PYRENEES
S H I R E

Pyrenees Shire Council

PANDEMIC PLAN

2020

Amendment Record.

Amendment No.	Sections Amended	Issue Date
1.	Version 1 - Original Issue	17/10/2009
2.	Version 2 - Complete re-write	18/01/16
3.	Version 3 – Review and update	7/11/2018
4.	Version 4 - Complete rewrite	20/02/2019
5.	Version 5 - Review and Update – Corona Virus	13/02/20
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Contents

Definitions

Epidemic- A sudden increase in the incidence of a disease, affecting a large number of people, over a large geographic area.

Influenza (the flu) - A highly contagious disease of the respiratory tract, caused by the influenza virus.

Novel virus -A virus that has never previously infected humans, or has not infected humans for a long time and likely that almost no one will have immunity, or antibody to protect them against the virus.

Pandemic - Epidemic on a global scale.

Social distancing - A community-level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Social distancing measures include school closures, workplace measures, cancellation of mass gatherings, changing public transport arrangements and population movement restrictions.

Introduction

Background

A pandemic creates a public health emergency with political, social, and economic effects.

The Pyrenees Shire Council (PSC) Pandemic Plan is a sub-plan of the Municipal Emergency Management Plan (MEMP)

Aims of this plan

- ➢ To work in line with the Victorian action plan for pandemic and other relevant documents.
- ➢ Assist in minimising the impacts of a pandemic on the community;
- ➢ Provide support and relief/recovery assistance throughout and following the pandemic.

Objectives of this plan

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; and

Community support, relief and recovery – ensure a comprehensive approach to emergency relief and recovery planning in the Municipal Emergency Management Plan, with specific focus on a pandemic.

Section 1: Pandemic Planning

1.1 Vulnerable Groups

The Australian and Victorian Health Management Plans for pandemics identify at-risk groups and those with special needs because they may be especially vulnerable during a pandemic.

The Victorian Health Management Plan for pandemic provides operational guidance for organisations and facilities that play important roles to help minimise potential adverse health consequences of a pandemic, including:

- Local government, to develop a pandemic plan for their municipality.
- Emergency services.
- Organisations that engage with:
    - Children, and where children gather, including schools and childcare;
    - People who live in residential facilities, including residential aged care and disability accommodation services; and
    - Custodial facilities.

Municipalities have three compelling reasons why they need to plan for pandemics. These are:

1. Victorian State legislation requires them to do so;
2. Councils have a duty of care for those they provide direct support services to, their staff and the broader community; and
3. They know their communities better than any other organisation.

1.2 Business continuity planning

Organisations should enhance their business continuity plans to prepare for the direct impacts of extended staff absences during a human pandemic – 40 per cent during the peak of the pandemic[1].

Pyrenees SC has a Business Continuity Plan (BCP) which includes a strategy to address a large number of staff absences and an operational appendix primarily focused at managing a Pandemic. This BCP is a sub plan of the PSC MEMP.

Section 2: Vaccination Guidelines

Advice on the process of mass vaccination is provided in the Mass Vaccination Guide, which forms Appendix 2 of the *Victorian Health Management Plan for Pandemic Influenza (July 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.

---

[1] Victorian Health Management Plan – Pandemic Influenza 2014

The Victorian action plan for pandemic influenza 2015 is a health management plan which outlines the health sector's preparedness and response strategies to minimise illness and mortality and protect public health and safety.

2.1 Prioritisation

The priority groups will be identified by the State Health Department.

Vaccination of front line priority groups (such as essential services, at risk groups) will be based on the epidemiology of the pandemic. That is, those age groups most affected will be targeted first.

The Department of Health and Human Services (DHHS) will source and distribute the appropriate vaccine, acknowledging that for some emergent Virus strains that no vaccine may yet be in existence.

2.2 Guidelines for a vaccination program

In response to a pandemic and on the availability of a suitable vaccine, the Australian Government will introduce a vaccination program in order to minimise the amount of virus circulating in the community. At the time of such a program, guidelines will be developed to provide useful information, forms, guidelines and tips to be used to implement such a program.

Section 3: Role Statements

3.1 DHHS Regional Coordinator

The lead agency for the State's pandemic response is DHHS. They have primary responsibility for activating the pandemic response at the level appropriate to the specific stage of the pandemic.

