



# Wellington Municipal **Pandemic Influenza Plan**

Version 5.5 - 2019



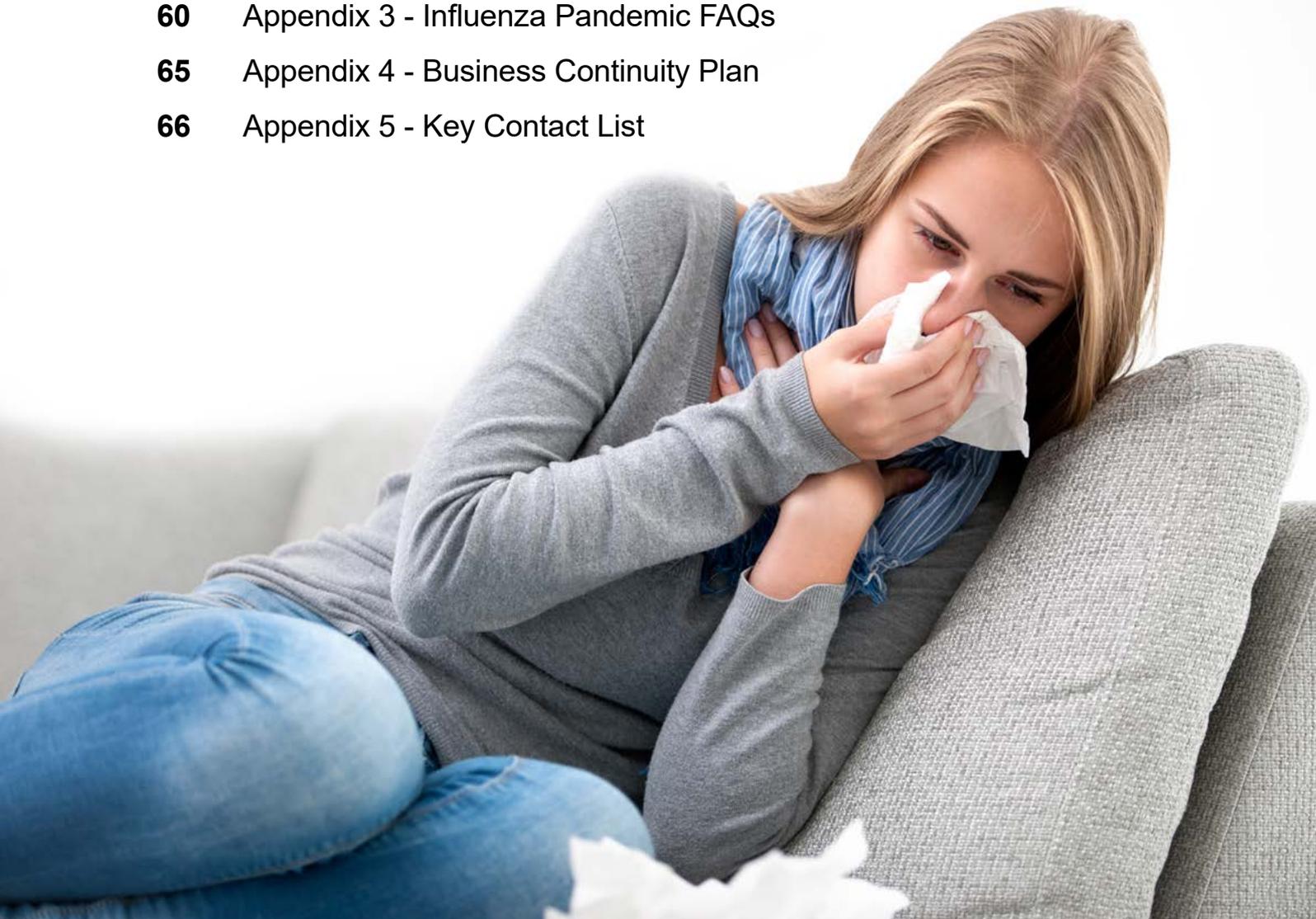
WELLINGTON  
SHIRE COUNCIL  
*The Heart of Gippsland*

# Version Control

Version	Page No.	Date	Description	Amended by
Draft Version 1	All	January 2015	Initial planning document developed by Municipal Health & Medical Subcommittee	Municipal Health & Medical Subcommittee
Draft Versions 2-5	All	February - May 2015	Amendments made following Subcommittee meetings	Municipal Health & Medical Subcommittee
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Draft Version 5.2		June 2015	Changes made following feedback from MEMPC	Municipal Emergency Management Planning Committee
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Version 5.4		May 2018	Statistics updated and changes made following review	Municipal Health & Medical Sub committee
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# Introduction

## What is influenza Pandemic?

Pandemics are outbreaks of a disease on a worldwide scale. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity (WHO 2013b). It has significant impacts on communities where there is little or no immunity already existing within the population. These strains can be rapidly transferred between humans resulting in infection to a high proportion of

those exposed. Influenza pandemics are associated with high rates of disease and significant numbers of deaths, and involve massive social and economic disruption. Past outbreaks of severe acute respiratory syndrome (SARS) and avian influenza (bird flu) have brought the issues of pandemic preparedness to the forefront; the possibility of a pandemic is real.

## History of influenza pandemics

Previous pandemics have started abruptly without warning, swept through populations with ferocious velocity, and left considerable damage in their wake. The 20th century had three recognised influenza pandemics (Spanish influenza 1918-19; Asian influenza 1957-58; and Hong Kong influenza 1968). All three pandemics were associated with increased mortality rates in Australia. The influenza pandemic of 1918-19 was unprecedented in terms of loss of human life – between 20 and 40 million people died worldwide, with the highest numbers of

deaths among those aged between 20 and 40 years.

The Asian influenza of 1957-58 had infection rates reported to range between 20 to 70 per cent, but fatality rates were low, ranging from one in 2000 to one in 10,000 infections. Age-specific mortality rates showed that those aged over 65 years were most affected. The Hong Kong influenza was similar, with the highest mortality rates appearing in those over the age of 65. Infection rates were around 25 to 30 per cent.

## Disease description

There are three types of influenza viruses: A, B and C. Influenza type A viruses can infect people, birds, pigs, horses, seals, whales and other animals. Wild birds are the natural hosts for these viruses. Influenza B viruses are usually found only in humans. Influenza type C viruses cause mild illness in people.

***How are seasonal influenza, avian influenza (bird flu) and pandemic influenza different?***

Seasonal influenza follows predictable yearly patterns, in Australia generally from March through to October. Viruses associated with seasonal influenza include influenza A, influenza B and influenza C. People usually have some immunity built up from previous exposure to circulating seasonal influenza viruses.

Avian influenza (bird flu) is an infection caused by bird flu viruses. These bird

# Introduction

flu viruses occur naturally among birds worldwide. Rarely, transmission is possible from sick or dead birds to people.

[Human swine flu](#) is a highly contagious respiratory disease caused by a new strain of influenza virus. The name 'swine flu' comes from a strain of the virus that is found in pigs. In 2009, a new strain of the swine flu virus that affects humans was identified. Human swine flu is also known as human swine

influenza, influenza A (H1N1) virus or H1N1 influenza 09.

A pandemic is a global disease outbreak. An influenza pandemic is possible when an influenza A virus makes a dramatic change that results in a new or novel virus to which people have little or no immunity. The new virus then begins to cause serious illness, spreads easily from person to person and can sweep around the world quickly.

## How do you get influenza (flu)?

Flu is very contagious. It can be caught from breathing in droplets in the air from someone sneezing, coughing or talking. The flu also is spread when people touch something with the flu viruses on it such as a doorknob or handrail, and then touch their eyes, nose or mouth. People can spread flu from one day before symptoms appear to seven days after symptoms go away.

Personal protective equipment including a full gown (or coveralls), gloves, eye shield and P2 mask (or other recommended mask) are required to protect health care workers from influenza. Infected persons should wear an appropriate mask to prevent transmission to others.

## Australian Pandemic Planning Framework

The planning for pandemics involves all three spheres of government.

### National

- Australian Health Management Plan for Pandemic Influenza (AHMPPI)
- National Action Plan for Human Influenza Pandemic (2011)

### State

- Victorian Health Management Plan for Pandemic Influenza (VHMPPI October 2014)
- Preparing for an influenza pandemic - An information kit and workplan for general practice (2006)
- Victorian Action Plan for Pandemic Influenza (2015)
- State Health Emergency Response Plan (SHERP)
- Emergency Management Manual Victoria (EMMV)

### Local

- Wellington Municipal Emergency Management Plan (MEMP)
- Wellington Municipal Influenza Pandemic Plan

# Why we need an Influenza Pandemic Plan

This Plan reflects local arrangements should an influenza pandemic occur; that is a new strain to which the human population has not developed immunity and is widespread in its impact.

The aims of the Wellington Municipal Influenza Pandemic Plan are to:

- reduce severity of outbreak by mitigation activities in the municipality,
- provide support for impacted residents,
- ensure responsibilities are appropriately met and inter-operable with other government and agency plans.

## Wellington Community Emergency Risk Assessment (CERA)

The CERA process provides for the identification and prioritisation of those hazards that are likely to create the most community disruption. The CERA assessment helps to identify and describe hazards and assess impacts and consequences based upon the vulnerability or exposure of the community or its functions.

The Wellington Shires 'residual risk' rating for Influenza Pandemic is High. The risk is that an influenza pandemic will occur with sufficient severity to cause significant interruption to social function and a number of deaths.

For further information about the CERA process refer to the Wellington Municipal Emergency Management Plan (MEMP) Part 4.



# Influenza Pandemic and Health Risks

## Who is most at risk?

In an influenza pandemic everyone will be at risk of infection. This Plan focuses on who is most at risk of severe consequences from a pandemic.

The risk of disease transmission and the duration of the event are two important differences between a pandemic and other types of community disasters. These characteristics influence the type of impacts a pandemic has on the people in a community, particularly those who are more at risk.

### Factors that increase the risk of harm during an influenza pandemic include:

- Economic disadvantage (e.g. having too little money to stockpile emergency food, or to stay home from work even briefly).
- Absence of a support network (e.g. some children, homeless, travellers, and the socially, culturally, or geographically isolated).
- Needing support to be independent in daily activities because of:
  - Physical disability
  - Developmental disability
  - Mental illness or substance abuse/dependence
  - Difficulty seeing or hearing
  - Medical conditions.
- Trouble reading, speaking, or understanding English.

These factors can impair the ability of at risk individuals to maintain independence, communicate, travel from one place to another, and manage medical conditions. The more difficulty people have in meeting those needs, the greater the risk for them to be harmed during a pandemic.

In the event of an influenza pandemic, at risk groups may include:

- Pregnant women
- Babies and children
- Older adults
- People living in retirement villages/ nursing homes/boarding homes, military barracks, prisons and other concentrated populations.
- Indigenous and Torres Strait Islanders
- People with a disability
- Immobile individuals who receive care at home through community health and/or private service providers
- Individuals cared for by relatives
- Prisoners and other incarcerated populations (including police custody cells, secure training centres)
- The homeless
- Culturally and Linguistically Diverse (CALD) communities
- Tourists or the travelling community.

The most vulnerable people may not receive important public health messages because they are not connected to mainstream communication networks or because of cultural or language barriers.

Others may be unable to access the services they need to maintain or improve health due to physical or economic barriers. Women either fleeing or living with violence may have limited ability to access health care services because of their inability to leave the home.

Youth and young adults who may not be connected to school or supported through traditional family and medical supports. This may result in increased vulnerability, especially if there are issues related to lifestyle, existing illness and access to health and social services.

## Pregnant women

Evidence from previous pandemics support the conclusion that pregnant women are at high risk of serious complications following an infection with influenza, particularly the pandemic influenza strain. In 2009, 279 pregnant women were hospitalised in Australia

due to pandemic influenza. Changes to a pregnant women's immune system during pregnancy can make them more prone to severe illness from influenza. This can result in serious problems for the unborn baby, including premature labour and delivery.

## Babies and children

Children's immune systems are less developed than those of adults, therefore they are often identified as a population at high risk for severe illness during pandemic. Babies and children are at risk because of functional needs for supervision, transportation, psychosocial supports, and communication, and their inability to live independently. Children are reliant on parents and guardians for psychological support and

decision-making, such as getting vaccinated or seeking treatment for symptoms. Severe influenza related complications are most common in children younger than two (2) years of age. Young children, six (6) months to five (5) years, are at risk of febrile seizures. Children with chronic health conditions such as asthma and diabetes have an extremely high risk of developing serious influenza-related complications.

## Older adults

The elderly have a higher risk of influenza due to biological factors. Due to decreased immune system activity, the elderly are at an increased risk of respiratory infections, especially if they live in assisted living facilities. The elderly are more vulnerable to secondary bronchial infections like pneumonia, and may

also require additional booster vaccinations to ensure their immune systems are properly functioning with the vaccine. In addition to this, if the elderly were to contract influenza, they may be ill for a longer period of time and therefore transmit the virus at a higher rate than the rest of the population.

