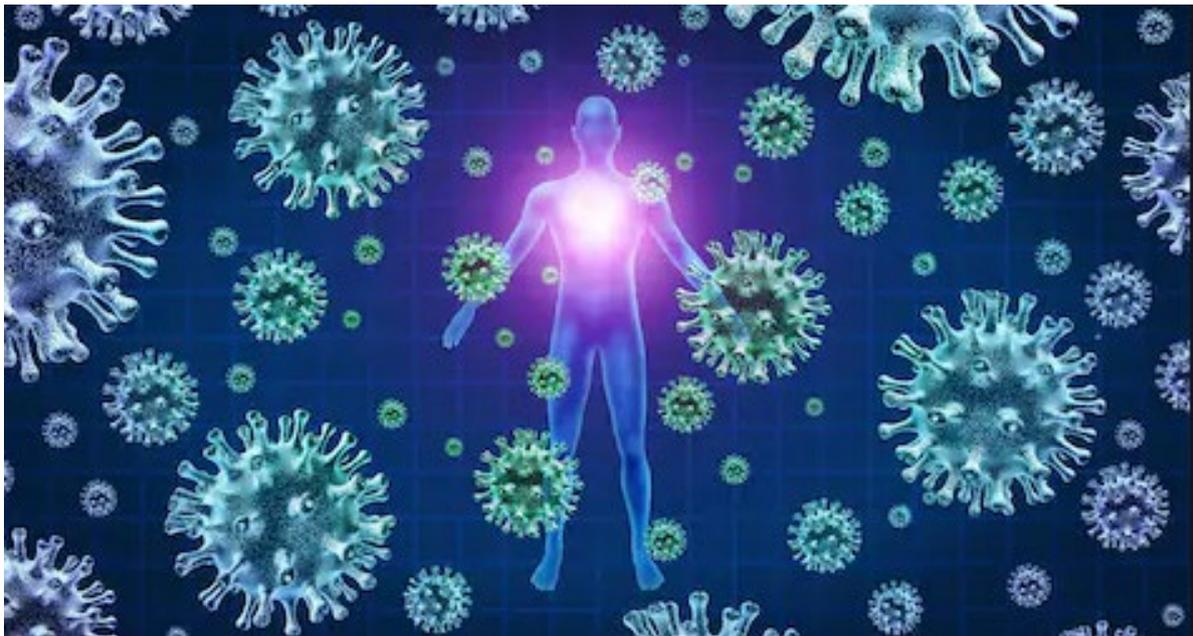




Barcoo Local Disaster Management Group

Pandemic Sub-plan



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Introduction

An Epidemic or Pandemic is a virus or disease that has spread rapidly across a geographic area such as a region, country or the world and has the potential to seriously disrupt communities.

The World Health Organisation (WHO) defines:

- An Epidemic as the occurrence in a community or region of cases of an illness in excess of normal expectancy.
- 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.

The predominant cause of pandemics over the last century have been variants of influenza viruses. Recently, attention has focussed on a number of Corona viruses, including the recent SARS-CoV-2 novel corona virus, better known as Covid-19. It is important to note that a wide range of infectious agents have the potential to cause a pandemic in addition to the well reported influenza and corona viruses.

These types of viruses can move effectively and rapidly from human to human, making containment difficult.

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

Scale of impact: A 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 a pandemic may last up to three months and be followed by further waves of infection of varying durations including 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 generally of short duration. The impacts of a pandemic may be long lasting and have far reaching consequences.

The purpose of this sub-plan is to:

- provide a framework under the Queensland Disaster Management Arrangements (QDMA) to manage a pandemic event at the local level in the Barcoo Shire Council local government area or in support of other local government areas.
- Outline the role of the Barcoo LDMG in providing support to Queensland Health as the lead agency for managing a pandemic event

Part 1 - Administration

Authority

This Pandemic Sub-plan has been prepared by the Barcoo Local Disaster Management Group (LDMG) pursuant to Section 57(1) of the Queensland Disaster Management Act 2003 (the Act).

It is a sub-plan of the Barcoo Local Disaster Management Plan (LDMP) and will be managed in accordance with the administrative processes prescribed in the LDMP as required.

