

# Preparing for an influenza pandemic

## A planning guide for local government

September 2008



A Victorian  
Government  
initiative



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The templates contained in this document are available for download from the Department of Human Services website at: [www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)

Authorised by the State Government of Victoria,  
50 Lonsdale St, Melbourne



## Background

This Guide has drawn upon existing influenza pandemic plans from:

- Gannawarra Shire Council
- City of Melbourne
- City of Greater Geelong.

It also incorporates elements of the Pandemic Emergency Management Plan template published by the Commonwealth Attorney-General's Department.

This Guide is to be used in conjunction with the influenza pandemic plans and sub-plans and other emergency management planning resources listed under *Plan linkages* on pg 2.

## Purpose

This Guide should be used for planning within the specific environment of individual municipalities. To ensure that the planning process is conducted as comprehensively as possible, all agencies across the municipality that are identified as having a community support and recovery role in the event of a pandemic should be involved.

The influenza pandemic plan should be closely linked to the existing Municipal Public Health Plan and Municipal Emergency Management Plan (MEMP). It is important that members of these committees are included as part of the process for pandemic planning.

The scope of influenza pandemic planning for individual municipalities may not be limited to the scope of the information outlined in this planning template.

The Guide can be used in sections, and each template can be modified as a stand alone component of planning, or integrated as part of an existing plan. It is important that every agency listed in the municipal plan understands their role and responsibilities.

Please ensure that the MEMP is thoroughly examined before using this guide to avoid the duplication of existing information.

## Planning context

Municipalities using this Guide may need to undertake additional planning activities to ensure that local needs are identified and met.

The Department of Human Services receives a significant amount of information on the influenza pandemic planning process from the Commonwealth. The information provided by the Commonwealth directly influences the actions of the department, and as a result, information contained within this Guide may vary without notice at any point. Users should check with their relevant Department of Human Services contact before updating or altering their influenza pandemic plan.

It is also advised, as part of ongoing auditing of the MEMP, that the relevant Commonwealth and State policies and guidelines are consulted.

## Objectives

Planning for an influenza pandemic should focus on the following major objectives:

1. **Preparedness**—*have arrangements in place to reduce the impact of an influenza pandemic.*
2. **Containment**—*assist with preventing transmission, implement infection control measures, provide support services to people who are isolated or quarantined.*
3. **Maintaining essential municipal services**—*make provisions for supply chain and critical infrastructure business continuity within local government in the face of increased absenteeism and changes in demand on local government services within the municipality.*
4. **Communication**—*develop media and communication messages to inform the community and staff of any changes to normal municipal service delivery.*
5. **Provide mass vaccination**—*assist in providing vaccination services to the community if an influenza pandemic vaccine becomes available.*
6. **Community support and recovery**—*ensure there is a comprehensive approach to emergency recovery planning in the municipal emergency management plan, with specific focus on the issues associated with an influenza pandemic. In particular, focus on the priority tasks recommended in the Community Support and Recovery Sub Plan.*

Within these broad areas, a number of key planning areas need to be addressed:

1. Identify your community profile, especially vulnerable and special needs groups.
2. Develop and implement local strategies to address:
  - basic infection control (hand hygiene/ cough etiquette)
  - support for home isolated cases or quarantined contacts
  - viability of contractors' business continuity programs
  - mutual aid between municipalities
  - mass vaccination
  - communication

These should factor in activities within the containment, maintenance and recovery phases.

