

Strathbogie Shire Council

# Pandemic Plan

A Complementary Plan to the Municipal Emergency  
Management Plan (MEMP) Version 2

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May 2024



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## 1. AUTHORISATION

This Complementary Plan has been produced by and with the authority of the Strathbogie Shire Municipal Emergency Management Planning Committee (MEMPC) to support the municipal level planning, response and recovery from a pandemic.

The Pandemic Plan adopted by the MEMPC on *29 May 2024*.



Signed:.....Date: 29 May 2024

Rachael Frampton

Director Community and Planning

Chair, Municipal Emergency Management Planning Committee

## 2. INTRODUCTION

This plan covers Respiratory illness Pandemic and any other pandemic that may arise. The word “respiratory illness” is used throughout this plan, but also refers to any other condition that meets the definition of a “pandemic”.

Emergency planning arrangements at a State level are contained in the SEMP’s Health Emergency Sub-Plan (HESP) (formerly known as the State Health Emergency response Plan) and the SEMP Viral (Respiratory) Pandemic Plan.

This Plan has been prepared following a review of the previously prepared Pandemic Plan which was adopted in April 2020 and specified for review in the MEMP during 2024.

While the likelihood of a pandemic is usually low, the impact on the Strathbogie Shire community and the Council in such an event could be devastating. This document provides a framework and guidance for all stakeholders in the municipality to appropriately plan for and effectively respond to pandemic conditions.

The plan is supported by the broader Strathbogie Municipal Emergency Management Plan (MEMP) arrangements and the Council’s Business Continuity Plan (BCP) including the establishment of the Council’s Critical Incident Management Team (CCIMT).

Direction for Pandemic response will come largely from the Commonwealth and the Victorian State Governments, with local government implementing controls as required.

### 3. ABOUT STRATHBOGIE SHIRE

The Strathbogie Shire comprises urban centres of Avenel, Euroa, Violet Town and Nagambie as well as smaller townships and more isolated rural and farming residents. This includes several pockets of residential development located at Longwood, Ruffy, Bailieston, Kirwans Bridge, Goulburn Weir and Graytown. The Shire also consists of a high proportion of non-resident rate payers (absentee land holders).

As of 2021, Strathbogie Shire had a population of 11,458 including:

- 5 per cent are children 0 to 4 years;
- 41 per cent are aged 60 to 85 plus years.

Approximately 46% plus of the population in the Strathbogie Shire are considered vulnerable in a pandemic event.

The population is further significantly boosted through many events and seasonal activities. A large volume of tourists visit the shire during the summer months especially around the Goulburn River and Nagambie Lake, although in a pandemic these activities are likely to be banned/restricted.

Mass gathering restrictions and control measures will be advised by the Chief Medical Officer and State and Federal governments.

In the event of an emergency, the Council may be required to activate one or more of its Emergency Evacuation Centres, which may also attract mass gathering controls.

### 4. ACRONYMS

AHMPPPI	Australian Health Management Plan for Pandemic Influenza
AHPPC	Australian Health Protection Principal Committee
AIR	Australian Immunisation Register
BCP	Business Continuity Plan
CCIMT	Council Critical Incident Management Team
CEO	Council's Chief Executive Officer
DFFH	Department of Families, Fairness and Housing
DH	Department of Health
HESP	SEMP's Health Emergency Sub-Plan
MEMP	Municipal Emergency Management Plan
MERC	Municipal Emergency Response Co-ordinator
MRM	Municipal Recovery Manager
PPE	Personal Protective Equipment

**OFFICIAL: Sensitive**

SEHO	Senior Environmental Health Officer
SEMP	State Emergency Management Plan
VicPol	Victoria Police
VRPSP	SEMP's Viral Respiratory Pandemic Sub-Plan

## 5. AIMS AND OBJECTIVES

The aims and objectives of this plan are as follows.

