PANDEMIC PLAN

Sub-Plan to the Fraser Coast Disaster Management Plan

Fraser Coast
REGIONAL COUNCIL

Authority to Plan

This plan has been prepared by the Fraser Coast Local Disaster Management Group for the Fraser Coast Region Council under the provisions of Section 57(1) of the *Disaster Management Act 2003.*

Approval

The preparation of this Pandemic Sub Plan has been undertaken in accordance with the *Disaster Management Act 2003* to provide for supporting State and Federal Agencies during any outbreak of a pandemic in the Fraser Coast local government area.

Endorsed by Fraser Coast Disaster Management Group

George Seymour

Chairman

Fraser Coast Disaster Management Group

Date: 29. 11. 23

Approved and adopted by Fraser Coast Regional Council

George Seymour

Mayor

Fraser Coast Regional Council

Date: 29. 11. 23

Amendments and Review

This Pandemic Sub Plan will be reviewed at least annually as required by Section 59 of the Disaster Management Act 2003, with relevant amendments made and distributed.

Approved amendments to the plan will be circulated as per the distribution and contacts lists, which are maintained by the Fraser Coast Regional Council on behalf of the local group.

Document Control

Amendment Control and Version Register

The controller of the document is the Fraser Coast Local Disaster Coordinator (LDC). Any proposed amendments to this plan should be forwarded in writing to:
Fraser Coast Local Disaster Coordinator, Fraser Coast Regional Council, Po Box1943, Hervey Bay Qld 4655

The LDC may approve inconsequential amendments to this document. Any changes to the intent of the document must be approved and endorsed by the local government.

Amendment Register

Amendment		Plan Updated	
Version	**Issue Date**	**Author**	**Reason for Change**
#2306349	31/7/2013	Mal Churchill	Initial version
2306349	August 2013	Mal Churchill	Reviewed & updated
2306349v2	July 2016	Mal Churchill	Reviewed & updated
3840084	June 30, 2019	Warren Bridson Consulting	Reviewed to include how the LDMG will provide support to the Lead Agency and plan for the response to local requirements.
3840084	June 2020	Warren Bridson	Change of Chair
	Jun 2023	Jane Shannon	Reviewed and updated

Distribution

This sub plan is not publicly available and is not for distribution and/or release to persons or agencies other than those identified in the Fraser Coast Local Disaster Management Plan.

1. Governance

1.1 Overview

This sub plan needs to be read in conjunction with:
- ➢ Fraser Coast Disaster Management Plan,
- ➢ *Australian Health Management Plan for Pandemic Influenza 2019 (AHMPPI)*
- ➢ Queensland Whole-of Government Pandemic Plan MARCH 2020
- ➢ Queensland Health Pandemic Infulenza Plan May 2018

The *AHMPPI* is a comprehensive and detailed document that describes the high-level decisions and the broad approach the Australian health sector will take to respond to the pandemic. The Queensland Health Pandemic Influenza Plan details the actions the State Government will take and the roles of the Queensland disaster management system.

This sub plan does not reiterate the information contained in those two plans or other relevant plans such as the *Queensland State Disaster Management Plan* and the *Queensland Health Disaster and Emergency Incident Plan.*

1.2 Purpose

To provide the strategic framework for the Local Disaster Management Group to respond to a pandemic by outlining the Roles and responsibilities of the LDMG.

1.3 Scope

In accordance with the Queensland Disaster Management Plan, Queensland Health is the Functional Lead Agency for a pandemic.
The intent of this sub plan is to outline the Fraser Coast LDMG's role and how the provision of support to Queensland Health and CWHHS will be achieved.

1.4 Objectives

The objectives of this plan are to:

- Provide mechanisms to ensure situational awareness is maintained amongst local and district disaster management group members

- Provide timely, accurate and relevant public messaging to the community

- Coordinate effective and efficient support services in response to the management of a pandemic by Queensland Health and the CWHHS

- Assist in the continuance of critical and essential services to the community

1.5 Activation

The Local Hospital and Health Service is the lead agency for pandemics on the Local Disaster Management Group and will advise the Chair of the LDMG accordingly. The Chair of the Local Disaster Management Group may also direct activation of this sub plan.

The escalation of operations will be conducted to match escalation at national and/or state level.

1.6 Responsibility

- The **World Health Organization (WHO)** is responsible for identifying pandemic threats internationally and is regarded as the authoritative voice on mitigation strategies against emerging and established pandemic threats.

- The Australian Government's **Department of Health (DoH)** is the lead agency for pandemic response at the federal level.

- **Queensland Health** is the lead agency for pandemic response in Queensland, reporting to the Queensland Disaster Management Committee (QDMC) and the relevant Cabinet sub-committee. Planning assumptions and key messaging are provided from the national level to states. These can be adapted and utilised to inform planning at jurisdictional and local levels based on an appropriate risk assessment.

