Victorian Human Influenza Pandemic Plan

Community Support and Recovery Sub Plan

March 2008

A Victorian Government initiative

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The Department of Human Services would like to acknowledge the work of the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) on evaluating the social and community impacts of a human influenza pandemic, some of which has been used as the basis of this Plan.

Foreword

A human influenza pandemic will present many challenges for Victorian communities and cause severe social and economic consequences. Communities will require significant levels of support, both during and following an influenza pandemic.

Recovery from this type of emergency will require all levels of government and agencies to work alongside the Victorian community in a long-term, concentrated and collaborative way. The Department of Human Services will coordinate and support local government, along with its partners, to plan and prepare for an influenza pandemic.

The *Community Support and Recovery Sub Plan* has been developed to assist community support agencies, government and its partner agencies to plan and prepare for a human influenza pandemic. It covers roles, responsibilities, planning considerations and preparedness activities in a recovery context and builds on existing social support networks and the capability of communities to be resilient.

Having plans in place is vital to ensuring the best level of support for Victorian communities in the event of a pandemic, to ensure the health and well being of individuals and communities can be restored as quickly as possible.

I recognise the contribution made by the many agencies and government departments in the development of this plan and thank them for their work.

Hon Lisa Neville MP
Minister for Community Services

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1. Introduction

A human influenza pandemic could go beyond any emergency ever dealt with by this state or nation.

It has the potential to affect all Victorians, with severe social and economic consequences. Movement restrictions, constraints on public gatherings, interrupted supply of essential services and high morbidity and mortality would cause widespread anxiety and disruption. Vulnerable groups such as the frail and aged, and people with existing medical or psychological illnesses, may face even greater challenges than the general public.

The emphasis on managing this type of emergency has to be as much about supporting people through such an event, as it is about managing those with the virus. Communities would require a significant level of support for a human influenza pandemic, both during the response phase—in multiple waves of illness, each lasting from 6 to 12 weeks, and through an extended recovery phase (human influenza pandemics can last 1–2 years). While providing support during and after an emergency clearly falls within the recovery definition set out in the *Emergency Management Manual Victoria,* the term 'community support and recovery' will be used throughout this Plan to describe this boarder concept of community support.

It is important that community support and recovery from a human influenza pandemic recognises and builds on existing social support networks and the self-reliance capabilities within communities.

All levels of government will work together to support communities, to ensure needs are recognised and addressed in pandemic influenza plans. Plans will need to cover roles and responsibilities, planning considerations and preparedness activities. They should address a broad range of issues, including:

- information and communication
- food and basic supplies
- financial and income support
- counselling / personal support services.

This Plan is a sub plan of the *Victorian Human Influenza Pandemic Plan,* the overarching strategic framework for all Victorian government departments' human influenza pandemic plans. The aim of the *Community Support and Recovery Sub Plan* for a human influenza pandemic is to assist planning and preparedness for community support and recovery at local, regional and state levels.

Revision to this sub plan

This Sub Plan has been prepared in line with the current *Australian Health Management Plan for Pandemic Influenza (AHMPPI),* which is currently under review and expected to be published during 2008. The Sub Plan will be updated in line with future iterations of the *AHMPPI* and the changing nature of influenza.

One anticipated change for the *AHMPPI* and therefore, for future versions of this Sub Plan is the addition of a fifth phase. The four response phases of delay, containment, maintenance and recovery will remain part of a pandemic response. A new *sustain* phase is likely to be inserted by shortening the *containment* phase in recognition that an intensive period of *containment* may not be feasible.

2. Scope

The *Community Support and Recovery Sub Plan* has been developed to guide all levels of government and community support and recovery agencies with planning and preparedness information, to enhance the delivery of community support and recovery during a human influenza pandemic.

Community support and recovery is used throughout this Plan to describe what would normally be referred to as the recovery activities of an emergency. *It does not include the provision of medical assistance.* Health care services will continue to be accessed through existing medical arrangements[1].

This Plan will be updated as more information becomes available and as national and state policy directions are further developed.

It builds on and is consistent with the:

- *National Action Plan for Human Influenza Pandemic (July 2006)*
- *Australian Health Management Plan for Pandemic Influenza (May 2006)*
- *Victorian Human Influenza Pandemic Plan (April 2007)*
- *Victorian Health Management Plan for Pandemic Influenza (July 2007)*
- *Emergency Management Manual Victoria (May 2007)*
- *Human Influenza Pandemic Whole-of-Victorian-Government Communication Strategy (October 2006).*

For details on accessing these documents, see Attachment B.

Areas not dealt with under this Plan:

- decision making paths for declaring the phases of a human influenza pandemic, as set out by the World Health Organization (WHO) and the Australian government. For information, refer to Attachment A and the *Victorian Human Influenza Pandemic Plan* (VHIPP).
- DHS responsibilities as control agency for a human influenza pandemic. For information, refer to the *Victorian Health Management Plan for Pandemic Influenza* (VHMPPI).
- key Commonwealth and Victorian legislation. For information, refer to the VHIPP and www.legislation.vic.gov.au.

1 For further information on these arrangements, refer to the *Victorian Health Management Plan for Pandemic Influenza.*

3. Planning assumptions

Pandemic influenza viruses are unpredictable and spread rapidly, with severe or even disastrous effects on communities. Accordingly, we owe it to our communities to plan and mitigate against the potential risks of a human pandemic influenza. The following assumptions[2] are presented to facilitate planning efforts:

- Susceptibility to the human pandemic influenza virus will be universal.
- Efficient and sustained human-to-human transmission will signal that a human influenza pandemic is imminent.
- The clinical disease attack rate could be 30–50 per cent of the overall population.
- Rates of serious illness, hospitalisation and deaths depend on the virulence of the pandemic virus, our ability to minimise its spread and our capacity to treat those affected.
- Rates of absenteeism depend on the severity of the infection. In a severe pandemic, absenteeism due to illness, caring for unwell family members or fear of infection may reach 40 per cent during the peak weeks, with lower rates of absenteeism during the weeks before and after. Certain public health measures (such as school closures, or quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- Those who become ill can transmit the infection for up to 24 hours before the onset of symptoms. This 'viral shedding' and associated risk of transmission will be greatest during the first two days of symptoms, but may continue for up to seven days in adults and 21 days in children.
- Each pandemic wave (period during which outbreaks occur across the country) may last 6–12 weeks in affected communities.
- Multiple waves of illness are likely to occur and may spread over two years, with a varying level of impact over this time period. Historically, the largest waves have occurred in autumn and winter, but this cannot be predicted with certainty.
- A minimum of six months production time may be required before sufficient vaccine is available to immunise all Australians. This assumes that an effective vaccine can be developed.
- A pandemic may have serious impacts on normal social functioning, with possible disruption to food supplies and utilities (power, gas, water and communications), as well as disruptions to businesses, service industries and the economy.