# Influenza Pandemic and Health Risks

## Aboriginal and Torres Strait Islander Peoples

Indigenous Australians were found to be more vulnerable than the general Australian population to complications from the pandemic (H1N1) 2009 virus. They suffered disproportionately high rates of complication

and a six-fold death rate compared with non-indigenous Australians. The reasons for these more serious outcomes are likely to be multi-factorial and include social and cultural factors as well as the physical environment.

## People with a disability

Not all people with disabilities are at high risk of experiencing influenza-related complications. Certain groups are at a higher risk of getting influenza or having unrecognised influenza symptoms. People with disabilities are at risk if they:

- Have limited mobility
- Can't limit contact with others who are infected, such as staff or family members
- Have trouble understanding or practicing preventive measures such as hand-washing
- Are unable to communicate symptoms
- Are not monitored closely for symptoms.

## People receiving support services at home

An influenza pandemic may impact the delivery of health and personal care services in several ways:

- Staff absenteeism
- Changes in work practices to limit the spread of disease
- Higher demand for community support services due to widespread illness.

People receiving the following services should contact their service provider directly to determine how services may be affected:

- Personal services – help with showering, dressing and mobility
- Support services – help with household chores, transport, shopping, attending medical or social activities, meals on wheels, home visits
- Clinical care – district nursing, maternal and child health services, wound management.

## People who are Homeless

Homeless populations have high levels of chronic health problems predisposing them to severe complications of influenza.

Homeless, housing service providers and support agencies have plans in place to

ensure homeless people have access to influenza vaccination and to address the challenges that an influenza pandemic might present.

## Concentrated populations

Influenza can spread rapidly in large and concentrated populations.

The number of people infected is likely to be higher in closed communities such as prisons, military barracks, residential homes, boarding schools and offshore living quarters. Each respective agency or organisation is responsible for ensuring appropriate plans are in place to reduce the risk of transmission and infection.

The Wellington Municipal Influenza Pandemic planning process has identified and engaged with the following organisations to ensure appropriate plans are in place:

- Fulham Correctional Centre
- RAAF Base East Sale
- Residential Aged and Disability services
- ExxonMobil off-shore living quarters
- Department of Education and Training (Gippsland Region).

## Tourists

The movement of people is a significant determinant of the speed and spread of infectious diseases. Any decision that is taken

in relation to restricting travel across Gippsland will be made at a regional or State level.

## How will at risk groups be supported in Wellington?

Agencies and organisations who interact directly with vulnerable clients have appropriate plans in place to ensure communication strategies and essential services are maintained.

The Department of Health & Human Services is responsible for providing public health

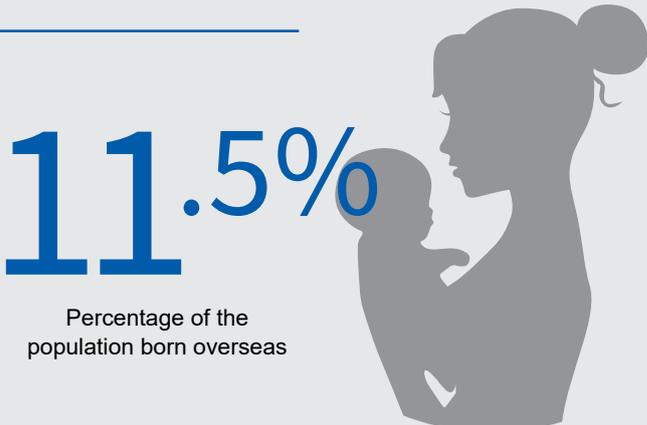
advice and for supporting all aspects of the public health response to an influenza pandemic.

Local communication strategies are also in place to educate and inform the community of how to stay healthy and minimise risk.

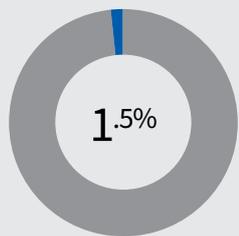
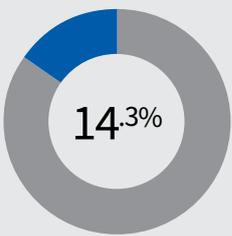
# Wellington Statistics

## Population 2016

Age	Number	%
0-14	7,627	17.8%
15-24	4,656	10.8%
24-45	9,790	22.7%
45-64	12,231	28.4%
65-84	7,650	17.8%
85+	1,032	2.4%
<b>Total</b>	<b>42,986</b>	<b>100.00%</b>



**Italian, Dutch, German, Mandarin, Polish**  
Most common language other than english spoken at home



## Need for Assistance

**32.7%** People receiving disability services (per 1,000 population)

**15.9%** People with core need for assistance

**373** Number of residential aged care places

## Transport



**2.9%\***  
Of households do not own a vehicle

## Housing



**18,124**  
Number of households

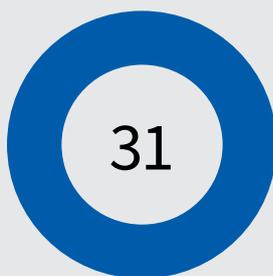
**32%**  
People over 75 years  
who live alone

**20,103**  
Number of dwellings

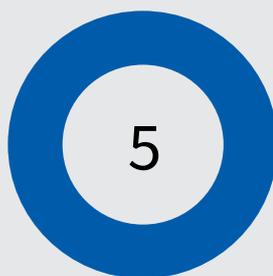
**20.2%**  
Households not  
connected to the internet

Median weekly rent for 3-bedroom home	<b>\$270.00</b>
Median household income	<b>\$905</b>
Percentage of people in renting households who are living in rent-related financial stress	<b>59%</b>
Percentage of sole renters aged 65+ who are living in rent-related financial stress	<b>86%</b>
Percentage of persons with an individual income less than \$400 per week	<b>30.3%</b>
Homeless people (including extreme overcrowding)	<b>0.16%</b>

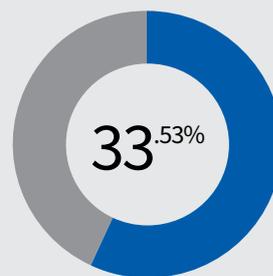
## Education



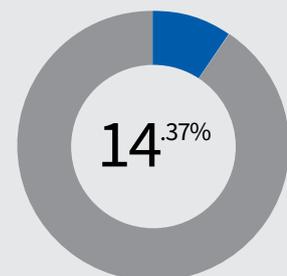
Number of  
Primary Schools



Number of  
Secondary Schools



Percentage of persons  
who completed Year 12  
or equivalent



Percentage of persons  
who have a Bachelor  
degree or higher

# Wellington Statistics

## Labour Force



**24.24%**

Percentage of employed persons aged 15 years and over working full time

**14.58%**

Percentage of employed persons aged 15 years and over working part time

**2.7%**

Percentage of employed persons aged 15 years and over unemployed, looking for work

**31.35%**

Percentage of persons not in the labour force

### Top 5 industries of employment

% of population employed by industry

1	Health care and social assistance	13.7%
2	Agriculture, forestry and fishing	13.5%
3	Retail trade	10.2%
4	Construction	9.8%
5	Education and Training	8.5%

### Top 5 Job Roles

% of population employed by occupation

1	Managers	16.9%
2	Technicians and Trades Workers	16.5%
3	Professionals	15.9%
4	Labourers	12.9%
5	Community and Personal Services	11.6%

## Tourism

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# 1,200,000

Annual visitors to Wellington

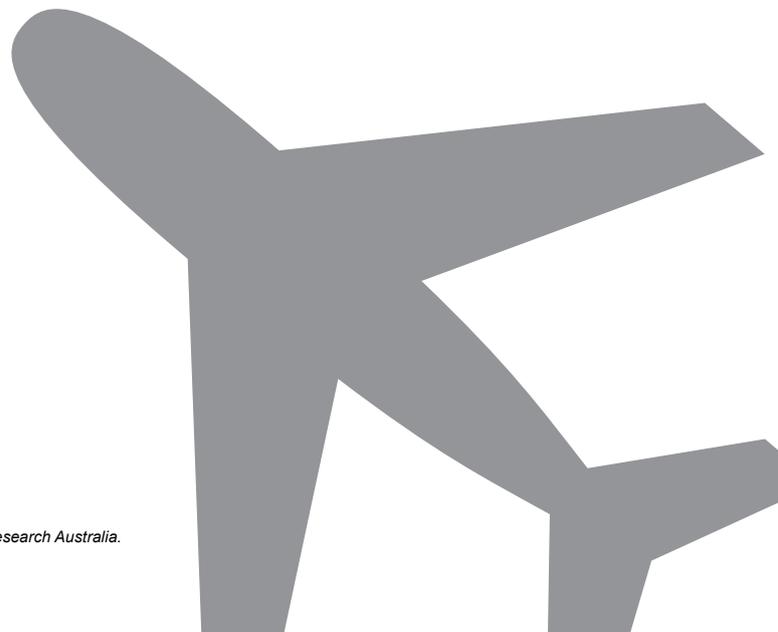


674,000 Domestic day trip visitors

357,000 Domestic overnight visitors

9,000 International visitors to Wellington

\$69m Contribution per  
visit day trip



# Our Partners

This Influenza Pandemic Plan is a sub-plan of the Wellington Municipal Emergency Management Plan (MEMP). This Plan is subject to the endorsement of the Municipal Emergency Management Committee and will be reviewed annually by the Health and Medical sub-committee.

This Plan has been developed with reference to the Victorian Influenza Pandemic Plan 2014 which details the different areas of response and action across government and the health and community sectors.

Council works alongside stakeholders from within the Wellington community to act as key partners in the Municipal Influenza Pandemic Plan. We have partnered with government, private sector, service provider and community group organisations that represent our vulnerable communities of the isolated, very young, elderly residents and visitors.

## **These partners include:**

- Wellington Shire Council (WSC)
- Wellington Rural Access
- Central Gippsland Health
- Yarram and District Health Service (Y&DHS)
- Department of Health & Human Services (DHHS)
- Department of Education and Training (DET)
- Department of Environment, Land, Water & Planning (DELWP)
- Australian Red Cross
- Gippsland Primary Health Network
- RAAF Base East Sale
- ExxonMobil
- Pharmacy Guild of Australia
- Fulham Correctional Centre
- Ramahyuck Aboriginal Cooperative
- Victorian Police
- Ambulance Victoria (AV)
- Latrobe Community Health Service (LCHS)
- Uniting Gippsland

*Names and positions of committee members are in Appendix 5 - not for public release.*

The Health and Medical sub-committee has drawn on key agency plans from within the municipality including external stakeholders and community groups. Individual agencies/organisations are also responsible for developing their own influenza pandemic plans and ensuring they are consistent with the Wellington Municipal Public Health Plan, the Municipal Emergency Management Plan (MEMP) and the [Victorian Health Management Plan for Pandemic Influenza](#).

# Roles and Responsibilities

State Government agencies, and organisations have designated responsibilities in disasters, which reflect their legislated and/or technical capability and authority with respect to hazards, functions and/or activities of disaster management.

Under the Emergency Management Act 2013 a pandemic would be classified as a Class 2<sup>1</sup> emergency and the Department of Health & Human Services would be the control agency for pandemic influenza.

The Wellington Shire Council (WSC) Municipal Emergency Resource Officer (MERO) has authority to activate this Plan. Initial advice to activate this Plan will come from the Municipal Emergency Response Coordinator (MERC), Victoria Police with a request for appropriate municipal resources as needed by the Department of Health & Human Services in their role as lead agency for human disease/illness.

