

Pandemic Influenza Sub Plan

Burdekin Local Disaster Management Group

Prepared By
Local Disaster Coordinator

Authorised By
Local Disaster Management Group

Date Prepared
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Document Control

Amendment Control

The Pandemic Influenza Sub Plan is a controlled document. The controller of the document is the Burdekin Shire Local Disaster Coordinator (LDC). Any proposed amendments to this plan should be forwarded in writing to:

Local Disaster Coordinator
 Burdekin Shire Local Disaster Management Group
 PO Box 974
 AYR QLD 4807

The LDC may approve minor amendments to this document. The LDC will ensure that any changes to the document's content will be submitted to the Burdekin Local Disaster Management Group (LDMG) for approval and be endorsed by the Burdekin Shire Council.

Amendment Register

All versions are archived, and this sub plan only references the last two versions.

Amendment		Plan Updated		
No / Ref	Issue Date	Inserted by	Summary of Changes	Date
2	September 2022	Eileen Devescovi/Linda Govan	Yearly Review	September 2022
3	August 2023	Eileen Devescovi/Linda Govan	Yearly Review	August 2023

Endorsement

This Pandemic Influenza Sub Plan has been developed for the Burdekin Shire Local Government Area (LGA) and subsequently approved by the Burdekin LDMG. This Plan is a Sub Plan of the *Burdekin Local Disaster Management Plan* (LDMP) and is to be read in conjunction.

The Plan is recommended for distribution by the LDMG and is considered live once approved by the LDMG.

Lyn McLaughlin
 Mayor Lyn McLaughlin
 Chair Burdekin LDMG



Eileen Devescovi
 Burdekin Local Disaster Coordinator

The functions of the Local Government were advised in accordance with the Disaster Management Act (DM Act) (s80). This sub plan was formally adopted by the Burdekin Shire Council at the Council meeting held on Tuesday 14 November 2023, through resolution.

Lyn McLaughlin
 Mayor Lyn McLaughlin

Abbreviation List

Abbreviation	Full Title
AHMPPPI	Australian Health Management Plan for Pandemic Influenza
ALGA	Australian Local Government Association
BSC	Burdekin Shire Council
COAG	Council of Australian Governments
COVID-19	Coronavirus COVID-19
FLU	Influenza
LDMG	Local Disaster Management Group
PPE	Personal Protective Equipment
PRC	Pandemic response committee
SLG	Senior Leadership Group (BSC)

Table of Contents

Document Control	2
Amendment Control	2
Amendment Register	2
Endorsement	2
Abbreviation List	3
1. Overview	5
1.1 Purpose.....	5
1.2 Objectives	5
1.3 Scope.....	5
1.4 Authority to Plan.....	5
1.5 Plan Review and Testing Requirements.....	5
2. Governance.....	6
2.1 Activation of Sub Plan	6
2.2 Use of Sub Plan during Operations	6
2.3 Functional Responsibility.....	6
3. Introduction	7
4. The Threat of Pandemic Influenza.....	7
5. Queensland Leadership Arrangements	8
6. Queensland Health activities for Pandemic Influenza Management.....	9
7. Pandemic Stages	9
8. What individuals can do.....	12
9. What businesses and non-government organisations can do.....	12
10. Role of Local Government	12
11. Burdekin Shire Council - Critical Business Functions.....	13
12. Strategies for Ensuring Critical Business Functions	14
12.1 Communication	14
12.2 Business Continuity Planning	14
12.3 Minimise transmission	14
12.4 Protect staff and customers.....	14
13. LDMG Involvement.....	15

1. Overview

1.1 Purpose

This Pandemic Influenza Sub Plan aims to outline the general arrangements for influenza pandemic events and support provided by the Burdekin Local Disaster Management Group (LDMG) to Queensland Health as the lead agency, in responding to such an event. This sub plan is designed to be adapted to all types of communicable disease pandemics.

1.2 Objectives

The objectives of this sub plan are to:

- Assist Queensland Health in the coordination and concentration of efforts for preventing the spread of a communicable disease in the population of the Burdekin;
- Reduce the impacts of a pandemic situation on the community;
- Preserve the health of the community and enable business continuity;
- Provide support and assistance to those affected throughout the duration of the pandemic where possible;
- Assist Queensland Health to document actions and procedures that are not present in other Disaster Management protocols and are specific to a pandemic situation; and,
- Prescribe arrangements for testing, evaluation and maintenance of this plan.

1.3 Scope

This sub plan applies to influenza pandemic events occurring within the Burdekin Shire Council area, which are within the capability and resources of the Local Government, Emergency Services and other supporting agencies with a public health function and/or responsibility.

