

South Gippsland Pandemic Plan Version 3.0

A sub-plan of the South
Gippsland Municipal
Emergency Management Plan

Version Control

Major changes to the Influenza Pandemic Plan (IPP) must be approved and authorised by the Municipal Emergency Management Committee (MEMPC).

This document will be reviewed every 3 years during an audit cycle or after an event. If supporting legislation or guidelines are reviewed then the plan will be reviewed to ensure it is in line with these documents.

The record below is to be completed by the person making the amendment(s).

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1.4	30-04-2012	All	MEMPC 17.05.2012
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Acronyms

AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPC	Australian Health Protection Committee
BCP	Business Continuity Plan
CDNA	Communicable Diseases Network Australia
CEO	Chief Executive Officer
CMO	Chief Medical Officer
DHHS	Department of Health and Human Services
EHO	Environmental Health Officer
GP's	General Practitioners
HACC	Home and Community Care
IP	Influenza Pandemic
IR	Industrial Relations
LGA	Local Government Authority
MEMPC	Municipal Emergency Management Planning Committee
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Coordinator
MERO	Municipal Emergency Resources Officer
MOH	Medical Officer of Health
MRM	Municipal Recovery Manager
MVC	Mass Vaccination Centre
NAPHIP	National Action Plan of Human Influenza Pandemic
NIPAC	National Influenza Pandemic Action Committee
OH&S	Occupational Health and Safety
PHEMA	Public Health Emergency Management Arrangements
VHMPPI	Victorian Health Management Plan for Pandemic Influenza
VIPP	Victorian Influenza Pandemic Plan
WHO	World Health Organisation



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MEMPC Forward

This document is a Sub Plan of the South Gippsland Municipal Emergency Management Plan (MEMP) and it is to be read in conjunction with this plan and is not a stand-alone document.

1 - Introduction - Pandemic Plan

The Pandemic Plan has been produced as a sub-plan of the Municipal Emergency Management Plan. It is essential that a pandemic emergency have its own tailored response and recovery procedures given the unique set of issues that set it apart from any other emergency.

A pandemic is unpredictable and so must be prepared for at all levels of Government, business and community in the event a pandemic enters Australia.

This plan focuses on influenza pandemic but may also be relevant to other public health emergencies such as biological terrorism, chemical spills and nuclear contamination; or hazards secondary to emergencies and disasters, such as cholera outbreaks following floods.

It should be noted that in a serious pandemic event, response and recovery will be led by either Federal or State Government at Federal, State or Region level and Local Government will be one of a number of key support agencies under the direction of other Federal or State departments.

2 - Aims and Objectives

2.1 - Aims

This Plan aims to:

- assist in reducing the impacts of an influenza pandemic on the Municipality
- provide support and recovery assistance throughout the duration of the influenza pandemic
- ensure response activities are consistent across the whole of government

2.2 - Objectives

This Plan has the following objectives:

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



3 – State Health Emergency Response Plan [SHERP]

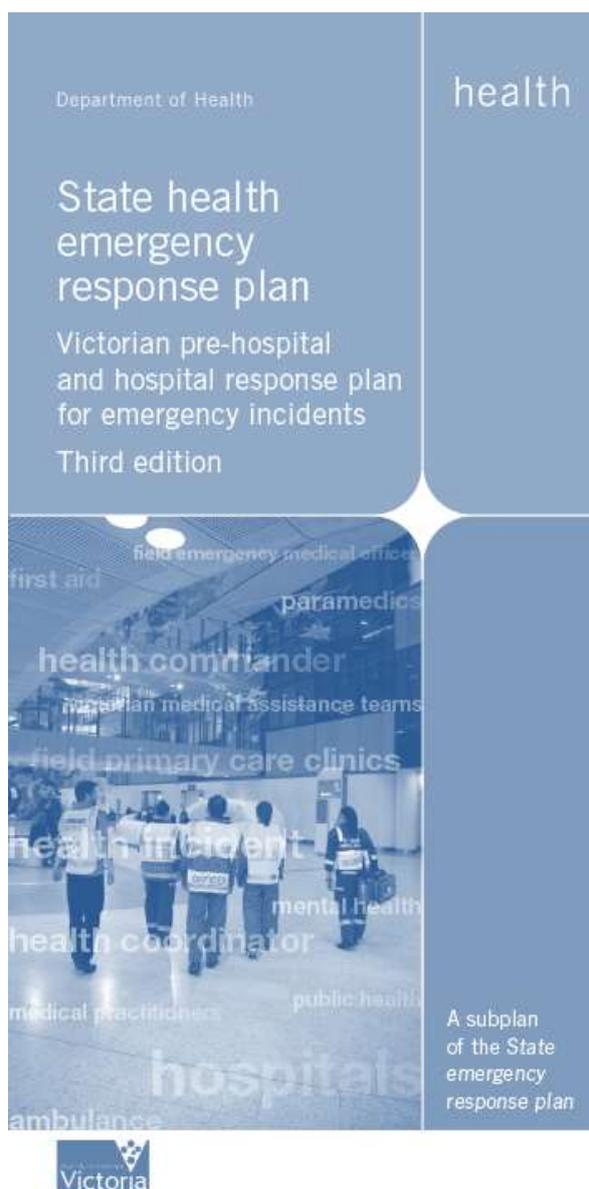
Health and the systems that support it are vulnerable to loss and disruption from a variety of acute hazards including: (1) health events, such as pandemic influenza, chemical spills and nuclear contamination; (2) hazards secondary to emergencies and disasters, such as cholera outbreaks following floods, as well as (3) system destabilises, such as earthquakes or acute energy shortages. Management of the risk associated with such hazards is central to the protection and promotion of public health.

