

GANNAWARRA SHIRE

# INFLUENZA PANDEMIC PLAN



**Municipal Endorsement**

The Gannawarra Shire as part of its emergency management planning has developed this Revised Influenza Pandemic Plan.

This plan is a sub-plan of the Gannawarra Shire’s Municipal Emergency Management Plan and was endorsed through formal motion by the Gannawarra Shire Municipal Emergency Management Planning Committee (MEMPC) on 4 April 2018 and adopted by Gannawarra Shire Council on [insert date].

Plan endorsed by Municipal Emergency Management Planning Committee:

Signed:  \_\_\_\_\_ Date:

Cr Brian Gibson  
Chair of the Municipal Emergency Management Planning Committee

Plan adopted by Council:

Signed:  \_\_\_\_\_ Date:

Tom O'Reilly  
Chief Executive Officer

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## 1: Introduction

A pandemic is the outbreak of a disease on a worldwide scale. An influenza pandemic occurs when a new strain of influenza virus emerges for which there is little or no immunity in the population, and which is readily transferred between humans to produce infection in a high proportion of those exposed.

While the term pandemic does not consider the virulence of the new viral strain, this Influenza Pandemic Plan assumes that new viral strains are associated with high morbidity, excess mortality and social and economic disruption.

There were three pandemics in the 20th century: 1918 (Spanish Influenza 40-50 million deaths), 1957 (Asian Influenza 1 million deaths) and 1968 (Hong Kong Influenza – 1 million deaths).

In recent years, a pandemic occurred in 2003 (H5N1 - avian influenza (bird flu)) and March 2009 (H1N1 - human swine flu). Within one month the first cases were diagnosed in Australia.

Given the high standards of human and animal health and hygiene in Australia, it is unlikely that sustained animal-to-human transmission will occur in Australia. This plan is based therefore on the assumption that an influenza pandemic virus would first emerge overseas and be primarily transmitted by humans.

This gives Australia some advantages in planning and responding. The emergence and spread of any new influenza virus overseas can be monitored and early measures taken to delay its entry into Australia. Should a pandemic occur, measures to delay and contain the spread will minimise the impact prior to a vaccine potentially becoming available.

This Influenza Pandemic Plan has been based on the updated Victorian Health Management Plan for Pandemic Influenza (October 2014) and outlines the internal operation of the Gannawarra Shire during a pandemic as well as public health information and community support.

The aim of this Influenza Pandemic Plan is to support the community to prepare for, respond to and recover from an influenza pandemic event.

### ***Implementation of this Influenza Pandemic Plan will:***

- Assist in reducing the impacts of an influenza pandemic on the municipality.
- Provide support and recovery assistance throughout the duration of the influenza pandemic.

### ***This will be achieved by:***

- Preparing for an emerging pandemic by:
  - Implementing infection control measures and providing support services to people who are isolated or quarantined as a result of a pandemic.
  - Making provisions for business continuity in the face of increased absenteeism and changes in demand on local government services.
  - Assisting in providing mass vaccination services to the community, if an influenza pandemic vaccine becomes available.
  - Providing accurate and timely information to the community.
- Ensuring there is a comprehensive approach to emergency recovery planning, with specific focus on the issues associated with an influenza pandemic.

## 2: Planning Framework

The following Acts outline the responsibility of Council in the event of an influenza pandemic:

- *Emergency Management Act 1986* requires Council to have arrangements in place to prevent, respond to and recover from any emergencies that could occur in the municipality.
- *Public Health and Wellbeing Act 2008* states that Council's function is to 'seek to protect, improve and promote public health and wellbeing within the municipal district.'
- *Local Government Act 1989* outlines the responsibility of Council to protect public health in emergencies.

The Emergency Management Manual Victoria (EMMV) details the emergency roles and responsibilities of agencies in relation to the prevention, mitigation, risk reduction, response and recovery components of emergencies.

In Victoria, an influenza pandemic constitutes an emergency under the *Emergency Management Act 1986*.

The Department of Health and Human Services, Health Protection Branch has the overarching responsibility for the coordination of influenza pandemics in Victoria. The *Victorian Health Management Plan for Pandemic Influenza* (Department of Human Services, October 2014) and *Victorian Action Plan for Influenza Pandemic* (August 2015) outlines the coordinated approach to the prevention, preparation and management of influenza pandemics in Victoria with a focus on health and community service providers and local and state government.

In addition, the *Preparing for an influenza pandemic: A Tool kit for local government* (2008) assists local government to develop influenza pandemic plans that are relevant to their local community.

Gannawarra Shire Council first developed an Influenza Pandemic Plan in 2006. This plan has been reviewed since that time and relevant actions implemented over the influenza season each year.

This Gannawarra Influenza Pandemic Plan provides a framework for Council to meet its emergency management and other legislative obligations and ensure that a plan is in place to support the community during influenza pandemic events.

In addition, at a Global and National level, the following plans are applicable:

- *Pandemic Influenza Risk Management - WHO Interim Guidance* (World Health Organization, June 2013).
- *Australian Health Management Plan for Pandemic Influenza* (Australian Government Department of Health and Human Services and Ageing, April 2014).
- *National Action Plan for Human Influenza Pandemic* (Council of Australian Governments, 2011).

### 3: Disease Description

Influenza is an acute respiratory disease caused principally 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 1 to 3 days. Adults have been shown to shed the influenza virus from 1 day before developing symptoms to up to 7 days after the onset of the illness. Young children can shed the influenza virus for longer than 7 days. Generally, shedding peaks early in the illness, typically within a day of symptom onset. The influenza virus remains infectious in aerosols for hours with viability being facilitated by low relative humidity. The influenza virus potentially remains infectious on hard surfaces for 1 to 2 days.

Up to one million Australians contract normal seasonal influenza every year with an average of 2,500 people dying in Australia from seasonal flu on an annual basis.

#### Transmission

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

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

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

#### Infection Control

Personal Protective Equipment including a full gown (or coveralls), gloves, eye shield and P2 mask (or other recommended mask) are required to protect health care workers.

Infected persons should wear an appropriate mask.

Detailed information on infection control can be found in Appendix A.



## 4: Community Profile

### Demographics:

- 10,549 people lived in Gannawarra at the last census in 2016.
- The Gannawarra Shire covers an area of 3,732.4 square kilometres.
- There are two main townships Kerang (population 3,893) and Cohuna (population 2,428).
- Rural townships are Koondrook (population 991), Leitchville (population 558), Quambatook (population 249) and Lalbert, Murrabit, Mystic Park and Lake Charm, each with a population of less than 250.
- Kerang is on the Melbourne to Swan Hill train line.
- Larger regional centres: Echuca is located 60 minutes to the east, Bendigo about 90 minutes to the south and Swan Hill about 40 minutes to the north.
- Gannawarra Shire's population is ageing with 27.6% aged 65 and over in 2016 compared to the Victorian average of 15.6%.
- The median age is 49 years, compared to median age for Australia of 38 years.
- Gannawarra Shire is home to 1,326 families with children.
- 115 babies were born in the Gannawarra Shire in 2016/2017.
- 86.5% of residents were born in Australia.
- 1.9% of the population identify as aboriginal (165 people).
- 91% of the population speaks English only with 1.5% speaking English as well as another language. The three most dominant languages spoken at home other than English are Malayam, Greek and Punjabi.
- 23.9% of employment is in agriculture, 14.6% manufacturing and construction and 10.5% in health care and social assistance.
- Gannawarra residents were more disadvantaged than the state average as at 2011, with an index of relative socio-economic disadvantage of 959, compared to the Victorian score of 1009.6 – based on income, education, unemployment, skill levels (SEIFA Index of Disadvantage).
- 32.3% of households live on less than \$650 per week.
- Levels of social housing are higher than other areas, 14.1% compared to 11.4% for Victoria.
- Top three religions as at the 2016 Census - 18.1% Anglican, 20.6% Catholic, 11.3% Uniting.

