

# CITY OF YARRA

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## PANDEMIC INFLUENZA PLAN

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### PUBLIC VERSION

Staff contact details and operational procedures have been removed

*A Sub Plan of the Yarra City Council Municipal Emergency Management Plan*

Version 3.4

Last Amended 06-02-2020

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## Acronyms

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Acronym	Full Title
AHMPPI	Australian Health Management Plan for Pandemic Influenza
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
CALD	Culturally & Linguistically Diverse
CEO	Chief Executive Officer
CERA	Community Emergency Risk Assessment
COY	City of Yarra (Geographical Area)
DPC	Deputy Pandemic Coordinator
DHHS	Department of Health and Human Services
EHO	Environmental Health Officer
EMPO	Emergency Management Planning Officer
HACC	Home and Community Care
IMT	Incident Management Team
MECC	Municipal Emergency Coordination Centre
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Coordinator
MERO	Municipal Emergency Resource Officer
MRM	Municipal Recovery Manager
PC	Pandemic Coordinator
PHC	Public Health Coordinator
PISC	Pandemic Influenza Sub Committee
PPE	Personal Protective Equipment
VHMPPI	Victorian Health Management Plan for Pandemic Influenza
YCC	Yarra City Council
WHO	World Health Organisation

## Introduction

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Influenza, a viral respiratory disease, can cause high rates of illness and death in humans and is known to affect some animal species. There are different types of influenzas; while influenza B remains a human disease, influenza A viruses are found in human, avian and some mammalian species. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity (WHO 2013b).

Influenza pandemics are unpredictable yet recurring events that can have significant global consequences. Pandemics can result in significant morbidity and mortality. They can overwhelm our health systems and in more severe scenarios, cause significant disruption to our economy and to society. Because of this, Yarra City's Municipal Emergency Management Planning Committee have identified human influenza pandemic as a **high risk** in the municipality.

This document provides a framework and guidance for Council and other pandemic influenza stakeholders in the municipality to appropriately plan for and effectively respond to pandemic influenza conditions in the City of Yarra. The Plan is supported by a set of operational documents, including **Council Pandemic Influenza Response Procedures** and the **Council's Business Continuity Critical Function Sub-Plans**. These documents detail specific actions to be conducted by Council staff before, during and after a pandemic influenza outbreak.

*This document has been prepared by Council staff, however, the Council is in the process of engaging with and incorporating input from other stakeholders to ensure that the plan accurately reflects roles and activities of all people in the municipality.*

All facts and figures cited in this Plan have been taken from the Victorian Health Management Plan for Pandemic Influenza (VHMPPI) unless otherwise stated.

## Policy Context

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This document is a Sub Plan of the City of Yarra Municipal Emergency Management Plan (MEMP). All background information about the municipality and detailed information on supplementary emergency management arrangements can be found in the MEMP.

This Sub Plan aligns with and should be read alongside the City of Yarra Council Plan 2017-2021.

This Sub Plan aligns with the following State, Federal and International Plans:

- Victorian health management plan for pandemic influenza 2054 (VHMPPI) (<https://files-em.em.vic.gov.au/public/EMV-web/Victorian-action-plan-for-pandemic-influenza.pdf>)
- Victorian Action Plan for Human Influenza Pandemic 2015 (<https://files-em.em.vic.gov.au/public/EMV-web/Victorian-action-plan-for-pandemic-influenza.pdf>)
- Victorian Public Health and Wellbeing Plan 2019 – 2023 (<https://engage.vic.gov.au/victorian-public-health-and-wellbeing-plan>)
- Australian Health Management Plan for Pandemic Influenza April 2019 (AHMPPI) (<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm>)
- Pandemic Influenza Risk Management – WHO 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf;jsessionid=FF0E44DE342CCEF9F0A31E1EFB14C8E8?sequence=1>)

This Sub Plan complies and aligns with the following legislation:

- Emergency Management Act 2013
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009
- National Health Security Act 2007

- International Health Regulations 2005

See [Appendix 5](#) for links to additional resources relevant to this Sub Plan.

### **Definition of Pandemic Influenza**

An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity (WHO 2013b).