The DHHS Regional Coordinator will liaise with the Municipal Pandemic Coordinator (MPC) and provide advice, resources and support as the situation warrants.

3.2 Municipal Pandemic Coordinator (MPC)

A Municipal Pandemic Coordinator (MPC) will be appointed by the Critical Incident Management Team (CIMT) at the start of response activities relating to a pandemic or disease outbreak.

The MPC will work with Council's Environmental Health Officer (EHO) and Municipal Recovery Manager (MRM) in leading the coordination of Council functions during the pandemic. The MPC will take the lead in liaison with State and Regional teams to align Council's response, in particular liaising with the regional emergency management team and the DHHS.

Key MPC duties include:
- Identify critical staff and functions
- Activate the Critical Incident Management Team (CIMT)
- Activate the pandemic plan in conjunction with the EHO and MRM
- Support the activation of business continuity plans to maintain critical services / functions

- Support the CIMT in developing and implementing operational community relief plans as directed by regional incident control teams
- Ensure staff have access to Personal Protective Equipment (PPE) appropriate to their role in Council
- Ensure staff are educated on the need to take appropriate precautions
- Ensure there is an adequate supply of information for distribution to the community and internal Council staff utilising Council's Emergency Communications Officer.
- Provide daily reports to the CEO and the CIMT
- Monitor measures to reduce the risk of contamination in the workplace
- Organise the immunisation of staff and the identified priority groups in the community where practicable.

The MPC will report to the CIMT.

3.3 Critical Incident Management Team (CIMT)

Located at the Beaufort Shire Offices, they are responsible for the operation of the Council service delivery and provision of support to the emergency management team. Their duties are to:-

- Ensure business continuity is maintained for essential services
- Acquire and provide resources (capital and human) to support the Pandemic Emergency Management (EM) team and business continuity
- Ensure Council OH&S policies and staff welfare are primary considerations.
- Support staff with their family commitments and work from home options if possible.

The CIMT is led by the CEO and supervises the implementation of the Pandemic sub-plan. The CIMT is required to liaise with the Department of Health both regional & state, neighbouring CEO's and Emergency Management Victoria (EMV).

Section 4: Pandemic Action Plan

4.1 Role of Council

Pyrenees Shire Council has responsibilities in the following areas:

1. **Community Support and Recovery:**
   - Once all other avenues of support (family and friends, church and voluntary groups etc) are exhausted, including online ordering and delivery, Council will endeavour to support vulnerable people affected by the pandemic where capacity allows.
2. **Public Health**:
   - Reinforcing public awareness.
   - Messages conveying appropriate hygiene.
   - Social distancing.
   - Use of personal protective equipment.
   - Maintaining quarantine arrangements.
   - Contact tracing in accordance with DHHS requests.
3. **Vaccinations Coordination**

- Coordinate mass vaccinations with appropriate medical staff where practicable.
4. **Essential Services**:
   - Ensure Council can maintain business continuity for the duration of the pandemic.
   - Provide appropriate additional services to the community when requested by DHHS.

Council may face the challenge of undertaking these tasks while facing significant staff shortages due to personal impact.

4.2. Preparedness

Situation – *No novel strain of the virus has been detected.*

Action - *Plan and prepare for pandemic as part of normal risk management business.*

	Pandemic Coordination– Actions Required	**Responsible**
1.	Review the Municipal Pandemic Plan and update any contact details and operating procedures.	CIMT
2.	Promote prevention activities such as: • offering workplace seasonal influenza or other applicable vaccines to staff • promote good personal hygiene – hand hygiene and respiratory/cough etiquette • staying away from work or public gatherings if symptomatic.	CIMT
3.	Ensure all business continuity plans are current at all times.	Manager Emergency Management. (MEM)
4.	Promote seasonal influenza vaccination via Pyrenees Community Care client newsletter or other vaccinations as appliable.	MRM
5.	Promote seasonal influenza or other applicable vaccination to the broader community via the community newsletter, local newspaper and the council website.	Communications Officer

4.3 Standby

Situation - *Sustained human-to human transmission of a novel virus has been detected overseas in one or more countries*

Action – *Upon hearing news of a pandemic outbreak overseas; DHHS will advise to move to standby response stage and commence arrangements to reduce the impact of a pandemic on the Pyrenees Shire and increase vigilance for case detection.*

	Pandemic Coordination– Actions Required	**Responsible**
1.	Activate the Emergency Management Team of the PSC MEMPC to ensure the following occurs: • Maintain access to the Chief Health Officer's alerts to monitor the	MEM(MEMO)& EMC.

