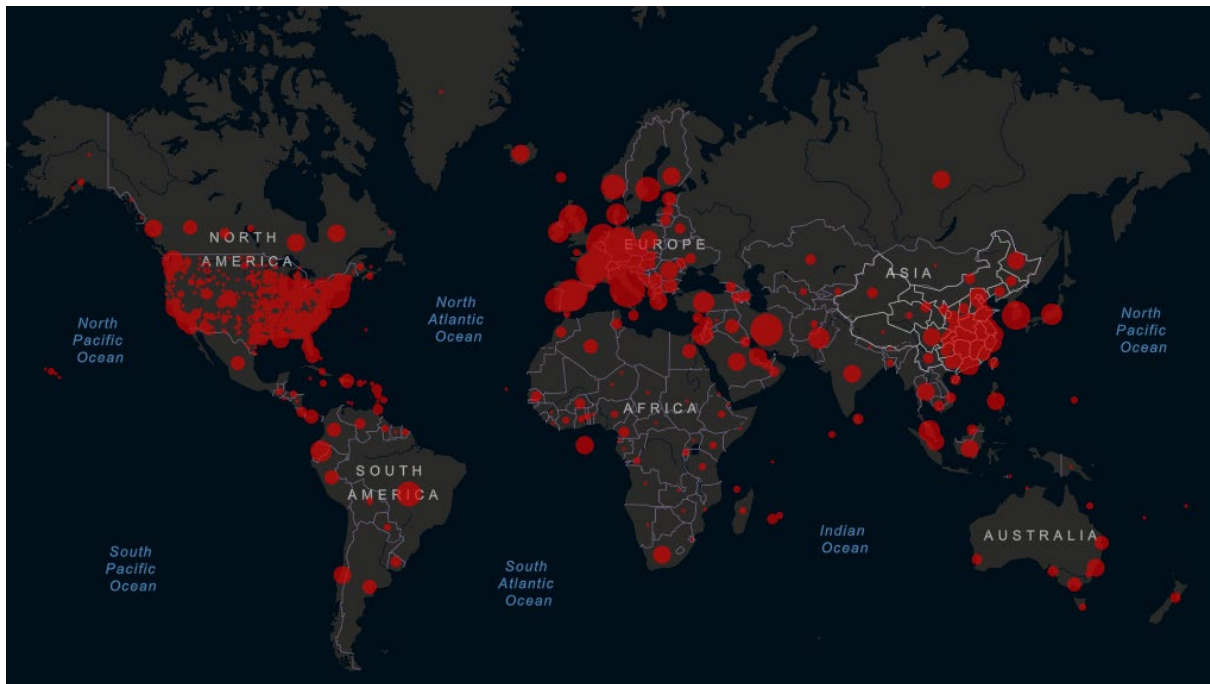


BSC Local Disaster Management Group

Pandemic Sub-Plan 1.7 Version 2



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ENDORSEMENT

This Barcoo Shire Council (BSC) Local Disaster Management Group (LDMG) Pandemic sub-plan is endorsed under the authority of the BSC LDMG.

In adopting this Pandemic sub-plan, the BSC LDMG acknowledges Queensland Health has functional lead agency responsibility for pandemic events in Queensland.

The BSC LDMG also acknowledges the need for close collaboration with the preventative strategies for exotic animal diseases in pre-pandemic surveillance – where a potential pandemic strain is circulating in animals.

This plan has been developed in accordance with the *Disaster Management Act 2003* (the Act) and the following documents to provide for effective pandemic planning in the BSC local government area:

- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)
- Australian Health Plan for Pandemic Influenza 2019
- Queensland State Disaster Management Plan
- Longreach District Disaster Management Plan 2019
- BSC Local Disaster Management Plan 2019
- Queensland Health Pandemic Influenza Plan 2018
- Central West Hospital and Health Service COVID 19 Tiered Response Action Plan
- Queensland Ambulance Service Influenza Pandemic Response Plan 2019

This Pandemic sub-plan is to be read in conjunction with the *Human Rights Act 2019*. All persons must be treated humanely and with dignity. Section 13 allows for BSC Local Disaster Management Group members to limit a person's rights and freedoms only when it is lawful to do so, to the extent necessary to achieve the required objective, and when there is no other way of achieving this. The least restrictive approach available to achieve this objective must be used. Section 58 requires all members to act or make decisions in a way that is compatible with human rights, and in making decisions must give proper consideration to the relevant human right or rights.

This plan will be maintained by the Chair of the BSC Local Disaster Management Group and will be reviewed annually unless otherwise required.



.....
Chair Sally O'Neil

BSC Local Disaster Management

Group Date: 15 December 2021

VERSION CONTROL

The BSC LDMG Pandemic sub-plan is a controlled document. The controller of this document is the Chair of the BSC LDMG. Any proposed amendments to this plan should be forwarded in writing to the:

Local Disaster Coordinator
Barcoo Shire Council
6 Perkins Street (PO Box 14)
JUNDAH, QLD, 4736

The Local Disaster Coordinator (LDC) of the BSC LDMG may approve inconsequential amendments to this document. Any changes to the intent of the document must be endorsed by the BSC LDMG.

Version	Section	Date	Description	Updated By
1.0	All sections – written	April 2020	Plan developed	Craig Neuendorf, DMC
2.0	Appendix B	November 2021	COVID-19 Evacuation Management Strategy	Craig Neuendorf, DMC

AUTHORITY

This plan is a sub-plan to the BSC Local Disaster Management Plan (LDMP) under the authority of the *Disaster Management Act 2003* (The Act).

This sub-plan will be managed in accordance with the administrative and governance processes outlined within the BSC LDMP including approval, document control, distribution and review.

PURPOSE

The purpose of this subplan is to provide a framework for preventing, preparing for, responding to and recovering from a pandemic event impacting on the BSC local government area or in support of other impacting local government areas across the State of Queensland. The sub-plan also outlines the role of the BSC LDMG in providing support to Queensland Health as the lead agency.

FINANCIAL CONSIDERATION

A separate cost centre code should be set up to track all expenditure throughout operations relating to a pandemic event, including prevention, preparation, response and recovery.