The Department of Health and Human Services (DHHS) **State Health Emergency Response Plan (SHERP)** outlines the policies, procedures and emergency management arrangements for public health emergencies, including infectious disease incidents. Under the SHCP, the responsibility for controlling infectious disease emergencies lies with the Communicable Diseases Prevention and Control Unit (CDPCU) of DHHS and in particular with the Chief Health Officer (CHO) as the Incident Controller (IC).

For an influenza pandemic the Victorian Government has a draft Victorian Influenza Pandemic Plan which sets out the actions undertaken at various severity levels during an influenza pandemic.

The decision to respond relies on transmissibility, severity, mortality rates, demographic impacts, impacts (fear) and rate of change. Additional emergency management arrangements will also be put in place as per Emergency Management Manual Victoria (EMMV), to ensure that there is clarity about the command and control of any incident, that the management and control of the incident is adequately resourced, and that there is adequate communication about the incident within DHHS and the Government, and with external agencies and the community.

The State Health Emergency Response Plan (SHERP) will be used to facilitate multi agency response. As outlined in EMMV the State Emergency Response Coordinator is the Chief Commissioner of Police, whose role it is to coordinate all activities of all agencies with roles and responsibilities in an emergency. The SHERP is available via the Department of Health [website](#).



3.1 - Victorian (VHMPPI) pandemic stages

The Department of Health will adopt and function under the AHMPPI stages. The stages in Victorian may differ from stages in other states and territories, and other global jurisdictions.

Because of the varied nature and impact of a pandemic, different operational priorities will apply in different pandemic stages.

The operational priorities will form the basis of the State Controller (CHO) intent for each stage.

Table 1: Victorian pandemic stages and actions

Stage		Description	Key actions
Prevention		<i>Prevention is not the primary focus of this plan</i>	
Preparedness		No novel strain detected (or emerging strain under initial detection)	<ul style="list-style-type: none"> establish pre-agreed agreements by developing and maintaining plans research pandemic specific influenza management strategies ensure resources are available and ready for rapid response monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur
Response	Standby	Sustained community person-to-person transmission detected overseas	<ul style="list-style-type: none"> prepare to commence enhanced arrangements identify and characterise the nature of the disease (commenced in Preparedness) communicate measures to raise awareness and confirm governance arrangements
	Action (Initial and targeted)	Cases detected in Australia	<p>Initial (when information about the disease is scarce)</p> <ul style="list-style-type: none"> prepare and support health system needs manage initial cases identify and characterise the nature of the disease within the Australian context provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure support effective governance <p>Targeted (when enough is known about the disease to tailor measures to specific needs)</p> <ul style="list-style-type: none"> support and maintain quality care ensure a proportionate response communicate to engage, empower and build confidence in the community provide a coordinated and consistent approach
	Stand down	Public health threat can be managed within normal arrangements. Monitoring for change is in place	<ul style="list-style-type: none"> support and maintain quality care cease activities that are no longer needed, and transition activities to seasonal or interim arrangement monitor for a second wave of the outbreak, monitor for the development of antiviral resistance communicate activities to support the return from pandemic to normal business services evaluate systems and revise plans and procedures
Recovery		<i>Recovery is not the primary focus of this plan</i>	

4 - Business Continuity Plan

Council's Business Continuity Plan [BCP] will be kept entirely separate from this plan but will operate in parallel during a pandemic emergency to ensure South Gippsland Shire Council, as an organisation, can continue to operate, serve the community and implement the pandemic plan.