### 4.1 Aims

- i. Assist in reducing the impacts of a pandemic on the Strathbogie Shire
- ii. Provide support and recovery assistance throughout the duration of a viral respiratory pandemic
- iii. Ensure response activities are consistent across whole of government

### 4.2 Objectives

- i. **Preparedness** – have arrangements and actions in place to reduce the impact of a viral respiratory impact
- ii. **Containment** – prevent transmission, implement infection control measures, provide support services to people within the Strathbogie Shire
- iii. **Maintain essential municipal services** – provision for business continuity in the face of staff absenteeism and rising demands on local government services
- iv. **Mass vaccination** – assist in providing vaccination services to the community (as directed), when a viral respiratory pandemic vaccine becomes available
- v. **Communication** – develop media and communication messages, in line with whole of government messaging. Inform the community and staff of any changes to normal municipal service delivery
- vi. **Community support and recovery** – ensure a comprehensive approach to emergency recovery with specific focus on a viral respiratory pandemic

## 6. DEFINITION AND DESCRIPTION OF A PANDEMIC

A pandemic is an epidemic of a respiratory illness virus, that spreads on a worldwide scale and infects a large proportion of the population. It may cause complications and/or death in at risk groups of people aged over 65 years and those with chronic medical conditions. Most people exposed to the virus will recover and might develop immunity to that strain of the virus.

Since the year 1900 there have been four major worldwide pandemics, which saw an increase in mortality rates in Australia. They were the:

- **Spanish Influenza (H1N1 virus) of 1918 to 1919** with a loss of human life worldwide of 20 to 40 million;
- **Asian Influenza (H2N2) of 1957 to 1958** which had an infection rate of 20 to 70 per cent, but had a low fatality rate; and
- **Hong Kong Influenza (H3N2) of 1968** with an infection rate of 25 to 30per cent and high mortality rates in the over 65s.
- **COVID 19 Pandemic of 2019 to 2022** The WHO estimates that 7 million people lost their lives to Covid 19 worldwide. In Australia it is estimated that approximately 11.84 million people contracted Covid 19 since 2020, with number still increasing, this equates to approximately 45% of our total population. It is estimated that approximately 25,000 Australian lives were lost.

Outbreaks of the severe acute respiratory syndrome (SARS), avian respiratory illness, and more recently the novel coronavirus have brought pandemic preparedness to the forefront of emergency management planning.

The impact of a pandemic will depend on:

- i. The nature of the virus and clinical severity of the disease;
- ii. The ability of the virus to transmit between humans;
- iii. The functionality and level of effectiveness of response from State and Commonwealth health systems;
- iv. The population (i.e. the number of vulnerable people and their level of exposure); and,
- v. The ability of local municipalities and the State as a whole to respond to a pandemic, all of which will be vital in overcoming a pandemic

Key milestones of a pandemic are represented in Figure 1 taken from the SEMP's Viral Respiratory Sub-Plan.

Figure 1 Key Milestones of a Pandemic



## 6.1 Disease description

Respiratory illness is an acute respiratory disease caused by influenza type A or B viruses. Infections in children, particularly type B and A (H1N1), may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea. Respiratory illness symptoms usually include:

- Fever;
- Cough;
- Lethargy;
- Headache;
- Weakness and fatigue;
- Muscle and joint pain;
- Sore throat; and,
- Loss of smell or taste.

In more serious cases, respiratory illness can cause pneumonia which can be fatal, particularly in the vulnerable (ie. young children and the elderly).

The incubation period for respiratory illness is usually one to four days after infection but this will vary depending on the virus. The virus can be shed from one day before developing symptoms to up to more than 14 days after the onset of the illness. Generally, shedding peaks early in the illness, typically within a day of symptom onset.

Pandemics cause not only illness and death within populations but also severe social and economic disruption to people's lives, to businesses and services.



## 6.2 Mode of transmission

Human virus is mainly spread by respiration and contact. This occurs when droplets from the cough or sneeze of an infected person are propelled through the air (generally up to one metre) and land on the mouth, nose or eye of a nearby person. Respiratory illness 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 touch their own mouth, nose or eyes (or someone else's mouth, nose or eyes) before washing their hands.