### Profile of vulnerable population groups:

- There is a higher proportion of lone person households, 32.5% compared to the Victorian average of 24.7% placing them at increased risk of social isolation and negatively impacting on health and wellbeing.
- In 2010-11, Gannawarra had a higher proportion of population that were aged mental health clients, 0.16% compared to Victoria 0.14%
- In 2010, Gannawarra Shire had a significantly higher rate per 1000 people aged 70 years and over that were receiving Home and Community Care services, 723.3 per 1000 people compared to 368.3 for Victoria.
- 26.8% of households across the Shire in 2016 had no internet connection.
- 800 older people or 32% receive a form of community care.
- 7% of older people are using some form of residential aged care.
- There are approximately 2,073 people living with a permanent disability in the Gannawarra Shire. This equates to 20% of the population.
- 1.9% of the population identify as aboriginal (165 people). Aboriginal people are more likely to have chronic respiratory diseases such as asthma and chronic obstructive pulmonary disorders (Australian Health Ministers' Advisory Council 2012).

### Health services:

- Kerang District Health (20 acute beds, Glenarm Nursing Home 30 beds).
- Cohuna District Hospital (16 acute beds and 16 aged care beds).
- Cohuna Retirement Village (23 high care beds, 22 low care beds).
- Northaven Kerang (56 beds offering predominately high level care and accommodation).
- Northern District Community Health Service.
- Mallee District Aboriginal Service.
- Medical clinics in Kerang and Cohuna.
- Pharmacies in Kerang and Cohuna.

Council offers a range of community health programs including home care, meals on wheels, immunisations, childcare (including family day care), preschools, and maternal and child health.

### Key local stakeholders

During a pandemic event, Council will work with a range of external and internal partners including:

- Internal departments of Council
- Victoria Police
- Department of Health and Human Services
- Department of Education and Early Childhood Development
- Ambulance Victoria
- State Emergency Service
- Red Cross
- Hospitals and Health Services, including Aboriginal Health Service and Murray Primary Health Network
- Community service providers
- Other government departments
- Local media outlets
- Water and sewerage authorities
- Electricity suppliers
- Telecommunication suppliers

### Special Needs Groups:

- Aged
- Aboriginal
- People with underlying medical conditions
- Pregnant women
- The morbidly obese

***In relation to age, unlike normal seasonal influenza which mainly affects persons aged 65 and over, pandemics in the past have affected younger people, particularly young adults and adolescents.***



### Facilities: Public facilities include

- 14 recreation reserves
- 16 public halls
- Council offices in Kerang and Cohuna
- Library facilities in Kerang, Cohuna, Leitchville, and Quambatook
- Senior Citizen Centres in Kerang, Cohuna, Koondrook and Quambatook
- Low Cost Accommodation Units in Quambatook, Kerang, Cohuna and Koondrook

### Other facilities/services include

- Hospitals/Aged Care facilities
- Churches
- 10 Primary Schools, 1 Technical High School, 2 Secondary Colleges.
- Range of hotel, motel and caravan park accommodation.
- Quality retail outlets
- All major banks
- Major service clubs – Rotary, Lions, Apex

The Gannawarra Shire is well serviced by a network of State highways radiating to Melbourne via Bendigo, also to Adelaide via Swan Hill and Sydney via Echuca. The Loddon Valley Highway starts just south of Kerang and provides a direct link to metropolitan Melbourne and the major provincial cities of Bendigo and Ballarat. The Murray Valley Highway provides a vital link along the NSW/Victorian border from Albury/Wodonga through to Mildura. Both Kerang and Cohuna are located on the Murray Valley Highway.

Several freight and trucking companies located in the Shire or nearby provide transport on a daily basis.

The Shire is serviced by a rail network. The Swan Hill to Melbourne line passes through Kerang and provides both containerised and passenger services. An additional containerised service runs through the western section of the Shire where grain silos located on the line store grain before being freighted to processors and ports via rail or road. Passenger buses also pass through Kerang and Cohuna on a daily basis.

Kerang and Cohuna both have sealed airstrips.  
Kerang is a licensed aerodrome.

Water is supplied by:

- Goulburn-Murray Water (irrigation water supply)
- Lower Murray Water (Kerang, Koondrook, Murrabit, Mystic Park)
- Coliban Water (Cohuna and Leitchville)
- Grampians Wimmera Mallee Water (Quambatook, Lalbert)

Electricity is supplied to all areas in the Shire by Powercor.

Sewered townships: Kerang, Cohuna, Koondrook, Leitchville and Murrabit.

Gas: Some parts of Kerang are connected to bottled natural gas.

Murray River crossings between Victorian and New South Wales are located at Murrabit and Koondrook.

*Food Supply:* Food is transported to all areas in the Shire by road or rail, regardless of where the food is manufactured.

*Media:* The Shire is covered by three newspapers – The Gannawarra Times, Loddon Times and the Koondrook/Barham Bridge. Several community newsletters also circulate throughout the Shire. Radio coverage is mainly provided from Swan Hill, Bendigo, and Mildura. Television coverage is mainly through WIN TV based in Bendigo.

*Municipal Resources:* Council has a wide range of resources at its disposal. As at March 2018, Council employed a total of 274 staff, including casual employees.

*Government Resources:* Numerous government/non-government departments are represented in the Shire, including: VicRoads, Department of Economic Development, Jobs, Transport and Resources, Goulburn-Murray Water, Lower Murray Water, Powercor, Victoria Police, Ambulance Service, Centrelink (Agency only), Murray Mallee Training, Employment Works, Victoria State Emergency Service, Country Fire Authority Regional Headquarters plus 52 local fire brigades, Victorian Farmers Federation, United Dairy farmers Victoria, plus several Family Support Services such as Mallee Family Care, Loddon Mallee Housing, Kerang Community Centre, Cohuna Neighbourhood House, Quambatook Community Resource Centre, St. Vincent de Paul, Salvation Army.

## 5: Likely Impacts

### 5.1 Attack Rates

Pandemic situations in the past have been associated with attack rates of 25-30% of the population, mortality, hospitalisations and staff absenteeism increasing substantially for organisations. In the 1957 flu pandemic in the United Kingdom, the recorded staff absentee rates in some organisations was between 5-30%. However, attack rates of up to 70% occurred in some communities.

#### Victorian Figures

If a pandemic with an attack rate of 30% was to occur in Victoria, and there was no pandemic vaccine or treatment available, over a 6-8 week period it is estimated that this situation could lead to:

- 24,000 excess hospitalisations
- 10,000 excess deaths
- 710,000 excess outpatient visits.

#### Gannawarra Shire Figures

If a pandemic with an attack rate of 30% was to occur in the Gannawarra Shire, and there was no pandemic vaccine or treatment available, over a 6-8 week period based on current population figures, approximately 3,165 people would be infected and 316 deaths would occur.

The potential impacts of an influenza pandemic will be determined by:

- the virulence and infectivity of the particular viral strain involved;
- the epidemiology of the specific strain; and
- how rapid and effective the initial response to the pandemic is at a world, national, state and local level.

### 5.2 Social and Economic Impacts

It is anticipated that social and economic impacts of an influenza pandemic will have the greatest impact on the community. These impacts will need to be identified and programs developed to address them. Some possible impacts have been identified below; others will arise throughout the pandemic and will need to be addressed at the time:

#### Increased levels of uncertainty, fear and anxiety

During an influenza pandemic there will be high levels of uncertainty and anxiety within the community. It will be important to maintain good communication with the community, to reassure people that their concerns are being addressed, and that all is being done to reduce the impact on the community and the spread of the virus.

#### Breakdown in community support mechanisms

During a pandemic many people will be isolated in their homes due to various reasons including being unwell, caring for someone who is unwell, or fear of being infected with the virus. This will have a negative effect on the community. Those living alone will be most affected. It will be important to try to connect with as many people in the community as possible through open communication and checking on people who may be feeling isolated.

## **Increased numbers of vulnerable people and emergence of new groups**

In most cases the vulnerable populations as listed in Section 2 – Community Profile – Special Needs Groups are at greatest risk of contracting the virus. In the case of a widespread pandemic however different vulnerable groups may emerge. This may include people who are of a lower socio-economic status and who may not have access to health care and essentials needed during this time. A table setting out these vulnerable groups is included as Appendix B.