INTRODUCTION

Seasonal influenza viruses circulate and cause illness in humans every year. These viruses tend to cause deaths mainly in elderly, immune-compromised and people with chronic underlying medical conditions.

According to the World Health Organisation (WHO), an epidemic is the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.

The WHO defines a pandemic as “the worldwide spread of a new disease.” A severe pandemic can disrupt a society and its economy. This can overwhelm the Local, District, State or National health system and harm business continuity on a large scale.

As a new virus or disease develops, it can spread rapidly due to limited immunity and lack of vaccinations, as they may not yet be developed.

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

COVID-19 was declared as a Pandemic by the WHO on 11 March 2020. This outbreak began in Wuhan, China in December 2019.

History demonstrates that influenza pandemics are moderately rare, but when they occur, they have a high mortality rate. The following table provides a summary of known influenza pandemic events worldwide:

Pandemic year of emergence and common name	Area of origin	Influenza A virus subtype (type of animal genetic introduction/recombination event)	Estimated case fatality	Estimated attributable excess mortality worldwide	Age groups most affected
1918 "Spanish flu"	Unclear	H1N1 (unknown)	2–3%	20–50 million	Young adults
1957–1958 "Asian flu"	Southern China	H2N2 (avian)	<0.2%	1–4 million	All age groups
1968–1969 "Hong Kong flu"	Southern China	H3N2 (avian)	<0.2%	1–4 million	All age groups
2009–2010 "influenza A(H1N1) 2009"	North America	H1N1 (swine)	0.02%	100 000–400 000	Children and young adults
2019 – 2020 "Coronavirus (COVID-19)"	Wuhan Region China	(COVID-19)	2.5%	Unknown	Most impact on the elderly and those with preconditions.

To facilitate a timely and effective response to the threat of an influenza pandemic, work needs to be undertaken prior to the emergence of a new pandemic strain with consideration given to the following:

Scale of impact - An influenza pandemic could impose a major strain on health, emergency services and social functioning generally. Disaster management responses developed to deal with smaller level, localised disasters may require further planning to adapt to the need for a high-level response.

Duration of impact - The first wave of an influenza pandemic may last up to three months, and be followed by further waves of infection for up to nine months, with less intense periods of infection for a number of years.

Overall level of community concern and uncertainty - Broad community concern and uncertainty may not be experienced in other disaster events which are localised and targeted in impact. Such impacts, though severe for some individuals and communities, are generally experienced following an event which is of short duration. The impacts of a pandemic may be long lasting and have far reaching consequences.

The novel Coronavirus (COVID-19), a new influenza subtype, has an increased mortality rate as populations have not been previously exposed and therefore are much more susceptible to its effects. These types of pandemic influenza viruses have the ability to move effectively and rapidly from human to human, making containment very difficult.

An influenza pandemic, unlike other disaster events, may impact on the capacities at all levels of the disaster management arrangements. As the arrangements are based on an escalation protocol, from local to Disaster District to State and subsequently the Australian Government, capacity may be reached at a far earlier stage than would be expected in a usual disaster event. Illness of key personnel, or the impact of potential school closures, may reduce the BSC response capability and increase absenteeism. Social distancing, industry (hospitality), border closures and community restrictions requires a coordinated response and recovery effort to maintain services, viability of businesses and the sustainability and liveability of communities.

A number of measures may need to be adopted by Queensland Health that exceed its capability, are outside their core business function, and require assistance outside of the health specific response. Should a pandemic influenza event occur within the BSC local government area, it is anticipated that a significant level of response from a wide range of public and private agencies will be required to maintain levels of social function, minimise casualties, implement response functions and assist in community recovery.

The BSC LDMG recognises the fluid nature of these events and the need to amend this plan to support these changed circumstances.

The processes set out in this document will assist the BSC LDMG to:

- demonstrate effective and consistent planning for a pandemic disaster event;
- set the direction for and facilitate the management of a pandemic event to minimise the risk to communities within the BSC local government area; and
- demonstrate effective and consistent coordination of response and recovery arrangements that builds resilience to a pandemic event impacting the BSC local government area.

AIM

The aim of this Pandemic sub-plan is to minimise the health, social and economic consequences and build resilience to a pandemic event impacting on communities within the BSC local government area.

OBJECTIVES

The objectives of this subplan are to:

- Identify the roles and responsibilities of the BSC LDMG and other key stakeholders to deal with the threat of, response to, recovery from and build resilience to a pandemic event impacting the BSC local government area;
- Guide strategies to limit the entry and spread of a potential pandemic influenza virus in the BSC local government area, to the extent possible;
- Reduce the overall severity of the pandemic by maintaining focus on the health, economic and human and social aspects of the event;
- Guide preparedness, response and recovery of the BSC LDMG, non-Government agencies, essential services, industry, and the community with a principle focus on health, human and social and economic recovery.
- Provide situational awareness in support of the BSC LDMG, associated agency Business Continuity Plans (BCP) and response activities.
- Analyse data from authorised agencies to form intelligent well-informed decisions for the community.
- Prioritisation of response and relief for the community.
- Coordinate agencies to deliver efficient and effective services.
- Provide clear, concise and timely relevant information to the community, LDMG and associated stakeholders.
- Maintain critical/essential services.

SCOPE

This sub-plan deals with pandemic events which have, or are likely to have, noticeable and detrimental consequences on the BSC local government area.

This sub-plan can be applied to the coordination of pandemic disease threats which have the potential to:

- overwhelm the capacity of the BSC local government area to manage the event;
- have a scale and potential severity likely to require district coordination;
- cause public concern through uncertainty; and
- support other BSC local government areas in the management of a pandemic event impacting these areas;

OUT OF SCOPE

Although general roles and responsibilities are outlined, this plan does not seek to address business continuity or business as usual arrangements within each of the agencies represented within this plan.

A Business Continuity Plan (BCP) has been developed by the BSC LDMG and a copy of this BCP has been provided to the Longreach District Disaster Coordinator (DDC). The DDC will be notified when the BCP has been enacted.

ASSUMPTIONS

These assumptions are provided to assist in planning for the impact of a pandemic on the BSC local government area and subsequent roles and responsibilities.