<sup>1</sup>The definition of a Class 2 emergency can be found in Sections 37 and 39 of the Emergency Management Act 2013



# Roles and Responsibilities

Multi sector and agency responsibilities in the event of an Influenza Pandemic are summarised below

Organisation	Key Actions
<p><b>All organisations</b> are expected to deliver the following key actions at the specified phases as per the Victorian Health Management Plan for Pandemic Influenza (VHMPPi) 2014 and the Municipal Emergency Management Plan (MEMP).</p> <p>Key actions have also been cross referenced with the Emergency Management Manual Victoria (EMMV).</p> <p>This section lists the local organisations/agencies involved in planning for influenza pandemic operations in Wellington and the local operating principles that underpin the collaborative working arrangements.</p>	<ul style="list-style-type: none"> <li>• Throughout all stages of a pandemic, all partners will follow implementation guides outlined in the appendices of the VHMPPi</li> <li>• Throughout all stages of a pandemic, all partners will provide up-to-date and timely pandemic information to its workforce and sector</li> <li>• Monitor and evaluate risks and impacts for areas of responsibility</li> <li>• Identify and mitigate, where possible, critical vulnerabilities</li> <li>• Undertake business continuity and resilience planning in the context of an influenza pandemic scenario</li> <li>• Ensure that planning is an integrated activity and that all plans are regularly maintained and exercised</li> <li>• Communicate plans with employees, contractors and affiliated organisations</li> <li>• Participate in emergency management planning groups to discuss, plan and share best practice</li> <li>• Consolidate and test preparedness arrangements</li> <li>• Familiarise themselves with Health Department advice on influenza pandemic planning</li> <li>• Promote and attain a high level of coverage of seasonal influenza immunisation among staff</li> <li>• Promote infection prevention and control protocols based on the Australian guidelines for the prevention of infection in healthcare (NHMRC 2010) <a href="http://www.nhmrc.gov.au/guidelines/publications/cd33">www.nhmrc.gov.au/guidelines/publications/cd33</a></li> <li>• Implement actions to contain/implement social distancing measures to minimise transmission</li> <li>• Support pandemic vaccination efforts when a vaccine is available.</li> </ul>

Organisation	Key Actions
<p><b>Department of Health &amp; Human Services (DHHS) – Control Agency</b></p>	<p>The DHHS is responsible for working to enhance and protect the health and wellbeing of all Victorians.</p> <p>The DHHS is responsible for providing public health advice and for supporting all aspects of the public health response to an influenza pandemic including regional coordination of emergency relief and recovery. The DHHS has a lead role in surveillance and intelligence gathering, informing public health policy and support inter-agency planning and response at all levels.</p> <ul style="list-style-type: none"> <li>• Provide whole of health leadership and direction in planning and preparing for emergencies with major health consequences (EMMV)</li> <li>• Support service delivery by the DHHS to affected individuals, groups and/or communities.</li> </ul>
<p><b>Municipal Emergency Management Planning Committee (MEMPC)</b></p>	<p>Develop a specialist Health and Medical sub-committee that reports to the Municipal Emergency Management Planning Committee (MEMPC). The Health and Medical sub-committee is to:</p> <ul style="list-style-type: none"> <li>• Maintain this Plan as a sub-plan of the Municipal Emergency Management Plan</li> <li>• Review this Plan annually</li> <li>• Exercise this Plan as directed by the MEMPC</li> <li>• Present this Plan for auditing as directed by the MEMPC or the Minister.</li> </ul>
<p><b>Local Government</b> Refer Appendix 10 VHMPPI</p> <p><i>* In the Wellington Shire, Home and Community Care services are provided by Central Gippsland Health and Yarram and District Health Services with funding from the State Government and Wellington Shire Council.</i></p>	<p>Wellington Shire Council (Environmental Health Unit) review its level of preparedness against municipal responsibilities by:</p> <ul style="list-style-type: none"> <li>• Assisting in preventing transmission by implementing infection prevention and control measures as appropriate</li> <li>• Ensuring effective protocols are in place to ensure services to people who are isolated or quarantined*</li> <li>• Having business continuity arrangements that consider an influenza pandemic, and plans for increased absenteeism and ensures that local government essential services are continued during an influenza pandemic</li> <li>• Assisting with providing vaccination services to the local community as appropriate</li> <li>• Assisting with distribution of communication messages for staff and for the public relating to essential local government services.</li> </ul>

# Roles and Responsibilities

Organisation	Key Actions
<p><b>Community Health</b> Appendix 6 VHMPPPI</p> <p>Central Gippsland Health Yarram &amp; District Health Service Latrobe Community Health Service Gippsland Women’s Health Service Uniting Gippsland</p>	<p>Review arrangements for providing an effective and sustainable response during an influenza pandemic in conjunction with local partners.</p> <p>Ensure that vulnerable people within the community are identified and plans put in place to address their needs.</p> <p>Maintain essential health services, including home and community care, district nursing, maternal and child health services.</p> <p>Provide vaccination services to the local community as appropriate.</p> <p>Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.</p>
<p><b>Ambulance Victoria (AV)</b> Appendix 17 VHMPPPI</p>	<p>Develop appropriate models of service for the potential increased demand during an influenza pandemic.</p> <p>Promote community resilience programs through community education programs.</p> <p>Provide appropriate pre-hospital leadership, skills and equipment through planning for various health emergencies, including mass casualty incidents.</p> <p>Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.</p> <p>Specific ambulance operational arrangements are detailed in the Ambulance Victoria Emergency response plan, which describes its implementation of the <a href="#">State Health Emergency Response Plan</a> (SHERP).</p>
<p><b>Coroners/Mortuaries</b> Appendix 15 VHMPPPI</p>	<p>Liaise with the relevant authorities to ensure that arrangements for managing the demands of excess death projections are built into business continuity plans.</p> <p>Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.</p>

Organisation	Key Actions
<p><b>Department of Education and Training (DET)</b> Schools and Children’s Services Refer Appendix 11: VHMPPPI</p>	<p>The human influenza pandemic incident response procedures (DET 2014) outline the pandemic stages and the key actions to be taken by:</p> <ul style="list-style-type: none"> <li>• Emergency Management division and regional directors</li> <li>• schools</li> <li>• children’s services.</li> </ul> <p>These three sectors are required to familiarise themselves with the procedures and to ensure they are able to respond to the key actions within each pandemic stage.</p> <p>DET will work closely with the relevant authorities to prepare for influenza pandemic.</p> <p>Put in place outline plans for a pandemic, including business continuity planning to cope with staffing shortages.</p> <p>Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.</p>
<p><b>Victoria Police (VicPol)</b> Appendix 17 VHMPPPI</p>	<p>Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.</p> <p>Monitor and evaluate risks and impacts for prisoners held in police cells.</p>
<p><b>Prisons</b> Fulham Correctional Centre The Corrections Pandemic Plan presents the Department of Justice’s approach to prepare and respond to an influenza pandemic in Victoria’s correctional settings. Appendix 14 VHMPPPI</p>	<p>Develop and exercise internal plans for influenza pandemic.</p> <p>Identification of healthcare resources and training needs required (human and material).</p> <p>Undertake healthcare needs assessment of prison population to identify high risk prisoners.</p> <p>Introduce stringent infection prevention and control measures, including restricting movement between affected and unaffected areas within the facility.</p> <p>Minimise contact between affected and unaffected people (staff, clients, prisoners, visitors and offenders on remand) during an outbreak.</p>
<p><b>Gippsland Primary Health Network</b> <b>Wellington Primary Care Partnership</b> In the event of a pandemic coordinating and overseeing the local health response and mobilising general practice and primary care resources</p>	<p>Coordinate primary healthcare delivery by linking up services and addressing local healthcare needs and service gaps.</p> <p>Conduit of information from the department to primary care before during and after a pandemic.</p> <p>Assist in the coordination and distribution of supplies (PPE/antivirals/vaccines) if required.</p>

# Roles and Responsibilities

Organisation	Key Actions
<p><b>Community Pharmacies:</b></p> <p>In an influenza pandemic the Pharmacy Guild of Australia (Victoria Branch) and the Victorian Pharmaceutical Society will provide a leadership role to the profession; they will also act as a conduit for information between pharmacists and government</p>	<p>Provide a health promotion/communication role for their communities including:</p> <ul style="list-style-type: none"> <li>• education on influenza transmission risks</li> <li>• information on vaccines and antivirals.</li> </ul> <p>Manage possible cases who present to pharmacy by:</p> <ul style="list-style-type: none"> <li>• referring for assessment to the local hospital or health service or general practice, and managing consumer flow, as appropriate with prior warning to allow for use of personal protective equipment</li> <li>• providing extra supplies of medicines to institutions such as nursing homes via Webster packs</li> <li>• considering increasing stock holding of analgesics and antibiotics in case of supply chain issues</li> <li>• anticipating demand for influenza-related items (such as thermometers), respiratory medications and other essential medications.</li> </ul> <p>Adults across Victoria can receive influenza and pertussis-containing vaccinations from their pharmacist under the Victorian Pharmacist-Administered Vaccination Program.</p> <p>Pharmacist-administered vaccination services are now available at <a href="#">registered pharmacies</a>.</p>
<p><b>Hospitals:</b></p> <p>Central Gippsland Health, Sale, and Maffra &amp; Heyfield Campuses Yarram District Hospital</p>	<p>Provide acute hospital inpatient and outpatient services.</p> <p>Maintain infection control within the hospital environment.</p> <p>Minimise disruption to health and other essential services during a pandemic.</p> <p>Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic.</p> <p>Activate Code Brown Plans.</p> <p>Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.</p>

Organisation	Key Actions
<p><b>General Practice:</b></p> <p>Heyfield Medical Centre  Maffra Medical Group  Johnson Street Clinic  Sale Medical Group  Inglis Medical Centre  Clocktower Medical Centre  Yarram Medical Centre  King Street Medical Centre  Gippsland Family Medical Practice, Ramahyuck</p>	<p>Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic.</p> <p>Ensure suspected cases of pandemic influenza are notified to the Department of Health and Human Services' Communicable Disease Prevention and Control section on 1300 651 160.</p> <p>Provision of vaccination services to the local community as appropriate.</p> <p>The Royal Australian College for General Practitioners (RACGP) has developed a <a href="#">Pandemic Flu Kit</a> to assist general practices in preparing for an influenza pandemic. The Kit is designed to support the education and training of practice staff and cover a range of topics including business continuity, infection control, communication, and clinical management. The Kit is aimed at all practice staff and will provide the practice team with the information to develop their own practice plan.</p>
<p><b>Residential Aged Care Facilities:</b></p> <p>Stretton Park Hostel Inc  Maffra Hospital Macdonald Wing  Wilson Lodge, Sale  Sale Private Nursing Home  Crossley House Hostel Inc  Laurina Lodge, Heyfield  Opal Sale  Sale Elderly Citizens Village (including Ashleigh House)  Woodford Gables, Sale  St Elmo's Nursing Home - Yarram  Royal Freemasons Sale</p> <p>Refer Appendix 12: VHMPPi</p>	<p>Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic.</p> <p>Introduce stringent infection prevention and control measures, including restricting movement between affected and unaffected areas within the facility.</p> <p>Minimise contact between affected and unaffected people (staff, clients, and visitors) during an outbreak.</p> <p>Prevent/control outbreaks of respiratory illness in residential aged care services as per the Respiratory illness in residential aged care: guidelines and information kit.</p> <p>The Residential aged care services natural hazards ready resource is available at:  <a href="#">Residential aged care services natural hazards ready resource</a></p> <p>The Respiratory illness in residential aged care: guidelines and information kit (Department of Health &amp; Human Services 2013a) provides general information on influenza, its risks to health and how to manage a respiratory outbreak in an aged care service.  This document is available at:  <a href="https://ideas.health.vic.gov.au/guidelines/respiratory-illness.asp">ideas.health.vic.gov.au/guidelines/respiratory-illness.asp</a></p>

# Roles and Responsibilities

Organisation	Key Actions
<p><b>Disability Accommodation Services:</b></p> <p>EW Tipping Yooralla Accommodation Services DHS Accommodation Services Mirradong Accommodation</p> <p>Refer Appendix 13: VHMPPI</p>	<p>Disability Accommodation Services should adhere to the infection prevention and control practices in section 3.10 of the Residential Services Practice Manual (RSPM), and the Department of Health &amp; Human Services' 'Blue Book'.</p> <p><a href="https://providers.dhhs.vic.gov.au/residential-services-practice-manual">https://providers.dhhs.vic.gov.au/residential-services-practice-manual</a></p>
<p><b>Australian Red Cross</b></p> <p>Emergency Management Manual Victoria (EMMV)</p>	<p>Delivery of community information to assist people, communities, government and agencies prepare for, respond to and recover from emergencies.</p>
<p><b>Defence: Victoria</b></p> <p>Emergency Management Manual Victoria (EMMV)</p>	<p>Assistance with recovery from a civil emergency or disaster.</p>
<p><b>Emergency Broadcasters</b></p> <p>Emergency Management Manual Victoria (EMMV)</p>	<p>Broadcast emergency information.</p>

## What we do in Preparation Phase

### Prepare/revise plans

All members of the Health and Medical Sub-Committee together with external stakeholders and relevant community groups will be contacted to participate in Emergency Management planning to discuss, plan and share best practice in the context of an influenza pandemic scenario. Business continuity arrangements will be discussed that consider an influenza pandemic, plans for increased absenteeism across key organisations and assurances sought that essential services are continued during an influenza pandemic.

External communication and Action Plans (Appendix 1) have been developed to ensure health information and support is readily available to our community and to provide timely and appropriate advice to targeted stakeholders.

### Identify vulnerable groups

Key stakeholders who interact directly with vulnerable clients will be encouraged during the Preparation Phase to ensure that vulnerable people within the community are identified and plans put in place to address their needs.

Encourage seasonal influenza vaccination to the community and workplaces

During this phase, Council and partner agencies will promote and encourage a high level of coverage of seasonal influenza immunisation among the community and workplaces.



