



HINCHINBROOK
LOCAL DISASTER
MANAGEMENT GROUP

PANDEMIC SUB PLAN

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APPENDIX A - HSC Pandemic Business Continuity Plan

AUTHORITY TO PLAN

This Pandemic Sub Plan has been prepared by the Hinchinbrook Local Disaster Management Group (LDMG) under the provisions of section 57 of the *Disaster Management Act 2003* (Qld).

APPROVAL

The preparation of this Pandemic Sub Plan has been undertaken in accordance with the Act to reduce the risk of an outbreak or spread of a pandemic in the Hinchinbrook Shire Council (Council) local government area.


The Plan is recommended for distribution by the LDMG.

AMENDMENT CONTROL

The controller of the document is the Hinchinbrook Local Disaster Coordinator (LDC). Any proposed amendments to this sub plan should be forwarded in writing to:

Local Disaster Coordinator
Hinchinbrook Shire Council
25 Lannercost Street
INGHAM QLD 4850

The LDC may approve minor amendments to this document. Any changes to the intent of the document must be endorsed by the LDMG.

| DOCUMENT HISTORY AND STATUS | | | | | |
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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 Hinchinbrook Local Disaster Management Plan.



1. Governance

1.1 Overview

This Pandemic Sub Plan is to be read in conjunction with the Hinchinbrook Local Disaster Management Plan (LDMP), [Australian Health Management Plan for Pandemic Influenza 2014 \(AHMPPI\)](#) , [Queensland Health Pandemic Influenza Plan May 2018](#) and the [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#) and [Queensland Whole-of-Government Pandemic Plan March 2020](#).

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 State Government will conduct 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 \(QHDISPLAN\)](#).

1.2 Purpose

The Hinchinbrook LDMG Pandemic Sub Plan provides a framework predominately for pandemic planning and response by:

- Hinchinbrook Shire Council Local Disaster Management Group;
- Hinchinbrook Shire Council; and
- Hinchinbrook community including government and non-government agencies and businesses.

1.3 Scope

Queensland Health (QH) is the primary agency for a hazard such as pandemic as defined in the [Queensland State Disaster Management Plan](#). QH are the lead agency for response functions of public health, mental health and medical services, mass casualty management, mass fatality management including victim identification (with Queensland Police Service) and emergency medical retrieval.

The sub plan outlines the LDMG role in providing support to the lead agency, whilst responding with an optimised management strategy for the community.

1.4 Background

An epidemic is a widespread occurrence of an infectious disease in a community at a particular time. A pandemic is an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people. A severe pandemic can disrupt a society and its economy. This can overwhelm a local, district, state or national health system and harm business continuity on a large scale.

As a new virus or disease develops, it can spread rapidly with limited immunity from vaccinations, as they may not yet be developed.

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recent discovery of coronavirus is COVID-19.

COVID-19 was declared as a Pandemic by the World Health Organization (WHO) on the 11 March 2020. This outbreak began in Wuhan, China in December 2019. Regular updates are available on the [World Health Organisation](#) and [Johns Hopkins University & Medicine](#) respective websites.



The following has been taken from the Queensland Whole-of-Government Pandemic Plan March 2020:

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.

Human infection occurs through the transfer of a pathogen from an infected person to a susceptible person.

***Droplet** transmission occurs when contagious droplets produced by the infected host are propelled into the environment through coughing or sneezing.*

***Airborne** transmission refers to the production of droplet nuclei <5µm in diameter, which can stay suspended in the air and be disseminated by air currents. These particles can infect a susceptible host through inhalation. The classic example of a pathogen transmitted by airborne droplet nuclei is the measles virus.*

***Contact** transmission refers to contact with bodily secretions through direct person-to-person contact and indirectly, through contact with contaminated objects such as hands, door handles and toys.*

Differences between pandemic and other disasters

Some impacts of a pandemic are similar to those experienced in other disaster events; however, some are specific to the pandemic environment and may result in circumstances not previously experienced in the community.

In Queensland, disaster impacts are usually significant for localised communities and the individuals and families within those communities. Pandemics are expected to have a quite different impact. The physical infrastructure of our communities is unlikely to be affected, however it is expected that there could be high rates of illness and potentially some deaths, as well as impacts to the economy and trade. The effects would be sustained over a longer period of time and could be felt across the whole state.

***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.*

Pandemic Phases

Queensland Whole-of-Government activities detailed in this plan are structured to reflect the AHMPPI 2014 response stages. Table 1 demonstrates how the stages within the AHMPPI align with the activation phases outlined in the QSDMP and the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN).



Table 1 – Alignment of AHMPPI stages with activation phases within QSDMP and QHDISPLAN.

| 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 |

**Prevention and recovery are not the primary focus of the AHMPPI. It is acknowledged that the consequence management arrangements for recovery may be in play before the move to 'recovery'.*

1.5 Objectives

The objectives of this sub plan are to:

- Provide situational awareness in support of LDMG, associated agency Business Continuity Plans (BCP) and response activities;
- Analyse data from authorised agencies to form intelligent well-informed decisions for the community;
- Prioritisation of response and relief for the community;
- Coordinate agencies to deliver efficient and effective services;
- Provide clear, concise and timely relevant information to the community, LDMG and associated stakeholders; and
- Maintain critical/essential services.

1.6 Assumptions

This sub plan is based on assumptions that:

- There will be some warning of a pandemic;
- The initial outbreak will most likely be external to our LGA;
- The Australian Government will announce the escalation of health alert levels;

- The community consequences will be managed in accordance with the Queensland Disaster Management Arrangements; and
- The Queensland Government will provide guidance to coordinate activities across jurisdictional boundaries, including:
 - Border control;
 - Containment operations; and
 - Delay of pandemic.

1.7 Plan development and review

This sub plan was developed by the LDMG, Council, associated stakeholders and authoritative consultants. This is a live plan that can be amended during an event, with provision of new information or circumstances. This plan will be reviewed annually in conjunction with the review of Council's LDMP and associated Sub Plans.

1.8 Plan implementation

This document is a sub plan of the Hinchinbrook LDMP and is to be used in conjunction.

2. Operations

2.1 Context

The measures that governments may take to reduce the impacts of a pandemic include border control, recommending travel restrictions, people adhering to hygiene messaging, avoidance of crowded places, closing schools and child care centres, isolating infected persons and quarantining those without symptoms who have had close contact with infected persons. This is likely to cause significant social disruption.

It is anticipated that people may choose to be absent from the workplace due to fear of the risk of infection. It is likely many will be unable to participate in work activities because they are caring for children, family and friends.

The Hinchinbrook community are likely to need to develop innovative methods to support each other while avoiding historical activities that encourage people socialising in close proximity.

Community resilience is an important aspect in the event of a pandemic occurring and the LDMG will support this resilience whilst ensuring that an appropriate level of essential services continues to be provided to the local government area.

The LDMG is well supported by government agencies, sporting and service clubs, organisations and special interest groups. Council shares a strong link with the neighbouring local government authorities of:

- Townsville City Council;
- Burdekin Shire Council;
- Cassowary Coast Regional Council;
- Charters Towers Regional Council;
- Douglas Shire Council;
- Cairns Regional Council;
- Tablelands Regional Council;
- Mareeba Shire Council; and
- Cook Shire Council.



2.2 Concept of Operations

It is the role of the relevant Hospital and Health Service (HHS) to manage a local response. Townsville HHS has considered the triggers for escalation locally and has developed a level approach to manage. The LDMG operational levels of activation will synchronise with Townsville/Ingham HHS approach which is outlined below:

- Level 1 – BAU Health Services:
 - Capacity for local case management is dependent on case severity and resource availability;
 - Implementation of screening/assessment centres;
 - Capacity for inpatient – 6 cases only limited by physical infrastructure (availability of single rooms);
 - Capacity for outpatient cases i.e. in community – no restriction, unlimited; and
 - Limited external support required.
- Level 2 – Augmented Health Services:
 - Capacity for 6 inpatients and additional 4 inpatient beds in designated COVID ward;
 - Additional screening/assessment centres established with the request for external support;
 - Wards augmented with additional staff and resources and equipment to provide additional beds;
 - Capacity only able to be exceeded with additional resources;
 - Support required from the LDMG; and
 - Potential for temporary medical facilities.

With respect to the Ingham Health Service, all persons having tested positive to the virus will be followed up by the Townsville Hospital and Health Service. If required, the person will be transported to the Townsville University Hospital.

2.3 Phases of Operations

Phase 1 – Preparation and response to pandemic such as COVID-19 medical emergency

This phase is where there are only a limited number of confirmed cases of COVID-19. QH is able to respond at the local level within their capability and capacity limits. National and State mechanisms are assisting the response through border screening, border control and contingency based measures.

LDMG status: ***Alert / Lean Forward***

LDMG likely focus and actions:

- Provision of support to Tier 1 medical response;
- LDMG agency monitoring of the COVID-19 situation;
- LDMG individual agency implementation of business continuity planning;
- LDMG preparation and planning;
- Sharing of key public information messages;
- Support with logistics as may be identified by QH; and
- Consideration of multi-hazard interactions that may reduce critical services over multiple events or essential work tasks.



Phase 2 – Initial Pandemic Response

This phase is a rapid increase in the number of confirmed cases of COVID-19 occurring.

In addition to those in hospital care, there are also a large number of individuals that are self-isolating.

Whilst essential services are currently being maintained, organisations are experiencing significant absenteeism both through direct virus, disease impacts or fear. QH is providing a medical response but is at the limits of their capability and capacity and requires significant support to implement the required response activities.

LDMG status: *Lean Forward / Stand Up*

LDMG likely focus and actions:

- Provision of situational awareness from the LDMG;
- LDMG individual agency implementation of business continuity plans;
- Sharing of key public information messages;
- Support with logistics as may be identified by QH;
- Consideration of activating Local Recovery Groups (LRG);
- Provision of high level of support to QH in support of Level 2 medical response including:
 - Lock down (geographic spike in cases);
 - Provision of specialist personnel in direct support of QH;
 - Provision of emergency supply;
 - Implementation of infection control measures in consultation with QH (cessation of mass gathering events);
 - Support with contact tracing;
 - Isolation (due to having the virus) and quarantine (may have been exposed to the virus) arrangements; and
 - Border screening.

Phase 3 – High End Pandemic Response

This phase is a situation similar to what has been experienced in Wuhan China. Large scale infection and isolation would occur across the region corresponding with a large number of fatalities.

Non-essential services would cease during this phase and the maintenance of essential services would only occur through deliberate management. The health system is highly likely to be overloaded and there may be a requirement for temporary medical facilities to be established.

Mass gatherings would cease, and the large number of individuals self-isolating would require significant support. The essential support is likely to be working at reduced levels that are not commensurate to the patient demand.

LDMG status: *Stand Up*

LRG status: *Lean Forward*

LDMG likely focus and actions:

- Provision of situational awareness by the LDMG;
- Implementation and maintenance of critical/essential services;
- Sharing of key public information messages;



- Support with logistics as may be identified by QH;
- Activation of the Local Recovery Group;
- Provision of resupply to those self-isolating;
- Support to fatality management arrangements; and
- Full lock down of community and Council services, critical and essential work only.