	Pandemic Coordination– Actions Required	Responsible
	situation • Liaise with Department of Health and Human Services and other agencies.	
2.	Messages to staff should include: • Explanation of the local status. • The infection prevention arrangements and promote ongoing education regarding the minimizing of infection spread. • Need to increase vigilance for case detection. • Incorporate advice from Department of Health & Human Services. • Promote messages for employees to convey to fellow staff members, friends, family, clients and customers. • Provide link to the Department of Health & Human Services website and other pandemic information resources.	EMC & Communications Officer
3.	Confirm that the procedures to support vulnerable persons & Pyrenees Shire Council clients in home isolation are current and operable.	MRM Team Leader PCC
4.	Ensure business continuity plans consider the impacts of a Pandemic.	CIMT
5.	Review stocks of Personal Protection Equipment (PPE) and make arrangements to increase capacity.	OH&S

4.4 Response

Situation - *Novel pandemic virus detected in Australia with limited information available'*

Action – *Upon hearing that the virus has entered Australia or as directed by DHHS, minimise transmission by implementing maximum infection control procedures and monitoring staff wellness.*

	Pandemic Coordination– Actions Required	Responsible
1.	Alert Council staff of the situation and reinforce the infection control measures implemented in the previous stage. Also to: • Stay away from work or public gatherings if symptomatic to minimise the risk of infecting others. • Seek medical advice if symptoms continue or get worse.	MEM (MEMO)
2.	Maintain the communication activities initiated in the Standby Response stage.	Communications Officer
3.	Consider further arrangements for minimising the risk of infection in the workplace: o Implement remote work arrangements if applicable o Use alternate non face-to-face work arrangements o Introduce additional cleaning and disinfecting (handrails, door handles, lift controls, telephones, rubbish bins) o Use clear screens or PPE for staff in customer interactive roles	MEM (MEMO)

	Pandemic Coordination– Actions Required	Responsible
	o Encourage home quarantine for suspected cases	

4.4.1. Targeted Action – Response Stage

Situation– The pandemic virus has entered the country and is spreading throughout the community. Enough is known about the disease to tailor measures to specific needs. Pandemic virus infections are being reported in the Pyrenees Shire.

Action– Provide targeted support and quality care while maintaining business continuity

	Pandemic Coordination– Actions Required	Responsible
1.	Maintain current infection control measures implemented in the Initial Action stage. If the severity of the virus is deemed high the following is recommended: • Public and workforce access to the Council offices be restricted • Encourage work from home where practicable • Promote social distancing • PPE usage – the State controller will provide advice about the appropriate use of PPE.	MEM (MEMO)
2.	Activate CIMT and: • Conduct regular tele-conferences with DHHS, support agencies and neighbouring municipalities • Identify which parts of the municipal plan will need to be implemented on advice from DHHS.	MEM(MEMO)
3.	Implement procedures to ensure continued support for Council Pyrenees Community Care clients, people and staff, who are isolated in their homes.	Manager Community Wellbeing and Manager People and Culture
4.	Liaise with the CIMT regarding measures to maintain critical Council service delivery and Consider risk to staff and clients and if service delivery should be restricted or ceased. I.e. Maternal Child Health, Support Playgroups, Community Care, Social Activity Groups, Meals on Wheels etc.	MEM (MEMO)
5.	Maintain communication with Council staff and the community.	Communications Officer
6.	Provide vaccination services to the priority community groups when directed by the DHHS if applicable and available.	MRM
7.	Prepare for the recovery arrangements for the affected community (s) as	MRM

Pandemic Coordination– Actions Required	Responsible
the need arises. Liaise with the local health and other service providers to ensure these actions complement each other.	