It will be important to ensure that any emerging vulnerable populations are identified and that assistance is provided. This will involve encouraging people to look out for each other and checking on those that are most at risk.

## **High workforce absenteeism**

It is expected that up to 30% of the population may be affected in an influenza pandemic meaning that a large proportion of the workforce will be unwell and/or unable to attend work. This is likely to have a dramatic economic impact on businesses, particularly small businesses.

## **Widespread economic disruption**

The economic operations of the community will be disrupted due to less staff being available to work. It will also impact businesses as less people will be spending in the local community due to illness, isolation or fear. Tourism may also be affected by the pandemic as people will not be travelling due to illness or fear of catching the virus.

## **Built Environment impacts**

Built environment impacts may include, but are not limited to:

- Electricity
- Gas
- Water
- Telecommunications
- Transport
- Roads
- Essential services such as schools, hospitals, emergency services, commercial and retail businesses.

## 6: Roles and Responsibilities

The responsibility for preparing and protecting human health in the event of an influenza pandemic is shared between state and local governments, health and community service providers and emergency management agencies.

The Department of Health and Human Services has responsibility for protecting human health and reducing the impact of influenza pandemic by preparing for, and responding to, influenza pandemics. It does this by:

- Maintaining the *Victorian Health Management Plan for Pandemic Influenza and Victorian Action Plan for Influenza Pandemic* (2014).
- Developing a *Preparing for an influenza pandemic: A Tool kit for local government* (2008) to assist local government to develop influenza pandemic plans that are relevant to their local community.
- Surveillance of human cases of influenza.
- Monitoring hospital admissions and deaths.
- Monitoring health workforce absenteeism – hospital staff, general practice staff, ambulance staff, community nursing staff, pharmacists.
- Monitoring workforce absenteeism in essential services and industries.
- Providing advice to contacts.
- Mobilising to immunise priority groups.
- Implementing public health measures – increasing social distance (voluntary/compulsory quarantine), closure of facilities (schools, hospitals, etc), discouraging mass gatherings.
- Undertaking public information campaigns – encourage self-diagnosis, disinfection measures, containment measures, limit travelling, etc.
- Providing advice and assistance to local government to help deliver Response and Recovery activities.

In the event of an emergency, such as a pandemic, it is the role of local government to ensure essential services can continue to be delivered to the community.

The Gannawarra Shire considers the following items to be of high priority during a pandemic:

- Continuation of essential services to the community including meals on wheels, rubbish removal, public safety responsibilities such as animal control, customer service, aged and disability services, maternal and child health, infectious disease surveillance and control, and immunisation. Council's Business Continuity Plan contains further details.
- Provision of Public Health information and education to the community.
- Provision of services as outlined in the Municipal Emergency Management Plan including Recovery assistance. This includes material assistance, financial assistance, personal support, health and medical services, community development, assistance from various recovery agencies, provision of information, and establishment of a Community Recovery Committee.
- Additional services will be provided on an as need basis.

## 7: Influenza Pandemic Plan Actions – What are we going to do?

### 7.1 Planning

- Ensure Council's Business Continuity Plan is in place to cater for 30% workforce absenteeism and increased demand on services using the publication "*Being Prepared for a Human Influenza Pandemic – A Business Continuity Guide for Australian Businesses*" (Commonwealth of Australia June 2011) as a guide.
- Promote vaccination for influenza and pneumococcal for identified high-risk groups and continue to expand the annual workplace influenza vaccination campaign.
- Ensure that appropriate stocks of masks, eye protection, gloves, gowns (coveralls) and antivirals (if available) are available to protect priority staff and that staff are trained in their use.
- Provide ongoing education to the community on infection control issues – cough etiquette, handwashing, cleaning of potentially contaminated surfaces. The aim of education strategies will be to raise awareness of infection control issues at a community level.
- Ensure that adequate numbers of Nurse Immunisers are accredited and continually re-accredited to provide scaled up vaccination to the community.
- Encourage families to prepare a plan with particular focus on working families reliant on services such as schools, childcare, and kindergartens to continue working as these services are unlikely to be maintained during a pandemic. Families to also be encouraged to plan to care for elderly family members to alleviate the burden on providers.

### 7.2 Response

- Implement the Community Based Model as required by the Department of Health and Human Services.
- Work in conjunction with the Department of Health and Human Services to disseminate information (including warnings).
- Encourage households to maintain at least a 14 day stockpile of food, water, emergency supply items, and personal household requirements.
- Provide resources as available and needed by the community and response agencies.
- Monitor workforce absenteeism at a local level, particularly in essential services
- Provide human resources to ensure Council responsibilities are met – divert non-essential service staff into essential – garbage management, supply delivery, etc.
- Provide support to individuals/communities quarantined/isolated in homes/institutions.
- Provide and/or coordinate volunteers.
- Provide personal support services, e.g. counselling, advocacy.
- Arrange vaccine storage and delivery.
- Provide immunisation services according to the Department of Health and Human Services recommendations.
- Identify temporary mortuary facilities.
- Provide assistance to get recovered persons (immune) to become contributors to the response cause.
- Quarantine supply areas.
- Work with other agencies to ensure supply and re-supply security.
- Gather and process information for post-impact assessment.

The NRIS (National Registration Inquiry System) will be used to register and ensure surveillance, location and contacts of victims.

Wastes, clinical/infectious waste will be managed via localised secure storage until the pandemic ends. Instructions/training will be provided on how this waste is to be stored. Equipment will be buried in a suitable location at Denyer's Pit. Sharps disposal will be undertaken by usual methods following existing policies and procedures.

### 7.3 Recovery

In an emergency situation, a Recovery Centre is usually established as a one stop shop for information for people that have been affected by the emergency. In the event of an influenza pandemic a conventional Recovery Centre will not be able to be established due to requirements for social distancing to reduce spread of the virus.

A 'virtual' Recovery Centre will instead be established via the Council website. This will involve information being provided on an ongoing basis to update people with the most recent information available. Information will also be provided via telephone and in other ways which minimise face-to-face contact and provide for the needs of those residents without internet access.

A Community Recovery Committee will be established as detailed in the Gannawarra Municipal Emergency Management Plan. This committee will assess the impact the pandemic has had on the community, anticipate ongoing impacts, and establish arrangements to assist the community. This Community Recovery Committee will have close links with the Municipal Emergency Management Planning Committee and will feed back to this group the details and progress of recovery activities.

### 7.4 Community Support Arrangements

The Gannawarra Municipal Emergency Management Plan details arrangements regarding Community Support during an emergency. This includes details of various recovery agencies that offer support. As an influenza pandemic will be different to other emergencies some additional arrangements have been put in place to ensure those in need of additional assistance are provided with support.

The Department of Health and Human Services has developed a Guidance Note for Household Support. This information can be found in Appendix D.

Persons requiring assistance such as provision of groceries and other essential items will be dealt with through the emergency recovery process. If a household does not answer the phone when initial contact is made a follow up call will be made. If Council is unable to make contact with the affected household an outreach visit will be arranged.

Those in need of personal care when they are being sent home from hospital/doctors will be referred to Council via the usual referral process. A referral form can be found in Appendix C.

In the event of widespread cases requiring assistance, these people will be dealt with via a 'virtual' Recovery Centre. The person will first be asked if they have anyone else like a family member or friend that is able to help them. If not, arrangements will be made for assistance to be provided.

Triaging of requests for general assistance will be necessary where the pandemic causes a significant influx of people requiring assistance. Triaging will be based on the following priorities:

**Vulnerability** – person living alone with no support networks, e.g. aged or disabled, single parents, person unable to access transport, underlying health issues.



**Essential nature of assistance** – meeting basic requirements of food, water, medicines, warmth will take precedence over non-essential assistance like collecting or posting mail, non-essential shopping, etc.