2 As outlined in the *VHIPP*.

4. Roles and responsibilities

The roles and responsibilities of the Commonwealth Government are outlined in the *National Action Plan for Human Influenza Pandemic*.

In Victoria, the *State Emergency Recovery Arrangements* are jointly owned by each level of government, together with the agencies and organisations that participate in the recovery of people affected by an emergency. The roles and responsibilities for community support and recovery follow these arrangements, which would commence at the onset of a human influenza pandemic.

Supporting Victorian communities during and after a human influenza pandemic would require a coordinated approach by all levels of government and by community support and recovery agencies. The department will therefore work closely with local government in the planning and preparedness phases. In the event of a pandemic, the department will continuously monitor the capacity of local government and provide ongoing advice, information and assistance where necessary.

4.1 State level

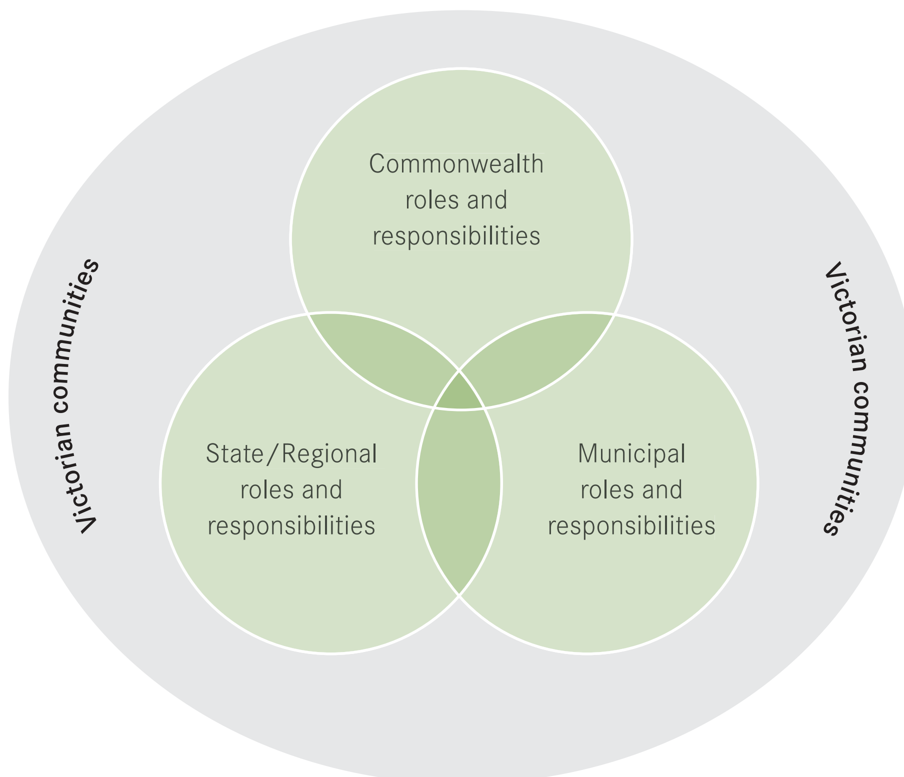
A human influenza pandemic is a significant event, requiring high levels of planning and coordination at both state and regional levels.

DHS is responsible for coordinating and facilitating recovery at the state and regional levels. The department's Executive Director of Operations is the State Recovery Coordinator and is responsible for convening and chairing the State Emergency Recovery Planning Committee.

Working together with communities, the department will assist affected individuals and communities to move towards a healthy, safe and functioning environment. This will be achieved through:

- coordinating recovery planning and management, at state and regional levels
- coordinating all aspects of recovery, including state/commonwealth departments, local government, non-government organisations and agencies

Figure 1: Integrated and shared approach to supporting Victorian communities



- coordinating recovery activities across the four areas—social, health and community, the economic, the natural and the built environments
- coordinating provision of personal support
- providing community information and facilitating community redevelopment programs
- supporting councils and community recovery committees in recovery planning and managing recovery activities
- providing advice, information and assistance to affected individuals, communities, funded agencies and municipal councils.

4.2 Regional level

At a regional level, recovery coordination is the responsibility of the Department of Human Services Regional Directors. This role is referred to as the Regional Recovery Coordinator. The Coordinator will convene and chair the Regional Emergency Planning Committee (which includes local government, relevant agencies and health services) on a regular basis, during a pandemic and the subsequent recovery phase.

DHS Regional Emergency Operations Centres (REOC) will be established by the Regional Recovery Coordinator to activate regional recovery plans and support regional staff and municipalities. During an influenza pandemic, the REOC will regularly report and escalate any resource and/or operational capacity issues affecting local governments in their areas to a central DHS Emergency Coordination Centre. The department will provide support and assistance to municipalities, where required.

4.3 Municipal level

Local government performs a critical role in Victoria's emergency management arrangements. It has emergency management responsibilities, as outlined in the *Emergency Management Manual Victoria,* as it is the closest level of government to communities and has access to specialised local knowledge. Given the local impacts of a human influenza pandemic on Victorian communities, it will be imperative that this approach is maintained.

Local government's role during recovery includes assisting individuals and communities. The key recovery activities to be carried out in the event of a human influenza pandemic by local government[3] are:

- providing information services to affected communities e.g. information lines, newsletters, websites and other means, as appropriate
- establishing and staffing a Community Support Service (refer 6.3.1)
- forming and leading Municipal/Community Recovery Committees
- post-impact assessment
- providing and managing community development services
- providing and/or coordinating volunteer helpers
- providing personal support services, such as counselling and advocacy
- providing material aid and a range of in-home assistance
- assisting with public appeals.

