focuses on the major issues facing the area's tree population, including the ageing and limited diversity of tree species, and explores how to address these and other issues.

As at June 2016, the COB had an estimated resident population of 177,361 people, with an average annual growth rate of 1.1% between 2006 and 2016.

1.11.2 Age and household types

Compared to metropolitan Melbourne and Victoria, Boroondara has a higher proportion of adults aged 50 years and over and also a high proportion of young people aged 10 to 19 years (Figure 1). At 2016, Boroondara had the fourth highest number of residents aged 85 years and over of any metropolitan local government Area (4,885).

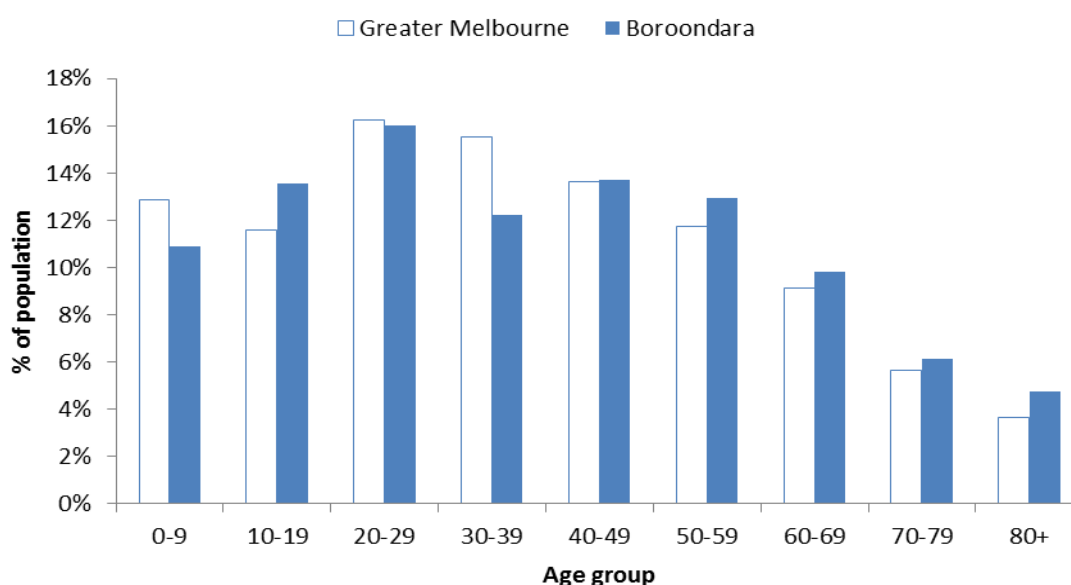


Figure 1: population by age group, Greater Melbourne and Boroondara, 2016

Source: Australian Bureau of Statistics, 2016 Estimated residential population

Household types

At the 2016 Census:

- households with children accounted for 43% of households in the municipality
- couple only households accounted for 23% of households in the municipality
- group households accounted for 5% of households in the municipality
- lone person households accounted for 23% of households in the municipality
- lone person households in Boroondara had predominantly female occupants (62%), many of who were aged 55 years and over.

1.11.3 Education hub

Boroondara is an education hub with 58 government, private and independent schools, A Swinburne University campus, a Swinburne TAFE campus, a University of

Melbourne campus, and two Universities of the Third Age. There are also 10 neighbourhood and community houses where residents can complete a short course or obtain certified or pre-accredited training in a variety of subjects.

1.11.4 Cultural diversity

While nearly seven out of 10 Boroondara residents were born in Australia, Boroondara is becoming more culturally and linguistically diverse. Residents were born in around 150 countries and speak 120 languages. At the 2016 Census 31% of the population was born overseas, with the majority coming from a non-English speaking background. Between 2011 and 2016 there was a large increase in the number of residents born in China, Vietnam and India, and more residents were speaking a Chinese language, an Indian language or Vietnamese at home. According to the Department of Immigration and Border Protection, Boroondara is home to 1,638 migrants who first arrived to live in Australia during 2016. The majority (56%) of these new arrivals came from either China or India and 36% were aged 18 to 24 years.

1.11.5 Business sector

Boroondara has a strong retail/commercial sector. There are 53 shopping strips across the municipality with the main activity centres at Camberwell Junction, Glenferrie Road in Hawthorn and Kew Junction. A quarter of Boroondara's employed residents worked within their municipality, and another quarter of Boroondara residents worked in the City of Melbourne area.

Boroondara has a variety of multinational and national businesses whose head office is located in the municipality. Some of these businesses include:

- The Coles Group
- Bakers Delight
- Roche Products
- Bayer Crop Science
- Pacific Brands; and
- Servier Laboratories Australia.

These businesses represent a number of industries including:

- retail trade
- professional
- scientific and technical services
- manufacturing; and
- wholesale trade and financial and insurance services.

1.11.6 Health

Ageing trends

The median age of people living in Boroondara in 2016 was 38 years. Boroondara is experiencing population ageing that will continue over the next few decades. Boroondara's population aged 65 and over is forecast to increase by 6378 between 2017 and 2027, and by a further 4834 people by 2037, when they will represent 19% of Boroondara's population, rather than the 16%, which they currently represent.

People with a disability

The COB has estimated that in 2016 around one in five Boroondara residents, or 33,600 people, had a disability and an estimated 6.8% (11,800 people) had a severe or profound disability. The number of people with a severe or profound disability is expected to increase with the ageing population. The age group with the highest

percentage of persons needing assistance with core activities is those aged 75 years and over.

In 2016, around one in 10 Boroondara residents aged over 15 years provided unpaid care to someone with a disability (12.1% or 16,803 residents).

1.11.7 Economic resources

Boroondara is an affluent area, with the weekly income of 43% of households in the top quartile for Victoria (at the 2016 Census). Eighteen percent of Boroondara households had an income in the lowest quartile in Victoria (less than \$740 per week).

1.11.8 Vulnerable groups

The identified vulnerable groups within the COB are:

- aged
- people who have a disability
- people who have a chronic illness
- babies/toddlers
- people who have limited economic resources

1.11.9 Community stakeholders

There are a number of agencies that have been identified as key community stakeholders within the municipality. These organisations are:

- COB (Health, Active Ageing and Disability Services, Family, Youth and Recreation Services, Risk Management, Emergency Management, Libraries, Arts and Cultural Services, Community Planning and Development, Infrastructure/ Major Projects, Environment and Sustainable Living)
- Division of GPs
- Camcare - Access Health & Community
- Eastern Health – Aged care
- CALD Issues (significant Asian and Indian population)
- Ambulance Victoria
- Inner East Primary Care Partnership
- Australian Red Cross
- DHHS;

Whilst these stakeholders has an important role to play in the event of a declared extreme heat event, the external agency responsibilities no longer appear in this Operational plan as their response is not activated by COB.

1.11.10 Local climate

The climate within the Boroondara municipal area is not recorded; however the closest temperature station is located at Como House, Prahran. Detailed information on statistics for the area can be found on the Bureau of Meteorology website www.bom.gov.au which provides data on monthly mean maximum temperature readings, summary statistics for all years etc.

2. Part 2 – Operational Arrangements

2.1 Activation of Heat Health Plan

2.1.1 Four stages of key actions

The core operational elements of the Heat Health Plan can be divided into four stages with each stage characterised by a set of key actions:

- Stage 1 - Preparation
- Stage 2 - Alert and readiness
- Stage 3 - Response and action
- Stage 4 - Recovery and review.

Stage 1: Preparation

- Council develops Heat Health Alert Communication Plan.
- Council and key stakeholders develop Community Education Plan – preliminary awareness messages disseminated.
- Key stakeholders develop internal Extreme Heat Plans – capacity building, staff training and strategies to support heat vulnerable individuals.
- Local planning for monitoring of socially isolated residents.

Stage 2: Alert and readiness

- Council alerts service areas of potential temperature 'threshold' being reached for the coming days with the Melbourne region.
- Heat health alert messages disseminated.
- Key stakeholders implement aspects of Extreme Heat Plan.
- Council promotes hotline - refer to NURSE-ON-CALL 1300 606 024 or 000.
- Council reviews BOM reports.