1.4 Authority to Plan

The Burdekin LDMG has prepared this sub plan under the provisions of section 57 of the *Disaster Management Act 2003 (Qld)*. This sub plan will be managed in accordance with the administrative and governance processes outlined within the *Burdekin Local Disaster Management Plan* including approval, document control, distribution, review and renewal.

1.5 Plan Review and Testing Requirements

This sub plan is to be reviewed annually before the severe weather season or post event to include lessons learned. This sub plan is to be exercised to ensure the effectiveness and scalability of the plan and include involvement, communication, and collaboration with identified key local, district and state stakeholders.

2. Governance

2.1 Activation of Sub Plan

This plan will be activated by the LDC of the Burdekin LDMG in the event of pandemic influenza to support Queensland Health for response and recovery operations. This sub plan is supported by the:

- Burdekin Local Disaster Management Plan;
- Burdekin LDMG Airport Emergency Sub Plan;
- Burdekin LDMG Communications Sub Plan;
- Burdekin LDMG Community Information & Warnings Sub Plan;
- Burdekin LDMG Evacuation Sub Plan;
- Burdekin LDMG Public Health Sub Plan;
- Burdekin LDMG Resupply Sub Plan;
- Burdekin LDMG Transport Sub Plan;
- Burdekin LDMG Tsunami Sub Plan;
- Burdekin LDMG Multi-Purpose Hall Place of Refuge Manual; and,
- Burdekin LDMG Local Disaster Coordination Centre Standard Operating Procedures (LDCC SOP).

The activation of these supporting plans should be considered concurrently with this plan.

2.2 Use of Sub Plan during Operations

The Queensland Department of Health is the functional lead agency for pandemic influenza in the state and is responsible for implementing national and state plans to ensure a coordinated, whole-of-health approach in Queensland. Planning assumptions and key messaging are provided from the national level to states. These can be adapted and utilised to inform planning at jurisdictional and local levels based on an appropriate risk assessment.

This sub plan is to be read in conjunction with the [Australian Health Management Plan for Pandemic Influenza 2019 \(AHMPPI\)](#), [Queensland Whole of Government Pandemic Plan \(March 2020\)](#) and the [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#).

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 Whole of Government Pandemic Plan details the actions the 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](#).

2.3 Functional Responsibility

The LDC is to ensure all agencies and members of the LDMG are aware of these procedures.

3. Introduction¹

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

- Humans have little or no pre-existing immunity to the causative pathogen
- Infection with the pathogen usually leads to disease in humans
- The pathogen has the capacity to spread efficiently from person to person.

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

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

A flu pandemic² occurs when a new subtype of flu virus emerges in humans, causing serious disease and spreading easily and rapidly to infect large numbers of people worldwide. Unlike other disasters, a flu pandemic could be prolonged for more than a year, causing large global numbers of illness, fatalities, economic downturn, and hardship across many sectors of society.

A flu pandemic will not directly affect physical infrastructure or assets. However, its impacts will also not be limited to those infected. It is anticipated that many people may withdraw from the workplace and society for fear of becoming infected. Others will be unable to participate in normal activities because they are caring for children, family, and friends.

The measures that governments may take to reduce the impacts of a pandemic – including recommending that people avoid crowded places, closing schools and childcare centres, closing businesses, or reducing services and quarantining potentially infected people – could cause significant social disruption. Businesses will likely notice that demand for some goods will drop, while demand for services such as health and welfare could stretch existing resources. Communities must find innovative ways to support each other while avoiding traditional activities that physically bring people together.

Response and recovery plans must be flexible and adaptable to the new and largely unknown virus that finally emerges, and the resources available. Plans must also acknowledge that cooperation between countries, states and territories will be more critical than ever.

4. The Threat of Pandemic Influenza

Pandemic Influenza (flu) 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). Severe influenza infections can result in hospitalisation or death. Some people, such as the young and the elderly, indigenous people, or those with pre-existing comorbidities, are at a higher risk of serious influenza complications and hospitalisation.

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 a metre).

¹ Queensland Whole of Government Pandemic Plan (March 2020), p5

² Queensland Health Influenza Pandemic Plan 2018

- b) 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.

Respiratory droplets and contact spread are the easiest modes of influenza transmission in the community. The virus does not survive for long in the environment; therefore people touching freshly soiled items will increase their chance of acquiring an infection.

Pandemics such as the Spanish Influenza (1918), Swine Flu (2009) and Avian Flu (2010) have been irregular but repeated occurrence during the last century. The risk of a pandemic is current with the emergence of Coronavirus (COVID-19) in November 2019 & others may become apparent in the future due to an increasingly mobile population.