The virus can remain infectious in aerosols and can remain infectious on surfaces for three days and up to a week.

Table 1 provides a summary of transmission modes contained in the Viral Respiratory Sub-Plan.

**Table 1: Methods of transmission via direct or indirect contact**

Direct		Indirect	
Mode of transmission	Description	Mode of transmission	Description
Person-to-person contact	Infectious diseases are commonly transmitted through direct person-to-person contact. Transmission occurs when an infected person touches or exchanges body fluids with an uninfected person.	Airborne transmission	Droplet nuclei of < 5 µm in diameter stay suspended in the air and are disseminated by air currents. These particles can infect a susceptible person through inhalation.
Droplet spray transmission	Transmission occurs when the virus spreads through the air by droplet sprays such as by: <ul style="list-style-type: none"> <li>• coughing</li> <li>• sneezing</li> <li>• speaking to an individual within close proximity.</li> </ul>	Contaminated object transmission	Virus is transferred by contact with a contaminated object.
		Animal-to-person transmission	A zoonotic disease or infection that is naturally transmissible from vertebrate animals to humans, requiring animal control.

## 6.3 At risk and vulnerable groups

Seasonal respiratory illness occurs annually and can cause complications and/or death.

In most cases, those exposed to the virus will recover and might develop immunity to that strain of virus.

Those generally identified as being vulnerable to the illnesses are:

- i. The elderly (over 65 years), the young (under five years) and pregnant women;
- ii. Those with a disability;
- iii. Pre-existing chronic disease;
- iv. An immunocompromised condition with chronic respiratory conditions, cardiac disease, Down syndrome, diabetes mellitus, chronic renal failure, chronic liver disease, chronic neurological conditions, alcoholism, haemoglobinopathies, chronic inherited metabolic diseases, people who are obese, children receiving long-term aspirin therapy;
- v. Aboriginal and Torres Strait Islander peoples; and,
- vi. Carers and household contacts of the above groups.

History shows previous pandemics affected different groups, so it is difficult to predict who will be most affected. It is important, though, to identify who are our vulnerable groups so as to plan to minimise the effects on these groups.

#### **6.4 What is the predicted impact of a Pandemic?**

Modelling the potential impacts of pandemics involves a high degree of uncertainty. Factors such as the virulence and infectivity of any pandemic strain limits 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.

Based on a pandemic being as severe as the 1918 Spanish Influenza Pandemic, it is estimated the number of cases showing clinical signs of infection would be 10 per cent, with a case fatality rate of 1.2 per cent (i.e. of the 10 per cent ill, 1.2 per cent would die dependent on the virulence and the infectivity). For the Strathbogie Shire this equates to 1,145 people being infected and 11 people dying as a result of the infection.

Work absenteeism, at the peak of the pandemic could be 30 to 50 per cent, with the pandemic duration being seven to 10 months, in a single wave and the level of disruption to services being anything from one to 10 months or more. Clearer information will be provided by the government as the virus characteristics are clarified at the time of the outbreak.

## 7. ROLES AND RESPONSIBILITIES

### 7.1 Commonwealth Government

The [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\) 2014](#) (updated 21/8/2019) which outlines Australia’s strategy to manage an respiratory illness pandemic and minimise its impact on the health of Australians and our health system.