# What are we going to do?

## Engage Key Stakeholders

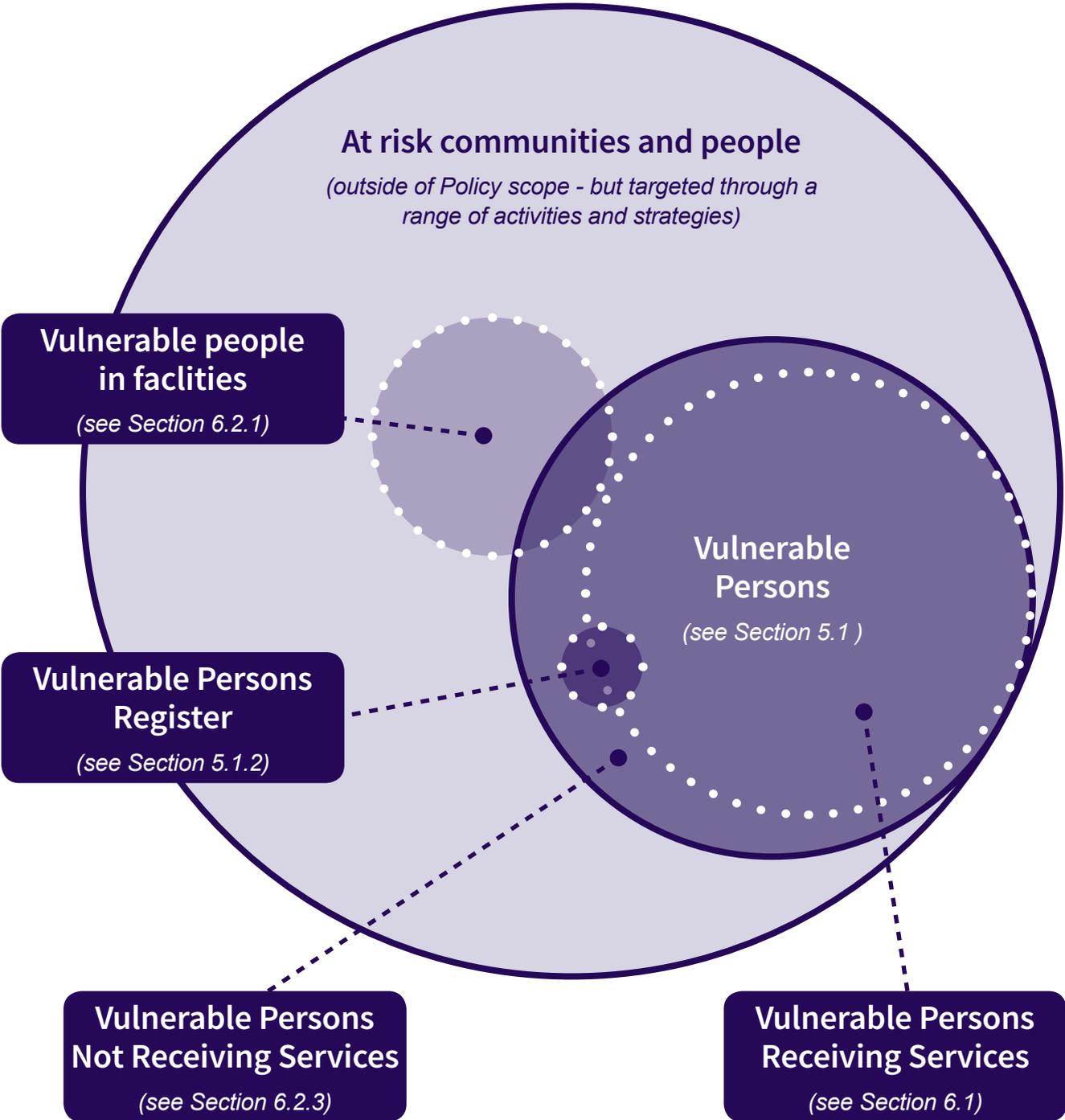
Responding effectively during an influenza pandemic requires the combined efforts of all stakeholders to coordinate and establish integrated multi-agency response plans. The Municipal Health and Medical Sub-Committee enables local service providers

to establish a coherent approach with each organisation knowing its role in relation to others. During this phase stakeholders will be encouraged to review their own plans, roles and responsibilities as appropriate.

## What Key Stakeholders can do in Preparation Phase

- Ensure Influenza pandemic plans are in place for each sector ensuring links to the Wellington Municipal Emergency Management Plan (MEMP) and the Victorian Health Management Plan for Pandemic Influenza (VHMPPi)
- Ensure business continuity plans including surge capacity are in place that considers an influenza pandemic.
- Ensure up to date resources are available and ready for rapid response
- Monitor the emergence of diseases with pandemic potential
- Communicate Pandemic Plans with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave
- Identify vulnerable elements of the community (see the Department of Human Services Vulnerable people in emergencies policy) – refer Figure 1
- Promote seasonal influenza vaccination to the community including workplaces
- Review stocks of adequate PPE and other supplies and equipment and ensure arrangements are in place to increase capacity. Ensure staff understand and are trained in its use
- Monitor Department of Health & Human Services information
- Continue surveillance as per regular seasonal influenza.

Figure 1: Vulnerable People in Emergencies Policy Scope - Department of Human Services



# What are we going to do?

## Statewide Victorian pandemic stages and actions (Victorian Health Management Plan for Pandemic Influenza 2014)

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"> <li>• Establish pre-agreed agreements by developing and maintaining plans</li> <li>• Research pandemic-specific influenza management strategies</li> <li>• Ensure resources are available and ready for rapid response</li> <li>• Monitor the emergence of diseases with pandemic potential, and investigate outbreaks if they occur.</li> </ul>
Response	Standby	Sustained community person-to-person transmission detected overseas	<ul style="list-style-type: none"> <li>• Prepare to commence enhanced arrangements</li> <li>• Identify and characterise the nature of the disease (commenced in preparedness)</li> <li>• Communicate measures to raise awareness and confirm governance arrangements.</li> </ul>
Response	Action (initial and targeted)	Cases detected in Australia	<p>Initial (when information about the disease is scarce):</p> <ul style="list-style-type: none"> <li>• Prepare and support health system needs</li> <li>• Manage initial cases</li> <li>• Identify and characterise the nature of the disease within the Australian context</li> <li>• Provide information to support best practice healthcare and to empower the community and responders to manage their own risk of exposure</li> <li>• Support effective governance.</li> </ul>

Stage		Description	Key Actions
Response	Action (initial and targeted)	Cases detected in Australia	<p>Targeted (when enough is known about the disease to tailor measures to specific needs):</p> <ul style="list-style-type: none"> <li>• Support and maintain quality care</li> <li>• Ensure a proportionate response</li> <li>• Communicate to engage, empower and build confidence in the community</li> <li>• Provide a coordinated and consistent approach.</li> </ul>
	Standdown	<p>Public health threat can be managed within normal arrangements</p> <p>Monitoring for change is in place</p>	<ul style="list-style-type: none"> <li>• Support and maintain quality care</li> <li>• Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement</li> <li>• Monitor for a second wave of the outbreak</li> <li>• Monitor for the development of antiviral resistance</li> <li>• Communicate activities to support the return from pandemic to normal business services</li> <li>• Evaluate systems and revise plans and procedures.</li> </ul>
Recovery		Recovery is not the primary focus of this plan	

# What are we going to do?

## What we do in Standby Phase

The standby stage is characterised by activities and key messages that focus on commencing arrangements for an impending influenza pandemic and increased vigilance for case detection. This stage involves the actions of most key stakeholders and is implemented in line with information received from the Department of Health & Human Services.

## Implement the Municipal Influenza Pandemic Communication Plan

The communication plan provides key health messages to the community during this time via media releases, website news, tourist information centres, community newsletters, agency newsletters and emergency broadcasters.

### **Key messages:**

- Seasonal influenza immunisation for at risk groups
- Seasonal influenza immunisation in workplaces
- Good hygiene, which includes hand hygiene and respiratory/cough etiquette
- Staying away from school, childcare, work or public gatherings if symptomatic to minimise the risk of infecting others
- Seeking medical advice if symptoms continue or get worse.

## Plan for the delivery of mass vaccinations

Department of Health & Human Services guidelines will be made available to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery. During this phase Council will work with key stakeholders to ensure that procedures are in place to manage mass vaccination if requested.

Residents in nursing homes, disability accommodation, correctional centres and immobile patients who receive care at home through community health care service providers will be provided with vaccine via existing health care providers.

For a list of vaccination providers and suitable venues in Wellington Shire - refer Mass Vaccination Protocol - Appendix 2.

## What key stakeholders can do in Standby Phase

- Activate Pandemic Plans
- Activate Business Continuity Plans
- Activate Communication Strategy
- Monitor Department of Health & Human Services website for up to date information
- Promote Department of Health & Human Services infection prevention and control measures
- Communicate with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave
- Manage suspected cases by following the advice in Chief Health Officer alerts. Notify cases to the department's Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions
- Restrict visitors and staff members with influenza-like illness
- Continue to participate in surveillance activity within the organisation and ensure correct data collection processes are in place
- Develop and refine surveillance systems and assess resources and priorities for their sustainability
- Prepare to deliver a pandemic immunisation program.

# What are we going to do?

## What we do in Initial Response Phase

The control agency in the event of a pandemic influenza is the Department of Health & Human Services. Wellington Shire Council and stakeholders will implement public health control measures within the municipality in line with information received from the Department of Health & Human Services during an influenza pandemic. These measures aim to limit or slow the spread of an influenza virus throughout the community in order to minimise infection rates and disruption to social and economic activity.

The initial response stage is characterised by activities that focus on minimising transmission, morbidity and mortality with limited information. This stage involves the actions of most key stakeholders and is implemented in line with information received from the Department of Health & Human Services.

## What key stakeholders can do in Initial Response Phase

- Monitor, disseminate and act on information from the Department of Health & Human Services (as appropriate)
- Depending on the severity of the influenza pandemic strain, will advise clinicians about appropriate treatments
- Continue measures outlined for standby, with an increase in infection prevention and control measures (in particular social distancing guidelines about people movements and mass gatherings)
- Ensure that triage plans including influenza streams are in place and that staff are issued with up-to-date case definitions (where appropriate).

## What we do in the Targeted Response Phase

The targeted response stage is characterised by activities that focus on minimising transmission, morbidity and mortality in the wake of enhanced understanding of the spread of the influenza virus, its mode of transmission, its infectiousness, its severity and optimal treatment regimens. Demand for urgent clinical services, combined with staff absenteeism, is likely to be high.

### **Wellington Shire Council will:**

- Establish an Emergency Coordination function, either formally or in 'virtual' form (teleconference), to determine which elements of the Municipal Influenza Pandemic Plan need to be implemented
- Maintain Emergency Coordination activity as required throughout the onset of the pandemic
- Establish arrangements for the recovery of the affected community(s) through the Municipal Recovery Manager and the Municipal Relief and Recovery Working Group
- Develop a Municipal Relief and Recovery Plan to establish and deliver community support services. The nature of these will vary, depending on the degree of impact. Similarly, how they are delivered (single gathering point for the community or 'delivered services') will also vary.



# What are we going to do?

## What key stakeholders can do in Targeted Response Phase

- Implement emergency plans for an influenza pandemic, mass casualties, business continuity and surge capacity
- Manage suspected cases by following the advice in Chief Health Officer health alerts. Notify cases to the department's Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions
- Designated influenza hospitals may be nominated by the Department of Health & Human Services if appropriate
- Restrict visitors and staff members with influenza-like illness
- Continue measures outlined for standby, with an increase in infection prevention and control measures
- Coordinate a pandemic immunisation program (if/when vaccine is available)
- Ensure access to Department of Health & Human Services Chief Health Officer health alerts, which will provide up-to-date information in relation to pandemic influenza case/contact definitions, use of antivirals and laboratory tests
- Continue to implement enhanced triaging of patients/clients (where appropriate) such as segregation, cohorting and use of appropriate PPE
- Reduce transmission of influenza within primary health services by reducing non-urgent care patients/clients (consider home visits and phone consultations if appropriate)
- Provide advice to individuals suspected and/or confirmed mild cases to isolate themselves at home
- Liaise with local health services
- Liaise with local municipal organisations (as per routine community support arrangements) for community support services for isolated cases
- Provide antivirals as directed by the Chief Health Officer (further information about antivirals is provided in Victorian Human Influenza Pandemic Plan 2014 Appendix 1: VHMPPPI Antivirals)
- Provide patients with information on community support and other community-based provision available from the Department of Health and Human Services
- Implement changes to staffing levels as appropriate in response to increased demands.