- **District Disaster Management Groups** (DDMG's) provide whole of government planning and coordination capacity to support local governments in disaster operations and disaster management.

- **Local Disaster Management Groups** (LDMG's) are established by local governments to support and coordinate disaster management activities for their respective LGAs.

- **Hospital and Health Services** (HHS) usually acts as the lead agency for a pandemic response on the LDMG/DDMG to provide specialised response capability.

- The QDMA enable a progressive escalation of response, support, and assistance through the three tiers of government. The arrangements are well tested and fit for purpose for a pandemic. The QDMA are utilised to support Queensland Health in the management of a pandemic.

- Local governments will have a dual role during a pandemic. They will be an essential part of the State Disaster Management System responding to the pandemic, as well as an employer like any other business.

The LDMG and Council will need to consider:

- Scalability of the incident management team. Employ policies and practices to support all staff

- Implement virtual meetings

- Maintain business continuity plans to enable the delivery of essential services

- Implement the Chief Health Officers directions

- Support traffic management planning for Assessment Centres, Fever Clinics, Staging Areas, and Vaccination Centres

- Liaise with local supply chains to ensure continuity of service

- Communicate internal and external messaging to the community by following the State and Federal communications strategies

1.7 Context

Pandemics are epidemics on a global scale. For a disease to have pandemic potential it must meet three criteria:

- Humans have little or no pre-existing immunity to the causative pathogen

- Infection with the pathogen usually leads to disease in humans

- The pathogen has the capacity to spread efficiently from person to person.

Pandemics can be prolonged, continuing for many months or for over a year. The impact of a pandemic is highly variable but can be very widespread, affecting many areas of daily life. Because the human population has little or no immunity to the disease, it can spread rapidly across the globe and may result in high numbers of cases and deaths.

The impact of a pandemic depends on how sick the pathogen makes people (clinical severity), the ability of the pathogen to spread between people (transmissibility), the capacity of the health system, the effectiveness of interventions and the vulnerability of the population.

A pandemic can be due to a new or re-emergent disease that spreads between countries and continents. Examples are the most recent COVID-19, mosquito-borne diseases such as Zika, new respiratory viruses such as SARS (severe acute respiratory syndrome) and MERS (Middle eastern respiratory syndrome) and viral haemorrhagic infections such as Ebola.

Scale of impact*.* A pandemic could impose a major strain on health, emergency services and social and economic functioning generally. When a significant proportion of the population is affected, this
can lead to disruption of critical infrastructure or services. Disaster management responses developed to deal with smaller level, localised disasters may require further planning to adapt to the need for large scale response.

Duration of impact. The first wave of a pandemic may last several months, and can be followed by further waves of infection, with less intense periods of infection as more people become immune.
Overall level of community concern and uncertainty. The impacts of a pandemic may be long-lasting and cause widespread disruption, concern, and uncertainty for populations.

2. Stages of Pandemic

A pandemic has the potential to cause high levels of morbidity and mortality, and to disrupt the community socially and economically.

The Fraser Coast LDMG pandemic planning focuses primarily on response activities and the activities required to be prepared to respond.

AHMPPI Stages	AHMPPI Sub-stages	Characteristics of the disease that inform key activities	Queensland response arrangements
Prevention	Prevention	No novel strain detected or emerging strain under initial investigation	Prevention
Preparedness	Preparedness	No novel strain detected or emerging strain under initial investigation	Preparedness
Response	Standby	Sustained community person-to-person transmission overseas	Alert Lean Forward
	Initial Action Targeted Action	Cases detected in Australia Initial - When information about the disease is scarce Targeted - When enough is known about the disease to tailor measures to specific needs	Stand Up
	Stand Down	Virus no longer presents a major public health threat	Stand Down
Recovery	Recovery	Virus no longer presents a major public health threat	Recovery

3. Prevention

LDMG and FCRC Council will:

- Promote good personal hygiene measures to staff and the general public e.g. hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues) staying away from others while sick
- Promote seasonal influenza vaccine uptake in at-risk and vulnerable groups, in those that may transmit influenza to at-risk and vulnerable groups, in essential service workers (especially health care workers) and in the general public.

4. Preparedness

- LDMG will maintain, test, and revise the Fraser Coast Disaster Management Pandemic Sub Plan on an annual basis.

5. Response

Key issues

Council's response will modify as the pandemic progresses. In the initial containment phase, Council will focus on hygiene messages, education and information and planning for the escalation of the Pandemic and consequent operations.