Influenza is a viral illness that attacks the respiratory tract (nose, throat and lungs) in humans. The virus is transmitted in most cases by droplets, but it can also be transmitted in certain situations by direct contact or aerosols. Although mild cases may be similar to an upper respiratory tract infection, influenza is typically much more severe, usually comes on suddenly, and may include fever, headache, tiredness, cough, sore throat, nasal congestion and body aches. It can result in complications such as pneumonia. Seasonal influenza occurs annually and primarily causes complications and/or death in people aged over 65 years and those with chronic medical conditions. The vast majority of people exposed will recover and develop immunity to that strain of virus.

### **Aims and Objectives**

The aim of this plan is to detail how resources and activities will be managed in the City of Yarra to:

- Assist in reducing the impacts of an influenza pandemic;
- Raise risk awareness and promote preventative measures to strengthen community resilience in the event of a human influenza pandemic;
- Provide support and recovery assistance throughout the duration of the influenza pandemic; and
- Ensure response activities are consistent across whole of government.

The objectives of this plan are to:

- Assist in preventing transmission by implementing infection prevention and control measures as appropriate
- Provide services to people who are isolated
- Have in place business continuity arrangements that consider influenza pandemic - plan for increased absenteeism and ensure that local government essential services are continued during a pandemic
- Assist with providing vaccination services to the local community as appropriate
- Assist with distribution of communication messages for staff and for the public relating to essential services.
- Ensure a comprehensive approach to emergency recovery planning in the municipal emergency management plan, with specific focus on influenza pandemic.

### **Review and Evaluation of the Pandemic Influenza Sub Plan**

The Pandemic Influenza Sub Plan will be reviewed annually by the Emergency Management Planning Officer (EMPO), Pandemic Coordinator (PC) and/or Council Health Coordinator and be audited every 3 years by the Pandemic Influenza Sub Committee (PISC) as part of the MEMPC audit, unless a pandemic influenza event occurs, in which case the plan will be reviewed following the event.

Any major changes to the document will be forwarded to the Pandemic Influenza Sub Committee (PISC) for consideration, feedback and endorsement.

### **Exercising of the Pandemic Influenza Sub Plan**

The Municipal Emergency Management Planning Committee (MEMPC) will ensure that elements of the Pandemic Influenza Sub Plan will be exercised at least once every three years. DHHS will support Council in planning and conduct of exercises. Exercises will comply with standards outlined in the Australian Emergency Management Institute Exercise Management Handbook.

## **Pandemic Influenza Sub Committee (PISC)**

The Pandemic Influenza Sub Committee (PISC) is made up of YCC staff and representatives from stakeholder organisations including Department of Health and Human Services (DHHS), local hospitals, community health centres and the regional GP representative group. The PISC is responsible for validating the Plan.