Each municipal council is required to prepare and maintain a Municipal Emergency Management Plan (MEMPlan). This should detail local arrangements for managing recovery activities and identify community services and resources that can be used to assist individuals and communities affected by pandemic.

At a local level, there will be two key mechanisms for coordinating the recovery effort from a pandemic, these are a Municipal Emergency Coordination Centre (MECC) and a Community Recovery Committee. In the early stages the overall community support and recovery effort within the municipal district will be coordinated through the MECC. A Community Recovery Committee will be established, to ensure the community is engaged in planning, coordination and delivery of local support and recovery services. The Municipal Recovery Manager should chair and convene this committee.

3 In close conjunction with non-government agencies, other service providers and with direct support from government departments.

For further information on local government roles and responsibilities, refer to *Preparing for an influenza pandemic: a tool kit for local government* and section 6.3 of this Plan.

4.4 Services and agencies

Community support and recovery services and agencies will play a critical role. Expand the range of services and agencies listed in plans, to ensure that support can be provided to sick people (cases) and well people (contacts of cases) who may be isolated or quarantined in their homes. Capacity of existing recovery services and agencies will also need to be reviewed, to meet the expected higher demand for support services during a human influenza pandemic. The EMMV lists key categories for recovery services and agencies:

- information services
- financial assistance
- material aid
- personal support services
- community development.

The roles and responsibilities of community support and recovery services and agencies are identified, agreed to and included in the recovery component of municipal plans. In the event of a pandemic, the responsibilities of community support and recovery agencies will be determined by these existing arrangements. Where multiple municipalities are affected, the Department of Human Services will provide support to agencies, to facilitate appropriate coordination of services and resources across the region.

Community support and recovery agencies should be invited to participate in Municipal Emergency Management Planning Committees and Community Recovery Committees, to ensure there is a coordinated approach to pandemic planning, preparedness and recovery.

5. Planning considerations

Most Victorians have never faced an emergency on the scale and severity of a human influenza pandemic. Given this, planning to minimise social and economic impacts will be a complex and challenging task. However, if undertaken effectively, these efforts will result in enhanced ability to respond not only to the consequences of a human pandemic influenza, but also to other emergencies.

Planning for the community support and recovery effort for a human influenza pandemic should include:

- understanding the impacts and subsequent needs
- developing robust plans, including strategies to address a range of needs. For example, encouraging self-sufficiency within communities, with minimal reliance on outside assistance.
- providing opportunities for communities to obtain information and to be involved in decision making
- a process for streamlining access to services.

A human influenza pandemic will require a range of strategies that have never before been considered in recovery planning. Support during a pandemic that has far-reaching and severe consequences for large numbers of Victorians will be unique to this type of emergency. Strategies will need to focus on areas such as providing intensive support to people at home due to illness, voluntary quarantine or social distancing measures. This provision of in-home support could include practical assistance, such as child minding or grocery delivery.

Planning at all levels of government should be consistent with existing national and state pandemic plans and arrangements, to ensure consistency and integration between planning at all levels of government. For information on existing national and state plans, refer to www.health.vic.gov.au/pandemicinfluenza. The Department of Human Services will assist local government with contacts and information on planning being undertaken by other government departments.

5.1 Understanding social and economic impacts

Community support and recovery efforts for a human influenza pandemic will focus mainly on the social, health and economic environments—rather than on the built and natural environments traditionally impacted upon during an emergency. Psychosocial impacts on individuals and communities may be visible, immediate, long term and further exacerbated by the disruption to local economic activity.

Other impacts may be less immediately apparent, including:

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

5.1.1 Increased levels of uncertainty, fear and anxiety

Overall levels of uncertainty, fear and anxiety will be high, as people are subjected to multiple psychological stressors such as sickness, disruption to work and home life and the loss of loved ones. Concerns about the risk of infection, loss of income or access to government services could also be widespread. People may be reluctant to return to work or send their children to school or childcare, due to ongoing fears of further human influenza pandemic waves and renewed exposure to infection. Disputes could arise within communities as a result of increased intra-community tensions.

The compounding effects of these stressors could be debilitating for individuals, families and communities. Anxiety levels could be reinforced or even fuelled by media coverage of the human influenza pandemic in Australia and overseas. Personal support such as bereavement and grief counselling would need to be provided at an unprecedented level during and after the crisis period. Many people could also suffer significant long-term psychosocial effects.

National and state communication strategies will focus on reducing anxiety and uncertainty in the community, by providing timely and accurate information. Messages will convey reassuring advice on how individuals and families can best protect themselves from infection and work together to support one another. All available personal support services will need to be identified during the planning process and managed during a human influenza pandemic, in a way that provides support to those who are most in need.

5.1.2 Breakdown of community support mechanisms

A human influenza pandemic influenza will most likely impact on general community activity and levels of interaction. People may be reluctant to attend and or participate in community-based activities, such as those organised by sporting and cultural groups, charities and volunteer organisations. Funerals, religious events and important family functions may also be affected.

A breakdown in community support mechanisms could potentially have long-term impacts; community development programs will need to be aimed at reintegrating individuals and families into communities, and identifying and restoring community networks.

5.1.3 Increased numbers of vulnerable people and emergence of new groups

Individuals will react differently to the impacts of any given emergency, depending on their health, wellbeing, economic status, support mechanisms and other personal circumstances. The impacts of a human influenza pandemic on vulnerable groups could be magnified with the emergence of a number of new groups. Refer Figures 2 and 3 for further information.

Community support and recovery services should be targeted at people who are not able to receive support through existing services. Existing community support services will continue to provide services to their clients, but will need to plan for a potential influx of new clients.

5.1.4 High workforce absenteeism

It is estimated that organisations may experience 30–50 per cent staff absenteeism at the peak of a pandemic. Staff absences can be expected for many reasons, including illness, the need to care for unwell family members and the fear of infection from using public transport and working with others. Public health social distancing strategies such as closing schools, isolating cases and quarantining of contacts are also likely to increase absenteeism rates.

While these impacts will have significant flow-on effects on the ability of communities to function, business continuity planning and preparedness should be undertaken to minimise the impacts and ensure that essential social infrastructure can be maintained.