Stage 3: Response and action

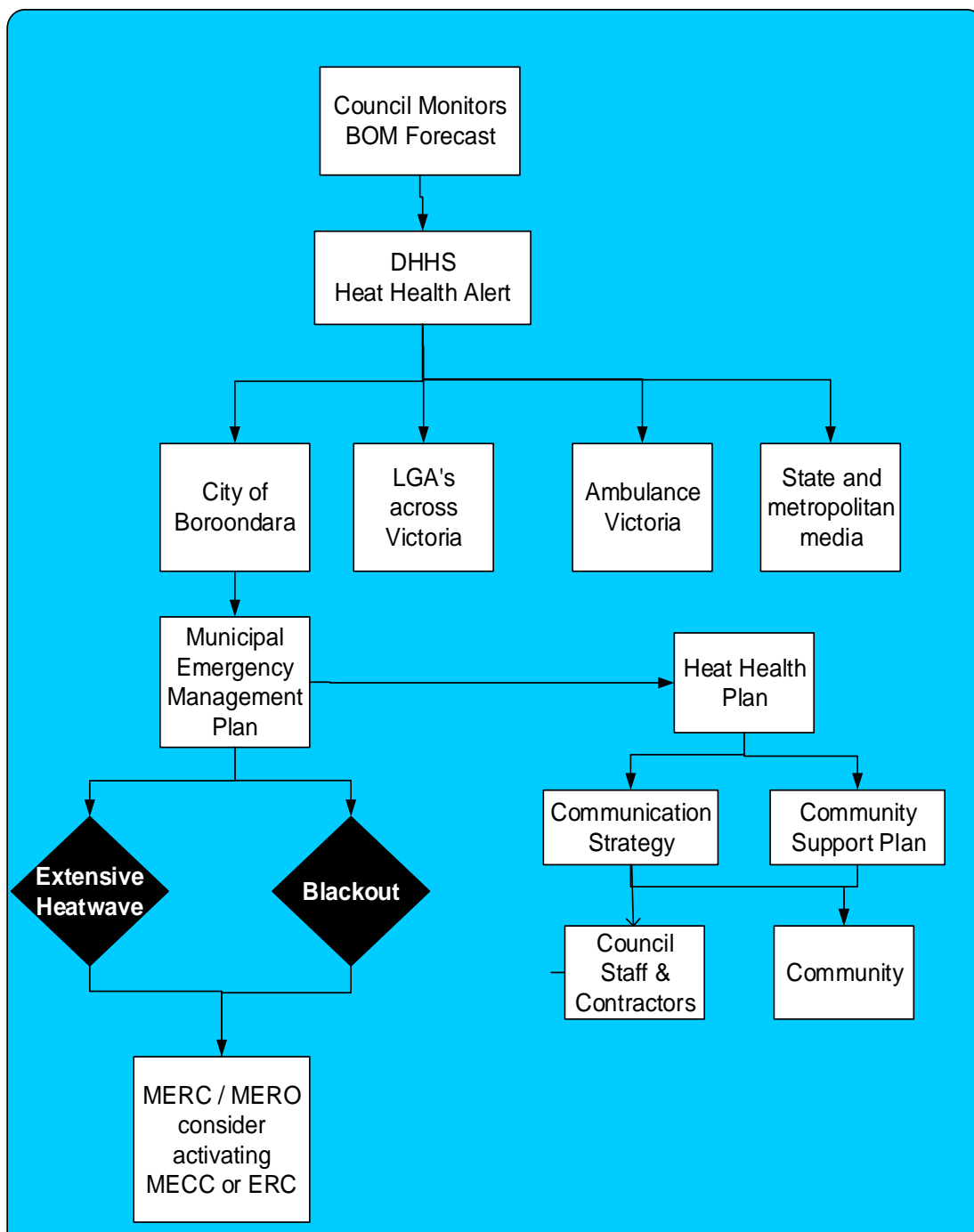
- Council alerts relevant departments of threshold being 'triggered'.
- Council Emergency Management Team alerted.
- Departments implement specific actions as documented in internal extreme heat plans.
- Neighbourhood and isolated individuals monitoring mechanisms activated i.e. HAADS staff contact HACC/CHSP clients identified as a vulnerable person.
- Council increases local media campaign.
- Council monitors BOM reports.

Stage 4: Recovery and review

- Council deactivates extreme heat response.
- Council informs relevant departments to deactivate extreme heat plans (if appropriate).
- Local media campaign returned to schedule.
- Stakeholders debrief session held within seven days if required.
- Organisations review actions taken and outcomes of extreme heat plan.
- Facilitation of a stakeholder review session within 28 days of the cessation of the extreme heat emergency, to review extreme heat management outcomes.
- Refer to section 2.7 for further detail on the recovery phase arrangements.

Flow charts for the above stages are detailed in the following pages.

Activation of Heat Health Plan flow chart



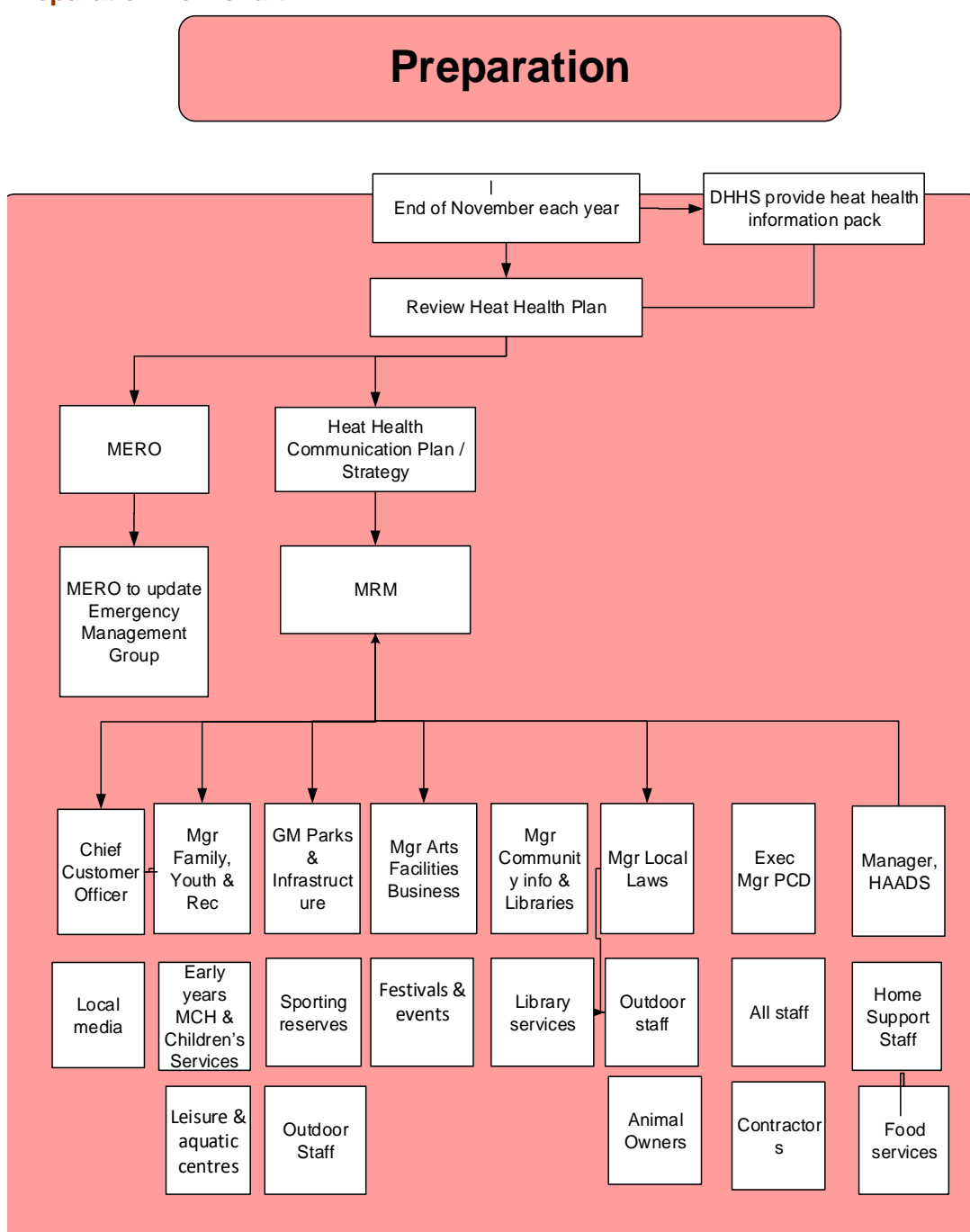
2.2 Stage 1 - Preparation

Preparation stage incorporates a range of strategies to build resilience amongst COB residents during the summer months. It directly involves the actions of most key stakeholders and is implemented between 1 April and 30 November each year.

2.2.1 Responsibilities of Department of Health and Human Services

- During the summer season the Department of Health & Human Services (DHHS) notifies departmental, regional staff and local councils of impending extreme heat conditions. Melbourne metropolitan specific Heat Health thresholds will be utilised. Heat health alerts are based on 7 day predictions and daily adjusted forecasts.
- Development of standard media releases (including templates in all community languages to facilitate the delivery of consistent 'Heat Health health' messages).

2.2.2 Preparation flow chart



2.2.3 Preparation – action plan

All employees identified in the plan need to ensure that awareness and background preparedness are maintained and the following objectives and actions are achieved.

Objectives	Action	Responsibility
1. Identify vulnerable people & groups and the Boroondara employees who deal directly with them with the aim of coordinating the dissemination of information	<ul style="list-style-type: none"> Use client lists from HAADS to distribute Heat Health information through Home Support Staff (HSS) (app 3,000 homes) Use client lists from HAADS to further identify people at risk. 	HAADS Home Support Staff Coordinator Business Operations and Systems.
	Identify active community groups that fit resident risk profile and arrange for information to be distributed. (ass applicable)	HAADS Coordinator Strategy & Development
	Identify clients of MCH that fit profile and arrange for information to be distributed through MCH service information packs	MCH Coordinator
	Identify groups in Children's Services that fit profile and arrange for information to be distributed to all kindergartens and child care services.	MCH Coordinator Sen Coordinator Children & Family Services
2. Create awareness on the dangers posed by extreme heat as and when required	<ul style="list-style-type: none"> Disseminate information material on Heat Health preparedness; Disseminate fact sheet aimed at HSS Disseminate information sheet aimed at vulnerable residents through HSS 	COB in conjunction with DHHS
	Introduce guidance and education programme targeted at HSS employees providing a service to vulnerable groups to provide guidance on minimising and coping with heat related health risks	Coordinator Service Delivery
	Distribute Heat Health information internally to all Boroondara employees to increase Heat Health awareness	Executive Manager People Culture & Development
	Promote appropriate Heat Health information & strategies to address the needs of the Homeless, and Rooming House residents. <ul style="list-style-type: none"> Liaison with relevant support agencies Promotion of appropriate water access to homeless. Provide animal welfare information to owners. 	Community Safety Officer Coordinator Public Health
		Manager Local laws
3. Create awareness of appropriate strategies to increase community resilience via building design	<p>To reduce the associated impacts of climate change on COB community as connected to COB Our Low Carbon Future Strategy (2017-2020):</p> <ul style="list-style-type: none"> Ensure COB considers regional response initiatives as outlined in the Climate Change Adaptation Roadmap for Melbourne's East. Ensure COB actively participates in the Resilient Melbourne Strategy <p>Support the additional implementation of regional initiatives and advocacy on climate change mitigation and adaptation through ongoing membership of organisations such as the Eastern Alliance for Greenhouse Action and Green Building Council of Australia (GBCA)</p>	Manager Environment and Sustainable Living
	Implement COB Sustainable Council Buildings Policy (2016), which supports Green Building Council Australia (GBCA) principals to ensure that Council's owned, leased or managed buildings are a minimum standard of 5 stars.	Manager Statutory Planning Manager Building Services Manager Environment and Sustainable Living