## Plan linkages

Use this Guide in conjunction with influenza pandemic plans and sub-plans and other emergency management planning resources, as listed:

- **Victorian Human Influenza Pandemic Plan**  
[www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)
- **Preparing for an influenza pandemic: A toolkit for Local Government**  
[www.health.vic.gov.au/pandemicinfluenza/government.htm#local](http://www.health.vic.gov.au/pandemicinfluenza/government.htm#local)
- **Victorian Human Influenza Pandemic Plan: Community Support and Recovery Sub Plan**  
[www.health.vic.gov.au/pandemicinfluenza/government.htm#local](http://www.health.vic.gov.au/pandemicinfluenza/government.htm#local)
- **Victorian Health Management Plan for Pandemic Influenza**  
[www.health.vic.gov.au/ideas/regulations/vic\\_influenza](http://www.health.vic.gov.au/ideas/regulations/vic_influenza)
- **Preparing for an influenza pandemic—An information kit and workplan for general practice**  
[www.health.vic.gov.au/pandemicinfluenza/general\\_practice.htm](http://www.health.vic.gov.au/pandemicinfluenza/general_practice.htm)

- **Human Influenza Pandemic Whole of Victorian Government Communication Strategy**  
[www.health.vic.gov.au/pandemicinfluenza/downloads/wovg\\_communication\\_strategy\\_overview.pdf](http://www.health.vic.gov.au/pandemicinfluenza/downloads/wovg_communication_strategy_overview.pdf)
- **Emergency Management Manual Victoria—Part 4 State Emergency Recovery Arrangements**  
[www.oesc.vic.gov.au/emergencymanual](http://www.oesc.vic.gov.au/emergencymanual)

## Further information

More information and assistance can be found in the following documents and websites.

Educational posters developed by the Department of Human Services:  
[www.health.vic.gov.au/pandemicinfluenza/prof\\_res.htm#general](http://www.health.vic.gov.au/pandemicinfluenza/prof_res.htm#general)

Fact sheets developed by the Department of Human Services:  
[www.health.vic.gov.au/ideas/regulations/vic\\_influenza](http://www.health.vic.gov.au/ideas/regulations/vic_influenza)

Victorian and national information on pandemic planning:  
[www.health.vic.gov.au/pandemicinfluenza/prof\\_res.htm#general](http://www.health.vic.gov.au/pandemicinfluenza/prof_res.htm#general)

Australian Government (Department of Health and Ageing) website:  
[www.health.gov.au/internet/main/publishing.nsf/Content/Health%20Alerts-1](http://www.health.gov.au/internet/main/publishing.nsf/Content/Health%20Alerts-1)

Australian Health Management Plan for Pandemic Influenza:  
[www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-ahmppi.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-ahmppi.htm)

Australian Standards website—  
Australian Standards numbers HB221 and HB292 provide business continuity resources:  
[www.standards.org.au/](http://www.standards.org.au/)

*Being Prepared for an Influenza Pandemic:*  
[www.industry.gov.au/General/Corporate/Pages/BusinessContinuityPlanning.aspx](http://www.industry.gov.au/General/Corporate/Pages/BusinessContinuityPlanning.aspx)

National Action Plan for Human Influenza Pandemic:  
[www.dpmc.gov.au/publications/pandemic/index.cfm](http://www.dpmc.gov.au/publications/pandemic/index.cfm)

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## Influenza Pandemic Plan

(insert status of plan—is it a sub-plan of the Municipal Emergency Management Plan, or a stand alone document?)

**(Insert name of municipality)**

Version: \_\_\_\_\_

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

Author: \_\_\_\_\_

Last edited: \_\_\_\_\_

## Template 1: Introduction

### Authority of the Chief Executive Officer (CEO) and role allocation of (municipality name)

The (municipality name), as part of its emergency management planning, is putting in place an Influenza Pandemic Plan. Whilst the likelihood of an influenza pandemic is low, the impact on this organisation in such an event could be devastating.

(Pandemic Coordinator's name and title) is nominated as the Pandemic Coordinator for the municipality, and will work with all business units and sections in identifying critical staff and functions.

(Deputy Pandemic Coordinator's name and title) will assist (Pandemic Coordinator's name and title), and be the Deputy Pandemic Coordinator.

It is required that all business units and sections offer their assistance to the Pandemic Coordinator and provide as much information as is necessary. This will enable the construction of a robust plan, reducing the local impacts of an influenza pandemic and providing support and recovery assistance to our affected community, throughout the pandemic's duration.