4.4.2. Targeted Action – Staff

Situation– *A staff member has been in or had immediate contact with someone from the initial impact zone*
Action– *Implement the following:*

	Pandemic Coordination– Actions Required	Responsible
1.	• Staff member to remain in home isolation (quarantine) for the nominated incubation period. • Contact Council remotely and make appropriate arrangements regarding salary, work from home etc • If symptomatic seek medical assistance	Staff Member
2.	If symptoms arise within the workplace:- • Self-isolate in a room away from others • Make arrangements to seek medical assistance and guidance for next steps – e.g. transport home /hospital	Staff Member
Note: Other staff should not put themselves at risk by transporting or having direct contact with symptomatic staff.		

5 Stand Down – Response Stage

Situation– *Pandemic subsiding and/or Vaccinations result in a protected population – the infection rate has dropped significantly*
Action – *The public health threat is managed within normal arrangements and monitoring for change is in place*

Pandemic Coordination– Actions Required	Responsible

	Pandemic Coordination– Actions Required	Responsible
1.	**Stand-down**: Initiate stand down procedures which include: • Reducing community support activities while maintaining quality care of Pyrenees Community Care clients • Cease activities that are no longer needed • Communicate these changes to staff and external agencies. • Maintain basic infection control procedures • Monitor for a second wave of the outbreak and also for development of anti-viral resistance	MEM (MEMO)
2.	Liaise with the Pyrenees Municipal Recovery Manager regarding a hand-over from response to recovery operations.	MRM
3.	Continue to coordinate vaccination sessions when requested by DHHS if available.	MRM
4.	Participate in a Pandemic Recovery Committee to determine the services and resources required to address the identified needs.	MRM
5.	Conduct staff debriefs to determine: • Status of their psycho-social well-being • Effectiveness of the Pandemic Plan procedures	CIMT
6.	Participate in regional operations debrief/s	MEM (MEMO) /MRM
7.	Review municipal plans and: • Implement recommendations arising from the debriefs. • Modify the PSC Pandemic plan to reflect those actions.	EMT

Section 5: Notes

5.1 Supporting People Isolated In Their Homes

As well as having primary responsibility for the care and support of their Pyrenees Community Care clients, Council may be asked to extend this support to members of their community who are quarantined in their homes who don't have any form of assistance (family or friends). Identification of these people could be made by DHHS via their Help Line, requests for assistance through the Council Reception or referrals from members of the community.

5.2 Infection Prevention Procedures

Infection control in the work place should focus on respiratory and hand hygiene. Keeping a distance from people with respiratory symptoms should be promoted. Infection prevention could include the use of masks by persons with respiratory symptoms if feasible.

5.3 Role of the CIMT during a Pandemic

A meeting of the CIMT will be held whenever it is deemed necessary to source and share information. Teleconferencing will be the primary means of communication to maintain social distancing. Locations of participants could be multiple, even within the same organisation.

5.4 Debriefs

Debriefs are to be conducted involving all staff to identify what went well and what needs to be improved. A report on the debrief and its outcomes should be distributed to all stakeholders.

A review of the reports stated outcomes and actions should be undertaken at a later stage to check on the status of their implementation.

5.5 Information Resources

Public gatherings are likely to be cancelled during a Pandemic outbreak to minimise cross-infection. Stay in touch with events happening in the Pyrenees by liking the EVENTful Pyrenees Facebook page – www.facebook.com/eventfulpyrenees.
Further information and fact sheets can be found at the Department of Health Website by following the link below.

https://www2.health.vic.gov.au/

Appendix 1: Coronavirus

Current Situation

At the time of this review a Corona Virus Pandemic is spreading globally and has reached Australia.   Numerous cases have been identified in Victoria and the number of cases continues to increase.

What is the issue?

A novel coronavirus (2019-nCoV) outbreak first identified in Hubei Province, China, has been declared a Public Health Emergency of International Concern by the World Health Organisation. As of 11 February 2020, approximately 40,606 confirmed cases and 910 deaths have been reported. The majority of cases have been identified in mainland China. Approximately 375 confirmed cases have been reported from 27 countries and regions outside of mainland China.