- The pandemic may last for an extended period of time (past experience indicates a pandemic may last for 12 months or longer);
- Outbreaks may occur in waves. It is anticipated the pandemic wave will last for approximately 8-10 weeks;
- The entire population is not-immune (due to no previous natural exposure);
- Standard health services may be unable to provide direct care for all affected persons, and the orientation of health care may be directed to coordination, community support and home care services;
- Pandemic events have wider reaching consequences than just the health system. They impact the human and social and economic sectors of the community as well.
- There will be some warning of a pandemic.
- The initial outbreak will most likely be external to the BSC local government area.
- The Australian Government will announce the escalation of health alert levels.
- The community consequences will be managed in accordance with the Queensland Disaster Management Arrangements (QDMA).
- The Queensland Government will provide guidance to coordinate activities across jurisdictional boundaries, including:
 - Border control.
 - Containment operations.
 - Delay of pandemic.

KEY ISSUES

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

- Communication – engaging with the community to support good hygiene and safe distancing practices, expectations, isolation and quarantine;
- In partnership with Queensland Health, inform the public of planning and preparation under way and during the response to, and recovery from, an influenza pandemic;
- Enacting shared responsibility where community safety is the principle priority;
- Restricting access, implementing isolation and quarantine to minimise the transmission of the pandemic into a community, area or locality;
- Working with local groups to maintain business continuity for essential services and supply chains;
- Strengthening the ability of the community, economy and affected individuals to remain resilient and to recover; and
- Reducing the overall severity of the pandemic will be maintained by focusing on the health, economic and human and social aspects of the event.

COMMUNITY PROFILE

Information regarding the community profile is contained in the BSC LDMP. For pandemic planning, consideration needs to be given to those most vulnerable sections of the community who hold a higher degree of susceptibility to the pandemic event.

PROCEDURES

The delivery of core services to local communities and their visitors during a pandemic influenza event poses significant challenges. Adopting appropriate preventative techniques, in addition to robust business continuity planning, will ensure the impact from a pandemic event does not diminish the capacity of the local community to maintain public order, deliver services through a sustainable workforce and effectively engage with and deliver community confidence and safety.

This capacity will also rely on the leadership, strong partnerships and a foundation of information exchange, risk awareness and proactive action by all members of the BSC LDMG.

We all share a responsibility to protect the entire supply chain.

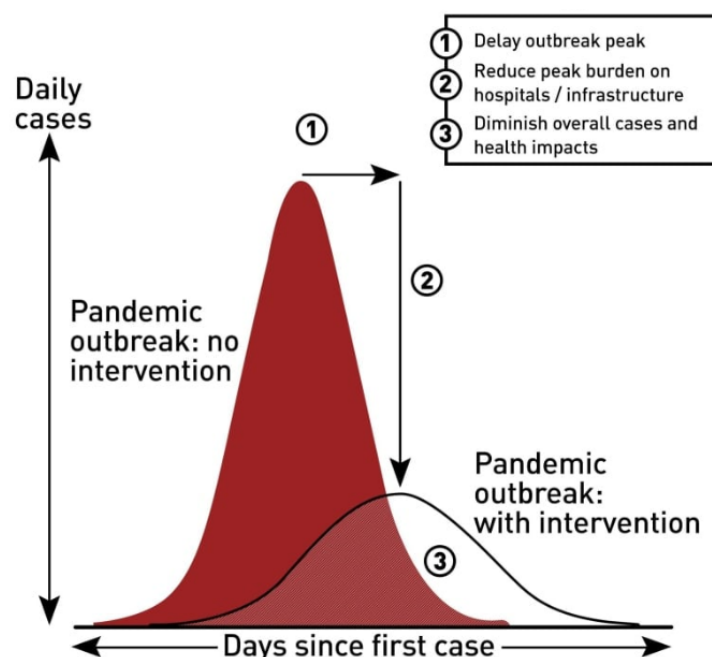
Social distancing and strong hygiene measures in every workplace, every day, and in every circumstance (even between outwardly healthy staff) is everyone's responsibility if we are to stop the spread, save lives, and keep Queensland working.

Source: Email correspondence Maritime Safety Queensland – COVID-19//Update, 31 March 2020

The areas mentioned within this sub-plan are by no means an exhaustive list, however, they have been flagged as important areas for which risk and disaster management planning should occur. Queensland Health will require the assistance either by direct request or through disaster management arrangements and will rely heavily on the expertise and local knowledge of communities to perform integral tasks and planning during the stages of prevention, preparedness, response and recovery.