The plan will be reviewed (insert a nominated review period, suggested annually).

Once a draft pandemic plan has been completed, a desk-top exercise will be carried out to test the plan and make any identified revisions.

It is emphasised that the pandemic plan is to work in conjunction with the municipality's emergency management plans.

I trust all business sections will offer as much assistance as is required.

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(Signed and dated by the CEO)

## Template 2: Framework and Background

### Framework

#### Commonwealth plans

- National Action Plan for Human Influenza Pandemic—Council of Australian Governments July 2007
- Australian Health Management Plan for Pandemic Influenza—Australian Government Department of Health and Ageing May 2006

#### State plans

- Victorian Human Influenza Pandemic Plan—Victorian Government April 2007
- Community Support and Recovery Sub Plan—Victorian Department of Human Services March 2008
- Victorian Health Management Plan for Pandemic Influenza—Victorian Department of Human Services July 2007

#### Local Government Influenza Pandemic Plan

(insert municipal plan's name)

### Pandemic influenza background

For more information, please refer to pg 4–7, Victorian Health Management Plan for Pandemic Influenza.

#### Disease description

Influenza is an acute respiratory disease caused by influenza type A or B viruses. Symptoms usually include: fever, cough, lethargy, headache, muscle pain and sore throat. Infections in children, particularly type B and A (H1N1), may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

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

### Transmission

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

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

- intubation
- taking respiratory samples
- performing suctioning
- use of a nebuliser.

### 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 case 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.

The differences in past pandemics show the need for flexible contingency plans, capable of responding efficiently to any pandemic threat.

## Template 3: Aims and Objectives

### Aims

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

### Objectives

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

### Outline procedure for activating the plan

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### Predicted impact of an influenza pandemic

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

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

### Outline how a pandemic may impact on the Municipality

For (insert municipality's name), it is expected that (insert 40 per cent of the municipality's population) would be infected with pandemic influenza, and of those (insert 2.4 per cent of the 40 per cent of your municipalities population) would die.

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### Determine the role of local government in planning

List municipal responsibilities in the areas of community support and recovery, public health, business continuity and essential services.

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## Influenza Pandemic Planning Sub-committee membership and contact details

List committee members, roles and responsibilities

Name	Business area	Level of authority	Primary contact	Alternative contact
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

## Template 4: Community Profile

This information should be contained in the Municipal Emergency Management Plan (MEMP). Please ensure that the MEMP is checked before any additional information is sought.

Population (insert current municipal population)

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### Vulnerable communities

(List vulnerable communities within the municipality. Previous pandemics affected different groups, so it is impossible to specifically predict who will be most affected. It is important though, to have an understanding on who are your vulnerable groups so that planning can be done to minimise the effects on each group.)

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### Industry

(List primary and secondary industries in the municipality.)

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### Municipal events and facilities

(List regular social and cultural events that occur in the municipality.)

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(List municipal facilities—halls, reserves, council offices, libraries, accommodation and other centres. This information should be contained in the Municipal Emergency Management Plan (MEMP). Please ensure that the MEMP is checked before any additional information is sought.)

Facility	Capability	Capacity	Contact
Modify as required	Modify as required	Modify as required	Modify as required

## Communications infrastructure

(List mobile and landline support, media, radio, television, newspapers, community information programs, or any other community communication systems or processes.)

## Health services

(List hospitals, community health centres, and other health services or providers, including aged care and disability providers, nursing homes, hostels and supported residential services).

Facility	Function	Capacity	Contact
Modify as required	Modify as required	Modify as required	Modify as required

It is important that each agency listed understands their roles and responsibilities in the event of a pandemic. It is recommended that this is clearly communicated to each agency involved in the planning process.