As of 9 February 2020, the case definition for a person suspected to have contracted novel coronavirus (2019-nCoV) has been updated to include any person who has a fever or acute respiratory infection (for example, shortness of breath or cough) and has been in mainland China (including transit through) or had close or casual contact with a confirmed case of novel coronavirus in the 14 days prior to onset of illness.

There is now significant transmission of the infection in many other provinces across mainland China, and there are limited instances of transmission being reported in a number of countries and regions outside of mainland China.

The 2019 novel coronavirus (2019-nCoV) identified in this outbreak has not previously been identified in people. Coronaviruses are a large and diverse family of viruses that include viruses that are known to cause illness of variable severity in humans, including the common cold, severe acute respiratory syndrome (SARS-CoV) and Middle East Respiratory Syndrome (MERS-CoV). They are also found in animals such as camels and bats.

Novel coronavirus 2019 is now a notifiable condition under the Public Health and Wellbeing Regulations 2019 and suspected cases are required to be notified by medical practitioners and pathology services as soon as practicable. The department is also available to advise on testing

Who is at risk?

The situation is evolving rapidly as we find out more about this new virus.

Anyone who has been in Hubei Province, China or who has been in mainland China from 1 February 2020 or is a close or casual contact of a confirmed case of the novel coronavirus (2019-nCoV) is at risk of infection. See below and the website for a full case definition.

As of 11 February, there are an increasing number of countries where there may be community transmission of novel coronavirus. When a patient has an illness that is compatible with novel coronavirus infection and has travelled overseas, testing can be considered. The department can provide further advice on 1300 651 160. Any person who is unwell and presents with a letter, email or other correspondence from a state or territory public health or communicable disease unit informing them they are a contact should be treated as a suspected case.

Symptoms and transmission

Reported symptoms include fever or respiratory symptoms such as cough, shortness of breath or breathing difficulties. Recent information on the transmission of the virus suggests that cases *may* be infectious up to 24 hours before the onset of symptoms, until at least 24 hours after symptoms resolve.

The World Health Organization have confirmed that the main driver of transmission is from symptomatic patients through coughing and sneezing. Transmission by people without symptoms is possible, but likely to be rare.

What to do

- People who have been in mainland China (excluding Hong Kong SAR, Macau and Taiwan) are advised to self-isolate if they were in mainland China on or after 1 February 2020, when the risk of human to human transmission across many provinces of mainland China was identified to have significantly increased.
- The requirement to self-isolate continues to apply to people who have been in Hubei Province, China, for 14 days after they left Hubei Province. If a person who has been in in Hubei province or mainland China (on or after 1 February 2020) begins to feel unwell and develop a fever or an acute respiratory illness (for example cough or shortness of breath) during the 14 days since they were last in mainland China, they should seek medical attention. Call ahead to your GP or emergency department and mention your travel to mainland China.
- In line with this updated advice, students and teachers who have travelled to Mainland China should not attend school or university until 14 days after leaving mainland China.
- Anyone who has been in close contact with a confirmed case of 2019-nCoV should also self-isolate at home until 14 days after their last contact. More information will be provided to close contacts by the department.
- As the virus is spread by people with symptoms through coughing and sneezing. The best way to protect others is to practice good personal hygiene.

Key messages

- The Guideline for Health Services and General Practitioners has been updated (Version 6) since the last Chief Health Officer Alert of 4 February.

- Key changes include introduction of a new case definition, provision for testing at clinician discretion, further advice on infection control precautions and specimen collection.
- It remains critical that clinicians identify cases, and notify the department on 1300 651 160, 24 hours. Be alert for cases, take a travel history and advise suspected cases to isolate until you provide the result to your patient.
- There is a new quick reference guide and checklist for general practitioners and online factsheets for patients after an assessment by the clinician and the department.
- People who have been in mainland China (excluding Hong Kong SAR, Macau and Taiwan) are advised to self-isolate if they were in mainland China on or after 1 February 2020.
- The requirement to self-isolate continues to apply to people who have been in Hubei Province, China, for 14 days after they left Hubei Province.
- Anyone who has been in close contact with a confirmed case of 2019-nCoV should also stay at home and avoid public settings until 14 days after their last contact.

Stay informed of updates at https://www.dhhs.vic.gov.au/novelcoronavirus