BOROONDARA
City of Harmony

# Pandemic Plan

**April 2020 V2.8**
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City of Harmony

# Sub plan of the Municipal Emergency Management Plan

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# Pandemic Plan

**Responsible Directorate:** Community Development
**Authorised By:** Manager Health, Active Ageing and Disability Services
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# Part One

## Management Arrangements

For the implementation of the Boroondara Pandemic Plan

# 1. Introduction

The City of Boroondara, as part of its emergency management planning, has developed this Pandemic Plan due to the severe public health and economic impact a pandemic has on a municipality.

The Swine Flu (H1N1) Pandemic 2009 in Australia provided a live and extensive test of Australia's (and municipal) capability and planning framework during an actual pandemic. Following this event a number of federal and state government plans were reviewed and updated in light of lessons learned from the influenza pandemic. Now as a novel coronavirus (COVID-19) results in the 2019/2020 pandemic, federal and state government plans are again being developed, based on existing pandemic influenza plans and advice from the Australian Health Protection Principal Committee (AHPPC), to guide the Australian response to COVID-19. These plans should be considered as living documents that will be periodically updated to incorporate new learnings.

This Pandemic Plan will be implemented in accordance with City of Boroondara legislative roles and responsibilities and will utilise municipal resources to support the state/federal authorities and the Boroondara community where appropriate. Community resilience is an important aspect in the event of a pandemic occurring and Council is keen to support this resilience whilst ensuring an appropriate level of functioning continues of essential services to the municipality.

As part of the municipal structure for responding in a pandemic, a Pandemic Planning Sub Committee has been implemented and a Municipal Pandemic Coordinator has been identified which are referred to in more detail later in this document.

All relevant business units have provided their assistance to the development of this plan and their continued support will occur to aid the efforts of personnel involved in pandemic planning, and activation in the event of a pandemic outbreak.

# 2. Plan development

This sub plan was developed by the Municipal Pandemic Planning Sub Committee. Refer to part 1, section 9 for further detail on the committee structure, roles and responsibilities

# 3. Plan implementation

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

In alignment with other supporting sub plans to the MEMP, this plan has also been divided into two sections, the *Management Arrangements* and the *Operational Arrangements*. This method is to differentiate the concepts, roles and responsibilities (part 1) from the actual guidance prompts of activation measures and possible tasks to be considered in times of uncertainty (part 2).

# 4. List of abbreviations

| Abbreviation | Name |
|---|---|
| **AFDA** | Australian Funeral Directors Association |
| **AHMPPI** | Australian Health Management Plan for Pandemic Influenza |
| **AHPC** | Australian Health Protection Committee |
| **BCP** | Business Continuity Plan (Department level plan) |
| **CMP** | Crisis Management Plan (Corporate level plan) |
| **CEO** | Chief Executive Officer |
| **CHO** | Chief Health Officer |
| **COB** | City of Boroondara |
| **CQMO** | Chief Quarantine Medical Officer |
| **CRC** | Community Recovery Committee |
| **DEECD** | Department of Education and Early Childhood Development |
| **DH** | Department of Health (Commonwealth) |
| **DHHS** | Department of Health and Human Services (Victoria) |
| **DoHA** | Australian Government Department of Health and Ageing |
| **ELT** | Executive Leadership Team |
| **EMV** | Emergency Management Victoria |
| **EMIPWG** | Emergency Management Influenza Plan Working Group |
| **HAA&DS** | Health Active Ageing and Disability Services |
| **PPC** | Pandemic Planning Committee |
| **PWG** | Pandemic Working Group |
| **JAM** | John Allison/Monkhouse Funeral Home |
| **MAV** | Municipal Association of Victoria |
| **MECC** | Municipal Emergency Coordination Centre |
| **MEMP** | Municipal Emergency Management Plan |
| **MEMPC** | Municipal Emergency Management Planning Committee |
| **MERC** | Municipal Emergency Response Coordinator |
| **MERO** | Municipal Emergency Resource Officer |
| **MERP** | Municipal Emergency Recovery Plan |
| **MRM** | Municipal Recovery Manager |
| **MSD** | Melbourne Statistical Division |
| **MVC** | Mass Vaccination Centre |
| **NAPHIP** | National Action Plan for Human Influenza Pandemic |
| **NIPAC** | National Influenza Pandemic Action Committee |
| **PHCP** | Public Health Control Plan |
| **PPE** | Personal Protective Equipment |
| **SHERP** | State Health Emergency Response Plan |
| **SLT** | Senior Leadership Team |
| **VAP** | Victorian Action Plan for Human Influenza Pandemic |
| **VHMPPI** | Victorian Health Management Plan for Pandemic Influenza |
| **WHO** | World Health Organisation |

# 5. Framework and background

As highlighted in the Plan's introduction, further federal and state plans are currently being developed in light of the current coronavirus pandemic. This document aligns to the relevant framework and plans listed, with flexibility to incorporate future plans as they become available.

## 5.1 Framework

### 5.1.1 Commonwealth plans

- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) February 2020
- National Action Plan for Human Influenza Pandemic – Council of Australian Governments April 2011
- Australian Health Management Plan for Pandemic Influenza – Australian Government Department of Health and Ageing August 2019.

### 5.1.2 State plans

- COVID-19 Pandemic plan for the Victorian Health Sector - Victorian Government March 2020
- Victorian Action Plan for COVID-19 Pandemic - currently under development
- Victorian Action Plan for Human Influenza Pandemic – Victorian Government 2015
- Community Support and Recovery Sub Plan – Victorian Department of Human Services March 2008
- Victorian Health Management Plan for Pandemic Influenza – Victorian Department of Health & Human Services October 2014
- Emergency Management Manual Victoria – Victorian Government.

### 5.1.3 Local Government Pandemic Plan

- City of Boroondara Pandemic Sub Plan
- City of Boroondara - Municipal Emergency Management Plan.

## 5.2 Coordination across levels of government

### 5.2.1 International arrangements

Internationally the WHO maintains an extensive global monitoring program for all communicable diseases, and is the peak body to declare a pandemic.

### 5.2.2 Federal arrangements

At a federal level, the Australian Health Protection Committee (AHPC) is the key policy and coordinating body that plans for and responds to public health emergencies, communicable disease threats and environmental threats to public health. The AHPC reports to the Health Ministers through the Australian Health Minister's Advisory Council, which reports to the Federal Department of Health and Ageing.

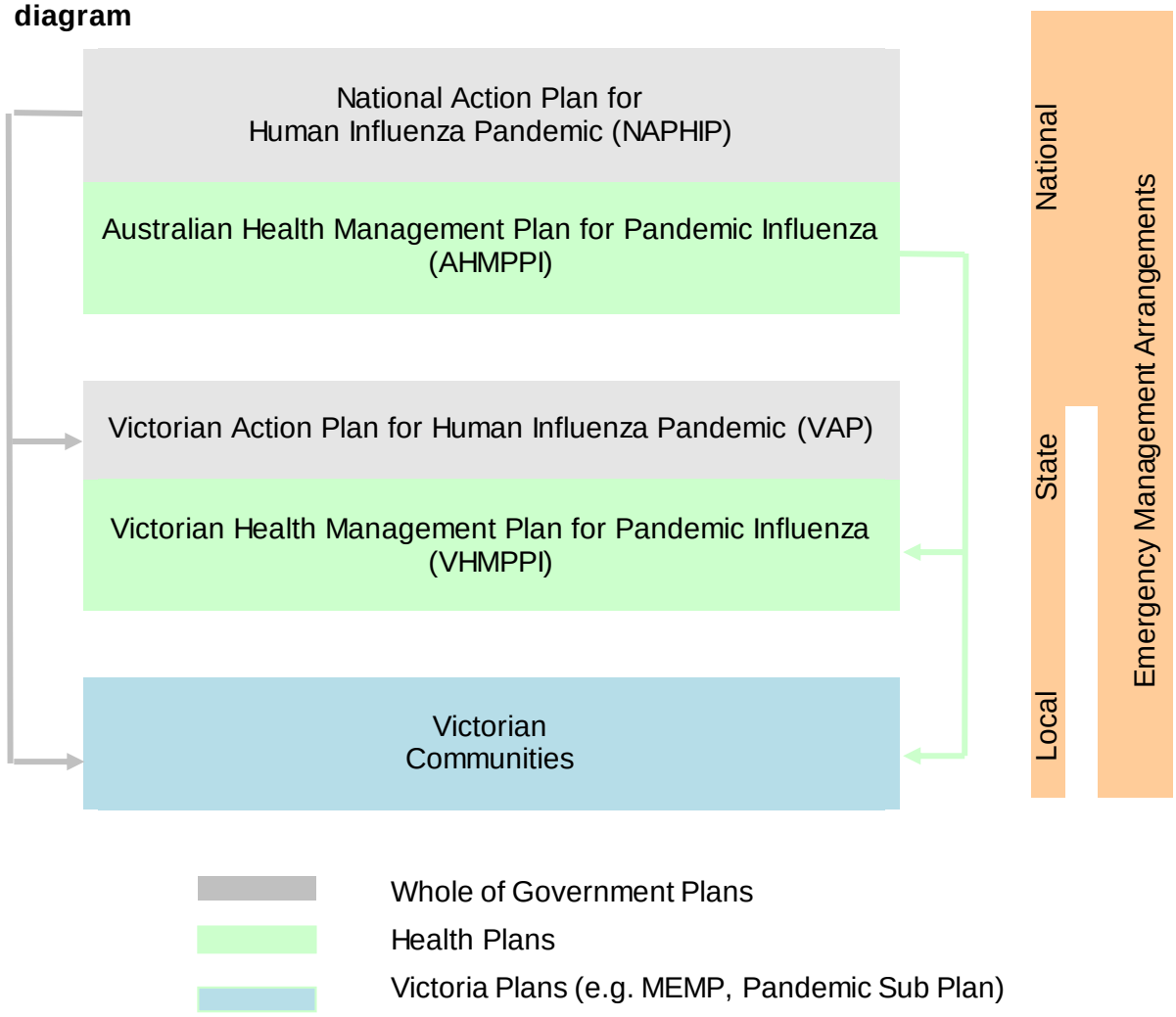
### 5.2.3 National influenza pandemic action committee (NIPAC)

The National Influenza Pandemic Action Committee (NIPAC) assumes an advisory role during the inter-pandemic period and works with the Federal Department of Health and Ageing (DoHA) to provide leadership and advice during a pandemic. It will be NIPAC's

responsibility, in collaboration with the Australian Government, to co-opt experts across a range of disciplines to deal with issues as they arise during the pandemic situation, and to ensure that information to the public and professional health groups is accurate.

While the below diagram has been developed for pandemic influenza, resources such as these can provide guidance for other pandemic illnesses, such as novel coronaviruses, and will likely be adapted in future.

### 5.2.4 Emergency management arrangements and plans for managing influenza pandemic diagram




(Excerpt from *Victorian Action Plan for Human Influenza Pandemic)*

### 5.2.5 Victorian arrangements

In Victoria, a pandemic would constitute an emergency under the *Emergency Management Act 1986.* The Emergency Management Manual Victoria (EMMV) details the emergency roles and responsibilities of agencies in relation to the prevention, preparedness, response and recovery (commonly known as PPRR) components of emergencies. It is therefore important to align any municipal pandemic planning with these components.

The Department of Health and Human Services (DHHS), through the Health Protection Branch, is the designated control agency for human illnesses/epidemics. Additional

emergency management arrangements will also be put into place by DHHS to ensure clarity about the command and control of resources in responding to the outbreak.

The Victoria Police undertake their coordination role in the event of emergencies, as per the EMMV, which involves the bringing together of agencies/resources throughout the management of the response phase of the emergency.

The Victorian Health Management Plan for Pandemic Influenza (VHMPPI) is a sub plan of the DHHS Public Health Control Plan (PHCP). Under this plan, responsibility for controlling infectious disease emergencies such as pandemic influenza lies with the Chief Health Officer (CHO). The CHO also has a range of other powers to issue directions under the *Public Health and Wellbeing Act 2008,* refer to the VHMPPI for more information.

During a pandemic situation, the CHO would occupy a chair on the Victorian Central Government Response Committee.

Some specific emergency management planning for pandemic that council will undertake to be consistent with the requirements of the *Emergency Management Act* is:

| Phase | Responsibilities |
|---|---|
| ***Prevention/preparedness arrangements*** | ▪ Brochures/posters in health clinics etc. promoting healthy practices<br>▪ Increase awareness using health and community care programs for information and dissemination<br>▪ Internal OH&S awareness programs including disinfection processes etc. |
| ***Response arrangements*** | ▪ Contact with initial confirmed case/s (during contain phase) as advised by DHHS<br>▪ Provision and operation of mass vaccination centres<br>▪ Dissemination of community warnings etc.<br>▪ Organising local resource provision through MERO. |
| ***Recovery arrangements*** **(refer to Municipal Recovery Plan for further information)** | ▪ Emergency relief (shelter – usually own home; catering – supply of food to quarantined household; material needs – provision of household necessities, e.g. nappies, delivery of medicines, other consumable groceries/supplies etc.). This was a designated Response activity but now legislated otherwise within the Recovery phase.<br>▪ Personal support<br>▪ Financial assistance<br>▪ Community development etc. |

## 5.3 Pandemic background

A pandemic usually occurs when a novel virus, or new strain of virus, becomes easily transmissible between humans, or when bacteria become resistant to antibiotic treatment. Epidemics and disease outbreaks have, and will continue, to occur in populations. However, current globalisation makes it possible for new infectious diseases to spread around the world in a matter of weeks, with serious consequences to society.

**Definitions**

| Type | Definition |
|---|---|
| Epidemic | A sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area. |
| Pandemic | Epidemic on a global scale. Until recently, only Type A influenza viruses had been known to cause pandemics. |
| Influenza Type A | A virus that occurs in humans and animals. |
| Influenza Type B | A virus that occurs only in humans. |
| H5N1 avian influenza (bird flu) | Type A virus affecting birds but passable to humans following close contact with sick or dead birds. It causes severe influenza-like symptoms and may result in death. |
| H1N1 swine influenza (pig flu) | Type A virus is usually found in pigs. It usually causes a short-term illness similar to seasonal flu. A potentially life-threatening complication of swine flu is pneumonia. |
| Severe acute respiratory syndrome (SARS) Coronavirus | A virus that occurs in humans and animals with symptoms including fever and cough and in some cases progressing to pneumonia and respiratory failure. It is caused by a coronavirus. |
| COVID-19 Coronavirus | A novel coronavirus, closely related genetically to SARS, emerging from Wuhan, China in 2019, from an animal source. |

### 5.3.1. Influenza - Disease description and transmission

Influenza is an acute respiratory disease caused by influenza type A or B viruses. Symptoms usually include: fever, cough, lethargy, headache, muscle pain and sore throat. Infections in children, particularly type B and A (H1N1) may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

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

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

someone else's mouth, nose or eyes) before washing their hands.

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

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

For more information, please refer to page 3–5, Victorian Health Management Plan for Pandemic Influenza.

### 5.3.2 Coronavirus - Disease description and transmission

Coronaviruses (CoV) are a group of viruses that cause a variety of diseases, ranging from the common cold to severe acute respiratory disease (SARS) and currently COVID-19. Coronaviruses are zoonotic, meaning they can be transmitted between animals and humans. Symptoms of COVID-19 usually include fever, sore throat, and dry cough, with some cases causing severe pneumonia, respiratory failure, septic shock and death. The incubation period is thought to range from two to 14 days, and the symptoms themselves last about two weeks. Little is known about how long the virus can be shed from infected persons.

The coronavirus responsible for COVID-19 is thought to spread mainly between people who are in close contact with one another (within about 2 metres) through respiratory droplets produced when an infected person coughs or sneezes. It may also be possible that COVID-19 can be transferred by touching a surface or object that has the virus on it and then touching ones face, but this is not thought to be the main mode of transmission.

Currently there is no vaccine or antiviral treatment for people infected with COVID-19.

### 5.3.3 History of significant outbreaks and pandemics

Previous outbreaks and pandemics have started abruptly without warning, swept through populations with ferocious velocity, and left considerable damage in their wake.

The 20th and 21st century have seen a number of significant outbreaks and recognised pandemics:

- Spanish influenza 1918–19
- Asian influenza 1957–58
- Hong Kong influenza 1968.
- Severe Acute Respiratory Syndrome (SARS) 2003
- Swine flu (H1N1) 2009
- Middle East Respiratory Syndrome (MERS) 2013
- Novel Coronavirus (COVID-19) current pandemic

The first three pandemics listed above were associated with increased mortality rates in Australia. The influenza pandemic of 1918–19 was unprecedented in terms of loss of human life - between 20 and 40 million people died worldwide, with the highest numbers of deaths among those aged between 20 and 40 years.

The Asian influenza of 1957–58 had infection rates reported, ranging between 20 to 70 per

cent, but case fatality rates were low, ranging from one in 2000 to one in 10,000 infections. Age-specific mortality rates showed that those aged over 65 years were most affected. The Hong Kong influenza was similar, with the highest mortality rates appearing in those over the age of 65. Infection rates were around 25 to 30 percent.

The swine flu pandemic of 2009 differed from the first 3 influenza pandemics in that the majority of infections were relatively mild, (50% estimated to be asymptomatic, with low hospitalisation rate (approx. 0.25%) and a low fatality rate (0.04%).

The novel coronavirus, COVID-19 was declared a pandemic by the WHO in March 2020. It has a high infection rate, however the case-fatality rate, at this stage is about 1%, which is not as high as the SARS pandemic of 2003. Early data suggests that the majority of deaths from the novel coronavirus have occurred among adults aged over 60 years and among people with serious underlying health conditions.

The differing infection and mortality rates across pandemics show the need for flexible contingency plans, capable of responding efficiently to any pandemic threat.

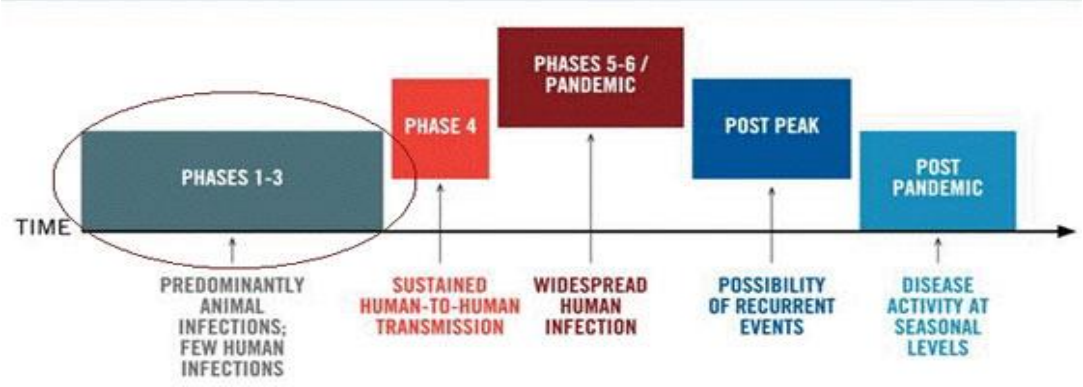
## 5.4 Pandemic phases

### 5.4.1 World Health Organisation (WHO) pandemic phases

The World Health Organisation (WHO) has studied the progress of previous pandemics and developed a model to describe the phases of pandemic development that describe the global situation (phases 1-6).

It is likely that the development of a pandemic will move through a number of different phases as the virus becomes more adept at infecting humans, and spreads around the globe. Identifying the phase is useful to guide decision-making and to ensure the most appropriate actions are being taken.

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.



**WHO pandemic phases 1-6**

| Phase | Description |
|---|---|
| Phase 1 | In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans. |
| Phase 2 | In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat. |
| Phase 3 | In **Phase 3**, an animal or human-animal influenza reassortant virus (acquisition of segments of organisms from different specifies of virus) has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. |
| Phase 4 | **Phase 4** is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion. |
| Phase 5 | **Phase 5** is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short. |
| Phase 6 | **Phase 6**, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way. |
| Post peak period | During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave. |
| Post pandemic period | In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required. |

### 5.4.2 Australian phases of pandemic

The Australian pandemic phases are designed to describe the situation in Australia and to guide Australia's response. Thus, the Australian and the WHO phase may not always be the same.