Phase 4 – Recovery

The phase is the need to re-establish the process back to BCP. The new normal is anticipated that recovery activities are likely to required long term support.

Due to the nature of pandemic impact, some recovery activities may be initiated concurrent to ongoing response strategies. Further detail will be in accordance with the Hinchinbrook COVID-19 Recovery Plan.

LDMG status: ***Lean Forward*** LRG status: ***Stand Up***

LDMG and LRG, likely focus and actions:

- LDMG monitoring and provision of situational awareness;
- LRG implementation of recovery operations, business continuity and risk mitigation strategies;
- LRG disaster community needs assessment; and
- Implementation and monitoring of economic and human and social recovery activities.

2.4 Demographics

Hinchinbrook Shire has an official population of approximately 10,885 (2016 Census).

Vulnerable (At Risk) populations

26.9% (2,927 people) of the Shire's population are 65 years and older.

Aged Care Facilities

Canossa Home for the Aged is operated by Ministries of the Canossian Sisters. LDMG have been advised that staff are adequately trained and understand the practices that need to be put in place for the management of virus and disease outbreaks. Staffing has been identified as a potential issue should there be a pandemic outbreak. Contingency planning in the event of local cases includes: splitting staff into separate cohorts with separate living quarters and no interaction; and request for assistance from the sister facility in Brisbane.

Bluehaven Aged Care Facility is operated by Blue Care. LDMG have been advised that staff are adequately trained and understand the practices that need to be put in place for the management of virus and disease outbreaks. Contingency planning in the event that staff are quarantined includes requesting support from southern Bluecare staffing pool and from government agency staff. Should the local hospital become overwhelmed by positive aged care pandemic cases, Bluecare has a designated wing at the facility for residents confirmed as positive to the pandemic.

Palms Aged Care Service is operated by Churches of Christ in Queensland. LDMG have been advised that staff are adequately trained and understand the practices that need to be put in place for the management of virus and disease outbreaks.

Staffing and stocks of PPE have been identified as potential issues for aged care facilities due to limited availability of local support from their respective organisations. In the event of a local pandemic outbreak, requests for assistance through the LDMG may be required.

Other Vulnerable (At Risk) persons' groups include:

- Recipients of NDIS;
- Elderly residents living independently in receipt of Home Care and other support packages;
- Residents requiring in-home high care medical support (e.g. oxygen, dialysis);
- English as a second language/non-English speaking residents;
- Homeless;
- Tourists;
- Domestic violence victims; and
- Substance dependent persons.

2.5 Activation – Status, Triggers and Actions

| | TRIGGERS | ADDITIONAL ACTIONS – PANDEMIC |
|---------------------|--|---|
| ALERT | <p>Awareness of a hazard that has the potential to affect the LGA; Confirmed cases in Queensland, North Queensland or neighbouring LGA; Community transmission; Health Emergency Operations Centre (HEOC) at Lean Forward or Stand Up; and/or Queensland Health (QH) advice or Public Health Directives.</p> | <ul style="list-style-type: none"> • LDMG Core to monitor situation, assessing potential risk; • Request reports from LDMG Advisory and Supporting Agencies; • LDMG to liaise with Council CEO as to activation of HSC Pandemic BCP; and • Community messaging regarding hygiene and social distancing practices as per QH advice or Public Health Directives. |
| LEAN FORWARD | <p>There is a likelihood that threat may affect LGA; Threat is quantified but may not yet be imminent; Need for public awareness; LDMG is to support QH with the local event; Confirmed case in LGA that is likely to require a coordinated response; Local community transmission; Need for public awareness; Within hospital capacity, but likely future planning required; and/or Complex Public Health Directives or advice affecting community.</p> | <ul style="list-style-type: none"> • Establish regular communications with Townsville DDC, DDMG and lead/supporting agencies; • Determine trigger point to Stand Up; • Ad hoc reporting; • LDMG Core only to meet in person, maintaining physical distancing and sanitisation requirements. Other agencies by teleconference; • Dissemination of public information and implementation of government directions and restrictions within Council facilities and the community; and • Determine if activation of Recovery Groups necessary. |
| STAND UP | <p>Threat is imminent. Community will be or has been impacted; Requests for support received by LDMG agencies or by the LDCC; The response requires coordination; Confirmed case/s in LGA and community transmission; Multiple requests for assistance from the community; Significant community disruption and multiple agency involvement; and/or Queensland Health (QH) advice or Public Health Directives.</p> | <ul style="list-style-type: none"> • LDCC activated if deemed necessary, with physical distancing protocols and sanitisation processes in place; • LDMG to meet by teleconference/virtual meeting only; • Focused regular contact with advisory and supporting agencies for information gathering from the community; • Close regular contact with HIS and THHS Public Health Unit; • SITREPS to DDC; • Dissemination of information, reminders and updates to the public and business community continuing; • Community Recovery Hotline may be operational; and • Recovery operations commence if not taking place already. |
| STAND DOWN | <p>No requirements for coordinated response; Community has returned to normal function; Recovery operations taking place; No confirmed/suspected cases in LGA; No further risk or threat of community transmission or outbreak; and/or HEOC moved to Stand Down.</p> | <ul style="list-style-type: none"> • Dissemination of Stand Down information and updates to the public and business community; • Final SITREP to DDC; • Return to LGA core business; • Ensure plans updated and evaluation of the management of event (lessons learned) conducted; • Re-establish stocks, complete preparation for future pandemic events. |

2.6 Considerations for Support

The following may require consideration and be discussed:

- Assessment clinics;
- Staging points or overflow areas or facilities;
- Mass vaccination programs;
- Maintenance of essential services;
- Emergency Supply and Resupply of essential items or products;
- Facility management; and
- Support Public Health Directives and limit community events.

3. Prevention

QH encourages all persons residing or working in the Hinchinbrook region to have the annual influenza vaccination to minimise the risk of a Pandemic.

There are many ways we can all help stop the spread of viruses:

- a. Clean your hands regularly with soap and water or alcohol-based hand rubs;
- b. Cover your nose and mouth with a tissue or bent elbow when coughing or sneezing;
- c. Avoid touching your face, nose and mouth;
- d. Avoid shaking hands;
- e. Stay home if you are unwell; and
- f. Practise social distancing, which includes distancing 1.5m away from others.

Communication throughout the community is very important to detail prevention and mitigation measures.

The limit to visitation to elders or vulnerable/at risk persons is strongly recommended as they are more susceptible to infection and health induced risks.

3.1 Affected Individuals

Notification of local pandemic cases will be made by QH to the LDMG Chairperson/Mayor. If QH advise that a positive case of a pandemic such as COVID-19 is confirmed in Hinchinbrook, the affected will be required to self-isolate for 14 days to reduce the risk of community transmission. The patient will have no contact with friends and family and will need to be in an environment where they have their own toilet, shower and ability to obtain food and water.

All direction as to the requirements of persons to isolate or quarantine will be provided by QH. Individuals may display symptoms or be asymptomatic (showing no symptoms).

Where a person is not ill, however has deemed to experience close contact with a known positive case, they will be required to self-quarantine for 14 days. Self-quarantine means staying in your home, motel room or provided accommodation, and not leaving for the period you are required to quarantine.

Only people who usually live in the household should be in the home. Do not allow visitors into the home.

The person in self-quarantine will liaise with Townsville Hospital and Health Service.



3.2 Alternate Accommodation

The Hinchinbrook LDMG acknowledges the limited capacity of health facilities in the Shire and has identified the following alternative accommodation options –

Option 1 –

Council have agreed to support QH in accommodating identified isolation/quarantine patients at the:

- Tropixx Motel, 45 Cooper Street, Ingham, with 24 rooms and a total bed capacity of 18 (all ground floor rooms with front entry, 2 rooms with accessible facilities); and
- Herbert Valley Motel, 37 Townsville Road, Ingham, with a total bed capacity of 58 (all ground floor rooms, no designated rooms with accessible facilities).

Cleaning of motel

Following a 14-day isolation/quarantine period provided the patient is no longer symptomatic, normal motel room cleaning protocols can be followed. Commercial cleaning services will be provided by each motel establishment and by JKB Cleaning Services, Ingham. Laundry services can be provided by Ingham Laundry Services, 36 Tully Street, Ingham where required.

If, in the case of a patient's death whilst in the required 14-day isolation/quarantine period, QH staff will advise the motel staff on required cleaning regime.

Should it be required, Personal Protective Equipment for motel cleaning staff will be supplied by Council.

Option 2 –

Hinchinbrook Evacuation Centre – basic accommodation located at the Ingham Showgrounds with communal ablutions and kitchen. Located within the main township area.

This facility is not suitable for use as an accommodation option for person/s requiring isolation due to the communal nature of the facilities. However, this facility may be used for persons who require self-quarantine through exposure but are not exhibiting pandemic symptoms such as COVID-19.

3.3 Cost recovery of accommodating Queensland Health patients

QH may cover the cost of persons accommodated in any of the accommodation options noted above.

3.4 Monitoring of Queensland Health patients in arranged accommodation

QH will determine person/s requiring ongoing medical monitoring. Most people in isolation will be required to self-monitor their health with the most severe cases being hospitalised either in Ingham Hospital or at the Townsville University Hospital.

A communication strategy for people in isolation/quarantine will be developed by QH outlining the entry and exit strategy for their isolation/quarantine period.

Provision of food and medicine is outlined in section 4 below.

3.5 Local Leaders and LDMG personnel

During all disaster events, the community looks to its local leaders to provide assurance, confidence and guidance. As such, the LDMG and key LDMG members are to strictly adhere to QH recommendations. Health, hygiene and social distancing protocols must be maintained. Once community transmissions are evident the use of either teleconferencing or other digital communication practices will be required to continue to meet business functions and discuss emerging issues.

Contingency plans regarding communications in the event that services are disrupted, will be determined according to the circumstances and available options at the time.

4. Essential Services

The LDMG has agreed the following roles are considered '**essential**' for the continuation of services within the Community.

- Medical (Doctors, nurses, other essential health workers and pharmacy);
- Queensland Police Service (QPS);
- Queensland Fire and Emergency Services (QFES) (Emergency Management Coordinator, State Emergency Services, Fire & Rescue Service, Rural Fire Service);
- Queensland Ambulance Service (QAS) (Paramedics);
- Compulsory education providers (Teachers);
- Public utilities (Electricity and telecommunications);
- Contractors and Tradesmen;
- Public housing providers;
- Community Development Program Management (CDP); and
- Council services, as approved by the Chief Executive Officer (CEO), such as but not limited to water, wastewater, sewerage, Environmental Health Officer (EHO).

Individual agencies and organisations are responsible for enacting their own BCPs to ensure service delivery continues for the community.

4.1 Medical and Health Services

The Ingham Hospital is a 28 inpatient bed capacity – 6 ensuite rooms and 2 palliative care rooms. In the event that larger capacity is required, the theatre recovery area may be used for mass casualty.

The Ingham Health Facility has a mortuary with a capacity of three (3). Further mortuary capacity of ten (10) may be available at Ingham Funeral Services.

The community is serviced by the Royal Flying Doctor Service and QGAir Helicopter as required.