5 - Community profile

A comprehensive community profile including population, demographics and industry is contained in South Gippsland's Municipal Emergency Management Plan [MEMP].

5.1 - Vulnerable communities

Vulnerable groups

Vulnerable group	Ways affected
Older people, living alone without support	Isolation could cause deterioration in health and ability to function
Older couples living independently	Isolation could cause deterioration in health and ability to function. Increase in carer responsibilities and capacity to cope with existing caring role
Socially isolated	Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety
Socially isolated by choice	Lack of awareness, social networks and disconnection with most media by choice unaware of what is going on around them. Could lead to anxiety and health deterioration
Physically isolated	Reduced ability to call on assistance from other members of the community, or from agencies. Reduced ability to access services on rural roads
People relying on external help	Existing support, such as home support, may be compromised.
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
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

Emerging vulnerable groups

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	Lack of financial and physical resources and increased



Vulnerable group	Ways affected
unemployed, due to business closure or economic downturn	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 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
Students, tourists and itinerant workers (Overseas and Australian)	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 place of origin
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

6 - Communication Methods

There is a broad range of communication facilities within the municipality. To assist with the dispersal of information to the community, the responsible agency should prepare communications that can be forwarded to local media outlets and Council for further distribution to their stakeholder networks. A designated spokesperson needs to be appointed to manage media enquiries.

To guide them on the most appropriate method of communication and engagement with the community, Council has developed an internal 'Community Engagement Guidelines' [D4760917](#).

This document guides Council staff on the appropriate level and type of communication / engagement required with the community dependent on a range of factors for consideration, including when an emergency situation occurs and identifying who are the audience.

These factors include what the aim or key message is, identifying the level of impact the situation has on the broad community or a specific community, who is affected, the communication/engagement method to use and providing feedback.



Council also adheres to the principles identified in the Australian Red Cross 'Communicating in Recovery' guide that requires communication to be:

1 Relevant – do not overwhelm people, explain what is happening, what support is available and what to do if people have concerns or complaints

2 Clear – Short sharp amounts of relevant information with a clear call to action

3 Targeted – methods of communication need to fit the audience, so understand your audience and know how to reach them

Some examples of the methods of communication and engagement Council would use include:

- Community Meetings
- Face-to-face discussions
- Brochures, fact sheets, posters and flyers
- Newsletters
- Radio and television news updates
- Email – using community, tourism, art and business email networks
- Noticeboards and signage
- Newspapers
- SMS
- Website
- Social Media – Facebook
- Video - Youtube

7 - Control strategies - consequences

This plan identifies a number of strategies that may need to be undertaken in the event of a pandemic.

Depending on the transmission mode of the agent, varied control measures will be implemented to prevent/limit transmission. During a Pandemic, agencies within the South Gippsland Municipality may be required to assist with control strategies appropriate to the nature of the contagion. This will be handled within existing Emergency Management arrangements.

7.1- Social distancing

Social distancing can minimise the risk of transmission. Advice will be forwarded to staff based on State information including suggestions to minimise contact.

7.2 - Work from Home/ Restricting Work Place Entry

As a minimum, on declaration of the Australian 'Contain Phase', agencies will, via their BCP, determine the need to advise staff and visitors not to attend if they have symptoms of the pandemic or been in contact with someone who has/d symptoms of the pandemic.

Employees shall be advised not to come to work when they are feeling unwell, particularly if they are exhibiting symptoms associated with the pandemic. Unwell employees will be advised to see a doctor and to stay at home until symptom free for at least eight days, and medical clearance has been provided.



Staff who have recovered from the pandemic related illness are unlikely to be re-infected (most will have natural immunity) and will be encouraged to return to work as soon as medical clearance is provided. In extreme cases it may be desirable that staff are not gathering in the same place. In this instance work from home (remote) practices may need to be authorised and then supported by the IT department.