Functional responsibility of this plan belongs to the Barcoo LDMG Local Disaster Coordinator (LDC).

Endorsement

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

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

Chair

Barcoo LDMG

Date:

Version Control

This Pandemic Sub-plan is a controlled document. The Chair of the Barcoo LDMG is the document controller. Any proposed amendments or correspondence in relation to this sub-plan is to be forwarded in writing to the:

Local Disaster Coordinator

Barcoo Shire Council

PO Box 14

JUNDAH QLD 4736

shire@barcoo.qld.gov.au

The Barcoo LDMG recognises the fluid nature of these events and the need to amend this pandemic sub-plan without notice to support changed circumstances.

The Local Disaster Coordinator (LDC) of the Barcoo LDMG may approve inconsequential amendments to this document.

Any changes to the intent of the document must be endorsed by the Barcoo LDMG.

Version Control and amendment information is listed at Appendix 1 – Amendment Register

Distribution

This Sub-plan is a restricted document and is not publicly available. It may only be distributed to persons or agencies identified in the Barcoo Local Disaster Management Plan.

Planning Review

This plan will be maintained by the Chair of the Barcoo LDMG and reviewed in accordance with Section 59 of the Act either annually or after an activation.

Privacy and Confidentiality

Free and open information sharing is a critical component of effective disaster management. Given the nature of a Pandemic event, personal and other forms of confidential information will need to be exchanged.

The Information Privacy Act 2009 (IP Act) provides flexibility for disaster event managers and other public sector entities in relation to the provision and use of personal and confidential information. Section 18 and 21 of the IP Act details that these flexibilities apply to identified public sector agencies, local government and local disaster management groups.

Personal information can be used or shared to reduce or prevent a serious threat to the life, health, safety or welfare of an individual, or to public health, safety or welfare.

Experience has shown that disaster events have tragic consequences, meaning disaster will generally represent a serious threat. It is not necessary for the threat to be immediate or imminent and it can encompass steps taken to ensure that the threat does not eventuate.

Given the nature, seriousness and impacts of Pandemics and disaster declarations, the use or disclosure of personal information would be necessary.

Human Rights Statement

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 Barcoo LDMG 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 consider the relevant human right or rights.

References

This sub-plan should not be read in isolation, it is to be read in conjunction with legislation and other relevant plans listed at Appendix 5 – Reference List.

Relevant Definitions and acronyms used in this sub-plan are listed at Appendix 4 – Glossary. Other definitions can be checked at

<https://www.disaster.qld.gov.au/dmg/Glossary/Pages/default.aspx>

PART 2 – Sub-plan Elements

Scope

In accordance with the Queensland Disaster Management Plan, Queensland Health is the Functional Lead Agency for a pandemic.

The Central West Hospital & Health Service (CWHHS) under normal circumstances will be acting as the local agent for Queensland Health.

The intent of this sub-plan is to outline the Barcoo LDMG's role and how the provision of support to Queensland Health and CWHHS will be achieved.

This sub-plan applies to Barcoo Shire Council local government area where a pandemic event is or likely to have detrimental consequences to the community.

Out of Scope

This sub-plan does not address Business Continuity Planning (BCP) for the LDMG membership or agencies mentioned. BCP is the responsibility of each agency and should be addressed in their own separate plan.

Aim

The Pandemic Sub-plan provides a local framework for prevention, preparation, response and recovery from a pandemic event.

Objectives

The objectives of this sub-plan are to:

- Provide mechanisms to ensure situational awareness is maintained amongst local and district disaster management group members
- Provide timely, accurate and relevant public messaging to the community
- Coordinate effective and efficient support services in response to the management of a pandemic by Queensland Health and the CWHHS
- Assist in the continuance of critical and essential services to the community.

Assumptions

This sub-plan is based on the following assumptions:

1. The pandemic may not be of sudden onset
2. The pandemic may last for an extended period
3. Outbreaks may occur in waves
4. Any initial outbreaks could be external to the Local Government Area (LGA)
5. Standard health services may be unable to provide direct care for all affected persons
6. Health care may focus on coordination, community support and home care services
7. Pandemic events have wider reaching consequences and may impact the human, social and economic sectors
8. Health alert levels, restrictions or guidance on coordination activities may be determined by the state or federal governments
9. The community consequences will be managed in accordance with the Queensland Disaster Management Arrangements (QDMA).