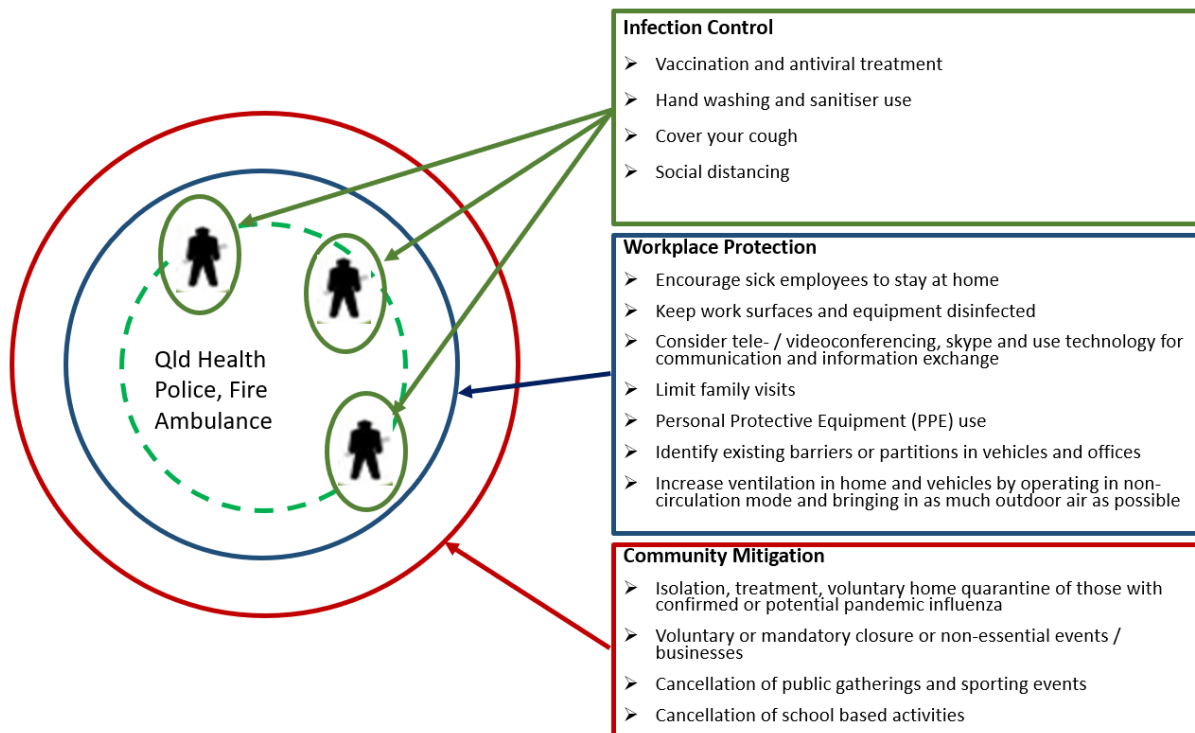
PREVENTION

The following prevention strategies are intended to minimise the impact of a pandemic influenza event by slowing the transmission and 'flattening the curve' (see diagram below). The objective of this prevention strategy is to ensure the consequences of the pandemic remains within the boundaries of what the health system can effectively manage.



In the event the BSC local government area is required to activate this plan, it is critical that we:

- remain informed of the pandemic potential and related Federal [Coronavirus \(COVID-19\) - Official Australian Government information](#) and State – Queensland Health Officer Directions [CHO public health directions | Queensland Health](#);
- Use PPE, social distancing / isolation measures / regulating mass gatherings
- Train and multi-skill staff, identify essential functions and work from home plans to maintain service delivery
- Participate in disaster management training and exercises;
- Conduct meetings virtually by tele / videoconference;
- Consult with Queensland Health to identify locations of Assessment Centres / Fever Clinics, Staging Areas and Vaccination Clinics;
- Include pandemic influenza event risks in Risk Management (RM) and BCP;
- Identify areas where civil unrest may be expected to be encountered during a pandemic influenza event (e.g. mass vaccination centres, vaccination stockpiles and grocery suppliers);
- Review Industrial Relations / Human Resource Management (HRM) policies and practices to support all staff including the provision of welfare support;
- Minimise the effects of seasonal influenza through relevant vaccination programs;
- Develop a pandemic influenza specific internal and external communications strategy;
- Defer non-essential travel;
- Promote employment opportunities or job redesign to ensure the community remains viable and sustainable;
- Promote health and well-being services to ensure all sectors of the community have access to support networks and information;
- Consider mortality, mass body storage, 'Sorry time' and funeral arrangements;
- Apply legislative powers in the performance of organisational functions and the application of Chief Health Officer directions;
- Activate relevant Planning Groups, Incident Management Teams, Crisis Management Teams and Local Disaster Management Groups.



Vulnerable and Susceptible - The impact of a pandemic on different population groups may vary.

COVID-19 vulnerable persons criteria include:

- All Aboriginal and Torres Strait Islander people, with an increased risk if over the age of 50 years; risk further increasing if over 50 years and have a chronic illness (chronic renal failure, coronary heart disease or congestive cardiac failure, chronic lung disease, poorly controlled hypertension, poorly controlled diabetes);
- All people over the age of 70 years;
- All people aged 65 years and older with chronic medical conditions (chronic renal failure, coronary heart disease or congestive cardiac failure, chronic lung disease, poorly controlled hypertension, poorly controlled diabetes);
- People at any age with significant immunosuppression, as defined:
 - Haematologic neoplasms: leukemias, lymphomas, myelodysplastic syndromes;
 - Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (with 24 months or on treatment for GVHD);
 - Immuno-compromised due to primary or acquired immunodeficiency (including HIV infection);
 - Current chemotherapy or radiotherapy;
 - High-dose corticosteroids (greater than or equal to 20mg of prednisolone per day, or equivalent) for greater than 14 days;
 - All biologics and most disease modifying anti-rheumatic drugs;
- Pregnant women;
- Individuals who are disadvantaged due to socioeconomic inequality (e.g. have poor health literacy, are cognitively impaired);
- Any other person about whom staff are concerned, regardless of age due to comorbidities and/or complex health conditions and/or socio-economic factors

Central West Hospital and Health Service (CWHHS) is responsible for identifying the number of vulnerable people in the BSC local government area and instituting plans for their care throughout the pandemic.

The community is serviced by the Royal Flying Doctor Service and two Primary Health Care Centres located at Jundah and Windorah. The hospital is located at Longreach.

CWHHS has confirmed they have undertaken significant business continuity planning to address staffing and resource supply issues. It is noted however, the health service relies heavily on external agency nursing staff and during a Pandemic, access to this specifically skilled workforce may become difficult. As a component of the CWHHS Business Continuity Plan, any staff or resource issues are escalated to the State Health Emergency Coordination Centre (SHECC) for action.

In the case of a Pandemic, the risk of an increase in fatalities is higher especially given the number of high-risk complex health issues within the community. The BSC LDMG have agreed to support the CWHHS with a temporary mortuary if required. Procurement, transportation and installation of this asset will be at the cost of Queensland Health.

During a moderate to severe pandemic, there are likely to be substantial numbers of people whose usual caregivers are unable to provide assistance. This could include children whose parents are sick, older people, people with chronic illness or disability, and people with mental illness. Programs at all phases, therefore, must focus more intensively on groups at higher risk, particularly when resources are stretched: for example, during the response phase. Communication networks and facilitating on-going engagement with these persons is vital to ensure they are advised of the most up to date information, take the appropriate precautions and have their needs met.