5. Queensland Leadership Arrangements³

Queensland Health has functional responsibility for an influenza pandemic event.

The Queensland Health pandemic influenza plan aims to provide an effective health response framework to minimise transmissibility, morbidity and mortality associated with an influenza pandemic and its impacts on the health sector and community.

The objectives described in the Queensland Health – Pandemic Influenza Plan reflect the key aspects of the Australian Health Management Plan for Pandemic Influenza - August 2019 (AHMPPI)

- to ensure that the Queensland Health system is prepared for an influenza pandemic by using existing systems and governance mechanisms as the basis of the response
- ensure that the public receives informed and timely advice and information
- minimise transmissibility, morbidity, and mortality.

Key factors that influence the Queensland Health planning approach include:

- the potential to apply this plan to seasonal influenza when it threatens to overwhelm Queensland's health system
- a flexible and scalable approach that is proportionate to the level of risk and appropriate to the level of impact the pandemic is likely to have on vulnerable populations, and on the community as a whole
- capitalise on existing emergency management arrangements within Queensland by developing and maintaining stronger links with other government agencies, non-government health services and the community
- a health system response based on the principles of emergency risk management for health in full compliance with Queensland, Australian and international laws
- clear guidance, monitoring and reporting on the epidemiology of the pandemic
- an emphasis on communications as a key tool managing the response to ensure timely, clear, accurate and transparent information is disseminated to health services staff, the community, and the media.

³ Queensland Health Influenza Pandemic Plan 2018, p6-7

6. Queensland Health activities for Pandemic Influenza Management⁴

Prevention
<ul style="list-style-type: none"> • Promote good personal hygiene measures to health care workers and the general public, e.g., hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues), staying away from others whilst sick. • Promote seasonal influenza vaccine uptake in at-risk and vulnerable groups, in those that may transmit influenza to at-risk and vulnerable groups, in essential service workers (especially health care workers) and the public. • Contribute to influenza surveillance programs. • Contribute to research related to pandemic influenza management strategies. • Collaborate with regional neighbours where pandemic strains are more likely to emerge, through surveillance systems and early response to clusters of influenza viruses with pandemic potential. • Collaborate with the animal health sector to facilitate a One Health approach.
Preparedness
<ul style="list-style-type: none"> • The Department of Health will develop, maintain, test, and revise the Queensland Health Pandemic Influenza Plan and participate in an expert advisory capacity to the whole of government plan. • Hospital and Health Services (HHSs) and the Department of Health need to develop and maintain a health workforce with the skills necessary to implement pandemic response strategies.
Response
<ul style="list-style-type: none"> • Activate Queensland Health’s Disaster and emergency incident arrangements. • Commence enhanced surveillance to characterise the disease and inform decision-making. • Contribute to case identification strategies at the international/domestic border if directed by the Australian or Queensland Government. • Deliver health care to affected communities whilst maintaining essential core business. • Provide information to health care staff, the media, and the community. • Isolate cases and contacts in healthcare settings and the community. • Identify and consider antiviral agents use in cases (treatment) and contacts (pre and post-exposure) and facilitate access as required. • Provide pandemic vaccine as per the Australian Government Department of Health. • Establish flu clinics (also may be referred to as fever clinics) and mass vaccination clinics. • Provide recommendations to the State Health Controller regarding implementing social distancing measures, e.g., school and workplace closures, and cancellation of mass gatherings. • Provide advice to inform mental health services to affected persons and communities. • Stand down enhanced arrangements when appropriate.
Recovery
<ul style="list-style-type: none"> • Contribute to community recovery as coordinated by the Department of Communities, Child Safety and Disability Services.

Note: These activities are not necessarily implemented sequentially.

7. Pandemic Stages⁵

An influenza pandemic represents a significant risk to Australia. It can potentially cause high morbidity and mortality levels and disrupt our community socially and economically. Like any other hazard, Australia will approach this risk by undertaking activities to:

⁴ Queensland Health Influenza Pandemic Plan 2018, p3-4

⁵ Australian Health Management Plan for Pandemic Influenza 2019, p9-10

- prevent, where possible, the development of a pandemic overseas or in Australia
- ensure we are prepared to meet the health needs of our community should a pandemic occur
- respond promptly and effectively to minimise the pandemic's impact
- contribute to the rapid and confident recovery of individuals, communities, and services.

The activities required to support our community during a pandemic will involve state and territory governments, the Australian Government and many other health sector parties. Coordination and communication at national level will be essential during the active response, when a pandemic is currently circulating in our community. The AHMPPI, therefore, focuses primarily on response activities and the activities required to be prepared to respond.