Community Profile

Information regarding the community profile is contained in the Barcoo LDMP.

PART 3 – Operations

The QDMA enable a progressive escalation of response, support and assistance through the three tiers of government. The arrangements are well tested and fit for purpose for a pandemic.

The QDMA are utilised to support Queensland Health in the management of a pandemic.

Functional Lead Agency

The CWHHS acts as the local lead functional agency and provides the LDMG with subject matter expertise and a specialised local level clinical response to the pandemic.

The CWHHS may require assistance which will be initiated by a Request for Assistance (RFA) process through the Queensland Disaster Management Arrangements (QDMA).

Local Disaster Management Group

The LDMG is responsible for local planning, coordination and implementation of measures to mitigate, prepare for, respond to and recover from a pandemic event at the local level in support of the functional lead agency.

During a pandemic varied control measures may be implemented to prevent transmission across the local and district area. LDMG members may be required to assist with control strategies appropriate to the nature of the contagion, this may include:

1. Employ policies and practices to support all staff
2. Adopt the practice of conducting virtual meetings
3. Agency implementation of business continuity plans
4. Increase awareness and implement the Chief Health Officers (CHO) directions
5. Communicate Local, District and State updates to support situational awareness
6. Support traffic management planning for Assessment Centres, Fever Clinics, Staging Areas and Vaccination Centres
7. Implement internal and external communications strategies
8. Liaise with local supply chains to ensure continuity of service
9. Support fatality management planning.

Activation

Activation level definitions and broad triggers are in accordance with the Barcoo Local Disaster Management Plan (LDMP).

Appendix 2 – LDMG Pandemic Activation Checklist provides guidance on Activation Levels, Triggers and Actions required during the Pandemic. These activation levels may be reviewed to apply to a specific pandemic as information becomes available.

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

Following this declaration, the Barcoo LDMG will debrief and review the processes implemented and actions taken to identify lessons to refine or improve the comprehensive approach to the pandemic

Local Disaster Coordination Centres

The decision to stand up the Local Disaster Coordination Centre (LDCC) rests with the Local Disaster Coordinator depending on the circumstances at the time of consideration.

The LDCC or systems in place are responsible for the coordination of information, resources and services necessary, to efficiently respond to a pandemic.

Due to the infectious nature of Pandemics, a virtual LDCC may be established making use of video conferencing facilities available to the LDMG and the QLD Police Service (QPS) Disaster Incident and Emergency Management System (DIEMS) where required. The LDC is responsible for determining the required functional areas, staffing and rostering requirements for the LDCC.

The LDCC will develop, implement and coordinate local response and support activities to the event. Queensland Health is the functional lead agency for the clinical response and the pandemic public information while the LDMG will respond to the community consequence and other areas upon request.

Qld Health or their agent CWHHS will provide a Liaison Officer for the LDCC as required to provide subject matter expertise.

Event Action Planning

An Event Action Plan (EAP) may be developed and approved by the LDC as required. Pre-planning considerations may include:

- Assessment clinics locations
- Staging points, overflow areas or alternative facilities
- Traffic management
- Mass vaccination programs
- Maintenance of essential services
- Resupply of essential items
- Facility management
- Intelligence on mass gatherings
- Evacuation

The EAP will detail:

- Current situation
- Objectives
- How the objectives will be achieved
- Coordination plan
- Communications plan
- Safety points and messaging

The EAP will be distributed as required.

District Disaster Management Group

The Longreach District Disaster Management Group (DDMG) provides a whole of government planning and coordination capacity to support the Functional Lead Agency and the Barcoo LDMG in response to a pandemic event.

State Disaster Coordination Centre

The State Disaster Coordination Centre (SDCC) supports the State Health Controller (SHC) and State Health Emergency Coordination Centre (SHECC) through the coordination of state level operational response during a pandemic.

It ensures information about the pandemic is disseminated to all levels of government in accordance with the QDMA.

PART 4 – Concept of Operations

Community Information

The LDMG through its members will continue to support Queensland Health's public messaging.

The LDMG acknowledges the CWHHS as the point of contact for the collation and dissemination of pandemic information and agrees to support the dissemination of information to the community through its LDMG communication systems.