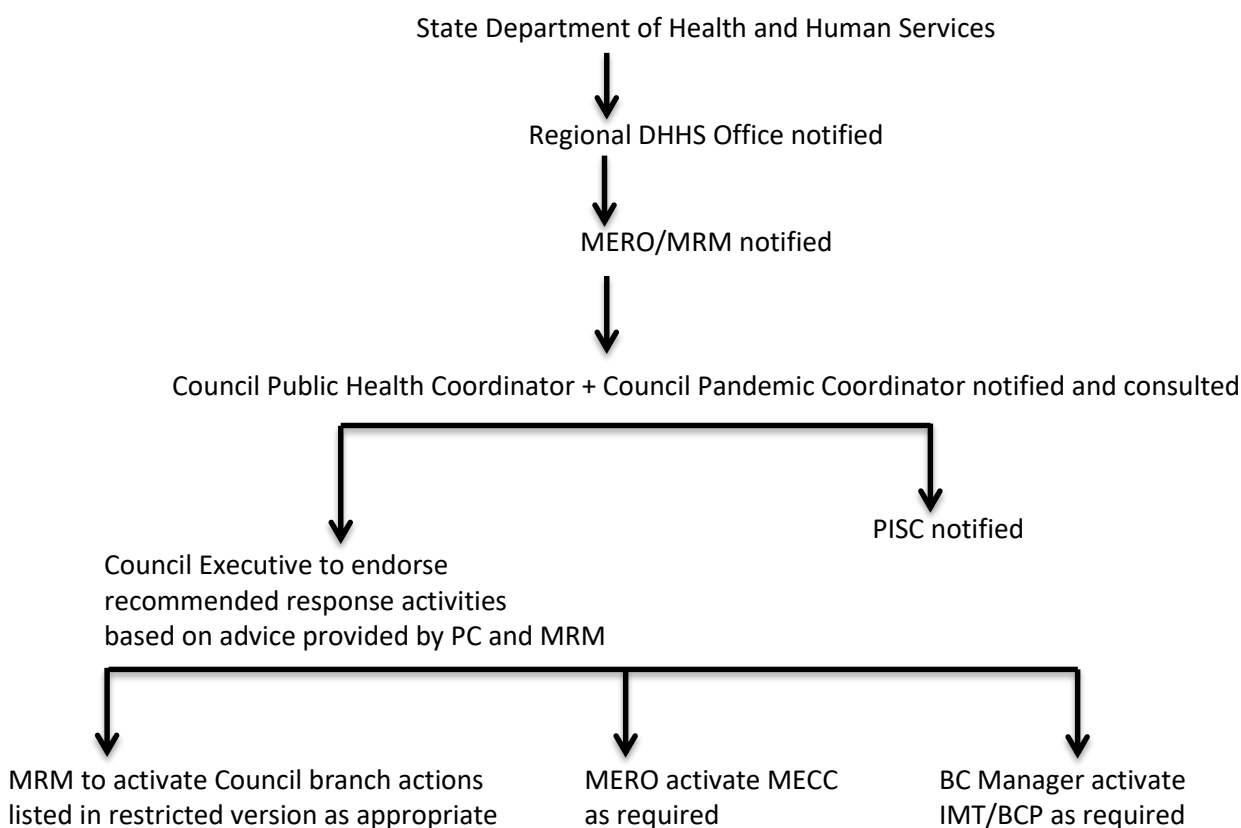
The Emergency Management Planning Officer (EMPO) is the designated secretariat of the PISC and has responsibility for coordinating reviews of the plan. The EMPO will primarily be responsible for document control and input of updates. From time to time, the PISC may co-opt other people (internal and external to the organisation) to participate in the review, testing and development of the Sub Plan and its associated procedures.

## **Activating the City of Yarra Pandemic Influenza Sub Plan**

This Plan will be activated following advice from Victoria's Department of Health and Human Services. DHHS takes advice from the Australian Government Department of Health via the Australian Health Protection Principal Committee (AHPPC) who in turn refer to the World Health Organisation who determines each pandemic phase.

Following advice from DHHS, the Pandemic Coordinator (PC) will alert Council. The PC will then consult with YCC Executive to activate the Incident Management Team (IMT), activate the relevant response procedures listed in the Council Pandemic Influenza Response Procedures ([Appendix 1 of the restricted version](#)), ensuring that Council responds appropriately to a pandemic in a coordinated manner.

### **Activation Protocol**



The Pandemic Coordinator will notify the PISC via email adding specific details of the DHHS advice and Council activity. Members of the PISC may be asked to provide information, advice or support to meet the demands placed upon the services and functions of Council, especially in regards to maintaining business continuity and complying with emergency management legislation and guidelines.

Activation of this Plan will function under the Victorian Health Management Plan for Pandemic Influenza (VHMPPI) stages. The Council Pandemic Influenza Response Procedures describes activities to be considered at the different pandemic stages- see Appendix 1 of the restricted version.

### **Risks associated with an influenza pandemic in Yarra**

The impact of a pandemic cannot be predicted precisely because it will depend on the virulence of the virus, its transmissibility, the availability of vaccines and antiviral medications, and the effectiveness of pharmaceutical and non-pharmaceutical community containment measures.

When an influenza pandemic occurs, the Victorian Health Manager for Pandemic Influenza will consider the severity of illness caused by the virus and categorise it as low, moderate or high, based on the available evidence and emerging epidemiology. These categories are described below:

- **LOW** clinical severity: The level of impact on the community may be similar to severe seasonal influenza or the H1N1 pandemic 2009.
- **MODERATE** clinical severity: The number of people presenting for medical care is likely to be higher than for severe seasonal influenza. Pressure on health services will be more intense. The level of impact may be similar to the 1957 Asian flu.
- **HIGH** clinical severity: Widespread severe illness will cause concern and challenge the capacity of the health sector. The level of impact may be similar to the 1918 Spanish flu.