5.1.5 Widespread economic disruption

Adverse economic conditions have the potential to impact on the wider business sector. The collective impacts on numerous small to large businesses may cascade into an economic downturn and cause a significant impact on communities. The recovery of economic activities and functioning following a human influenza pandemic will require a long-term, integrated response across all levels of government, community and business.

While a number of measures will be implemented to stimulate various segments of the economy at the national and state levels, local government will be a key partner in ensuring that local businesses are aware of available programs and assist with ensuring most effective outcomes.

5.2 Identifying vulnerable groups

Vulnerability to emergencies is often defined by the level of susceptibility an individual has to the impact of an event. In the case of a human influenza pandemic, this includes factors caused by the virus itself, the wider social and economic impacts and a person's ability to recover from the impacts and return to a normal level of functioning. The severity of the impact could also be attributed to the level of resilience an individual has at the time of the emergency and the availability of support mechanisms.

Figure 2: Examples of existing vulnerable groups

Vulnerable group	Ways affected
Young families, especially single-parent families	May need to manage a range of demands with minimum support.
Older people, living alone without support	Isolation could cause deterioration in health and ability to function.
Socially isolated	Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety.
Physically isolated	Reduced ability to call on assistance from other members of the community, or from agencies.
Unemployed	Lack of financial and physical resources may result in higher levels of disadvantage.
People relying on external help	Existing support, such as home support, may be compromised.
People living in an institutional setting	More exposed to the spread of disease, due to close living arrangements and sharing of facilities.
People with existing disability, physical or mental illness	Existing support may be compromised. Higher risk of exposure to infection and psychological stressors.
People with limited coping capability	Reduced capacity to manage life events.
Indigenous communities, especially those living in remote areas	Limited access to health care and the impact of a range of social, cultural and geographic consequences.
Homeless, itinerant and street kids	Lack of access to information and support. Higher levels of exposure to infection.
Substance dependent	Increased vulnerability if medical and other care arrangements are disrupted.
Culturally and linguistically diverse communities (CALD)	Reduced understanding of potential risks and difficulty gaining access to information and resources.
Financially disadvantaged, individuals and families on low incomes and/or high debt levels	May have limited access to goods and services. May not be able to stockpile, due to diminished supply and potential rising costs.

Figure 3: Examples of emerging vulnerable groups

Vulnerable group	Ways affected
People confined to their homes as a result of illness or quarantine	Lack of family and friends to provide adequate levels of care. Fear of being socially marginalised or stigmatised.
Children orphaned and without a carer, particularly where there is no alternative carer	Heightened levels of grief, anxiety, stress and trauma due to issues around housing and care. Potential dislocation and developmental effects.
Children whose parents become ill, particularly where there is no alternative carer	Heightened levels of grief, anxiety, stress and trauma. Increased vulnerability in the longer term.
Families where a pandemic influenza bereavement has taken place	Heightened levels of grief, anxiety, stress and trauma.
People whose caregiver is sick and unable to care for them	Lack of alternative support could lead to general deterioration of health and wellbeing.
People who become unemployed, due to business closure or economic downturn	Lack of financial and physical resources and high debt levels, with minimum savings in reserve.
People on low incomes or otherwise economically vulnerable	Lack of financial and physical resources to manage consequences over an extended period of time.
The worried well—people whose physical health has not been affected by the virus but are worried or anxious about getting sick	High levels of anxiety due to fear of illness, death, unemployment and lack of access to services and information.
Overseas students and tourists	Unfamiliar environments and limited local knowledge of support mechanisms and resources. May face difficulties in returning home. Heightened concerns for families and friends from their country of origin.
Australians overseas	Exposure to risk of infection and inadequate access to health care services. May also face difficulties returning to Australia. May require ongoing support following their repatriation.
Families of Australians overseas	High levels of anxiety due to fear and lack of information about a loved one.
Families	Increased risk of family violence and breakdown of family unit, due to a shift in household dynamics. Children will lack social interaction, following school closures.
Farmers, primary producers and people employed in the food industry	Reduced market demand, or disruption to supply chains. This could be compounded by the impacts from other emergencies e.g. drought, fire. Remote and rural areas could face interruptions to food supplies and essential services.
Small business owners	Significant reduction in demand in some sectors. Lack of resources to maintain financial viability during a downturn in the economy and/or unable to function due to absence of key personnel.
Health care workers	Exposure to risk of infection and potential isolation from family and support networks could increase stress and anxiety levels.

Vulnerable groups face different and often more complex challenges. This may include people in the community who are receiving services, or people who become vulnerable as a result of the pandemic. The numbers of vulnerable individuals and groups will also be higher during a human influenza pandemic.

Planning at all levels should consider existing demographic information—including data on vulnerable groups or populations with special needs—to ensure that their requirements are addressed in planning. This will necessitate pre-identifying groups and developing strategies targeted to their specific needs. It is important to ensure that stakeholders who work with these groups—for example, aged care, disability and mental health providers—are consulted during the planning process.

To assist with planning, the following tables provide examples of vulnerable groups and those who may become vulnerable as a result of a human influenza pandemic.

5.3 Undertaking a community risk analysis

Community support and recovery needs during a human influenza pandemic will be complex and require a comprehensive risk analysis to assist with planning. Identifying the potential risks of a human influenza pandemic for individuals, families and communities will be a fundamental step in developing effective strategies. The risks for some people could be relatively high, compared to those with support mechanisms and the ability to access adequate information to manage their own recovery. Special attention will need to be given to issues that may arise for existing vulnerable groups and those that are likely to emerge during a human influenza pandemic.

A risk assessment should be based around the planning assumptions outlined in this Plan, combined with local council's specific circumstances and requirements. Regional departmental staff will advise and assist councils to undertake the risk assessment. While there are many unknowns—in relation to the spread of the virus, the level of infection, infrastructure failure and wider economic impacts—it is important that a risk analysis be performed.

Identification of community risks, impact analysis and treatments is best undertaken by each municipality, as local government is best placed to fully understand the social demographics of groups and communities within their boundaries.