### 7.1 State Government

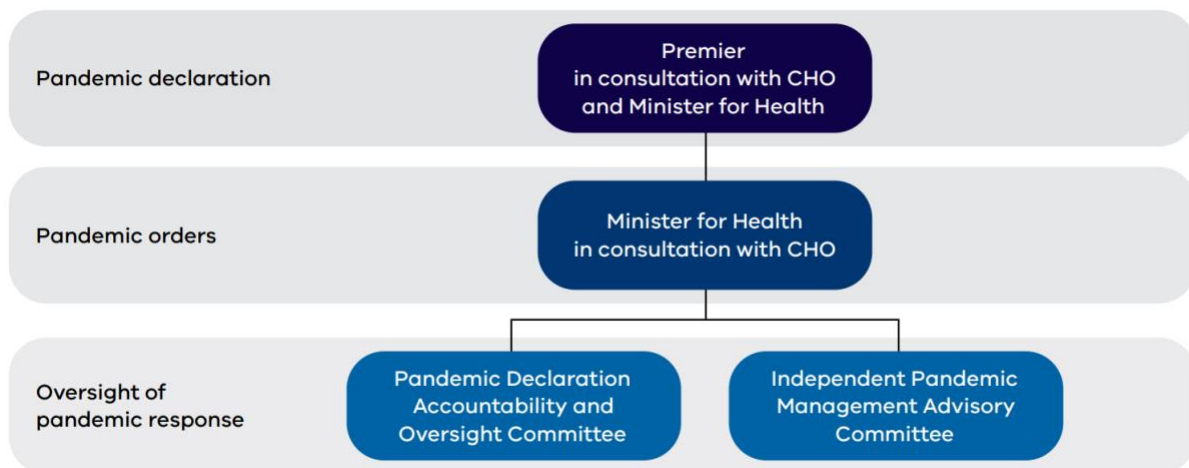
The State Emergency Management Plan 2020 (SEMP) provides for an integrated, coordinated and comprehensive approach to Emergency Management (EM) at the State level.

The SEM’s [Health Emergency Sub-Plan](#) and the [Viral Respiratory Pandemic Sub-Plan](#) provide more specific information on public health emergencies.

The SEM identifies the Department of Health (DH) as the control agency for a pandemic emergency.

Figure 2 provides a high level view of responsibilities for the declaration of a Pandemic event in Victoria.

Figure 2: High-level overview of Victoria’s pandemic declaration roles and responsibilities



Roles and responsibilities for response with the Department of Health as the Control Agency are provided in Table 2 of the Viral Respiratory Pandemic Sub-Plan.

### 7.3 Local Government

An action plan has been prepared in the event of a Viral Respiratory Pandemic event as is detailed in Appendix A of this plan.

The Action plan includes a review of the Council’s BCP to ensure the continuity of services provided by the Council and including consideration of remote or flexible working arrangements.

## **8. PANDEMIC COMMITTEE**

The Director Community and Planning is nominated as the Pandemic Coordinator for the municipality and will work with Council's Critical Incident Management Team (CCIMT) to identify critical staff and functions with reference to the Council's BCP.

The CCIMT is the Pandemic Committee and the membership may be expanded as required to ensure appropriate skills and knowledge are available to the committee. The core membership of the CCIMT consists of the Executive leadership team (CEO and Directors), Executive Manager Communications and Engagement, MRM and MEMO.

## **9. SUPPORT FOR COUNCIL STAFF**

Staff points of high risk are those that have face to face community contact. For instance, Customer Service/Reception, Environmental Health including Immunisation, Waste Transfer Station, Child and Maternal Health, library, and rangers. Suggested infection risk minimisation to protect staff is outlined in Appendix B. The Victorian Department of Health will decide which groups will be provided with antiviral medicines, as per the antiviral policy in the Australian Health Management Plan for Pandemic Respiratory illness.

Confidential staff support is also through the Council's Employee Assistance Program and is to be promoted internally throughout the pandemic.

## **10. REVIEW OF PANDEMIC PLAN**

The Pandemic Plan will be reviewed as specified in the MEMP and if required updated periodically to reflect new developments and changes as requested by DH.

Review and evaluation of the plan will be undertaken by the Municipal Emergency Management Planning Committee.

## **11. COMMUNITY SUPPORT AND RECOVERY**

The transition to Recovery and Recovery considerations are referred to in sections 6.5 and 7 of the SEMP's Viral Respiratory Pandemic Sub-Plan.

Municipal recovery arrangements are detailed in the MEMP.