The Australian phases describe whether the virus is in countries overseas (OS) or in Australia (AUS). Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the WHO. The description of each phase is shown in the following table.

<table>
<tr><th>Australian phase</th><th colspan="3">Description</th></tr>
<tr><td>ALERT</td><td colspan="3">A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.</td></tr>
<tr><td>DELAY</td><td colspan="3">Effective transmission of novel virus detected overseas in either:<br>- Small cluster of cases in one country overseas.<br>- Large cluster(s) of cases in only one or two countries overseas.<br>- Large cluster(s) of cases in more than two countries overseas.<br>Novel virus not detected in Australia.</td></tr>
<tr><td>CONTAIN</td><td>Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.</td><td rowspan="3">PROTECT</td><td rowspan="3">A pandemic virus which is mild in most but severe in some and moderate overall is established in Australia</td></tr>
<tr><td>SUSTAIN</td><td>Pandemic virus is established in Australia and spreading in the community.</td></tr>
<tr><td>CONTROL</td><td>Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.</td></tr>
<tr><td>RECOVER</td><td>Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.</td><td></td><td></td></tr>
</table>

*(Excerpt - Federal Department of Health and Ageing website - www.healthemergency.gov.au)*

Two phases may be referred to simultaneously, for example, one phase for what is occurring overseas and one phase for Australia. The phases are intended to guide actions rather than be a strict categorisation of the events. The length of each phase is uncertain, but the pandemic period (phase 6) could come in several waves, each of up to 12 weeks in duration.

### 5.4.3 Victorian Pandemic Stages and Actions

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

# 6 Aims and Objectives of the Pandemic Plan

## 6.1 Aims

- Assist in reducing the impacts of a pandemic on the municipality
- Provide support and recovery assistance throughout the duration of a pandemic
- Ensure response activities are consistent across whole of government.

## 6.2 Objectives

- *Preparedness* – have arrangements in place to reduce the pandemic impact
- *Containment* – prevent transmission, implement infection control measures, provide support services to people who are isolated or quarantined within the municipality
- *Maintain essential municipal services* – provision for business continuity in the face of staff absenteeism and rising demand on local government services
- *Mass vaccination* – assist in providing vaccination services to the community, if a pandemic vaccine becomes available
- *Communication* – develop media and communication messages, in line with whole of government messages, to inform the community and staff of any changes to normal municipal service delivery
- *Community support and recovery* – ensure a comprehensive approach to emergency recovery planning in the municipal emergency management plan, with specific focus on pandemic. (Refer to the priority tasks recommended in the *Community Support and Recovery Sub Plan of the Victorian Human Influenza Pandemic Plan*) 2007.

## 6.3 Predicted impact of a pandemic

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

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

In the event of a pandemic, every municipality is likely to have to undertake some actions such as:

- Community awareness (implement communication strategy)
- Potentially assist with containment activities
- Implement community support and recovery activities to assist those affected.

The extent of each of these activity areas will be dependent upon the impact of the pandemic within the municipality. Depending on the impact of each wave of the pandemic, the initial response period may vary in length, however recovery will generally be long-term and unlike other emergencies commences with the onset of the first reported case.

## 6.4 How a pandemic may impact on the municipality

For the City of Boroondara, it is expected that approx. 70,000 (40 per cent of the municipality's population – 174,787 [as at June 2015]) could be infected with a pandemic infection. Of those infected, 1678 (2.4 per cent of the 40 per cent of the municipality's population) could die.

In addition to the public health impact, a pandemic has the potential to cause major disruption to services and the economy as a whole. Unemployment rates are likely to rise as social distancing measures force many public-facing industries to close down. It should not be downplayed that the current COVID-19 pandemic will have far reaching implication on all of society.

## 6.5 Ethical considerations

When a pandemic occurs, many people, ranging from government to health care workers, will face a range of difficult decisions that will affect people's freedoms and their chance of survival. There will be choices about the level of risk health care workers should face while caring for the sick, the imposition of restrictive measures such as quarantine, the allocation of limited resources such as medicines (antiviral and vaccine) and the use of travel restrictions and other measures to contain the spread of disease.

The *Victorian Health Management Plan for Pandemic Influenza* (VHMPPI) has detailed a guide composed of 15 ethical values, of which 10 are substantive values and 5 are procedural values that are important in any democratic society. This guide can be used both in advance of and during a pandemic and is reproduced below (from Appendix 12 VHMPPI).

### 6.5.1 Five procedural values to guide ethical decision-making for a pandemic

| *Value* | *Description* |
|---|---|
| **Reasonable** | Descriptions should be based on reasons (i.e. that is, evidence, principles and values) that stakeholders can agree are relevant to meeting health needs in a pandemic. The decisions should be made by people who are credible and accountable. |
| **Open and Transparent** | The process by which decisions are made must be open to scrutiny, and the basis upon which decisions are made should be publicly accessible. |
| **Inclusive** | Decisions should be made explicitly with stakeholder views in mind, and there should be opportunities to engage stakeholders in the decision making process. |
| **Responsive** | There should be opportunities to review decisions as new information emerges throughout the pandemic. There should be mechanisms to address disputes and complaints. |
| **Accountable** | There should be mechanisms in place to ensure that decision makers are answerable for their actions and inactions. Defence of actions and inactions should be grounded in the other ethical values proposed above. |

### 6.5.2 Ten substantive values to guide ethical decision-making for a pandemic

| *Value* | *Description* |
|---|---|
| **Individual Liberty** | In a pandemic, restrictions to individual liberty may be necessary to protect the public from serious harm. Restrictions to individual liberty should:<br>▪ Be proportional, necessary and relevant<br>▪ Employ the least restrictive means<br>▪ Be applied equitably. |
| **Protection of the Public from Harm** | To protect the public from harm, health care organisations and public health authorities may be required to take actions that impinge on individual liberty. Decision makers should:<br>▪ Weigh the imperative for compliance<br>▪ Consider federal, state, municipal legislation and policy<br>▪ Provide reasons for public health measures to encourage compliance<br>▪ Establish mechanisms to review decisions. |
| **Proportionality** | Restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual level of risk or critical needs of the community. |
| **Privacy** | Individuals have a right to privacy in health care. In a pandemic, it may be necessary to override this right to protect the public from serious harm. |
| **Duty to Provide** | Inherent to all codes of ethics for health care professionals is the duty to provide care and to respond to suffering. Health care providers will have to balance demands of their professional roles against other competing obligations to their own health, and to family and friends. Health care workers will face significant challenges related to resource allocation, scope of practice, professional liability and workplace conditions. |
| **Reciprocity** | Reciprocity requires that society support those who face a disproportionate burden in protecting the public good, and take steps to minimise burdens as much as possible. Measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients and their families. |
| **Equity** | All patients have an equal claim to receive the health care they need under normal conditions. During a pandemic, difficult decisions will need to be made about which health services to maintain and which to defer. Depending on the severity of a pandemic, this could limit the provision of emergency or necessary services. |
| **Trust** | Trust is an essential component of the relationships among clinicians and patients, staff and their organisations. Decision makers will be confronted with the challenge of maintaining stakeholder trust while simultaneously implementing various control measures during a pandemic. Upholding such process values as transparency enhances trust. |

| *Value* | *Description* |
|---|---|
| **Solidarity** | A pandemic can challenge conventional ideas of national sovereignty, security or territoriality. It also requires solidarity within and among health care institutions. It calls for collaborative approaches that set aside traditional values of self-interest or territoriality among health care professionals, services or institutions. |
| **Stewardship** | Those entrusted with governance roles should be guided by the notion of stewardship. Inherent in stewardship are the notions of trust, ethical behaviour and good decision-making. This implies the decisions regarding resources are intended to achieve the best patient health and public health outcomes given the unique circumstances of the pandemic. |

# 7 Municipal pandemic coordinator

## 7.1 Who undertakes the role of Municipal Pandemic Coordinator?

The Manager Health, Active Ageing and Disability Services is nominated as the Pandemic Coordinator for the municipality and the Coordinator Public Health will assist the Pandemic Coordinator, and be the Deputy Pandemic Coordinator.

In conjunction with this role the designated Municipal Emergency Resource Officer (MERO) and Municipal Recovery Manager (MRM) or their nominated deputies are authorised to represent the City of Boroondara in dealing with coordination activities relating to pandemic planning, response and recovery to an actual pandemic outbreak.

## 7.2 Responsibilities of the Municipal Pandemic Coordinator

This position is traditionally a planning role and currently the Manager HAA&DS is nominated to the position whilst also carrying out the MRM role. The role could include but is not limited to:

- Administering the Pandemic Planning Sub Committee
- Increasing awareness among municipal health care providers about pandemic
- Liaising with municipal business continuity planners to ensure the business continuity plan (crisis management plan) addresses issues likely to arise during a pandemic Arranging exercises or workshops.

# 8 Role of City of Boroondara in pandemic planning

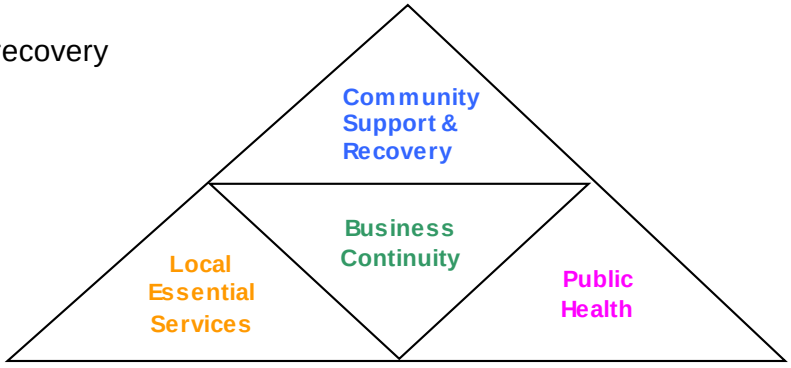
Local Government performs a critical role in Victoria's emergency management arrangements as it is the closest level of government to communities and has access to specialised local knowledge. It has emergency management responsibilities, as outlined in the *Emergency Management Manual Victoria,* and it will be imperative that this approach is maintained.

Whilst DHHS has prepared an Influenza Pandemic Plan for Victoria, individual agencies (including local government, essential services and other government departments) are responsible that their own business continuity plans make provision for maintaining high priority activities, critical supply chain, staff and infrastructure in the face of predicted increased absentee rates associated with a pandemic.

Emergency Management Victoria has emerged as a new factor due to its role in coordinating Community recovery at a State Level, and consequently has developed the "Victorian Action Plan for Influenza Pandemic". It should be noted that current EM arrangements still list DHHS as the Control agency for response.

To ensure local government is prepared for this important local leadership role it is essential that there is an integrated approach to the four areas of municipal service delivery:

- Community support and recovery
- Business continuity
- Local essential services
- Public health.




## 8.1 Community support and recovery

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

- Keeping the community informed e.g. information lines, newsletters, websites and other means, as appropriate
- Establishing and staffing recovery/information centre(s)
- Forming and leading Municipal/Community Recovery Committee(s)
- Providing and managing community development services
- Providing and/or co-coordinating volunteer helpers
- Providing personal support services, such as counselling and advocacy
- Providing material aid and a range of in-home assistance
- Assisting with public appeals
- Post-impact assessment – evaluate progress to improve effectiveness.

DHHS has developed a *Victorian Action Plan for Human Influenza Pandemic: Community Support and Recovery Sub Plan*, which places emphasis on the vital role that municipalities will play in supporting communities during a human influenza pandemic.

Refer to the website link www.health.vic.gov.au/pandemicinfluenza for viewing of this publication.N.B This document is currently under review due to the recent transfer of responsibility for recovery (at a state level) from DHHS to EMV whilst DHHS still maintain responsibility at a Regional level.

## 8.2 Public health

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

- Conducting extraordinary vaccination sessions (mass vaccination sessions)
- Distributing public information and advice
- Assessing the impact of the pandemic in the City of Boroondara and assisting the State Government to develop and implement strategies to maintain public health.

## 8.3 Business continuity

Municipalities need to ensure they are able to continue to deliver essential local services through effective business continuity planning in an environment of increased absenteeism. In particular there is likely to be an increased demand on public health and community support and recovery services. Refer to the Boroondara Crisis Management Plan, (CMP) for further information on continuity of Council services.

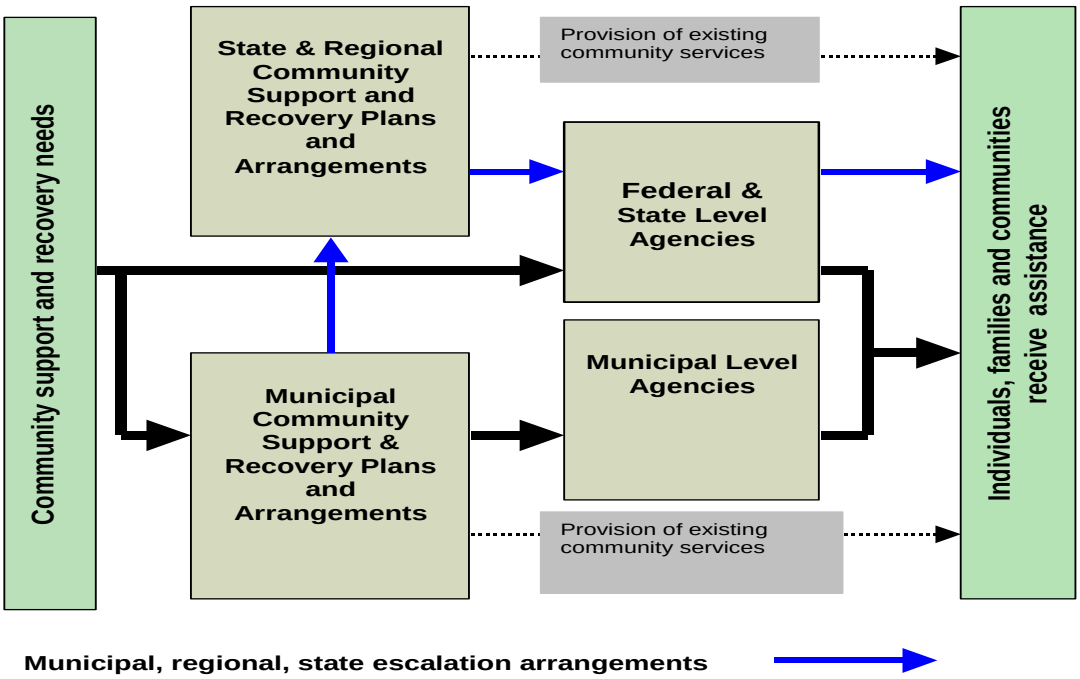
## 8.4 Local essential services

A human pandemic will have a significant impact on the delivery of local essential services, subsequently impacting on our communities.

During a pandemic, Council will need to ensure important community support services are maintained, such as home and community care programs, maternal and child health services, waste management and other regulatory services.

## 8.5 Community support and recovery services chart

This chart identifies the links between the community, City of Boroondara, state and federal agencies during the recovery period. Some community support processes may already be in place whilst other support mechanisms will be implemented.




# 9 Pandemic planning sub committee

## 9.1 List of sub committee members

| Name | Position title/role |
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| Table Updated 6 April 2020 (Information Removed from Public Distribution Copy) | |

## 9.2 Sub committee roles and responsibilities

- A Municipal Pandemic Coordinator and a deputy Pandemic Coordinator will be assigned within council to be responsible for coordinating pandemic planning within the

municipality.

- Develop a Pandemic Plan for the municipality that conforms to the relevant state and federal arrangements in place for pandemic planning.
- The Pandemic Plan will link with the Municipal Emergency Management Plan, Boroondara Public Health and Wellbeing Plan and the Municipal Crisis Management Plan.
- Key elements of the plan will include identifying vulnerable groups, mass vaccination centres, Crisis Management plans, municipal staff support and relevant health and social support arrangements.
- The sub committee will meet bi-annually.
- The Pandemic Plan to be reviewed annually and any changes/updates to be reported to the Municipal Emergency Management Planning Committee.
- Exercising of the Pandemic Plan, to evaluate preparedness, will be conducted as determined and agreed to by the Municipal Emergency Management Planning Committee and the Municipal Pandemic Coordinator.
- The IPPC becomes the operational IPWG in the event of an outbreak.

# 10 Procedure for activating the plan

**(Refer to Part Two - Operational Arrangements)**

# 11 Community Profile

The City of Boroondara is an inner municipality to the east of Melbourne and covers an area of 60.19 sqkm with a forecast population of 185,935 (at June 2019). For a more comprehensive profile on the City of Boroondara refer to the following:

- Municipal Emergency Management Plan
- "Boroondara History and Demographics" (an online information portal which presents information on Boroondara's demographics, housing, health, crime and safety, education and training, work and economic resources, culture and leisure and disadvantage and social exclision - www.boroondara.vic.gov.au/AAB .
- The municipal website www.boroondara.vic.gov.au/about-council/history-and-demographics Community profile information identifying statistics and data is compared to Greater Melbourne figures.

## 11.1 Vulnerable communities

For details on the City of Boroondara's demographics and the vulnerable groups refer to the MEMP, Boroondara History and Demographics - Social statistics: A research and statistics portal for Boroondara or the *Municipal Health and Wellbeing Plan*.

Council's Municipal Emergency Recovery Plan has identified agencies Council can communicate with in regard to supporting the vulnerable groups in the community e.g. health and community care, maternal and child health, disability services etc. Refer also to part 1, section 14.2 on the range of impacts that a pandemic may generate and the consequences of it within the community.

## 11.2 Municipal events and facilities

### 11.2.1 Events

The City of Boroondara supports a variety of local festivals, cultural, social and sporting events throughout the year. The list below provides a brief overview of some of the activities.

| Event | Date | Location | Estimate No. |
|---|---|---|---|
| **Summer Music Series Concerts (x 3)** | January / February | Canterbury, Hawthorn, Surrey Hills | Less than 5000 at each event |
| **Hawthorn Football Cub Family Day** | February | Hawthorn | Greater than 5000 |
| **Ashburton Festival** | February (date varies) | Ashburton | Est: 15,000 |
| **North Balwyn Multicultural Festival** | February | North Balwyn | Est 5 - 6,000 |
| **Kew Community Festival** | March | Kew | Less than 5000 |
| **Glenferrie Road Festival** | March(varies) | Hawthorn | Est: 70 - 90,000 |
| **Burwood Village Festival** | April | Camberwell | Less than 5000 |
| **Seniors Festival** | October | Various locations in the municipality | Less than 5000 |
| **Surrey Hills Music Festival** | November | Surrey Hills | Less than 5000 |
| **Maling Road Krist Kindl** | December | Canterbury | Est:5 - 6,000 |
| **Summertime Cinema (x 3)** | December | Various | Less than 5000 at each event |
| **Carols in the Park** | December | Various locations in the municipality | Less than 5000 at most events |
| Table updated: June 2019 | | | |

Refer to Council's Manager Community Information and Libraries for a program of events and services for further detail on Council conducted events.

### 11.2.2 Facilities

The following list of municipal facilities is also detailed in the Municipal Emergency Management Plan (MEMP) as the primary nominated Emergency Relief Centres (ERCs). These facilities have been identified for use in the event of an emergency and can be made available for a multitude of uses.

| Facility | Capability | Capacity | Contact |
|---|---|---|---|
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| Facility | Capability | Capacity | Contact |
|---|---|---|---|
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Refer to the MEMP for further information on the additional secondary ERCs sites.

### 11.3 Communications infrastructure

There is a broad range of communications facilities within the municipality:

- Boroondara web site including information on the latest projects, public notices, events calendars, 'what's on', council news column etc.
- Social media platforms including, Facebook, Twitter, Linkedin, & Instagram.
- Community newspapers, *Melbourne Weekly, The Leader, Boroondara Bulletin.*
- Television stations e.g. Network 10, 7 Network, 9 Network, SBS, ABC.
- Commercial Melbourne radio stations both FM and AM networks.
- ABC radio (774 am) emergency radio network arrangement.
- Community radio.