The key issues to be managed by Council in the event of a pandemic are:

- Adoption of a graduated escalating response
- Maintaining business continuity for the provision of essential services
- Responding to requests for assistance from the State and Federal Government
- Managing community consequences
- Council's communication strategy
- Coordinating Council's response with external agencies

Adoption of Graduated Response

The response measures necessary in a pandemic need to be proportionate to the threat. The LDMG member agencies should be prepared to adopt a graduated response according to information provided by the lead agency. Measures of severity will include severity of disease, proportion of the population affected, impacts on high-risk groups, deaths, and broader impact on the community and environment.

LDMG Response

Meetings of the LDMG during a pandemic may not be face to face, avoiding unnecessary contact. Meetings may be held via a conference call or video link and the meeting procedures conducted in accordance with those provisions in the *Disaster Management Act 2003*

Managing Community Consequences

The social consequences of a pandemic could be very widespread and the economic impacts long lasting. This will pose significant challenges to the Local Disaster Management Group which has a key role in managing community consequences.

Communication

Clear and consistent communication is crucial to minimising the risk to public health and safety during the various stages of a pandemic. The Local Disaster Management Group must ensure their messages are consistent with Queensland Health.

The governance and principles are outlined in the Queensland Whole of Government Pandemic Communication Plan.

Key messages should be communicated clearly and consistently by all agencies to stakeholders at all stages of a pandemic response. This includes overarching information about where to find information, the role of Government and community in the response and specific health messages (e.g. good hygiene).

Specific messaging will be developed for each pandemic event.

Key channels

- QH website as lead agency
- qld.gov.au
- Public call centre– 13QGOV
- 13HEALTH (QH medical advice)
- Social media (QG Facebook, QH Facebook, Twitter, Instagram, LinkedIn)
- Paid advertising (radio, TV, newspaper, search, online)
- Queensland Government internal communications
- Traditional media.

Sources of information

- Queensland Health – Chief Health Officer, SHECC
- Queensland Government – SDCC
- Australian Government
- World Health Organisation (WHO).

6. Recovery

Contribute to community recovery as coordinated by the Queensland Reconstruction Authority and Department of Communities, Disability Services and Seniors.

Appendix 1: Pandemic Planning Action List

Responsibility	Action

Council	• Support Queensland Government agencies in Containment operations
	• During the Containment phase review plans for:
	   o Adopting a graduated response keyed to the pandemic phases
	   o Maintaining essential services at each stage of the pandemic
	   o Maintaining core functions of Council
	• Promulgate and manage the HR policy response for Council staff
	• Manage communication strategies for own staff
	• Manage public awareness and public communication messages on areas of Council responsibility (synchronised with Federal & State policies)
	• Maintain liaison with key State agencies and other key stakeholders
	• Ensure Council's response and recovery actions are coordinated and synchronised with those of other key stakeholders

Council Sections/Groups	Individual Council Departments/Sections/Groups are to: • Identify the minimum operational and staffing levels for their critical business processes • Review their business continuity plan for designated essential service(s) • Maintain essential service(s) throughout the pandemic • Advise Council if the minimum numbers or operational levels cannot be sustained • Maintain a record of infection and recovery rates for their staff
Communications and Marketing	• Prepare a communication strategy for keeping Council staff informed • Prepare the communication strategy for the general public • Provide a liaison officer to the LDCC • Maintain liaison with State Government counterparts • Implement communication and public awareness strategies
Organisational Governance	• Prepare HR policies and strategies for Council staff • Provide a liaison officer to the LDCC • Assist with implementing the HR policies and strategies • Seek a Council decision on workplace policy options when the Pandemic Stage of Alert overseas has progressed to human-to-human transmission (OS4).
Local Disaster Coordinator	• Place Local Disaster Management Group on Alert/Lean Forward/Stand Up

- Place the Local Disaster Coordination Centre on Alert/Stand Up
- Maintain liaison with Maryborough District Disaster Coordinator
- Ensure continuity of staff for the Local Disaster Coordination Centre
- Provide briefings to the Fraser Coast Local Disaster Management Group
- Manage liaison with key stakeholders.

Response Stage Actions

Action 1. - Australian Stage: Standby

Overseas clusters of human infection with a new virus with pandemic potential. Virus is becoming increasingly better adapted to humans but may not yet be fully adapted (substantial pandemic risk). The aim of this phase is to delay the virus arriving in Australia.