7.3 – Personal Protective Equipment [PPE]

The Commonwealth has the National Medical Stockpile of Personal Protective Equipment [PPE] and the criteria for its use is outlined in the Australian Health Management Plan for Pandemic Influenza. DHHS also has a State stockpile. These stockpiles are intended to protect healthcare workers in hospitals, flu clinics and DHHS staff if they are involved in direct patient care.

Local Government and other agencies do not have a role in frontline health care work, therefore are not eligible for the State or Commonwealth stockpiles. When planning for a pandemic, local government and other agencies need to consider their BCP and look at the risks of operating core business functions and how they will protect staff at risk.

7.4 - Food Delivery

AUSFOODPLAN-Pandemic addresses National food supply during a pandemic. The plan includes arrangements for grocery stores to implement social distancing, and continue to supply groceries, hygiene and sanitary products. The plan does not cover vulnerable communities that are sick or not able to get to stores.

The role of food supply at the state level is shared between the Department of Environment, Land, Water and Planning (DELWP) DHHS and DHHS. If local food deliveries are required, this will be managed within the existing Emergency Management arrangements.

Figure 1: Source Imperial War Museum

7.5 - Pharmaceutical Access

Whilst it is expected that normal pharmaceutical business will continue to operate, each business will determine its own risk exposure and level of operation. In a pandemic this may impact the ability for the community to access pharmaceutical supplies. In this eventuality the State Pandemic Incident Management Team will be required to manage the supply of pharmaceutical goods.

7.6 - Vaccination/ Immunisation

The prioritisation of vaccine administration will be at the discretion of the Department of Health and Human Services. Those who are identified as being a priority to vaccinate by the Department of Health and Human Services will be strongly encouraged to receive the vaccination. The vaccine will first be allocated to those personnel that are at a high risk of exposure to the pathogen (frontline healthcare workers) and people most vulnerable to severe illness or death from infection (eg. the immuno-compromised).

Upon completion of vaccination of high priority persons, the vaccine will then become available to the rest of the community.



It is recognised that the most effective means of delivering mass immunisation is through existing local government services, with General Practitioners (GP's) providing support services. This will relieve the pressure on local health services and enable them to continue to manage the ill.

The nature of the contagion will determine the configuration and/or the need for additional clinics. DHHS will determine whether other locations across the region are required for use as a vaccination clinic such as scout halls or community facilities. Agencies will need to remain flexible in the event of extraordinary requests.

7.7 - Civil Disturbance - consequence

It is likely that as health and mortality issues increase, the responsibility of the justice system will rapidly expand through greater calls for service, added security responsibilities for health care and related facilities, enforcement of court-imposed restrictions, public education, control of panic and fear and associated behaviours, and ensuring that the public health crisis is not used as an opportunity for individual or organisational (criminal) gains.

Public health emergencies pose special challenges for Victoria Police, whether the threat is manmade (e.g. the anthrax terrorist attacks) or naturally occurring (e.g. flu pandemics). Policing strategies will vary depending on the cause and level of the threat, as will the potential risk to the responding officers.

Depending on the threat, the role of Victoria Police may include enforcing public health orders (e.g. quarantines or travel restrictions), securing the perimeter of contaminated areas, securing health care facilities, securing vaccination centres, controlling crowds, investigating scenes of suspected biological terrorism, and protecting national stockpiles of vaccines or other medicines. If this occurs, the request will originate from the controlling agency (DHHS) but a protocol with DHHS outlines that all necessary Personal Protection Equipment (PPE) will be provided by DHHS.

The Victoria Police Influenza Pandemic Plan identifies police responsibility on the following potential impacts:

- Increased violence at Fever Clinics
- Hijacking of vehicles transporting vaccines
- Burglaries on pharmaceutical companies and chemists
- Black market selling vaccines
- Continuous demand for extra services from Customs, Department of Health, Quarantine Services
- Police members reluctant to enter home where persons suspected to be affected
- Large scale absenteeism of police staff
- No access to sufficient levels of PPE
- IT technology collapse
- limited capacity of remote dispatch centre
- prisoner management

8 - Recovery Arrangements

South Gippsland's recovery arrangements are detailed in the Recovery Planning section of the MEMP. The recovery arrangements in a pandemic are coordinated by the Department of Human Services and will be long lasting and operate parallel to response activities.