Refer to the Strategic Communications Lead for further information.

### 11.4 Health services

There are many health services providers within the municipality including hospitals, community health centres, nursing and aged care homes and supported residential services.

A complete list of these facilities is identified in appendices attached to this plan:

- Hospitals – refer Appendix A
- Nursing and aged care homes – refer Appendix A
- Supported residential services – refer Appendix B.

For further information on health and community services within the municipality refer to the Manager Health, Active Ageing and Disability Services and to the Team Leader Public Health Administration in the event of mass vaccinations being activated.

## 12. Business continuity

A pandemic among humans will not be like a natural or physical emergency that organisations may have experienced previously, there will be a wider variety of variables that may affect our business and businesses generally.

Many existing continuity plans assume some part of the municipality is unaffected and can take up the required capacity for council to perform at the required level – this may not be the case with a pandemic.

There may also be the assumption the event will be short/sharp and that recovery can start immediately. It is not possible to predict exactly how long a pandemic may last or when it may occur.

## 12.1 Boroondara crisis management plan

Regular reviews of the Boroondara Crisis Mangement (formerly Business Continuity) Plan (CMP) are undertaken. The CMP provides a more detailed account of council's response/strategies in the event of business disruptions occurring e.g. incidents that could affect critical service delivery functions and processes for the municipality.

Refer to each department's Business Continuity Plans (BCP) for further detail.

## 12.2 List of essential business functions provided by and operating within the municipality

A critical services matrix has been developed to identify how continuity of business could occur within the municipality in the event of a pandemic, refer to Appendix F.

## 12.3 Core people required to keep essential parts of the municipality operating

The pandemic sub committee in conjunction with the Executive Leadership Team (ELT) and the Senior Leaders Team (SLT) are the core people to keep essential parts of the municipality operating. The knowledge of these core people required within certain business areas that need to be maintained during a pandemic is vital.

## 12.4 Replacements for people and skills if there is a high level of staff absence

To identify and list replacements for personnel if there is a high level of staff absence is challenging. The CMP may assist in identifying strategies and ascertain "specialist" and "basic" skills required to maintain essential and support services. Contact with DHHS regional office and contact with neighbouring municipalities may need to occur to obtain assistance with human resource capital.

## 12.5 The impacts of staff shortages on the municipality

Each department's BCP may assist identify the relevant functions necessary to be maintained during a pandemic, particularly if there is an impact on council with regard to staff shortages.

Council may need to review its policy regarding personal leave entitlements when leave is directly or indirectly due to a pandemic.

### 12.6 Other resources and volunteers

The *Inter-Council Emergency Management Resource Sharing Protocol*, to which Council is a signatory, can be drawn upon to assist council in sourcing extra municipal resources during a pandemic. Refer also to the Council website (www.boroondara.vic.gov.au) which has a community directory listing a wide-range of agencies e.g. voluntary, religious, social and emergency services organisations throughout the municipality.

### 12.7 Arrangements to coordinate/operate staff business tasks remotely using telephone, fax and email

Arrangements with Council's Information Technology department will determine what staff can work remotely from the office, in conjunction with the ELT and SLT.

### 12.8 List of contractors and capacity to sustain service delivery

City of Boroondara's major service providers must all address (as a standard component of evaluation criteria) the matter of business continuity, not specifically in the event of a pandemic but more closely associated with industrial disputation issues etc.

Additionally, contingency plans for business continuity is expected (and addressed) in the contractor submissions, and need to provide information on how and where the contractors would find sufficient resources to ensure business continuity.

The contact list at **Appendix J,** below covers the City of Boroondara personnel responsible for the relevant contracts to the municipality.

| Contact Person | Business Hours Contact | After Hours Contact |
|---|---|---|
| **Information removed from Public Distribution Copy<br>See Appendix J - Contact List** | | |

Refer to the relevant business unit for further details on minor service providers to the City of Boroondara.

## 13. Strategy for community information provision

### 13.1 Community strategy

The Victorian Government has developed a communication strategy to strengthen pandemic

preparedness at state, regional and local level and to ensure that timely, informative and consistent messages are provided to the wider community.
The strategy supports the Australian Government Department of Health and Ageing Communication Strategy, while accommodating Victorian circumstances.
At a municipal level, the City of Boroondara is responsible for developing its own communications plan in line with the Whole of Victorian Government communication strategy. For further information on this strategy, refer to:
www.health.vic.gov.au/pandemicinfluenza/government/comm.htm

Council will develop media and communication messages to inform the community and staff of any changes to normal municipal service delivery.

Key messages in the communication plan will include:
- What City of Boroondara is doing about pandemic planning
- Accurate information about hygiene and pandemic awareness
- Any changes in arrangements for service delivery from the municipality.

Excerpt from the Human Influenza Pandemic Whole of Victorian Government Communication Strategy Overview available at:
www.health.vic.gov.au/pandemicinfluenza/downloads/wovg_communication_strategy_overview.pdf

## 13.2 Municipal communication plan

### 13.2.1 Communication issues to consider

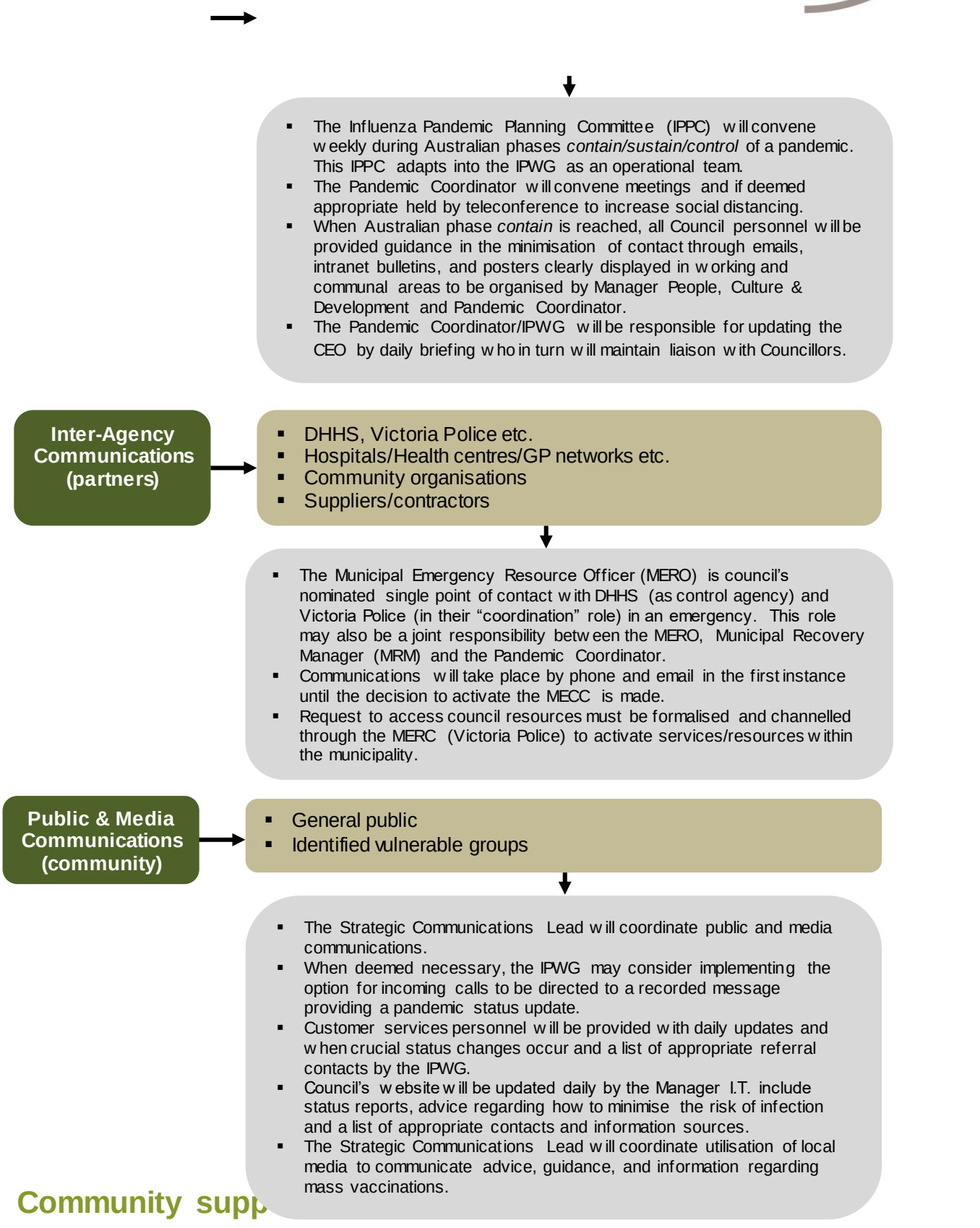
| Objectives | Messages | Approach |
|---|---|---|
| ▪ Clarify operational responsibilities<br>▪ Equip and encourage COB to prepare<br>▪ Ensure communication channels are clear and two-way | ▪ There is a Victorian Influenza Pandemic Plan<br>▪ You are crucial<br>▪ You should do your business continuity planning now<br>▪ Scenario plan for 30-40 per cent employees absent<br>▪ We will support you; here's how<br>▪ Tell us now what else you need | ▪ Partner with Victorian Local Government Association (VLGA) and Municipal Association of Victoria (MAV)<br>▪ Ensure that the established emergency management framework of communication is adhered to<br>▪ Hold operational and communication dry-runs to ensure channels are open and seriousness is clear<br>▪ Provide tools for COB to disseminate to local groups and individuals<br>▪ Provide checklists that stress the importance of hand hygiene and cough etiquette |

Refer to part 1 section 13.2.2 on the City of Boroondara communications framework and to the Strategic Communications Department for further information.

### 13.2.2 Boroondara communications framework

**Internal Communications (staff)**

- Emergency management and health personnel
- Councillors
- Essential services personnel
- All other personnel




# 14. Community supp

## 14.1 Recovery approach

### 14.1.1 Victorian recovery arrangements

Refer to the *Victorian Action Plan for Human Influenza Pandemic: Community Support and Recovery Sub Plan (currently under review)* and Part 4 of the *Emergency Management Manual Victoria (EMMV)—State Recovery Arrangements* for more information.

The potential social and economic impacts of the pandemic are:

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

### 14.1.2 Boroondara municipal emergency recovery plan

City of Boroondara has a comprehensive Municipal Emergency Recovery Plan (MERP), which can provide information on a coordinated approach for the COB community to recover from an emergency.

Issues such as COB staff support roles, personal support services, post impact assessment, forming a Community Recovery Committee etc. are all detailed in the document.

Refer to the MERP for further information on Council's recovery approach.

### 14.1.3 Boroondara community recovery committee

It is important at municipal level for the two key mechanisms for coordinating the recovery effort from a pandemic be instigated; these are the MECC and the Community Recovery Committee (CRC). In the early stages the overall community support and recovery effort will be coordinated through the MECC.

The CRC will be established, to ensure the community is engaged in the planning, coordination and delivery of local support and recovery services.

The MRM will chair and convene this committee.

## 14.2 Range of impacts that a pandemic may generate in the municipality

| Impact as a result of a pandemic | Consequence to the community |
|---|---|
| Staff absenteeism (generally and within Council) | Reduced ability to deliver basic services |
| Contractor inability to provide services (within council) | Reduced ability to deliver services to the community |
| Vulnerable people living alone without support | Isolation could cause deterioration in health and ability to function |
| People with existing disability, physical or mental illness | Existing support may be compromised. Higher risk of exposure to infection and psychological stress |
| Socially isolated | Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety |
| Unemployed | Lack of financial and physical resources may result in higher levels of disadvantage |
| Culturally and linguistically diverse communities (CALD) | Reduced understanding of potential risks and difficulty gaining access to information and resources |
| Financially disadvantaged, individuals and families on low incomes and/or high debt levels | May have limited access to goods and services. May not be able to stockpile, due to diminished supply and potential rising costs |
| Death in families | Community distress and low morale |

### 14.3 Range of services that may be required to support the community affected by a pandemic

Refer to the Municipal Emergency Management Plan and the Municipal Emergency Recovery Sub Plan for a comprehensive range of services to support the Boroondara community.

### 14.4 Agencies identified to support the affected community

Refer to the Municipal Emergency Management Plan and the Municipal Emergency Recovery Sub Plan for a complete list of agencies identified to support the Boroondara community.

## 15. Plan maintenance

## 15.1 Review

This Pandemic Plan will be reviewed annually.

The Pandemic Coordinator is to ensure that this document is reviewed and exercised as a sub plan of the Municipal Emergency Management Plan and make amendments, as required. Refer to part 1 section 9.2 on the sub committee roles and responsibilities.

## 15.2 Exercise

The Pandemic Plan will be exercised as determined and agreed to by the MEMPC.

The exercise format will be determined by the MEMPC and/or the PPC and generally be of a desktop style unless otherwise indicated.

The exercise may include independent assessment, and will include relevant agencies and key stakeholders.

## 16. Distribution list

The Municipal Pandemic Plan will be distributed to the following City of Boroondara personnel and external agencies. Updates and amendments to the plan will be forwarded to those listed when they occur.

| Name | Title | Organisation |
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# 17. References and web site linkages

This Plan has been compiled in conjunction with the *Preparing for an influenza pandemic: A toolkit for Local Government.* Additional plans referred to in the document and for linkages to relevant web sites (DHHS, Department of Health and Human Services, and Australian Government etc.) are referred to below.

• *Victorian Action Plan for Human Influenza Pandemic*
www.health.vic.gov.au/pandemicinfluenza

• *Preparing for an influenza pandemic: A toolkit for Local Government*
www.health.vic.gov.au/pandemicinfluenza/government.htm#local

• *Victorian Action Plan for Human Influenza Pandemic: Community Support and Recovery Sub Plan*
www.health.vic.gov.au/pandemicinfluenza/government.htm#local

• *Victorian Health Management Plan for Pandemic Influenza*
www.health.vic.gov.au/ideas/regulations/vic_influenza

• *Preparing for an influenza pandemic—An information kit and work plan for general practice*
www.health.vic.gov.au/pandemicinfluenza/general_practice.htm

• *Human Influenza Pandemic Whole of Victorian Government Communication Strategy*
www.health.vic.gov.au/pandemicinfluenza/downloads/wovg_communication_strategy_overview.pdf

• *Emergency Management Manual Victoria—Part 4 State Emergency Recovery Arrangements*
www.oesc.vic.gov.au/emergencymanual

Further information and assistance on influenza pandemic plans and other emergency management planning resources can be found in the following documents and websites.

Educational posters developed by the Department of Human Services:
www.health.vic.gov.au/pandemicinfluenza/prof_res.htm#general

Fact sheets developed by the Department of Human Services:
www.health.vic.gov.au/ideas/regulations/vic_influenza

Victorian and national information on pandemic planning:
www.health.vic.gov.au/pandemicinfluenza/prof_res.htm#general

Australian Government (Department of Health and Ageing) website:
www.health.gov.au/internet/main/publishing.nsf/Content/Health%20Alerts-1

Australian Health Management Plan for Pandemic Influenza:
www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-ahmppi.htm

Australian Standards website—Australian Standards numbers HB221 and HB292 provide business continuity resources: www.standards.org.au/

*Being Prepared for an Influenza Pandemic:*
www.industry.gov.au/General/Corporate/Pages/BusinessContinuityPlanning.aspx

National Action Plan for Human Influenza Pandemic:
www.dpmc.gov.au/publications/pandemic/index.cfm

*Food Industry Working Group* community "Pantry List" shopping pattern advice lists website:
http://www.afgc.org.au/pantrylist.html

# Part Two

## Operational Arrangements

For the implementation of the Boroondara Pandemic Plan

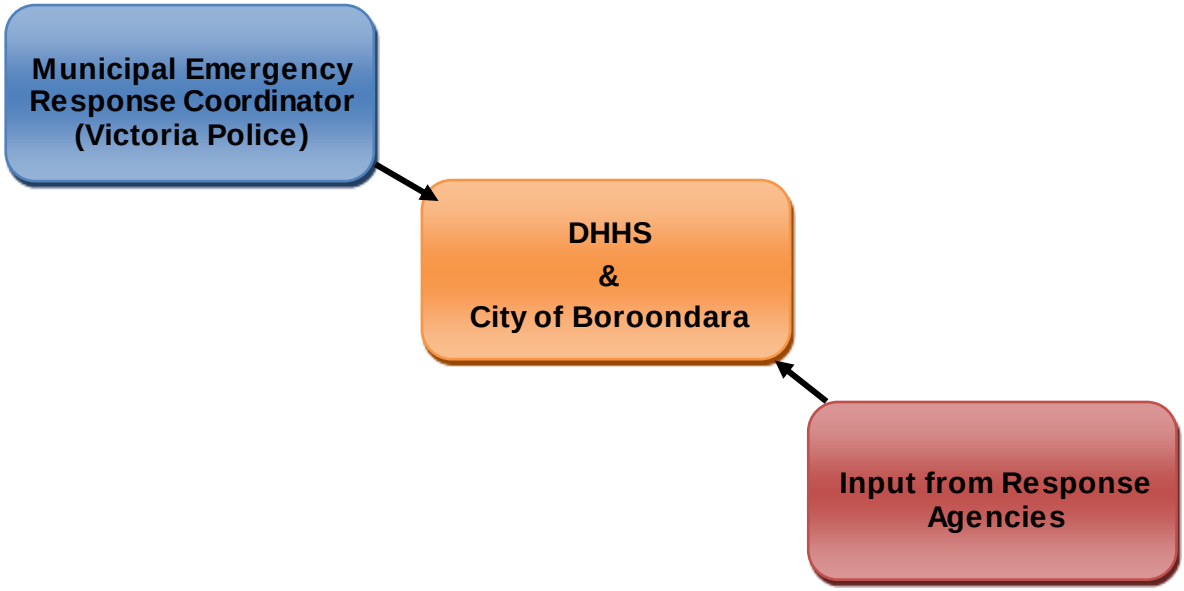
# 1. Activation of pandemic plan

## 1.1 Activation of this plan

This Pandemic Plan is a sub plan of the Municipal Emergency Management Plan (MEMP) and in the event of this emergency occurring would be activated using the arrangements detailed in the Boroondara MEMP as follows:

- The Municipal Emergency Resources Officer (MERO) who has full authority and delegated powers to manage the Council's responsibility and coordinate its role during emergencies will receive contact from the Municipal Emergency Response Coordinator (MERC - Victoria Police member); MERC will request activation of appropriate municipal resources requested from the Department of Human Services in their role as control agency for human disease/illness. (however see likely alternative below)
- It is more likely that DHHS will contact the MRM directly, or the nominated Pandemic Plan Coordinator via Councils Public Health business as usual arrangements to activate the plan. It is probable that the Public Health team will already have been dealing with an increased number of infectious disease notifications from DHHS prior to the declaration of a pandemic and activation of the plan. The Coordinator Public health would then notify the MRM who would pass this information to the Emergency Management team.
- MERO to advise the Municipal Recovery Manager (MRM) of resources activated for the potential for requests to increase and for MRM responsibilities to be escalated.