## Template 5: Staff Support

Procedure	Available		Action
	Yes	No	
Facilities for people to wash their hands frequently			
Promotion of basic hygiene practices, including good hand washing and cough etiquette (refer or link to our posters)			
Tissues and no-touch receptacles for used tissue disposal			
Conveniently located dispensers of alcohol-based hand rub			
Soap and disposable towels for hand washing where sinks are available			
Provision of disposable surgical masks for use by persons who are coughing/sneezing—persons displaying these symptoms will need to be sent home			
Provision of protective barriers such as glass or perspex to protect staff who have frequent face-to-face contact with the public			
Staff travel management plans in place			
Restricting entry to the workplace by staff and visitors with influenza symptoms			
Increased cleaning regimes			
Ensure cleaning contractors use a neutral detergent			
Illness Reporting Scheme			

The Victorian Department of Human Services will decide which groups will be provided with antiviral medicines, as per the antiviral policy in the Australian Health Management Plan for Pandemic Influenza.

The Commonwealth Department of Health and Ageing has produced a DVD entitled 'Prepared and Protected' to assist a range of organisations with influenza pandemic planning.

## Template 6: Health Services Planning for Managing Affected Individuals

### Influenza streams

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

### Designated hospitals (Flu Clinics)

To prevent the spread of pandemic influenza infection within hospitals, the Department of Human Services will implement a Designated Hospital Model. This model implements influenza clinics as patient numbers increase, to minimise impacts on hospital emergency departments and GP clinics. The Department of Human Services has identified 16 designated hospitals in Victoria. They have been designated based on:

- location
- isolation facilities (for example, negative pressure rooms)
- infectious diseases expertise.

The decision to transfer suspected cases to a designated hospital will be made by the Department of Human Services, in consultation with the health service. Clinical or other considerations may preclude patient transfer.

Designated hospital	Address	Facility details	Contact
<i>local hospital</i>		<i>size</i> <i>capacity</i> <i>signage</i> <i>accessibility</i> <i>parking</i> <i>hygiene</i>	

If there are any cooperative arrangements with other municipalities, list shared or co-located hospitals or medical facilities. Designated hospitals listed on pg 51 of the *Victorian Health Management Plan for Pandemic Influenza* are:

Bayside Health	<b>The Alfred</b>	<i>Commercial Rd Prahran VIC</i>
Austin Health	<b>Austin Hospital</b>	<i>Studley Rd Heidelberg VIC</i>
Ballarat Health Services	<b>Base Hospital</b>	<i>Drummond St North Ballarat VIC</i>
Bendigo Health	<b>Bendigo Hospital Campus</b>	<i>Lucan St Bendigo VIC</i>
Eastern Health	<b>Box Hill Hospital</b>	<i>Nelson Rd Box Hill VIC</i>
Peninsula Health	<b>Frankston Hospital</b>	<i>Hastings Rd Frankston VIC</i>
Barwon Health	<b>Geelong Hospital</b>	<i>Ryrie St Geelong VIC</i>
	<b>Goulburn Valley Health</b>	<i>Graham St Shepparton VIC</i>
	<b>Latrobe Regional Hospital</b>	<i>Princess Highway Traralgon West VIC</i>
Southern Health	<b>Monash Medical Centre, Clayton Campus</b>	<i>Clayton Rd Clayton VIC</i>
	<b>Northeast Health Wangaratta</b>	<i>Green Street Wangaratta VIC</i>
Northern Health	<b>The Northern Hospital</b>	<i>Cooper St Epping VIC</i>
	<b>The Royal Children's Hospital</b>	<i>Flemington Rd Parkville VIC</i>
Melbourne Health	<b>The Royal Melbourne Hospital</b>	<i>Grattan St Parkville VIC</i>
St. Vincent's Health	<b>St. Vincent's Hospital</b>	<i>Princes St Fitzroy VIC</i>
Western Health	<b>Western Hospital</b>	<i>Gordon St Footscray VIC</i>

## Template 7: Public Health Control Measures

Community Education Strategy (refer template 12)

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Community Support (isolation and quarantine processes and management)

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### Measures to increase social distancing

Another strategy to protect staff is minimising their contact with others. Crowded places and large gatherings of people should be avoided, whether inside or outside.