## Standdown Phase

The focus of activities within this stage is regaining normal activities and services where applicable:

- Prepare for the likelihood of further waves of the pandemic
- Undertake operational debriefs and update pandemic influenza plans to reflect any lessons learnt

What key stakeholders can do in Standdown Phase:

- Support and maintain quality care
- Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement
- Monitor Department of Health & Human Services updates and take appropriate action
- Communicate activities to support the return from pandemic to normal business services
- Evaluate systems and revise plans and procedures

## Recovery Phase

The Municipal Recovery Manager will convene the Municipal Relief and Recovery Working Group as early as possible to determine:

- The level of impact to people, communities and businesses
- The level of assistance affected by the influenza pandemic to achieve an effective level of functioning.

The Department of Health & Human Services and the Gippsland Regional Emergency Management Planning Committee has developed and endorsed a Regional Recovery Plan for Gippsland.



# Appendix 1

## External Communications Plan

### Situational Analysis

Wellington Shire is identified as having a high risk rating for influenza pandemic; occurrence severity would be severe enough to interrupt social function and have a high morbidity rate.

The Wellington Municipal Influenza Pandemic Plan identifies stakeholder actions through all phases of the duration of a pandemic outbreak and determines how community, local and state agencies, groups and organisations will oversee and work together in such an event to support the Wellington community.

### Objectives

**The objectives of the Wellington Municipal Influenza Plan - Communications Plan are to:**

- Support the Wellington community to prepare for, respond to and recover from an influenza pandemic outbreak
- Disseminate Department of Health & Human Services public health advice in response to an influenza pandemic
- Determine how to effectively share consistent key messaging and relevant information to the residents of Wellington Shire
- Identify key influenza pandemic messages to be provided to the Wellington community
- Create a central portal for relevant pandemic information on the council website: [wellington.vic.gov/pandemic](http://wellington.vic.gov/pandemic).

### Stakeholders

- Wellington Shire Council: Environmental Health, OH&S, Media and Public Relations, Emergency Management, Human Resources
- Wellington Rural Access
- Central Gippsland Health
- Yarram and District Health Service
- Department of Health & Human Services
- Department of Education and Training
- Department of Environment, Land, Water & Planning
- Australian Red Cross
- Gippsland Primary Health Network
- Defence
- Fulham Correctional Centre
- Ramahyuck Aboriginal Cooperative
- Victoria Police
- Ambulance Victoria
- Latrobe Community Health Service
- Uniting Gippsland

## Key Messages

- Wellington Shire Council encourages all residents, especially those in at risk groups and workplaces, to participate in seasonal influenza immunisation schemes
- Wellington Shire Council will assist with providing mass vaccination services to the local community under the direction of the Department of Health & Human Services
- Please check in on elderly or vulnerable family, friends and neighbours
- Practice good hygiene to help prevent the spread of influenza:
  - Wash your hands regularly with soap and water
  - Use tissues to cover your nose and mouth when you cough or sneeze
  - Dispose of used tissues in appropriate places as soon as possible; throw them in the bin or flush them down the toilet
  - Clean or disinfect surfaces regularly to get rid of germs
  - Don't share personal items.
- If you start to feel poorly and display influenza like symptoms, please stay away from school, childcare, work or public gatherings to minimise the risk of infecting others
- If your symptoms get worse, seek medical advice
- Relevant health information can be sourced through the Department of Health & Human Services website, the Wellington Shire Council website [wellington.vic.gov.au/pandemic](http://wellington.vic.gov.au/pandemic) or call Nurse on Call on 1300 606 024.

# Appendix 1

## External Communications Plan

### Collateral

#### Media Releases and Alerts

Media releases and public notices will be distributed to all local media, including local community newsletters and across Council's social media channels during all phases of a pandemic.

#### Media Distribution List

Council's standard media distribution list will be utilised. This includes local emergency broadcasters, commercial and public radio, television stations, local newspapers and the offices of local politicians.

The majority of these channels manage secondary social media channels and we specifically request for emergency information to be shared via this as well as the traditional mediums.

#### FAQ Information Sheet

An FAQ information sheet will be produced, information supplied by Coordinator Emergency Management (CEM) for Media and Public Relations (MPR) to format. The FAQ information sheet will be available via Council's website, social media and printed copies provided to Customer Service Centres, libraries and Council sports facilities. A Mass Vaccination schedule will also be provided in a similar manner, when vaccination sessions are known.

#### Wellington Shire Council website

A pandemic page will be created on the Council website to be maintained with relevant information. Emergency Management are responsible for providing the content to CMPR following the direction of the Department of Health & Human Services. This should be updated as required. Content must be sent to the Graphic Design and Web Officer. A home page slide may be added to the site and a custom URL created for the page in order to easily direct traffic.

Information may be shared via accessible video format. This would require a 24 to 48 hour turnaround time and allocation of ledger code to provide fees for Auslan interpreter.

#### Paid advertising

Should deadlines allow, messaging may be included within Council's weekly paid full page advertisement which is printed on page 2 of the Tuesday Gippsland Times (distribution 21,000) and the Yarram Standard (distribution 1,800); deadline for emergency content is 9.30am Monday mornings.

Advertising funds may be used for social media campaign which will increase the unique user reach for relevant targeted messaging.

### **Internal Communication (Council)**

Key messages and communication is to be shared via internal email to staff. If an internal newsletter is due, key messages may be included within this newsletter. Copies of the key messages and the information/contact sheet are to be printed and displayed in staff areas at depots, libraries, swimming pools and health facilities. Emergency Management staff are responsible for requesting facility supervisors to print and display this information.

### **Additional Support**

Customer Service must be provided with regular updates and current information, including the most up to date FAQs in order to assist responding to incoming calls. If this information is already available online, they may be provided with a link to this content.

The Coordinator Environmental Health (CEH) unit is to provide up to date weekly/fortnightly schedules of Vaccination Clinics should they be taking place, to Customer Service, Emergency Management and Media and Public Relations business units.

# Appendix 1

## External Communications Plan

### Timeframes and action items

Action	When	Responsible Officer(s)
<b>Preparation Phase</b>		
Provide (and frequently maintain) influenza and seasonal immunisation information on the Council website	Ongoing	CEM sends to GD&WO
<b>Standby Phase</b>		
Include key messages within Council advertising	Ad hoc	CMPR
Public notice distribution regarding immunisation program (where applicable)	As required	CEM/CEH/CMPR
<b>Initial Response Phase and Targeted Response Phase</b>		
Activate homepage slide on website pointing to information page	At notification of pandemic response	GDWO
Generate a FAQs sheet	ASAP upon notification	CMPR/CEM
Distribute and regularly update FAQs	Ongoing as required until stand-down	GDWO
Update webpage information as central portal for sourcing relevant information. Generate custom URL: <a href="http://wellington.vic.gov.au/pandemic">wellington.vic.gov.au/pandemic</a>	Ongoing as required until stand-down	DHHS will supply relevant information as it becomes available. Council page will act as an additional resource to the DHHS website information. CEM centralise information and supply to GD&WO
Include key messages and vaccination information within Council advertising	Ongoing as required until stand-down	CMPR
Media releases and public notices	As required	CMPR
Monitor and respond to public, social and media queries	As required	CMPR/MPRO/CEM

Action	When	Responsible Officer(s)
<b>Stand-down Phase</b>		
Monitor and respond to public and media queries	As required	CMPR/MPRO/CEM
Public notice distribution: stand-down and reiterate key messages	As required	CMPR
<b>Recovery Phase</b>		
Monitor and respond to public and media queries.	As required	CMPR/MPRO/CEM
Delete website central portal	ASAP	GD&WO
Update influenza and vaccination information on the Council website in accordance with learnings	Ongoing	CEM sends to GD&WO

# Appendix 2

## Mass Vaccination Plan

The most effective way of preventing infection with an influenza virus is vaccination. A pandemic vaccine can only be developed once the nature of the virus is known, and is likely to take some time before being available. Pandemic vaccines are produced by pharmaceutical companies under prearranged contracts with the Commonwealth Government. Victoria has a range of immunisation providers, such as local government and general medical practices, who will play an active role (in varying degrees) in delivering a pandemic vaccination program, be it mass vaccination or any other means deemed suitable at the time.

In the event of an influenza pandemic, the Australian Government will introduce a vaccination program in order to minimise the amount of influenza virus circulating in the community.

Department of Health guidelines will be made available to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery.

Residents in nursing homes, correctional centres and immobile patients who receive care at home through community health care service providers will be provided with vaccine via existing health care providers.

Once a vaccine has been developed against a pandemic influenza virus, the Wellington Shire Council, under the direction of the Department of Health & Human Services, would have responsibility for coordinating mass immunisation of well and at risk persons followed by the rest of the community.

### Municipal Association Victoria (MAV) Resource Sharing Protocol

The Wellington Municipal Emergency Management Plan details support available from neighbouring municipalities. Support

from Australia Red Cross may also be available dependant on the impact of the pandemic on their volunteers.

### Communication

The Wellington Municipal Influenza Pandemic Communication Plan (Appendix 1) will be used to inform the public of mass vaccination session times and locations, priority groups being immunised, identification required

and public health information to ensure that unwell people do not attend the sessions. It may be necessary to provide session information directly to target groups.

## Council Staffing Internal

Name	Area	Role	Primary Contact
Immunisation Nurses* (currently have 2 casual nurses)	Mass Vaccination Centre (MVC)	Undertake vaccine preparation and Vaccinations.	Coordinator Environmental Health
Immunisation Support Officer	MVC	Co-ordinate registration area. Oversee other administration staff. Distribute and assist with consent cards. Oversee and undertake data entry into 'Imps'.	Coordinator Environmental Health
Environmental Health Officers	Guide and Assist where ever needed	Co-ordinate set-up and operation of MVC under direction of Coordinator Environmental Health and provide any other assistance as required.	Coordinator Environmental Health
Customer Service Staff WSC	MVC/WSC	Information and assistance to public with completing consent cards.	Coordinator Customer Service/ Coordinator Environmental Health
First Aid Officer/s or After Care Nurses	MVC – After Care Area	To provide any required after care first aid to clients following vaccination.	First Aid back up assistance to be confirmed at the time of event
Temperature Checker	MVC	To check temperatures of people attending MVC and to 'turn them away' if temperature is febrile.	EHO and assistant nurse
Municipal Recovery Manager	Relief and Recovery – Emergency Management	General assistance in preparation of venues and with directing people traffic.	Emergency Management Coordinator

# Appendix 2

## Mass Vaccination Plan

### Council Staffing Internal

Name	Area	Role	Primary Contact
Support, Coordination and Vaccines	Department of Health & Human Services (DHHS)	Provide coordination and support for the Gippsland Region Councils.	Gippsland Regional Office – DHHS Regional Environmental Health Officer
Additional Nurses for Vaccinations or After care**	Central Gippsland Health; Yarram District Health Service (Y&DHS). Currently CGH have eight accredited immunisation nurses and Y&DHS has three accredited immunisation services	Additional Nurses, support and equipment, vaccination storage.	Health and Medical Sub-Committee Member
Bush Nursing Service	Dargo Licola	Provide vaccination support for the remote areas of Dargo and Licola.	CGH
Security	Security Services	Provide Security Personnel to maintain order.	Municipal Emergency Response Coordinator (MERC)
Public Order	VicPol	Maintain public order.	MERC
School Nurses	Schools and children's services on the advice of the DHHS	Vaccination \ After Care \ Vaccine Drawing Up \ Temperature Checks.	Coordinator Environmental Health
Cleaners	Cleaning Services	Cleaning / Sanitation of Venues before/after sessions.	Municipal Emergency Resource Officer (MERO)
General Assistance	Wellington Shire Council Depot Staff	Assist in transportation of extra resources to venues. E.g. extra chairs, tables, bins and miscellaneous equipment. General assistance in preparation of venues and with people and traffic.	Council Depot Administration Officer

*\*\*WSC currently has a service contract with Gippsland Regional Health Service for Immunisation Nurses*

## Other Vaccination Providers within Wellington Shire Council Municipality

Various sector responsibilities in the event of an Influenza Pandemic are summarised below:

Name	Area	Role
Federal/Victorian Governments	Department of Health & Human Services	Lead role for coordinating mass immunisation of well and at risk persons followed by the rest of the community.
Central Gippsland Health and Yarram & District Health Service	Maternal and Child Health Services	Additional Nurses, support, equipment, and vaccination storage.
Gippsland Primary Health Network	Medical Clinics	Additional Nurses, support, equipment and vaccination storage.
		Provision of vaccination services to the public as required.
Pharmacy Guild	Pharmacists	Additional Nurses, support and equipment, vaccination storage.
Australian Defence Force	East Sale RAAF Base	If local staff are overwhelmed approval can be sought to enact Defence Aid Civil Community Request for additional nursing, support, equipment, and vaccination storage.