A risk analysis should be conducted once a specialist subcommittee of the Municipal Emergency Management Planning Committee has been established (refer *Preparing for an influenza pandemic: A tool kit for local government*), with pandemic-specific stakeholders and using existing risk management tools such as the Community Emergency Risk Management process. This information should then be used to develop risk reduction strategies.

5.4 Planning in the context of business continuity

Community support and recovery plans should be reviewed in the context of business continuity, a surge in demand for additional services, maintenance of existing critical services and fewer staff being available, due to illness or carer commitments.

Business continuity planning should be undertaken by all levels of government and agencies providing health and community services. It should also be included as a requirement in funding and service agreements.

All levels of government have a range of core critical services to be maintained, including some public health responsibilities and support services to a range of existing client groups. At a municipal level, these include home and community care programs, maternal and child health services, waste management and other regulatory services. At a regional and state level, these include the correctional system and emergency services.

5.4.1 Managing external needs

The demands placed on community support and recovery services from widespread illness, implementation of social distancing strategies and the social and economic impacts of a pandemic are likely to over extend support agencies. Therefore, higher levels of capability and capacity will need to be built into plans. This is important, given that a pandemic that could severely limit the ability to draw on assistance from outside areas.

It will be essential to consult with the designated agencies and organisations currently listed in municipal plans, to ensure that community support and recovery agencies can fulfil roles during and following a human influenza pandemic. Where support agencies and organisations are not able to provide the levels of support or the type of services required, consider engaging additional support from community based networks, formalising agreements and updating plans. Where this is not possible, creative options may include tapping into retired personnel, or redeploying staff in other roles and quickly training them to enter into a community support roles.

5.4.2 Managing internal strains

Business continuity planning should ensure that a minimum number of core staff are on duty to coordinate and manage community support and recovery functions. Consider there may be surges in demand and also maintaining a response over a long period of time. This will include succession planning and multi-skilling staff to ensure that there are a number of people who can perform key roles, such as the Regional Recovery Manager and the Municipal Recovery Manager positions.

The Commonwealth Government has developed resources to assist Australian businesses to prepare for a human influenza pandemic. This includes the guide *Being Prepared for a Human Influenza Pandemic: A business continuity guide for Australian businesses* (refer Attachment B). Additionally, the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is developing a business continuity kit and training programs to assist non-government organisations and local government.

5.5 Community development plans

Restoring communities to their normal level of functioning following a human influenza pandemic will require ongoing community development over an extended period. Recent significant events, such as bushfires and floods, demonstrate that this process can continue for months, if not years.

The Community Recovery Committee comprising local government, community support agencies and other community-based organisations is best placed to manage this process. The community development process should be transparent, accountable to the community and have a commitment to community participation. A community development officer is likely to be an integral part of any Community Recovery Committee.

A detailed *community development plan* should be prepared, based on information gathered from the affected community and foreshadowing strategies that can be implemented over an extended period. This enables long-term programs and initiatives to be planned, providing the affected community with a sense of ongoing support. Outcomes should emphasise strategies that are sustainable and contribute to the establishment of more resilient communities. This will allow communities to manage their recovery better, both during and following an influenza pandemic.

A large component of the planning for community development plans should focus on the psychosocial and economic impacts of a human influenza pandemic. The department will provide advice and assistance on the development of these strategies to assist with community redevelopment.

The recovery of economic activity and functioning following a human influenza pandemic will also require a long-term, integrated response across all levels of government, community and business. The Commonwealth, state and local governments will make a range of assistance programs available to stimulate economic activity in various communities and sectors of industry. These will be determined by the government executive at the time. Local government is well placed to identify and implement strategies to stimulate business and their local economy. Local governments and Community Recovery Committees are also well positioned to advocate for the implementation of a range of community initiatives and activities on behalf of their communities.

5.6 Communication and community awareness

The development of community awareness will require commitment and concerted actions from all levels of government. Communication strategies will be aimed at building community resilience and education, prior to a pandemic. Campaigns will focus on raising awareness and reassuring the public about a range of preventative measures, information and services available through national and state call centres and websites.

Community engagement strategies will be developed by the Department of Human Services for use at state, regional and local government levels. These strategies will be aimed at providing individuals, families and communities with a range of self-help initiatives to reduce the risks. The community will be made aware of the general hazards associated with a pandemic and the range of actions that people can apply in their daily lives to prepare for such an event.

5.6.1 State pandemic communication strategy

The Victorian Government has developed a communication strategy to strengthen pandemic preparedness at state, regional and local level and ensure that timely, informative and consistent messages are provided to the wider community.

As the lead agency for the whole-of-government communication strategy, the department is responsible for guiding its implementation. Activities are designed to encourage and equip organisations across Victoria, inside and outside of government to prepare for a human influenza pandemic. Theses include a standard set of tools, such as brochures and posters with general hygiene messages.

For further information on the communication strategy: www.health.vic.gov.au/pandemicinfluenza.

To access fact sheets and educational posters available for various sectors of the community:
www.health.vic.gov.au/ideas/regulations/vic_influenza
www.health.vic.gov.au/pandemicinfluenza/prof_res.htm#general).

All levels of government should be developing strategies to reassure and inform their stakeholders and the community. This may include posting information on a website that explains the basics of an influenza pandemic and prevention techniques, as well as communicating response and recovery strategies.

Once a pandemic commences, most communication about the status of a human influenza pandemic will come via mainstream media outlets, with Victorian and Commonwealth officials providing updates. The State Government will produce a range of messages for the community and present this information in a variety of ways, including translating the messages into many languages.

Local government will also play a key role in ensuring that information is accessible and relevant to their communities (for example, culturally and linguistically diverse communities and those geographically isolated). This may involve adapting messages to suit local needs. Municipalities need to plan for a number of messages to the community:

- explain what the municipality is doing about human influenza pandemic planning
- promote accurate information about hygiene and awareness
- advise the community and staff about any changes in arrangements for service delivery.

5.6.2 Internal communication strategy

Another key aspect to consider is communicating effectively with staff about workplace safety prior to and during a human influenza pandemic. Anticipate the potential fear and anxiety that staff and their families may experience as a result of rumours and misinformation and plan communication strategies accordingly.

Internal communication strategies should focus on providing a range of information on support services available during a pandemic. This can include personal support and employee assistance programs and critical incident and stress management information. Communication planning should include any contingency arrangements or services that may no longer be available, such as childcare.

