

PANDEMIC INFLUENZA PLAN 2018

VERSION 3.0



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INTRODUCTION

This Pandemic Influenza Plan has been developed as a sub-plan to the Municipal Emergency Management Plan and is based on the Victorian Health Management Plan for Pandemic Influenza (October 2014)

AUSTRALIAN PANDEMIC PLANNING FRAMEWORK

The planning for pandemic Influenza involves all three tiers of government.

NATIONAL:

Australian Health Management Plan for Pandemic Influenza (AHMPPI)

National Action Plan for Human Influenza Pandemic (2011)

STATE:

Victorian Health Management Plan for Pandemic Influenza (VHMPPPI, October 2014)

Preparing for an Influenza Pandemic – an information kit and work plan for general practice (2006)

Victorian Action Plan for Pandemic Influenza (2015)

State Health Emergency Response Plan (SHERP)

Emergency Management Manual Victoria (EMMV)

LOCAL:

Buloke Shire Council Municipal Emergency Management Plan (MEMP)

Buloke Shire Pandemic Influenza Plan (V3, 2018)

AIM AND OBJECTIVES

The aim of this plan is to assist in reducing the impacts of an Influenza Pandemic on the municipality and provide support and recovery assistance throughout the duration of the influenza pandemic

OBJECTIVE 1: Preparedness - have arrangements in place to reduce the impact of pandemic influenza on our municipality

OBJECTIVE 2: Containment – Prevent transmission, implement infection control measures and provide support.

WHAT IS INFLUENZA?

Influenza is a viral illness that affects the respiratory tract (nose, throat and lungs) and is transmitted in most cases by droplets, either through direct contact or through aerosols. This occurs when droplets from the cough or sneeze of an infected person are propelled through the air and land on the mouth, nose or eye of a nearby person. Contact transmission can also occur when a person touches respiratory droplets that are either on another person or object, and then touches their own mouth, nose or eyes before washing their hands.

Influenza symptoms are similar to an upper respiratory tract infection but are often much more severe, with illness coming on suddenly and those affected displaying symptoms such as fever, headache, tiredness, cough, sore throat, nasal congestion and body aches. Additionally, Influenza can result in secondary complications such as the development of pneumonia. Seasonal Influenza primarily causes complications and/or death in already immune compromised populations in the community such as people aged over 65 and those with chronic medical conditions.

As the most common symptoms of influenza virus are shared with other illness-causing pathogens, clinical presentation and symptoms are not reliable indicators of infection and laboratory testing must be completed to confirm the diagnosis.

WHAT IS PANDEMIC INFLUENZA?

An influenza pandemic occurs when a new viral strain appears, for which there is little or no immunity in the population. It is therefore readily transferred between humans, producing infection in a high proportion of people exposed.

A pandemic can impact a municipality over an extended period of time (up to a year) as waves of the population pick up the virus. Populations also need to wait for an appropriate vaccine to be tested and made available.

INTRODUCTION

HISTORY

Previous influenza pandemics have started abruptly and without warning, sweeping through populations with great speed and leaving considerable damage in their wake.

The 20th century had three recognised influenza pandemics - the Spanish Influenza from 1918-1919; the Asian influenza from 1957-1958 and the Hong Kong influenza in 1968. All three pandemics affected Australia with an associated increase in mortality rates.

The Spanish influenza was unprecedented in terms of loss of human life with between 20 and 40 million people dying worldwide, the highest number of those deaths occurring in people aged between 20 and 40 years of age. The Asian influenza had infection rates reported to range between 20 and 70% however fatality rates were low ranging from 1 in 2,000 to one in 10,000 of those infected. Age specific mortality rates indicated that those aged 65 and over were most affected. The Hong Kong influenza was similar with the highest mortality rates appearing in those over the age of 65. Infection rates were around 25 to 30%.

The differences in past pandemics show the need for flexible contingency plans, capable of responding efficiently to any pandemic threat.

DISEASE DESCRIPTION

There are three types of influenza viruses: A, B & C. Influenza viruses can infect people, birds, pigs, horses, seals, whales and other animals. Wild birds are the natural hosts for these viruses. Influenza B viruses are usually found only in humans and Influenza type C viruses cause mild illness in people

Difference between seasonal influenza, avian influenza (bird flu) and pandemic influenza

Seasonal influenza follows predictable yearly patterns, in Australia this is generally from March through to October. Viruses associated with seasonal influenza include influenza A, influenza B and influenza C. People usually have some immunity built up from previous exposure to circulating seasonal influenza viruses.

Avian influenza (bird flu) is an infection caused by bird flu viruses. These bird flu viruses occur naturally among birds worldwide. Although very rare, transmission is possible from sick or dead birds to people.

Human swine flu is a highly contagious respiratory disease caused by a new strain of influenza virus. The name 'swine flu' comes from a strain of the virus that is found in pigs. In 2009, a new strain of the swine flu virus that affects humans was identified. Human swine flu is also known as human swine influenza, influenza A (H1N1) virus or H1N1 influenza 09.