Objectives	Action	Responsibility
	Continue to advocate for better support for Environmentally Sustainable Development within the state Planning Policy Framework (SPPF) as a basis for delivering more sustainable outcomes through the planning permit application process (a priority action area in COB Our Low Carbon Future Strategy (2017-2020)).	Manager Strategic Planning Manager Environment and Sustainable Living
4. Utilise existing partnerships	Investigate existing relationships with other organisations (both public & private) to identify common interests and platforms	Manager Communications & Engagement
	Develop media liaisons to assist in broadcasting Heat Health awareness	Manager Communications & Engagement
	Review annual Heat Health communications plan.	Manager Communications & Engagement
5. Review current operational work processes in line with Council's Thermal Working Conditions Policy	<ul style="list-style-type: none"> ▪ Maternal child health facilities ▪ Office based staff (and office/field staff) ▪ Depot services & maintenance staff ▪ HSS & Food Services ▪ Local laws ▪ Leisure Centres ▪ Libraries 	Executive Manager People Culture & Development All Department Managers

2.2.4 Business continuity

Each department within Council is responsible to prepare its own Business Continuity Plan (Crisis Management Plan). These Plans focus on the critical business functions and services that should continue to be provided to the community and/or internally for the organisation.

The coordination of Business Continuity Plans and decisions regarding cross-organisational deployment of staff is the responsibility of the Executive Leadership Team (ELT).

Business Continuity Plans will guide decisions for the continuation or cessation of departmental business regardless of the emergency faced.

2.2.5 Potential extreme heat impacts

The potential impacts associated with heat are summarised in this following matrix which reveals a number of issues with high risks associated to it including:

- Heat related illnesses affecting the elderly, very young and carers
- Lack of hygiene when preparing food for the very young in hot conditions
- Modification of infant feedings during hot weather
- Unwillingness of carers to travel in hot weather
- Higher presentation to emergency departments
- Increased workload for emergency service staff; and
- Food becoming potentially hazardous (pathogenic) due to heat.

2.2.6 Boroondara extreme heat impact matrix/risk assessment

Vulnerable Groups	Heat Related Issue	Likely Impact – Risk
Elderly	Heat related illness – heat stroke, heat exhaustion, heat cramps, dehydration, respiratory problems, cardiac stress, prickly heat, exacerbation of chronic disease	<ul style="list-style-type: none"> Requires medical assistance Can become fatal if unattended
	Sleep disturbance	<ul style="list-style-type: none"> Fatigue Slowed reflexes and response Requires medical assistance
	Discomfort in the home	Irritability
	Change in temperament	Displays of anger and anti social behaviour
	Loss of ability to 'self care'	<ul style="list-style-type: none"> Requires medical assistance Exacerbation of existing conditions
	Cannot connect with social activities and community services	<ul style="list-style-type: none"> Social isolation Feelings of loneliness and despair
	Taking medication that puts the elderly in danger of heat stroke (some blood pressure and heart medicines)	Requires medical assistance
Very young	Heat related illness – heat exhaustion, heat stroke, heat cramps, dehydration, heat rash	<ul style="list-style-type: none"> Requires medical assistance Can become fatal if unattended
	Fatigue	Irritability
	Lack of hygiene in preparation of food and formula	Food poisoning
	Modification of infant feedings	<ul style="list-style-type: none"> Breastfeeding mothers need to demand feed and drink plenty of water themselves Bottle fed infants require more water
	Children left unattended in cars	<ul style="list-style-type: none"> Emergency care Can become fatal
Carers/health workers	Modification of programs	<ul style="list-style-type: none"> MCH appointment times commence earlier (where possible) Planned Activity Group outings modified
	Unwillingness to travel in heat	Interruption to services
	Workplace stress	<ul style="list-style-type: none"> Fatigue Sick leave
	Heat related illness	Lack of available health workers
Other	Higher presentation to emergency departments in hospitals	Drain on services; insufficient staff
	Increase in workload for ambulance service	Pressure on resources
	Poor workplace practice in hot conditions	Reduced productivity
	Water restrictions	Reluctance to use water to cool down
	Difficulty in accessing to public transport to attend programs/ appointments	<ul style="list-style-type: none"> Social isolation Medical emergency
	<ul style="list-style-type: none"> Heat stress for pets Pets left in cars 	<ul style="list-style-type: none"> Emergency care Can become fatal if unattended

Vulnerable Groups	Heat Related Issue	Likely Impact – Risk
	Food becomes potentially hazardous due to heat	Food poisoning
	Increased insect/mosquito activity	Increased likelihood of disease and viruses
	Critical infrastructure failure – power grid failure	Triggering of Emergency Management Plan
	Impact on the Environment	Increased risk of fire

2.2.7 Extreme heat preparation awareness campaign

Preparation Stage of the Heat Health plan requires the implementation of pre summer actions. The best defence to heat related illness is prevention. This stage occurs between 1 April and 30 November each year. Its major components include the groundwork supporting an extreme heat awareness campaign and the 'Buddy/Good Neighbour' promotion.

People living through a summer in Boroondara need to be informed adequately about Heat Health. This includes information about risk characteristics, preventative measures and appropriate behaviours during an extreme heat event and an understanding of their own responsibility to be prepared. Boroondara's marketing campaign will focus on preparing the general public and vulnerable groups in the community for extreme heat conditions in conjunction with messaging from the Department of Health and Human Services

The objective of the campaign will be to:

- Generate preparedness and improve community resilience to extreme heat conditions; and
- Educate all stakeholders about roles, responsibilities and procedures to be followed in the event of a heat alert.

Key messages for vulnerable groups will include also:

- Medications and heat related illness
- Child and car safety; and
- Keeping babies and breastfeeding mothers hydrated.

2.2.8 Department of Health and Human Services communications campaign

In order to circulate these messages to the general public and vulnerable groups, Council will implement a strategic extreme heat awareness campaign leading up to summer using material sourced from Department of Health and Human Services. The campaign will target specifically the elderly and parents of the very young. Boroondara Council will partner with DHHS in ensuring the consistent message is conveyed and production of print material to be disseminated (provided by DHHS). The core components of the campaign will be to:

- Consider engaging with a media partner to act as local sponsor of the campaign;
- Produce educational material giving practical advice to the community on extreme heat preparedness including a general public information leaflet;
- Disseminate Heat Health messages at relevant community events eg. Seniors' Week and Children's Fair (consider targeting to the elderly and parents of the very young). These can also be distributed, through HAADS (Home Support Staff and Meals on Wheels), Senior Citizens' Centres, MCH Nurses, Boroondara Library, CamCare - AH&C, community centres, childcare centres, preschools and playgroups;
- Release media releases and feature articles associated with the campaign (with the endorsed communications disseminated from DHHS).

A range of heat health information sheets linked to the role of the stakeholder will sum up key messages and offer practical advice to those working with the elderly and the very young.

2.2.9 Buddy/good neighbour promotion

One opportunity is to promote a Buddy/good neighbour program which will encourage key stakeholders who interact directly with vulnerable clients to develop, as part of their individual care and response plan, a buddy system. COB will encourage stakeholders to engage in this program.

A Buddy/Good Neighbour program could include:

- Staff and/or volunteers phoning high risk people (HAADS has a register of HACC/CHSP clients who are called on heat health alert days);
- The activation of community phone trees; and,
- Residents checking on elderly vulnerable relatives and neighbours daily during an extreme heat event (and being aware of any medical requirements the neighbour may have).

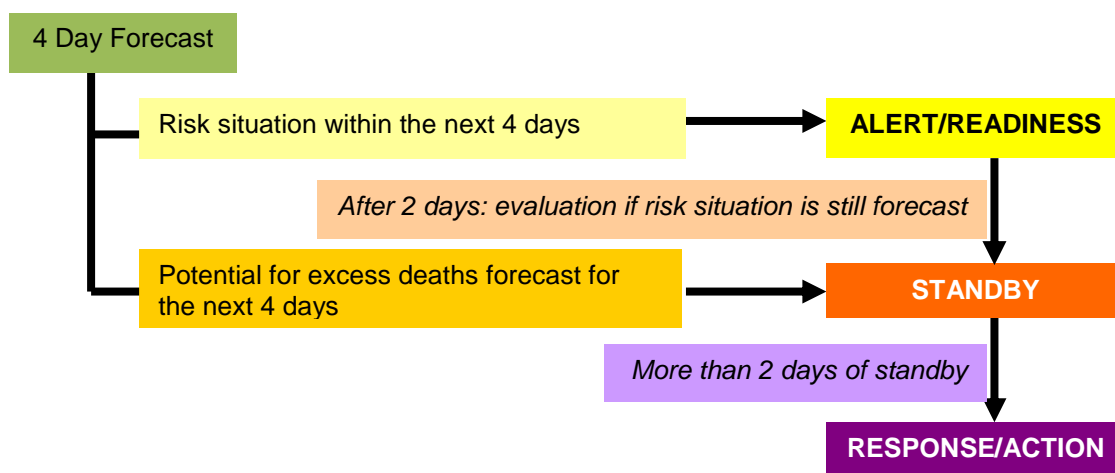
2.3 Stage 2 - Alert and Readiness

The Alert and Readiness stage will commence upon Boroondara Council observing a forecast or receiving a “Heat Health Alert” warning from either the DHHS or Bureau of Meteorology. This information should be received by the MERO and the MRM and will trigger the Communications Plan (strategy) (refer page 28) and the Community Support Plan (refer page 27).