Townsville Hospital and Health Service (THHS) has confirmed they have undertaken significant business continuity planning to address staffing and resource supply issues for the Ingham Health Service (IHS). It is noted however, the health service relies heavily on Pool Staff from THHS and during a pandemic, access to this specifically skilled workforce may become difficult. As a component of the IHS BCP, any staff or resource issues are escalated to the THHS for action.

In the case of a pandemic, the risk of an increase in fatalities is higher, especially given the number of high-risk complex health issues within the community. THHS have agreed to support IHS with a mobile mortuary if required. Procurement, transportation and installation of this asset will be at the cost of QH.

In addition to IHS, there are three private general practices in the Hinchinbrook district, two private pathology services and a private rural imaging practice.

Numerous allied health practitioners service the Hinchinbrook Shire, some travelling to Ingham from outside the district. These services may be disrupted, suspended or provided via telehealth appointments due to travel or business restrictions.



4.2 PPE supply

Supplies of personal protective equipment such as masks, hand sanitiser and disinfectant wipes will be maintained by the following agencies:

- 4.2.1. Council – PPE for staff as per HSC Pandemic Business Continuity Plan;
- 4.2.2. LDMG (through Council) – initial supply for emergent need (e.g. cyclone shelter activation);
- 4.2.3. IHS – stockpiles in the event of a local pandemic outbreak; and
- 4.2.4. QFES – PPE Stockpiles for Evacuation Centres/Cyclone Shelters/Recovery Centres.

4.3 Medicine

Pharmacy supplies for IHS are currently provided by an onsite pharmacist (and assistant) at Ingham Hospital. Any issues with continued medicine supply will be escalated through the THHS in accordance with their internal policy arrangements and BCP. For oversight only, IHS has agreed to notify LDMG Chairperson or as otherwise directed, if they are experiencing any essential medicine supply issues.

All isolated/quarantine persons will be required to contact THHS advising of their need for prescription medication.

Some panic buying in mainstream communities may cause temporary shortages of general over-the-counter medicines such as paracetamol, ibuprofen and Ventolin. However, this is not expected to impact the Ingham Hospital Pharmacy for long periods of time; therefore, ensuring safe supply for the IHS.

There are three chemists located in Ingham, and one in Halifax. All pharmacies have business continuity plans in place and will take guidance from both the Department of Health (Australian Government) and QH in respect to social distancing and sanitising measures. Use of digital prescriptions may be encouraged and/or required by pharmacies dispensing medication during a pandemic.

Chemists may move staff to shifts, split workspaces and limit the number of customers into the business at any one time. Staff may be made available to work only with webster pack medications.

All pharmacies are generally well stocked with pharmaceutical supplies.

4.4 Food Supply

The Hinchinbrook community is serviced by Woolworths and Coles supermarkets, as well as limited stock in service stations and small delicatessen/convenience stores. The Woolworths Supermarket supplies a wide range of goods such as electrical appliances and manchester through to fresh, frozen, packaged and canned food items. Supplies are regularly delivered from Townsville.

The current delivery schedule is as follows -

- Meat, chicken and dry goods – Monday to Saturday;
- Fresh produce (fruit and vegetables) – Every day; and
- Frozen foods – Monday, Wednesday, Friday and Saturday.

The Woolworths Supermarket prefers the use of EFTPOS cards over cash and have the ability to fulfil online (pick up) orders.

Should Woolworths have difficulty in obtaining goods from their suppliers due to a nationwide shortage, distribution issue or concurrent disaster event, Woolworths have agreed to advise the Hinchinbrook LDMG Chair of the situation and work collaboratively to identify possible solutions. A Request for Assistance may be considered for escalation through the Townsville District Disaster Coordination Centre if all other options locally have been exhausted.



Hinchinbrook residents can also place grocery orders with local fresh food suppliers when available.

Transportation of goods is considered an essential service and will not be impacted by any travel bans which may be implemented by government.

For people isolating in their own dwelling, family and friends will be required to provide essential supplies such as food and medicines.

Where the patient has no external or family support, QH will liaise with the LDMG/Hinchinbrook Community Support Centre and/or the Community Recovery Hotline to arrange support services for the patient.

4.5 Fuel/Gas

There is not expected to be a shortage of fuel and/or gas for the community unless essential services transportation is ceased. If required, this commodity may require strict control measures.

4.6 Public Utilities

Council is continually enhancing their business continuity planning in the event of a pandemic to mitigate adverse impacts of the emerging virus or disease outbreak (such as COVID-19) and ensuring continuation of critical business, services, and the health and safety of the community. The safety of staff and the community is the main priority.

It is recognised that Council has staff to operate, repair and maintain essential water and sewerage infrastructure.

HSC Pandemic Business Continuity Plan is attached to this document as Appendix A.

4.7 Existing Environmental Health Arrangements

Council has procedures and standards for the provision of suitable environmental health in the community. These are to be used to provide public health services to the community. Council will investigate all avenues of council-to-council assistance in conjunction with a request for additional resources through the LDMG and Townsville District Disaster Management Group (DDMG) if required.

4.8 Funerals

Ingham Funeral Services is a central point of contact for advice to family members organising funerals. This practice will continue throughout the pandemic to ensure adequate control measures are applied.

Ingham Funeral Services have a morgue capacity of ten (10).

4.9 Transportation

Hinchinbrook has logistic services for supply chain delivery through road, rail and air. Passenger transport is available through Queensland Rail and Ingham Travel, 28 Lannercost Street, Ingham.

5. Mass Gatherings

Council will work with businesses and community groups to assist them in following the Australian and Chief Health Officer (CHO) Directives' and restrictions to non-essential indoor/outdoor gatherings. Council will implement its BCP which details stages of response to QH Directives.

For the most recent advice relating to Mass Gatherings please refer to [Queensland Health](https://www.health.qld.gov.au/queensland-health). These rules are enforceable and carry a significant penalty for non-compliance.



Organisations and businesses that continue to trade will be required to adhere to all government directions regarding, but not limited to:

- Plans and signage;
- Patron registers;
- Social distancing (maximum capacity), hand sanitising and cleaning requirements;
- Public Health directions applicable to food preparation and hospitality services; and
- Queue management and entry/exits.

6. Community Information and Messaging

The LDMG and Council will continue to provide strong leadership to their community and will focus the messaging on locally relevant information.

The LDMG through its members and advisory/supporting agencies will continue to support QH community messaging.

The LDMG has agreed that Council will be the single point of contact for the collation and dissemination of information for the community. Members are then responsible for onforwarding information on their noticeboards and social media networks. Only information from the Australian and Queensland Governments should be disseminated throughout the community.

A link and relevant pandemic information will be provided on Council's website.

Community information and public messaging is in accordance with LDMP Communication Sub Plan.

7. Volunteers

QFES volunteers may be available but should not be relied upon in planning due to their primary roles (SES or Rural Fire Service). Any request must be submitted and will be considered against current priorities. Community organisation volunteer numbers may be reduced depending on pandemic risk and vulnerability of members.

8. Recovery

Recovery process will align with Queensland Recovery Plan and Hinchinbrook COVID-19 Recovery Plan.



APPENDIX A - HSC Pandemic Business Continuity Plan



PANDEMIC BUSINESS CONTINUITY PLAN

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APPROVAL OF THE PLAN

ENDORSEMENT


The Pandemic Business Continuity Plan was reviewed and endorsed by Hinchinbrook Shire Council's Executive Management Team (EMT) and Pandemic Committee on Thursday 16 July 2020.

The Pandemic Business Continuity Plan was originally endorsed on Monday 23 March 2020.

AMENDMENTS CONTROL

The controller of the document is the Hinchinbrook Shire Council's Workplace Health and Safety Coordinator (WHSC) who will undertake a review of the plan on an annual basis.

The WHSC is to ensure that all copies of this plan are accurately amended.

| DOCUMENT HISTORY AND STATUS | | | | |
|-----------------------------|---|--------------------------------|---|--------------------------------|
| Action | Name | Position | Signed | Date |
| Approved | Alan Rayment | CEO |  | 16/07/2020 |
| Plan Version | 2 | Initial Adopted Version | 23/03/2020 | Current Version Adopted |
| Maintained By | Office of Mayor and CEO | | Next Review Date | 16/07/2021 |
| File Location | E:\Shared Data\Administration\Change\Policies, Procedures & Forms\02. Current Documents | | | |



1. PURPOSE

- 1.1 The purpose of this plan is to ensure that Hinchinbrook Shire Council (Council) is adequately prepared to respond to a declared pandemic and manage the ongoing provision of essential services to the Hinchinbrook community with reduced organisational resourcing due to illness.

A pandemic is a critical health issue which may have significant impact on Council's workforce, workplaces and delivery of services. It will directly affect many people's health and well-being, and potentially all the roles performed in the ordinary course of employment.

A pandemic will arise rapidly, spread quickly and likely come in waves of eight to twelve weeks. It will cause significant disruption to normal business conditions. Likely impacts on workplaces include:

- increased illness and death;
- increased absence due to illness;
- increased absence to provide care and support to family members who are ill;
- increased absence due to social distancing/quarantine measures;
- increased absence due to the closure of schools, childcare or public transport facilities;
- possible disruption to supply of goods and materials; and
- possible disruption to essential service delivery (Queensland Minister for Industrial Relations Directive 6/18).

Council, as part of its emergency management planning, has developed this Pandemic Business Continuity Plan. Whilst the likelihood of an influenza/virus pandemic is low, the impact on Council in such an event could be extreme.

The WHSC (acting as the Pandemic Coordinator for Council) will work with all service units and sections in identifying critical employees and associated functions.

The major determinant of the severity of an influenza/virus pandemic, as measured by the number of cases of severe illness and deaths, is the inherent virulence of the virus. However, many other factors influence the overall severity of a pandemic's impact. Even a pandemic virus that initially causes mild symptoms in otherwise healthy people can be disruptive, especially under the conditions of today's highly mobile and closely interdependent societies.

2. BACKGROUND

- 2.1 Influenza is a contagious respiratory illness caused by the influenza virus. Influenza can cause mild to severe respiratory tract infections, predominantly in the winter months (seasonal influenza). Serious outcomes of influenza infections can result in hospitalisation or death. Some people, such as the young and the elderly, indigenous people, or those with pre-existing conditions, are at a higher risk of serious influenza complications and hospitalisation.
- 2.2 As outlined below, the virus can be spread via two main pathways – respiratory and physical contact:
- a) Respiratory – when an infected person exhales/sneezes, their droplets can infect the eyes, nose and mouth of an uninfected person (standing within 1.5 metres); and
 - b) Physical contact – an uninfected person accidentally infects themselves by touching their own eyes, nose or mouth with contaminated hands. Hands can be contaminated by touching contaminated surfaces or objects.
- 2.3 Respiratory droplets and contact spread are the easiest modes of influenza transmission in the community.