Recovery from a pandemic will focus mainly on three of the four environments.

Social;

- Encourage people to return to their 'normal' social routine.
- Facilitate community events.
- Work with CALD communities.
- Provide measures to restore emotional and psychological wellbeing.

Economic;

- Return to regular retail spending.
- Return to work and disposable income.
- Decreased demand on the health system.

Built;

- Return to normal use of essential and community infrastructure (the public transport system).
- Transition back into office buildings for people who were temporarily working from home.
- Lessening demand on medical facilities.

Possible outcomes during/ after a pandemic:

Impact as a result of an influenza pandemic	Consequence to the community
Staff absenteeism	Reduced ability to deliver basic services e.g. HACC and health services. Loss of income. Extra stress on already struggling families.
Death of employees	Psychological impact on workmates, loss of productivity, loss of local knowledge, stress for employer
Decreased socialisation/ Breakdown of community support mechanisms	Depression, loneliness
Increased pressure on services	Greater demand on resources, decrease in means of distribution. Current receivers of care may receive insufficient care
School closure	Parents of dependent children can't go to work. Teachers and school staff can't work. Economic loss
Increased need for information	Conflicting messages and misinformed social media groups can cause anxiousness and fear
Overloaded hospitals and medical centers	Reduced capacity to treat all patients, patients with minor problems less likely to be admitted
Animal abandonment	Abandonment of the animal originally responsible for carrying the flu. Fear of animals. Animal cruelty.
Increased numbers of vulnerable people and emergence of new groups	More pressure on already struggling services. Increases care requirements of vulnerable people. Less numbers of carers available.
Closure of public places	Reduced ability to buy supplies, loss of entertainment
Widespread economic disruption	Increase in crime. Stress on families. Businesses will struggle. Reduced ability to buy essential supplies. Reduced employment
Psychological health	Trauma, depression
Manage health people	Survivor guilt

9 - Appendix

9.1 - Contacts

For complete list, refer to Appendix F of the MEMPlan



9.2 - Disease Description

Influenza is an acute respiratory disease caused by influenza type A or B viruses. While Influenza B remains a human disease, Influenza A viruses are found in human, avian and some mammalian species.

An influenza pandemic occurs when an Influenza A virus to which most humans have little or no existing immunity, acquires the ability to cause sustained human-to-human transmission leading to community-wide outbreaks. The virus is transmitted between humans through respiratory spread via droplets when coughing and sneezing and contact spread touching contaminated surfaces. 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 diarrhea.

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. Shedding is the process that occurs when a virus is present in bodily fluids or open wounds and can thereby be transmitted to another person. Young children can shed the influenza virus for longer than seven days. Generally, shedding peaks early in the illness, typically within a day of symptom onset.

The influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

Type	Definition
Influenza (the flu)	A highly contagious disease of the respiratory tract caused by the influenza virus.
Influenza Type A	A virus that occurs in humans and animals
Influenza Type B	A virus that occurs only in humans
Epidemic	A sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area.
Pandemic	Epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemics.
H5N1 avian influenza (bird flu)	Type A virus affecting birds but passable to humans following close contact with sick or dead birds. It causes severe influenza-like symptoms and may result in death.

9.2.1 - Predicted impact of an influenza pandemic

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

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

9.2.2 - How a pandemic may impact South Gippsland Shire?

The latest estimated residential population is 28,936 people as at June 2016. (id consulting for South Gippsland Shire Council).

South Gippsland's population is estimated to swell to between 45,000 to 50,000 during the peak summer season.



For South Gippsland Shire it is expected that 11,574 (40 per cent of the municipality's population) would be infected with pandemic influenza, and of those 278(2.4 per cent of the 40 per cent of the municipalities population) would die.

The behaviour of a pandemic means a much longer response phase than any other type of emergency, which can cause major social and economic disruption.