PREPAREDNESS

Level of Activation and Triggers

Local Disaster Management Group Activation Triggers

Level Of Activation	LDMG Trigger
<p style="text-align: center;">Alert</p> <ul style="list-style-type: none"> • <i>Possibility of an event</i> 	<ul style="list-style-type: none"> • Confirmed cases within Queensland • No cases in the Central West Region • Identify stakeholder involvement in LDMG
<p style="text-align: center;">Lean Forward</p> <ul style="list-style-type: none"> • <i>Situational awareness of a disaster event (current or impending) and state of operational readiness</i> 	<ul style="list-style-type: none"> • Confirmed case in the Central West Region, but not the BSC • Need for providing the community situational awareness of the situation • Preparation / review of sub plans and arrangements to support the lead agency • Identify staff availability to support the LDC and the lead agency • Review BCP • Identify State arrangements through the Longreach DDMG • Develop procedures for staff / contractor tracing in council • Reduction of cases in the Central West Region / BSC local government area • CWHHS able to cope with new cases after initial wave

Level Of Activation	LDMG Trigger
<p style="text-align: center;">Stand Up</p> <ul style="list-style-type: none"> Resources are mobilised, personnel are activated, and operational activities commence. LDCC activated. 	<ul style="list-style-type: none"> Confirmed case in the BSC local government area Need to assist the lead agency with support Enactment of LG BCP Hospital capacity potentially exceeded Community could be / is impacted Significant community disruption and multiple agency involvement
<p style="text-align: center;">Stand Down</p> <ul style="list-style-type: none"> Transition from responding to an event back to normal core business and/or recovery operations. The event no longer requires a coordinated operational response. 	<ul style="list-style-type: none"> No confirmed cases or suspect cases in the BSC local government area Queensland Health Emergency Operation Centre (HEOC) moved to stand down CHO exit plan implemented No requirement for a coordinated response Recovery operations commence if required

Disaster Management Group Activation Triggers – RG.1.157
PPRR DM Guideline – Support Toolkit

A pandemic influenza event is likely to cause significant social impacts on individual, family and community life including those as a direct consequence of the disease and others caused by the mitigation activities and reduced availability of basic goods and services.

By understanding potential pandemic risks the BSC local government area is better placed to minimise negative impacts, enhance opportunities and develop strategies to recover more quickly. Health specific impacts aligned to the epidemiology of the virus hold great uncertainty if not managed appropriately. Certain wider impacts (provided below), can further exacerbate the negative consequences on the BSC local government area through health, human and social and economic consequences.

- Mental health
 - Loss of employment, business decline
 - Closure of community activities
 - Suspension of sports and social gatherings
- Service delivery
 - Staff absenteeism due to the pandemic or caring for others
 - School / day care closures
 - Supply / resupply decline
- Supply chain failures
 - due to the reduced capacity of business and industry,
 - quarantine and isolation,
 - community entry restrictions
- Economic
 - Capacity reductions – power, internet and supply
 - Tourism decline
 - Directed closures of businesses

Business Continuity Planning (BCP) - Business Continuity Planning should review critical nodes of business, interdependencies and the resources and people who are required to perform these critical functions. This includes determining what (if any) their critical activities are and identifying and adopting workarounds to ensure the resilience of supply chains and service delivery. Business Continuity Plans should include the following:

- Identify the critical functions that need to be sustained;
- Identify the personnel, supplies and equipment vital to maintain these critical functions;
- Consider how to deal with staff absenteeism to minimize its impact on critical functions;
- Assess the need to stockpile strategic reserves of supplies, material and equipment;
- Identify units, departments or services that could be downsized, redeployed, repositioned or closed;
- Provide clear command structures, delegations of authority and orders of succession;
- Assign and train alternative staff for succession planning, re-deployment and maintaining front-line service delivery or critical functions;
- Establish guidelines for priority of access to essential services;
- Consider contractual arrangements or where variations need to be made;
- Train staff in workplace infection prevention and control and communicate essential safety messages;
- Consider and test ways of reducing social mixing (e.g. telecommuting or working from home and reducing the number of physical meetings and travel);
- Consider the need for family and childcare support for essential workers;
- Consider the need for psychosocial support services to help workers to remain effective;

- Consider and plan for the recovery phase (reduce recovery time and resumption of business as usual).

These business continuity plans should integrate into the Queensland Disaster Management Arrangements (QDMA) through local and district disaster management plans. Where capacity is not able to be met, this information should be escalated within these arrangements to the next level for support. Relevant considerations by the local group includes working closely with the tourism, agricultural and mining sectors to plan for current and emerging issues, particularly around supply chains, labour impacts and the transport / movement of essential goods and services.

Essential Workers - BSC LDMG has agreed the following roles are to be considered “essential” for the continuation of services within the BSC local government area (this list is not exhaustive).

- Medical (Doctors, nurses and other essential health workers)
- Emergency Services (QPS, QFES, QAS, Emergency Management)
- Compulsory education providers (Child Care teachers, teachers and teacher aides)
- Public Utilities (Electricity, telecommunications, sewerage, water etc)
- Tradesman and contractors
- Public housing providers
- Community development program management
- Household goods suppliers
- Takeaway food suppliers
- Service Stations and Truck Stops

Individual agencies and organisations are responsible for enacting their own Business Continuity Plans to ensure service delivery continues for the communities within the BSC Local government area.

Managing the Economic Impact - The severity and duration of any pandemic will have a critical bearing on the range of responses that the BSC local government area may need to consider to mitigate the immediate impact and support rapid recovery.

A severe pandemic is likely to have serious adverse effects on the economy and on most individual businesses. In addition, uncertainty about how serious any pandemic may turn out to be, how long it may last, and when things may return to normal, will have a major impact on business and consumer confidence.

Due to the disruption of distribution networks, certain critical goods may be in short supply and businesses may be disrupted. As a result, policies that aim to restore confidence and support demand, maintain normal commercial relationships, and promote a quick return to work when safe to do so, are likely to be the most effective in mitigating the economic impacts of a pandemic. This means looking to ensure that, as far as practical:

- policy supports economic stability;
- any risks to financial stability are recognised and managed;
- providers of infrastructure and other services essential to other economic activity have taken steps to maintain the continuity of those services;
- businesses have arrangements in place to manage their exposures in a serious pandemic, and to maximise the chances of emerging from a pandemic with their viability (and the employment relationships within these businesses) maintained; and
- households and individuals can continue to meet their immediate financial needs.