This diagram illustrates the activation of the Pandemic Plan:



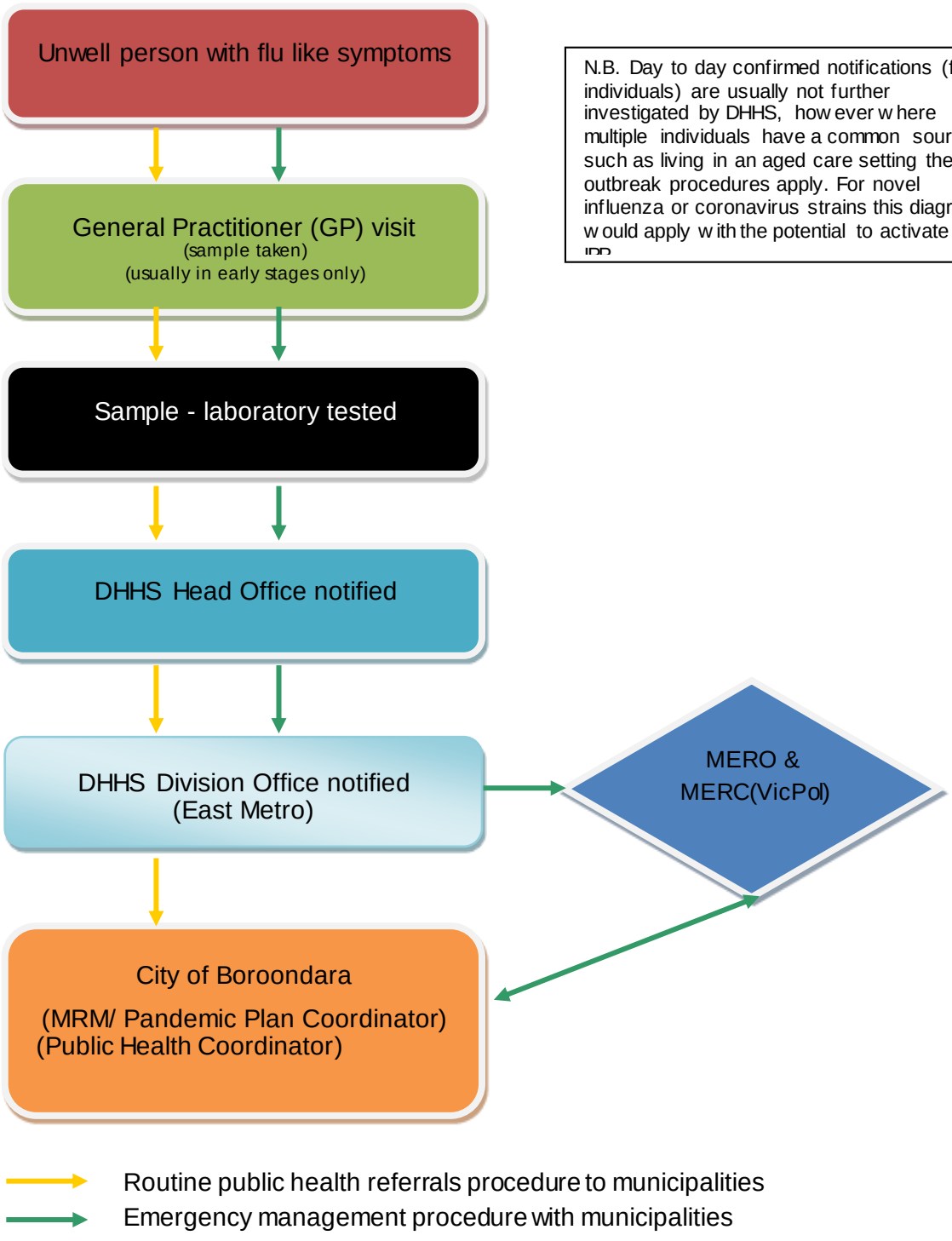

In the majority of instances however DHHS may contact the municipality direct to liaise with the Municipal Recovery Manager, or the Pandemic Plan Coordinator.

## 1.2 Activation of pandemic plan in relation to public health activation applied to municipality

Regular contact occurs between DHHS and municipalities regarding many public health issues as per the *Public Health and Wellbeing Act 2008*. This routine communication does not negate the linkages with the emergency management arrangements for response and recovery activities during a pandemic. It is therefore imperative that the emergency management linkages are maintained.

The flow chart below provides an overview of how current routine public health practices operate, and the process that generally is implemented, in the event of day-to-day contact between DHHS and local government and how to incorporate meeting the requirements of the *Emergency Management Act 1986 (& 2013)* when a pandemic occurs.

**Flow chart of activation of pandemic plan in relation to public health activation**



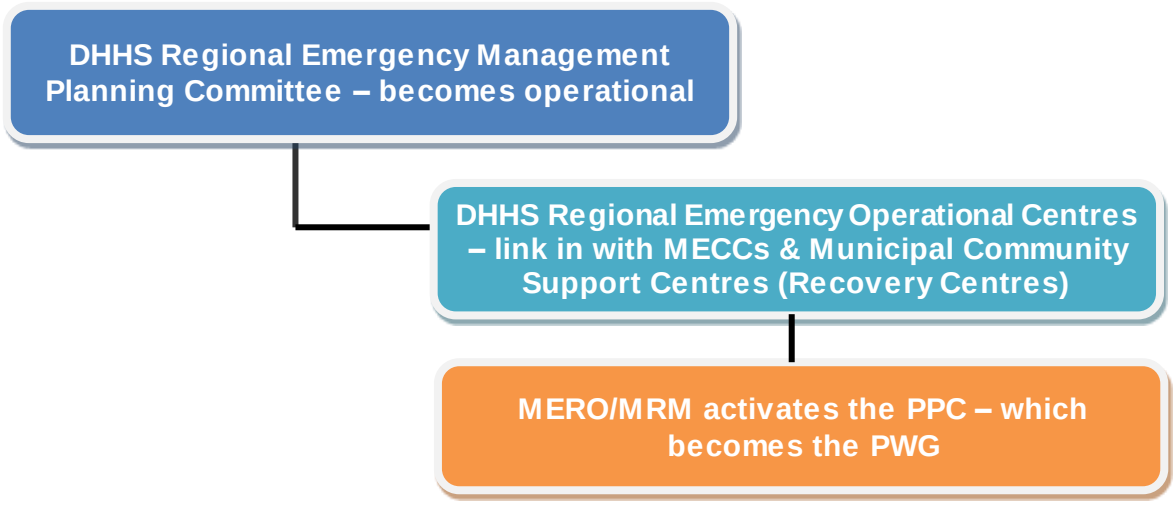
## 1.3 Incident category classification

The DHHS emergency response arrangements will be put into place according to the scale/severity of the incident. The scope of a pandemic will result in immediate classification as a high level incident, due to the need to manage issues across regions, state wide media interest, the need for a community call centre and management of government interests. Refer to part 1 section 5.4.1 for pandemic phases.

- During a Pandemic alert stages (Australian phases *alert/delay*) and Pandemic (Australian phase sustain) DHHS Regional Emergency Management Planning Committee will be operational.
- DHHS Regional Emergency Operational Centres will have a direct link with the Municipal Emergency Coordination Centre and Municipal Community Support Centres (Recovery Centres) and be providing City of Boroondara (COB) with regular updates.
- The Municipal Emergency Resources Officer (MERO)/Municipal Recovery Manager (MRM) will activate the Emergency Management Pandemic Planning Committee which becomes the Pandemic Working Group (PWG) and provides the CEO with daily updates.
- Councils Medical Officer and Team Leader Public Health Administration are also members of the PWG.
- Refer to part 2 section 1.5 for a flow diagram of activation for pandemic.

## 1.4 Activation of pandemic working group from pandemic planning committee

This diagram illustrates the activation of the Pandemic Working Group:




During Australian phases *contain and sustain* review of all requirements for immunisation will take place including:

- Check availability and access to Mass Vaccination Centres (MVC's)
- Review set up of MVC's
- Review updated hygiene guidelines by DHHS/Australian Government
- Ensure supply of stock and personal protective equipment (PPE)
- Review and finalise paperwork/information/posters and other relevant documentation.

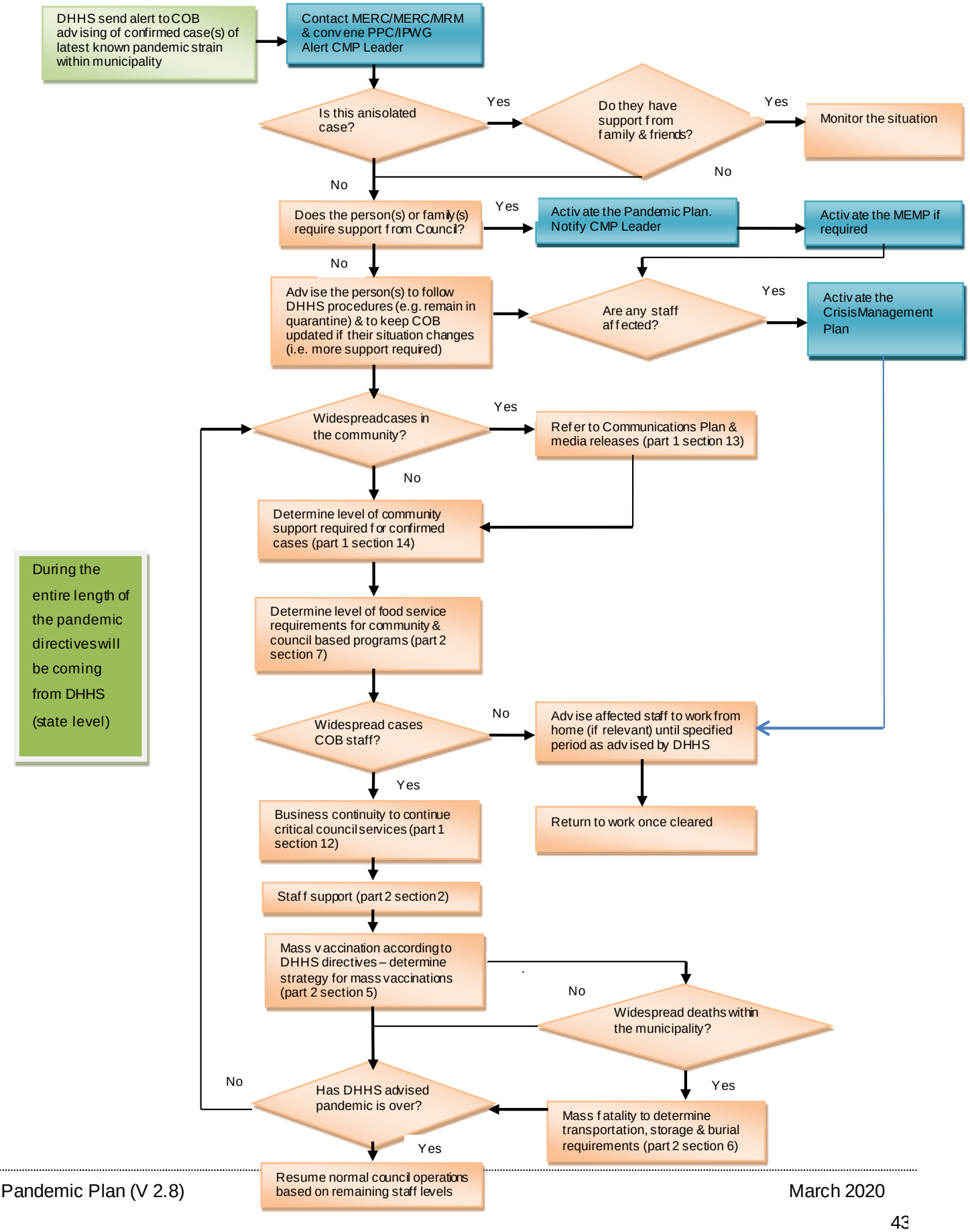
- Review staff contact details
- Communicate with all required City of Boroondara staff regarding progress
- Review relevant parts of City of Boroondara Crisis Management Plans
- Check lines of communication within City of Boroondara and between COB and DHHS.

For some routine health/immunisation information DHHS may utilise their existing arrangements with the immunisation contacts within City of Boroondara i.e. communication directly to the Team Leader Public Health Administration and/or Coordinator Public Health.

It is important to operate within the emergency management framework and ensure that the MERO and MRM are aware/advised of any direct contact received from DHHS to account for any municipal resources being accessed.

Refer to the flow chart overleaf regarding the pandemic activation flow diagram as a prompt and guide.

## 1.5 Activation of pandemic plan – flow diagram



# 2. Staff support

## 2.1 Communication to staff

City of Boroondara aims to support staff during a pandemic by implementing strategies and procedures to ease any possible fear and anxiety with this type of event.

The Manager People, Culture and Development and Communications Officer in conjunction with the Municipal Pandemic Coordinator will be responsible to ensure this occurs by utilising internal communication processes to keep staff informed, combined with displaying relevant posters in prominent areas of work locations on disease spread minimisation.

To manage possible fear and anxiety regarding a pandemic, City of Boroondara, via the People, Culture and Development Department, aims to implement the following strategies:

- Early communication about the possibility of a pandemic, and what action Council has undertaken in preparation to manage it;
- Discuss with staff possible health and safety issues, the potential for stand down, and leave arrangements if they are ill or need to look after children or relatives;
- Have a comprehensive management plan in place that is clearly communicated to staff ensuring that communication management during a pandemic is part of the plan, in conjunction with business continuity planning;
- Provide clear, timely and pro-active communication to staff, including how City of Boroondara is responding to the situation;
- Establish policies that can minimise or prevent infection spreading at work e.g. cough etiquette; promote hand washing, policies for social distancing and minimising face-to-face contact amongst staff and between staff and clients.

Refer also to part 2 section 4 Public Health Control Measures.

## 2.2 Supporting staff and their families

During a pandemic, staff will likely be concerned and preoccupied about the well being of their families. Their commitment, or ability, to work may not be their major concern.

In the event of a pandemic, City of Boroondara will consider the following requirements:

- Allow staff to have regular contact with their families to ensure they are safe and well;
- Investigate the possibility of work from home arrangements.

## 2.3 Procedures to minimise spread

The table below identifies procedures undertaken and/or being developed to assist minimise the spread of the pandemic. The Pandemic Working Group (PWG) will determine who will be responsible for implementing these procedures and how each identified action will be implemented.

| Pandemic Spread Minimisation Chart | | | |
|---|---|---|---|
| Procedure | Available | | Action |
| | Yes | No | |
| Facilities for people to wash their hands frequently | ✓ | | Ablutions facilities |
| Promotion of basic hygiene practices, including good hand washing and cough etiquette (refer or link to our posters) | ✓ | | Posters displayed throughout the offices |
| Tissues and no-touch receptacles for used tissue disposal | | ✕ | To be determined |
| Conveniently located dispensers of non-alcohol based hand rub | ✓ | | Available in HAA&DS in pump bottles |
| Soap and disposable towels for hand washing where sinks are available | ✓ | | Available at each sink |
| Persons who are coughing/sneezing and displaying these symptoms will need to be sent home. Additionally, provision of appropriate disposable surgical masks will be made available | ✓ | | A container of PPE to be housed with HAA&DS for IP purposes only |
| Provision of protective barriers such as glass or perspex to protect staff who have frequent face-to-face contact with the public | ✓ | | Currently only provided in revenue services department |
| Staff travel management plans in place | ✓ | | Encourage solo travel plans |
| Restricting entry to the workplace by staff and visitors with viral symptoms | ✓ | | Manager to be responsible for entry |
| Increased cleaning regimes | ✓ | | Availability of cleaners to undertaken task |
| Ensure cleaning contractors use an anti viral detergent | | ✕ | To be determined |
| Illness Reporting Scheme | ✓ | | Reported directly to People, Culture & Development for monitoring work force availability. Refer to Appendix C. |

DHHS will decide which groups will be provided with antiviral medicines, as per the antiviral policy in the *Australian Health Management Plan for Pandemic Influenza*. Refer to part 2 section 5.4 on identification of priority groups' vaccination.

## 2.4 Measures to increase social distancing

The following information can also be utilised as internal communication to staff to assist their understanding and increase their social distancing.

### 2.4.1 Avoid meeting people face to face

Use the telephone, video conferencing and the Internet to conduct business as much as possible, even when participants are in the same building. A virus can travel up to one metre when someone sneezes or coughs and keeping a distance of at least one metre between individuals could reduce the propensity to be infected.

### 2.4.2 Avoid any unnecessary travel

Cancel or defer non-essential meetings, gatherings, workshops and/or any training sessions. Visiting or other contact with unwell people should be avoided, wherever practicable.

### 2.4.3 Work from home

If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace. This will be determined by the ELT/SLT in conjunction with the PWG.

### 2.4.4 Practice shift changes where one shift leaves the workplace before the new shift arrives

- If possible, leave an interval before re-occupation of the workplace.
- If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.
- If possible use individual telephone headsets.

### 2.4.5 Avoid public transport

Walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport systems.

### 2.4.6 Bring lunch and eat it at your desk or away from others (avoid the staff room and crowded cafes/restaurants)

Introduce staggered lunchtimes so numbers of people in the lunchroom are reduced and consider bringing your lunch to work rather than visiting crowded cafes etc.

### 2.4.7 Do not congregate in tearooms or other areas where people socialise

Do not congregate in areas where people are socialising, e.g. tea rooms etc. and carry out task that needs to be done and then leave the area.

### 2.4.8 If a face-to-face meeting with people is unavoidable

If a face-to-face meeting with people is unavoidable the following strategies is suggested to be implemented:

- Minimise the meeting time
- Choose a large meeting room and sit at least one metre away from each other if possible
- Avoid shaking hands or hugging
- Consider holding meetings in the open air.

### 2.4.9 Set up systems

Setting up of systems to reduce face-to-face contact is recommended.

Where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery can assist alleviate personal contact.

#### 2.4.10 Encourage staff to avoid large gatherings

Encourage staff to avoid large gatherings where they might come into contact with infectious people.

## 2.5 Workforce issues

### 2.5.1 Human resources department

City of Boroondara may be affected by staff absence. This will occur at a time when, for some areas of Council, the workload may be greater than normal during the escalating phases of the pandemic.

The Municipal *Crisis Management Plan* will enable the identification of key functions within the People, Culture and Development Department that must be maintained or may be enhanced in the event of an emergency or event that may disrupt or create abnormal working conditions at City of Boroondara.

### 2.5.2 Employee assistance program (EAP)

Staff will be referred to the EAP program for support if requested/needed during and/or post the pandemic outbreak. The following services are available:

- Stress management
- Grief and loss counselling
- Identification of needs by provider
- Phone access to counselling
- Online information.

### 2.5.3 Hygiene protocols

Hygiene protocols will need to be addressed and information distributed to staff, contractors etc. The following issues are prompts for consideration to implement awareness of maintaining good hygiene:

- Access to fact sheets/information
- Infection control
- Personal Protective Equipment (PPE)
- Employee's On-site/Off-site
- Contractors (agencies and major contractors' staff).

### 2.5.4 Injury and illness management

Injury and illness management issues may emanate from the pandemic and Boroondara will incorporate the following support arrangements:

- Rehabilitation programs
- Return to work processes.

### 2.5.5 Legal compliance

The legal issues and implications of a pandemic outbreak may be quite significant and Boroondara will ensure it provides adequate support with the following:

- Provide a safe place of work
- Contractors and contractor management
- Human resources/industrial relations/employment equal opportunity compliance.

### 2.5.6 Changed work environment

Boroondara will ensure it meets the changing requirements in a pandemic outbreak and consult with the relevant agencies as necessary. The following issues may need to be considered:

- Hazard identification
- Risk control
- Union consultation.

### 2.5.7 Payroll

It is imperative that the issue of the payroll function and management in the event of a pandemic outbreak is determined. There may be direction provided from state/federal authorities regarding this matter however consider the following issues as an initial guide:

- Ensure continuity of pay (e.g. re-run last pay as a consideration)
- Run payroll remotely if necessary.

### 2.5.8 Human resources (HR) policies

The People, Culture and Development Department will endeavour to continue to meet the requirements of human resources issues during this time, which may include directives from state/federal authorities regarding the whole HR element affecting communities. Issues for consideration:

- Overarching "emergency/incident response" policy to cover abnormal working conditions i.e. work flexibility/working conditions/redeployment issues/employment agreements
- Communication in conjunction with the Strategic Communications Department.

# 3. Health services planning for managing affected individuals

## 3.1 Infection streams

Patients with suspected pandemic infection may present to any health service in a variety of ways. Health services need to develop a process for separating, triaging and admitting people with flu-like illness, to prevent cross-infection. This may involve setting up a separate area, such as a fever triage or fever clinic.

## 3.2 Designated hospitals (fever clinics)

To prevent the spread of pandemic infection within hospitals, the Department of Health and Human Services will implement a Designated Hospital Model. This model implements fever clinics as patient numbers increase, to minimise impacts on hospital emergency departments and GP clinics.