Lead and Support Agencies identified in Part 6 of the Gannawarra Municipal Emergency Management Plan will be asked to assist in arranging the items the person requires and deliver them to the person's home.

Other community groups may also be asked to assist in their local communities where required. Volunteers will be provided with instructions regarding distancing from the affected persons.

Delivery will be via doorstep drop-offs to limit contact with potentially infected persons and reduce the risk to the deliverer.

If the level of demand for household support exceeds the capacity of Council, assistance for regional coordination of services will be made to the communication channels set out in the Gannawarra Municipal Emergency Management Plan.

## 8: Preventative Health Measures

### 8.1 Personal Protective Equipment and Infection Control Supplies

Council is not responsible for supplying personal protective equipment or infection control supplies to any other organisation or health service operating in the Shire. These organisations and services should maintain their own stockpile as part of their Occupational Health and Safety requirements to protect their own staff and clients.

Council will maintain a stockpile of personal protective equipment and infection control supplies to protect its own employees who may come into close contact (1 metre or less) with an infected individual. This includes front line health workers including Environmental Health Officers, Nurse Immunisers, Community Care Workers, and any staff members engaged in the conduct of a Mass Vaccination program. Volunteers fulfilling roles authorised by Council will be provided with adequate personal protective equipment to mitigate any risk of infection while performing allocated tasks.

Personal protective equipment must be used and worn according to strict instructions. Council's Environmental Health Officers will be responsible for providing training on the correct use of personal protective equipment.

Personal protective equipment is not 100% effective at preventing infections and as such all staff will be encouraged to maintain a high degree of personal hygiene regardless of whether personal protective equipment is used.

As at the time of preparing this plan Council had the following personal protective equipment:

- P2 Face Masks
- Disposable Coveralls
- Safety Glasses
- Disposable Gloves

All items of personal protective equipment are single use items which require frequent changing to limit the risk of infection. In the case of P2 face masks, masks are required to be changed regularly or when removed from the face.

It is estimated that the following number of P2 masks are required to protect those employees listed above:

Community Care Workers	600 per week
Maternal and Child Health Nurses	50 per week
Environmental Health Officers, Nurse Immunisers and staff members involved in the conduct of a Mass Vaccination program	50 per week

Council's stockpile of masks will be increased in line with the above calculations so as to provide adequate P2 masks for an 8 week period.

In the event of a pandemic, a total of 6 Council owned Infection Control kits will be in place with each kit containing the following:

- |                           |                           |
|---------------------------|---------------------------|
| 1 x Box Tissues           | 1 x Spray Pack White King |
| 1 x Packet Domestic Wipes | 1 x Alcohol Hand Rub      |
| 1x24 Pack Nitrile Gloves  | 1 x Antibacterial Wipes   |

## 8.2 Antiviral Drugs

The use of antivirals will depend on the pandemic phase in Australia and will be carefully monitored by the Department of Health and Human Services. 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 use of antivirals will be limited. Priority groups will be determined to ensure that antivirals are used to reduce the associated population-wide morbidity and mortality.

Decisions relating to the priority use of antivirals will be made by the Department of Health and Human Services once the virulence of the pandemic strain is known.

## 8.3 Mass Vaccination Plan

It is likely that vaccines (when/if they become available) will be limited and selection/priority of recipients will be needed. The Australian Department of Health and Human Services and Ageing will determine priority groups depending on the nature of the pandemic influenza virus and groups within the population most affected, for example, school aged children, health care workers, and pregnant women.

The Victorian Department of Health and Human Services will deliver vaccine to Council via the usual means using set protocols and procedures to ensure that the cold chain is maintained. Vaccine will be provided according to the storage facilities available.

If storage space in secure Council vaccine fridges is not adequate, other refrigeration options will be sought, such as medical clinic vaccine fridges. Should existing vaccine esky storage capacity not be adequate for transport, a portable cool room will be secured.

The Department of Health and Human Services will monitor vaccine administration to ensure that priority group order is being observed. Council will ensure that the Department of Health and Human Services criteria is met at a local level (presentation of a Medicare Card is likely to be required as proof of identity and eligibility).

Mass vaccination programs will take place from various locations across the Shire so as to reduce the risk of transmission between individuals and communities. If required the Victorian State Emergency Service may be asked to provide assistance to Council to transport vaccines and Council's Local Laws Officers and Victoria Police may assist in preventing unauthorised access to vaccine and to maintain order at sessions.

Mass vaccinations will be undertaken by accredited Nurse Immunisers (backed up by Division 1 Nurses should State authorisation be provided). Where the strain of influenza virus is virulent, mass vaccination will be done via a drive-through method where considered appropriate. People will be requested to remain in their cars. They will be provided with information and written consent will be obtained before vaccinations are administered. Vaccinated persons will then be asked to wait for 15 minutes in a car park before being checked and given clearance to leave.

Should drive-through mass vaccination not be a possibility, vaccinations will take place in other ways which minimise contact and maintain distance between people, and health professionals. Council's first priority will be to use public halls across the Shire.

Where the pandemic is caused by a non-virulent strain of virus, such as H1N1 (Human Swine Flu), mass vaccination will be conducted using Council's normal vaccination processes and venues.

Emergency Relief Centres identified in Appendix D of the Gannawarra Municipal Emergency Management Plan will also be accessed where required.

The Gannawarra Shire Council maintains a workforce of 4 accredited Nurse Immunisers. Additional Nurse Immunisers within the Shire may be available to assist Council with any Mass Vaccination Program if required.

Council's two Environmental Health Officers and Environmental Health Administration Officer will be required to conduct Mass Vaccination programs.

Systematic recording of those who have been immunised will be essential, please refer to Appendix E as to how Council administers vaccine and antiviral administration.

Additional Administration Officers will be redeployed into this area to assist Council's Environmental Health Administration Officer where necessary. Refer to Council's Business Continuity Plan for further details.

Council's Environmental Health unit maintains a full supply of vaccination equipment including 2 resuscitation units, custom vaccine fridge and Engel fridge for transport. This equipment is stored in the Kerang Council offices. Two portable trestle tables are stored at the Cohuna Maternal and Child Health Centre.

The management structure at mass vaccination immunisation sessions will occur in the same manner as standard Council run immunisation sessions. Council's Environmental Health Officers will coordinate and supervise the sessions. Administration Officers report to the Environmental Health Officers. Nurse immunisers while reporting to the Environmental Health Officers are responsible for providing medical expertise at the sessions and medical advice to clients

## **9: Health Service Planning for the Management of Affected Individuals**

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

It should be noted that local government is not responsible for providing any medical care. Individual Health Service providers will have their own pandemic arrangements that will be implemented as the pandemic progresses.

Advice will be received from the Department of Health and Human Services in relation to the responsibilities of local hospitals and general practitioners throughout the pandemic.

Contact details for Hospitals, General Practices and Health Services throughout the Gannawarra Shire are listed in the Contact Directory (Appendix I).

Local government may be called on to assist where additional fever clinics need to be established within the community.

Emergency Relief Centres listed in Appendix D of the Gannawarra Emergency Management Plan or other venues as determined appropriate will be assessed as possible venues. An assessment tool (Appendix F) has been developed to ensure that the necessary criteria are met at these alternative venues.

## 10: Food Security and Supply

It is likely that early in a pandemic, controls will be put in place to secure a food supply. The Australian Food and Grocery Council have taken responsibility for planning the logistics of securing a food supply in Australia in the event of a pandemic.

Supermarkets/General Stores within the Shire:

Town	Name	Address	Stock Carried
Kerang	Woolworths	Nolan Street, Kerang	Large
	Walker's IGA	Victoria Street, Kerang	Large
Cohuna	UNA IGA	King George Street, Cohuna	Large
Leitchville	Leitchville General Store	King Albert Avenue, Leitchville	Medium
Quambatook	Quambatook General Store	Guthrie Street, Quambatook	Medium
Murrabit	Murrabit Store and Tavern	Gonn Avenue, Murrabit	Small
Lake Charm	Lake Charm General Store	Murray Valley Highway, Lake Charm	Small
Koondrook*	Koondrook General Store	Main Street, Koondrook	Small

\*Access to 2 medium supermarkets in Barham (NSW)

Meals on Wheels in the Gannawarra Shire are provided by Kerang District Health and Cohuna District Hospital. Both venues have the capacity to seal off kitchen and store facilities and produce large volumes of meals. Kerang District Health has a blast chiller and therefore increased capacity by being able to cook and chill.