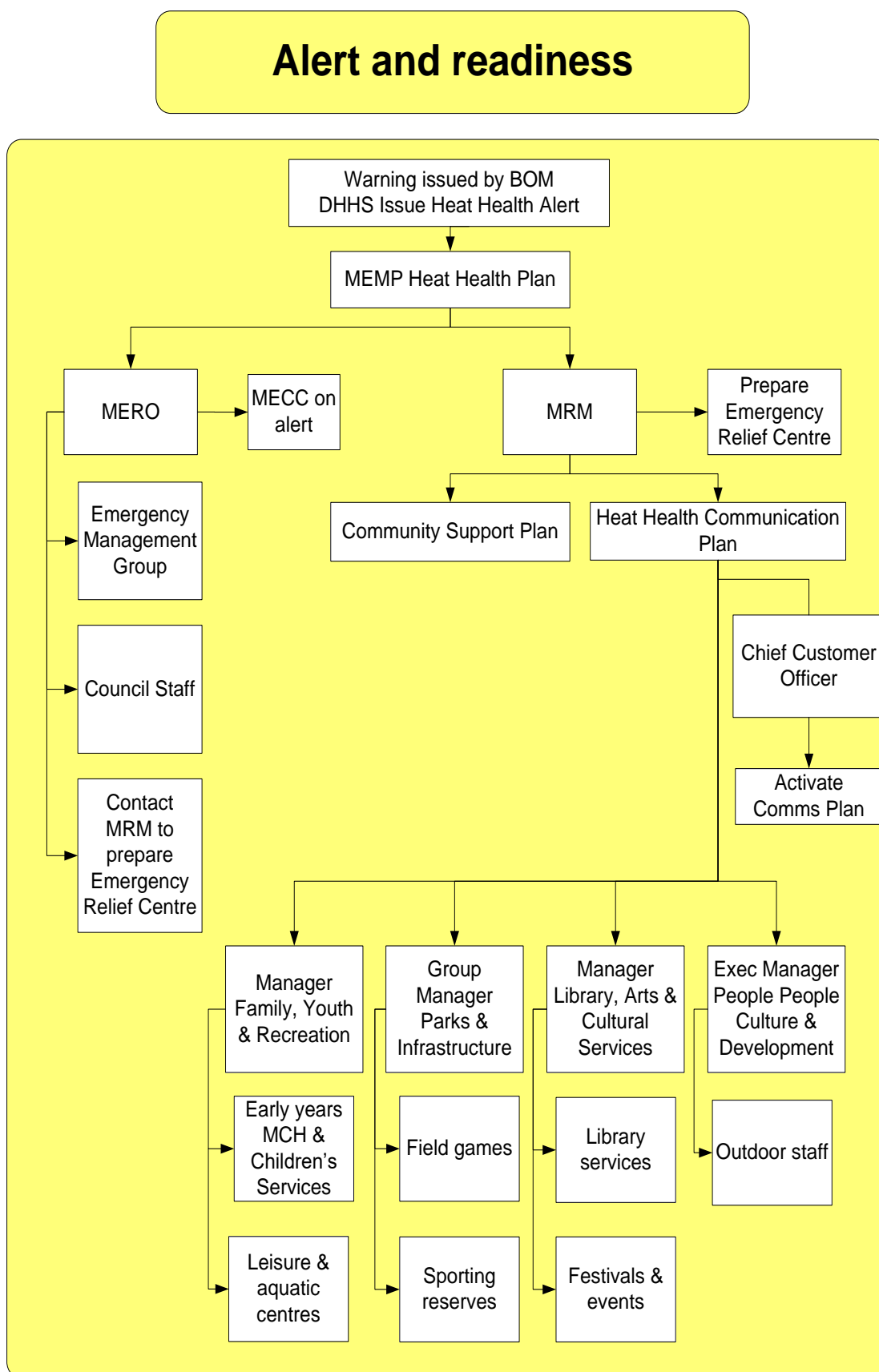
Whilst the DHHS will send out Heat Health alert messages it will not be a directive and it is ultimately up to Council to decide when to implement the Heat Health Plan.

2.3.1 Time frame of heat warning procedure

The following chart provides an indication of timeframes for the municipality to observe when the forecast for extreme heat is advised by the Bureau of Meteorology or a heat health alert is issued by DHHS.



2.3.2 Alert and readiness flow chart



N.B 29/10/2019 The Table above still to be updated to include, (Mgr Library) (Mgr Arts & Cultural) (Mgr LLaws) plus clarifying areas of responsibility.

2.3.3 Alert and readiness – action plan

This Action Plan is triggered as soon as threshold temperatures are forecast, and or when a Heat Health Alert is issued. (See Response/Action Plan section for further arrangements). N.B The Emergency Management Commissioner (EMC) is the recognised control agency for Heat events in the Victorian Emergency Management arrangements, and they may also issue various alerts, however DHHS are the agency that issue a “Heat Health” alert.

While deaths may occur over several days (sometimes numerically peaking after the heat has reduced), it remains important to ensure readiness and swift action to reduce harm from potential extreme heat events.

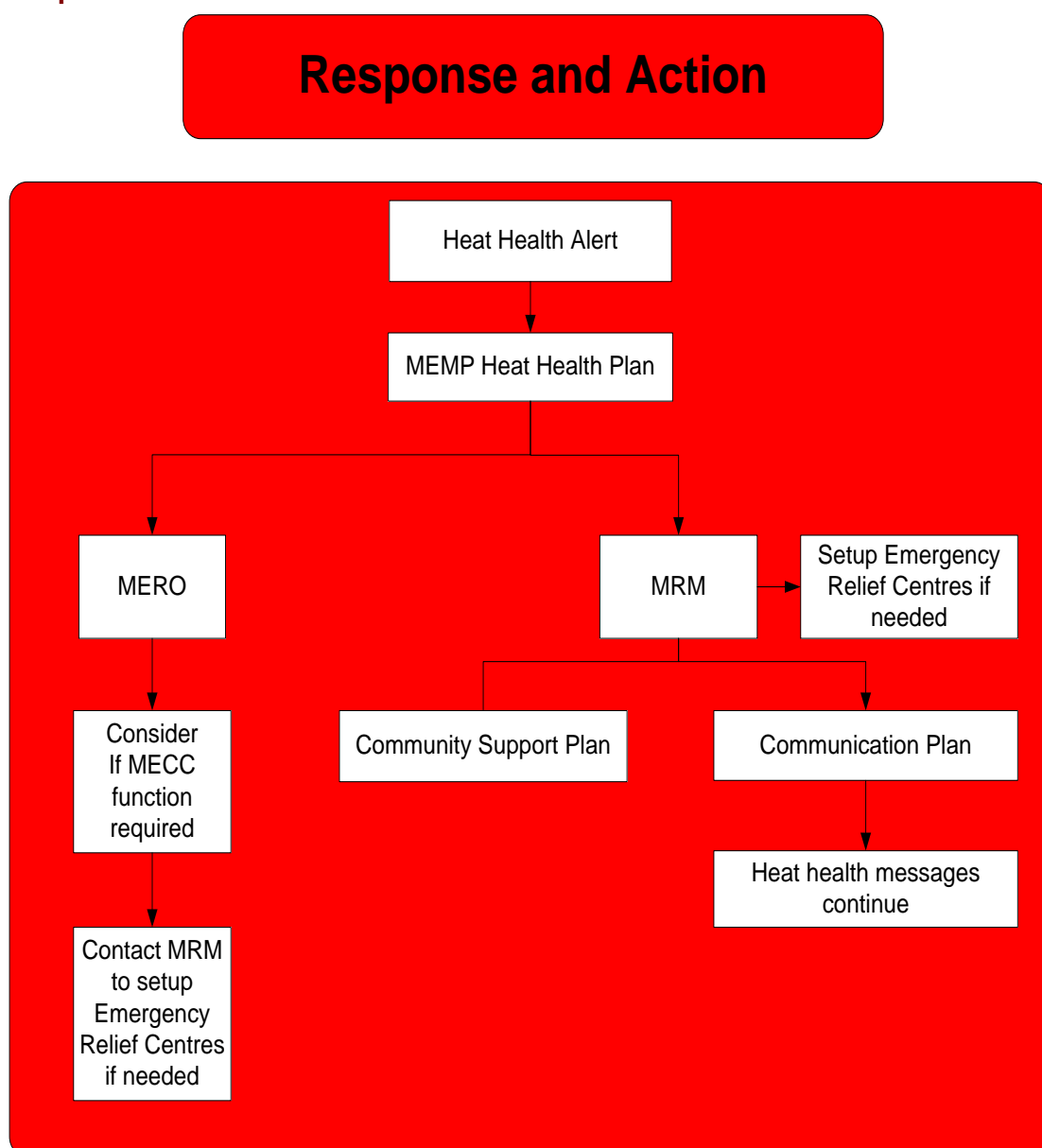
Objectives	Action	Responsibility
1. Activate resources to ensure the Heat Health message is reaching the target audience	<ul style="list-style-type: none"> Activate resources to HSS office staff, HAADS volunteers/staff and Property Maintenance staff, where appropriate, to ensure all those identified as at-risk are reached and informed of the pending extreme heat event HAADS office staff to call vulnerable clients Consider CALD issues to alter messages to alternate languages 	HAADS
	Distribute information amongst previously identified community groups.	Coordinator Strategy & Development
	Advise MCH outlets to distribute Heat Health information	MCH Coordinator
	Advise Family Services to distribute Heat Health information, including specific activities, that Boroondara may undertake in the short term to assist the vulnerable groups in their care	Manager Family, Youth & Recreation
	Advise support agencies to provide Heat Health information to Homeless people. Advise Rooming House operators and residents.	Community Safety Officer Coordinator Public Health
	Distribute information via relevant communication methods (including social media) as identified in the pre developed communication plan	Chief Customer Officer
2. Alert employees to the pending extreme heat event	Distribute information to all employees on the precautions they need to take to protect themselves from the heat	Executive Manager People Culture & Development & Chief Customer Officer
3. Ensure the relevant workplace policies are adhered to, if required	Maternal child health facilities	Executive Manager People Culture & Development
	<ul style="list-style-type: none"> Office based staff (and office/field staff) Depot services & maintenance staff HSS & Food Services Local Laws Leisure Centres Libraries 	Department Managers