5.7 Managing and coordinating volunteers

Victoria has a relatively well-developed formal volunteering infrastructure and a culture of volunteering is already imbedded in the Victorian community. This will potentially be an enormous resource, even during a pandemic. The challenge will be to develop strategies to capitalise on this resource.

The states and territories, the Australian Local Government Association, the Municipal Association of Victoria and other key stakeholders are working with FaHCSIA to develop a pandemic influenza volunteer communication campaign and a national volunteering strategy. The latter includes the development of a national database, for access by the states/territories, local governments and agencies.

Municipalities will play a key role in managing and coordinating local volunteers for the community support and recovery effort. The development of good neighbourhood support networks will rely heavily on volunteerism.

Volunteering Victoria is the peak body for agencies that use volunteers in Victoria and provides information on volunteering policies and practice. Volunteers may need to replace key personnel or deliver new services. Strategies should be developed to:

- encourage local volunteering
- counter any possible reduction in numbers due to fears about infection, compliance with social 'distancing' policies and increased family caregiving
- meet increased demand for volunteers during a human influenza pandemic.

Planning should scope the size and range of voluntary effort required and strategies should identify critical skill sets required to deliver recovery services. This should include a skills register, together with arrangements to manage a large influx of spontaneous volunteers. A skills register can minimise the risk of poor matching of volunteers to tasks and wastage of resources and ensure that spontaneous volunteers have their expectations properly managed at the point of first contact.

Similarly, organisations responsible for engaging with volunteers in this way should be flexible in designing volunteer positions, taking into account the changing nature of volunteering. This may mean:

- providing shorter shifts, suited to people in full-time employment
- providing more one-off tasks
- ensuring that volunteers are used in a way which builds on their skills
- developing methods to include people from non-English speaking backgrounds.

Consider providing condensed training programs and accelerated security screening and referee checks for volunteers. It is also imperative that volunteers have access to equipment, clothing and other resources necessary for them to safely undertake their allocated duties.

5.8 Supporting the emergency management workforce

Be aware of the burden placed on staff working on the community support and recovery effort. It is important that staff and their families feel supported during an influenza pandemic, so that they are free to focus on their roles. Consider:

- infection control
- psychosocial and information needs
- personnel policy and practice
- staffing the community support and recovery effort
- staff contingency arrangements.

All core staff managing a human influenza pandemic plan should be identified and contingency arrangements developed to back these people up. It should be noted that the community support and recovery effort will need to be maintained over an extended period of time and staffing needs should be assessed on this basis. The existing emergency management team may need to be extended to include a range of additional staff.

Personnel policy and practice should be reviewed, to provide a level of flexibility to support the recovery effort. This could include the ability to use sick leave in advance, or provision for carers' leave. Staff should be provided with advice on the symptoms of the virus and encouraged not to report to work if ill, and when to return to work after this type of illness.

Priority should be given to ensuring the continuance of salary payments and allowances.

Compliance with industrial relations and occupational health and safety legislation will be required and must be considered in the planning process.

It will be vital for staff to have access to infection control information and be trained in the use of personal protective equipment. This will be particularly relevant to staff who have a public contact role, or those providing in-home support services.

All levels of government and community support and recovery agencies may need to update infection control guidelines, to take into consideration the functions staff and volunteers may perform during a human influenza pandemic. For further information refer to the *Victorian Health Management Plan for Pandemic Influenza,* available at www.health.vic.gov.au/pandemicinfluenza.

6. Preparedness activities

The far-reaching effects of a human influenza pandemic may place an unprecedented level of demand on community support and recovery services and severely limit help and resources from outside the immediate area. No level of planning and preparedness can ensure that there are adequate levels of support for the whole community.

As far as possible, preparedness activities should be based and built on Victoria's existing emergency management arrangements. While community support and recovery services will primarily be provided through municipal level plans, the widespread nature of a human influenza pandemic necessitates a higher level of coordination by the Department of Human Services. This ensures an integrated and shared approach to supporting local government preparedness processes and facilitating access to statewide support, should local services be overwhelmed.

Preparedness activities should be based on the following expectations, to ensure that support services can be prioritised and directed to those most at risk:

- individuals and families have taken the necessary steps to ensure they are personally prepared (e.g. make plans for child/elderly care)
- community members will be primarily cared for by friends, family and neighbours
- community organisations will continue working to support their own client groups
- community support and recovery services will not be available to all members of the general public. Services will be primarily targeted to individuals most in need, including those without support networks or quarantined individuals who are well.

6.1 State level

Community support and recovery is a critical component of whole-of-government preparedness for a human influenza pandemic. The department is developing plans and strategies, in consultation with key stakeholders, including the FaHCSIA, the Municipal Association of Victoria, municipalities and recovery agencies. Preparedness activities being addressed include:

- providing advice on the development of the Commonwealth national volunteer database
- Victorian assistance measures to support affected people
- developing tools to assist with regional and municipal planning (for example, *Preparing for an influenza pandemic: A tool kit for local government*)
- developing a call centre strategy to address portfolio responsibilities, including information to assist individuals seeking community support and recovery services.

6.2 Regional level

At a regional level, the Department of Human Services plays a critical role in developing and enhancing planning and preparedness for community support and recovery for a human influenza pandemic.

The Regional Recovery Manager will coordinate the human influenza pandemic planning and preparedness process across municipalities in their region, to ensure there is shared and integrated planning and that plans can be activated during a pandemic. This can be achieved through regional forums or workshops on influenza planning and preparedness, together with scenario-based activities to discuss issues (including interdependencies and gaps in planning). Local government and community support and recovery agencies will be encouraged to share information, issues and strategies to achieve the best outcomes for communities.

The Department of Human Services will lead the review of region-wide plans and assess aspects such as overstating of community support, recovery issues and service provision during a pandemic.

6.3 Municipal level

The Municipal Emergency Planning Committee is responsible for preparing and maintaining the Municipal Emergency Management Plan (MEMPlan). For pandemic preparedness, a specialist sub-committee of the MEMPC should be established to develop a sub plan of the MEMPlan and enhance community support and recovery arrangements. Regional staff will be able to assist in identifying the appropriate representation on the sub-committee, including non-government organisational service providers and health care providers.