The decision to transfer suspected cases to a designated hospital will be made by the Department of Health and Human Services, in consultation with the health service. Clinical or other considerations may preclude patient transfer.

# 4. Public health control measures

Community Education Strategy refer to part 1 section 13 Strategy for Community Information Provision.

Following a pandemic outbreak Council will determine its capacity to provide support in people's homes (for those isolated and quarantined) and the ability to sustain the assistance

being provided. This judgement will be made in conjunction with the DHHS roles and responsibilities being undertaken to manage the event. In any case priority will be given to disadvantaged (vulnerable) people on the basis of criteria agreed by the IPPC.

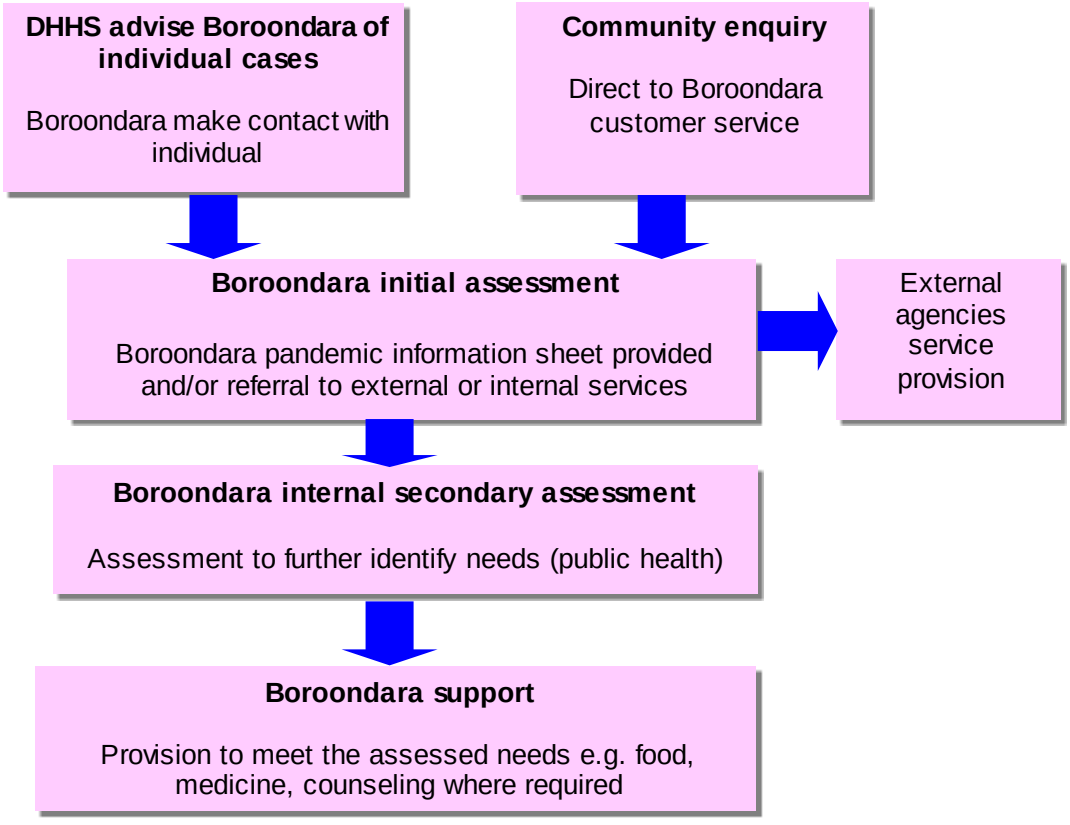
Provision of the support, which may include the following:

- Food deliveries (the bare essentials only with some consideration of special dietary requirements)
- Personal support (medications, counselling etc.)
- Cleaning services (refuse removal etc.)

This will be coordinated through the Municipal Recovery Manager and Council's approach will be to provide practical support where the household has no alternatives for e.g. isolated elderly or disabled person.

In the *contain* phase of a pandemic DHHS will normally forward on the details of individuals to council. City of Boroondara would make contact with the individual/s to ascertain any further support they may require. This arrangement may differ during the *sustain* phase due to the volume of support requests that may be made.

The following chart identifies a *pandemic assistance referral process* that council can adopt to assist with its assessment criteria when received from DHHS and/or direct enquiries from the community. Refer also to *Appendix I – Household support services* for internal use to assist verify the information on confirmed cases within the municipality when received and contact needs to be made with them.



## 4.1 Infection spread

The incubation period for a pandemic virus can range from 1-14 days, but it is usually 2-5 days and adults have been known to shed the virus from one day before developing symptoms to up to 7 days after the onset of the illness. Young children can shed a virus for up to 21 days.

## 4.2 Preventing or containing infection spread

Appropriate infection control will be crucial to preventing the spread of a pandemic virus. Guidance will be provided by DHHS on the most appropriate methods to use, however, infection control will involve a comprehensive approach, and may include the following procedures.

## 4.3 Basic hygiene

Supported by public awareness and education, basic hygiene practices are an effective way for individuals to protect themselves and their families. These measures include but are not limited to cough etiquette and washing hands.

## 4.4 Social distancing

This refers to various personal and physical infection control measures designed to reduce the risk of transmission between people.
Measures need to be implemented appropriately and progressively at different phases of a pandemic, in order to maximise their benefits and limit any unnecessary impact on communities and business:

- *Moderate* measures may include advising people to minimise physical contact and avoid large gatherings and public places.
- *Extreme* measures might include closing schools, childcare centres, universities, workplaces and recreational facilities, cancelling public events, home isolation or strict travel restrictions.

## 4.5 Isolation and quarantine

Isolation and quarantine are common public health control measures used to limit the spread of a pandemic:

- *Isolation* refers to the separation of individuals with infectious disease from those who are healthy, and the restriction of their movement to stop the spread of disease.
- *Quarantine* refers to the separation and restriction of movement of contacts who may develop the disease and become infectious. Isolation and quarantine can be voluntary or mandatory and cases or contacts could be isolated or quarantined in hospitals, their homes or designated facilities.

## 4.6 Border control

Guidelines for border control (air and sea ports) screening and evaluation are contained within the AHMPPI.

Victoria, through CQMO, provides the medical support and direction for the following on-site activities:

- Procedures for passenger screening
- Border nurse action – pandemic surveillance forms, distribution of health information cards.

## 4.7 Targeted use of antivirals, and personal protective equipment (masks, gloves, gowns, protective eye wear and vaccines)

The use of antivirals will depend on the pandemic phase in Australia and will be carefully monitored.

Antiviral medication can be used for:

- Treatment with one course of medication
- Preventing infection after exposure (post-exposure prophylaxis) with one course of medication
- Continuous prevention of infections (prophylaxis), where one course provides 10 days of protection.

The policy for access to antivirals that comprise the national medical stockpile will be based on the level of risk of exposure to a pandemic infection and the ability to further contain its spread.

# 5. Mass vaccination/immunisation

## 5.1 Mass vaccination guide

Advice on the process of mass vaccination is provided in Appendices of the *Victorian Health Management Plan for Pandemic Influenza 2014.* The guide was developed to provide advice to all organisations undertaking vaccination during a pandemic, as well as those setting up mass vaccination centres.

Vaccinations packs sourced from the national medical stockpile will be given to affected municipalities by DHHS. These packs will include syringes/needles, alcohol swabs, sharps containers, disposable dishes and disposable gloves, hazardous waste bags and bandaids.

This mass vaccination is making the assumption that all municipal immunisation sessions have ceased. DHHS will need to provide advice and direction as to the maintenance of ongoing immunisations sessions.

## 5.2 Proposed mass vaccination/immunisation centres

Refer to Appendix H for further information and detail on COB's guidelines for the set up, resourcing, layout and detail relating to the mass vaccination centres' facilities. City of Boroondara has identified the following locations as potential MVCs:

| Venue name | Address |
|---|---|
| Hawthorn Arts Centre | 358 Burwood Road, Hawthorn |
| Boroondara Sports Complex | 271C Belmore Road, Balwyn North |

Council may also include an MVC where vulnerable groups of the community reside, if deemed necessary. These venues may be aged care facilities, schools etc. and lists of these facilities can be sourced through the Manager Health, Active Ageing and Disability Services.

## 5.3 Media strategy to advertise session details

Once a vaccine becomes available for immunisation against the strain of the virus DHHS will advise the Boroondara Pandemic Coordinator to establish mass vaccination sessions.

The Victorian and Federal Government are responsible for the overall message and mass media communication in a pandemic outbreak and City of Boroondara's communication strategy will complement it. Refer to part 1, section 13 for further information.

## 5.4 Process to ensure vaccination of priority groups is adhered to

If clients present who are not in the DHHS designated priority groups they will not be vaccinated. Processes and security staff will need to be available to ensure compliance.

### 5.4.1 Priority groups

In the initial phases both specific and non-specific vaccines are likely to be limited and prioritization of clients will be determined by DHHS in conjunction with the decision-making structures nationally (the National Influenza Pandemic Action Committee, Australian Health Protection Committee and the advisory committee to the Chief Medical Officer) and communicated to City of Boroondara. This benefit will be considered from the perspective of the

population as a whole and information from countries where the pandemic first strikes will assist in determining which groups are most at risk. The priority list must be modified in the light of this information.

### 5.4.2 Priority group rationale

The goals in vaccine use for the priority groups are as follows:

| | |
|---|---|
| **Group:** | **Essential services personnel, including health care workers** |
| **Goal:** | Maintain essential services |
| | The purpose of vaccinating these individuals would be to allow them to continue to provide services, including health care, to those in need. |
| **Group:** | **Groups at high risk of severe morbidity and mortality** |
| **Goal:** | Prevent and reduce deaths and hospital admissions |
| | In the inter-pandemic period, those who have underlying disease or are older are the ones most likely to experience severe morbidity and mortality. In a pandemic, previously healthy individuals are more likely to experience a severe outcome than they would in an ordinary outbreak. However, it is still individuals in the high-risk group who have the greatest risk of hospitalisation and death. |
| **Group:** | **Groups in which the virus spreads rapidly** |
| **Goal:** | Prevent or reduce spread |
| | This group includes children. |
| **Group:** | **Persons without risk factors for complications** |
| **Goal:** | Prevent or reduce morbidity |
| | This is the largest group and would include both healthy adults and children. The main goal in vaccinating this group would be twofold: to reduce demand for medical services and to allow individuals to continue normal daily activities. This is particularly important for working adults. Simultaneous absence of large numbers of individuals from their site of employment could produce major disruption even in non-essential personnel. |

DHHS has advised that all Council staff members involved in an immunisation centre (e.g. nursing/medical, administration, security, cleaning staff) will receive their first dose of specific vaccine at least 5-7 days prior to their involvement in an immunisation centre.

### 5.4.3 Vaccination process

It is likely that:

- Municipal immunisation teams will vaccinate firstly the identified priority groups within the community, then as vaccine rolls out; vaccinate the remainder of the population.
- Once mass vaccinations have been completed using Mass Vaccination Centres (MVCs), General Practitioners (GP's) would assist with any remaining persons who are unable to attend MVC.
- GP's will vaccinate staff within their practice.

- Hospitals will need to identify their high-risk workers and vaccinate staff within their hospital. They will also need to vaccinate high-risk patients.
- For community groups unable to attend MVCs, it is intended that their existing health care provider would provide the vaccine (e.g. East Melbourne Primary Health Network etc.). However there may be a requirement for the municipality to assist support this process and guidance needs to be sought from DHHS on this issue. These groups include:
  - Inmates of a corrections system (jails, prisons, juvenile detention facilities)
  - Patients in nursing homes and other long-term care institutions,
- Immobile patients who receive care at home through local government healthcare service providers.

Information sheets will be provided for medical personnel at the vaccination centres. These will outline the strategy and priority groups for pandemic.

Refer to Appendix H for further information on the activation procedures of MVCs that includes OH&S issues, set up of sites including floor plans, resources and equipment required.

## 5.5 Staff required to operate a mass vaccination centre (MVC)

Refer to Appendix H, which provides an overview of the staffing required at a mass vaccination centre and also a guide of the potential time frames required undertaking mass vaccinations sessions.

## 5.6 Contact list of available staff and rostering plan for initial operations

Refer to the MEMP contact list for initial activation of staff. This list identifies personnel within council who provide emergency response support in the event of an emergency and if Council resources are required to assist other emergency services, governments, community groups, etc.

Refer also to Management Arrangements, part 1, section 9 for details of the IPPC members.

Refer to the Team Leader Public Health Administration for further information on availability of relevant personnel and venues as systems are already in place for the immunisation sessions conducted regularly within the municipality for schools, home visits etc. at the majority of the MVC sites identified.

Refer to the Municipal Emergency Recovery Plan to initiate a rostering plan for the initial operations in a pandemic. This document already identifies an *Activation Process Chart* and staff with responsibilities specifically for recovery activities following an emergency. This plan will be a source of information to commence the response activities.

## 5.7 Arrangements for accessing mutual aid from neighbouring municipalities

- The City of Boroondara is a member of the *Inter-Council Emergency Management Resource Sharing Protocol*. This protocol developed by the MAV supports a state wide arrangement of mutual aid between municipalities in the event of an emergency such as a pandemic. Additionally there are close links with neighbouring municipalities already established, particularly within the DHHS Eastern Metropolitan Region (EMR).
- A comprehensive list of people and organisations is already in the Municipal Emergency Recovery Plan including their roles in the provision of resources in times of emergency recovery in the community. This plan also assists in the identification of key personnel

and/or agencies where able to provide additional resources or able to be trained quickly for such an event such as a pandemic.

- Council must be cognisant of the fact that the Recovery Plan is primarily for the recovery process of a community and the personnel and agencies identified will be needed for activation for the community to recover from a pandemic, however it can be used as a prompt and guide at the beginning of such a large-scale activity.
- Council is a member of the EMR who has developed an Emergency Relief Centre model. This collaborative model provides guidelines for relief centres and incorporates mutual assistance in the way of personnel, facilities etc. Refer to the MEMP for further information on the Facility Plans produced for this municipality.

## 5.8 Personal protective equipment

Council has decided to invest in a quantity of personal protective equipment (PPE - specifically gloves, face masks, and alcohol wipes).

Guidelines for PPE are contained with the Australian Health Management Plan for Pandemic Influenza – Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings and the website www.flupandemic.gov.au

The PPE are stored in the Public Health Unit and specifically marked for pandemic use. The PPE will generally be for initial use for COB staff and not for allocated mass vaccination centres because of the moderate quantities held in stock.

It is anticipated that the PPE equipment will be replenished for use at the mass vaccination centres when the relevant vaccine becomes available.

The organisational policy for dealing with expiring or obsolescent stock is summarised in the following table.

| Protective material description | Purpose/ use | Location | Quantity | Expiry date | Distributed by | Distributed to |
|---|---|---|---|---|---|---|
| Alcohol wipes | Hand cleaning | Health Storeroom | 1000 | Annual replacement to occur | Pandemic Coordinator | Relevant staff & contractors |
| Foam hand sanitiser | Hand Hygeine | Health Storeroom | Various options procured | Annual replacement to occur | Pandemic Coordinator | Relevant staff & contractors |
| Face masks | Protective | Health Storeroom | 1000 | Annual replacement to occur | Pandemic Coordinator | Relevant staff & contractors |
| Gloves | Protective | Aged Services | 1000 | Annual replacement to occur | Pandemic Coordinator | Relevant staff & contractors |

# 6. Mass fatality plan

For more information refer to *Appendix 15 of Victorian Health Management Plan for Pandemic Influenza October 2014.*

The majority of deaths will not be coronial cases and normal funeral industry arrangements will apply.. In extreme circumstances Council's MERO may be asked by VICPOL to assist in providing temporary mortuary facilities and Council will liaise with DHHS in such circumstances as detailed within the MEMP.

## 6.1 Funeral homes

Within the municipality the following funeral directors have facilities and Council would also liaise with them as necessary in managing the community's needs.

| Funeral business | Address | Capacity & plans for increased capacity | Contact |
|---|---|---|---|
| **All Information to be removed from Public Distribution Copy** | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Table updated June 2019<br>Information to be removed from Public Distribution Copy. | | | |

There is one main cemetery within the municipality, in Kew, but there are no crematoria. The municipality would utilise the operating cemeteries surrounding the Melbourne metropolitan area, which are:

- Springvale Botanical Cemetery (including crematoria facilities), Springvale
- Bunurong Memorial Park (including crematoria facilities), Bangholme
- Fawkner Crematorium & Memorial Park, Fawkner
- Lilydale Memorial Park (including crematoria facilities), Lilydale
- Altona Memorial Park & Crematorium, Altona North.

There are currently no burial options available at the Burwood Cemetery with wall niches are available for cremated remains memorials.

The Springvale Botanical Cemetery has no identified holding areas in the event of mass fatalities however it does have sufficient capacity to meet burial needs for the next 40 years.

## 6.2 Religious and social considerations

A number of religious and ethnic groups have special requirements for managing the deceased and these needs must be considered, eg Aboriginal, Torres straight, Jews, Muslims, & Hindus all have specific requirements.The funeral homes are conversant with and will comply with all aspects of religious and cultural expectations, especially with the respect

of timeliness and appropriate personal and equipment to be utilised, however during a pandemic it may not be possible for these religious considerations to be met, due to overriding health measures.

## 6.3 Community leaders and organisations that may be able to assist

There are a multitude of community groups and organisations within the municipality who may be able to assist during a pandemic.

The City of Boroondara website (www.boroondara.vic.gov.au) has a community directory which incorporates a comprehensive list of community and religious groups and organisations including their names, contact details and email addresses etc.

**N.B Councils Website is currently under review and is unlikely to contain this list in future.**

This directory, in conjunction with the Municipal Emergency Recovery Plan provides details of agencies such as, Rotary, Lions, SES, Red Cross, church groups etc. that may provide support during a pandemic outbreak.

# 7. Delivery of council food services

Council's Health, Active Ageing and Disability Services Department coordinates a range of services for the community, including meals on wheels, personal care and home care and in the event of a pandemic will cater for the vulnerable groups and individuals to ensure continuity of support.

Council will endeavour to deliver food services to those members of the community in need but these services will be delivered in line with Council's Crisis Management Plans.

Refer to part 2, section 7.3 for details of service providers and facilities which deliver Council food services within Boroondara.

The Australian Food and Grocery Council have developed a National Food Distribution Plan. This details numerous aspects, including cooperative arrangements for opening and closing supermarkets, to ensure suitable coverage across the whole community. They have also been promoting the "Pantry List" shopping pattern to ensure community resilience in times of short supply.

This list has been produced by the Food Industry Working Group and can be sourced on their website http://www.afgc.org.au/pantrylist.html.

## 7.1 List of facilities to prepare and deliver council food services and personnel

The list below identifies approximately the number of meals currently produced for the municipality.

| Facility/supplier | Role | Estimated food prep. time | Primary contact |
|---|---|---|---|
| | | | **Information to be removed from Public Distribution Copy** |
| | | | **Information to be removed from Public Distribution Copy** |
| | | | **Information to be removed from Public Distribution Copy** |
| Table updated 4 June 2019.<br>**N.B Information to be removed from Public Copy** | | | |

## 7.2 List of delivery schedules—daily/weekly

The catering service provider has identified the following delivery of meals schedule.

| Facility/ Supplier | Delivery type | Delivery time | Receiving facility |
|---|---|---|---|
| | | | **Information to be removed from** |

| | | | |
|---|---|---|---|
| | | | **Public Distribution Copy** |
| | | | |
| | | | |
| | | | |
| | | | |
| Table updated 4 June 2019.<br>**N.B Information to be removed from Public Copy** | | | |

## 7.3 Major suppliers to the municipality

The major suppliers to the municipality for food/health services are detailed below. To ensure continuity of service Council's major service providers must all address (as a standard component of evaluation criteria) the matter of business continuity, not specifically in the event of a pandemic but more closely associated with industrial disputation issues etc.

Refer to part 1, section 12.8 for additional contractors list providing a major service to COB.

Contingency plans for business continuity are expected (and addressed) in the contractor submissions to provide the service with information on how and where the contractors would find sufficient resources to ensure business continuity.