Communication Strategy - Pandemic messaging will be produced by Queensland Health as the single point of truth within Queensland - Queensland Health. Agency updates are collated and disseminated by the SDCC on a daily basis. These updates support the SHECC Sitrep.

The Central West Hospital and Health Service (CWHHS) is responsible for community pandemic communications within the BSC local government area. All LDMG members are to ensure consistency of messaging and reference back to Queensland Health as appropriate. All LDMG member agencies have a responsibility to distribute approved information as provided by the LDCC and internal agency networks based on CWHHS advice.

Public messaging will give advice on preventing and containing the pandemic, number of deaths and areas worst affected. National announcements regarding key milestones will be made by the Prime Minister (or delegate), following consultation with states and territories and relevant Commonwealth agencies.

Key stages of communication:

STAGE	COMMUNICATION
<p>1 – Proactive communication</p> <p>Planning and proactive communication</p>	<ul style="list-style-type: none"> • Preparation of key messages • Focus on promoting facts / key information of the pandemic in Central West Queensland, key agency contacts and prevention through preventative measures – social distancing and hygiene practices • Internal communication and briefings • Community and staff education and awareness • Information / updates • Ensure that essential two-way communication with key external stakeholders is established quickly and is reliable • Identify and apply the authority to speak on a particular topic
<p>2 – Pandemic information management</p> <p>Influenza case/s in BSC local government area – response and containment</p>	<ul style="list-style-type: none"> • Regular updates: information and advice to staff and community / with revised key messages to cater for new information • Messages to focus on communicating services available / clarifying role and referral to appropriate agencies • Communicating actions to ensure business continuity / service delivery continuation of service, restrictions or reduced capacity • Communicating occupational / workplace health and safety measures for staff • Liaison with Central West Hospital and Health Service • Agency updates and Situation Reporting to the Local Disaster Coordination Centre • Situation Reporting to the District Disaster Coordination Centre
<p>3 – Crisis communication</p> <p>Widespread cases and high service demands</p>	<ul style="list-style-type: none"> • Regular updates: information and advice to staff and community / with revised key messages to cater for new information (e.g. vaccinations, use of PPE, staffing and service arrangements, etc) • Communication of temporary closures of facilities / sporting events / mass gathering activity (as per the Chief Health Officer Directives CHO public health directions Queensland Health) • Messages to focus on communicating services available / clarifying role, directions and referral to appropriate agencies • Communicating actions to ensure business continuity / service delivery continuation of service, restrictions or reduced capacity • Liaison with Central West Hospital and Health Service • Agency update and Situation Reporting to the Local Disaster Coordination Centre • Agency updates and Situation Reporting to the District Disaster Coordination Centre.

Communication methods:

INTERNAL	EXTERNAL
<ul style="list-style-type: none"> • Group Meetings • Crisis Management Group briefings • Manager/ Coordinator briefing • Toolbox / Staff / shift briefings • Payslips • FAQs • Intranet page / Sharepoint sites • All user emails • Posters /promotional materials • Situation Reports / Agency updates 	<ul style="list-style-type: none"> • Website page • Media release • Fact sheets and posters • Advertising – Newspaper • Local radio briefs • Podcast / Workplace • Targeted mail drops • Multi-lingual communication • Facebook • Twitter

Queensland Health - During a pandemic event, Queensland Health is the lead agency. The BSC LDMG will provide all necessary whole of government assistance to ensure a coordinated response to the pandemic.

The Central West Hospital and Health Service is responsible for developing a tiered response action plan to provide a strategic outline of the whole of CWHHS' response to a pandemic. The plan details the strategies and emergency management structure and response to be implemented within the CWHHS during the pandemic. The tiers are as follows:

- Containment Phase – where there is no local transmission;
- Sustain Tier 1 – Limited community transmission;
- Sustain Tier 2 – Moderate community transmission; and
- Sustain Tier 3 – Significant community transmission.
- Sustain Tier 4 – To be developed.
- Sustain Tier 5 – To be developed.

Appendix A to this Sub Plan is the CWHHS COVID-19 Tiered Response Plan which outlines the triggers and what is required from the Central West Hospital and Health Service to support the BSC local government area during times of a pandemic.

Isolation and Quarantine - Compulsory or voluntary isolation of cases and quarantine of contacts are important measures to prevent or slow the spread of a pandemic virus at all phases of a pandemic response, particularly in the context of suspected or diagnosed cases.

Quarantine /self-isolation separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It means staying in your home, hotel room or provided accommodation, and not leaving for the period of time you are required to isolate for. Only people who usually live in the household should be in the home. Do not allow visitors into your home.

Definitions of a Quarantined Person and an Isolated Person are outlined below:

Quarantined Person – This person is not suspected of having COVID-19 and is quarantined either voluntarily or under a Self-Quarantine direction. The individual must comply with a Self-Quarantine direction or they will be committing an offence under s. 362D of the Public Health Act 2005 – Failure to comply with public health direction.

Isolated Person – A person confirmed by Queensland Health to have COVID-19. As of the 25th of March 2020, formal directions are issued to individuals to self-isolate for a period of up to 14 days. The individual must comply with this direction or they will be committing an offence under s. 362D of the Public Health Act 2005 – Failure to comply with public health direction.

Chief Health Officer (CHO) Directions - Section 362B of the Public Health Act 2005, provides the Chief Health Officer (CHO) with powers to give a public health direction if they reasonably believe it is necessary to assist in containing, or responding to, the spread of COVID-19 within the community.

A public health direction may:

- Restrict the movement of persons e.g. restrict the attendance of persons at mass gatherings;
- Require people to stay at (or not stay at) a certain place or not enter a place for a period of time;
- Restrict contact between persons;
- Refer to any other matter the Chief Health Officer considers necessary to assist in containing, or responding to, the spread of COVID-19.

A public health direction will specify the period for which the direction applies.

Public health directions are published and can be found online here:

<https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers>.

RESPONSE

The main purpose of response strategies is the preservation of life including the minimisation of effects and support from the BSC LDMG and the communities we represent.