Council has a contract with both hospitals to supply delivered meals to Council's community care clients. The existing contract would form the basis for providing any additional meals required to service quarantined or isolated residents in the event of a pandemic.

The Community Care database will be used to track additional demand. Meals on Wheels suppliers within the Shire:

Town	Name	Address
Kerang	Kerang District Health	Burgoyne Street, Kerang
Cohuna	Cohuna District Hospital	King George Street, Cohuna

In the event of a pandemic, food handlers with appropriate skills and knowledge will back up current hospital providers before the use of other commercial kitchens or venues is considered.

Commercial kitchens are available at a variety of privately owned venues across the Shire, these include:

Town	Name	Address	Capacity
Kerang	Commercial Hotel	Victoria Street	Large
	Royal Hotel	Victoria Street	Large
	Exchange Hotel	Wellington Street	Large
	Kerang Valley Resort	Bendigo Road	Large
Cohuna	Cohuna Hotel	King George Street	Large
	Bower Tavern	King George Street	Medium
Leitchville	Leitchville Hotel	King George Street	Medium
Quambatook	Quambatook Hotel	Guthrie Street	Medium
Mystic Park	Mystic Park Hotel	Wilson Street	Medium
Murrabit	Murrabit Store and Tavern	Gonn Avenue	Small
Lake Charm	Lake Charm General Store	Murray Valley Highway	Small
Koondrook*	Koondrook General Store	Main Street	Small
	Koondrook Hotel	Main Street	Medium

\*Access to large hotels and clubs in Barham (NSW)

The Australian Food and Grocery Council has produced an Emergency Pantry List to educate the general population on the need to keep an adequate stock of food, water and essential items in the home in order to better cope with a prolonged emergency situation.

The Emergency Pantry List is available at [www.pantrylist.com.au](http://www.pantrylist.com.au) and will be promoted by Council in the pre-pandemic stages and as the pandemic progresses. A copy is included as Appendix G.



## **11: Community Public Health Control Measures**

### **11.1 Border Controls**

The Gannawarra Shire will rely on the Department of Health and Human Services to provide advice on border control issues although it may be necessary for Council to provide resources to assist in this area.

The Murray Shire (New South Wales) adjoins the Gannawarra Shire.

It is recognised that there may be some movement of people into Gannawarra from New South Wales if the border is not closed, and this plan caters for additional population.

There are two Murray River bridges located between New South Wales and Victoria within the Shire. These bridges are at Koondrook and Murrabit.

The Gannawarra Shire shares its municipal boundaries with the Rural City of Swan Hill, and the Shires of Buloke, Loddon and Campaspe.

### **11.2 Education Strategy**

Council will rely on guidance and advice from the Department of Health and Human Services with regards to any community education or public health control measures. The Department of Health and Human Services will provide information to the media regarding good personal hygiene practices and precautions the public should be taking to protect themselves.

Education of the community will be used as a preventative measure to limit or slow the spread of an influenza pandemic.

Information will be tailored to suit the situation at the time and will be amended as more information becomes available. Information provided to the community will be sensitive to the needs of various community groups - ethnic / religious groups / vision impaired / disabled.

The community will be provided with clear information on, but not limited to, the following preventative measures (examples of posters are provided in Appendix H):

- Hand hygiene
- Cough etiquette
- Disposal of contaminated material, such as tissues
- Cleaning procedures
- Other infection control measures
- Stockpiling tissues, hand soap, chlorine based disinfectant, etc.

Individual agencies will be encouraged to educate their staff on infection control issues prior to a possible pandemic.

Information in a variety of formats will be distributed at every available opportunity.

Other community education may be carried out depending on the severity of the pandemic and how quickly the community is affected.

### 11.3 Enhanced Activities

The Department of Health and Human Services may request assistance from local government to carry out enhanced activities in designated communities or neighbourhoods in order to stop, limit or prevent the spread of an infectious disease, such as pandemic influenza. Activities where Council's authorised officers may be requested to assist the Department of Health and Human Services are:

- Suspend public gatherings
- Monitor fever in public places
- Close public buildings and spaces
- Cancel public events
- Close non-essential functions
- Request voluntary or mandate closing of businesses and institutions (such as schools, entertainment, recreational and religious facilities).

There may be circumstances where the State Government and/or the Department of Health and Human Services may enact more extreme measures, such as:

- Restrict travel
- Stop mass transit services
- Restrict geographic re-locations

### 11.4 Isolation and Quarantine

**Isolation:** the separation of persons who have contracted a contagious disease for the purpose of preventing transmission of the disease to others.

**Quarantine:** the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to a contagious disease for the purpose of preventing transmission to others.

In the event of an influenza pandemic, people, groups, and communities are likely to be quarantined/isolated in their homes, either voluntarily or mandatory.

These people will need to be supplied with, but not limited to, the following:

- Food
- Medication
- Personal Support
- Cleanliness, primarily refuse removal
- Information

Maintaining these people in their own homes will be a major responsibility for local government. Refer to Part 8 – Recovery Responsibilities and Community Support for details on how Council will provide assistance to isolated/quarantined persons.

## 12: Mass Fatality Plan

A pandemic influenza with a mortality rate of 10% will cause approximately 316 additional deaths in the Gannawarra Shire, most probably over a 6-8 week period.

The Shire is currently serviced by one Funeral director (AG Adams & Sons, Fitzroy Street) and 6 cemeteries.

Cemeteries are located at:

- Kerang
- Cohuna
- Quambatook
- Koondrook
- Lalbert
- Mystic Park

Both the Kerang and Cohuna cemetery trusts have advised that they have the capacity to bury 4 people per day, Quambatook 4-5 per week and Mystic Park 2 per day.

Temporary mortuary facilities will be established in the event that the capacity of existing facilities outweighs demand.

Council will work with the Department of Health and Human Services to monitor the number of deaths in the Shire.

Additional precautions are to be taken when caring for deceased pandemic influenza cases (See Appendix A).

Mortuary and funeral home staff are to be informed that the deceased had pandemic influenza, and that additional precautions are required when preparing the body for burial.

### **Social / Religious Considerations**

It is recognised that a number of religious and ethnic groups have special requirements about how bodies are managed after death, and such needs will be met wherever possible. It is possible, however, that religious considerations will not be able to be fully met during a pandemic due to overriding public health measures.

Advice will be sought from religious leaders in relation to funeral management, bereavement counselling and communication, particularly for ethnic groups who do not speak English

## 13: Communication Strategy

Effective communication will be essential in managing a pandemic likely to affect very large numbers of people.

It is expected that the community will be concerned, confused and possibly in a state of panic. There will be a high demand for information.

Communication strategies are in place at both a national and state level. In Victoria, the Department of Health and Human Services will take a lead role in disseminating information.

At a local level during a pandemic, two main messages will be conveyed:

1. What the responsible agencies are doing
2. What the public can do

General information will be provided to customer service staff to deal with enquiries from the general public regarding the pandemic. This will include some Frequently Asked Questions and details of Federal and State Government websites and contact numbers. Members of the public will also be referred to an Environmental Health Officer for more specialised public health information where required.

General information regarding the pandemic including personal hygiene information and posters will be provided to businesses throughout the Gannawarra Shire (Examples provided in Appendix H). This will be done in the early stages of the pandemic to increase awareness and to attempt to reduce the spread of the virus.

The key messages that will be given to the community will be in line with State and Federal Government information. From a local perspective the key messages will include details of:

- Cancellation of services delivered by the Gannawarra Shire Council.
- Cancellation of events and facilities including school closures.
- Response and Recovery activities.
- Where people can go to get information.
- Reminders of personal hygiene practices and social distancing.