## 12. APPENDIX A – COUNCIL PANDEMIC ACTION PLAN

Strathbogie Shire Council has responsibilities in the following areas:

1. Core public health activities by reinforcing State Government public awareness messaging, conveying appropriate hygiene, social distancing, use of personal protective equipment, maintaining quarantine arrangements and assist with contact tracing as required;
2. The coordination and provision of Mass Vaccinations upon request of DH;
3. To maintain business continuity for the duration of the pandemic as well as provide appropriate additional services to the community when requested by DH, and;
4. Provide Community Support and Recovery activities including the provision of support to people affected by the pandemic who are in quarantine. Provision of food and medical supplies may be provided where affected individuals demonstrate lack of access to support from family and friends.

Council may face the challenge of undertaking these roles while facing significant staff shortages due to absenteeism.

### ***Action Plan Implementation***

The following checklists are provided to assist Council staff to undertake certain tasks during the following stages:

- Preparedness
- Standby
- Initial Action
- Activation
- Stand-down

**Preparedness – Planning Stage**

**Status:** No novel strain of the virus has been detected.

**Primary Objective:** Plan and prepare for pandemic as part of normal risk management business.

<b>Pandemic Coordination – Actions required</b>		<b>Responsible</b>	<b>Actioned Y/N</b>
<b>Prior to normal pandemic (respiratory illness) season</b>			
<b>1</b>	Review the Municipal Pandemic Plan and update any contact details or operating procedures.	Pandemic Coordinator/EMO	
<b>2</b>	Promote respiratory illness prevention activities such as: <ul style="list-style-type: none"> <li>• Offering workplace seasonal respiratory illness immunisation to staff</li> <li>• Promote good personal hygiene – hand hygiene and respiratory/cough etiquette</li> <li>• Staying away from work or public gatherings if symptomatic</li> </ul>	Communications/SEHO	
<b>3</b>	Ensure all business continuity plans are reviewed for the likely impacts of a pandemic	Risk and OHS Coordinator/Managers	
<b>4</b>	Promote seasonal respiratory illness vaccination via HACC clients.	Nexus Primary Health & other registered care providers	
<b>5</b>	Promote seasonal respiratory illness vaccination to the broader community via the community newsletter, local newspaper and the Council website.	EHO/Communications	
<b>6</b>	Check Respiratory illness PPE stockpiles: <ul style="list-style-type: none"> <li>• Current levels of PPE adequate?</li> <li>• Are masks, gloves and hand sanitisers within adequate use by date?</li> <li>• Current storage OK? If not, what alternatives are available?</li> </ul>	SEHO	
<b>7</b>	Review of current Respiratory illness/Mass Vaccination clinics.	SEHO	
<b>8</b>	Meet with Pandemic Committee to discuss organisational preparedness (as required).	Pandemic Coordinator/MRM	
<b>9</b>	Ensure the people on Vulnerable Person's register are offered vaccination.	MRM to confirm with Care Agencies	

**Standby - Response Stage**

**Status:** Sustained human to human transmission of a (respiratory illness) virus has been detected overseas in one or more countries

**Primary Objective:** Commence arrangements to reduce the impact of a pandemic on the Strathbogie Shire and increase vigilance for case detection.

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
<b>Chief Health Officer issues advice</b>			
1	Convene the Pandemic Committee of the Strathbogie Shire Council to ensure the following occurs: <ul style="list-style-type: none"> <li>• Maintain access to the Chief Health Officer's alerts and to monitor the situation</li> <li>• Liaise with DH &amp; DFFH Hume Region and other agencies as required.</li> <li>• Confirm Council's business continuity plan arrangements for the possible impacts of a pandemic event</li> </ul>	Pandemic Coordinator	
2	Messages to staff should include: <ul style="list-style-type: none"> <li>• Explanation of the local status.</li> <li>• The infection prevention arrangements and promote ongoing education regarding the minimizing of infection spread.</li> <li>• Need to increase vigilance for case detection.</li> <li>• Incorporate advice from DH.</li> <li>• Promote messages for employees to convey to fellow staff members, friends, family, clients and customers.</li> <li>• Provide link to the DH website and other pandemic respiratory illness information resources.</li> </ul>	Pandemic Coordinator/SEHO and  Communications	
3	Confirm that the procedures to support people in home isolation are current and operable.	MRM/Pandemic Coordinator	
4	Review stocks of Personal Protection Equipment (PPE) and plan to increase capacity.	SEHO	