- 2.4 The virus cannot survive for long in the environment. Therefore, people touching freshly soiled items will increase their chance of acquiring an infection.
- 2.5 Pandemics such as the Spanish Flu (1918), Swine Flu (2009) and Avian Flu (2010) have been an irregular but repeated occurrence during the last century. Included in recent Pandemics have been the Middle East Respiratory Syndrome (MERS) and the Severe Acute Respiratory Syndrome (SARS). The risk of a pandemic in early 2020 is current, with Coronavirus (COVID-19). Other viruses will emerge in the future due to an increasingly mobile population.
- 2.6 How an influenza pandemic will actually manifest is unknown. However, the following characteristics should be considered for planning purposes:
- An influenza pandemic may last for an extended period of time (past experience identifies that a pandemic may last for 12 months or longer);
 - An influenza pandemic may occur in waves, with each wave lasting between 6–12 weeks;
 - The entire population will be vulnerable, due to lack of immunity to the particular virus strain, causing the influenza pandemic; and
 - An influenza pandemic is likely to cause significant rates of staff absenteeism, either due to illness, the need to care for those that are ill, or because of the impact of 'social distancing' policies potentially leading to the closure of schools and major disruptions to services and community lifelines, such as utility services.
- Current thinking suggests that staff absenteeism could be as high as 30–40 per cent of the workforce during the peak of each pandemic wave. In general terms, most people will be unwell for up to 25 days.
- An influenza pandemic differs from most other disasters in several ways. It attacks the social and economic environments, rather than the built and natural environments, is likely to be prolonged and could cause widespread concern and uncertainty in the community. Although many people may succumb or become unwell, most will survive.
- 2.7 The impact of a pandemic will affect Council's ability to protect employees whilst in the workplace and the ability of Council to provide expected services to the community with a significant reduction in available employees.

3. DEFINITIONS

Coronavirus - Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19. Symptoms range from mild illness to pneumonia and commonly include: fever, flu-like respiratory symptoms such as coughing and sore throat and shortness of breath.

Influenza – Influenza, commonly known as "the flu", is an infectious disease caused by an influenza virus. Symptoms can be mild to severe. The most common symptoms include: high fever, runny nose, sore throat, muscle and joint pain, headache, coughing, and feeling tired. These symptoms typically begin two days after exposure to the virus and most last less than a week.

Consultants and Contractors – Persons performing regular, consistent services similar to that of an employee.

Essential Services Staff Member – All Directors, Managers and Team Leader staff and those other staff directed to undertake duties concerning delivery of services defined as Critical Functions – Priority One in Clause 11.1.



4. FRAMEWORK

Each tier of Australian Governments will have a different role and responsibility during a pandemic. The roles of each level of government is outlined in **Appendix 1 – The Australian Government Framework**.

5. SCOPE

An influenza pandemic could create a unique staff loss environment for a long period of time. It is estimated that at the peak of a pandemic there may be significant staff absenteeism. Staff absences are expected for many reasons including:

- Illness/incapacity (suspected/actual/post-infectious);
- To care for ill family members;
- To look after children if schools or childcare centres are closed;
- Feeling safer at home (e.g. to keep away from crowded places such as public transport); and
- Fulfilling other voluntary roles in the community.

5.1 All employees, volunteers and contractors of Council have a responsibility to assist in minimising the spread or preventing opportunities for transmission amongst Council employees, volunteers, consultants and their families and members of the community.

5.2 This plan details Council's actions in the event of a pandemic and aims to ensure that employees, volunteers and consultants are protected and that the community can, as far as is possible, be confident that the maintenance of critical functions and services to the Hinchinbrook community will continue during a pandemic.

5.3 The information in this plan is to be distributed and communicated to all Directors and Managers. It is incumbent for respective Managers to inform their respective staff of relevant aspects and compliance with the plan.

6. OBJECTIVES

- 6.1 To provide accurate and timely information to all Council employees, volunteers and consultants to ensure they are well informed about the situation and have adequate health advice to take measures to protect themselves.
- 6.2 Ensure that Council's critical functions are maintained and delivered.
- 6.3 Minimise transmission to and between Council employees, volunteers and consultants.

7. STRATEGIES

7.1 The strategies that will be implemented to ensure the objectives are met include:

- *Communication*

It will be important for the success of the response to ensure that timely information is provided to all Council employees, volunteers and consultants. The WHSC will disseminate any relevant information provided by the Federal and State Government including the pandemic phase and risk of transmission. Information and updates will be provided through a number of different media channels including the intranet, regular emails, SMS, posters, paper-based information and the fortnightly Grapevine.



- *Preparedness and Containment*

Measures will be taken to ensure that transmission of the virus to employees is reduced. A number of strategies will be employed, including:

- Reinforce to all employees need for good personal hygiene practices e.g. washing hands;
- Reinforce to all employees the need for cough etiquette e.g. using tissues when you cough or sneeze;
- Reinforce to all employees the need for good hygiene in office and vehicle practices e.g. wiping down of desk, computer, phone, steering wheel, door handles and radios;
- Strongly encourage employees to have an annual influenza vaccination;
- Employees displaying symptoms must stay away from their work environment;
- Reducing travel to minimise exposure;
- Introduction of social distancing e.g. 1.5 metre distance, no handshaking or personal contact;
- Reducing the number of meetings and encouraging telephone conferencing;
- Reducing customer face to face contact;
- Encouraging employees to work from home where possible; and
- Distribution of personal protective equipment to reduce transmission (i.e. face masks, tissues, gloves, alcohol wipes, antiseptic gel, etc.).

Hygiene and travel protocols are given in **Appendix 2**

- *Maintenance of Critical Functions*

In addition to the Pandemic Business Continuity Plan, Individual Work Area Management Plans are to be developed and will need to include information regarding key personnel, skills and core business functions. These plans will assist in maintaining critical functions of Council with reduced employee numbers due to illness within the community.

- *Protection of employees and customers*

Employees will be encouraged to remain at home if they or a family member suffer symptoms. This will ensure that further spread of the disease does not affect co-workers. If any of their family is also suffering symptoms employees will be given the opportunity to remain at home to take care of their family. Employees will also be given personal protective equipment should the need arise and changes to customer interfaces (including Council Contact Centres and Libraries) may also be triggered to reduce face to face contact with customers. Additional cleaning of work surfaces and public areas will also be instigated. Temperature screening for employees, contractors and visitors may be implemented as a risk control measure.

Detailed Preparedness, Response and Recovery Action Plans are given in **Appendix 3**.

Detailed Staff Member Reporting Pandemic Illness Processes are given in **Appendix 8**.

Detailed Temperature Screening Protocols are given in **Appendix 9**.



Council's Pandemic Business Continuity Plan will be activated when any of the following occur:

- When the State Government activates its Pandemic Plan;
- If persons known to carry the current 2020 virus, COVID-19 have been in transit through or within the Hinchinbrook region; or
- If a case of direct transmission occurs within the Hinchinbrook region.

8. COORDINATION AND CONTROL

- 8.1 Council's Chief Executive Officer (CEO) will determine when this Pandemic Business Continuity Plan is activated and when the Pandemic Business Continuity Plan activation is ceased.
- 8.2 WHSC will play a lead role in implementing this plan through the support of Council's Pandemic Committee.
- 8.3 The Pandemic Committee will have overall responsibility for ensuring that Council's critical functions are maintained.
- 8.4 Each Manager will be required to implement their Individual Work Area Management during a pandemic with regard to maintaining critical business functions.
- 8.5 WHSC is responsible for annually updating and reviewing this plan.

9. PANDEMIC COMMITTEE

- 9.1 Council's Pandemic Committee comprises of the following members:
 - CEO (Chair);
 - Director Infrastructure and Utility Services (DIUS) (Deputy Chair);
 - Mayor – Local Disaster Management Group (LDMG) Chair;
 - Director Corporate and Financial Services (DCFS);
 - Director Community and Development Services (DCDS);
 - Human Resources Manager (HRM);
 - WHSC;
 - Executive Officer (EO);
 - Disaster Management Officer (DMO); and
 - Media and Communications Officer (MCO).
- 9.2 Operations relating to a pandemic situation will be managed by the WHSC in association with the Pandemic Committee.
- 9.3 The Pandemic Committee will meet as and when required.
- 9.4 During a pandemic situation, the Pandemic Committee will meet at least weekly to oversee and coordinate Council's pandemic response.

The Terms of Reference for the Pandemic Committee are outlined in **Appendix 4**.

10. COMMUNICATIONS

Official communications in relation to the emergence of and ongoing state of a pandemic will be approved by the Mayor or the CEO.

A broad outline of Council's Communication Plan in relation to a pandemic is given in **Appendix 5**.

11. CRITICAL FUNCTIONS

11.1 The below tables list Council's critical delivery and support functions that will be maintained during a pandemic.

| Name of Business Function | Critical <i>Delivery</i> Function | Priority | Reduce Service Opportunity |
|--|--|----------|-----------------------------|
| Utility Services | Waste Collection Services | 1 | Drop Recycle bin collection |
| Utility Services | Landfill Management | 2 | |
| Utility Services | Water | 1 | |
| Utility Services | Sewerage | 1 | |
| Infrastructure Operations Services | Road and drainage network maintenance | 3 | |
| Infrastructure Operations Services | Management of Council's essential services fleet vehicles | 1 | |
| Infrastructure Asset Services | Airport | 3 | |
| Infrastructure Asset Services | Construction and project management | 3 | |
| Infrastructure and Utility Services | Emergency Response | 1 | |
| Public Spaces and Biosecurity Services | Maintenance Parks and Gardens | 3 | |
| Public Spaces and Biosecurity Services | Public Toilets | 3 | |
| Cemetery Operations | Cemetery Burial Services | 1 | |
| Art Library and Culture Services | Library and TYTO Precinct | 3 | |
| Regulatory Services | Regulatory Services including Local Laws Management, Animal Control, Planning and Environmental Health | 2 | |
| Infrastructure Asset Services | Swimming Pool | 3 | |
| Infrastructure Asset Services | Maintenance of essential Council buildings | 1 | |
| Infrastructure Asset Services | Kelly Theatre | 3 | |
| Community and Development | Community Events and Visitor Information Centre | 3 | |
| Chief Executive Office | Statutory Meetings of Council | 3 | Teleconference |
| Chief Executive Office | Community/Progress Association meetings | 3 | |

| Name of Business Function | Critical Support Function | Priority | Reduce Service Opportunity |
|---------------------------|---|----------|--|
| Finance | Provision of Procurement and Stores | 1 | Stores function only |
| Finance | Statutory Requirements – Budget including Bid Books, Financial Statements, End of Month Financial Statements | 3 | |
| Finance | Revenue, Accounts Payable and Treasury | 1 | Scheduled Treasury payments |
| Media and Communications | Media and Communications including website management, Facebook etc. | 1 | |
| Information Services | Information systems and applications – including voice and data | 1 | |
| Administration Services | Control of Councils records and corporate data | 3 | |
| Administration Services | Customer Services including receipting. Fall-back position may be Call Centre or contract service provision of call centre services | 1 | |
| Human Resources | Employee requests for information on leave and other matters | 1 | |
| Human Resources | Payroll Services noting potential use of standard pays | 1 | Standard pay run or last fortnight pay run |
| Human Resources | Workplace Health and Safety | 1 | |
| Chief Executive Office | Disaster Management | 1 | |

12. RELATED DOCUMENTS

12.1 Hinchinbrook Shire Council's Local Disaster Management Plan.

12.2 Hinchinbrook Shire Council's Pandemic Individual Work Area Management Plans.

13. USEFUL WEBSITES

- Australian Department of Health: <https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>
- World Health Organisation: <https://www.who.int/>
- World Health Organisation: specific information on coronavirus <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Qld Health Pandemic Influenza Plan (current version – May 2018): https://www.health.qld.gov.au/_data/assets/pdf_file/0030/444684/influenza-pandemic-plan.pdf
- Australian Department of Health: Pandemic Influenza: https://www.health.gov.au/?utm_source=health.gov.au&utm_medium=callout&utm_content=404&utm_campaign=digital_transformation
- Pandemic planning information: <http://conditions.health.qld.gov.au/HealthCondition/condition/14/217/669/Pemic-influenza>

APPENDIX 1 – THE AUSTRALIAN GOVERNMENT FRAMEWORK

The Prime Minister (or delegated Minister) will:

- Lead the national response, as required by the severity of the pandemic; and
- Consult with the leaders of affected states and territories to ensure a coordinated national response.