9.3 – Risk Consequence and Mitigations Table – Pandemic

#	Major Risk	Consequence	Mitigation		
			Before (Preparation)	During (Response & Relief)	After (Recovery)
		<i>Risk of an inadequate organisational response or an inability to respond to a pandemic (uncontrolled spread of illness or disease) due to ineffective pandemic planning and response processes / resourcing leading to increased adverse health outcomes</i>			
1	Staff absenteeism	Reduced ability to deliver basic services e.g. HACC and health services. Loss of income. Extra stress on already struggling families.	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	
			Ensure pandemic event is covered under business continuity plan	If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace	
			Encourage staff to avoid large gatherings where they might come into contact with infectious people.		
2	Civil disturbance	Increased incidence of personal and property crime	Coordinate response plans across functional disciplines (police, fire, medical, and private sector);	Security actions - Verify that all security measures are working and enhance the security level to the extent that operations will allow.	
		Public health emergencies pose special challenges for Victoria Police, whether the threat is manmade (e.g. the anthrax terrorist attacks) or naturally occurring (e.g. flu pandemics)	When awareness of an actual civil disturbance develops, take additional actions as determined by the risk	Community gatherings increasing possibility of transmission	
		Policing strategies will vary depending on the cause and level of the threat, as will the potential risk to the responding officers.			
3	Pharmaceutical Access	Whilst it is expected that normal pharmaceutical business will continue to operate, each business will determine its own risk exposure and level of operation. In a pandemic this may impact the ability for the	In this eventuality, the State Pandemic Incident Management Team will be required to manage the supply of pharmaceutical goods.	refer to civil disturbance	



		community to access pharmaceutical supplies.			
4	Vaccination / Immunisation	Advice on the process of vaccination is provided in the Victorian Health Management Plan for Pandemic Influenza. The guide was developed to provide advice to all organisations undertaking vaccination during a pandemic	Vaccination plans, establish centres and process that will minimise spread of illness	Mass vaccination – process to carry out vaccinations and not contribute to the spread of disease	
5	Health Service Access	Health Care Workers - Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels	Current Medical Emergency Response Plans would provide the response procedures and processes to be considered in the event of a human disease outbreak as outlined in the Pandemic Plan and Municipal Public Health Plan.	Current receivers of care may receive insufficient care	
		Greater demand on resources, decrease in means of distribution.	Immunisation programs including flu vaccines	There may be significant financial imposition in the response and recovery to a human disease outbreak and the loss of business due to staff being unable to attend.	
				Reduced capacity to treat all patients, patients with minor problems less likely to be admitted	
6	Closure of public places	Reduced ability to buy supplies, loss of entertainment			
7	Food Access – transport	Emergency alternate source of feed required for grazing animals reliant on pasture/fodder	The role of food supply at the state level is shared between the Department of Environment, Land, Water and Planning (DELWP) DHHS and DHHS. If local food deliveries are required, this will be managed within the existing Emergency Management arrangements.	Notify transport operators of current situation and diversion routes in place. Monitor situation and update website. Liaise with appropriate agencies of current situation	Reestablishment of production systems required if significant losses, annual production (thus income) for many producers may be affected, loss of markets



		Landholders desire to enter emergency zone/return to properties for animal assessment and care		AUSFOODPLAN- Pandemic addresses National food supply during a pandemic. The plan includes arrangements for grocery stores to implement social distancing, and continue to supply groceries, hygiene and sanitary products. The plan does not cover vulnerable communities that are sick or not able to get to stores.	
		Loss of production or loss of crops for horticulture and protected cropping, Business viability, food supply from affected enterprises for niche or dominant market suppliers			
		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			
8	Animals	Veterinary access, assessment and care requirements to manage pain and suffering	Victorian Animal Emergency Welfare Plan South Gippsland Animal Emergency Welfare Plan		
		Stock disposal requirements, including transport and disposal site availability, likely to be local scale			
		Animal welfare (from loss of heating, cooling, aeration, processing capability, milking capability etc)			
		Animal welfare issues for stock that are "stuck" behind a critical blockage - temporary housing/food/water for animals			
9	Psychological Health Demand on social psychological and social wellbeing services for individuals and communities	Immediate demand for psychosocial services – psychological first aid and personal support	Municipal, regional and state plans and arrangements for the provision of psychosocial support services.	Provision of psychosocial support services including personal support, psychological first aid and information/briefings.	Ongoing provision of psychosocial support services for individuals including counselling, grief services, outreach, case support and case management services.
			MOU's with local service providers.	Establishment of relief centres.	Support for communities including community briefings, community engagement and