To clearly show how the approach will change over the course of responding to a pandemic, the AHMPPI is divided into several stages. The following table outlines the key activities in each of the AHMPPI stages.

Table 1: Key Activities in each of the AHMPPI stages.

AHMPPI STAGES	AHMPPI STAGES	ACTIVITIES
Preparedness	Preparedness	<ul style="list-style-type: none"> Establish pre-agreed arrangements by developing and maintaining plans Research pandemic-specific influenza management strategies Ensure resources are available and ready for rapid response Monitor the emergence of diseases with pandemic potential and investigate outbreaks if they occur.
Response	Standby	<ul style="list-style-type: none"> Prepare to commence enhanced arrangements Identify and characterise the nature of the disease (commenced in Preparedness); and Communicate to raise awareness and confirm governance arrangements.
Response	Action	<p>Action is divided into two groups of activities:</p> <p>Initial (when information about the disease is scarce)</p> <ul style="list-style-type: none"> prepare and support health system needs manage initial cases identify and characterise the nature of the disease within the Australian context provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and support effective governance. <p>Targeted (when enough is known about the disease to tailor measures to specific needs.)</p> <ul style="list-style-type: none"> support and maintain quality care ensure a proportionate response communicate to engage, empower, and build confidence in the community; and provide a coordinated and consistent approach.
Response	Stand down	<ul style="list-style-type: none"> Support and maintain quality care Cease activities that are no longer needed, and transition activities to seasonal or interim arrangements Monitor for a second wave of the outbreak Monitor for the development of antiviral resistance Communicate to support the return from pandemic to normal business services; and Evaluate systems and revise plans and procedures.

The objectives in all stages will be to:

- Minimise transmissibility, morbidity, and mortality.
- Minimise the burden on and provide support to health systems; and
- Inform, engage, and empower the public.

8. What individuals can do

The most effective ways that people can protect themselves (in the absence of a vaccine) are to:

- stay at home when sick, so you don't infect other people
- wash your hands regularly with soap and water or an alcohol-based product
- try to keep your hands away from your face
- cover your mouth and nose with a tissue (not your hands) when coughing or sneezing, and
- dispose of the tissue in the closest bin
- stand and sit back from other people (where possible, try to maintain a distance of at least one and a half metres)
- wear a mask if you are sick and need to be in a public space; and
- seek medical advice if you are worried (either via websites, call centres or in person if necessary), particularly if you have a fever and any of the following symptoms: difficulty breathing, chills and shivering, muscle aches and pains, sore throat, dry cough, stuffy or runny nose, or extreme tiredness.

Individuals and families might also consider:

- teaching children about hand washing and cough and sneeze etiquette
- planning how you or your partner might be able to stay at home if you are sick, if you need to care for sick family members or friends, or if your children are not able to attend school or childcare temporarily; and preparing a list of telephone numbers in case of emergency, including the family doctor.

This might also include telephone numbers for your neighbours in case you notice they are ill or need assistance, especially those living alone.

During a pandemic, Queenslanders must listen to authoritative government advice, which will be provided through all available means, including television, radio, newspapers, internet sites and public information hotlines. For up-to-date information during a pandemic, refer to the following website: <https://www.qld.gov.au>.

9. What businesses and non-government organisations can do

The Queensland Government encourages all businesses and non-government organisations to be prepared. Planning could minimise the impact of a pandemic on the organisation, help protect staff and contribute to national recovery.

Organisations providing key services to the community or key infrastructure must make every effort to continue operations. Organisations are encouraged to take steps to understand and monitor the risk, plan to protect their business, plan to protect staff, plan to communicate with staff, customers and suppliers, and plan to recover as quickly as possible.

Organisations should note the key government preparedness, response, and recovery strategies outlined in the Queensland Influenza Pandemic plan and consider the implications for their business.

10. Role of Local Government

Local governments will have a dual role during a pandemic. They will be an essential part of the

State Disaster Management System responding to the pandemic, as well as an employer like any other business. Councils will need to, as far as possible, protect staff and customers and maintain core business continuity.