*Names of key contacts are in a separate document - not for public release (Appendix 5)*

# Appendix 2

## Mass Vaccination Plan

### Resources

#### Equipment – National Medical Stockpile

All vaccine related equipment will be provided by DHHS (sourced from the National Medical Stockpile). This vaccination pack will include:

- Syringes and needles
- Alcohol swabs
- Sharps containers
- Disposable dishes
- Disposable gloves
- Hazardous waste bags
- Band-aids.

#### Equipment

- Refrigerators – DHHS will arrange for more frequent deliveries of the vaccine to prevent the need for additional fridges. Additional refrigerated storage may be required and can be sourced from a portable cool room hire to compulsory acquisition and use of a refrigeration unit from a commercial premises. – WSC currently have two vaccination fridges with a combined capacity of approximately 500L (250 L each)
- Standard Resuscitation Equipment with multiple vials of Adrenaline 1:1000 & 1:10,000 and back up bottle of oxygen
- Table linen and hand towels (hospital)
- Instant check Infra-red ear thermometers (2 or 3) plus back up batteries
- Laptops – data entry in registration area
- Power board and extension lead/s
- Tables and chairs for administration area as well as public pre and post vaccination waiting areas. (Extras may be need at some venues)

- Thin foam mats for laying down vaccine affected people. (Borrowed from school or gym). Pillows/blankets (hospital)
- Disposable plastic/paper drink cups for drinking water
- Rolls of disposable absorbent paper (vomiting incident)
- Portable screens/barrier – for dividing the different areas within the MVC
- General waste bins and plastic garbage bags (vaccine packaging waste)
- Pens, note pads, date stamps
- Mobile phones
- List of emergency contact numbers, DHHS, translators, etc
- Cleaning materials – sanitiser, cloths, toilet paper, soap, etc
- General information material about the vaccine and side effects (to be provided by DHHS).

Inventory management practices will need to be implemented to keep track of equipment.

The following inventory list needs to be maintained to ensure adequate stock is available and expired stock is disposed of or returned to supplier prior to expiration (see supplier to confirm). Only enough inventory will be kept in stock to service the first round of vaccination sessions. Additional will be ordered.

Protective Material Description	Purpose / Use	Location	Quantity
Alcohol wipes (large)	Cleaning materials / surfaces	WSC Environmental Health Unit storage area	10 Canisters of 50 wipes
Sanitiser	Sanitise work surfaces	WSC Environmental Health Unit storage area	As required
Face masks – Surgical (for sick)	Distribution to febrile attendees only	WSC Environmental Health Unit storage area	May be obtained from CGHS as required
Liquid soap in bathrooms	Personal hygiene	WSC Environmental Health Unit storage area	10 x 500ml bottles
Cleaning regimes	Pre & post venue work surface clean	On site	To be determined

## Personal Protective Equipment (PPE)

Staff at the MVC will be vaccinated prior to attending the MVC. PPE (masks) will be available for staff working in the centre. Surgical masks will be available at sessions for anyone presenting at the centre unwell and found to be febrile.

### Infection Control

All infection control methods implemented at a routine immunisation session should be followed during the operation of a MVC. This includes the cleaning of the facility at the conclusion of the session.

### Infection Control – Multi-Dose Vials

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

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

# Appendix 2

## Mass Vaccination Plan

### Ordering and Maintaining Vaccines

#### Ordering

- Pandemic vaccine will be provided free of charge by the Australian Government
- DHHS has existing arrangements to store, deliver and order vaccines and these arrangements will be used during a pandemic
- Enquiries regarding orders should be referred to DHHS on 1300 882 008.

#### Maintaining Vaccines

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

#### Documentation / Forms

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

Immunisation providers will be provided with:

- Vaccine
- An order form for doses of the influenza vaccine
- A consent form for vaccination
- Pre-vaccination checklist
- Adverse event following immunisation form
- Time, date and venue for second dose.

Forms and information sheets for the public will need to be available in different languages.

#### Security

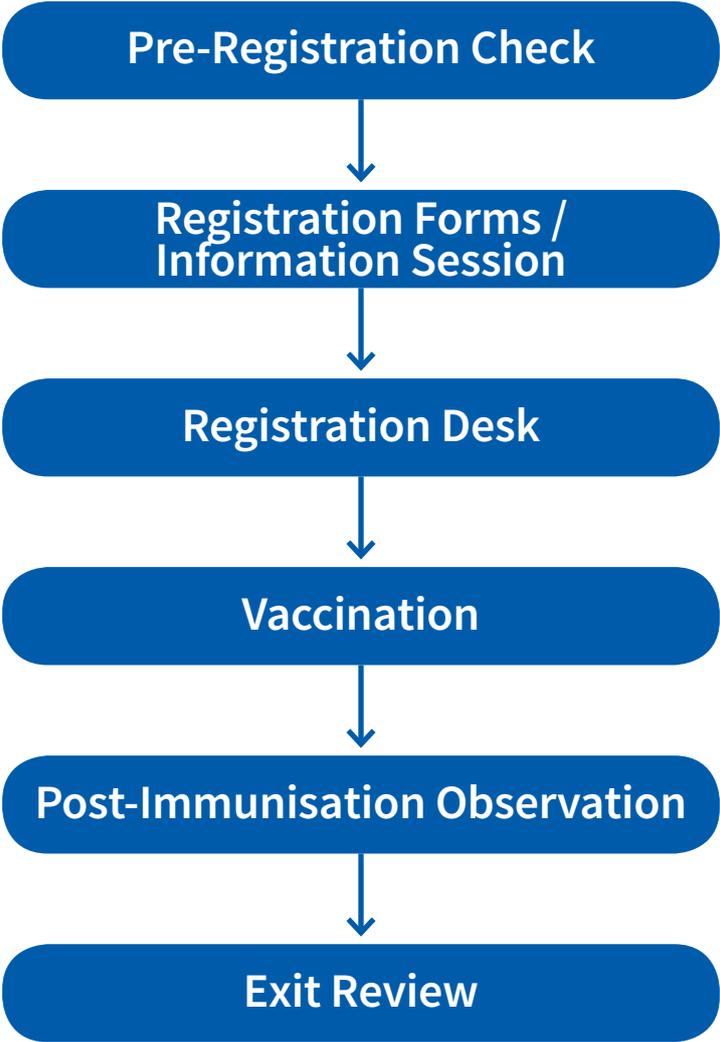
Security at MVCs may be required to maintain order and ensure vaccine security:

- Develop a security plan in conjunction with Victoria Police
- Review security arrangements to reduce risk of break-ins or internal theft
- To reduce risk of mass theft of vaccine while stored on local council property, vaccines will be provided on a regular basis rather than bulk amounts upfront.

#### Hours of Operation

Information about hours of operation for MVCs will be published on multiple websites, broadcast on local and national radio, news reports on television, and in your local newspapers and other sources of printed and web based information.

**Operational Flow of the MVCs**



# Appendix 2

## Mass Vaccination Plan

### Pre-Registration Check

One of the main objectives of a MVC is to ensure that the identified priority groups are adhered to. This check will be undertaken prior to people entering the MVC registration area to assist with the flow in the centre and to prevent people who are not eligible for receiving the vaccine queuing up.

The following outlines the process during the pre-registration check to ensure only these people are receiving the vaccine:

1. Signage is to be displayed indicating current priority group and explaining that only this group may get vaccinated
2. **Proof of age card must be produced**
3. Any person presenting outside the priority group must not be vaccinated and are to be turned away at the pre-registration stage. Advice is to be provided on why and any information available (via DHHS) can be provided on when they can return
4. Security officer(s) are to be provided in this area to assist with any confrontation.

### Temperature Check

To ensure no unwell persons enter the centre temperatures are to be checked using thermometers provided during the pre-registration check. This is undertaken for two reasons, one is to prevent the spread of the virus and the second is that people presenting with a fever should not receive the vaccine.

### Presentation of Sick People

- Assess the clinical status of the client and refer to their health care provider, if required
- If influenza is the suspected illness provide them with a surgical mask
- They are not to proceed any further in the process.

### Number Cards

- Following pre-registration check each person to receive a vaccine is to be provided with a number card to ensure order
- Only a set number of cards are to be handed out to ensure the session does not run overtime. Once all cards are issued all other persons must be turned away and advised of the next session.

### Registration Forms

While people are queuing to enter the registration area the immunisation consent forms will be provided for completion, along with any other written information on the vaccine.

### Information Session

While people are queuing and completing their forms a DVD will be playing advising people the following:

- What is in the vaccine
- What are the risks / benefits
- What are the possible reasons not to be immunised
- Possible side effects and where to seek treatment for such side effects
- The elements on informed consent
- Who they can see to ask any questions.

Information resources to be displayed and provided for people will be provided by DHHS. These will include the following and should be displayed in this area and available for collection:

- Posters
- Common reactions
- Fact sheets on risk and benefit, vaccine content (in various languages).

## **Registration Desk**

At the registration desk the following is to be undertaken.

### **Review Vaccination History**

- Ask vaccinee if they have been vaccinated before, to ascertain if they are receiving their first or second dose.

### **Determine Suitability for Vaccination**

- Obtain Medicare card details (card must be shown)
- Check proof-of-age card again
- Clinical assessment conducted to ensure the vaccinee is medically well enough for the vaccination and has no contraindications to any specific vaccine
- Check the completed pre-immunisation checklist that appears on the immunisation consent form and ensure there are no questions.

### **Documentation Instructions**

The following information will be entered on computer software (ImPS):

- Vaccine Brand Name
- Vaccine Batch Number
- Date vaccine administered
- Vaccinee's Name
- Vaccinee's Address
- Vaccinee's Date of Birth
- Vaccinee's Medicare Number
- Vaccinee's Mobile Number (it is possible that people will be able to be reminded of their second dose via SMS).

These records will be transmitted to DHHS or a central national database (to be decided). ImPS, or the existing local government database, will be used for documentation and to produce data on numbers vaccinated.

Systematic recording of those who have been immunised will be essential for evaluation of age-specific coverage rates and identification of those who received a first dose in order to receive a second dose.

### **Obtain Valid Consent**

- Consent for vaccination will be undertaken by the usual process – following providing risk and benefit information obtain verbal or written consent
- If verbal consent obtained, a note in the documentation should state that the consent process has been undertaken
- If available, interpreters will be of assistance in the consent process.

### **Vaccination**

- Patients will receive their vaccination from an approved nurse (or medical practitioner, if required and available for session)
- Patients receiving their first dose are to be provided with a date stamped card indicating the date their second dose is due.

### **Post-Immunisation Observation**

- Vaccinated patients should remain on the premises under observation for 15 minutes following their vaccination
- Re-advise patient that they should contact their General Practitioner if an adverse event occurs after immunisation.

### **Exit Review**

A staff member will be allocated to the post-immunisation area.

- Answer any remaining questions they may have
- Be checked by staff to ensure they exit with their information sheets, including possible reactions and who to contact.

# Appendix 2

## Mass Vaccination Plan

### Mass Vaccination Centres

Note: Accommodation numbers estimates only based on m<sup>2</sup> of floor area to assembly areas.