**Initial Action – Response Stage**

**Status:** Pandemic virus detected in Australia with limited information available.

**Primary Objective:** Minimise transmission by implementing infection control procedures and monitoring staff wellness.

<b>Pandemic Coordination – Actions required</b>		<b>Responsible</b>	<b>Actioned Y/N</b>
<b>Chief Health Officer alert notification</b>			
<b>1</b>	Alert Council staff of the situation and reinforce the infection control measures implemented in the previous stage. In addition: <ul style="list-style-type: none"> <li>• Stay away from work or public gatherings if symptomatic to minimise the risk of infecting others.</li> <li>• Seek medical advice if symptoms continue or get worse.</li> </ul>	Pandemic Coordinator/ Communications	
<b>2</b>	Maintain the communication activities initiated in the Standby Response stage.	Pandemic Coordinator/ Communications	
<b>3</b>	Consider further arrangements for minimising the risk of infection in the workplace: <ul style="list-style-type: none"> <li>• Implement remote work arrangements where possible.</li> <li>• Use alternate non face-to-face work arrangements.</li> <li>• Introduce additional cleaning and disinfecting (handrails, door handles, lift controls, telephones, rubbish bins).</li> <li>• Use clear screens or PPE for staff in customer interactive roles.</li> <li>• Encourage home quarantine for suspected cases.</li> </ul>	Pandemic Coordinator/ Pandemic Committee	



**Activation – Response Stage**

**Status:** The pandemic virus has entered Australia and is spreading throughout the community. Enough is known about the disease to tailor measures to specific needs

**Primary Objective:** Provide targeted support and quality care while maintaining business continuity

<b>Pandemic Coordination – Actions required</b>		<b>Responsible</b>	<b>Actioned Y/N</b>
<b>Pandemic virus infections are being reported in Strathbogie Shire</b>			
<b>1</b>	Maintain current infection control measures implemented in the Initial Action stage. If the severity of the pandemic is deemed high the following is recommended: <ul style="list-style-type: none"> <li>• Public access to the Council offices be restricted.</li> <li>• Promote social distancing.</li> <li>• PPE usage – the State controller will provide advice about the appropriate use of PPE.</li> </ul>	Pandemic Coordinator/Pandemic Committee/Communications	
<b>2</b>	Implement the following: <ul style="list-style-type: none"> <li>• Conduct regular tele-conferences with DH, support agencies and neighbouring municipalities.</li> <li>• Identify additional actions which need to be implemented on advice from DH.</li> </ul>	Pandemic Coordinator/Pandemic Committee	
<b>3</b>	Implement procedures to ensure continued support for Agencies caring for HACC clients and people who are isolated in their homes, including those on the Vulnerable Person's Register. (refer Appendix B)	Health Care Providers/DFFH/ MRM	
<b>4</b>	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.	Pandemic Coordinator/DFFH	
<b>5</b>	Regularly (weekly) review measures to maintain critical Council service delivery.	Pandemic Coordinator/Pandemic Committee	
<b>6</b>	Maintain communication with Council staff and the community	Pandemic Coordinator/Communications	
<b>7</b>	Provide vaccination services to the priority community groups when directed by DH.	Pandemic Coordinator/SEHO	
<b>8</b>	Prepare for the recovery arrangements for the affected community as the needs arise. Liaise with the local health and other service providers to ensure these actions complement each other.	Pandemic Coordinator/ MRM/DFFH	