Decisions will be made on how to communicate at the time of the influenza pandemic and may vary throughout stages of the pandemic depending on the needs of the community and the ability for people to access required information.

Council will encourage people to be aware but not to panic.

## **14: Resources**

The Municipal Emergency Resource Officer maintains a list of all resources within the Gannawarra Shire.

This list includes health resources and other resources which have been identified as being needed in a pandemic situation. These resources include portable cool rooms/freezers for food, vaccines, medicine, temporary mortuary facilities, meals, and shipping containers for the storage of clinical/infectious waste.

A list of Gannawarra Shire staff with specific and relevant training in dealing with a pandemic situation will also be maintained by Council as part of its Business Continuity Plan.

## **15. Agency Roles and Emergency Contact Details**

For Agency Roles and emergency contact details of all response agencies, the Emergency Management Manual Victoria available at: <https://www.emv.vic.gov.au/policies/emmv> should be referred to.

Comprehensive contact details for emergency management agencies and individuals in the Gannawarra Shire are contained in the Gannawarra Municipal Emergency Management Plan.

## **16. Review and Exercise Schedule**

A review of this Influenza Pandemic Plan will take place in March each year in line with the Municipal Emergency Management Plan. The review process will take into account changes at state, regional and local levels.

Desktop/realistic exercises will be developed and carried out every two years to ensure the plan is still effective.

Exercises will involve all agencies and relevant personnel and any others deemed necessary for the purpose of the exercise.

## Appendix A: Infection Control Measures in Community Settings

### 1. Respiratory hygiene/cough etiquette

Respiratory hygiene/cough etiquette programs are to be implemented at the first point of contact with a potentially infected person to prevent transmission.

To prevent transmission, the following measures should be in place:

- Post visual alerts instructing infected or potentially infected persons to inform personnel if they have symptoms of respiratory infection.
- Provide tissues to cover mouth and nose when coughing and sneezing.
- Provide dispensers of alcohol-based hand rubs
- Ensure that supplies for handwashing are available where hand basins are located.
- Offer masks to persons who are coughing
- Encourage coughing persons to sit at least one metre away from others.

### 2. Additional precautions

When caring or in contact with a person with suspected or confirmed influenza:

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is likely.
- Wear a gown (coveralls) if soiling of clothes with respiratory secretions is likely.
- Change gloves and gowns after each encounter.
- Wash hands before and after touching the patient, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn.
- When hands are visibly soiled or contaminated with respiratory secretions, wash hands with liquid soap and water and dry well.
- Depending on activity and hands not being visibly soiled, routine use of alcohol-hand cleaning preparations may be considered as an alternative to handwashing.
- Antimicrobial soaps may be used if desired but are not necessary.

Exclude persons with symptoms of respiratory infection from work for the duration of illness.

Discourage persons with symptoms from visiting others, that is, encourage voluntary quarantine if compulsory quarantine is not applicable.

Isolate persons suspected of having influenza. If room is not available, cohort suspected influenza persons together and confirmed influenza persons together.

Wear well-fitting single use face mask with fluid resistance (an N95/P2 mask, or other recommended mask) when working within 1 metre of a person with suspected or confirmed influenza.

If movement or transport is necessary, have patient wear a single use face mask, if possible. Notify area receiving patient.

### 3. Personal Protective Equipment

Personal Protective Equipment (PPE) includes:

- P2 (N95) masks (or other recommended masks)
- Disposable gloves
- Protective eyewear (i.e. goggles/visor/shield)
- Long-sleeved cuffed gown
- Cap (in high-risk situations where there may be increased aerosols)
- Plastic apron or disposal coveralls (if splashing of blood, body fluids, excretions or Secretions are anticipated).

PPE should be worn by:

- All people who provide direct care to persons with suspected or confirmed influenza.
- All supporting staff, including cleaning staff.
- All persons handling specimens from persons being investigated for influenza.
- All workers handling equipment that requires decontamination.
- Family members or visitors (a surgical mask may suffice if a separation of at least 1 metre is maintained between the infected (or potentially infected) person.

### 4. Cleaning and Disinfection

The influenza virus can survive for up to 1 to 2 days in the environment and is inactivated by products containing alcohol and chlorine.

Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended.

Linen, such as blankets, towels, etc. that have been in contact with a symptomatic person, should be placed in leak resistant, closed laundry bags/bins for washing. Wash in hot water (70-80oC) and detergent. Dry as required by the type of material.



## Appendix B: Existing and Emerging Vulnerable Groups

Figure 1: Examples of existing vulnerable groups

Vulnerable group	Ways affected
Young families, especially single-parent families	May need to manage a range of demands with minimum support
Older people, living alone without support Isolation could cause deterioration in health and ability to function.	Socially isolated Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety.
Physically isolated	Reduced ability to call on assistance from other members of the community, or from agencies.
Unemployed	Lack of financial and physical resources may result in higher levels of disadvantage
People relying on external help	Existing support, such as home support, may be compromised.
People living in an institutional setting	More exposed to the spread of disease, due to close living arrangements and sharing of facilities.
People with existing disability, physical or mental illness	Existing support may be compromised. Higher risk of exposure to infection and psychological stressors.
People with limited coping capability	Reduced capacity to manage life events.
Indigenous communities, especially those living in remote areas	Limited access to health care and the impact of a range of social, cultural and geographic consequences.
Homeless, itinerant and street kids	Lack of access to information and support. Higher levels of exposure to infection. Substance dependent Increased vulnerability if medical and other care arrangements are disrupted.
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.
Children orphaned and without a carer, particularly where there is no alternative carer	Heightened levels of grief, anxiety, stress and trauma due to issues around housing and care. Potential dislocation and developmental effects.

**Figure 2: Examples of emerging vulnerable groups**

Children whose parents become ill, particularly where there is no alternative carer	Heightened levels of grief, anxiety, stress and trauma. Increased vulnerability in the longer term.
Families where a pandemic influenza bereavement has taken place	Heightened levels of grief, anxiety, stress and trauma.
People whose caregiver is sick and unable to care for them	Lack of alternative support could lead to general deterioration of health and wellbeing.
People who become unemployed, due to business closure or economic downturn	Lack of financial and physical resources and high debt levels, with minimum savings in reserve.
People on low incomes or otherwise economically vulnerable	Lack of financial and physical resources to manage consequences over an extended period of time.
The worried - people whose physical health has not been affected by the virus but are worried or anxious about getting sick	High levels of anxiety due to fear of illness, death, unemployment and lack of access to services and information.
Overseas students and tourists - unfamiliar environments and limited local knowledge of support mechanisms and resources	May face difficulties in returning home. Heightened concerns for families and friends from their country of origin.
Australians overseas - exposure to risk of infection and inadequate access to health care services.	May also face difficulties returning to Australia. May require ongoing support following their repatriation Families of Australians overseas High levels of anxiety due to fear and lack of information about a loved one.
Families Increased risk of family violence and breakdown of family unit, due to a shift in household dynamics.	Children will lack social interaction, following school closures.
Farmers, primary producers and people employed in the food industry	Reduced market demand, or disruption to supply chains. This could be compounded by the impacts from other emergencies e.g. drought, fire. Remote and rural areas could face interruptions to food supplies and essential services.
Small business owners	Significant reduction in demand in some sectors. Lack of resources to maintain financial viability during a downturn in the economy and/or unable to function due to absence of key personnel.
Health care workers	Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels.

## Referral Form for Community Support during an Influenza Pandemic

This planning tool has been developed to enable appropriate Community Support referrals to the Gannawarra Shire where residents require assistance as a result of a pandemic.

Emergency assistance covers items such as personal hygiene, shopping for essential items, food preparation and transport to medical appointments.

Emergency assistance is available where an affected person does not have family or neighbours who are able to assist, or in the case of transport the person is unable to access public transport.