In the City of Yarra, response activity will be proportionate to the severity of the virus and as directed by DHHS.

### **Mode of transmission**

The human influenza virus is transferred 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 that are released into the air and breathed in.

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

### **Impact on physical health**

Influenza can cause illness and death. Symptoms of infection usually include: fever, cough, lethargy, headache, muscle pain and sore throat. Infections in children may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

It is estimated that 10 – 40% of the population would show clinical signs of infection and 1.2 – 2.4% of the population would die (VHMPPI, 2014).

### **Impact on mental health**

Emotional reactions are a normal response to the distress and trauma associated with an emergency. In the case of an influenza pandemic, they can occur regardless of whether an individual is directly affected with pandemic influenza, whether their family or close friends are affected or whether they are indirectly affected.



Individuals may develop mental health concerns following experiences with sick and dying loved ones, with prolonged isolation or with other significant changes to their daily lives. Existing mental health conditions such as depression may worsen.

## **Impact on Council Business Continuity**

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An influenza pandemic could create a unique staff loss environment for a long period of time. It is estimated that at the peak of a pandemic there may be a 30 to 50 per cent staff absence. YCC has used this figure when determining potential absenteeism.

Staff absences are expected for many reasons including:

- illness/incapacity (suspected/actual/post-infectious);
- to care for ill family members;
- to look after children if schools or child care centres are closed;
- feeling safer at home (e.g. to keep away from crowded places such as public transport); and
- fulfilling other voluntary roles in the community.

This will also apply to Council's contracted service providers.

Depending on the severity of symptoms, DHHS may require social distancing policies by closing schools, childcare centres and other areas of mass gatherings. This would affect Council run services such as libraries, leisure centres, after school care and kindergartens, in addition to independent and State run services.

In a pandemic scenario, there would be a number of Council service areas that become critical to maintain. These include (order of priority may vary):

- Municipal Emergency Management Activities
- Provision of IT services including telecommunications
- Maintenance of communications channels between Council, the community and agencies
- Vaccination and immunisation services
- Food Services (meals on wheels)
- Home Care
- Service Planning Team (assessments, case management)
- Emergency After Hours response
- Maternal & Child Health Services
- Emergency Orders
- Payroll
- Access Yarra Call Centre, including enquiries/complaints management
- Liaison with media
- Responding to food safety incidents
- Law enforcement
- Waste management

The Council's Organisational Business Continuity Plan details each of the Council's critical services, current resource levels, minimum resources required to complete the work and areas where staff may be available for redeployment. Each Business Unit identified as having a critical service will be expected to develop a unit-specific continuity plan.

## **Additional Impacts**

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In the event of an influenza pandemic, there is likely to be an increased demand on medical and social facilities in Yarra City; at the same time, these services and facilities may suffer resourcing constraints as a result of employee/contractor illness and death. Indeed, business continuity in all organisations may be significantly impacted, impacting the stability and health of Yarra's economy, built environment, infrastructure (including public

transport and road networks), utilities, wildlife and pets. If social distancing measures are introduced, social connectivity and trust may also be negatively affected.

## **Pandemic Influenza Stakeholders in Yarra: Roles and Responsibilities**

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A range of stakeholders have important roles and responsibilities regarding pandemic influenza planning, preparedness, response and recovery, including:

### **Yarra City Council**

Under the VHMPPI, YCC is expected to:

- Prepare and maintain this Pandemic Influenza Plan as a Sub Plan of the MEMP
- Activate this plan to assist in reducing the impacts of an influenza pandemic
- Provide support and recovery assistance throughout the duration of the influenza pandemic to staff and community
- Provide information to staff and community
- Have business continuity arrangements in place to identify and maintain essential services
- Identify infection control measures for staff in interactive roles
- Provide vaccination services as appropriate
- Have procedures in place to support affected people within the local government area
- Maintain a specialist subcommittee to provide input and advice to the plan
- Review this plan annually

### **Department of Health and Human Services**

DHHS is the control agency for an influenza pandemic in Victoria. DHHS will activate the Victorian response to an influenza pandemic through the Victorian Health Management Plan for Pandemic Influenza (VHMPPI).