Refer to Council's Health, Active Ageing and Disability Services for further details on minor service providers to COB.

| Suppliers on whom COB depend for services or products | Contact person | Contact details | What effect will loss of services from this supplier have on COB? | What can COB do to lessen the reliance on this supplier? | Is a business continuity plan in place? |
|---|---|---|---|---|---|
| | | | | | **Information to be removed from Public Distribution Copy** |
| | | | | | **Information to be removed from Public Distribution Copy** |
| | | | | | **Information to be removed from Public Distribution Copy** |
| Table updated 4 June 2019. | | | | | |

**N.B Information to be removed from Public Copy**

City of Boroondara's Public Health Unit has details of all current food businesses within the municipality.

For further information on food services etc. refer to the Senior Coordinator Ageing and Disability Services.

## 8. Contact list

Contact details and information of personnel is already contained in the Municipal Emergency Management Plan (MEMP). Refer to the MEMP Contact Directory (Part 8) that includes key City of Boroondara staff and the relevant emergency services contacts.

# Attachments

| | |
|---|---|
| Appendix A | Nursing homes and hospitals register |
| Appendix B | Supported residential services register |
| Appendix C | Staff member reporting pandemic illness |
| Appendix D | Staff absenteeism pandemic register |
| Appendix E | Loss of Council staff due to pandemic: first response |
| Appendix F | Critical services matrix |
| Appendix G | Loss of Council staff due to pandemic: impacts and recovery strategies |
| Appendix H | Mass vaccination centre guidelines |
| Appendix I | Household support services |

**Appendix A**

# Nursing homes/aged care facilities register

List of nursing homes/aged care facilities registered within the City of Boroondara. This list is referenced from the following website www.myagedcare.gov.au

| Facility Name | Beds | Street | Suburb | Postcode | Phone No. |
|---|---|---|---|---|---|
| Samarinda Lodge | 40 | 286 High Street | Ashburton | 3147 | 9885 0062 |
| Justin Villa | 17 | 2 Caravan Street | Balwyn | 3103 | 9816 0111 |
| St Catherine's Hostel | 59 | 1 Clayton Road | Balwyn | 3103 | 9857 9488 |
| St Catherine's Nursing Home | | 1 Clayton Road | Balwyn | 3103 | 9857 9488 |
| Trinity Manor | 83 | 10 - 14 Pretoria Street | Balwyn | 3103 | 9817 2838 |
| Eva Tilley Memorial Hostel | 120 | 1100 Bourke Road | Balwyn North | 3104 | 9859 9541 |
| Burwood Hill Aged Care | 45 | 12-16 Edwards Street | Burwood | 3125 | 9808 9932 |
| Elizabeth Gardens | | 2 - 6 Elizabeth Street | Burwood | 3125 | 8831 3200 |
| Elizabeth Gardens Hostel | 38 | 2-8 Elizabeth Street | Burwood | 3125 | 9808 8522 |
| Elizabeth Gardens Nursing Home | 30 | 2-8 Elizabeth Street | Burwood | 3125 | 9808 8522 |
| Highwood Court | 75 | 359 Warrigal Road | Burwood | 3125 | 8831 0500 |
| | | | | | |
| Benetas Broughton Hall - Hostel | | 2 Berwick Street | Camberwell | 3124 | 9882 2606 |
| Benetas Broughton Hall - Nursing Home | 80 | 2 Berwick Street | Camberwell | 3124 | 9882 3645 |
| Bethany Aged Care Village | | 440 Camberwell Road | Camberwell | 3124 | 9889 0611 |
| Camberwell Gardens | 75 | 15 Cornell Street | Camberwell | 3124 | 9836 9507 |
| Camberwell Green | 40 | 12 Hunter Road | Camberwell | 3124 | 9888 6133 |
| Condare Court Hostel | | 8 Joffre Street | Camberwell | 3124 | 9809 1558 |
| Gaffney House Hostel | | 49 Lynden Street | Camberwell | 3124 | 9889 4807 |
| Lynden Nursing Home | 81 | 49 Lynden Street | Camberwell | 3124 | 9809 7000 |
| Mc Nair House | 62 | 8 Joffre St | Camberwell | 3125 | 9809 1558 |
| Nazareth House (Camberwell) | 100 | 16 Cornell Street | Camberwell | 3124 | 9830 5022 |
| Regis Shenley Manor | 60 | 440 Camberwell Road | Camberwell | 3124 | 9807 5300 |
| Tanderra Hostel | 40 | 141 Highfield Road | Camberwell | 3124 | 9836 1565 |
| The Gables | 95 | 629 Riversdale Road | Camberwell | 3124 | 9834 7000 |
| The Mews | 60 | 2A Warburton Road | Camberwell East | 3126 | 8809 0200 |

| Facility Name | Beds | Street | Suburb | Postcode | Phone No. |
|---|---|---|---|---|---|
| Hedley Sutton Community | 100 | 19 Canterbury Road | Canterbury | 3126 | 9834 4000 |
| Michael Chamberlin Court | | 2 Highfield Rd | Canterbury | 3126 | 9802 8118 |
| Argyll Private Nursing Home | | 143 Finch Street | Glen Iris | 3146 | 9509 8403 |
| Elm Road Community Housing | 64 | 9-11 Elm Road | Glen Iris | 3146 | 8573 4888 |
| Noel Miller Centre | 138 | 9-15 Kent Street | Glen Iris | 3146 | 9835 2444 |
| Broadmead Hostel | | 27-29 Wattle Road | Hawthorn | 3122 | 9818 0738 |
| Harvey Memorial Aged Care Facility | | 5 Muir Street | Hawthorn | 3122 | 9818 6144 |
| Sefton Lodge | | 111 Denham Street | Hawthorn | 3122 | 9818 7519 |
| St Joseph's Hostel | | 97 Elgin Street | Hawthorn | 3122 | 9819 1539 |
| Vasey Hawthorn Lisson | | 20 Lisson Grove | Hawthorn | 3122 | 9818 0568 |
| Vasey Hawthorn Manningtree | | 2 Manningtree Road | Hawthorn | 3122 | 9818 0568 |
| Auburn House | 30 | 98 Camberwell Road | Hawthorn East | 3123 | 9882 1562 |
| Blue Cross - Aged Care | | 381 Tooronga Rd | Hawthorn East | 3123 | 1300 133 414 |
| Mary McKillop Residence | 91 | 4 King St | Hawthorn East | 3123 | 9861 9196 |
| Baptcare Karana | 93 | 55 Walpole Street | Kew | 3101 | 9854 9200 |
| Blue Cross - Yarralee | 48 | 48 Sackville Street | Kew | 3101 | 9816 9055 |
| Carnsworth Nursing Home | 112 | 10 A'beckett Street | Kew | 3101 | 9853 2011 |
| Cluny Hostel | | 34 Wrixon Street | Kew | 3101 | 9816 9278 |
| Highgrove Studley Park | | 79 Stevenson Street | Kew | 3101 | 9828 1200 |
| Karana Community | | 55 Walpole Street | Kew | 3101 | 9854 9200 |
| Kew Gardens | 100 | 22 - 24 Gellibrand Street | Kew | 3101 | 9261 8600 |
| Mother Romana Home | | 11-15 A'beckett Street | Kew | 3101 | 9853 1054 |
| Prague House | 45 | 253 Cotham Road | Kew | 3101 | 9816 0600 |
| Sholom Lodge | | 4 Willsmere Road | Kew | 3101 | 9853 5800 |
| St Josephs Tower | | 2 Malmsbury Street | Kew | 3101 | 9853 1900 |
| St Josephs Tower Nursing Home | | 2 Malmsbury Street | Kew | 3101 | 9853 1900<br>9015 7101? |
| Blue Cross - Broughtonlea | 109 | 9-17 Broughton Road | Surrey Hills | 3127 | 9856 0999 |
| Hillview Nursing Home | | 764 Canterbury Road | Surrey Hills | 3127 | 9890 9264 |
| Surrey Hills Private Nursing Home | | 16-18 Florence Road | Surrey Hills | 3127 | 9890 9331 |

**Appendix B**

# Supported residential services (SRSs) register

List of Supported Residential Services (SRSs) registered within the City of Boroondara.
This list is referenced from the DHHS website

| Facility Name | Address | Suburb | Postcode | Phone | Registered Beds |
|---|---|---|---|---|---|
| Iris Manor | 264 High St | Ashburton | 3147 | 9813 8566 | 60 |
| Rosewood Gardens | 436 Warrigal Rd | Ashburton | 3147 | 9886 0005 | 45 |
| Balwyn Manor | 23 Maleela Ave | Balwyn | 3103 | 9817 6666 | 57 |
| The Connault | 41-45 Yarrbat Ave | Balwyn | 3103 | 9830 1466 | 26 |
| Camberwell Manor | 603-605 Riversdale Rd | Camberwell | 3124 | 9804 0455 | 34 |
| The Heights | 15 Kerferd Rd | Glen Iris | 3146 | 9885 2202 | 12 |

| | | | | | |
|---|---|---|---|---|---|
| **Hawthorn Grange** | 7-9 Hunter St | Hawthorn | 3122 | 9819 5423 | 55 |
| **Hawthorns Victoria Gardens** | 1 New St | Hawthorn | 3122 | 9819 6941 | 31 |
| **Lisson Grove Manor** | 12 Lisson Gve | Hawthorn | 3122 | 9818 8882 | 40 |
| **Highgrove** | 79 Stevens on St | Kew | 3101 | 9853 3570 | 74 |
| **Parkland Close** | 10 Childers St | Kew | 3101 | 9853 3330 | 25 |

**Appendix C**

# Staff member reporting pandemic illness

| Staff member reports illness from home | Staff member reports illness while at work | Close contact |
|---|---|---|
| 1. Instruct the employee not to attend work;<br>2. Complete the absenteeism register – See Appendix D Staff Absenteeism Register; and submit to PCD<br>3. If not already done so, advise staff member to seek medical advice;<br>4. Ask employee to advise work of the outcome;<br>5. Identify when symptoms first appeared;<br>6. Identify close contacts of employee workplace (if applicable); and<br>7. Isolate and advise close contact of situation (if applicable). | 1. Avoid visiting the person if possible and manage the process over the phone;<br>2. Has the employee any of the following symptoms?<br>3. Fever 38 degrees or higher (or history of fever) PLUS cough;<br>4. PLUS one or more of the following:<br>a. Headache, fatigue and weakness;<br>b. Sore throat, chest discomfort, difficulty in breathing (shortness of breath); and/or<br>c. Muscle aches and pains<br>**If Yes:** Person should be considered as a possible case<br>**If No**: Unlikely to be a case. If staff member is concerned, advise them to consult with their GP before attending work;<br>5. Separate infected staff member from other workers if possible;<br>6. Advise worker to seek medical advice;<br>7. Register illness with PCD;<br>8. Arrange for cleanup of person's workstation/area (contact cleaning contractor);<br>9. Identify close contacts – see below for a definition;<br>10. Advise close contacts that they have been in contact with a suspect case;<br>11. Consider the need to ask close contacts to go home, and closely monitor their health and if they begin to feel ill, seek immediate medical advice and advise work;&<br>12. Request staff member to advise work of outcome. | The definition of a close contact is likely to change once the transmission characteristics of the pandemic strain are known and depending upon the phase of the pandemic. The definition below is a draft guideline and may be reviewed by Department of Health and Human Services.<br><br>A close contact is defined as:<br>- People who have been within one metre contact with an infectious case including physical contact or exposure to their respiratory droplets or droplet nuclei; or<br>- People who have spent more than 15 minutes in a confined space with the infectious person. This time period may be adjusted following consideration of the room size, ventilation, humidity and the number of people in the room. |

**Appendix D**

# Staff absenteeism pandemic register

This form is to be completed by the Department Manager and/or Business Continuity Coordinator and forwarded to COB's People, Culture and Development Department.

| Directorate | Department | Work Area | Employee Name | Absent from work (yes/no) | Caring for relative/ working from home/ other | Medical certification of infection (yes/no) | Has a medical certificate been provided? | Date Absent | Expected Return |
|---|---|---|---|---|---|---|---|---|---|
| ***EXAMPLE:*** *Strategic Development* | *Community Planning* | *Social Planning* | *Angela Brown* | *Yes* | *Working from home* | *Yes* | *Yes* | *13/5/11* | *19/5/11* |
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| | | | | | | | | | |

Signed……

Department……

Date……

**Appendix E**

# Loss of council staff due to pandemic: first response

| Step | First response | Task | Outcome |
|---|---|---|---|
| 1. | City of Boroondara is notified of an Pandemic outbreak | 1. The Department of Health and Human Services (DHHS) will advise the MERO or MRM which 'phase' of pandemic alert is applicable (the MERC should also be notified). It is possible the COB Public Health Officer will be notified first due to their close working relationship with the DHHS. If this occurs then the Public Health Officer will notify the MERO or MRM;<br>2. MERO/MRM will call upon the MEMP Pandemic Sub Planning committee and activate the Emergency Management Pandemic Working Group (EMPWG); and<br>3. Notify the CMP leader; and<br>4. MEMP Pandemic Sub Planning committee will activate the COB Pandemic Plan, which details the corporate planning, prevention, response and recovery and immunisation requirements in an pandemic. | |
| 2. | COB Pandemic response and recovery requirements confirmed with EMPWG | 1. The Pandemic Plan sub committee (in association with MEMP Committee and EMPWG) will confirm which phase of the Pandemic Plan is to be activated and the subsequent COB response and recovery requirements;<br>2. The Pandemic Plan sub committee will advise EMPWG of COB response and recovery requirements. | |
| 3. | COB Pandemic response and recovery requirements confirmed with ELT/SLT | 1. EMPWG will advise the ELT/SLT of COB response and recovery requirements;<br>2. Directors advise staff of COB response and recovery requirements. | |
| 4. | Staff absenteeism monitored | 1. Directors are to report staff absenteeism to People, Culture & Development using the Staff Absenteeism Register (refer to Appendix D);<br>2. The SLT, in association with HR, will monitor staff numbers;<br>3. When, and if, staff numbers in a given work area fall below 70% availability, (varies according to individual BCPs) the SLT/ELT will recommend to EMPWG that CCMPs be activated; and<br>4. Director Corporate Services and Manager People, Culture & Development monitor staff | |

| Step | First response | Task | Outcome |
|---|---|---|---|
| | | numbers of work areas considered to provide an essential or support service as per the Critical Service Matrix (see Appendix F). The SLT/ELT will determine the need to reallocate staff from other work areas to assist in essential or support service areas when and if required. | |
| 5. | Activate affected work area BCPs | 1. ELT/SLT to advise Directors of affected work areas to activate BCPs;<br>2. Directors and COBs confirm key function priorities of work area depending upon type, systems availability and notify SLT;<br>3. Directors and COB advise staff and activate BCPs; and<br>4. SLT advise People, Culture and Development of absent staff. | |
| 6. | Assess the phase (or scope) of the pandemic | The MRM and/or MERO will receive regular updates from the DHHS as to the escalation or down scaling of alert phases. (The Public Health Liaison Officer will also be receiving regular updates from the DHHS and will be in close contact with the MRM and MERO throughout the pandemic). | Has the impact reduced?<br><br>If Yes:<br>Proceed to Step 7.<br><br>If No:<br>Reassess the pandemic impact and amend recovery plans according to alert phase and as outlined in Pandemic Plan. |
| 7. | Maintain and monitor situation | 1. SLT to liaise with Directors and COB in relation to pandemic response and recovery progress;<br>2. ELT/SLT to coordinate staff re-deployments, if appropriate, according to critical services matrix and Pandemic Plan requirements;<br>3. ELT to advise EMIPWG of business continuity status; and<br>4. EMIPWG to advise MEMP Committee of the status. | |
| 8. | Has the impact of the pandemic to business been resolved? | If Yes: Resume and confirm normal operations.<br><br>If No: Return to Step 3. | |

**Appendix F**

# Critical Services Matrix

The matrix below provides a brief analysis of the critical services identified in the event of a Pandemic. Refer to Council's Crisis Management Plan for further information and detail on each business unit's business continuity arrangements or Corporate Services department.

| Directorate | Department | Functions | Shutdown *(not critical or required)* | Reduced delivery *(required but could be scaled down or managed differently)* | Essential *(must continue or managed differently)* | Enhanced *(increased requirement)* |
|---|---|---|---|---|---|---|
| **Community Development** | Health, Active Ageing & Disability Services | Environment health service | | | | X |
| **Customer Experience & Business transformation** | Chief Customer Office (Strategic Communications) | Communications with the community, state government, staff | | | | X |
| **Environment & Infrastructure** | Infrastructure Services | Emergency management functions | | | | X |
| | People, Culture & Development | HR management (e.g. reassignment of duties & cross skilling) | | | | X |
| | People, Culture & Development | Payroll | | | X | |
| **Customer Experience & Business transformation** | Chief Customer Officer (Customer Service) | Call centre<br>Distribute Information | | | X | |
| **Customer Experience & Business transformation** | Chief Customer Officer (Information Technology) | IT systems | | | X | |
| **Environment & Infrastructure** | Infrastructure Services | Waste management | | X | | |
| **Environment & Infrastructure** | Engineering & Traffic | Essential traffic management services (emergency call out for safety) | | X | | |
| **Community Development** | Family Services | Maternal & child health services | | X | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Community Development** | Health, Active Ageing & Disability Services | Aged services (HACC, home support, meals on wheels etc.) | | X | | |
| **Community Development** | Financial Services | Finance | | X | | |
| Table Updated 23 May 2019 | | | | | | |

**Appendix G**

# Loss of council staff due to pandemic: impacts and response strategies

## 1. Potential impacts

The likely impact of a human pandemic depends upon characteristics of the virus such as its infection rate, the proportion of the population infected in each age group, and the severity of the illness caused.

Historically, there is a tendency for pandemics to occur in waves, so a second and sometimes third wave, may begin simultaneously in different parts of the world, and should be expected. Each wave could typically last about eight weeks, building to a peak in week four before abating again.

Pandemic among humans will not be like a natural or physical disaster that organisations may have experienced previously. There will be a wider variety of variables that may affect businesses.

Many existing continuity plans assume some part of an organisation is unaffected and can take up the required capacity for the organisation to perform at the required level – this may not be the case with a pandemic. They may also assume the event is short/sharp and that recovery can start immediately.

A pandemic would not be a short, sharp event leading to the commencement of a recovery phase. It is not possible to predict exactly how long a pandemic may last or when it may occur.

In the event of a pandemic the MEMP, Pandemic Plan and Crisis Management (CMP) and the affected departments Business Continuity Plans will be activated.

## 2. Response strategies

| Potential Impact | Response Strategy |
|---|---|
| Staff Absenteeism | ▪ Consult Critical Services matrix (see Appendix F).<br>▪ Redeploy staff from work areas that can be shut down or reduced to those areas that are likely to be enhanced or considered essential or support services.<br>▪ Activate work area BCPs and focus on key function priorities. |
| Supplies of materials for ongoing activity may be disrupted | ▪ Consult work area BCPs to confirm predetermined alternate supply options.<br>▪ Advise stakeholders of potential delay. |

| Potential Impact | Response Strategy |
|---|---|
| Availability of services from sub contractors or other supplies may be impacted | ▪ Consult work area BCPs to confirm predetermined alternate contractor options.<br>▪ Advise stakeholders of potential delay.<br>▪ Consult Legal Services division within COB in relation to legal and financial implications associated with delayed or suspended contracts. |
| Demand for services may be impacted | ▪ Activate work area BCPs and focus on key function priorities.<br>▪ Advise Manager when capacity is reached whom, in turn, will advise Director Corporate Services, Manager People, Culture & Development and EMIPWG. |
| Fuel and energy supplies may be disrupted | ▪ Activate work area BCPs and focus on key function priorities. |
| Information and Communications Systems disrupted and/or slow | ▪ Activate work area BCP and focus on key function priorities.<br>▪ Staff to also follow COB "Disaster Recovery Plan" arrangements. |
| The movement of people, imports and exports may be restricted or delayed by quarantine and isolation measures both within Australia and overseas | ▪ Activate work area BCP and focus on key function priorities.<br>▪ Advise stakeholders of potential delay. |
| Temporary closure of venues and/or events | ▪ Activate work area BCP and focus on key function priorities.<br>▪ Advise stakeholders of potential delay. |
| Financial implications | ▪ Activate work area BCP and focus on key function priorities.<br>▪ When and where appropriate activate insurance mechanisms. |
| Social isolation and working from home | It is likely that the number of staff working from home or outside of Council will increase during a pandemic. It is important to note that COB does have limited capacity for remote access to Council's information systems at the one time. It is likely that in the event of a pandemic, Council may need to increase this number and/or prioritise who can have remote access and are currently identifying the possibilities for this to occur. |

**Appendix H**

# Mass vaccination centre guidelines

## 1. Introduction

A suitable vaccine for a virus can only be developed after that virus strain appears. The Australian Government has arrangements in place with vaccine manufacturers to expedite the development and supply of a vaccine as soon as the pandemic strain emerges. This could take a minimum of 12 months and up to 18 months to occur.