2.4 Stage 3 - Response/Action

The Response/Action Stage is triggered when a “Heat Health” alert is issued by DHHS, or when the Bureau of Meteorology (BOM) predicts imminent extreme heat temperatures for Boroondara (Central District forecast area). Council then activates a heat alert to all key stakeholders using the communications strategy developed.

Efficient implementation of the communication plan is dependent upon the lead agency (EMV, or support agency DHHS) and Boroondara Council as a support agency, informing all key stakeholders of their responsibilities to enact the Response Stage of the Heat Health Plan via email, fax or telephone. Consequently the communication plan will continue as in the previous Stage 2 - Alert/Readiness including the encouragement for the community to adopt the “Buddy/Good Neighbour Program”.

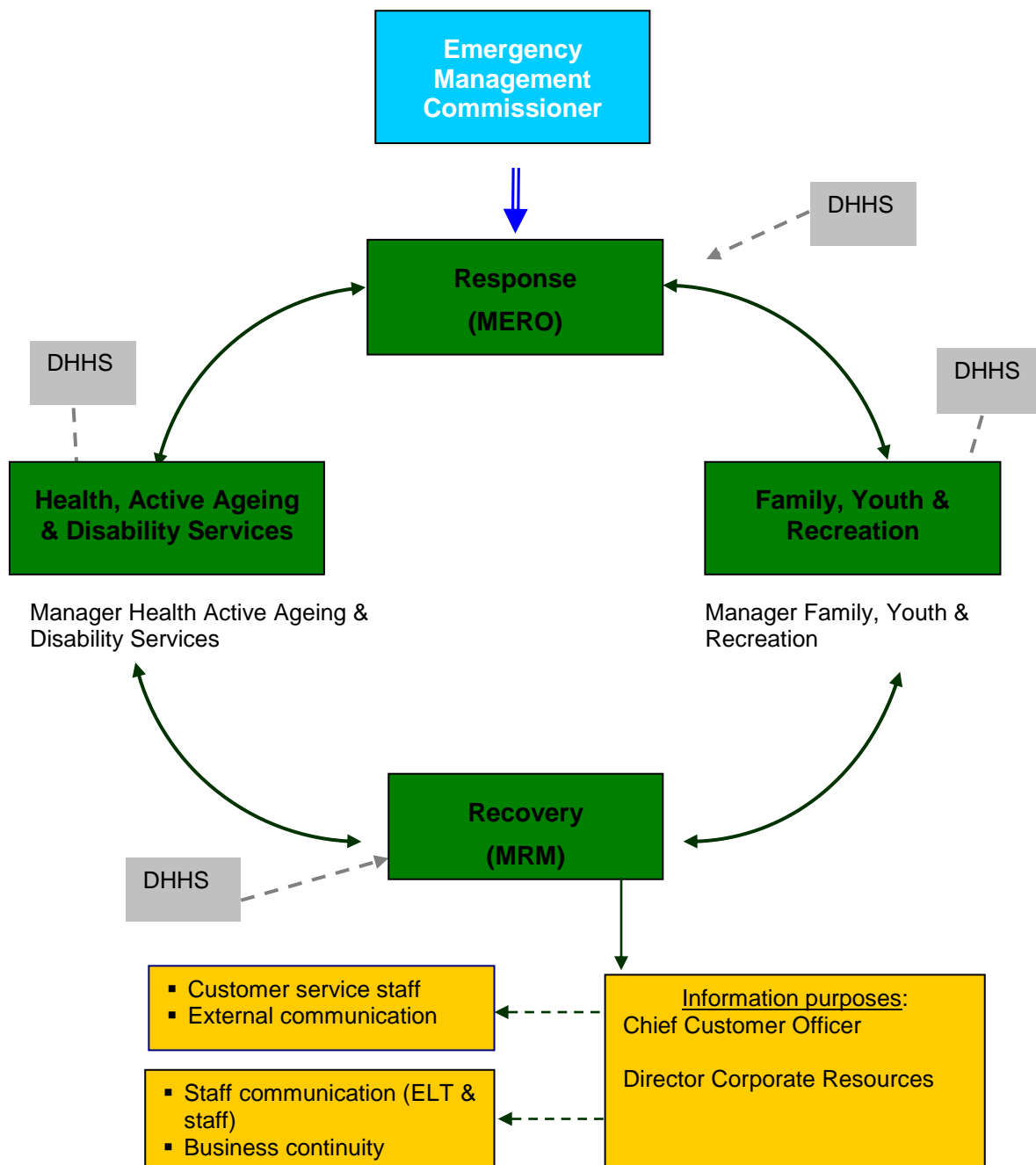
2.4.1 Response/action flow chart



2.4.2 Response activation Emergency Coordination Team (ECT)

This flow chart identifies the integrative role of all agencies involved in extreme heat response, in particular the Emergency Management Victoria responsibilities of ensuring the coordination of resources with and between all involved agencies.

It is therefore important to keep within the emergency management framework for extreme heat events as is the case with all emergencies that occur within the COB. This flow chart is highlighting the need to ensure that that framework is maintained but also to appreciate that information for an extreme heat event will possibly originate from a number of sources and informal communication may occur from DHHS to the municipality which must then be communicated through the relevant channels.



2.4.3 Response/action – action plan

This will be triggered as soon as the BOM confirms that threshold temperatures will, or have been reached in the area or a heat health alert is issued. To date the Department of Health & Human Services (DHHS) has established an extreme heat threshold for metropolitan Melbourne to be a daily average of 30°C (mean of daily maximum and nightly minimum temperature).

This stage requires specific actions targeted at high-risk groups.

Objectives	Action	Responsibility
1. Continue activities to ensure the Heat Health message is reaching the target audience	<ul style="list-style-type: none"> Ensure that HSS, property maintenance and volunteers are aware of risk and protective factors, for themselves and their clients Consider, where appropriate, daily visits/phone calls for high-risk individuals living on their own who have no regular daily contacts and encourage feedback to COB 	HAADS
	Advise HSS and volunteers to contact COB if there are concerns about an individual's health	HAADS
	MCH outlets to continue distribution of Heat Health information to clients	MCH Coordinator
	Continue to distribute information amongst previously identified networks.	HAADS
	Family Services to continue distribution of heat health information to vulnerable groups in their care.	Manager Family, Youth & Recreation
	Advise support agencies to provide Heat Health information and support to Homeless People	Community Safety Officer
	Distribute information via relevant communication methods (including social media) as identified in the pre developed communication plan	Chief Customer Officer
2. Activate relevant workplace policies (e.g. Thermal working conditions, OH&S etc.)	Ensure access to refreshments is available to staff (e.g. cool drinks, cool neck ties etc.): <ul style="list-style-type: none"> All Council Staff & Contractors 	Executive Manager People Culture & Development Chief Customer Officer Department Managers
3. Review work processes e.g. re-scheduling any non essential services, or alternative methods of service delivery	<ul style="list-style-type: none"> Consider postponing any immunisation sessions programmed Consider delivering meals on wheels earlier in day Review all services provided Animal Management Officers to heat check all animals they pick up. 	Coordinator Public Health HAADS All Managers Local law AMOs

2.4.4 Virtual MECC activation

Establishing the Municipal Emergency Coordination Centre (MECC) is an expensive and time consuming process. However the decision to not establish the MECC can be as costly as the decision to establish the MECC when it is not required.

Extreme heat events have elements of a slow onset, and conditions conducive to extreme heat can be predicted days ahead of onset and do not have a specific point at which the impact can be recognised as beginning. While not suitable for managing the impact of all emergencies there are options to develop a “virtual” MECC, particularly for slow-onset emergencies (e.g. disease, extreme heat etc.) where the gathering of information and coordination of resources is required but the level of inter agency interaction and urgency is not evident.