Action Required	Responsibility	Completed
Establish Pandemic Working Group(s)	Mayor/Chief Executive Officer/Executive Leadership Team	
Decide on HR policy options	Chief Executive Officer	
Commence community and staff messaging, in conjunction with Federal and Queensland Governments Communications Plan	Manager Communications and Marketing	
Establish regular liaison with health authorities and ascertain support services required of Council	Local Disaster Coordinator	
Establish arrangements for LDMG meetings to be held using tele-link/video link to avoid contact	Local Disaster Coordinator	
Establish continuity of supply arrangements for critical goods and services, including PPE	Procurement Officers and impacted business areas	
Confirm disaster management arrangements and ascertain support services required of Council	Local Disaster Coordinator	
Update and test business continuity plans if available	Directors	
Finalise and approve altered working arrangements, including HR and IR implications	Chief Executive Officer and Directors	
Prepare for altered accommodation arrangements – cleaning, security, maintenance	Directors	
Increase work from home capacity	Chief Executive Officer	
Prioritise Council functions and services	Executive Leadership Team /Council Meeting	
Prepare for curtailment of non-critical functions and services	Executive Leadership Team	
Develop staff illness tracking system	Chief Executive Officer	
Lobby Queensland and Federal Governments for access to National Medical Stockpile for critical workers	Mayor and Chief Executive Officer	
Update messaging to staff and community	Communications and Marketing	
Defer / cancel all travel to affected areas in Australia	Mayor/Chief Executive Officer/Executive Management Team	

Implement altered working arrangements if virus is present in SEQ	Mayor/Chief Executive Officer/Executive management team	
Implement altered accommodation arrangements	Mayor/Chief Executive Officer/Executive Management Team	
Implement increased hygiene practices	Executive Leadership Team / Executive Management Team	
Prepare rosters for all essential roles	**Executive Management Team**	

Action 2. - Australian Stage: Initial Actions

Virus with pandemic potential has arrived in Australia causing a small number of cases. The aim of this phase is to limit the spread of the virus in Australia.

Action Required	Responsibility	Completed
Update messaging to staff and community	Communications and Marketing	
Identify additional infrastructure and resource requirements for the purpose of clinical management	Local Disaster Management Group	
Cease non-essential services that have direct community contact.	Executive Management Team	
Implement rosters for all critical roles	Executive Management Team	
Defer all staff domestic travel	Mayor/ Chief Executive Officer	
Issue PPE to essential staff	Mangers of impacted business areas	
Seek advice from Qld. Health on provision of antivirals or other preventive agents for essential staff	Mayor/Chief Executive Officer Executive Management Team	
Implement staff illness tracking system	Chief Executive Officer	
Update messaging to staff and community	Communications and Marketing	
Liaise with lead agency to support implementing policies for schools, childcare, mass gatherings and public transport, as appropriate to the infectious agent	Local Disaster Management Group	
Liaise with Qld. Health to support the implementation of community clinics such as flu clinics and vaccination centres	Local Disaster Management Group	
Review plans and consider activating, assess resource preparedness and maintain situation awareness	Chair Local Disaster Management Group /Local Disaster Coordinator	
Activate business continuity plans	Managers of impacted business areas	
Cease all non-essential services. Non-essential staff to take leave or work from home	All staff as directed by Executive Management Team	

Action 3. - Australian Stage: Targeted Actions

A new disease of moderate severity is spreading in Australia (symptoms could be mild in most and severe in some). The aim of this phase is to identify the people in whom disease may be severe and provide medical care and interventions to reduce suffering.

Action Required	Responsibility	Completed
Continue relevant governance arrangements	Local Disaster Management Group	
Recommence non-essential services	All Teams as directed by Executive Management Team	
Support reopening of schools, childcare centres and other services and removal of restrictions as advised by the lead agency	Local Disaster Management Group with consultation with District Disaster Management Group and Queensland Disaster Management Committee	
Review home isolation policy for Council staff. Home isolation of staff will be voluntary for those with mild disease with supportive treatment only (over the counter medication).	All staff as directed by Executive Management Team	
Distribute antivirals and personal protective equipment to staff as appropriate	All staff as directed by Executive Management Team	
Monitor absenteeism in essential services and implement contingency staffing arrangements as necessary.	All staff as directed by Executive Management Team	
Ongoing review of business continuity strategies, including work from home arrangements.	Chief Executive Officer	
Support home isolation/quarantine as requested by Queensland Health	Local Disaster Management Group	

Action 4. - Australian Stage: Stand down and Recovery

Pandemic is controlled in Australia, but further waves may occur. The aim of this phase is to return to normal while remaining vigilant.

Action Required	Responsibility	Completed
Continue relevant governance arrangements	Local Disaster Management Group	
Communicate with Qld. Health for the continuation of pandemic influenza vaccination program to targeted population.	Local Disaster Management Group	
Review and maintain other measures to limit the impact of the virus to the extent possible while vaccination program takes place.	Local Disaster Management Group	
Continue Crisis Communication	Communications and Marketing	
Non- essential staff with immunity to return to work	All staff as directed by Executive Management Team	
Review and Update Business continuity plans	Chief Executive Officer and Directors	