Responsibilities of DHHS include:

- surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community
- timely implementation of measures seeking to limit or prevent the transmission of pandemic influenza in the various stages of a pandemic
- providing alerts and information to health services, primary care, residential facilities, schools, education and care facilities, local government and emergency services.
- continuing surveillance to monitor the status of the outbreak
- maximising the use of resources
- public health strategies to best meet the needs of the current situation based on the best surveillance data
- implementing policies on the use of personal protective equipment (PPE) and antivirals
- communicating accurate, consistent and comprehensive information about the situation to the general public, the media, partners in the health sector and other key stakeholders.

### **Health Services and Primary Health Care**

Health services, including all public sector services, bush hospitals and private hospitals, and Primary healthcare, including general practice, community pharmacy, community nursing, ambulance services, community health services and telehealth services (NURSE-ON-CALL and GP Helpline) will form part of the front line of Victoria's response for human pandemic influenza. Primary healthcare plays an important role in minimising the spread of pandemic influenza and treatment of people in a community setting.

Responsibilities are detailed in Appendix 6 and 7 of the Victorian Health Management Plan for Pandemic Influenza, and include:

- Prepare and maintain an influenza pandemic plan which covers patient, visitor, staff and contractor protection as well as business continuity.
- Health services may consider establishing influenza wards or clinics as numbers increase

- Primary Health Care should activate and de-activate clinics based on health services demand in consultation with DHHS
- Provide staff and resources for each clinic as detailed in specific clinic plans
- Provide triage to clinics
- Provision of specialist staff and services as required (e.g. infection prevention and control, infectious diseases, pharmacy, pathology, public relations)
- Phone screening for patients
- Separate waiting and consulting rooms for suspected influenza patients
- Encourage staff and high risk patients to have seasonal influenza vaccinations

There are a number of health service providers in Yarra. These are listed in Part 4 of the MEMP – Community Profile.

### **Commercial groups, Not for Profit groups, Residents and Visitors**

Everyone has a role to play in preparing for and coping with an influenza pandemic. The following actions are advised for commercial groups, not for profit groups, residents and visitors to Yarra City Council:

- Undertake seasonal influenza vaccination and encourage staff and members to do so.
- Stay informed – keep up to date with current information being distributed via Council via: <http://www.yarracity.vic.gov.au/> and <http://www.health.vic.gov.au/chiefhealthofficer/alerts/>
- Practise good personal hygiene – cover your mouth and nose with a tissue when you cough or sneeze, put the used tissue in a rubbish bin and wash your hands with soap and running water. Dry hands thoroughly with a paper towel. Wash hands regularly and avoid touching eyes, nose or mouth. Refer to [Appendix 2](#).
- Don't go to work or public areas if you have influenza symptoms (chills, shivering, fever, muscles aches and pains, sore throat, dry cough, trouble breathing, sneezing, stuffy or runny nose and extreme tiredness). Refer to [Appendix 2](#).
- Seek medical advice if you have concerns regarding influenza symptoms.
- Contact Council if you require support e.g. home care, meal provision on 9205 5555.

### **Yarra Pandemic Influenza Vulnerability Profile**

It is expected that most individuals will be vulnerable to pandemic influenza, however a level of partial protection may occur in some groups. Individuals who have recovered from a natural infection will have a reasonably high degree of protection from a second infection but this cannot be presumed due to changes in virus strains over time.

In general, the attack rates in children will be higher than in adults. Attack rates in health care settings have the potential to be very high unless effective infection control measures are implemented and closed settings such as institutions and households will have higher attack rates than other settings.

Some people in the community have less support structures to assist in times of stress and rely on Council or community programs to help. These members are more vulnerable to illness, less able to cope with illness and are referred to as the existing vulnerable group.

Groups in the City of Yarra who may be more vulnerable than others as a result of a pandemic influenza outbreak are listed in [Appendix 3](#). As an influenza pandemic progresses, there will be new groups of people who will become vulnerable; these are known as “emerging vulnerable groups”. Emerging vulnerable groups are also listed in [Appendix 3](#).