The risk management process and business continuity planning will most likely identify the need to build a range of additional community-based support services into MEMPlans, to manage increased service demand.

The MEMPC may also deem it necessary to set up other specialist committees or working groups to review issues, such as:

- local economic and business sustainability
- communication and community development strategies
- human resource management necessary to support the recovery effort
- infection control and occupational health and safety guidelines.

Planning must be undertaken in the context of the municipality's human influenza pandemic business continuity plan.

To assist councils with further information refer to *Preparing for an influenza pandemic: a tool kit for local government.*

6.3.1 Community Support Service

For other types of emergencies, the mechanism for providing community support and recovery services to affected communities has been a Municipal Recovery Centre. Recovery centres are established in areas close to the affected community and people are encouraged to visit a 'one stop shop' to access a range of information to facilitate their own recovery.

During a pandemic, a traditional Municipal Recovery Centre will not be feasible, due to widespread illness and social distancing strategies. Preparedness activities should focus on alternative arrangements to provide access to community support and recovery services. Linkages between those seeking assistance and service providers could effectively be undertaken via the telephone. This function will be referred to as a Community Support Service (CSS) to distinguish it from the more traditional Municipal Recovery Centre. As a function, the CSS can operate in a 'virtual environment', as opposed to a public building.

6.3.2 Triaging of calls

A number of call centres at the state and federal levels will operate during a pandemic. This will markedly reduce the number of general pandemic influenza calls being received at a municipal level. Only requests that fall within municipal emergency management responsibilities will be referred to a CSS.

CSS staff will initially consider an individual's needs by telephone, prior to identifying agencies that can provide assistance. Requests for community support and recovery services will come directly from the public, or referrals from a number of sources including help lines, hospitals and general practitioners. Referral mechanisms will be agreed to, in consultation with relevant health care providers. There is no intention to provide medical support services through the CSS structure. Health care services will be accessed through existing medical arrangements.

6.3.3 Managing a Community Support Service

The most appropriate person to manage a CSS is the Municipal Recovery Manager, but the final decision rests with each local council. It is likely that a municipality would open a CSS during the containment phase of a human influenza pandemic, if the number of people seeking assistance increases in one geographic area. It is envisaged that all municipalities will operate CSS during the maintenance phase of a pandemic.

At the same time, it is recognised that some municipalities, particularly in outlying rural areas, may not have the capacity to maintain operations over a long period. In these instances, it may be necessary for councils to combine to open a CSS and share support staff and community support and recovery services. This should only be undertaken where necessary as:

- community support and recovery services are best sourced and provided as close to the affected community as possible
- local government is best placed to know the demographics of their communities and the services that are already included or could be incorporated in MEMPlans
- assistance of skilled and unskilled volunteers at the local level will be vital to the success of the community support and recovery effort.

6.3.4 Departmental coordination

In the event of a pandemic, the department would ensure early and ongoing contact and liaison with affected communities, to identify needs and facilitate appropriate coordination arrangements, assistance and guidance across the affected region(s). For example, the department would, in partnership, with affected municipalities, assess the need for department liaison officers and determine their roles and functions.

The decision to operate a CSS across municipal boundaries or share resources should be identified in the recovery planning and preparedness phases, prior to the event. Any decision to consolidate recovery activities across municipal areas should be undertaken in consultation with DHS Regional Recovery Coordinators.

6.3.5 Community Support Service functions

During the containment phase[4] it is likely that general practitioners and hospitals will become overwhelmed. Therefore, not all patients who have contracted the virus will be admitted to hospital. People with suspected and/or confirmed human pandemic influenza will need to be isolated, while their contacts will be encouraged to place themselves under voluntary quarantine. These actions will result in large numbers of people—well and unwell—having to be supported at home.

While there will be an expectation that family friends and neighbours will care for the majority of people isolated or quarantined in their homes, many of these people will have complex needs and or have no support networks to help them. These people will need to be case managed through a CSS. The three key functions of a CSS are intake, assessment and case management.

Intake

Call centres operating at state and federal levels will receive the bulk of the intake calls and make referrals to relevant services including the CSS, but some people will call the CSS as an initial point of contact to access local services. It will be critical to ensure that a CSS is able to keep its focus on providing services to constituents with higher-level support needs who are not under the care of support agencies. Many requests for information and or services of a more routine nature will be triaged directly to agencies listed in municipal, regional or statewide plans.

Assessment

The assessment process is aimed at determining priority levels and needs, to ensure those most at risk receive priority access to assistance.

This assessment stage of a CSS will need to delineate between *essential needs* that must be provided immediately to the most vulnerable (first tier) and *support* that can be provided at a later stage in the recovery process (second tier). First tier needs could include

4 Delaying transmission for as long as possible by border control measures, widespread adoption of good hygiene and infection control practices, isolation of cases, quarantine of contacts and use of antiviral medication.

food, basic supplies and other life sustaining goods and services. Second tier services could include financial assistance towards rent, mortgages, utilities, psychological support and assistance with clothing and bedding.

During periods of high demand for community support services, efforts are likely to focus more on maintaining the basic needs of life. However, the above needs assessment process is intended as a guide only and should be left up to the discretion of the case manager for determining priority levels.

Case management

People assessed as vulnerable, at risk, or who have more complex needs during a human influenza pandemic, may require a level of case management. A case management approach through a CSS will provide a coordinated approach to the provision of services, a continuum of care for individuals and ensure a seamless transition from service to service. These services are best accessed through local agencies nominated in MEMPlans and supported by regional and statewide resources.

Case management through a CSS is not designed to take the place of normal supervision of agencies already providing support services to people at the time of a pandemic. Services should only be provided through a CSS where existing support mechanisms are proven inadequate.

A CSS case manager could be someone with a social work background and be best suited to overseeing the provision of a variety of specialist services. This is to ensure there is an effective response and that services are appropriate to the needs of an individual. Some people seeking support may require specialist support services that are not readily available, or require a more innovative application of services.

Managing the needs of people through a case management approach is an effective but extremely labour intensive process. Such support therefore should only be provided where people cannot be triaged directly to other services, or where no alternative care options exist.