11. Burdekin Shire Council - Critical Business Functions

Council defines a Critical Business Function in its current Business Continuity Plan as - A business function or part thereof identified as essential for the organisation’s survival and achievement of its critical objectives. NOTE: A business function that protects critical interests of the community or another stakeholder to which a duty is owed, may qualify as a critical business function. (AS/NZS 505:2010)

The review of Council’s updated Risk Registers and the desktop Business Impact Analysis has identified the following as critical business functions:

Serial	Name of Council Section	Critical Business Function	Maximum Acceptable Outage	Minimum Staff Requirements*
BCP-SP-001	Water & Wastewater	Potable Water Supply Services	1 hour	12
BCP-SP-002	Water & Wastewater	Wastewater Services	4 hours	6
BCP-SP-003	Information and Communications Technology (ICT)	Provision and Support of Critical ICT Infrastructure and Business Systems	3 hours	2
BCP-SP-004	Customer Services	Customer Service Call Centre and Front Counter Services	4 hours	2
BCP-SP-005	Financial Management	Critical Financial Services <ul style="list-style-type: none"> • Internet Access, Cash Flow • Finance System Records, Payments, Receipting, Normal Business 	24 hours 72 hours	6
BCP-SP-006	Human Resources	Critical Human Resources Services	72 hours	3
BCP-SP-007	Works (Operations)	Critical Roads and Drainage Services	24 hours	12
BCP-SP-008	Environment and Health	Licensed Premise Services	48 hours	2
BCP-SP-009	Works (Operations Other)	Parks and Gardens/ Stores Services	7 days	3
BCP-SP-010	Environment and Health	Critical Animal Management Services	7 days	1
BCP-SP-011	Environment and Health	Critical Waste Services	1 day	3
BCP-SP-012	Human Resources	Critical Payroll Services	24 hours	3

*Minimum staff requirements (in the above table) are provided for Continuity Phase planning only.

12. Strategies for Ensuring Critical Business Functions

12.1 Communication

It will be essential for the response's success to ensure that timely information is provided to council staff. Council will disseminate any relevant information provided by Federal and State Governments, including the pandemic phase and risk of transmission. Information and updates will be provided through several different media, – e.g., website, emergency dashboard, intranet, emails, letters, posters, and paper-based information.

12.2 Business Continuity Planning

Council has an overarching Business Continuity Plan and sub plans developed for each section that provides vital information regarding key personnel, skills, and core business functions. These plans will assist with maintaining critical functions of council for the community, with reduced staff numbers due to illness within the community.

12.3 Minimise transmission

Measures will be taken to ensure that transmission of the virus to staff is reduced. Several strategies will be employed, including:

- Remind all staff of good personal hygiene practices
- Encourage staff to participate in influenza vaccination
- Encourage staff displaying symptoms to stay away from the workplace
- Reducing travel inter/intra state to minimise exposure
- Introduction of social distancing
- Reduce the number of meetings and encourage telephone conferencing
- Reducing customer face-to-face contact
- Alternative work locations may be established to separate work teams
- Encouraging staff to work from home if considered a critical business function
- Distribution of personal protective equipment to reduce transmission (i.e., face masks, tissues, gloves, alcohol wipes etc.)

12.4 Protect staff and customers

Council staff will be encouraged to remain at home if they suffer symptoms. This will ensure that further spread of the disease does not affect co-workers or the community. If any of their family is also suffering symptoms staff, will be allowed to remain at home to take care of their family.

Staff will be given personal protective equipment should the need arise, and changes to customer interfaces may also be triggered to reduce face-to-face contact with customers. Additional cleaning of work surfaces and public areas will also be instigated to help prevent the spread to/from our customers and the greater community.

Council has implemented a “stay at home” or “work from home” arrangement until a negative Covid-19 result is achieved. This measure has been implemented to help prevent further spread of infection amongst staff. A risk assessment will also be conducted before returning to work for those with long Covid-19 or a long positive Covid-19 result.

These arrangements are reviewed periodically by Council's Pandemic Flu Committee and may be changed or altered at any time, according to Queensland Health State Directives.

13. LDMG Involvement

In accordance with the Queensland Disaster Management Arrangements, the LDMG may receive requests from Queensland Health as the lead agency to provide support to contribute to preparedness, response, and recovery operations throughout the region.

Examples of such requests may be:

- Provision of suitably qualified personnel to assist in vaccination operations.
- Identification and provision of suitable facilities for response and recovery operations.
- Assistance with traffic management by providing human resources and equipment such as signage, barriers, traffic cones and other equipment.

In the event of an Influenza Pandemic or potential risk of such event, the LDC should immediately:

- Establish contact with the relevant Qld Health representative for the Burdekin Region
- Obtain sufficient detail of the event to determine the need for activation of the LDMG
- Request the location and contact numbers for any established Queensland Health Incident Control Centre
- Request the provision of regular written updated situation reports of the event to the LDMG
- If deemed necessary by the LDC, request a personal briefing from a senior relevant Qld Health representative to the relevant LDMG meeting
- Seek clear advice from the Qld Health appointed Incident Controller detailing the level of support and functions required from the LDMG to support the response to the event.