The LDMG will monitor communications and media reports to ensure awareness of the latest and most relevant information regarding any declared pandemic. This could include advice or updates on:

- prevention strategies or actions;
- mitigation strategies or actions;
- preparedness strategies or actions;
- current status of infections across the State; and
- current status of infections issued by the World Health Organisation (WHO).

LDMG likely focus and actions:

- Provision of situational awareness from the LDMG;
- LDMG individual agency implementation of business continuity plans;
- Provision of high level of support to Queensland Health in support of Level 2 medical response may include:
 - Lock down (geographic spike in cases);
 - Support to assessment clinics, staging areas and vaccination centres;
 - Provision of specialist personnel in direct support of Queensland Health;
 - Provision of emergency supply;
 - Implementation of infection control measures in consultation with Queensland Health (cessation of mass gathering events);
 - Border screening;
 - Implementation and maintenance of essential services to the BSC;
 - Provision of resupply to those self-isolating and quarantining;
 - Support to fatality management arrangements;
 - Full lock down, critical and essential work only;
 - Support to CHO directions;
 - Isolation and Quarantine arrangements (refer to note below)

Note: Red Cross and the Department of Communities, Disability Services and Seniors may undertake an outreach style of contact with members of the community who are required to quarantine. Capacity for this work may be reached if the number of quarantined cases increases as many Red Cross volunteers are in an

age group identified as being at greater risk (60 years +). Options are currently being explored to identify potential younger volunteers to ensure this program has surge capacity and can continue.

Depending on the transmission mode of the agent, varied control measures will be implemented to prevent / limit transmission. During a pandemic, agencies within the BSC LDMG may be required to assist with control strategies appropriate to the nature of the contagion. This will be handled within existing disaster management arrangements; incorporating both response and recovery arrangements. The BSC LDMG will:

- Adopt the practice of conducting virtual meetings (increased technical support);
- Increase awareness and implement the Chief Health Officers directions - CHO public health directions | Queensland Health;
- Communicate Local, District and State updates and Situation Reporting to ensure group awareness;
- Provide assistance to the Longreach District Accommodation Planning Group to consider the provision of accommodation support;
- Monitor through the use of information systems and intelligence networks, areas where civil unrest or social disorder may be encountered and where enforcement action may be required;
- Provide assistance to implement traffic management plans to assist Assessment Centres, Fever Clinics, Staging Areas and Vaccination Centres;
- Employ policies and practices to support all staff (including welfare support);
- Implement internal and external communications strategies - including engagement with wider community networks and vulnerable or isolated persons;
- Liaise with local supply chains (including grocery, pharmaceutical, animal feed and fuel) to ensure continuity of service;
- Provide assistance to facilitate fatality management planning including an increased number of deaths, storage (considering social, religious, infection control and technical needs), burial sites (logistical support), social distancing and 'Sorry time';
- Adapt to the changing legislative powers and classification of a class of person to enact these powers;
- Promote business activities and employment opportunities within the local group;
- Implement incident / event action plans to manage the event;
- Establish a recovery structure to foster restoration of health, economic, social, physical and emotional well-being; and
- Transport of swabs to Longreach for urgent testing.

Event actions (for COVID-19) to be adopted may include:

Objective: What are we trying to achieve? Where are we trying to achieve it? By When?	Strategic Action i.e. How to do it?	Responsibility i.e. Who?
<p>Contain the emergent 2019 novel coronavirus threat to a tier 1 public health emergency (i.e. isolated cases in small numbers in Queensland, with no or very limited person-to-person transmission among known contacts), building upon and consistent with national strategies.</p>	<p>Rapid risk assessment and implement public health measures to mitigate potential threat.</p> <p>Build on national guidance to inform CWHHS operations response measures and policies.</p> <p>Support CWHHS needs to identify and manage cases.</p> <p>Provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure.</p> <p>Undertake business continuity planning and resource identification.</p>	
<p>Be fully prepared in the BSC local government area for an escalation of response, where transmission has occurred within the wider community e.g. outside of household contacts.</p>	<p>Build on national guidance and strategies to inform the BSC local government area to enable forward planning and risk management strategies.</p> <p>Continue disaster management planning.</p>	
<p>Ensure a coordinated whole-of-government response is maintained and clearly communicated from the outset.</p>	<p>Support effective governance by supporting the CWHHS IMT and the Longreach DDMG within the QDMA.</p> <p>Regular communication with key stakeholders to empower and ensure consistency.</p> <p>Consider whole of government disaster management planning / arrangements as appropriate.</p>	

RECOVERY

The principle function of the recovery phase of a pandemic influenza event is to assist affected communities and members with the restoration of health, economic, social, physical and emotional well-being.

The LDMG will provide all necessary support to the functional leads across the recovery spectrum to facilitate the effective and timely recovery of the BSC local government area and other areas requiring support. The BSC LDMG is also cognisant of the cumulative impacts of recent disaster events that have occurred across the local government area and that some communities have not fully recovered from these events.

Possible outcomes during / after a pandemic requiring recovery support:

Impact as a result of an influenza pandemic	Consequence to the community
Staff absenteeism	Reduced ability to deliver basic services e.g. Health services, loss of income, increased stress on already struggling families.
Death of employees	Loss of local knowledge, will take longer to train new personnel and restore the service, the time needed for organisation to find new person
A decrease in socialization/breakdown of community support mechanisms	Depression, loneliness, lack of engagement
Increased pressure on services	Greater demand on resources, decrease in means of distribution. Current receivers of care may receive insufficient care
Schools move to home-based learning model / school closures	Home-based schooling for children of non essential workers, parents of dependent children can't go to work, teachers and school staff can't work resulting in economic loss
Increased need for information	Conflicting messages and misinformed social media groups can cause anxiety and fear
Overloaded hospitals and medical centres	Reduced capacity to treat all patients, patients with minor problems less likely to be admitted
Animal abandonment	Abandonment of animals suggested to be transmitting the virus, fear of those animals, animal cruelty.
Increased numbers of vulnerable people and emergence of new groups	More pressure on already struggling services, increased care requirements of vulnerable people, fewer carers available.
Closure of public places	Reduced ability to buy supplies, loss of entertainment, loss of play areas for young children and their carers, loss of social networks / activities, reduced ability to 'get away'
Widespread economic disruption	Increase in crime, stress on families, businesses will struggle financially, reduced ability to buy essential supplies, loss of jobs and reduced employment opportunities
Psychological health	Trauma, anxiety and depression
Manage health people	Survivor guilt
Social disruption	Increased frustration, assaults and anti-social behaviour
Death of community members	Community distress and anxiety impacting on well-being

Department of Communities, Disability Services and Seniors will be the lead agency for Human and Social Recovery. Queensland Health will also have a key role in the treatment of the health impacts as well as psychological recovery. A number of other key agencies will address economic recovery issues through the application of the government lead stimulus packages and business continuity support.