2.4.5 Requirements of a virtual MECC

To ensure a viable “virtual” MECC the following will need to be considered:

<i>Requirements</i>	<i>Considerations</i>
<i>Agency representation</i>	Each agency required will need to ensure that a contact is supplied for the required period (e.g. business hours, 24 hours, daily, weekly etc.)
<i>Communications</i>	The most appropriate communications methods are employed (e.g. email, telephone tree etc.)
<i>Triggers for escalation/de-escalation</i>	Including interruptions to essential services and virtual MECC systems.
<i>Process for escalation/de-escalation</i>	Changing between the MECC to/from a virtual MECC.
<i>Online resource management and information sharing</i>	Including real-time information options.

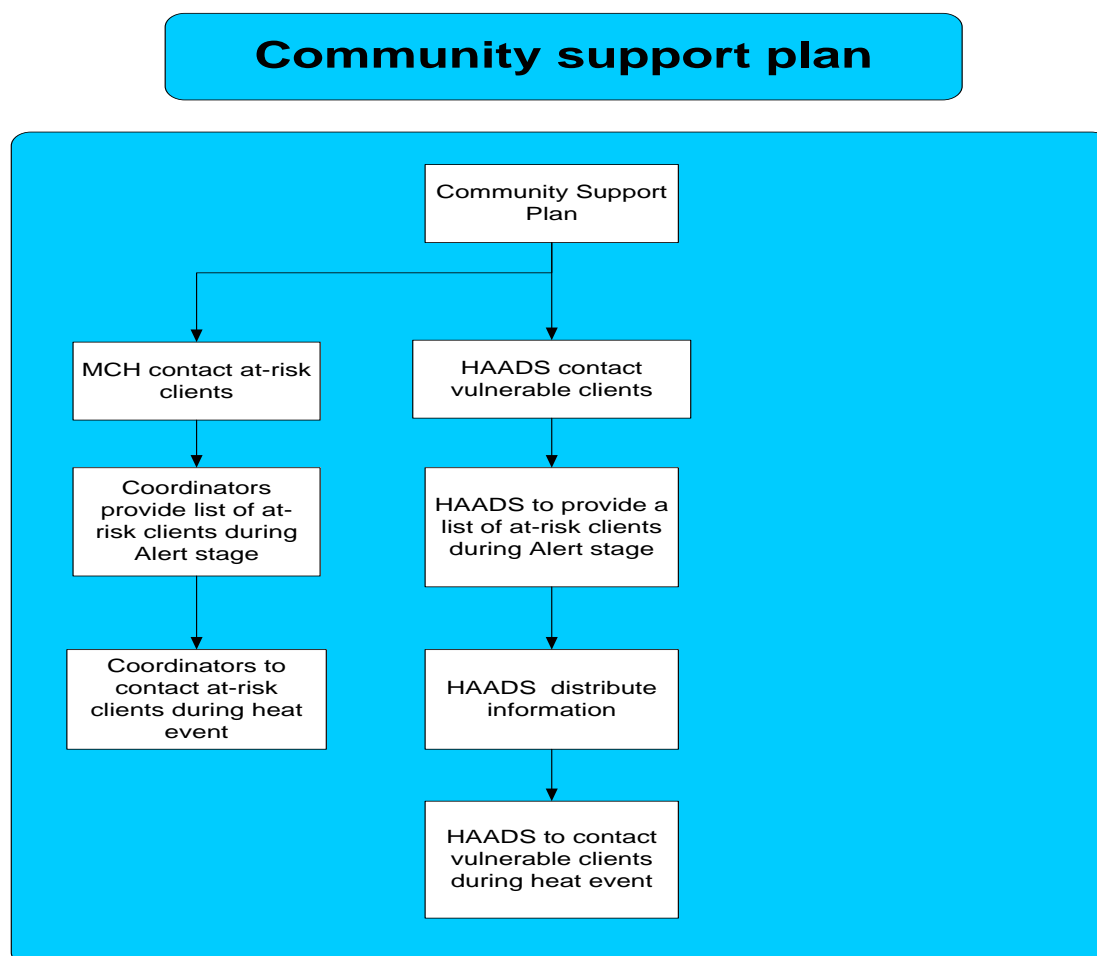
It is unlikely that extreme heat will result in the establishment of a MECC, unless there are significant infrastructure issues such as widespread brown out or black out.

2.4.6 Emergency relief centre/s & cooling centres

Emergency relief centre/s will only be opened up after the MECC has been activated and only if a power blackout has occurred, and not, as a general rule on days of extreme heat. Vulnerable people who are sick or showing signs of being affected by the heat NEED to go to hospital NOT to an ERC. In December 2014 Council considered the implications of establishing site specific cooling centres in Boroondara. Council does not plan to establish site specific cooling centres but will continue to promote the use of “cool places” as an alternative refuge from heat.

2.4.7 Community support plan

The Community Support Plan will comprise two sections: Contacting vulnerable Clients and the Buddy/Good Neighbour Program.



Contacting At-Risk Clients

During a declared extreme heat event HAADS will contact all 'vulnerable' clients to ensure their welfare, remind them about fluid intake and discuss what cooling options they have. HAADS staff may liaise with Bolton Clarke (formerly Royal District Nursing Service), Division of GPs, Victoria Police, case managers and family members to advise of their involvement with any of HAADS at-risk clients as individual circumstances determine.

'Vulnerable' clients are extreme frail and/or at-risk, and usually require multiple services. Should extreme heat be exacerbated by severity, duration, or blackout the number of at-risk members of the community would dramatically increase.

As part of the Community Support Plan, HSS, managers and coordinators will be required to maintain knowledge of who their potential at-risk clients are, and send that list to the MRM during the Alert Stage (or otherwise ensure they are on Councils vulnerable person register). Liaison will occur when other provider organisations are involved in the client's care.

During the 2009 and 2014 heatwaves, the Victorian Government encouraged members of the community to check up on friends, relatives and neighbours regarding their welfare. The ethos of the Buddy/Good Neighbour Program could be incorporated into the at-risk register, as well as other key stakeholders.

2.5 Communications Strategy

2.5.1 Introduction

The coordination of all internal and external council communications regarding extreme heat events is the responsibility of the Chief Customer Officer who will liaise with the MERO/MRM as appropriate and normal communication protocols will apply.

The MERO or MRM will provide Customer Services with DHHS authorised *Fact Sheets* and extreme heat updates as required. Primary information on the intensity and duration of the extreme heat event and state and commonwealth responses will be provided through the information websites and DHHS contact with Council.

2.5.2 Internal council communications

Internal council communications to staff regarding extreme heat events will be communicated using “Connect magazine” (staff newsletter) and the intranet. Each department’s business continuity plans will determine its capacity to maintain services to the community (e.g. reference to COB’s internal OH&S *Thermal Comfort Guidelines* etc).

2.5.3 External council communications

External council communications to the community regarding extreme heat events will be communicated using media releases and the Boroondara Bulletin newsletter where possible, to advise people on being safe during extreme heat. Council will provide a specific Heat Health information link on its website (to be coordinated by the Chief Customer Officer).

2.5.4 Public calls into council

Calls from the public will be received during normal Customer Service opening times (8.30am to 5pm) through Council’s usual phone contact (9278 4444). Council’s Customer Service Centre is located at 8 Inglesby Road, Camberwell.

Customer Service staff will initially screen calls regarding extreme heat but will redirect calls or redirect caller information for service assistance assessment as required.

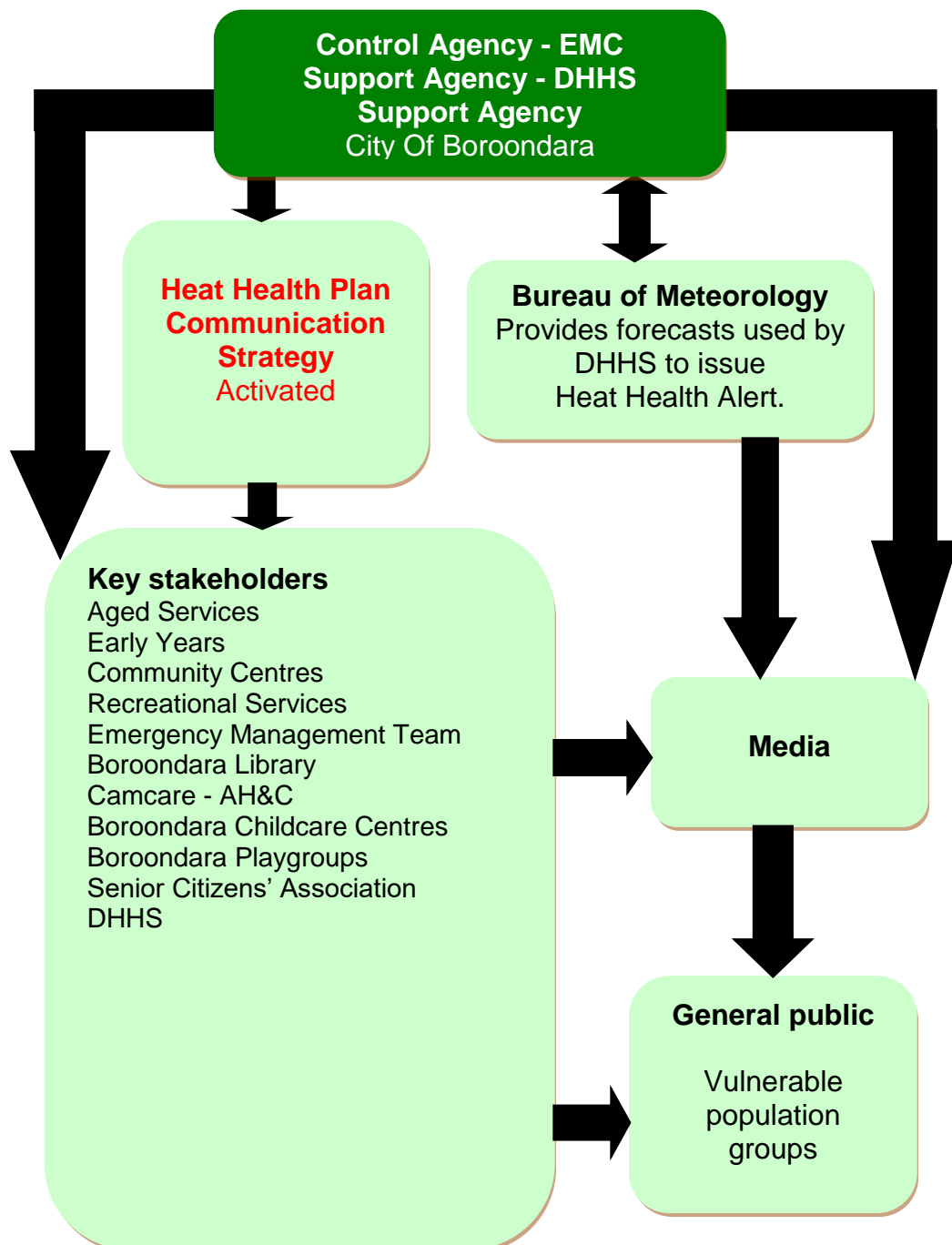
Council’s Customer Services will provide referral of callers to:

- In cases of immediate emergency = dial 000
- Department of Health and Human Services website (www.health.vic.gov.au)
- Nurse On Call (Ph: 1300 606 024 – 24 hrs)
- People will also be referred to their GP as applicable.

Responses to public calls will be during normal business hours unless otherwise directed by the CEO or his delegate. Out of hours and weekend call management will be coordinated between the Team Leader Customer Service, MERO/MRM. The Team Leader Customer Service will coordinate the initial response to extreme heat calls and arrange adequate customer services staff support.

2.5.5 Communications flow chart

The flow of information between the COB and other key stakeholders once an extreme heat event has been declared can be illustrated by this diagram below:



2.5.6 Key messages

The Department of Health and Human Services will provide specific heat health messages to all municipalities in the lead up to summer each year.

2.5.7 Heat health alert system

As part of its role during the summer season, the Department of Health and Human Services, notifies departmental, regional staff and local councils if impending conditions, with the Melbourne specific threshold is to occur. Heat health alerts are based on 7 day predictions and daily adjusted forecasts. Standard media releases will be developed and issued.

The DHHS Heat Health Alert system is an “opt in” online system, to which numerous key staff have subscribed, see link; <https://www2.health.vic.gov.au/newsletters> Council also has developed its own internal “Heat Health Alert” group email address book on the corporate system to ensure that all internal stakeholders are advised of warnings and activation of the plan etc.

2.5.8 Department of Health and Human Services communications educational material

The Department of Health and Human Services has developed *Staying Healthy in the Heat* communication resources. The resources include:

- A poster for display in public areas (also available for download in other languages).
- An information brochure for distribution to carers and people who may be at increased risk of heat-related illness (also available in other languages).
- A fact sheet for clinicians.
- A telephone script template to assist staff when speaking with clients during the heat.
- An order form to order additional resources.

Council will support and utilise the endorsed DHHS publications/information brochures and templates. These resources can be ordered at no cost using the downloaded order form from <https://www2.health.vic.gov.au/public-health/environmental-health/climate-weather-and-public-health/heatwaves-and-extreme-heat> Refer to section 2.10 (Appendices) for a scanned copies of these documents, current as at November 2019.

2.5.9 Linkages to web sites

There are a number of web sites to refer to further on heat health information, facts and leaflets:

- www.betterhealth.vic.gov.au
- www.bom.gov.au
- www.sunsmart.com.au
- www.dhhs.vic.gov.au
- www.health.vic.gov.au

2.6 Key Stakeholders Actions

2.6.1 Roles and responsibilities of key stakeholders

Successful implementation of the Heat Health Plan is dependent upon key stakeholders understanding their role in the event of a declared extreme heat event in Boroondara. Stakeholders have different responsibilities and prompt action by

stakeholders will ensure the impacts of heat on vulnerable people are kept to a minimum.

2.6.2 Key stakeholder actions

The following table identifies both internal council and external key stakeholders and the actions required at the three various phases of extreme heat events throughout the year. Council actions are also identified under the operational arrangements individually in the preparation, alert/readiness and response stages.

Internal council stakeholder actions

Key stakeholder	Business Unit	Preparation Stage 1: Pre summer preparation	Alert/Readiness Stage 2: During summer	Response/Action Stage 3: Declared extreme heat response
City of Boroondara	Public Health	<ul style="list-style-type: none"> Coordinate Extreme heat Awareness Campaign (April 01 to Nov 30) Engage key stakeholders 	<ul style="list-style-type: none"> Coordinate Extreme heat Awareness Campaign (Dec 01 to March 31) Advise key stakeholders of roles and responsibilities Check BOM forecasts daily 	<ul style="list-style-type: none"> Coordinate response plan Alert media team Advise key stakeholders by email to enact specific actions Inform Emergency Management Team Monitor BOM reports Review Immunisation session times
	HAADS *HSS *Meals on Wheels	<ul style="list-style-type: none"> Maintain list of vulnerable clients Identify active at risk community groups. Client & Staff education - heat health awareness 	<ul style="list-style-type: none"> Distribute fact sheet to clients (resources to HSS office staff, HAADS volunteers/staff and Property Maintenance staff, to ensure all those identified as at-risk are reached) HAADS office staff to call vulnerable clients (Consider CALD issues) 	<ul style="list-style-type: none"> Calls to vulnerable clients Alter home visit times HSS & Volunteers to report any concern about client Alter Planned Activity Group program times and activities Deliver meals earlier if possible Ensure that HSS, property maintenance and volunteers are aware of risk and protective factors, for themselves and their clients Continue to distribute information to networks.
	Early Years *Preschools *MCH	<ul style="list-style-type: none"> Staff education - heat health awareness Display key heat health messages at appropriate Children's events, and promote in information packs. Provide information to Kindergartens & Child care services. 	Distribute fact sheet to clients	<ul style="list-style-type: none"> Recommend to alter outside play times where applicable Alter home visit times Alter MCH appointment times – home visit replace centre visit where possible. Distribute information with contact.
	Kew Traffic School	<ul style="list-style-type: none"> Staff education - heat health awareness Display key heat health messages at centre and promote in booking information. Provide information to facility hirers on website 	Distribute fact sheets to facility hirers	<ul style="list-style-type: none"> Provide information to facility hirers regarding drinking water and keeping cool, monitoring outside play times Distribute information with contacts
	Boroondara Youth Services	<ul style="list-style-type: none"> Display key heat health messages 	Distribute fact sheet to clients	<ul style="list-style-type: none"> Recommend cool place Heat Health warning at entry Provide access to regular cool drinks
	Recreation		Distribute fact sheet to clients	<ul style="list-style-type: none"> Recommend cool places Extend pool opening hours

Key stakeholder	Business Unit	Preparation Stage 1: Pre summer preparation	Alert/Readiness Stage 2: During summer	Response/Action Stage 3: Declared extreme heat response
				(where appropriate, and in accordance with contract provision) ▪ Provide access to regular cool drinks
	Boroondara Library	Display key heat health messages	Distribute fact sheet to clients	▪ Recommend cool place ▪ Extend opening hours where practical ▪ Heat Health warning in library entry ▪ Provide access to regular cool drinks
	Local Laws	Provide public information about Animal health	Distribute fact sheets where practical, contribute animal / pet information to medial releases	▪ Alert Animal Shelters ▪ Provide community information on fire prevention requirements.
City of Boroondara	Communications & Engagement	Investigate existing relationships (both public & private) to identify common interests and platforms. Develop media liaisons to assist in broadcasting heat health awareness Review annual Extreme heat communications plan.	Distribute information to all employees on the precautions they need to take to protect themselves from the heat Distribute information as per annual HW comms plan	Distribute information via relevant communication methods (including social media) as identified in the pre developed communication plan
	People Culture & development	Review processes & Thermal working conditions policy. Promote awareness to employees	Alert employees	Ensure all staff & contractors have adequate access to cool drinks etc.
	Business unit Managers		Ensure relevant workplace policies are adhered to.	Review work processes e.g. re- scheduling any non-essential services, or alternative methods of service delivery
	Community safety	Promote appropriate information & strategies to address the needs of homeless people, including appropriate access to water.	Continue liaison with relevant agencies. Advise support agencies to provide heat health information to Homeless people. Advise Rooming House operators and residents	Advise support agencies to provide heat health information & support to Homeless people. Advise Rooming House operators and residents
	Planning & Building	Promote "Positive Charge" guide to simple energy saving ideas for your home, as supported by the "Living for Our Future" program.		
	Environment & Sustainable Living	Support the promotion of extreme heat preparedness through the "living for our Future" program, e-news bulletin.		

External stakeholder actions

N.B the majority of external agency actions have been removed from this edition of the plan as their activation and response is not initiated by COB. The agencies remaining may be included in COB communications as per their relevant linkages to relevant COB departments.