### **Community Support**

Arrangements for community support following all types of emergency, including pandemic influenza, are outlined in the relief and recovery sections (part 8 & 9) of the MEMP.

## **Support for Isolated or Quarantined people**

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Council's Aged and Disability Services Branch operates an eligibility-based Home Care Program for older residents and people with a disability. Approximately 1200 clients access a range of services including, home maintenance, personal care, respite care, food services, delivered meals, assessment and referral, case management, transport, adult day care and social support services. Aged & Disability Services currently run 7 days per week 6.00am to 11.00pm and an After Hours Duty Officer is also available.

Council's Family and Youth Services Branch operates a family support service for parents with children aged 0-17 years, including those who are pregnant with their first child. Yarra Family Support provides Case Management services that aim to promote the safety, stability and development of vulnerable children, young people and their families, and to build child, family and community capacity and resilience.

In a pandemic situation, Council will aim to support individuals in the municipality who are isolated or quarantined using the framework of the home care services already established. This support will be coordinated by the MERO and/or MRM using all available Council staff. Additional staff may be available from support agencies that Council already has contracts with. Support may involve (but is not limited to) the provision of food, legal and financial aid, books and other recreation supplies, household and personal care including psychosocial support. Adequate PPE and training will be provided for staff continuing to provide direct care.

## **Support for Community Resilience**

A wide range of active organisations and services facilitate the creation and maintenance of a connected and resilient Yarra community. The community sector represents around 1,200 local, regional and state-wide agencies delivering more than 1,500 different types of services. Through the Annual Grants program, Council has funded around 300 community groups located in Yarra to build social networks and collaborate on environmental, political, social, economic and cultural activities.

Yarra City Council supports community resilience to pandemics through the following activities:

- Providing flu vaccinations to Council staff and industry groups;
- Providing information to the public on preparing for pandemics via Council's website;
- Publishing and promoting the City of Yarra Pandemic Influenza Plan;
- Establishing and maintaining immunisation clinics in Yarra
- Providing advice and information via the Maternal Child and Health Network

Community resilience will be boosted when individuals take self-responsibility to manage their health, access information and manage their exposure to the disease. Council will assist this by communicating:

- the status of the disease in Australia and internationally;
- hygiene and cough / sneeze etiquette;
- how to minimize disease transmission;
- how to recognize the signs and symptoms of the disease; and
- how and when to access support, advice and medical assistance, including mental health services.

## **Yarra City Council Staff Support**

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To manage possible fear and anxiety regarding a pandemic, Yarra City Council is committed to the following:

- provide early communication about the possibility of a pandemic, and what action Council has undertaken in preparation to manage it;
- discuss with staff possible health and safety issues, the potential for stand down, and leave arrangements if they are ill or need to look after children or relatives;
- provide clear, timely and pro-active communication to staff, including how Yarra Council is responding to the situation;

- communicate the provision of Personal Protective Equipment (PPE), alcohol wipes and hand sanitiser as they are issued;
- display signage at building entrances, toilet areas and coffee areas as appropriate (signage is available at [Appendix 2](#));
- allow staff to have regular contact with their families to ensure they are safe and well.

Some business units in Council have closer contact with the community or vulnerable groups. These areas will be given specific advice on how to minimise risk of infection transfer as per Council’s response procedures listed in [Appendix 1 of the restricted version](#).

### Basic Precautions

To minimise the spread of infection from a pandemic, infection control measures such as the use of personal protective equipment, proper disposal of contaminated objects such as paper tissues, correct cough etiquette, regular cleaning of contaminated surfaces and strict attention to hand washing are all going to be extremely important.

Some basic measures can have the greatest effect in helping protect staff from illness. Personal hygiene (such as hand washing, covering your nose and mouth with a tissue when coughing or sneezing, throwing the tissue in a bin and washing your hands afterwards), work place cleaning (rigorous cleaning of all hard surfaces in the workplace), personal protective equipment, shutting down public drinking fountains, social distancing or avoiding contact with others, restricting staff travel, restricting work place entry and screening workers, are all strategies aimed at keeping staff healthy.