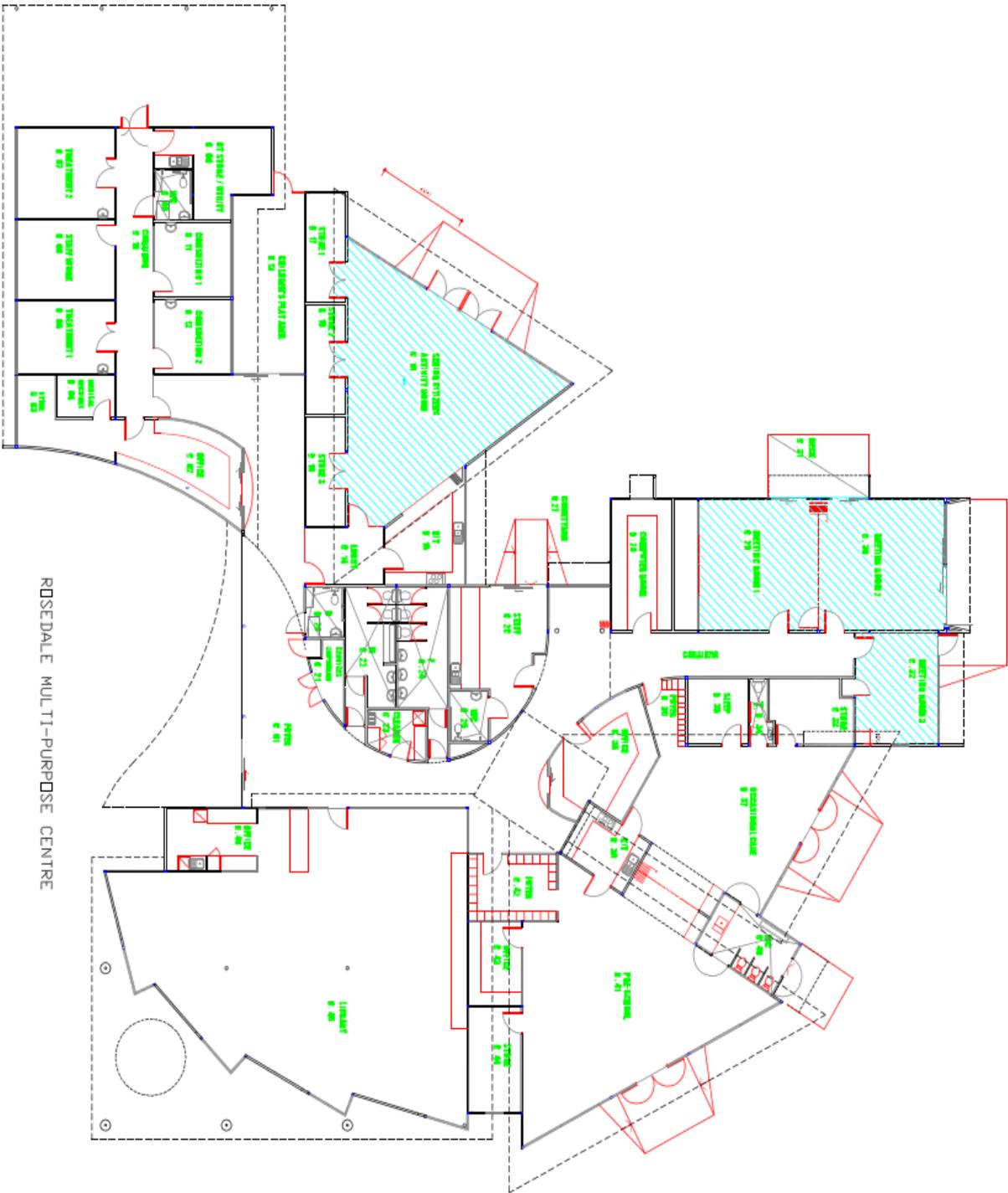
Town	Facility	Accommodation		Car Parking	Adequate Power Supply	Alternative Access/Exit	Chairs/Tables	Cleaning Contract
		Room	No.					
Yarram	Regent Theatre	Auditorium	260	Street Parking	Yes	Yes	Yes	Committee of Management
		Supper Room	132					
<b>Total</b>		<b>392</b>						
	Yarram Hub	Community Meeting Rooms 1 & 2	<b>70</b>	Car Park	Yes	Yes	Yes	Yes Cleaning managed by Council
Rosedale	Multi-Purpose Centre	Senior Citizens Meeting Rooms 1&2	75	Street Parking	Yes	Yes	Yes	Yes Cleaning managed by Council
		Meeting Room 3	20					
		<b>Total</b>	<b>168</b>					
Sale	Sale Baptist Church	Auditorium	300	Car Park	Yes	Yes	Yes	
		Function Room	300					
		Foyer	80					
		Other Rooms	100					
	<b>Total</b>	<b>780</b>						
	Gippsland Regional Sporting Complex**	Meeting Rooms 1&2	<b>100</b>	Car Park	Yes	Yes	Yes	
Maffra	Memorial Hall	Hall	380	Street Parking & Carpark	Yes	Yes	Yes	Committee of Management
		Supper Room	140					
		<b>Total</b>	<b>520</b>					
Heyfield	Memorial Hall	Hall	260	Street Parking	Yes	Yes	Yes	Yes Committee of Management
		Supper/Conf Room	100					
		<b>Total</b>	<b>360</b>					

*Names of key contacts are in a separate document - not for public release (Appendix 5)*





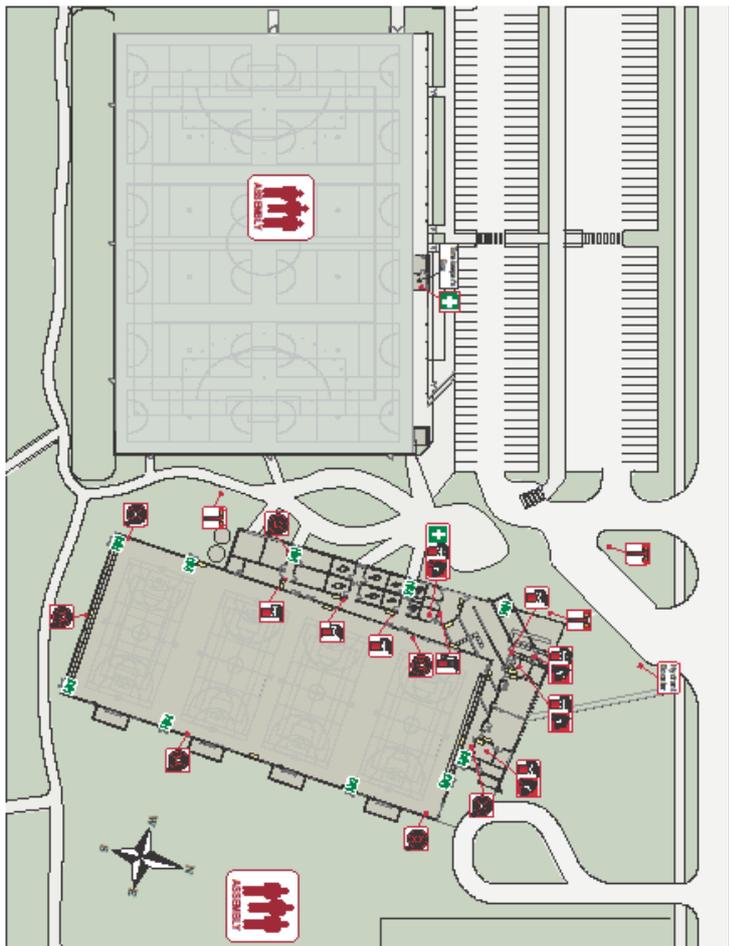
# Rosedale Multi-purpose Centre



# Appendix 2

## Mass Vaccination Plan

### Sale – Gippsland Regional Sporting Complex



**EMERGENCY PROCEDURES**

**IN CASE OF FIRE** *(Remember RACE..!)*

**R** REMOVE PEOPLE FROM IMMEDIATE DANGER AREA  
(Do not obstruct Exits and Exit Routes)

**A** ALERT OTHER PEOPLE IN VICINITY OF THE FIRE  
Dial 000 and ask for the Fire Brigade

**C** CONFINE FIRE AND SMOKE  
Close doors behind you and where practicable, windows also  
(To contain smoke/ fire)

**E** EXTINGUISH/ CONTAIN FIRE  
If contained and if safe to do so, operate appropriate  
extinguishers/ fire hose reel (EVACUATE)

Should an evacuation of the building be required, follow the exit signs to locate the nearest safe emergency exit and proceed to the designated assembly area.

**EMERGENCY SERVICES**

Dial 000

In Not Instantly

POLICE  
FIRE  
AMBULANCE

Then advise management the particulars of the incident

**LEGEND**

	Fire Extinguisher (Dry Chemical Powder)
	Fire Extinguisher (Carbon Dioxide)
	Fire Hose Reel
	Fire Blanket
	First Aid Kit
	Exit

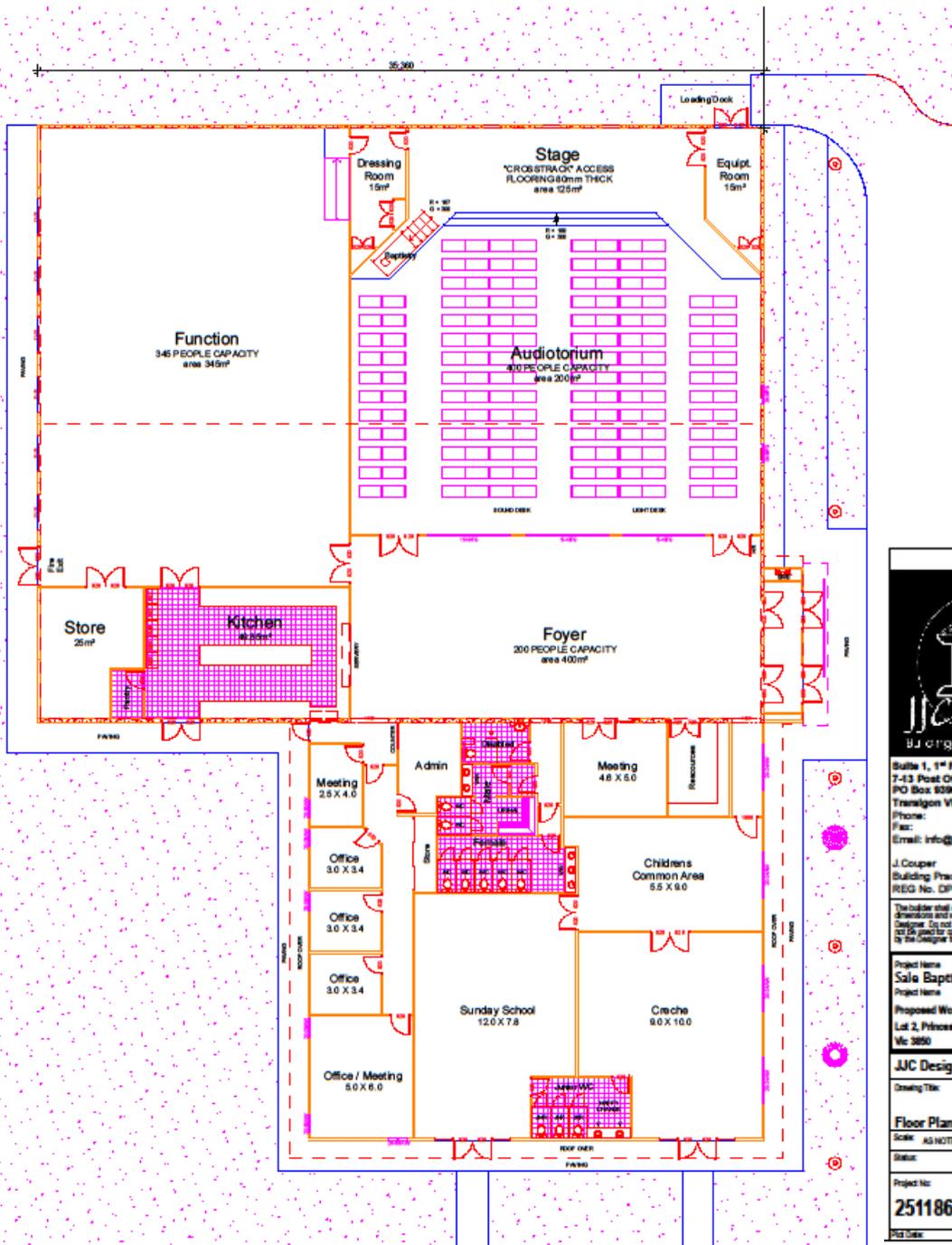
**ASSEMBLY AREA INSTRUCTIONS**

- ▶ Account for people from the building.
- ▶ Report any person missing to the Fire Brigade/ Responding authorities.
- ▶ DO NOT re-enter the building until the "All Clear" is given by the responding Emergency Services.

emerging graphics per net  
10/2011 02/2012 01/2013 02/2014

# Sale – Sale Baptist Church

## FLOOR PLAN Church Building SCALE 1:200





**JJC Design**  
Building Design Consultants

Suite 1, 1<sup>st</sup> Floor  
 7-13 Post Office Place  
 PO Box 5090  
 Translong Vic 3844  
 Phone: (03) 5176 1117  
 Fax: (03) 5176 1107  
 Email: info@jcdesign.com.au

J. Couper  
 Building Practitioner  
 REG No. CP-AD2228

The builder shall check and verify all dimensions and levels at every 400mm intervals to the Designer. Do not scale the drawings. Drawings shall not be used for construction purposes and issued by the Designer for construction.