LDMG members are responsible for on-forwarding information to ensure the information provided to the community is timely, accurate and relevant. Only information from official sources and the functional lead agency should be disseminated throughout the community.

Request for Assistance

Incoming

Requests for Assistance (RFA) identified by Queensland Health can be made locally through the CWHHS. At the State level requests can be made to the SHECC, State Disaster Coordination Group (SDCG) or the State Disaster Coordination Centre (SDCC) (when activated) who will then coordinate with the relevant entities.

Remaining RFA's and any subsequent support provided must align with the Queensland Disaster Management Arrangements.

Agencies who are affected by the impacts of the event and identify limitations that exceed their local capacity should identify these impacts or limitations to the LDMG early to ensure quick and efficient LDCC response.

Outgoing

If the LDMG require additional resources to manage the event, a Request for Assistance can be made to the District Disaster Management Group.

Once the local RFA has been approved by the LDC, the RFA is submitted to the DDC. Verbal notification can be made but then must be followed up in writing and recorded in the QPS Disaster Incident and Emergency Management System (DIEMS). Local RFA's are to only be submitted if the request exceeds local capacity.

Essential Services

The LDMG acknowledges that there are **Critical Industries** and **Critically Essential Roles** that need to continue to maintain a level of functioning within the community. The definition of these terms and the determination of critical industries and critically essential roles will be made by Queensland Health during a pandemic response. For current information refer to the following link: <https://www.qld.gov.au/health/conditions/health-alerts>

Resupply

When communities, properties, individuals and essential supply chains are isolated from their normal sources of food and basic commodities, resupply support will be provided dependent on the respective circumstances.

Resupply operations are to be conducted in accordance with the Queensland Resupply Manual unless other directives from the SDCC are received.

Consideration of a local RFA must be given by the LDC before approving resupply operations due to the limitations of local aerial transport and funding options.

Vulnerable Groups

The impact of a pandemic on different population groups may vary.

Vulnerable persons that may experience compounded effects include:

- Aboriginal and Torres Strait Islander people, over the age of 50 years and have a chronic illness
- People over the age of 70 years
- People aged 65 years and older with chronic medical conditions
- People at any age with significant immunosuppression
- Pregnant women
- Individuals who are disadvantaged due to socioeconomic inequality
- Any other person about which staff are concerned

The CWHHS is responsible for identifying the number of vulnerable people in the region and instituting plans for their care throughout the pandemic.

During a pandemic, there are likely to be substantial numbers of people whose usual caregivers are unable to provide assistance. This includes but is not limited to:

- children whose parents are sick
- older people,
- people with chronic illness or disability
- people with mental illness
- those reliant on services delivered by either Barcoo Shire Council, CWHHS or private service providers.

Communicating and engaging 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.

PART 5 – Recovery

The principle function of the recovery phase of a pandemic 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 local community.

A recovery plan specific to a pandemic will be formulated in preparation for recovery

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

- Human and Social
- Economic
- Built.

Appendix 2 – LDMG Pandemic Activation Checklist

| Activation Level | Definition | Triggers (Singular or combination of) | Action |
|---------------------|---|---|---|
| Alert | <ul style="list-style-type: none"> Heightened level of vigilance Some action required Situation monitored by staff | <ul style="list-style-type: none"> Awareness of pandemic within QLD or neighbouring Local Govt. Area (LGA) Need for public awareness CWHHS HEOC at Lean Forward Requested by DDC, SDCC, SHECC or CWHHS | <p>LDC to:</p> <ul style="list-style-type: none"> Hazards and risks are identified Liaison with Central West Hospital & Health Service (CWHHS) Check all stakeholder contact details and availability Information sharing with stakeholders Support Pandemic health messaging Monitor community <p>Communications</p> <ul style="list-style-type: none"> Advise DDC of Alert status Maintain briefing cycle with Chair/DDC/CWHHS |
| Lean Forward | <ul style="list-style-type: none"> Heightened level of situational awareness of a disaster event State of operational readiness | <ul style="list-style-type: none"> Confirmed case in the LGA, or Potential need for coordinated response Signs of disruption to the community CWHHS HEOC at Stand Up At request of DDC, SDCC, SHECC or CWHHS | <p>LDC to:</p> <ul style="list-style-type: none"> liaise with CWHHS and analysis situation Confirm potential hazard Conduct LDMG meetings as required Prepare LDCC (Standby) Maintain contact with DDMG/CWHHS SITREP's provided as required Public information initiated LG to refer to Business Continuity Plan (BCP) for essential services <p>Communications</p> <ul style="list-style-type: none"> LDC advises DDC of Lean Forward Maintain briefing cycle with Chair/DDC/CWHHS |