Personal support during and following a human influenza pandemic will need to be provided at unprecedented levels. Many people could also suffer significant long-term psychological effects. See *A Psychological Model for Post Emergency Individual and Community Support* (refer www.dhs.vic.gov.au/emergency/publications#recguide), which identifies levels of personal support, together with guidelines for the provision of support during an emergency.

6.4 Developing exercises and testing plans

Since few communities have experienced emergencies on the scale of a pandemic, developing exercises and testing plans will be critical to working through the true capabilities of community support and recovery components of state, regional and municipal plans. Exercises can reveal gaps in community resources, uncover planning weaknesses, training deficiencies and clarify specific roles and responsibilities.

Exercises should be as relevant as possible to the groups involved and be based on a realistic assessment of the potential impacts of a human influenza pandemic on local communities. These impacts will be both extensive and complex, making it difficult to test all aspects of the plans at once. Exercises can be undertaken on a step-by-step basis, so that each event can build upon the skills and lessons learnt from prior experiences.

Both the department and the Victorian State Emergency Service are available to assist with the planning, delivery and assessment of exercises.

Lessons learnt from developing and practising plans should be shared with other organisations and agencies, to improve community support and recovery efforts.

Attachment A: Pandemic influenza phases

Period	Global phase	Australian phase	Description of phase
Inter-pandemic		Aus 0 *Current Phase in Australia*	No circulating animal influenza subtypes in Australia that have caused human disease.
	1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low.
		Aus 1	Animal infection Australia: the risk of human infection or disease is considered low.
	2	Overseas 2	Animal infection overseas: substantial risk of human disease.
		Aus 2	Animal infection Australia: substantial risk of human disease.
Pandemic alert	3	Overseas 3 *Current Phase overseas*	Human infection overseas with new subtype(s) but no human-to-human spread or at most rare instances of spread to a close contact.
		Aus 3	Human infection in Australia with new subtype(s) but no human-to-human spread or at most rare instances of spread to a close contact.
	4	Overseas 4	Human infection overseas: small cluster(s) consistent with limited human-to-human transmission, spread highly localised, suggesting the virus is not well adapted to humans.
		Aus 4	Human infection in Australia: small cluster(s) consistent with limited human-to-human transmission, spread highly localised, suggesting the virus is not well adapted to humans.
	5	Overseas 5	Human infection overseas: larger cluster(s) but human-to-human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).
		Aus 5	Human infection in Australia: larger cluster(s) but human-to-human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).
Pandemic	6	Overseas 6	Pandemic overseas—not in Australia: increased and sustained transmission in general population.
		Aus 6a	Pandemic in Australia: localised (one area of country).
		Aus 6b	Pandemic in Australia: widespread.
		Aus 6c	Pandemic in Australia: subsided.
		Aus 6d	Pandemic in Australia: next wave.

Attachment B: Contacts and links

Contacts

To speak to your departmental Regional Recovery Manager:

Metropolitan

Eastern	1300 360 452
North and West	1300 360 462
Southern	1300 555 526

Rural

Barwon-South Western	03 5226 4540
Gippsland	03 5177 2500
Grampians	03 5333 6669
Hume	03 5722 0555
Loddon-Mallee	03 5434 5555

Websites

Victorian information

Emergency Management Manual Victoria:
www.oesc.vic.gov.au/emergencymanual

Psychosocial Model for Post Emergency Individual and Community Support:
www.dhs.vic.gov.au/emergency/publications#recguide

Victorian and national information on pandemic planning and information:
www.health.vic.gov.au/pandemicinfluenza

Victorian Human Influenza Pandemic Plan:
www.health.vic.gov.au/pandemicinfluenza

Victorian Health Management Plan for Pandemic Influenza:
www.health.vic.gov.au/ideas/regulations/vic_influenza.htm

National information

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

Australian Veterinary Emergency Plan:
www.animalhealthaustralia.com.au/programs/eadp/ausvetplan_home.cfm

Being Prepared for an Influenza Pandemic: A Business Continuity Guide for Australian Business:
www.industry.gov.au/pandemicbusinesscontinuity

National Action Plan for Human Influenza Pandemic:
www.dpmc.gov.au/publications/pandemic/index.htm

Attachment C: Glossary

Acronyms

CSS	Community Support Service
DHS	Department of Human Services
EMMV	Emergency Management Manual Victoria
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
MEMPC	Municipal Emergency Management Planning Committee
MEMPlan	Municipal Emergency Management Plan
REOC	Regional Emergency Operations Centre
REPC	Regional Emergency Planning Committee
VHIPP	Victorian Human Influenza Pandemic Plan
WHO	World Health Organization

Definitions

All hazards approach
Dealing with all types of emergencies or disasters and civil defence, using the same set of management arrangements.

Antivirals
Medicines used to prevent and treat influenza. May also show these properties against a pandemic strain of influenza.

Business continuity planning
Plans and support procedures for minimising the impact and guiding the continuity/timely recovery of business operations, following an unplanned interruption.

Community Support Service
Local level telephone service for facilitating access to community support services during a pandemic.

Containment
Delaying transmission for as long as possible by border control measures, widespread adoption of good hygiene and infection control practices, isolating cases, quarantining contacts and use of antiviral medication.

Epidemic
An increase in the number of cases over past experience for a given population, time and place.

Influenza ('the flu')
A highly contagious disease of the respiratory tract, caused by the influenza virus.

Influenza Type A
A virus that occurs in both humans and animals.

Influenza Type B
A virus that occurs only in humans.

Isolation
Management strategy for human cases.

Maintenance of social function
When community transmission is established, containment is no longer feasible. Pre-exposure prophylaxis for priority groups will be important to maintain societal functioning.

Mass vaccination
Vaccinating the whole population with a pandemic strain vaccine, when available.

Pandemic
An epidemic occurring over a very wide area and usually affecting a large proportion of the population.

Prophylaxis
Short-term protection against contracting influenza.

Quarantine
Management strategy for someone who has had contact with a human case.

Social distancing
A strategy for reducing contact with others.

Vaccine
A preparation that creates or artificially increases immunity to an influenza strain.

For more information visit:
www.health.vic.gov.au/pandemicinfluenza

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to protect
our communities

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