The Commonwealth Government will:

- Determine and maintain national policy and broad national strategies, including national legislation, in close consultation with State and Territory governments;
- Maintain, through COAG leaders, the Australian Health Management Plan for Pandemic Influenza (AHMPPI);
- Take appropriate actions as outlined in the AHMPPI;
- Determine Commonwealth Government prevention strategies and responses to a pandemic through an Interdepartmental Committee chaired by the Department of the Prime Minister and Cabinet;
- Work with State, Territory and Local Governments in reporting outbreaks, and responding to, and recovering from, a pandemic situation in their jurisdictions;
- Assist nation-states affected by pandemics through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region;
- Maintain and provide national capabilities to deal with pandemics;
- Maintain cooperative relationships with the owners and operators of critical infrastructure regarding industry preparedness, continued operation and recovery from a pandemic, while understanding the likely impacts pandemic control measures may have on the ability of owners and operators to continue providing essential goods and services to the community;
- Maintain business continuity plans to enable delivery of Commonwealth Government essential services;
- Administer the *Quarantine Act 1908* and border control measures;
- Administer the *National Health Security Act 2007*;
- Coordinate the management of national public health surveillance data and technical advice;
- Work with business and the community;
- Inform the public of planning and preparation under way and provide information to the public during the response to, and recovery from, a pandemic; and
- Work with State and Territory Governments and Australian Local Government Association (ALGA) to develop public education material.

State and Territory Governments will:

- Determine and maintain pandemic related policies, legislation and plans within their jurisdictions;
- Work with the Commonwealth Government and other jurisdictions, reporting outbreaks of pandemics and actions taken;



- Maintain pandemic response and recovery capability, in line with the National Action Plan (NAP) and the AHMPPI;
- Have primary operational responsibility for public and animal health monitoring, surveillance and response within their boundaries;
- Have primary operational responsibility to respond to and recover from an outbreak of a pandemic in their jurisdictions;
- Implement agreed preparedness and prevention strategies in line with the NAP and the AHMPPI;
- Seek assistance from, or provide assistance to, other jurisdictions if required;
- In a pandemic, contribute to the national strategy for response and recovery;
- maintain business continuity plans to enable the delivery of State and Territory government essential services;
- Maintain cooperative relationships with the owners and operators of critical infrastructure regarding industry preparedness, continued operation and recovery from a pandemic, while understanding the likely impacts pandemic control measures may have on the ability of owners and operators to continue providing essential goods and services to the community;
- Administer emergency management arrangements within their own jurisdictions;
- Work collaboratively with neighbouring jurisdictions on cross border issues;
- Work with Local Government, businesses and the community to respond to, and recover from, a pandemic;
- Inform the public of planning and preparation under way and provide information to the public during the response to, and recovery from, pandemics; and
- Work with the Commonwealth Government and Local Government to develop public education material.

Local Governments will:

- Determine and maintain pandemic policies and plans consistent with the role of local government and complementing relevant State, Territory and national policies and plans;
- Maintain business continuity plans to enable the delivery of local government essential services;
- Support National, State and Territory response and recovery by representing the needs of local communities and contributing to their continuing viability;
- Support State and Territory emergency management frameworks;
- Work with business and the community;
- In partnership with State and Territory governments, inform the public of planning and preparation under way and maintain information to the public during the response to, and recovery from, a pandemic; and
- Work with their respective State and Territory government to develop public education material and ensure effective 'bottom up' information exchange is undertaken.



APPENDIX 2 – HYGIENE AND TRAVEL PROTOCOLS

As part of Council's preparedness, it is paramount that employee support be achieved to maximise individual personal protection as well as ensuring that contingencies are put in place to maximise business continuity.

All Council employees will be provided with information relating to the influenza pandemic via Council's internal communication pathways.

Educational posters about correct cough etiquette and hand washing will be placed in toilets and lunchrooms throughout staff and community facilities. Antibacterial hand gel and cleaning products will be provided in all Council buildings and vehicles and employees will be encouraged to use this in conjunction with regular hand washing.

Additional cleaning of Council buildings may be arranged through facilities cleaners employed by Council. Employees will be encouraged to clean their own work areas, especially those employees who share facilities.

Personal support for employees and their immediate family is available through Council's Employee Assistance Program.

| Preventative Measure | Action |
|--|--|
| Facilities for people to wash their hands frequently | Hand wash facilities to be placed in employee toilets and tea rooms |
| Promotion of basic hygiene practices, including good hand washing and cough etiquette | Posters to be situated in toilets and at all office buildings |
| Tissues and no-touch receptacles for used tissue disposal | To be provided and available throughout workplace locations |
| Conveniently located dispensers of alcohol-based hand rub | To be located and available throughout workplace locations and entry/exit points. |
| Soap and disposable towels for hand washing where sinks are available | Located within employee toilets and smoko/tea rooms |
| Persons displaying symptoms | Employee to be advised to stay home if they have any flu symptoms and seek medical advice |
| Provision of protective barriers such as glass or Perspex to protect employees who have frequent face-to-face contact with the public | Distance between the public and counter officers should be increased by the placement of an additional barrier in front of the service counters. Antiseptic hand wash to be provided at the counter for use by employees and visitors. |
| Employee travel management plans in place | Employees will be required to report any travel to at risk countries or regions within Australia |
| Restricting entry to the workplace by employees and visitors with influenza symptoms | Limit employee entry points and monitor employees and visitors entering |
| Increased cleaning regimes | Employees to utilise alcohol wipes for regular disinfection and cleaning of workstations, including vehicles |
| Ensure facility cleaners use a neutral detergent | Manager Infrastructure Asset Services to facilitate/action |
| Illness Reporting Scheme | HRM to facilitate |
| Consideration for family responsibilities (schools closing, children take longer to recover, parents may need to stay home longer)/working from home | To be reviewed on a case by case basis by the CEO/HRM in association with the EMT |

APPENDIX 3 PREPAREDNESS, RESPONSE AND RECOVERY ACTION PLANS

Each work area within council will have a specific role to play in the prevention, preparedness, response and recovery during a pandemic. The following tables highlight the roles and responsibilities of each section noting that with the exception of Stage 5, each stage builds upon the previous stage.

1. PREPAREDNESS STAGE - MONITOR AND INVESTIGATE – Sustained overseas community person to person transmission

| SECTION | | | | | | |
|--|--|---|--|---|---|--|
| All sections | Media and Communications | Grants and Governance | Human Resources | Information Services | Procurement | Regulatory Services and WHSC |
| <p>Annually review and update Business Continuity Plans.</p> <p>Review and prioritise critical functions of Council.</p> <p>Disseminate to all employees any information raised in work area meetings.</p> <p>Carry out awareness training for cleaning of workstations.</p> | <p>Work with WHSC and HRM to develop educational material.</p> <p>Review Corporate Communication Plan.</p> | <p>Review and update Council's Business Continuity Plans via the EMT.</p> | <p>Encourage employees to have a yearly flu vaccination.</p> <p>Develop a system that will allow for sick leave to be monitored on a daily basis in a Pandemic.</p> <p>Develop appropriate Council policies for working from home, leave during isolation periods, return to work requirements, etc.</p> <p>Identify high risk activity employees.</p> | <p>Information Services Manager to determine working from home capabilities in terms of connectivity, hardware and system capacity.</p> <p>IT desktop infrastructure audit to occur to determine the physical constraints in relation to employees working from home.</p> | <p>Ensure supply of P2 respirator masks, hand sanitiser, wipes, tissues and safety glasses.</p> <p>Ensure that all consumables are current and sufficient quantities are available.</p> <p>Liaise with Suppliers to ensure that there is adequate supply available for key items.</p> | <p>Regulatory Services Manager to monitor pandemic threats through the WHO website or other similar organisations/groups.</p> <p>Regulatory Services Manager to update CEO and Directors.</p> <p>WHSC to annually review Council's Pandemic Business Continuity Plan and provide updates to the EMT.</p> <p>The Pandemic Committee will meet when a pandemic trend arises.</p> <p>DMO and WHSC to check the latest Australian Government management plan for current personal protective equipment (PPE) requirements and advise procurement of requirements.</p> <p>WHSC to inform and train MCO and Human Resources employees on the Pandemic Response Plan.</p> |



2. RESPONSE STAGE – STANDBY – Cases detected and transmitted in Australia

| SECTION | | | | | |
|--|---|--|--|--|--|
| All sections | Media and Communications | Information Services | Human Resources | Procurement | Pandemic Committee |
| <p>Remain vigilant. Monitor the pandemic threat. Send home any employee showing influenza signs. Managers to contact absent employees regularly to get an update on their health and provide support. Update employee absence numbers daily.</p> <p>Managers to familiarise themselves with the Pandemic Business Continuity Plan and be ready to action Individual Work Area Management Plans.</p> <p>DMO and WHSC to check PPE supplies. Procurement to order PPE supplies if needed. All employees to be issued with appropriate PPE as required.</p> <p>Travel to affected areas of the state, country or world on Council business is to be limited, with a preference to being halted completely.</p> <p>All employees returning from overseas travel or travel to impacted areas to be subject to isolation measures.</p> <p>All employees should minimise contact with persons who have recently travelled to pandemic effected areas.</p> <p>Managers to encourage self-cleaning of workspaces, steering wheels, vehicle cabs etc.</p> <p>Managers to report work area actions in accordance with Pandemic Committee requirements.</p> <p>Managers to compile contact lists of all work area employees (including home phone numbers and mobile phone numbers).</p> <p>HRM to conduct a skills audit of all employees and identify what skills employees have that may be of advantage to other areas of Council to enable critical functions to be maintained.</p> | <p>Work with WHSC to develop and distribute educational material.</p> <p>Commence influenza education in conjunction with WHSC and HRM.</p> <p>Provide information to employees via Council's systems.</p> <p>Establish regular information updates to all employees.</p> | <p>Review initial assessment of the availability for employees to be able to work from home.</p> | <p>Formally advise work areas that if an employee have signs of influenza, restrict them from work and send them home.</p> <p>Determine if Council systems can track and monitor sick leave and provide real time information to the WHSC.</p> <p>Engage with Workplace Health and Safety representatives to disseminate information within workplaces.</p> <p>Start providing information to employees regarding the virus and personal hygiene measures to prevent transmission.</p> | <p>Ongoing audits of PPE stock levels and available supplies.</p> <p>Ensure the supply of pandemic equipment is managed (e.g. stock rotation).</p> | <p>CEO to convene Pandemic Committee meetings.</p> <p>Review list of critical functions and consider response measures should the virus spread.</p> <p>Managers to consider having employees work from home where applicable, if there are localised outbreaks in the region.</p> <p>Consider re-direction of employee from non-essential services to maintain critical functions.</p> <p>Alert all employees to the prioritisation of critical functions.</p> <p>Continue to monitor and inform Managers of the situation.</p> <p>Encourage Managers to review their Individual Work Area Management Plans.</p> <p>Monitor the development and rollout of presentations across Council to inform employees on how to prevent the spread of pandemic influenza and employees' roles in it.</p> <p>Work with Media and Communications to start regular information bulletins to Council employees.</p> <p>Implement heightened workstation cleaning protocols and raise level of proper hygiene requirements.</p> |