| Activation Level | Definition | Trigger | Action |
|-------------------|--|---|---|
| Stand Up | <ul style="list-style-type: none"> Personnel are activated Resources are mobilised Operational activities commenced LDCC activated | <ul style="list-style-type: none"> Confirmed case(s) impacting the community Need for multi-agency coordination CWHHS/QH request for assistance At request of DDC, SDCC, SHECC or CWHHS | <p>LDC to:</p> <ul style="list-style-type: none"> Meeting of LDMG membership LDCC or functions may be activated Liaison Officers (LOs) attend LDCC as required Event Action planning commences Council shifts to disaster operations Sitrep to DDMG/SDCC as required DDMG advised of potential requests for support Support CWHHS Activate BCP and task Council staff Facilitate communication of community information Monitor impacts on community, business & supply chains <p>Communications</p> <ul style="list-style-type: none"> Receive updates from CWHHS LO Maintain contact/briefing to Chair/DDC Advise DDC of activation level |
| Stand Down | <ul style="list-style-type: none"> Coordinated operational response not required Transition to normal operations Transition to recovery | <ul style="list-style-type: none"> Community disruption no longer requires a coordinated response, Recovery operations commence as required | <p>LDC to:</p> <ul style="list-style-type: none"> Final checks for requests Implement plan to transition to recovery in conjunction with CWHHS/QH Debrief LDCC staff -LDMG members Consolidate records Hand over to Recovery Coordinator Final situation report sent to DDMG <p>Communications</p> <ul style="list-style-type: none"> Advise DDC of Stand Down <p>Non-recovery LDMG members resume business as usual</p> |

Appendix 3 – Covid-19 Pandemic Evacuation Management Strategy

Introduction

The Covid-19 pandemic is evolving as vaccination rates are met around Australia. Queensland (QLD) will open its borders to the rest of Australia soon. It is predicted that Covid-19 infection rates will increase in QLD as people start to travel again both nationally and internationally.

This situation will need to be considered in our disaster management planning as we enter our storm, cyclone, and bushfire season where evacuation may be required. This strategy provides guidance to local disaster management planners when considering evacuation options.

Scope

This strategy is written for the Longreach Disaster District which includes the local government areas of Longreach, Winton, Barcaldine, Barcoo, Blackall – Tambo.

The strategy is included as an appendix to support each of the Pandemic sub-plans produced by the District and Local Disaster Management Groups and is focussed on evacuation and evacuation centre management during a disaster where Covid-19 is a complicating factor.

Aim

The aim of this Strategy is to provide guidance to disaster management groups and agency planners for evacuation and evacuation centre management within the Longreach Disaster District where consideration of Covid-19 positive members of the public is required.

Objectives

1. Prescribe the strategy that will guide the management of Covid-19 positive members of the public involved in an evacuation and evacuation centres
2. Describe key agency roles and responsibilities
3. Reference the main disaster management arrangements applicable to this strategy

Strategy

1. Communications
 - Coordinate communication strategy between agencies
 - Utilise existing communication methods to inform the public
 - Refer to existing agency communication plans and customise to incorporate current Covid-19 considerations
2. Covid-19 health advice
 - Utilise existing community messaging templates to inform the public
 - Customise messaging to ensure targeted information is provided on Covid-19 requirements for evacuation and evacuation centres
 - Ensure staff have appropriate information available for use at evacuation centres
3. Assessing evacuation facilities
 - Assess existing evacuations centres for suitability to implement current Covid safe measures and to safely manage a potential positive Covid-19 presentation
 - Identify alternative sheltering strategies and contingencies for managing those under quarantine orders, and high risk or positive Covid-19 evacuees