Because the virus can travel up to one metre when someone sneezes or coughs, a distance of at least one metre could reduce the propensity to be infected. Visiting or other contact with unwell people should be avoided, wherever practicable.

#### How to minimise contact

- avoid meeting people face to face—use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building
- avoid any unnecessary travel and cancel or defer non-essential meetings/gatherings/workshops/training sessions
- if possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace
- practice shift changes where one shift leaves the workplace before the new shift arrives. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning
- avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport
- bring lunch and eat it at your desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced
- do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area
- if a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air.
- set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery
- encourage staff to avoid large gatherings where they might come into contact with infectious people.

## Template 8: Mass Vaccination/Immunisation

Advice on the process of mass vaccination is provided in the Mass Vaccination Guide, which forms Appendix 8 of the *Victorian Health Management Plan for Pandemic Influenza*. The guide was developed to provide advice to all organisations undertaking vaccination during a pandemic, as well as those setting up mass vaccination centres. It details the:

- national medical stockpile
- vaccination strategy (priority groups)
- routine vaccination in the inter-pandemic periods
- mass vaccination centres—session structure and management (administration, documentation, consent etc.)
- logistics
- various *pro forma* documents (immunisation consent form, record of administration and report of suspected adverse events).

Identify and list proposed mass vaccination/immunisation centres: size and client capacity; appropriate signage, accessibility (for the public and emergency vehicles, close to public transport), facilities (car parking, toilets, handwashing facilities).

Venue name	Address	Facility details	Contact
<i>local hall</i> modify as required		<i>size</i> <i>capacity</i> <i>signage</i> <i>accessibility</i> <i>parking</i> <i>hygiene</i>	Modify as required

Vaccinations packs sourced from the National Medical Stockpile will be given to affected municipalities by the Department of Human Services. These packs will include syringes and needles, alcohol swabs, sharps containers, disposable dishes and disposable gloves, hazardous waste bags and bandaids.

Develop a media strategy to advertise session details—See template 12.

Develop a process to ensure vaccination of priority groups is adhered to:

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### Develop a contact list of available staff and rostering plan for initial operations.

Name	Area	Role	Primary contact
Modify as required	Modify as required	Modify as required	Modify as required

### Arrangements for accessing mutual aid from neighbouring municipalities.

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Identify people in the community who can be trained quickly and easily to provide additional resources. Ensure that these people have not already been allocated to a different task, and therefore will be unavailable under this plan.

It is important that the planning process incorporate existing occupational health and safety procedures.

Name	Organisation	Role/skill	Primary contact	Alternative contact
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

### Personal protective equipment

The organisation **has/has not** decided to invest in PPE (gloves, face masks, and protective body wear).

Guidelines for PPE are contained with the Australian Health Management Plan for Pandemic Influenza—Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings.

Protective materials are mainly stored and located **(insert location here)**.

The organisational policy for dealing with expiring or obsolescent stock is summarised in the following table.

Protective material description	Purpose/use	Location	Quantity	Expiry date	Distributed by	Distributed to
Alcohol wipes	Cleaning materials	Modify as required	Modify as required	Modify as required	Modify as required	Modify as required
Face masks		Modify as required	Modify as required	Modify as required	Modify as required	Modify as required
Soap in bathrooms						
Cleaning regimes						

## Template 9: Mass Fatality Plan

For more information please refer to Appendix 4 pg 58–59 Victorian Health Management Plan for Pandemic Influenza July 2007.

Identify and list capacity of funeral homes, cemeteries and crematoria within the municipality (including burial and cremation capacity).

Funeral business	Address	Capacity and plans for increased capacity	Contact
Modify as required	Modify as required	Modify as required	Modify as required

### Religious and social considerations

Identify groups that may require specific social or religious consideration.

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Develop a contact list of community leaders and organisations that may be able to assist.

Name	Organisation	Role	Primary contact	Alternative contact
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

## Template 10: Delivery of Local Food Services

Identify and list facilities to prepare and deliver council food services and contact details. Include number of meals currently produced or anticipated to be required, where possible.