Project Name  
**Sale Baptist Church**  
 Project Name  
 Proposed Worship Centre  
 Lot 2, Princess Highway, SALE  
 Vic 3850

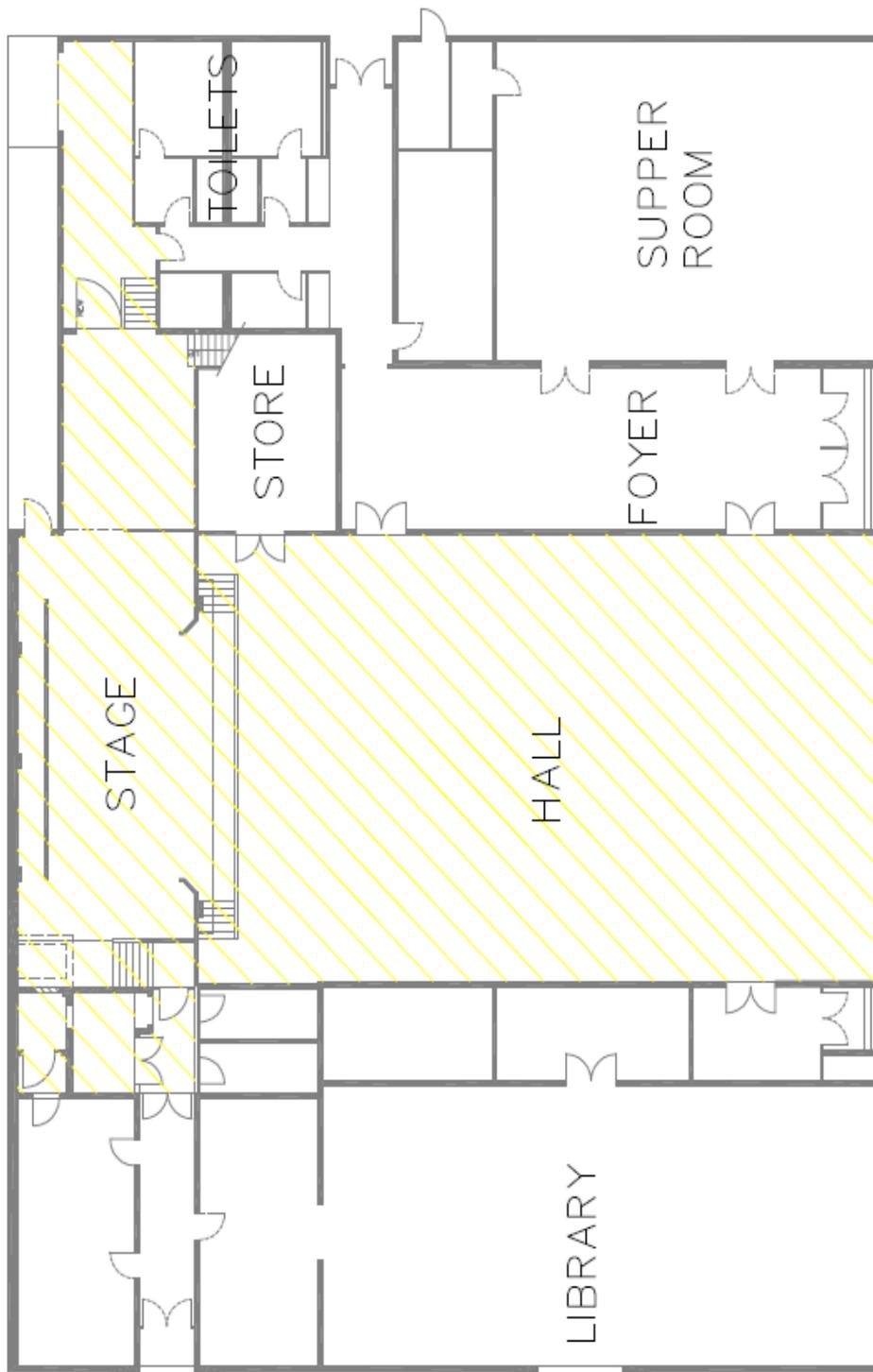
**JJC Design P/L**  
 Drawing Title:

Floor Plans	
Scale: AS NOTED	Date: 4/5/2006
Status:	Drawn By: N.Pole
Project No: <b>251186</b>	Drawing No.: <b>A-02</b>
Proj Title:	4/5/2006

# Appendix 2

## Mass Vaccination Plan

### Maffra Memorial Hall



# Heyfield Memorial Hall



# Appendix 3

## Influenza Pandemic FAQs

### How is pandemic influenza different from seasonal influenza

#### Seasonal influenza

- Seasonal influenza follows predictable yearly patterns, in Australia generally from March through to October
- Viruses associated with seasonal influenza include influenza A, influenza B and influenza C. People usually have some immunity built up from previous exposure to circulating seasonal influenza viruses.

#### Pandemic influenza

- A pandemic is a global disease outbreak
- An influenza pandemic is possible when an influenza A virus makes a dramatic change that results in a new or novel virus to which people have little or no immunity
- The new virus then begins to cause serious illness, spreads easily from person to person and can sweep around the world quickly
- Pandemic influenza differs from seasonal influenza in that everyone is at risk of infection with the new strain and larger numbers of people catch it
- Current vaccines for seasonal influenza will not offer protection against pandemic influenza and need to be developed to target the specific virus
- In the 20th Century there were three pandemics: 1918–19, 1957–58 and 1968–69; and one in the 21st Century: 2009–2010.

### Key points to remember

- Everyone is at risk of infection
- Vaccination is the best way to prevent seasonal influenza
- Influenza is very infectious so good hygiene, such as regular hand washing and cough etiquette are important
- Influenza is caused by a virus so antibiotics cannot be used to treat it
- Influenza can be more serious in babies and young children, pregnant women, older adults with chronic medical conditions, people with a disability and indigenous Australians
- Contact your family doctor if you or your child has influenza and has a chronic medical condition or signs of severe illness
- If you do have influenza avoid contact with others to prevent it spreading.

### Is there a vaccine available for protection against pandemic influenza?

Vaccines are the first line of defence against a pandemic, but it could take at least six months to produce the vaccine for a new virus. This complex process cannot begin until the pandemic begins and the new virus has been identified.

Once a vaccine is available, the Department of Health & Human Services will work in collaboration with Local Government and other health agencies to deliver a pandemic influenza immunization program.

## How can I stay healthy during an influenza pandemic?

The following measures will help you prevent the spread of pandemic influenza:

- [Cover your mouth and nose when you sneeze or cough](#)
- **Wash** your hands regularly with soap and water, or use an alcohol-based product (gels, rinses, foams) that doesn't require water
- Don't share personal items
- Clean surfaces - Influenza viruses can live on surfaces for several hours. If a member of your household has influenza you should regularly clean surfaces such as tables, benches, refrigerator doors and door knobs with soap and water or detergent.

## What are the symptoms of pandemic influenza?

Symptoms of pandemic influenza are very similar to seasonal influenza. Symptoms may occur 1- 3 days after infection and could include:

- tiredness
- fever
- chills
- headache
- cough
- sneezing and runny nose
- poor appetite, and
- muscle aches.

## What should I do if I get sick?

- Avoid close contact with others if you are unwell with influenza (flu) - Keeping your distance from others by standing or sitting back (at least one metre apart, where possible) will help reduce the chances of spreading the flu virus between people
- If you are unwell, you should remain at home and not go to work or school or attend other public or crowded gatherings, and avoid taking public transport. If you need to use public transport, it is recommended that you wear a mask to contain the virus
- Do not visit people who have the flu unless it is absolutely necessary
- If a member of your household has the flu, he or she should be separated from other members of the family if possible, and be encouraged to wear a surgical mask. If you are caring for someone who has the flu, you too should wear a mask and gloves when in close contact to protect yourself from catching the flu. Pregnant women or people who are in other high risk groups should seek medical attention as soon as they develop symptoms of influenza.

# Appendix 3

## Influenza Pandemic FAQs

### Preparing your household

There are several things you can do that will help you be prepared, should a pandemic occur:

- Have plans in place if you and your family have to stay at home for a week or so during a pandemic. Talk to your family and friends about this
- Think of someone who could help you with food and other supplies if you and your family were sick and could not leave the house
- If you live alone; are a single parent of young children; or are the only person caring for a frail or disabled person, think of someone you could call upon for help if you become very ill with the flu. Discuss with the person what help you might need and how that could best be provided
- Think of someone you could call on to care for your children if their school or day-care centre were to close during a pandemic but you still had to go to work. Discuss this with them:
  - Have a telephone network for you and the people who live close by
  - Put the phone number of your family doctor and the 24 hour Nurse on Call information number **1300 606 024** in a prominent place
  - Teach children about hand washing and cough etiquette
  - Think about supplies you might need in a pandemic.

### Emergency pantry list for households

<https://www.dfes.wa.gov.au/safetyinformation/Documents/emergency-pantry-list.pdf>

### The Department of Health has resources to assist individuals and households

<http://www.health.gov.au/internet/main/publishing.nsf/Content/panflu-preparing-lp-1>

### Non-Government organisations

If your organisation provides essential community services, particularly to vulnerable people in the community, it is important that arrangements are in place to enable the continuation of these services.

The Commonwealth Government has developed a kit with practical tools and information to assist in preparing your organisation for a potential human influenza pandemic.

## How can businesses prepare for a pandemic?

A pandemic will also have an impact on businesses through increased absenteeism. Staff may be sick or may need to stay home to care for family members who are ill.

Advanced preparation will be critical in controlling a pandemic by ensuring essential products and services such as electricity, telecommunications, fuel supply, water, food, health, transport, finances and others that help maintain the core functions and services in the business and general community can continue.

Businesses need to consider the impact of a pandemic on their staff and customers and make appropriate business continuity plans such as setting up flexible shift plans, having employees telecommute and cancelling any large meetings or conferences.

The following guide has been developed to help Australian businesses consider what impact a human influenza pandemic might have on their business, and to help businesses take appropriate actions to prepare themselves as best they can. Although the Government can assist in providing access to information and planning tools, it is up to businesses themselves to prepare and ensure they are in the best position to manage the effects of a pandemic, and to recover as quickly as possible.

[Business Continuity Guide for Australian Business](#)

## What if schools and child-care centres close?

Children spread influenza easily. Schools and childcare centres may close or modify their activities in an effort to control the spread of pandemic influenza. The exclusion of sick students from school and children's services, or students with a sick household member, may also assist in slowing the spread of infection.

- Plan for children's care as childcare may not be available
- Talk to your school principal, teachers and parent groups for information about potential impact on schools and early childhood services in relation to Emergencies and Natural disasters. [www.education.vic.gov.au/about/programs/health/Pages/emergencies.aspx](http://www.education.vic.gov.au/about/programs/health/Pages/emergencies.aspx)

# Appendix 3

## Influenza Pandemic FAQs

### How can I stay informed?

Monitor websites and listen to local and national radio, watch news reports on television, and read your newspaper and other sources of printed and web-based information.

#### Local Hospital websites

Central Gippsland Health –  
[www.cghs.com.au](http://www.cghs.com.au)

Yarram & District Health Service –  
[www.ydhs.com.au](http://www.ydhs.com.au)

#### Department of Health & Human Services Influenza Website

[www.health.vic.gov.au/influenza/](http://www.health.vic.gov.au/influenza/)  
*Includes information on seasonal influenza, pandemic influenza and immunisation (include workplace influenza resources).*

#### Chief Health Officer website

[www.health.vic.gov.au/chiefhealthofficer/advisories/index.htm](http://www.health.vic.gov.au/chiefhealthofficer/advisories/index.htm)  
*Includes all Health Alerts and Advisories.*

#### IDEAS website

[ideas.health.vic.gov.au](http://ideas.health.vic.gov.au)  
*Includes information on diseases and outbreaks, notifications, resources, disease data, privacy information and other publications.*

#### Better Health Channel

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)  
*Includes consumer information.*

#### Travel Health

Have you recently arrived or returned from overseas?

[www.health.gov.au/internet/main/publishing.nsf/Content/05C345A98818BB46CA257E35007F6929/\\$File/travel.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/05C345A98818BB46CA257E35007F6929/$File/travel.pdf)

#### V/line Gippsland Travel Updates – Gippsland Commuter Portal

[V/Line Service Updates](#)

#### Emergency Management Victoria

[www.emv.vic.gov.au](http://www.emv.vic.gov.au)

### Medical Advice

In an emergency, call triple zero (**000**) or **106** for people with a hearing or speech impairment - <http://relayservice.gov.au/making-a-call/emergency-calls/>

For 24 hour health advice call Nurse-On-Call on **1300 606 024** for the cost of a local call from anywhere in Victoria. (Calls from mobile phones may be charged at a higher rate.)

### Related Information

[Victorian Health Management Plan for pandemic influenza](#) - VHMPPi

Wellington Municipal Influenza Pandemic Plan- [www.wellington.vic.gov.au](http://www.wellington.vic.gov.au)

# Appendix 4

## Business Continuity Plan

**NOT FOR PUBLIC DISTRIBUTION**

# Appendix 5

## Key Contact List

List held by Coordinator Emergency Management, Wellington Shire Council

**NOT FOR PUBLIC DISTRIBUTION**



WELLINGTON  
SHIRE COUNCIL

*The Heart of Gippsland*

**Sale Service Centre**

18 Desailly Street (PO Box 506), Sale Victoria 3850  
Telephone 1300 366 244

**Yarram Service Centre**

156 Grant Street, Yarram Victoria 3971  
Telephone (03) 5182 5100

**Web** [www.wellington.vic.gov.au](http://www.wellington.vic.gov.au)

**Email** [enquiries@wellington.vic.gov.au](mailto:enquiries@wellington.vic.gov.au)