## Stand Down – Response Stage

**Status:** Pandemic subsiding and/or Vaccinations result in a protected population

**Primary Objective:** The public health threat is managed within normal arrangements and monitoring for change is in place

Pandemic Coordination – Actions required		Responsible	Actioned Y/N
<b>Infection rate has dropped significantly</b>			
1	Initiate Stand-down procedures which include: <ul style="list-style-type: none"> <li>• Reducing community support activities</li> <li>• Cease activities that are no longer needed</li> <li>• Communicate these changes to staff and external agencies</li> <li>• Maintain normal infection control procedures</li> <li>• Monitor for a second wave of the outbreak as per DH advice</li> </ul>	MRM/Pandemic Coordinator	
2	Liaise with DFFH Hume Region and ERV regarding a hand-over from response to recovery operations.  Refer to Strathbogie Shire MEMP for more detail on the recovery services likely to be required.	MRM/Pandemic Coordinator/DFFH/ERV	
3	Continue to coordinate vaccination sessions when requested by DH	Pandemic Coordinator/SEHO	
4	Participate in a Pandemic Recovery Committee, to determine the services and resources required to address the identified needs	Pandemic Coordinator/Pandemic Committee/DFFH/MRM	
5	Conduct staff debriefs to: <ul style="list-style-type: none"> <li>• Support their psycho-social well-being</li> <li>• Understand the effectiveness of the Pandemic Plan procedures</li> </ul>	MEMO/MRM/Pandemic Coordinator	
6	Participate in regional operations debrief/s	Pandemic Coordinator/MRM/DFFH/ERV	
7	Review Pandemic Plan and implement recommendations arising from the debriefs. Modify the Strathbogie Shire Pandemic Plan to reflect those actions.	Pandemic Coordinator/EMO	

## 13. APPENDIX B – PUBLIC INFORMATION AND COMMUNITY SUPPORT

### Public Information

The Australian Government's Department of Health and Aged Care coordinates and leads the national pandemic response including health messaging through the National Health Emergency Media Response Network.

In Victoria, the Department of Premier and Cabinet has a role in coordinating the pandemic public information response.

Local Public Health units and Local Government are essential members of any local or regional public information committees where established.

To ensure the maximum reach of the public information across Victoria multiple media avenues need to be accessed including websites, TV media, advertising, social media, community networks and dedicated hotlines established.

The role of Local Government is to promote the pandemic messaging through its local networks as required to maximise the access to this information by the Strathbogie Shire community.

Any messaging must be accurate, timely, consistent, encourage behavioural change and promote social cohesion, be easy to comprehend and correct mis-information.