4. Evacuation planning considerations
 - Assessment of Covid-19 risk in the community, liaise with QLD Health
 - Consider evacuation routes and the potential impact of moving people who may be Covid-19 cases
 - Consider what facilities can be used, and how liaison with facility owners will occur
 - Consider whether pre-screening may be required before evacuees enter an evacuation centre
 - Where an evacuation is urgent and there is a threat to life, Covid-19 considerations are secondary to primacy of life and affected people will be sheltered in an evacuation centre
 - Accurate records are required of displaced persons especially when they enter an evacuation centre
5. Agency collaboration
 - Key agencies to meet early to consider evacuation planning options and Covid overlay
 - Support between agencies is facilitated in accordance with existing disaster management and specific Covid-19 arrangements

Key Message

Where a Covid-19 case presents at an evacuation centre:

- If there is time, arrange alternative accommodation or establish an appropriate quarantine area within the existing facility by seeking advice from QLD Health
- Where an event is urgent, and time is limited, and primacy of life is the main consideration, Covid-19 cases can enter the evacuation centre for shelter. If this occurs:
 - Ensure their details are recorded
 - Provide appropriate PPE
 - Attempt to segregate but ensure they are following the health advice
 - Contact QLD Health at the earliest opportunity to organise assessment of the evacuee and removal to a more appropriate facility
 - Ensure you have all the details of those in attendance at the time
 - Organise deep cleaning and removal of contaminated waste

Roles and Responsibilities

1. QLD Health
 - Provide advice and support on Covid-19 management for evacuation planning
 - Provide advice and support on managing Covid-19 cases in evacuation centres
 - Facilitate appropriate community messaging
2. Local Government
 - Identify evacuation centre facilities
 - Assess evacuation centre facilities with reference to Covid-19 requirements
 - Participate in evacuation planning
 - Support community information delivery
3. QLD Police
 - Facilitate evacuation planning
 - Provide support in managing Covid-19 issues in evacuations

4. Australian Red Cross
 - Provide support in managing evacuation centres
 - Participate in evacuation planning
5. QLD Fire and Emergency Service
 - Participate in evacuation planning
 - Support community information delivery

Reference List

QLD Health:

- Evacuation Management Guide for Covid-19 V2
- Covid-19 and PPE Support: Advice for DDMGs

Aust. Red Cross:

- Evacuation Centre Planning and Operational Considerations Covid-19 V5
- Evacuation Centre Layout Covid-19 (Slides) V2
- Evacuation Centre Code of Conduct Covid-19 V4

Other

- Longreach Disaster District Pandemic Sub-plan V1
- Local Govt. Pandemic Sub-plans

Appendix 4 – Glossary

| Term | Definition |
|-------------|--|
| CHO | Chief Health Officer |
| COVID | Novel Coronavirus |
| CWHHS | Central West Hospital and Health Service |
| DIEMS | Disaster, Incident & Event Management System |
| ED | Emergency Department |
| HEOC | Health Emergency Operations Centre |
| HCW | Health Care Worker |
| HHS | Hospital and Health Services |
| LDC | Local Disaster Coordinator |
| LDCC | Local Disaster Coordination Centre |
| LDMG | Local Disaster Management Group |
| LDMP | Local Disaster Management Plan |
| LGA | Local Govt. Area |
| PPE | Personal Protective Equipment |
| QDMA | QLD Disaster Management Arrangements |
| SDCC | State Disaster Coordination Centre |
| SDCG | State Disaster Coordination Group |
| SHC | State Health Controller |
| SHECC | State Health Emergency Coordination Centre |
| WHO | World Health Organisation |

Appendix 5 – Reference List

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

1. Disaster Management Act 2003
2. Public Health Act 2005
3. Public Health and Other Legislation (Public Health Emergency) Amendment Bill 2020
4. Public Health Regulation 2018
5. Biosecurity Act 2015 (Commonwealth)
6. Biosecurity - Human Coronavirus with Pandemic Potential Determination 2020

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 - [AHMPPI](#)

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

[Queensland Health Disaster and Emergency Incident Management Plan](#)

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

Barcoo LDMP 2021 - [BSC Local Disaster Management Master Plan October 2021.pdf \(barcoo.qld.gov.au\)](#)

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](#)

End of document