The recovery from a pandemic will focus mainly on three of the five environments: -

Human and Social:

- Encourage people to return to their 'normal' social routine;
- Facilitate community events;
- Identify socially isolated persons and engage with these networks;
- Work with cultural and linguistically diverse communities;

- Provide measures to restore emotional and psychological wellbeing.

Economic:

- Return to regular retail spending;
- Return to work and disposable income;
- Promote employment opportunities;
- Decrease demand on the health system;
- Maintaining public safety and civil order;
- Support to tourism operators, fisheries, business and industry - Industry Recovery Package

Built:

- Return to normal use of essential and community infrastructure (public transport system);
- Transition back into office buildings for people who were temporarily working from home;
- Lessen demand on medical facilities.

Once the threat is significantly diminished, and the declaration of a pandemic has been lifted, a full return to business as usual will commence.

- At an early stage following this declaration, the BSC LDMG will undertake a review of the procedures and the mitigation actions to identify opportunities for refinement or improvement.
- Any ongoing risks or implications of the deferral, postponement or cessation of work including taskforces, secondments, workplace shut downs etc, including impact on project budgets or project schedules, will be reconsidered as soon as possible
- Strategies to recover any deferred activities, or to mitigate any financial impact, will be developed.

RELEVANT LEGISLATION

The following is a list of key legislation that may have application during a pandemic influenza event:

<i>Ambulance Services Act 1991</i>	<i>Biosecurity Act 2015 (Cth)</i>
<i>Biosecurity (Human Biosecurity Emergency) Human Coronavirus with Pandemic Potential (Emergency Requirements for Remote Communities) Determination 2020</i>	<i>Births, Deaths and Marriages Registration Act 2003</i>
<i>Burials Assistance Act 1965</i>	<i>Coroner's Act 2003</i>
<i>Disaster Management Act 2003</i>	<i>Fire and Emergency Services Act 1990</i>
<i>Industrial Relations Act 2016</i>	<i>Information Privacy Act 2009</i>
<i>Human Rights Act 2019</i>	<i>Public Health Act 2005</i>
<i>Police Powers and Responsibilities Act 2000</i>	<i>Police Service Administration Act 1990</i>
<i>Public Safety Preservation Act 1986</i>	<i>Public Health and Other Legislation (Public Health Emergency) Amendment Bill 2020</i>
<i>Public Health Regulation 2018</i>	<i>Work Health and Safety Act 2011</i>

SUPPORTING DOCUMENTATION

Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) - [Australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19](#)

Australian Health Plan for Pandemic Influenza 2019 - [AHMPP1](#)

Queensland State Disaster Management Plan - [Queensland-State-Disaster-Management-Plan](#)

Longreach Disaster District Management Plan - [Longreach DDMP 2019](#)

Queensland Health Pandemic Influenza Plan 2018 - [Queensland Health Influenza-pandemic-plan](#)

Coronavirus - [Coronavirus \(COVID-19\) - Official Australian Government information](#)

Chief Health Officer Directives – [CHO public-health-directions](#)

Australian Government Health Fact sheets – [Australian Government Health](#)

Queensland Health Fact sheets - [Qld Health novel-coronavirus](#)

Central West Hospital and Health Services COVID 19 Tiered Response Plan – [CWHHS COVID 19 Tiered Response Plan](#)

TERMS AND ABBREVIATIONS

Term	Definition
AHMPPPI	Australian Health Management Plan for Pandemic Influenza
AHPPC	The Australian Health Protection Principle Committee
AIR	Australian Immunisation Register
BCP	Business Continuity Plan
BSC	Barcoo Shire Council
CDNA	Communicable Diseases Network
CHO	Chief Health Officer
COVID	Novel Coronavirus
CWHHS	Central West Hospital and Health Service
DDC	District Disaster Coordinator
DDCC	District Disaster Coordination Centre
DDMG	District Disaster Management Group
Disaster	Section 13 Disaster Management Act - Meaning of disaster (1) A disaster is a serious disruption in a community, caused by the impact of an event that requires a significant coordinated response by the State and other entities to help the community recover from the disruption. (2) In this section— serious disruption means— (a) loss of human life, or illness or injury to humans; or (b) widespread or severe property loss or damage; or (c) widespread or severe damage to the environment.
ED	Emergency Department
Event	Section 16 Disaster Management Act 2003 - An event means any of the following— (a) a cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening; (b) an explosion or fire, a chemical, fuel or oil spill, or a gas leak; (c) an infestation, plague or epidemic;
HEOC	Health Emergency Operations Centre
HCW	Health Care Worker
HHS	Hospital and Health Services
IMT	Incident Management team
LDC	Local Disaster Coordinator
LDCC	Local Disaster Coordination Centre
LDMG	Local Disaster Management Group
LDMP	Local Disaster Management Plan
PPE	Personal Protective Equipment
QAS	Queensland Ambulance Service
QDMA	Queensland Disaster Management Arrangements
QFES	Queensland Fire and Emergency Services
QPS	Queensland Police Service
RM	Risk Management
SDCC	State Disaster Coordination Centre
SHC	State Health Controller
SHECC	State Health Emergency Coordination Centre
WHO	World Health Organisation

APPENDIX A – DDMG COVID 19 TIERED RESPONSE



Longreach Disaster
District Pandemic Tier

APPENDIX B Covid – 19 Evacuation Management Strategy



Appendix B Covid-19
Evacuation Managem