The distribution of the vaccine is detailed in the VHMPPI identifying relevant priority groups e.g. people at high risk of exposure (health care workers), people most vulnerable (severe illness) etc.

DHHS is responsible for the sourcing and distribution of the vaccines and equipment.

Local government will be responsible for:

- Arrange vaccine ordering, storage and delivery to mass vaccination centres (MVCs)
- Providing immunisation services including managing the mass vaccination centres in conjunction with recommendations from DHHS.
- Ensuring the MVCs has a rapid process to deliver a pandemic vaccine to all members of the municipality, to undertake data collection and to assist with the wellbeing of the community.

## 2. MVC venues

The identified COB MVCs are:

- Hawthorn Arts Centre, 358 Burwood Road, Hawthorn
- Boroondara Sports Complex, 271C Belmore Road, Balwyn North.

A floor plan of the above sites with allocated areas is attached to this appendix. However, City of Boroondara may also include MVC facilities where vulnerable groups of the community reside, if deemed necessary. These venues may be aged care facilities, childcare centres, schools etc. and lists of these facilities can be sourced through the Manager Family Services and Manager Health, Active Ageing and Disability Services.

## 3. OH&S issues

It is crucial that appropriate OHS policy and procedures are adhered to in order to minimise risk to City of Boroondara staff and others attending immunisation sessions.

Modification and addition to this section will occur with further DHHS guideline development. However routine OHS policy/procedures should be adhered to at all times. In addition, the following applies:

### 3.1 Vaccine preparation

Unlike usual vaccination, the vaccines are likely to be in multi-dose vials. It is important immunisation staff familiarise themselves with the drawing up in this situation. The Medical Officer in conjunction with the Team Leader Public Health Administration will instruct this individually with all nurses providing immunisation prior to their first session.

The following precaution should be taken when drawing up the vaccine from the multi-dose vials:

- A new sterile disposable syringe must be used for each draw-up.
- A new sterile disposable needle for injection should be used to administer the vaccine.
- One sterile disposable drawing up needle is used for a multi-dose vial. On opening, all vaccine doses are withdrawn immediately.

All sharps should be disposed of immediately after use in a proper sharps container by the person who utilised them.

### 3.2 Immunisation of staff

- Immunisation of staff with annual influenza vaccine should have occurred.
- Immunisation of eligible staff with pneumococcal vaccine should have occurred for those aged 65 year and older.
- Priority immunisation of staff: In the case of specific vaccine this means the first dose will be given at least 5 days prior to any staff involvement at an immunisation session.

### 3.3 Presentation of sick people

COB will only vaccinate clients who are well. Those people who are unwell are encouraged to stay at home.

A supply of surgical masks will be available at the session for instances where sick people attend the MVC.

### 3.4 Enhanced hygiene

3.4.1 In the context of IP this includes "s*imple infection control measures"* such as*:*

- Hand and respiratory hygiene
- Spatial separation practices
- These measures will be emphasised at MVC.

3.4.2 Enhanced hygiene for staff

It is anticipate DHHS will communicate to COB enhanced hygiene required by staff. Currently we expect to have:

- Hand washing prior to session and every hour for staff
- Use of anti-microbial hand sanitation hand washing liquid between all clients.

3.4.3 Enhanced hygiene for clients

Enhanced hygiene measures will be well communicated by DHHS at a population level. At MVC we expect to have:

- Hand washing with appropriate hand sanitation by all clients before entering premises
- Posters on coughing etiquette, hand and respiratory hygiene (including in toilets)
- Posters on social distancing (spatial separation practices).

### 3.5 Use of personal protective equipment and antivirals

Given the vaccine will be given to well people and people with a fever should not be vaccinated, DHHS consider PPE beyond what is normally required for vaccine programs will not be required by staff. However, COB has a small stockpile and will supply additional PPE to staff, including:

- Surgical Masks
- Disposable gloves
- Alcohol wipes.

When more information becomes available COB will develop a guideline on how to use this PPE. If DHHS recommends other PPE or antiviral as protocol for staff, they will need to provide these to COB.

### 3.6 Mass vaccination centre flow

- Assessment so that sick people are not vaccinated.
- If attendees are thought to been infected they will be provided with a mask and ask to see their GP.
- Movement of clients through designated immunisation centre as determined.
- Minimisation of contact of non-clinical or security staff with other staff and clients (e.g. cleaning staff, room set up staff).

### 3.7 Unwell staff

Prompt recognition of infected COB staff is essential to limit the spread of a pandemic and staff with the pandemic virus should stay home until they are free of symptoms.

### 3.8 Vaccine tracking and security

Improved vaccine tracking mechanisms will be implemented during a pandemic. The DHHS Immunisation Program currently performs such procedures in Victoria, but increased monitoring of vaccine administration will be required, to ensure that priority group order is being observed, and an appointment for a second dose be arranged.

Security at MVC are planned in order to maintain order and control and ensure vaccine security. The state government may reimburse the cost of private security. However, to reduce the need for continual security of vaccines while stored on local council property vaccine will be provided on a regular basis rather than bulk amounts up-front.

Further details will be available at a later stage.

### 3.9 Other immunisation

Advice will be provided by DHHS regarding the continuance of routine vaccination programs (i.e. suspending primary and secondary programs) closer to the time. It is possible other routine immunisation services may not be offered or provided. This is so that available staff can be deployed to provide immunization for the pandemic virus and to minimize group contact.

## 4. MVC set up

All centres will be set up to have:

### 4.1 For vaccination flow

Signage for the following areas:

- Security entrance (S)
- Registration area (R)
- Exit for those not able to be vaccinated (unwell/not in priority group)
- Waiting area (W) (pre vaccination)
- Vaccination area (V)
- Post vaccination area (PV) (15 minute waiting area including area for adverse reactions)
- Exit (E)

### 4.2 Access: to site and vaccine

- The key and alarm code for all the above sites are held by the Team Leader Public Health Administration and/ or the Municipal Pandemic Coordinator.
- The Team Leader Public health Administration and team members will have access to locked storage and the immunisation laboratory.

### 4.3 Infection control

- Hand cleaning facilities at entrance and exit
- Adequate natural ventilation where possible
- Easily cleaned hard surfaces (e.g. waiting room chairs, floor)
- Areas utilised will be kept free of unnecessary supplies and equipment so as to facilitate cleaning.

### 4.4 Fit out

- Easy to clean hard surface chairs for clients and staff (No books/toys/coffee tables/ unnecessary furniture for clients)
- Registration desk (4-6)
- Small table for each immuniser (10)
- Adequate lighting
- Adequate IT infrastructure e.g. laptop (4), power, telephones (2)
- Mattresses or gym mats (5)
- Barriers, for queues (10)
- Refrigeration (immunisation fridge or fridge with min/max measures) or esky bags (3)
- Access to laboratory for designated staff
- Staff tea/coffee facilities.

The Team Leader Public Health Administration will facilitate the organisation of supplies and set-up in conjunction with the Hall Keepers, Facility Officers and other relevant departments.

## 5. Resource material and equipment for MVC

- Resource material (including the City of Boroondara role to assist set up and gather equipment):
  - City of Boroondara Procedures Manual (ProMap);
  - Current NHMRC Immunisation Handbook;
  - Australian Government 'National Vaccine Storage Guidelines: Strive for Five' book;
  - DHHS 'Guidelines for Immunisation Practice in Local Government' book;
  - Consent Cards;
  - Pre-Immunisation advice sheets and pre-vaccination check lists – available in English and non-English forms;
  - Post-immunisation advice sheets *'Vaccine Side Effects'* – available in English and non-English forms;
  - Information on managing the following: – fainting, seizures, hypotonic-hyper responsive episode (HHE), first aid priorities action plan, anaphylaxis, adrenaline, further anaphylaxis management;
  - SAEFVIC Reporting forms
  - COB Client Observation Chart for Clients Unwell Following Vaccination" forms.
- Desk top or lap-top computers with ImPS software;
- Resource folder containing information about immunisation;
- Sharps containers (one per each nurse);
- Rubbish bin or bag for non-sharp and non-contaminated refuse

- Hazardous yellow bags in bins for contaminated refuse;
- Equipment for immunisation:
  - 19 gauge (drawing up) and 23 gauge sized needles;
  - Syringes;
  - Cotton wool balls;
  - Micropore tape/band aids;
  - Small tray for holding needles and syringes
- Resuscitation Kit containing Adrenaline 1:1,000, drawing up (19 gauge) and giving (23 gauge) needles, 1 ml tuberculin syringe, label with correct dosages and timer;
- Anti-microbial hand sanitation hand washing liquid;
- Numbers for order of consultation;
- Laminated signage;
- Esky and icepacks for transporting vaccines with maximum/minimum portable thermometer to monitor cold chain;
- MVC phone and (issued immunisation staff mobile phones) next to emergency card indicating emergency Ambulance number, MVC location and Melway map reference.

## 6. Ordering and maintaining vaccines

### 6.1 Ordering

- Pandemic vaccine will be provided free of charge by the Australian Government
- DHHS has existing arrangements to store, deliver and order vaccines and these arrangements will be used during a pandemic
- Enquiries regarding orders should be referred to "(removed from public copy) or online, see link, (removed from public copy)

### 6.2 Maintaining vaccines

- Improved tracking mechanisms of vaccines are to be implemented
- Increased monitoring of vaccine administration will be required to ensure that priority group order is being observed and an appointment for a second dose is arranged
- Vaccine cold chain (2-8ºC) must be maintained during storage and transportation.

## 7. Hours of operation

The hours of operation for each MVC is yet to be determined but will be decided by the municipality.

It may be appropriate to consider having split session times as follows, e.g.:

- 0700 - 1000 hours (3 hours)
- 1200 – 1500 hours (3 hours)
- 1700 – 2000 hours (3 hours)

However, the hours of operations may vary depending on the current priority group and the population of that group in the area.

The number of security staff may vary depending on the current situation in the area at the time. If there is unrest in the community additional security may be required especially during the priority group stage.

# 8. Staff required to operate a MVC

## 8.1 Core personnel

The following core personnel may be required to operate a MVC:

| Staff | Number | Role |
|---|---|---|
| Team Leader Public Health Administration | 1 | Ensure proper process, undertake vaccine preparation and administer vaccinations |
| Medical Officer | 1 | Ensure proper process, administer vaccine |
| Nursing Staff | 4-8 | Administer vaccine |
| Administration Staff | 3-4 | Coordinate registration area<br>Register clients<br>Distribute and assist with consent cards<br>Undertake data entry into Imps program |
| Environmental Health Officers | 1-2 | Assist with managing large number of clients<br><br>Coordinate set up and operation of MVC under direction of Team Leader Public Health Administration and provide any other assistance as required |
| Security Staff | 1-2 | Assist with crowd control and any threat to staff which may arise |
| Facility Officers<br>Hall Keepers | 2-3 | Assist with setting up of MVC, transferring of equipment, resources and supplies to various locations |
| First Aid Officer/s or After Care Nurses | 1-2 | To provide any required after-care first aid to clients following vaccination in post vaccination area |

The Medical Officer has identified that the *Division of GPs - City of Boroondara* can provide up to 60 medical practitioners and an unspecified number of nursing staff to assist administer vaccines.

## 8.2 Vaccination time frames

The following tables provide an estimate of the time frame it may take to immunise the community. The formula has been generated using the following criteria (provided by DHHS):

- Vaccinators work 6 hours per day (360 minutes)
- Vaccinators immunise 1 person every 2 minutes
- Formula = 1 x vaccinator x 180 people (per 6 hours day)
- Pre-vaccination administration and post-vaccination “rest” time is not included

It is however important to note that the estimated numbers only cater for 60% of the municipal population and that "well patients" will be the only community members to be

vaccinated - not the whole municipality. The control agency will determine the process and method to carry out this task e.g. mass vaccination sessions.

**Community population in general (est June 2019) (60%of population statistics only)**

| Age group | Volume (60%) of people in age group | Number of vaccinators | Days required (@ 180 people vaccinated per day per vaccinator) |
|---|---|---|---|
| Infants<br>0-4 years | 9,723 (5,834)<br>(5.2%) | 6 | 5.4 days |
| Children<br>5-17 years | 31,006 (18,604)<br>(16.7%) | 6 | 17.2 days |
| Adult working age)<br>18-69 years | 124,027 (74,416)<br>(66.7%) | 6 | 68.9 days |
| Seniors<br>70-84 years | 16,162 (9,697)<br>(8.7%) | 6 | 9.0 days |
| Elderly Aged<br>85+ years | 5,017 (3,010)<br>(2.7%) | 6 | 2.8 days |
| | | **TOTAL** | **104 days** |
| Table updated 6 June 2019 | | | |

**Schools population**

N.B these figures are also included in the general population above however have been separated out to indicate the workload associated with vaccinating whole schools.

These figures are "**complete numbers"** rather than the 60% as indicated in the table above.

| Schools | Volume of people | Number of vaccinators | Days required (@ 180 people vaccinated per day per vaccinator) |
|---|---|---|---|
| Attending preschool or primary school | 17,658 | 6 | 16.4 days |
| Attending secondary school | 15,347 | 6 | 14.2 days |
| | 33,005 | **TOTAL** | **30.6 days** |
| Table updated 6 June 2019 | | | |

As some students travel from other municipalities to the tertiary institutions within the COB it is difficult to determine the number of tertiary students that may require vaccination, however Swinburne University has over 14,000 Students registered at the Hawthorn Campus. DECD publish school enrolments by LGA. Which indicate that there are 35,504 students at 58 schools in Boroondara (which is a slight increase on the 33,005 indicated in the table above).

## 9. Pre-immunisation checklist and immunisation consent form *(proforma only)*

### 9.1 What to tell your doctor or nurse before immunisation

The conditions listed below do not necessarily mean that immunisation cannot be given. Before the immunisation, tell the doctor or nurse if any of the following apply to the person to be immunised:

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has had a severe reaction to any vaccine
- Has a severe allergy to any vaccine component (for example, eggs)
- Is pregnant (the person to be vaccinated)
- Before any immunisation takes place, the doctor or nurse must ask you if:
  - You have read this information
  - You understand this information
  - You need more information to decide whether or not to proceed.

The requirements relating to the immunisation or not, of Pregnant and other succeptible individuals is subject to vaccine specific direction. This will be considered in light of the specific vaccine and relevant information provided at the time.

The information you provide on this consent form is for the sole purpose of monitoring immunisation programs by the State and Australian Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

## 9.2 Consent for vaccination

Example form only.

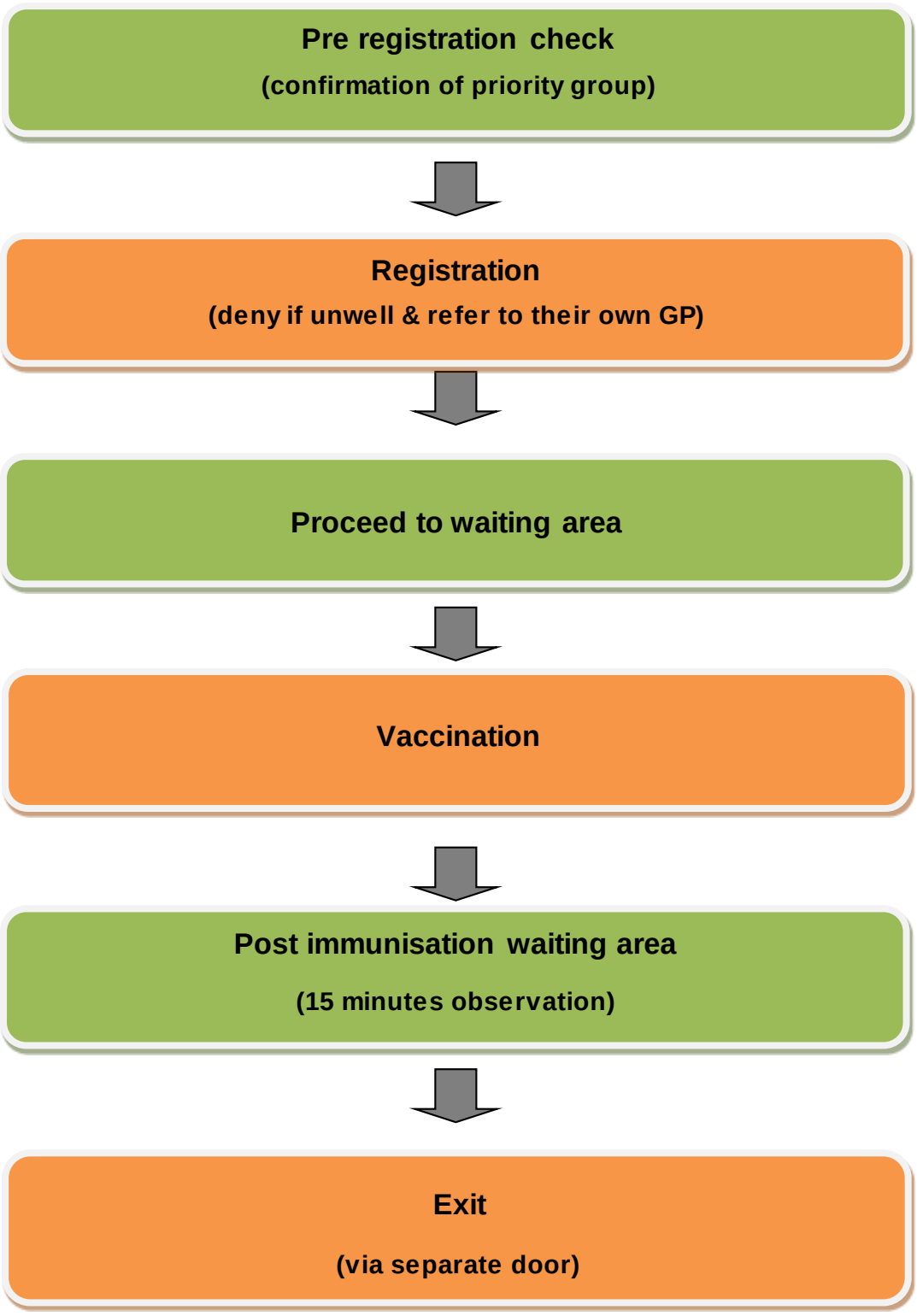
| | |
|---|---|
| I acknowledge that I have received and understood the information on the risks and benefits of this vaccine and consent to be treated. My relationship to the person receiving the vaccine is:<br><br>☐ Self ☐ Parent ☐ Guardian | Signature:<br><br>Date:<br><br>Print Name: |
| Family Name: | Given Name (s): |
| Address: | Suburb: |
| Postcode: | Phone - Home:<br>Phone - Work:<br>Phone - Mobile: |
| Gender:<br>☐ Male ☐ Female ☐ Other | Date of Birth: |
| No previous vaccination received for this pandemic?<br>☐ No ☐ Yes | Vaccine Given: |
| Batch Number/Date Received: | Administered By: |
| Vaccination Venue: | Boroondara Stamp: |