### Personal Protective Equipment

Single use surgical face masks have been purchased by Council for staff use as required during a pandemic. They are stored in the immunisation storage room at Richmond Town Hall. Once touched or removed from their packaging, the masks need to be disposed of. The current stock available is 140 masks. Additional masks, alcohol wipes, antiseptic hand wash and other PPE can be purchased from: <http://www.brenniston.com.au/>. Telephone: 1300 730 079.

During targeted response stages of a human influenza pandemic, Council staff may need to wear face masks or other protective equipment to reduce risk of infection and transmission. Each Council business unit coordinator is responsible for conducting a risk assessment based on the work their unit is conducting and the contact they have with others to determine what PPE is appropriate. PPE material will be procured by the Pandemic Coordinator and distributed directly to the units that require them. Staff required to wear PPE must be given instruction on the correct use, fitting and maintenance of the equipment. Coordinators are required to arrange that PPE training is commenced at induction and continued with safe work practice training; guidance on training and PPE can be sought from the OHS Unit and Epworth and St Vincent’s Hospitals. Following a risk assessment by facility managers, members of the public who display symptoms of infection in municipal facilities may be provided masks by Council staff – for example, childcare services will have a supply to provide to a child who displays symptoms whilst in care. The mask would be given to that child to wear while they are waiting for parent collection to reduce the risk of transfer to staff or other children in care. PPE guidance is provided via references in [Appendix 4](#).

### Social distancing

Social distancing is a strategy that Yarra Council can implement to minimise the risk of transmission. Because the virus can travel up to one metre when someone sneezes or coughs, keeping a distance of at least one metre from other people could reduce the propensity to be infected. To minimise contact with others, staff are advised to:

- avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building;
- avoid any unnecessary travel and cancel or defer non-essential meetings /gatherings /workshops /training sessions;
- if possible, arrange for employees to work from home or work variable hours to avoid crowding at the

workplace;

- practise shift changes where one shift leaves the workplace before the new shift arrives. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning;
- avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
- bring lunch and eat it at your desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced;
- do not congregate in tearooms or other areas where people socialise;
- if a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air;
- set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery;
- encourage staff to avoid large gatherings where they might come into contact with infectious people; and,
- consider implications of social distancing on social support activities, community transport.

Council may need to review scheduled events where large numbers of people would gather such as concerts, large sporting events, citizenship ceremonies, and festivals. Activation of formal social distancing measures will be determined by the DHHS. The Local Government role will be to ensure effective communication to the community to implement these measures.

If Council directs staff to stay at home as part of social distancing measures, those staff members will be paid in accordance with the organisational Enterprise Agreement.

### **Restricting workplace entry**

At the Initial Action stage, YCC will place notices at all workplace/facility entry points advising staff and visitors not to enter if they have influenza symptoms. Employees will be advised not to come to work when they are feeling unwell, particularly if they are exhibiting any influenza symptoms and to stay at home until symptoms resolve. Information will be provided to staff about how to stay well during an influenza pandemic.

An illness register will be maintained by People and Culture Branch to record staff absences from influenza. Staff have a responsibility to report illness and self-quarantine if affected. A quarantine process will be established and communicated by the OHS unit to ensure that ill employees have completed any required quarantine period and are healthy before allowing them to return to work (this will be determined with DHHS advice).

Staff who have recovered from the pandemic influenza are unlikely to be re-infected (they will have natural immunity) and will be encouraged to return to work as soon as they are well.

### **Council Workplace Cleaning**

During a pandemic, additional measures need to be implemented to minimise the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, counters and handled objects).

An increased cleaning regime will be introduced. Influenza viruses are inactivated by a minimum 60% alcohol and by 1000ppm chlorine – this can be obtained by diluting 1 cup or 250ml White King (4% chlorine) with 10 litres of cold water. Cleaning of surfaces with a neutral detergent followed by a disinfectant solution will be recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily.

Staff will be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with detergent and hot water (preferably in a dishwasher) after use.



Whilst many of Council’s facilities are cleaned at night by contracted cleaners, there is capacity for these service providers to be on-call and respond. Each response time will be different and staff or building occupants may need to undertake basic hygiene cleaning prior to a contract cleaner’s arrival.

On the announcement of the “Standby for Response” stage of an Influenza pandemic, a panel of alternative cleaning providers will be collated by the Building and Property Management Branch, so that service provision can be maintained.