3. RESPONSE STAGE – INITIAL ACTION – Sustained community person to person transmission within North Queensland region and subject to Queensland Public Health Directives

| SECTION | | | | | |
|---|--|--|---|--|---|
| All sections | Infrastructure Assets Services | Media and Communications | Human Resources | Procurement | Pandemic Committee |
| <p>Ensure all employees have appropriate PPE. Re-supply PPE where required.</p> <p>Encourage social distancing within the work environment (1.5m – 3m separation).</p> <p>Arrange for desks and high touch areas to be cleaned daily with a disinfectant (hospital grade type disinfectant).</p> <p>Facilities Cleaners to be provided with refresher training on cleaning requirement to deal with a Pandemic.</p> <p>Consider use of teleconferencing or virtual meetings instead of in person.</p> | <p>Introduce a flu kit consisting of hand wipes and hand sanitisers to vehicles.</p> <p>Ensure adequate supplies of hand soap and paper towels in workplace toilets.</p> | <p>Continue rollout of educational messages to all employees.</p> <p>Continue to provide regular updates to all Council employees regarding the pandemic/potential pandemic.</p> | <p>Provide advice to all employees regarding increased cleansing of everyday work surfaces in consultation with MCO.</p> <p>Consider implementing voluntary daily temperature screening stations (to be self-administered by all employees).</p> <p>Place tissues, bins and alcohol hand rub in all common areas.</p> | <p>Ensure the supply of pandemic equipment is managed (e.g. stock rotation).</p> | <p>Continue to hold regular Pandemic Committee meetings (in person or via phone).</p> <p>Encourage Managers to implement their Individual Work Area Management Plan ASAP.</p> <p>Review Council's critical functions and determine priorities to ensure these functions are maintained.</p> <p>Provide advice to all employees regarding increased cleansing of everyday surfaces work surfaces in consultation with Media and Communications.</p> <p>Consider implementing forced social distancing (i.e. 1.5m – 3m separation), reduce travel, consider work from home, additional cleaning of work surfaces and use of PPE to limit potential spread of the virus.</p> |



4. RESPONSE STAGE – TARGETED ACTION

A. Cases detected within Hinchinbrook and subject to Queensland Public Health Directives

| SECTION | | | | | |
|--|--|--|---|--|--|
| All sections | Infrastructure Assets Services | Media and Communications | Human Resources | Procurement | Pandemic Committee |
| <p>Consider whether employees not involved with critical functions should be encouraged to take annual leave.</p> <p>Social distancing strategies to be enforced (keep 1.5m - 3m distance from any person including other employee members).</p> <p>All workstations to be cleaned every two hours.</p> <p>Teleconferencing or virtual meetings to be held whenever possible. Continue to adhere to social distancing principles and maximum occupancy of rooms.</p> | <p>Arrange additional cleaning of work surfaces by Facilities Cleaners.</p> <p>Re-supply employees with PPE and flu kits consisting of hand wipes and sanitiser where needed.</p> <p>Meeting rooms should be given a maximum occupancy number based on social distancing principles. (See Appendix 6).</p> | <p>Continue rollout of educational messages to all employees about social distancing, personal hygiene controls and additional cleaning of workspaces.</p> <p>Continue to provide regular updates to all Council employees.</p> <p>Inform public of levels of service currently available.</p> <p>Consider engineering solutions to front counters to limit contact with the public.</p> | <p>Clarify leave entitlements/ arrangements with all employees.</p> <p>Provide information on how to care for sick members of the family and at what stage employees should return to work.</p> <p>Continue the provision of counselling and support services to employee to cope with illness/death.</p> <p>Continue the register of employees that have been infected with the virus.</p> <p>Personnel with appropriate PPE for testing shall conduct temperature screening of all employees, contractors and visitors at the entrance to any location or at the point of distribution.</p> | <p>Ongoing audits of PPE stock levels and available supplies.</p> <p>Ensure the supply of pandemic equipment is managed (e.g. stock rotation).</p> | <p>Where possible, office-based employees not involved in critical process to be home based. Employees not involved in critical functions should be encouraged to take annual leave where possible.</p> <p>Cancel all non-essential work-related travel.</p> <p>Ensure Managers have implemented their Individual Work Area Management Plans.</p> <p>Limit face to face employee interactions with the public.</p> <p>Employees should be encouraged to cancel any non-essential personal domestic and international travel.</p> <p>Continue to provide regular updates to all Council employees.</p> <p>More detailed information refer Appendix 7.</p> <p>Implement workplace temperature screening as a risk control measure. (See Appendix 9).</p> |

B. Cases transmitted within Hinchinbrook and subject to Queensland Public Health Directives

| SECTION | | | | | |
|---|--|--|--|--|---|
| All sections | Infrastructure Assets Services | Media and Communications | Human Resources | Procurement | Pandemic Committee |
| <p>Social distancing strategies to be enforced (keep 1.5m - 3m distance from any person including other employee members).</p> <p>All workstations to be cleaned every two hours.</p> | <p>Arrange additional cleaning of work surfaces by Facilities Cleaners.</p> <p>Re-supply employees with PPE and flu kits consisting of hand wipes and sanitiser where needed.</p> <p>Meeting rooms should only be utilised by employees involved in critical functions when necessary, adhering to maximum occupancy number based on social distancing principles. (See Appendix 6).</p> | <p>Continue rollout of educational messages to all employees about social distancing, personal hygiene controls and additional cleaning of workspaces.</p> <p>Continue to provide regular updates to all Council employees.</p> <p>Inform public of levels of service currently available.</p> <p>Restrict the public from accessing Council facilities.</p> <p>Inform public of closure of Council Office and facilities.</p> | <p>Continue to provide information on how to care for sick members of the family and at what stage employees should return to work.</p> <p>Continue the provision of counselling and support services to employee to cope with illness/death.</p> <p>Continue the register of employees that have been infected with the virus.</p> <p>Personnel with appropriate PPE for testing shall conduct temperature screening of all employees involved in critical functions at the entrance to any location or at the point of distribution.</p> | <p>Ongoing audits of PPE stock levels and available supplies.</p> <p>Ensure the supply of pandemic equipment is managed (e.g. stock rotation).</p> | <p>All office-based employees not involved in critical process to work from home if possible. Employees not involved in critical functions should be encouraged to take annual leave where possible.</p> <p>Cancel all non-essential travel.</p> <p>No face to face employee interactions with the public. If employee involved in critical functions does have face to face contact with a customer, they must wear a face mask and maintain social distancing.</p> <p>Continue to provide regular updates to all Council employees.</p> <p>More detailed information refer Appendix 7.</p> <p>Continue workplace temperature screening for employees involved in critical function as a risk control measure. (See Appendix 9).</p> |

5. RESPONSE STAGE – STAND-DOWN

| SECTION | | | | |
|---|--|---|--|---|
| All sections | Infrastructure Asset Services | Media and Communications | Human Resources | Pandemic Committee |
| <p>Re-supply PPE where required and encourage employees who have recovered from the virus to return to work.</p> <p>Continue enforcing social distancing strategies, personal hygiene and additional cleaning of work surfaces.</p> <p>Start to return to normal operations where possible.</p> | <p>Continue additional cleaning of work surfaces by Facilities Cleaners as required.</p> | <p>Continue to provide regular updates to all Council employees regarding the pandemic/potential pandemic.</p> <p>Wind down education messages and information bulletins.</p> | <p>Continue the provision of counselling and support services to employees to cope with illness/death.</p> | <p>Continue to hold meetings as required.</p> <p>Hold a debrief session of the Pandemic Committee and all Managers.</p> <p>Prepare a debriefing report to Council and disseminate the report to all employees.</p> <p>Ensure that all plans are reviewed and updated post the Pandemic.</p> |



APPENDIX 4 – PANDEMIC COMMITTEE TERMS OF REFERENCE

1. Purpose

The Pandemic Committee provides a forum for a collaborative approach within Council for communicating, planning and managing an effective pandemic response to ensure that Council's critical functions can be maintained to our community.

2. Roles and Responsibilities

To actively participate in the reviews and evaluations of the Council's Pandemic Business Continuity Plan and provide expert advice to help refine the roles and responsibilities and key actions required to ensure the effective implementation of the plan.

To review resources available to assist in the activation of this plan.

To communicate this plan to Managers within Council and provide the appropriate training as required.

To actively participate in Pandemic Committee meetings.

To actively participate in any 'mock' exercises testing the performance of this plan and provide constructive evaluations and suggested improvements.

3. Membership

The Pandemic Committee comprises of the following members:

- Chief Executive Officer (CEO) (Chair);
- Director Infrastructure and Utility Services (DIUS) (Deputy Chair);
- Director Corporate and Financial Services (DCFS);
- Director Community and Development Services (DCDS);
- Mayor – Local Disaster Management Group (LDMG) Chair;
- Human Resources Manager (HRM);
- Workplace Health and Safety Coordinator (WHSC);
- Executive Officer (EO);
- Disaster Management Officer (DMO); and
- Media and Communications Officer (MCO).

4. Secretariat

The Office of the Mayor and CEO will arrange the Secretariat duties at each meeting. In the absence of a Director or their delegate, members at the meeting can elect a Secretariat for that meeting. Duties of the Secretariat include:

- Recording and distributing agenda, minutes and other required documents for meetings;
- Coordinating and tracking action items arising from each meeting; and
- Attending to any other business of the Pandemic Committee.



5. Meetings

The Pandemic Committee will meet as and when required. During a pandemic situation, the Pandemic Committee will meet at least weekly to oversee and coordinate Council's pandemic response.

6. Agenda

Meeting agendas will be distributed at least one working day prior to the next scheduled meeting.

Members can request an item to be placed on the agenda up to one working day prior to the next meeting. Alternatively, the item can be introduced as Other Business.

7. Proxies

Members are encouraged to nominate a Proxy if they are unable to attend a meeting.

8. Quorum

Quorum will comprise half the membership plus one.

No business should be conducted at meetings without a quorum.

The Chairperson will decide whether a meeting will go ahead.

APPENDIX 5 – COMMUNICATION PLAN

1. Introduction

Managing the flow of information is the key to effective communications. In a pandemic environment, this will include ensuring:

- Ongoing accurate communication between all levels of government and all sectors of the community;
- Consistency in messages, from national to local levels;
- A regular flow of information;
- Use of appropriate spokespeople; and
- Information channels are appropriate for the audience and message.