Facility/supplier	Role	Estimated food prep. time	Primary contact
Modify as required	Modify as required		Modify as required

### List of delivery schedules—daily/weekly

Facility/supplier	Delivery type	Delivery time	Receiving facility
Modify as required	Modify as required	Modify as required	Modify as required

### Major suppliers to the municipality

Suppliers on whom the municipality depend for services/products	Contact person	Contact details	What effect will loss of services from this supplier have on the municipality?	What can the municipality do to lessen the reliance on this supplier?	Is a business continuity plan in place?
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

## Template 11: Business Continuity

To ensure consistency within the municipality, please check with other business areas to ensure that business continuity planning has not already been undertaken or completed.

**Determine and list the essential business functions provided by and operating within the municipality.**

Business Unit	Operational element/ function	What support systems/ groups are critical to these business functions?	What is being done to ensure this critical function will be maintained?
Information technology	Modify as required	IT services and support	Modify as required
Waste management	Modify as required	Modify as required	Modify as required
Maternal and child health services	Modify as required	Modify as required	Modify as required
Aged services: Home and Community Care (HACC)/ Home Support	Modify as required	Modify as required	Modify as required
Day care: adult and child services	Modify as required	Modify as required	Modify as required
Cemeteries	Modify as required	Modify as required	Modify as required
Essential traffic management services	Modify as required	Modify as required	Modify as required
Legislative functions (e.g. environmental health services)	Modify as required	Modify as required	Modify as required
Emergency management functions	Modify as required	Modify as required	Modify as required
Modify as required	Modify as required	Modify as required	Modify as required

**List the core people required to keep essential parts of the municipality operating. Identify and list core skills they require in the role—at least one for each critical function.**

Name	Role	Core skill
Modify as required	Modify as required	Modify as required

Identify and list replacements for these people and skills if there is a high level of staff absence.

Primary role	Identified staff member	Identified back up staff member	Contact
Modify as required	Modify as required	Modify as required	Modify as required

Determine the impacts of staff shortages on municipal and other business.

Business area	Number of essential staff	Estimated impact of staff shortage
Modify as required	Modify as required	Modify as required

Identify and list other resources (volunteers etc) which could be drawn on if necessary. To ensure that double-counting of volunteers does not occur, there may be a requirement to meet with each agency to accurately determine capacity.

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Describe arrangements to coordinate/operate staff business tasks remotely, using telephone, fax and email.

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List any systems that rely on periodic physical intervention by key individuals to maintain minimum function.

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Estimated length of time these identified systems are able to function without attention.

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Identify and list infrastructure to support changes in business operation (e.g. computer networks or internet access).

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List all contractor-based services that may be impacted and estimate extent of impact on service delivery.

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As part of the planning process, it is important that each agency listed understands their roles and responsibilities in the event of a pandemic. It is recommended that this is clearly communicated to each agency involved in the planning process.

Contractor	Function	Impact of failure	Primary contact	Alternative contact
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

What is the capacity of contractors to sustain service delivery?

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Pandemic Coordinators should consider the plans and alternative arrangements together, with the organisations' interdependents, such as suppliers, customers, or other key stakeholders affected by the loss of the municipality's essential services or critical infrastructure.

Organisations affected by potential loss of services <i>typically major clients</i>	Contact person	Contact details	When do they need to be contacted <i>what effect will a loss of services, have on this client/ end user</i>	Assistance they can offer to lessen demand on our infrastructure
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

## Template 12: Strategy for Community Information Provision

The Victorian Government has developed a communication strategy to strengthen pandemic preparedness at state, regional and local level and ensure that timely, informative and consistent messages are provided to the wider community. The strategy supports the Australian Government Department of Health and Ageing Communication Strategy, while accommodating Victorian circumstances.

At a municipal level, you are responsible for developing your own communications plan in line with the Whole of Victorian Government communication strategy.