Key stakeholder	Business Unit	Preparation Stage 1: Pre summer preparation	Alert/Readiness Stage 2: During summer	Response/Action Stage 3: Declared extreme heat response
Boroondara Early Years Services	Children & Youth Support	Staff education - heat health awareness	Distribute fact sheet to clients	Alter outside play times
Boroondara Playgroups	Maternal & Child Health	Staff education - heat health awareness	Distribute fact sheet to clients	Alter outside play times
Community Centres	HAADS	Display key heat health messages	Community newsletter article Distribute fact sheet to clients	Recommend cool places Provide access to regular cool drinks
Senior Citizens' Assoc.	HAADS		Distribute fact sheet to clients	<ul style="list-style-type: none"> ▪Recommend cool place ▪Heat Health warning in Senior Citizens' Hall ▪Ensure access to regular cool drinks

2.7 Recovery Phase

The recovery process involves assisting people and communities affected by an emergency to achieve a proper and effective level of functioning.

With regard to extreme heat, the recovery process may include support to access the following services:

- Financial support for income losses
- Food replacement
- Waste removal
- Trauma counselling and mortality services.

The existing Municipal Emergency Management Plan which incorporates the recovery phase of any emergency, along with the Municipal Emergency Recovery Sub Plan, will provide the information, support and resources required to recover the municipality in the event of an extreme heat incident.

The Municipal Recovery Manager (MRM) will ensure the recovery procedures will be implemented in the municipality.

2.7.1 Community Recovery Committee

Depending on the nature and extent of the extreme heat, the establishment of a Municipal Recovery Committee may be considered. The method of establishing and supporting this group is contained in the Municipal Emergency Management Plan and the Municipal Emergency Recovery Sub Plan.

2.8 Plan Maintenance

Any major changes to this document must be approved and authorised by the Municipal Emergency Management Planning Committee. Minor changes will be approved by the MRM. This plan will be reviewed on an annual basis in line with the Municipal Emergency Management Plan.

A table of document history and amendments is at Page 39.

2.9 Contact List

A comprehensive contact list is contained within the MEMP and (maintained by the MERO) and in the Relief and Recovery Plan (MRM). For any additional contact details regarding key stakeholders refer to the Manager Health, Active Ageing and Disability Services and Manager Family, Youth and Recreation Services.

2.10 Appendices

Overleaf are copies of some of the Department of Health and Human Services communications resources available to the municipality. These brochures are current as at October 2019.

- Survive the heat (poster)
- Survive the heat (fact sheet)
- Councils Internal Communication Plan (2019-20 still being developed)

The following brochures are also available in soft copy (or in hard copy) from;

<http://www.health.vic.gov.au/environment/heatwaves-community-resources.htm>

- How to cope and stay safe in extreme heat brochure
- Extreme Heat Fact sheet for clinicians.
- Extreme Heat Supporting people by telephone (script template)
- Heatwave resource order form

SURVIVE THE HEAT

Heat kills more Australians than any other natural disaster



DRINK WATER

Even if you don't feel thirsty, drink water. Take a bottle with you always.



HOT CARS KILL

Never leave kids, older people or pets in cars. The temperature inside a parked car can double within minutes.



KEEP COOL

Seek out air-conditioned buildings, draw your blinds, use a fan, take cool showers and dress in light and loose clothing made from natural fabrics.



PLAN AHEAD

Schedule activities in the coolest part of the day and avoid exercising in the heat. If you must go out, wear a hat and sunscreen and take a bottle of water with you.



CHECK IN ON OTHERS

Look after those most at risk in the heat – your neighbour living alone, older people, the young, people with a medical condition and don't forget your pets.

SURVIVE THE HEAT
Visit betterhealth.vic.gov.au

For more information visit the Better Health Channel.
Call NURSE-ON-CALL on 1300 60 60 24
or see your doctor if you are unwell.
In an emergency, call 000.



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Know the effects of extreme heat, who is at risk and how you can prepare yourself and others.

During extreme heat it is easy to become dehydrated or for your body to overheat. If this happens, you may develop heat cramps, heat exhaustion or even heatstroke. Heatstroke is a medical emergency which can result in permanent damage to your vital organs, or even death, if not treated immediately. Extreme heat can also make existing medical conditions worse.

Could you or someone you know be at risk?

Extreme heat can affect anybody however the people most at risk:

- are aged over 65 years, especially those living alone
- have a medical condition such as diabetes, kidney disease or mental illness
- are taking medications that may affect the way the body reacts to heat such as:
 - allergy medicines (antihistamines)
 - blood pressure and heart medicines (beta-blockers)
 - seizure medicines (anticonvulsants)
 - water pills (diuretics)
 - antidepressants or antipsychotics
- have problematic alcohol or drug use
- have a disability
- have trouble moving around such as those who are bed bound or in wheelchairs
- pregnant women and breastfeeding mothers
- babies and young children
- are overweight or obese
- work or exercise outdoors
- have recently arrived from cooler climates.

Hot cars kill

- Never leave kids, adults or pets in hot cars. The temperature inside parked cars can double within minutes.

Coping with the heat

- Drink plenty of water, even if you don't feel thirsty (if your doctor normally limits your fluids, check how much to drink during hot weather).
- Keep yourself cool by using wet towels, putting your feet in cool water and taking cool (not cold) showers.
- Spend as much time as possible in cool or air-conditioned buildings (shopping centres, libraries, cinemas or community centres).
- Block out the sun at home during the day by closing curtains and blinds.
- Open the windows when there is a cool breeze.
- Stay out of the sun during the hottest part of the day.
- Cancel or postpone outings. If you absolutely must go out, stay in the shade and take plenty of water with you.
- Wear a hat and light-coloured, loose-fitting clothing made from natural fibres like cotton and linen.
- Eat smaller meals more often and cold meals such as salads.
- Make sure food that needs refrigeration is properly stored.
- Avoid heavy activity like sport, renovating and gardening.
- Watch or listen to news reports to find out more information during extreme heat.

How you can help others

- Keep in touch with sick or frail friends and family. Call them at least once on any extreme heat day.
- Encourage them to drink plenty of water.
- Offer to help family, friends and neighbours who are aged over 65 or have an illness by doing shopping or other errands so they can avoid the heat. Take them somewhere cool for the day or have them stay the night if they are unable to stay cool in their home.
- If you observe symptoms of heat-related illness, seek medical help.

Prepare for extreme heat

- Stock up on food, water and medicines so you don't have to go out in the heat. Visit your doctor to check if changes are needed to your medicines during extreme heat.
- Store medicines safely at the recommended temperature.
- Check that your fan or air-conditioner works well. Have your air-conditioner serviced if necessary.
- Look at the things you can do to make your home cooler such as installing window coverings, shade cloths or external blinds on the sides of the house facing the sun.

Prepare for power failure

- Ensure you have a torch, fully charged mobile phone, a battery operated radio and some spare batteries.
- Stock up on food items that do not require refrigeration or cooking such as tinned fruit and vegetables, tinned meats or fish, bread and fruit.
- Have plenty of drinking water available.
- Stock up on medications and other essential items.
- Consider a battery-operated or hand held fan to assist with cooling.

Recognising heat-related illnesses

Heat can worsen the condition of someone who already has a medical issue such as heart disease or diabetes. Most reported illness and death is due to the effect of heat on those already ill. Heat can also cause illnesses such as heat cramps and heat exhaustion which can lead to the life-threatening condition, heatstroke. The following table will help you recognise the symptoms of each and what to do.

SYMPTOMS	WHAT TO DO
HEAT CRAMPS Muscle pains Spasms in the abdomen, arms or legs	Stop activity and sit quietly in a cool place Drink cool water Rest a few hours before returning to activity See a doctor if cramps persist
HEAT EXHAUSTION Pale complexion and sweating Rapid heart rate Muscle cramps, weakness Dizziness, headache Nausea, vomiting Fainting	Go to a cool area and lie down Fan if possible Drink cool water if not vomiting Remove outer clothing Wet skin with cool water or wet cloths See a doctor
HEATSTROKE (a life-threatening emergency) Same symptoms as heat exhaustion except sweating stops Mental condition worsens, confusion Seizure Stroke-like symptoms or collapsing Unconsciousness	Call an ambulance – phone 000 Get the person to a cool area and lay them down Remove clothing Wet skin with water, fanning continuously Position an unconscious person on their side and clear their airway

For more information visit the Better Health Channel www.betterhealth.vic.gov.au

Call NURSE-ON-CALL on 1300 60 60 24 for 24-hour health advice or see your doctor if you are unwell.

In an emergency, call 000.

This brochure is available in other languages at www.health.vic.gov.au/heathealth

To receive this brochure in an accessible format phone the Health Protection Branch on 1300 761 874.

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Amendment Schedule:

Version Number	Updated	Details
3	18 Nov 2014	Annual update following Sub ctee & MEMPC feedback.
4.1	16 Nov 2015	Annual update following Sub ctee & MEMPC feedback.
4.2	21 April 2016	Update following season debrief
4.3	30 Nov 2016	Annual update following Sub ctee & MEMPC feedback.
4.4	28 Sept 2017	Updated version for consultation
4.5	9 Nov 2017	Change of Name to Extreme Heat Plan
4.5	9 Nov 2017	Update of census data
4.5	9 Nov 2017	Annual update following Sub ctee
4.6	4 Jan 2018	Change of doc name to Heat Health Plan following MEMPC feedback
4.6	4 Jan 2018	Update of Environment data & various minor changes
4.6	20 Nov 2018	Change to diagram 1.10. Various minor changes
4.7	10 Jan 2019	Addition of 1.9.7. Changes to Diags 2.1.2, & 2.2.2, & 2.3.2, & 2.4.7 & various wording changes to diags, tables, & text.
4.8	10 Dec 2019	U pdate of 1.7, & 1.7.1 & 1.9.7