2. Purpose and Scope

This document will outline the role Council will undertake to ensure employees are updated about activities involved in all phases of a pandemic environment.

Council is not the primary information source for pandemic management. This has been outlined by the State Government in its document titled "Queensland Health Pandemic Influenza Plan", Refer to Section 13 for current plan.

3. Strategic Considerations

During all phases of a pandemic, communication will be conducted by a wide range of organisations. Coordination between all agencies is vital in ensuring that the information provided is consistent and the messages are accurate.

A pandemic could last for a period up to 12 months. During this time, large scale social and community disruption could occur. Sustaining public confidence over many months will be a significant challenge, further reinforcing the need for coordination and consistency of action and messages.

Because progression through the stages may occur quickly, it is important that communication actions are prepared for all phases of a pandemic.

In any Communication Plan, the media is a primary source of communication to mass audiences. In a pandemic situation, this may not be the case and alternative methods of providing messages to employees and the people of the Hinchinbrook community need to be developed.

Council's primary communication responsibilities in a pandemic are:

- To manage information to employees;
- Communicate to its stakeholders, including residents, any disruption to services incurred during the pandemic; and
- Support the communication roles of the lead agencies.



4. Roles of Agencies

The role of Federal, State and local agencies has been addressed in the document titled Australian Health Management Plan for Pandemic Influenza. Refer to Section 13 for current plan.

The role of State Government is described in more detail in the “Queensland Health Pandemic Influenza Plan”. Refer to Section 13 for current plan.

The state government agencies that have significant roles include:

- Department of Premier and Cabinet;
- Queensland Health;
- Queensland Department of Agriculture and Fisheries;
- Queensland Fire and Emergency Services (QFES);
- Queensland Police Service; and
- State Health Emergency Co-ordination Centre (SHECC).

5. Crisis Communication Model

The Department of Premier and Cabinet will establish a Crisis Communication Network. Effectively, this model places all the communications arms of all state government agencies into one location. The role of this centre will include:

- Provide whole of government coordination of communications activities;
- Supporting the state disaster management group;
- Producing and transmitting media releases etc.;
- Managing the Queensland Government website;
- Managing the Queensland Government hotline;
- Managing the media centre; and
- Monitoring the media.

Before any communications are approved at a State level, it will need to go through this centre for approval. Depending on the severity of the pandemic, this centre may be operational 24 hours a day.

6. Council Crisis Communication

In the event of an imminent pandemic, Council will establish a Pandemic Committee which will take overarching carriage for Council's communication responsibilities throughout the Pandemic stages.

7. Key Spokespersons – Council

The following Council officers or their delegate have been identified to make public comments on pandemic preparedness, planning, response and recovery.

- Mayor; and
- CEO.

8. Communication Strategy - Internal

8.1 Target Audiences

- Employees, including ongoing, casual, volunteers and contract staff; and
- Contractors and Consultants performing regular, consistent services similar to that of an employee.

8.2 Communication Tools

Fact sheets/posters

The Federal Government have developed several health posters and reference sheets. Refer to Section 13 for resources.

Staff Intranet site

All information produced will be distributed via Council Staff Intranet. The intranet site will contain information for Council employees including latest information, links to other government agencies, copies of Council's Pandemic Business Continuity Plan and Individual Work Area Management Plans, personal hygiene and social distancing guidelines, sick leave and absenteeism entitlements.

Office Noticeboards

Identified at points of interest and gathering/meeting points, noticeboards will be updated with all current information.

Internal communication circulars

Regular updates will occur via internal communication tools such as Grapevine Newsletter issues.

Email

Email will be used as an information source where urgent messaging is directed at all employees.

Face to face communication

This can be affected through regular toolbox and team meetings.

9. Council Communication Strategy - External

9.1 Target Audience

Residents in the Hinchinbrook region and visitors to Council sites.

9.2 Communication Tools

Public website

Council's website will feature pandemic information, linked from the front page. This information will include Council action and service affects from the pandemic and relevant links to State and other authorities to provide updates on the pandemic situation. In effect, it will be a one stop shop for the public.



Facilities with a High Community Presence

Pandemic related information and relevant links to state and other authorities to provide updates on the pandemic situation will be displayed at Council's Administration Building, Library, Art and TYTO Precinct and Depots.

10. Communication Action

10.1 Inter pandemic period

This period can be described as the Prevent and Prepare stages.

Key messages

Employees

- Cough etiquette;
- How to wash hands properly (using soap and water as well as using alcohol-based hand cleaners);
- Situation Reports/Updates (SITREP's);
- What pandemic is and how it can be spread (stay home if unwell);
- The risks associated with the virus;
- Advice about travelling to infected countries; and
- Where to find more information.

External

- What the Federal Government, Queensland Government and Council roles are and what they are doing.

Communication Tools

| Tools | Frequency | Responsibility |
|---|------------------|-----------------------|
| Consistency of branding in all material | NA | WHSC, MCO |
| Website area activated and updated | Twice weekly | WHSC, MCO |
| Intranet area activated and updated | Twice weekly | WHSC, MCO |
| Fact sheets/posters at internal areas - toilets, office entries and noticeboards (as previously used) | Review weekly | WHSC |

10.2 Pandemic alert period

This period can be described as the Respond stage.

Key messages

As per previous Prevent and Prepare stages, in addition to:

- Status of Council services;
- Employee awareness of their sectional responsibilities in the event of a pandemic event;
- Gathering practices/social distancing or some other mechanism to limit the transmission of the virus; and
- Information on "how to care for the sick" from Queensland Health and make this information available to all employees. As this information is updated, it should be redistributed to all employees.

Communications tools

As per previous pandemic stage, in addition to:

| Tools | Frequency | Responsibility |
|-----------------------------|-----------|----------------|
| Website area updated | Daily | WHSC, MCO |
| Intranet area updated | Daily | WHSC, MCO |
| Pandemic Committee Meetings | Weekly | CEO |
| Notice Boards | Weekly | WHSC |

10.3 Pandemic period

This period can be described as Respond (Standby and Action) and Stand-down.

Key messages

As per previous pandemic stages in addition to:

Employee

- Use of Personal Protective Equipment as required.

External

- Status of Council services.

Communication Tools

| Tools | Frequency | Responsibility |
|-----------------------------|-------------|----------------|
| Website area updated | As required | WHSC, MCO |
| Intranet area updated | As required | WHSC, MCO |
| Pandemic Committee Meetings | As required | CEO |
| Notice Boards | As required | WHSC |



APPENDIX 6 – PERSONAL HYGIENE AND SOCIAL DISTANCING

Cleaning and Disinfection

Council will establish additional workplace cleaning by Facilities Cleaners and supply employees with appropriate cleaning products.

Every employee has a responsibility to ensure the workplace is kept clean to reduce the spread of the virus. All workstations should be sanitised every two hours.

Council will notify employees and visitors of personal hygiene protocols through:

- Brochures, newsletters, emails, employee notice boards;
- Hygiene notices in all workplace entrances, washrooms, hand washing stations and public areas;
- Managers and Team Leaders ensuring they both support and enforce hygiene practices in the workplace; and
- Any other measures determined appropriate by the Pandemic Committee.

Social Distancing

Social distancing is designed to reduce personal interactions and thereby the risk of disease transmission. Social distancing measures are designed to increase the distance between individuals to reduce the possibility of transmitting respiratory illness to other people in their immediate surroundings. This distance has been determined to be one and half (1.5) metres. The majority of viral infections are contained within the large mucus droplets, and when dispersed through coughing or sneezing this mucus falls within one and half (1.5) metres of the infected person. It is not contained in the fine mist or transmitted via aerosol diffusion (i.e. within the air).

In a pandemic situation, Council employees have an obligation and a duty of care to ensure their fellow employees can operate in a safe environment (in a pandemic environment this means employees will be required to comply with social distancing requirements) and an obligation to use personal protective equipment provided and to not place at risk their own health and safety or that of any other person at the workplace.

An assessment is to be undertaken to consider possibility of reducing employee density across all areas to ensure social distancing can be maintained, limit employee interactions with members of the public and limit work related travel. Altered or alternative working arrangements may also be enacted.

In a pandemic, Council will also:

- Limit or suspend public access to the business and identify other means by which to deliver services or provide information (single protected customer service interface);
- Deny workplace access to any person with symptoms, and notices to this affect will be placed on all entries to all buildings; and
- Require employees to wear masks if social distancing is not possible.



APPENDIX 7 - RESPONSE STRATEGIES

Staff Absenteeism

- Consult Critical Services matrix (see section 11);
- Redeploy staff from work areas that can be shut down or reduced to those areas that are likely to be enhanced or considered essential or support services; and
- Activate Individual Work Area Management Plans and focus on key function priorities.

Supplies of materials for ongoing activity may be disrupted

- Consult Individual Work Area Management Plans to confirm predetermined alternate supply options; and
- Advise stakeholders of potential delay.

Availability of services from subcontractors or other supplies may be impacted

- Consult Individual Work Area Management Plans to confirm predetermined alternate contractor/consultant options;
- Advise stakeholders of potential delay; and
- Consult DCFS in relation to legal and financial implications associated with delayed or suspended contracts.

Demand for services may be impacted

- Activate Individual Work Area Management Plans and focus on key function priorities; and
- Advise Manager when capacity is reached whom, in turn, will advise their Director, HRM and WHSC.

Fuel and energy supplies may be disrupted

- Activate Individual Work Area Management Plans and focus on key function priorities.

Information and Communications Systems disrupted and/or slow

- Activate Individual Work Area Management Plans and focus on key function priorities; and
- Staff to also follow Hinchinbrook Shire Council "Disaster Recovery Plan" arrangements.

The movement of people, imports and exports may be restricted or delayed by quarantine and isolation measures both within Australia and overseas

- Activate Individual Work Area Management Plans and focus on key function priorities; and
- Advise stakeholders of potential delay.

Temporary closure of venues and/or events

- Activate Individual Work Area Management Plans and focus on key function priorities; and
- Advise stakeholders of potential delay.

Financial implications

- Activate Individual Work Area Management Plans and focus on key function priorities; and
- When and where appropriate, activate insurance mechanisms.

Social isolation and working from home

It is predicted that the number of staff needing to work from home or outside of Council will increase during a pandemic. It is important to note that Hinchinbrook Shire Council does have limited capacity for remote access to Council's information systems at the one time. It is likely that in the event of a pandemic, Council may need to increase this number and/or prioritise who can have remote access. Managers are to identify the possibilities and logistics for this to occur.

APPENDIX 8 - STAFF MEMBER REPORTING PANDEMIC ILLNESS

Staff member reports illness from home

1. Instruct the employee not to attend work;
2. Complete the absenteeism register – See Appendix D Staff Absenteeism Register. Submit to Human Resources (HR);
3. If not already done so, advise staff member to seek medical advice;
4. Ask employee to advise HR of the outcome;
5. Identify when symptoms first appeared;
6. Identify close contacts of employee workplace (if applicable); and
7. Isolate and advise close contact of situation (if applicable).