## **Communications**

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Pandemic messaging will be produced by the DHHS in consultation with the Australian Government and communicated to Council via situation reports. These reports will detail the number of cases, dedicated flu clinics, school closures, border control, business information, and Australia’s current pandemic stage.

Public messaging will give advice on preventing and containing the pandemic, number of deaths and areas worst affected. National announcements regarding key milestones will be made by the Prime Minister (or delegate), following consultation with states and territories (through the National Pandemic Emergency Committee) and relevant commonwealth agencies.

At the municipal level, Council’s Communications & Customer Service branch is responsible for both community and internal staff pandemic communications. All Council service units will have a responsibility to distribute approved information as provided by Communications and marketing, e.g. Health to restaurants, Engineers to contractors, Social and Community to community groups and CALD community leaders, etc. Council’s Communications Unit will prepare a script based on State department advice, for customer service staff or other Council staff who may take calls from the general public seeking help and information during a pandemic.

Specific Council communications activity during an influenza pandemic is outlined in the internal version of this plan.

## **Immunisation**

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The most effective way of preventing infection with a pandemic influenza virus is vaccination with a customised pandemic vaccine. By definition, a pandemic is caused by a new virus strain and so it would be some time before a vaccine becomes available.

When a customised pandemic vaccine does become available, a mass vaccination program will be coordinated by DHHS. Local Council, GP networks and pharmacies may be asked to support DHHS by providing staff, facilities or by promoting the vaccination program throughout the community..

Immunisation is currently provided through a range of community services through the Yarra City Council. Council has a pool of 7 accredited nurse vaccinators including an Immunisation Coordinator who may be available to staff additional immunisation sessions. Council may also be able to call on an additional 12 Maternal Child and Health Nursing staff and 7 casual Maternal Child and Health nurses to support immunisation sessions. During an influenza pandemic, session conduct including venue selection, equipment supply, vaccine storage, consent and recording details will be coordinated by DHHS.

YCC currently offers seasonal influenza vaccinations to staff free of charge. The immunisation is also provided to a number of industry groups at the regular childhood immunisation sessions at a fee. The seasonal influenza vaccination will not provide immunity for the pandemic influenza but may be useful as a preventative measure in helping staff to remain healthy prior to the pandemic influenza circulating.

Promoting seasonal influenza to staff and National Immunisation Program recipients is the ideal time to promote prevention activities, resources are available online at: <http://www.health.vic.gov.au/immunisation/workplace-immunisation.htm> (refer to the tab titled “Influenza immunization for workplaces”).







### Appendix 3 - Vulnerable Groups

Existing Vulnerable group	Ways affected
Children	More likely to contract pandemic influenza due to reduced natural immunity
People living in healthcare settings	Reduced natural immunity due to other health conditions
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
Substance dependent	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
Homeless	More exposed to the spread of disease, due to sharing of facilities. Lack of financial and physical resources may result in higher levels of disadvantage
People who use public transport	Higher likelihood of infection and transmission due to close contact with others

Emerging Vulnerable group	Ways affected
People confined to their homes as a result of illness or quarantine	Lack of family and friends to provide adequate levels of care. Fear of being socially marginalised or stigmatised.
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.
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.

Emerging Vulnerable group	Ways affected
The worried well—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.
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.
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 and workers who are in close regular contact with members of the public	Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels.

## Appendix 4 - References

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Victorian health management plan for pandemic influenza 2054 (VHMPPi)

<https://files-em.em.vic.gov.au/public/EMV-web/Victorian-action-plan-for-pandemic-influenza.pdf>

Victorian Action Plan for Human Influenza Pandemic 2015

<https://files-em.em.vic.gov.au/public/EMV-web/Victorian-action-plan-for-pandemic-influenza.pdf>

Victorian Public Health and Wellbeing Plan 2019 – 2023

<https://engage.vic.gov.au/victorian-public-health-and-wellbeing-plan>

Australian Health Management Plan for Pandemic Influenza April 2019 (AHMPPi)

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm>

Pandemic Influenza Risk Management – WHO 2017

<https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf;jsessionid=FF0E44DE342CCEF9F0A31E1EFB14C8E8?sequence=1>