CLIENT NAME: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_

CLIENT EMAIL: \_\_\_\_\_

Is the client unable to take care of their personal hygiene needs?	<input type="checkbox"/>	Is there a family member who is able to assist	<input type="checkbox"/>
--	--------------------------	--	--------------------------

Is the client unable to prepare their own meals?	<input type="checkbox"/>	Is there a family member or a neighbour who can assist?	<input type="checkbox"/>
--	--------------------------	---	--------------------------

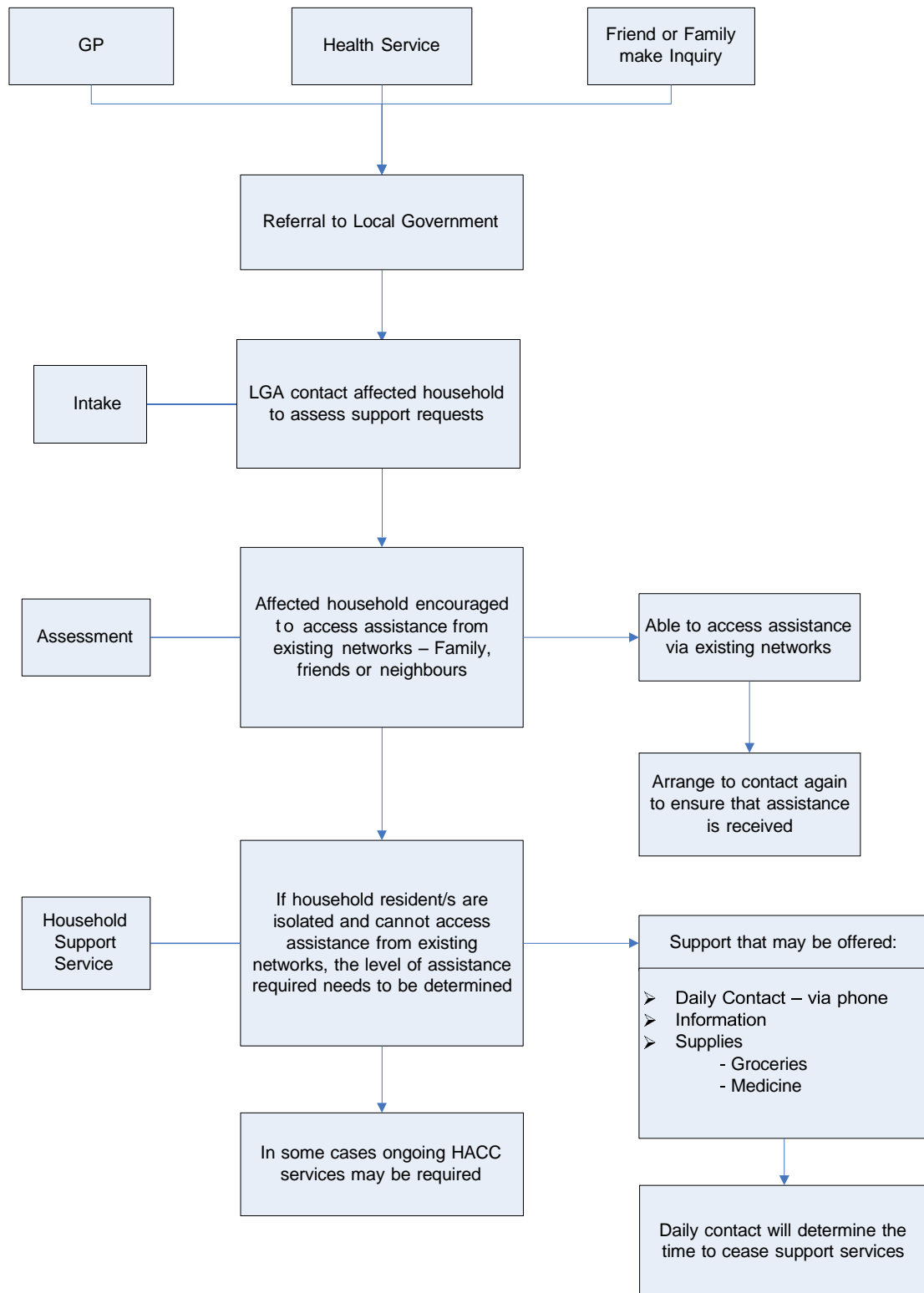
Is the client unable to shop for basic hygiene and food items?	<input type="checkbox"/>	Is there a family member or a neighbour who can assist?	<input type="checkbox"/>
--	--------------------------	---	--------------------------

Is the client unable to transport themselves to medical appointments?	<input type="checkbox"/>	Are they able to use public transport, or is there a family member or neighbour who can assist?	<input type="checkbox"/>
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NAME AND ADDRESS OF PERSON REFERING CLIENT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

## Appendix D: Process for Providing Household Support Services



## **Appendix E: Vaccine / Antiviral Administration**

### **1. Consent form and checklist**

Once a person has read the information sheet, they will be asked if they consent to the treatment being offered.

If they agree, they will be asked to sign the consent form.

Council will collect the forms and will forward them to Department of Health and Human Services for retention.

### **2. Record of Treatment**

Record of treatment sheets are to be completed at each vaccination site.

A new sheet is to be commenced each day and if there is a new vaccine batch number.

Council will collect the sheets and will forward them to Department of Health and Human Services for retention.

### **3. Report of Adverse Reactions**

If a suspected adverse reaction to drugs or vaccines (influenza vaccine or antivirals) occurs then a Report of Suspected Adverse Reaction to Drugs and Vaccines is to be completed.

Council will collect these forms and will forward them to Department of Health and Human Services for retention.

## Appendix F: Assessment Tool – Fever Clinics/Community Quarantine Facilities

Quarantine Requirements	Yes	No
Basic utilities available: <ul style="list-style-type: none"> <li>• Potable Water</li> <li>• Electricity</li> <li>• Heating and cooling</li> <li>• Waste disposal</li> <li>• Garbage collection</li> <li>• Dishwashing facilities</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Basic supplies are accessible: <ul style="list-style-type: none"> <li>• Clothing</li> <li>• Hand hygiene supplies</li> <li>• Laundry service – in house or off site</li> <li>• Cleaning supplies</li> <li>• PPE – masks, tissues, gloves</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mechanisms for communication available including telephone	<input type="checkbox"/>	<input type="checkbox"/>
Mechanisms for social diversions available – TV, radio, reading material, computer.	<input type="checkbox"/>	<input type="checkbox"/>
Facility is accessible to health care workers or ambulance personnel	<input type="checkbox"/>	<input type="checkbox"/>
Access to food preparation and food preparation delivery systems available for food and other needs	<input type="checkbox"/>	<input type="checkbox"/>
Access to supplies such as thermometers, fever logs, phone numbers for reporting symptoms or accessing services and emergency phone numbers	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health and other psychological support services	<input type="checkbox"/>	<input type="checkbox"/>
Adequate rooms and bathrooms for each contact	<input type="checkbox"/>	<input type="checkbox"/>
Available area to isolate contact prior to assessment should symptoms develop	<input type="checkbox"/>	<input type="checkbox"/>
Staff allocated to monitor contacts at least daily for fever and respiratory symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Transportation available for medical evaluation for persons who develop symptoms	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix G: Community Quarantine Planning/Emergency Pantry List

Isolation: the separation of persons who have contracted a contagious disease for the purpose of preventing transmission of the disease to others.

Quarantine: the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to a contagious disease for the purpose of preventing transmission to others.

During an influenza pandemic, government officials may be required to limit community movement or impose travel restrictions to help prevent the influenza virus from spreading.

The community needs to keep in mind that:

- You may be asked to stay home for an extended period of time even if you are not sick.
- Schools, workplaces and public gatherings such as sporting events or church services may close temporarily.
- Mass transportation such as buses, trains and air travel may be limited.

You, your family and friends may need to rely on each other when you cannot depend on the services you normally use. Individuals may be quarantined at home or in designated facilities.