## 10. Mass vaccination centre immunisation overview

| Overview | Outline | Action |
|---|---|---|
| 1. IP alert (Aus phase *delay, contain, sustain*) | | Review MVC sites and set up, stock, staff, contractors and communication. |
| 2. Activation of pandemic immunisation | | Activation of pandemic immunisation will be by the Team Leader Public Health Administration in conjunction with the MERO and/or MRM. COB will also be informed of priority groups (notified by |

| Overview | Outline | Action |
|---|---|---|
| | | DHHS Regional Emergency Management Planning Committee which becomes operational). |
| | | Immunisation of all relevant staff as soon as vaccine is available and at least 5 days before first session. |
| | | DHHS will have its existing fax and phone numbers for any immunisation query/orders etc.<br>▪ See Appendix J - Contact List<br>**Information removed from Public Distribution Copy** |
| 3. Set up mass vaccination centre | | The Team Leader Public Health Administration will organise and facilitate this in conjunction with Facility Officers and Hall Keepers. This includes:<br>▪ Liaise with facility management (to assist with setting up of MVC and transferring of equipment, resources and supplies to the various centres)<br>▪ Liaise with MOH, immunisation nurses and other nurses as determined, administration staff, security staff and environmental health officers. |
| 4. Mass vaccination centre flow | 4.1 Security staff to ensure members of community are within priority group | Medicare card and other identification with *date of birth* to be checked (this will be encouraged but may be difficult to enforce). If priority group, proceed to immunisation. |
| | 4.2 Registration | If appear unwell: |
| | | ▪ Provide with mask and ask to exit and seek assistance from their own GP |
| | | ▪ If a person collapses assess and treat according to medical protocol. |
| | | Otherwise:<br>▪ Check with the DHHS determined priority group<br>▪ Check to determine if individual has been immunised elsewhere with this vaccine<br>▪ Complete IMPS with Name, Date of Birth, Address, Medicare card number, vaccine brand number, vaccine batch number, and date given<br>▪ Fill in Child Health Record Book if available and relevant<br>▪ Provided with number<br>▪ Proceed to waiting area. |
| | 4.3 Vaccination | ▪ Review vaccination history<br>▪ Determine suitability for vaccination<br>▪ Provide information<br>▪ Obtain valid consent: (complete immunisation consent form, including pre-immunisation checklist)<br>▪ Vaccinate. |
| | 4.4 Post – immunisation | Proceed to the post vaccination waiting area to remain under observation for 15 minutes. |
| | 4.5 Exit | Ensure client exits via a separate door with their information sheets (including information on common reactions to immunisations and what to do – if provided by DHHS). |
| 5. Operational flow chart of a MVC | | Refer flow chart below |

## 11. MVC flow chart



## 12. Mass vaccination centre guidelines: SAEFVIC reporting form

The SAEFVIC Reporting Form (a form for reporting an adverse event following immunisation) is now able to be completed online. The following login details for council to undertake this are:

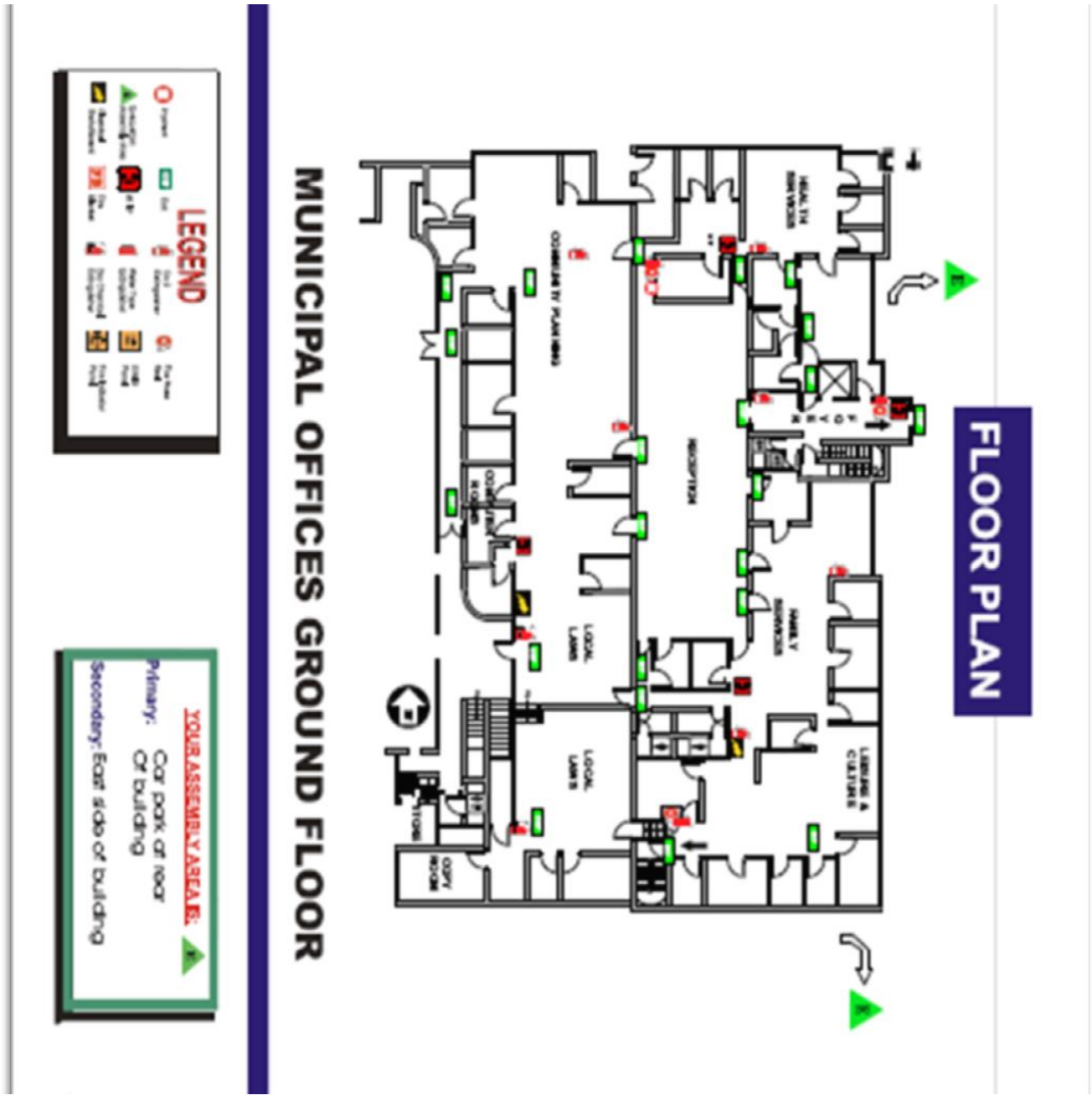
| | |
|---|---|
| Login name: | (Contact Team Leader Public Health Administration) |
| Password: | (Contact Team Leader Public Health Administration) |

**Mass vaccination centre floor plan**

## Hawthorn Town Hall

**358 Burwood Road, Hawthorn**

Floor plan will be aligned with immunisation session practices currently in place.
**(New Floor Layout yet to be inserted)**

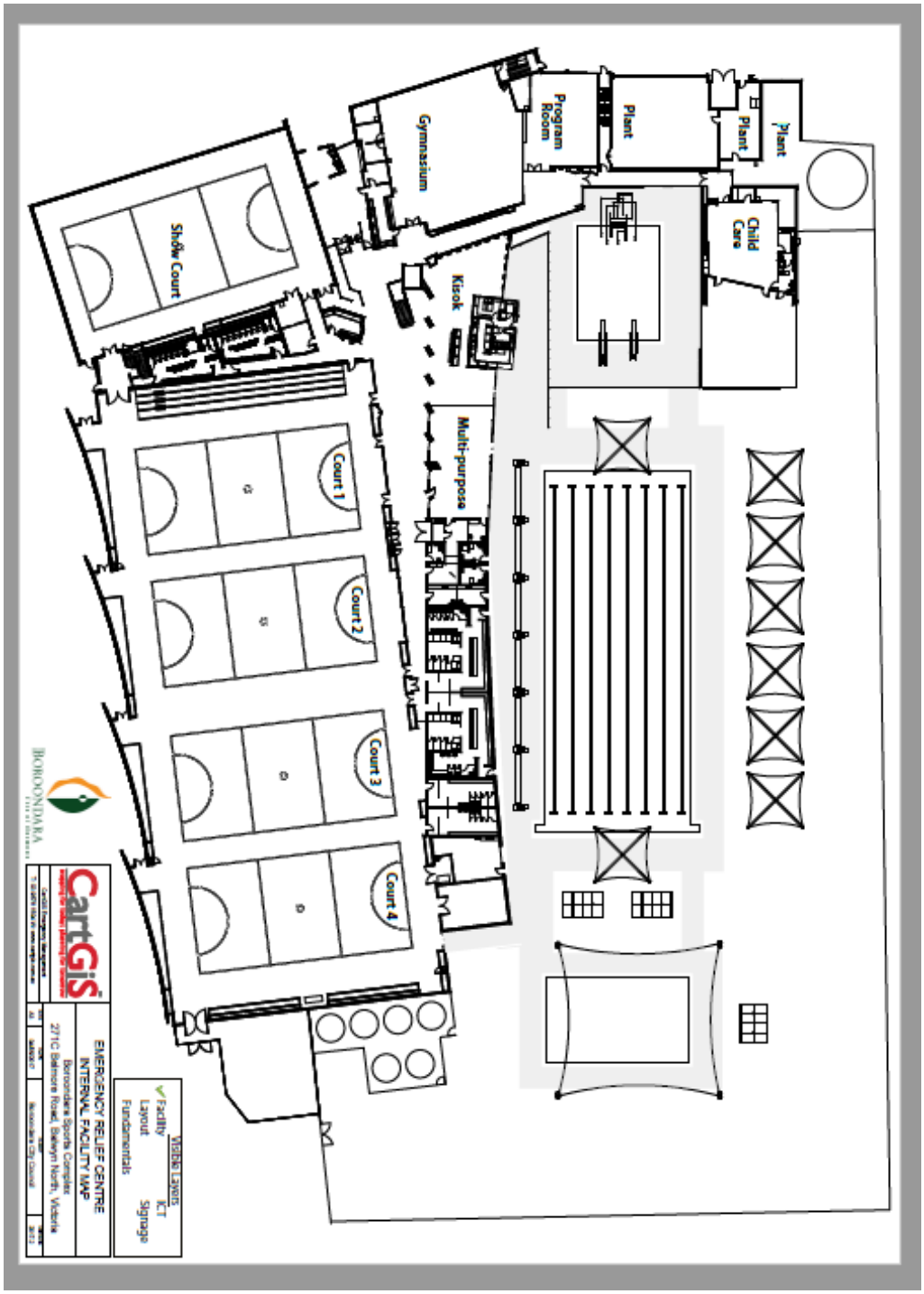


**Mass vaccination centre floor plan**

## Boroondara Sports Complex

### 271C Belmore Road, Balwyn North

Floor plan will be implemented based on anticipated numbers.



**Appendix I**

# Household support services

## 1. Purpose

To provide guidance for City of Boroondara staff needing to establish community support and recovery arrangements to provide household support to affected households during a pandemic. It is anticipated that household support will be required by a small number of households. Family, friends and neighbours are expected to provide support in the first instance.

## 2. Introduction

The Department of Health and Human Services is the regional recovery coordination agency, establishing community support and recovery services through municipal structures and service delivery arrangements. City of Boroondara is responsible for the municipal management and delivery of support and recovery services for vulnerable households during a pandemic.

N.B The arrangements in this function have recently changed due to the recent transfer of responsibility for recovery (at a state level) from DHHS to EMV whilst DHHS still maintain responsibility at a Regional level. DHHS however remain as the responsible agency for Pandemic response phase at both State and Region level.

The majority of households can draw on existing networks to assist them if required and household support would only be required if households are particularly isolated.

An effective household support model can greatly assist individuals and families impacted by a pandemic. The primary purpose of household support is to provide basic services to those who are isolated at home and cannot access assistance from family, friends and neighbours.

This guidance note highlights the importance of rapidly identifying needs and providing household support for a short period of time. It is not the role of local government to provide medical care.

The community support service function is essential to support vulnerable populations including:

- Community members who may be at greater risk if they contract the virus.
- Community members who cannot access assistance from family, friends and neighbours while they are ill.

Community support service functions that may be required by affected households include but is not limited to:

- Daily contact – via phone (to check on wellbeing)
- Information
- Supplies:
  - Groceries
  - Medicine

Affected households should cover the cost of basic needs.

Notwithstanding the above, community resilience should be recognised and there is an expectation that family, friends and neighbours will provide support to people affected by a pandemic in the first instance.

## 3. Process for providing household support services

3.1 Request for support made to local government by GP requesting short-term pandemic assistance for an affected household.

3.2 Household support requests should be triaged by emergency management staff in the municipality to ensure household needs are met in a timely way. Intake and assessment is an important function of a Household Support Service to ensure that services are provided to those who are isolated.

3.3 Contact with affected household should be made via phone to confirm that family, friends and neighbours are unable to assist.

3.4 A phone assessment script should be followed to ensure consistency. Refer to sample attached *Phone assessment questionnaire form: confirmed case referral*, overleaf in paragraph 5.

3.5 The level of assistance and services required should be assessed.

3.6 Arrange to provide services as per local arrangements.

3.7 Households in need of assistance will require support services for several days.

3.8 Contact should be made with affected households daily for the purpose of a wellbeing check.

3.9 Daily contact will determine when support services are no longer required.

If a household does not answer the phone when initial contact is made a follow up call should be made. If unable to make contact with the affected household an outreach visit may be required.

Referrals for household assistance may be made via HACC referral pathways.

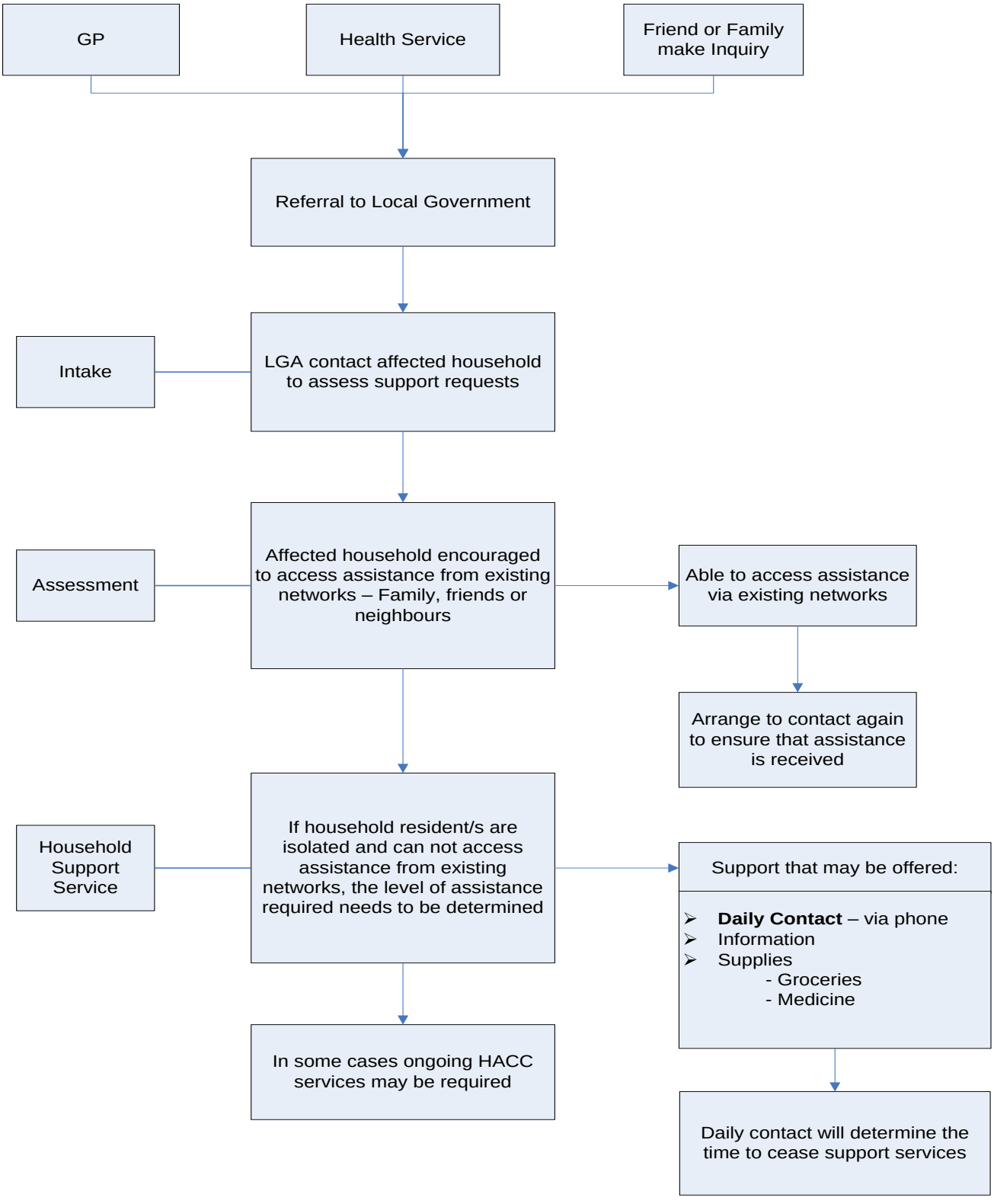
If the level of demand for household support exceeds the capacity of the municipality this should be communicated via the DHHSS regional office to assist with regional coordination of services.

## 4. Flow chart for providing household support services

See overleaf for this flow chart which provides an overview to identify the initial request/assessment/support processes to determine, Council assistance if required.

This flow chart was developed and issued by DHHSS.

**Household support services chart (provided by DHHS)**



## 5. Phone assessment questionnaire form: confirmed case referral

| | | |
|---|---|---|
| Staff member name: | Introduction, reason for calling and privacy (confidentiality explained) ☐ | Client contact:<br>Date & time:…..…/…..……/20….<br>……am/pm |
| Person contacted: | Relationship: | |
| ***Client details from DHHS (check accuracy when calling)*** | Referral date & time: …..…./…..……/20…..…<br>....……am/pm | |
| Name: | Age: | Gender: M ☐ F ☐ |
| Address: | Suburb: | Postcode: |
| Date quarantined & proposed end date of quarantine:<br>….....…./…….……/20…..… *to*<br>….....…./……..……/20…..… | Phone (home): | Phone: (mobile): |
| Email address: | School or workplace: | |
| Others in house quarantine (name & include relationship): | What are your "immediate needs" that you cannot arrange for yourself? (Medical, food, etc.) | |
| What other supports do you currently have? (Family, friends, partner, school etc.) | Action taken, if any, to arrange "immediate needs" required: | |

| | | |
|---|---|---|
| Are you aware of these resources?<br>▪ Website for info: www.health.vic.gov.au ☐<br>▪ CoronaVirus Hotline: 1800 675 398 ☐<br>▪ Nurse on Call: 1300 606 024 (24/7) ☐ | Would you like us to give you a follow up call?<br>YES ☐<br>NO ☐ | If you have any needs that you cannot meet yourself please call us on:<br>Phone: |
| NOTES/COMMENTS: | | |

**Appendix J**

# Pandemic Plan Contact List

## Part 9.1 PP Sub Committee

| Name | Work Phone | After Hours Phone | Mobile |
|---|---|---|---|
| | | | Information to be removed from Public Distribution Copy |
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| | | | |
| | | | |

## Part 11.2.2 Mass Vaccination Centre Facility Contacts

| Name | Work Phone | After Hours Phone | Mobile |
|---|---|---|---|
| | | | Information to be removed from Public Distribution Copy |
| | | | |

## Part 12.8 Contract Supervisors

| Organisation and Name | Work Phone | After Hours Phone | Mobile |
|---|---|---|---|
| | | | Information to be removed from Public Distribution Copy |
| | | | |
| | | | |

## Appendix H, Mass Vaccinations

| Organisation and Name | Work Phone | After Hours Phone | Mobile |
|---|---|---|---|
| | | | Information to be removed from Public Distribution Copy |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Table Updated 6 April 2020 | | | |