Staff member reports influenza illness while at work

1. Avoid visiting the person if possible and manage the process over the phone;
2. Has the employee any of the following symptoms?
Fever 37.5°C or higher (or history of fever) PLUS cough;
PLUS one or more of the following:
 - a. Headache, fatigue and weakness;
 - b. Sore throat, chest discomfort, difficulty in breathing (shortness of breath); and/or
 - c. Muscle aches and pains;

If Yes: Person should be considered as a possible influenza case;
If No: Unlikely to be influenza. If staff member is concerned, advise them to consult with their GP before attending work;
3. Separate staff member from other workers if possible;
4. Advise worker to seek medical advice;
5. Register illness with Human Resources;
6. Arrange for clean-up of person's workstation/area (contact Built Infrastructure Maintenance Team Leader);
7. Identify close contacts;
8. Advise close contacts that they have been in contact with a suspect case;
9. Consider the need to ask close contacts to go home, and closely monitor their health and if they begin to feel ill, seek immediate medical advice and advise work; and
10. Request staff member to advise work of outcome.

Close contact

The definition of close contact is likely to change once the transmission characteristics of the pandemic strain are known and depending upon the phase of the pandemic. The definition below is a guideline and may be reviewed by Department of Health.

Close contact is defined by Queensland Health as:

- A person who have had face-to-face contact with a confirmed case for a period more than 15 minutes, or those who have shared an enclosed space with a confirmed case for more than two hours.
- It is not people the person may have passed on the street or in a shop, as the risk in these situations is extremely low.
- If you have been in close contact with someone who has a confirmed case of novel coronavirus you need to self-quarantine for 14 days from your last contact with them. If you become unwell during that period, see a doctor immediately.



APPENDIX 9 – TEMPERATURE TESTING PROTOCOL

1. Purpose

Hinchinbrook Shire Council (Council) is committed to limiting the risk of workplace transmission of the coronavirus disease (COVID-19) as far as reasonably practicable.

The purpose of this policy is to assist in the early detection of personnel that have a temperature of 37.5°C or over and may be potentially be carrying the COVID-19 virus.

2. Scope

This policy applies to all employees including contractors, volunteers, work experience students and others working at Hinchinbrook Shire Council sites.

3. Responsibility

Every employee, contractor and visitor must report any case of suspected or potential COVID-19 if they have had close contact with a confirmed COVID-19 case.

Close contact is defined as being within approximately 1.5 metres of a person confirmed as having COVID-19.

A person can be contagious 48 hours before the symptoms show up as well as after symptoms are present.

Close contact can occur while:

- Caring for, living with, visiting, or sharing a room/health care waiting area; or
- Having direct contact with infectious secretions of a COVID-19 positive case e.g. being coughed on, etc.

Personnel that have any symptoms related to the virus, a temperature of 37.5°C or over, fever, dry cough, sore throat or respiratory issues shall self-isolate and not attend the workplace. They shall inform their Manager and consult health authorities for advice.

All personnel shall follow fundamental controls e.g. regular handwashing, no physical contact and follow the 1.5 metre physical distance (social distancing) rule to minimise close contact. If any symptoms develop, personnel must self-isolate.

4. Context

The COVID-19 virus is a rapid evolving respiratory virus. Symptoms range from mild illness to pneumonia. Some people recover easily, others may get very sick, very quickly. It spreads from person to person and is highly contagious.

People with COVID-19 may experience:

- Fever;
- Flu-like respiratory symptoms such as coughing and sore throat; and
- Shortness of breath.

As a preventative measure all operating plants/sites shall have in place a formal, proactive testing procedure. Temperature screening shall ensure that personnel with a fever (37.5°C or more) are restricted from entry into site operations and buildings. Temperature screening is proposed as a pre-requisite to enter all Council work areas.



5. Preventative Controls

Be socially responsible and practice good personal hygiene habits. Following the below recommendations can drastically reduce risk exposure.

- Wash hands often for 40-60 seconds every time, scrub hands with soap for at least 20 seconds:
 - Before and after preparing food;
 - After going to the toilet;
 - Before and after eating;
 - After coughing and sneezing;
 - After removing personal protective equipment (PPE) such as masks and disposable gloves;
- Use hand sanitisers if soap and water is NOT available;
- Maintain good indoor ventilation;
- Avoid contact with live animals including poultry and birds, and consumption of raw and undercooked meats;
- Avoid crowded places and close contact with people who are unwell or showing symptoms of illness;
- Avoid sharing food, cutlery, crockery, utensils and other personal hygiene items;
- Avoid physical contact such as shaking hands, kissing and avoid touching your face or rubbing your eyes;
- Wear a surgical mask if you have respiratory symptoms such as a cough or runny nose. It is not recommended that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19;
- Cover your mouth with a tissue when coughing or sneezing and dispose of the soiled tissue in the rubbish bin immediately and wash hands;
- Seek medical attention promptly if you are feeling unwell; and
- Avoid unnecessary public gathering (i.e. voluntary conferences).

General Health and Hygiene

General health and hygiene protocols are as follows:

- Clean using alcohol-based wet wipes, screens, keyboard, mouse, phone, chairs and arm rests before usage;
- Clean and disinfect frequently touched objects and surfaces using detergents or disinfectants, cleaning spray or wipes (i.e. screens, keyboards, mouse, chair arms, common areas);
- Provision and regular use of alcohol-based hand sanitiser dispensers;
- Maintain at least 1.5 metres distance between yourself and anyone who is coughing or sneezing;
- Open windows if possible;
- Do not attend work if you are unwell; and
- Avoid organising gatherings in the office unless it is business critical.



6. Social Distancing

Maintain at least two metres distance between yourself and anyone who is coughing or sneezing (although the minimum recommendation is 1.5 metres, personnel should practice a two-metre rule to avoid close contact).

Why? When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain the virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing is infected.

Avoid touching eyes, nose and mouth.

Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

Make sure you and the people around you follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.

Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.

7. Testing Process

Should Council deem it a necessary risk control measure to conduct workplace temperature testing the following will apply.

Temperature Testing

An arrival at the workplace is deemed as any worker that is required to travel/depart or arrive at an operational site or entry point (gates).

The work groups shall be subject to mandatory temperature test. Note that travel between infield or 'static' locations shall be deemed as a NEW arrival and be subject to the controls listed below. Testing shall include employees, contractors, suppliers, sub-contractors, government officials or any other person entering the site.

Testing will be done with contactless forehead thermometers. Social distancing requirements must be strictly observed by the screening personnel. A minimum distance of 1.5 metres must be maintained.

Temperature screening of employees, contractors and visitors to prevent the entry of people with elevated temperatures may be conducted daily and at each work location prior to entry. After testing is conducted, each inspected employee test must be marked as "completed" and, if applicable, have a temperature recorded.

Temperature screening will be conducted at the entrance to any location or at the point of distribution. If a person's temperature reading is within the normal range of body temperature (equal to or less than 37.4 °C) then it is considered safe to allow access to the location.

If a person's temperature is equal to or in excess of 37.5 °C, the person will not be allowed to enter the location to commence work. The employee is to be issued and wear a face mask and wait in isolation for 30 minutes before a second temperature test is conducted. A minimum distance of two metres must always be maintained between the person and all others.



Secondary Testing

Secondary testing will be conducted after a period of 30 minutes; if there is a reading equal to or more than 37.5°C

after 30 minutes, the employee will be required to leave the work site and contact a medical professional or Public Health Unit for further advice.

If the second temperature test returns a temperature below 37.5°C, the person can enter site operations.

In case of visitors or contractors, access to a location will not be allowed if they show a temperature equal to or higher than 37.5°C.

Employees are required to keep the respective Manager updated on their situation and advice of health services.

8. Temperature Testing Personnel

Appropriate PPE for testing staff shall be made available. No testing shall take place where PPE is not available. It is the responsibility of the relevant work area to have adequate and suitable PPE available at points of use. All testers shall have at a minimum the following PPE available at the point of use. Where stock is depleted during testing the task will stop and replenishments sought. Testing PPE shall include:

- Surgical masks or P2 Respiratory masks;
- Surgical or other approved gloves (note: non-medical gloves are not permitted or suitable in the prevention of COVID-19. It is suspected at this stage that COVID-19 may remain embedded in cloth surfaces);
- Disposable coveralls or approved medical apron shall be worn; and
- Eye protection is recommended.

Cleaning and Decontamination

Appropriate PPE for cleaning staff shall be made available. No cleaning shall take place where PPE is not available. It is the responsibility of the relevant work areas to have adequate and suitable PPE available at points of use. For all suspected or preventative environmental cleaning, the *COVID-19 Response Cleaning Safe Work Procedure* shall be followed to reduce risk to both staff and workers. PPE is required to prevent:

- Exposure to microorganisms;
- Exposure to cleaning chemicals (e.g., disinfectants); and
- Reduce the spread of microorganisms from one staff to the other within the area (when used correctly).

Cleaning should be performed by well trained staff, using the proper PPE. The correct donning and doffing of PPE should be followed. The following PPE items are suggested for use when cleaning facilities likely to be contaminated by COVID-19:

- P2 dust disposable mask;
- Other masks (according to SDS) will be used only if disinfecting is to be performed;
- Goggles or face shield;
- Disposable long-sleeved coveralls; and
- Disposable chemical gloves.



Best practice for PPE for cleaning staff is as follows:

- Perform hand hygiene immediately before putting gloves on and directly after removal;
- Train cleaning staff on appropriate use, application, and removal of required PPE for all environmental cleaning; procedures and tasks for which they are responsible;
- Keep sleeves at or above the elbow to not interfere with glove use or hand hygiene;
- Wear rubber-soled closed toe shoes or boots (i.e. not sandals), to prevent accidental injury (e.g. slips and falls) and exposure to cleaning chemicals, dirt, or bacteria;
- Remove wristwatches and hand jewellery before starting cleaning tasks – these items can tear gloves and can also harbour microorganisms;
- All PPE (reusable and disposable) should be in good supply, well-maintained (good quality, appropriately stored stocks), cleaned before use and in good repair; and
- Use chemical-resistant gloves (e.g. nitrile, latex) for preparation of cleaning chemicals.

Note: Poor fit of PPE components is an often-underestimated risk factor for PPE users. Coveralls, respirators, goggles, gloves and boots need to be provided in a variety of sizes.

Disposal of Contaminated PPE

Disposable PPE should be treated as potentially infectious material and disposed in accordance with national rules. The use of disposable or dedicated cleaning equipment is recommended; non-single use PPE should be decontaminated using the available products. When other chemical products are used, the manufacturer's recommendation should be followed, and the products prepared and applied according to them. When using chemical products for cleaning, it is important to keep the facility ventilated (e.g. by opening windows) in order to protect the health of cleaning personnel.

9. References

Queensland Health
Public Health Direction

10. Legal Parameters

- *Work Health and Safety Act 2011*;
- *Work Health and Safety Regulation 2011*;
- *Human Rights Act 2019*;
- *Managing the Work Environment and Facilities Code of Practice 2011*; and
- *How to Manage Work Health and Safety Risks Code of Practice 2011*.

11. Associated Documents

- Work Health and Safety Policy;
- Risk Assessment Procedure; and
- Media Engagement Policy.