Some things to consider:

- Based on current available data, the recommended duration of quarantine for influenza is generally 10 days from the time of exposure (although this period may be adjusted based on available information during a pandemic).
- Persons in home quarantine must be able to monitor their own symptoms (or have them monitored by a carer).
- Each quarantined person will be monitored at least daily for fever, respiratory symptoms, and other symptoms of early influenza disease.
- Compliance with quarantine will be monitored through daily visits or telephone calls
- A phone number will be provided for quarantine persons to call if they develop symptoms or other immediate needs
- If a quarantined person develops symptoms suggestive of influenza will be advised to separate themselves from others in quarantine and seek immediate medical advice.
- Consideration will be given to providing quarantined person will needed support services, including;
  - Psychological support
  - Food and water
  - Household and medical supplies
  - Support of family members who are not in quarantine

As influenza pandemic, or any other emergency situation, may disrupt basic food and household supplies, the Australian Food and Grocery Council has developed the following emergency pantry list to encourage each household to maintain at least a 14 day supply of food, personal emergency supplies and household items:

# Preparing for an emergency

## The smart thing to do...



Whether it is a natural disaster or a neighbourhood emergency, our food supply could be disrupted. In any situation, it is up to each of us to take care of our needs and those of our families.

We buy insurance for our home, our car and our lives, but something as essential as adequate supplies of food, water and critical items are often overlooked. Please consider building an essential pantry and emergency kit for your household.

### Getting ready for an emergency

Emergencies can happen anywhere and any time, and can have a significant impact on people's lives.

**Being prepared for an emergency can ensure that you and your family can manage if affected by an emergency such as:**

- Bushfire
- Flood
- Influenza Pandemic
- Cyclone
- Storms
- Earthquake
- Utility failure

Emergency incidents like those listed above can affect the supply of essential utilities, including electricity, gas and water, and disrupt the supply of food, groceries and critical items.

This brochure provides you with important information on how to stock your pantry to ensure your household has an adequate supply of food, water and emergency items to cope with a prolonged emergency situation. It also contains a 'pantry list' of suggested supplies.

### Stocking your pantry

Most households purchase groceries on a weekly basis, and may also do additional top up shops during the week. But think of what would happen if an emergency incident occurred that prevented access to the shops, for example where injury, illness or road closures may keep you confined at home. Most households would very quickly run out of food, especially if electricity and water supplies were affected.

While many emergencies will only extend over a few days, planning for a 14-day stay at home (possibly without water and electricity) by building and rotating items in your pantry, ensures you are prepared for a wide range of circumstances.

**The Pantry list is grouped into the types of food and other essential items that may be required during an extended stay at home. These include:**

- Drinks
- Pet food
- Dried and long life food
- Snack food
- Emergency backup power supply
- Baby supplies
- Ready to eat canned/bottled food
- Health supplies
- Other items (such as prescription medications)

Naturally all households differ, and you should customise the list to suit the needs of your household.

You should also give special consideration to any family members with special needs, such as babies, young children, pregnant women, the elderly, ill or infirmed.

You can start to build your supplies over time, adding more each time you shop. Regularly check the expiry date/s of your emergency supplies, and consume or replace any items as required.

### Be prepared

In addition to ensuring you have an adequate supply of food, water and emergency provisions, there are some other simple steps you can take to prepare for an emergency situation:

- Discuss your plans with family and friends.
- Consider how family members/friends outside your household might cope in an emergency? Would any other family members join your household in an emergency situation (eg parents, grandparents, adult children)? If so, you may need to consider how to include them in your plans.
- Have important phone numbers such as your family doctor, local police station, State Emergency Service, fire brigade and utility providers in a prominent place (eg the fridge door).
- Listen to local news and get up to date information.

### Hygiene

Maintain a high level of hygiene. The last thing you would want if you were confined at home, is for yourself or a family member to become ill.

- Washing and drying your hands properly is one of the best ways of protecting against the spread of germs. Wash your hands for at least 20 seconds with either soap or an alcohol-based rub. Drying well is just as important.
- Use alcohol based wipes to wash your hands and clean surfaces if water is not available.
- The important times for washing and drying hands are before preparing food and eating, and after coughing, sneezing, blowing noses, wiping children's noses, visiting the toilet or looking after sick people.
- Keep your coughs and sneezes covered. Use tissues and put them straight into a covered, lined rubbish bin.
- Distance yourself from sick people to reduce the spread of illnesses.

### More information

If you would like information on other actions you can take to prepare for an emergency, you may find the following websites helpful:

[www.ema.gov.au](http://www.ema.gov.au) – Emergency Management Australia (a division of the Attorney-General's Department)

[www.redcross.org.au](http://www.redcross.org.au) – Australian Red Cross

For more information go to [www.pantrylist.com.au](http://www.pantrylist.com.au)

*This brochure has been prepared by the Australian food and grocery sector in the interests of the Australian community.*



# Emergency pantry list

- This list should only be used as a guide for items that may assist in an emergency situation and should be customised to meet your individual household needs.
- It is suggested that households should hold sufficient supply of food, water and essential items to enable a household to be confined at home for up to 14 days.
- Food supplies should be continually used and replenished.
- Ensure food is rotated, and use-by dates are checked regularly.

## Managing at home

If you do find yourself and your family in a situation where you are confined, or choose to be confined at home during or following an emergency, there are several things you should consider to ensure you manage your supply of food in the best possible way.

These include:

- If the power is out, use refrigerated/frozen food products first.
  - Refrigerated foods will remain safe for up to 4 hours after a power failure.
  - Frozen foods will remain safe for up to 1 day after a power failure.
  - Keeping the refrigerator/freezer door closed as much as possible may keep food safer for longer, however a thermometer should be used to ensure food has not exceeded 6°C.
  - Freshly cooked products stored at room temperature (ie not in the fridge) will remain safe for up to 4 hours after cooking.
- Consume other perishable products (eg fresh fruit and vegetables, bread) before consuming long life products.
- When purchasing products for your pantry, aim for ready-to-eat products that do not require cooking (in case gas or electricity supply is disrupted).
- Ration food/water supplies based on how long you expect to be confined at home.

Recommended option	Household daily consumption	Total quantity for 14 days
<b>Ready to eat canned/bottled food</b>		
Meat		
Fish		
Fruit		
Juice		
Vegetables		
Soup		
Pasta sauce		
<b>Dried and long life food</b>		
Ready-to-eat meals		
Breakfast cereal		
Flour/bread		
Milk powder/UHT milk		
Soup mix		
Dried vegetables		
Rice and pasta		
Long life cheeses		
Tea/coffee/drinking chocolate		
Sugar		
<b>Snack food</b>		
Dried fruits		
Nuts		
Biscuits		
Spreads		
Crackers		
Snack bars		
<b>Drinks</b>		
Bottled water (3 Litres person per day)		
Water sterilising tablets		
Concentrated juices/sports drinks		
<b>Baby supplies</b>		
Baby food/baby formula		
Nappies and wipes		
<b>Pet food</b>		
Pet food (canned/dry)		
<b>Toiletries/cleaning products</b>		
Toilet rolls		
Soap and shampoo		
Feminine hygiene products		
Rubbish bags		
Tissues and paper towels		
House and laundry cleaning/disinfectant products		
<b>Emergency power supply backup</b>		
Batteries		
Portable radio		
Manual can opener		
Torch, candles and matches		
<b>Health supplies</b>		
First aid kit		
Adult and children analgesics/pain killers		
Face masks		
Protective gloves		
Thermometer		
Alcohol based handwash/gels/wipes		
<b>Other items</b>		
Prescribed medications		
Other preferred household supplies		

# Protect yourself and your family

## Wash your hands regularly



**1**  
**WET** your hands.



**2**  
Put **SOAP** on your hands.



**3**  
**RUB** all parts of your hands until you have a thick lather.



**4**  
**RINSE** your hands under running water.



**5**  
**DRY** your hands thoroughly with a disposable paper towel.

Stay germ free and healthy

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# Protect yourself and your family

Cover your cough and sneeze



**1 COVER** your mouth and nose with a tissue when you cough or sneeze.



**2** Put your used tissue in the rubbish **BIN**.



**3** If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, **NOT YOUR HANDS**.



**4 WASH** your hands with soap and running water. Dry your hands thoroughly with a disposable paper towel.

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