					community development services.
			Psychosocial support training to EM sector	NDRRA funding for provision of services	Establishment of recovery centres / service hubs.
			Review Prevention, Preparedness, Response and Recovery strategies	Isolated communities may not receive support due to resourcing pressures.	NDRRA funding for services
			Communicating with communities. Develop a Comms plan / strategy for this kind of event, identify key communication methods and strategy to get people to use these during pandemic event	Such an event would have a significant effect on the community both physically and mentally and would exhaust the current services available within the South Gippsland municipality.	
10	Vulnerable People	Isolation could cause deterioration in health and ability to function	Communicating with communities. Develop a Comms plan / strategy for this kind of event, identify key communication methods and strategy to get people to use these during pandemic event	Isolated communities may not receive support due to resourcing pressures.	
		Increase in carer responsibilities and capacity to cope with existing caring role.	Community education / awareness programs currently run by LG re immunisation. During outbreaks specific public information is issued by State. Inspection of food handling and other health registered premises by LG		
		Lack of awareness, social networks and disconnection with most media by choice unaware of what is going on around them.	Identify areas or a high number of people who may be vulnerable during an event: Aged, immuno compromised, youth, socially isolated people(s)		
		Reduced ability to call on assistance from other members of the community, or from agencies.	Building resilient communities, especially in communities where geographic isolation/ lack of services, vulnerable populations mean the impacts will be greater.		
		Reduced ability to access services			



		on rural roads			
		Existing support may be compromised. Higher risk of exposure to infection and psychological stresses			
		Children orphaned and without a carer, particularly where there is no alternative carer			
		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			
11	Fatalities	Management of deceased beyond local capacity	Religious and social considerations	Mass fatalities, ensuring hygienic disposal of the dead and stopping further spread	
			Identify groups that may require specific social or religious consideration.	Managed by coronial services	
12	Tourists	Unfamiliar environments and limited local knowledge of support mechanisms and resources.		Domestic and international tourists bringing pathogens with them	
		May face difficulties in returning home.		Warnings and notifications from State in accordance with existing surveillance systems	
		Heightened concerns for families and friends from their place of origin			
13	Critical Infrastructure/Services (Power, Gas, Fuel, Telecommunications, Water & sewage) destroyed or damaged or high demand	Disruption to essential supplies	Adequate level of organisational resilience i.e. risk analysis, training	Appropriate emergency response	
		Pressure on resources to restore services immediately	Adequate level of technical resilience i.e. system design, maintenance, data acquisition & transmission system	Power - requires load shedding creating wide spread, long duration power outages.	
		Community without essential services	Adequate level of social resilience i.e. Govt & first responder training, community education, legal & regulatory issues, public budget.	Power allocations for life support	
		Closure of schools, businesses, industry, Nursing Homes, emergency services, possible dislocation of community.	Cost-effective evaluation of mitigation measures	Production of multi-agency plans to manage long-term utilities outages.	
		People exposed to lack of drinking water and poor sanitation			
		Homes without heating, limited cooking facilities, and ability to keep food frozen or cold			



14	Tourism / Business	Job losses, economic impact could scale from local to state, depending on cause, social license to operate and amenity impacts, industry structural change / adjustment, tourism impacts		There may be significant financial imposition in the response and recovery to a human disease outbreak and the loss of business due to staff being unable to attend.	
		Significant reduction in demand in some sectors.		Business continuity of agencies to ensure capacity to deliver required response	
		Lack of resources to maintain financial viability during a downturn in the economy and/or unable to function due to absence of key personnel			
15	Personal Protective Equipment [PPE]		The Commonwealth has the National Medical Stockpile of Personal Protective Equipment [PPE] and the criteria for its use is outlined in the Australian Health Management Plan for Pandemic Influenza.	Local Government and other agencies do not have a role in frontline health care work, therefore are not eligible for the State or Commonwealth stockpiles. When planning for a pandemic, local government and other agencies need to consider their BCP and look at the risks of operating core business functions and how they will protect staff at risk.	
			DHHS also has a State stockpile. These stockpiles are intended to protect healthcare workers in hospitals, flu clinics and DHHS staff if they are involved in direct patient care.		
16	Environment			It is anticipated that there will be minimal effect on the municipal environment. However large scale burials will require land to be made available for mass graves.	

9.4 - Supporting documents

Australian Health Management Plan for Pandemic Influenza (AHMPPI)
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppt.htm>

Victorian action plan for pandemic influenza
<https://www.emv.vic.gov.au/responsibilities/state-emergency-plans/victorian-action-plan-for-pandemic-influenza>