### Community Support

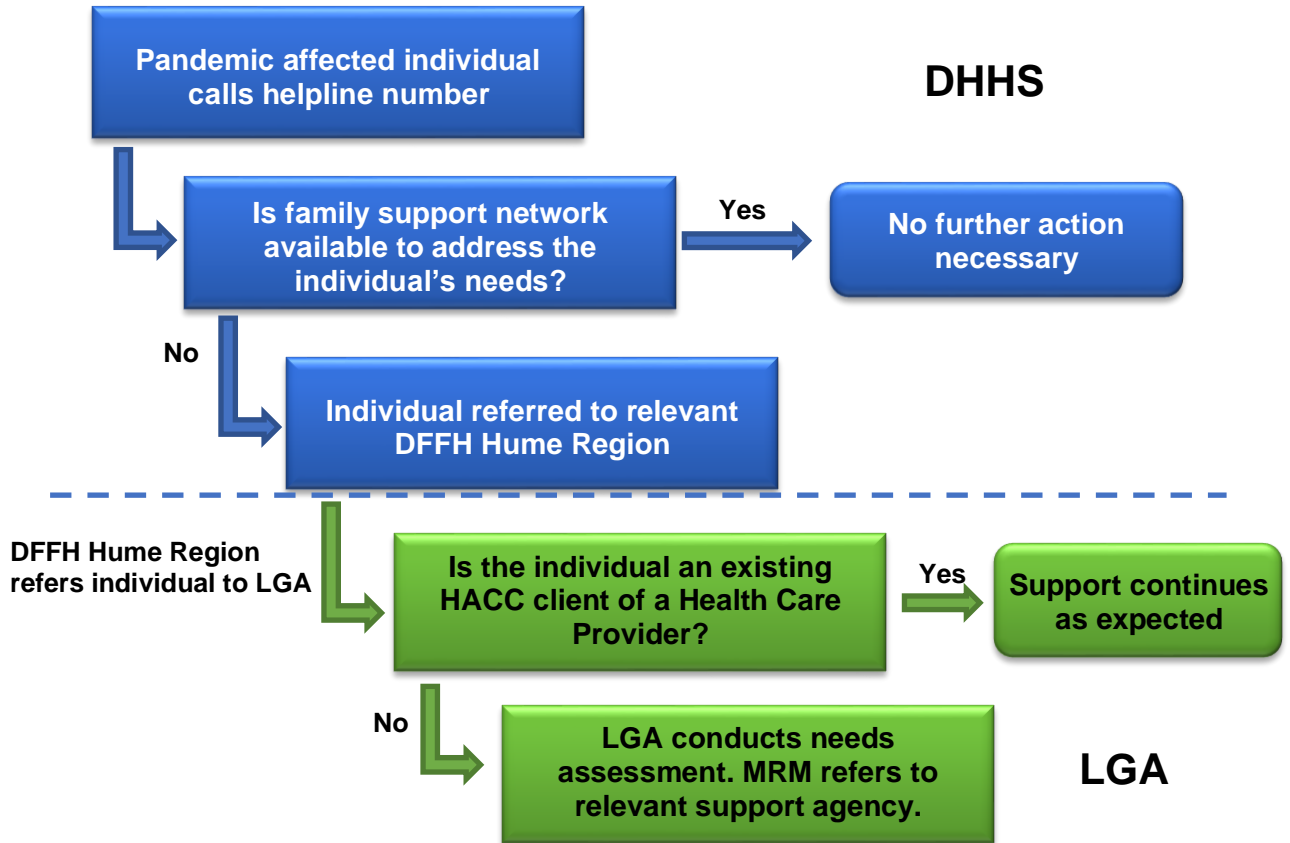
Council may be asked to extend support to members of their community who are quarantined in their homes who don't have any form of assistance (family or friends) or assist the care agencies for the HACC clients within Strathbogie Shire. Identification of these people could be made by DFFH via their Help Line, requests for assistance through Council Reception or referrals from members of the community. They may also be on the Vulnerable Persons Register.

Points to consider:

- Council will have limited capacity to respond
- Least human contact is the underlying principle
- Triage could be conducted by the care agency for HACC clients using the phone to determine:
  - Health status
  - Access to food and support
  - Access to medication
- The need to maintain regular phone contact
- Food deliveries initially could be through Meals on Wheels through the care agencies
- Information management will be via Crisisworks

The following diagram depicts the Support Service request workflow which outlines the Helpline triage process that could be followed by DFFH to identify members of the Strathbogie Shire community who would require Council home support.

Support Service Request Workflow



## 14. APPENDIX C – RESOURCES

[State Emergency Management Plan \(SEMP\)](#)

[SEMP's Health Emergency Sub-Plan](#)

[SEMP's Viral Respiratory Pandemic Sub-Plan](#)

[Australian Health Management Plan for Pandemic Influenza \(AHMPPI\) 2014](#)

[Victorian Human Management Plan for Pandemic Influenza \(VHMPPI\) October 2014](#)

[Victorian action plan for pandemic influenza 2015](#)

[Handwashing](#)

[Face masks and COVID 19](#)

## 15. APPENDIX D – AMENDMENT HISTORY

Issue No.	Date	Description of Change
1	23/04/2020	<b>Initial Issue</b> incorporating amendments in response to comments received from MEMPC members.
2	29/05/2024	Major revision with significant input from Dept of Health