For further information on this strategy, refer to: [www.health.vic.gov.au/pandemicinfluenza/government/comm.htm](http://www.health.vic.gov.au/pandemicinfluenza/government/comm.htm)

Develop media and communication messages to inform the community and staff of any changes to normal municipal service delivery.

Key messages in the communication plan should include:

- what the municipality is doing about influenza pandemic planning
- accurate information about hygiene and pandemic awareness
- any changes in arrangements for service delivery from your municipality.

Excerpt from the Human Influenza Pandemic Whole of Victorian Government Communication Strategy Overview

Available at: [http://www.health.vic.gov.au/pandemicinfluenza/downloads/wovg\\_communication\\_strategy\\_overview.pdf](http://www.health.vic.gov.au/pandemicinfluenza/downloads/wovg_communication_strategy_overview.pdf)

### Municipal communication plan

Objectives	Messages	Approach
<ul style="list-style-type: none"> <li>• clarify operational responsibilities</li> <li>• equip and encourage municipality to prepare</li> <li>• ensure communication channels are clear and two-way</li> </ul>	<ul style="list-style-type: none"> <li>• There is a Victorian Influenza Pandemic Plan</li> <li>• You are crucial</li> <li>• You should do your business continuity planning now</li> <li>• Scenario plan for 30 per cent employees absent</li> <li>• We will support you; here's how</li> <li>• Tell us now what else you need</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with Local Government Victoria (LGV) and Municipal Association of Victoria (MAV)</li> <li>• Where possible, ensure that a single source in DHS is communicating with local government CEOs</li> <li>• Hold operational and communication dry-runs to ensure channels are open and seriousness is clear</li> <li>• Provide tools for them to disseminate to local groups and individuals</li> <li>• Provide checklists that stress the importance of hand hygiene and cough etiquette</li> </ul>

## Template 13: Community Support and Recovery

Please refer to the Victorian Human Influenza Pandemic Plan: Community Support and Recovery Sub Plan and Part 4 of the Emergency Management Manual Victoria—State Recovery Arrangements for more information.

Potential social and economic impacts:

- increased levels of uncertainty, fear and anxiety
- breakdown of community support mechanisms
- increased numbers of vulnerable people and emergence of new groups
- high workforce absenteeism
- widespread economic disruption.

Identify the range of impacts that an influenza pandemic may generate in the municipality.

Impact as a result of an influenza pandemic	Consequence to the community
Staff absenteeism	Reduced ability to deliver basic services eg HACC
Modify as required	Modify as required

Identify the range of services that may be required to support a community affected by an influenza pandemic.

Recovery service	Organisation	Role	Primary contact	Alternative contact
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

List agencies identified to support the affected community

Agency	Recovery service responsibility	Role	Contact
Modify as required	Modify as required	Modify as required	Modify as required

Agency	Role	Contact
Modify as required	Modify as required	Modify as required

## Template 14: Contact List

This information should already be contained in the Municipal Emergency Management Plan (MEMP). Check the MEMP before seeking additional information.

### Current key agency contacts

List here primary and secondary contacts, including emergency services contacts.

Name	Organisation	Level of authority	Primary method of contact	Alternative method of contact
Modify as required	Modify as required	Modify as required	Modify as required	Modify as required

## Template 15: Review and Exercise Schedule

To be prepared for an influenza pandemic, it is important to regularly review and exercise this plan (as part of the Municipal Emergency Management Plan) and make amendments, as required.

Each plan should also include feedback mechanisms for evaluating its effectiveness. The Municipality is encouraged to observe exercises undertaken by other municipalities.

The Plan will be exercised every \_\_\_\_\_ months/years, as directed by the CEO of (insert Municipality name).

The exercise format will be (indicate type of exercise to be undertaken).

The exercise will/will not include independent assessment, and will/will not include identified agencies and key stakeholders (indicate participating agencies).



**For more information visit:**  
[www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)

**Working together  
to protect  
our communities**

Authorised by the Victorian Government  
50 Lonsdale Street, Melbourne.

State Government  
**Victoria** Department of  
Human Services