A pandemic is a global disease outbreak. An influenza pandemic is possible when influenza A virus makes a dramatic change that results in a new or novel virus to which people have little or no immunity. The new virus then begins to cause serious illness, spreads easily from person to person and can sweep around the world quickly.

HOW DO YOU GET INFLUENZA?

Influenza is highly contagious. It can be caught from breathing in droplets in the air from someone sneezing, coughing or talking. Influenza is also spread when people touch something with the influenza virus on it such as a doorknob or handrail and then touch their eyes, nose or mouth. People can spread influenza from one day before symptoms appear to seven days after symptoms go away.

Personal protective equipment (PPE) including full gown or coveralls, gloves, eye shield and P2 mask (or other recommended mask) are required to protect health care workers from influenza. Infected persons should wear an appropriate mask to prevent transmission to others.

INTRODUCTION

INFLUENZA PANDEMIC AND HEALTH RISKS

WHO IS MOST AT RISK?

During an influenza pandemic, everyone is at risk of infection, however, this plan focusses on those who are most at risk of severe consequences from a pandemic

The risk of disease transmission and the duration of the event are two important differences between a pandemic and other types of community disasters. These characteristics influence the type of impact a pandemic has on the people in a community, particularly those who are more at risk.

Factors that increase the risk of harm during an influenza pandemic include:

Economic disadvantage (e.g. having too little money to stockpile emergency food or to stay at home from work even briefly).

Absence of a support network (e.g. some children, homeless, travellers, and the socially, culturally, or geographically isolated).

Needing support to be independent in daily activities because of:

- Physical disability
- Developmental disability
- Mental illness or substance abuse/dependence
- Difficulty seeing or hearing
- Medical conditions
- Difficulty reading, speaking or understanding English.

These factors can impair the ability of at-risk individuals to maintain independence, communicate, travel from one place to another and manage medical conditions. The more difficulty people have in meeting those needs, the greater the risk for them to be harmed during a pandemic.

In the event of an influenza pandemic, at risk groups may include:

- Pregnant women
- Babies and children
- Older adults

- People living in retirement villages/nursing homes/boarding homes and military barracks, prisons and other concentrated populations
- Indigenous and Torres Strait Islanders
- People with a disability
- Immobile individuals who received care at home through community health and/or palliative service providers
- Individuals cared for by relatives
- Prisoners and other incarcerated populations (including those in police custody cells and secure training centres)
- The homeless
- Culturally and Linguistically Diverse (CALD) communities
- Tourists or the travelling community

The most vulnerable people may not receive important public health messages because they are not connected to mainstream communication networks or because of cultural or language barriers.

Others may be unable to access the services they need to maintain or improve health due to physical or economic barriers. Women either fleeing or living with violence may have limited ability to access health care services because of their inability to leave the home.

Youth and young adults who may not be connected to school or supported through traditional family and medical networks may be at increased vulnerability, especially if there are issues related to lifestyle, existing illness and access to health and social services.

Pregnant women

Evidence from previous pandemics supports the conclusion that pregnant women are at high risk of serious complications following an infection with influenza, particularly a pandemic influenza strain. In 2009, 279 pregnant women were hospitalised in Australia due to pandemic influenza. Changes to a pregnant woman's immune system during pregnancy can make them more prone to severe illness from influenza which can result in serious complications including premature labour and delivery.

INTRODUCTION

Babies and children

Children's immune systems are less developed than those of adults therefore they are often identified as a population at high risk for severe illness during a pandemic. Babies and children are at risk because of functional needs for supervision, transportation, psychosocial support and communication, and their inability to live independently. Children are reliant on parents and guardians for psychological support and decision-making, such as getting vaccinated or seeking treatment for symptoms. Severe influenza related complications are most common in children younger than two (2) years of age. Young children, six (6) months to five (5) years, are at risk of febrile seizures. Children with chronic health conditions such as asthma and diabetes have an extremely high risk of developing serious influenza-related complications.

Older adults

The elderly have a higher risk of influenza due to biological factors. Due to decreased immune system activity, the elderly are at an increased risk of respiratory infections, especially if they live in assisted living facilities. The elderly are more vulnerable to secondary bronchial infections like pneumonia, and may also require additional booster vaccinations to ensure their immune systems are properly functioning with the vaccine. In addition to this, if the elderly were to contract influenza, they may be ill for a longer period of time and therefore transmit the virus at a higher rate than the rest of the population.

Aboriginal and Torres Strait Islander People

Indigenous Australians were found to be more vulnerable than the general Australian population to complications from the pandemic (H1N1) 2009 virus. They suffered disproportionately high rates of complications and a six-fold death rate compared with non-indigenous Australians. The reasons for these more serious outcomes are likely to be multi-factorial and include social and cultural factors as well as the physical environment.

People with a disability

Not all people with disabilities are at high risk of experiencing influenza-related complications. Certain groups are at a higher risk of getting influenza or having unrecognised influenza symptoms. People with disabilities are at risk if they:

- Have limited mobility
- Cannot limit contact with others who are infected such as staff or family members
- Have trouble understanding or practicing preventative measures such as hand-washing
- Are unable to communicate symptoms
- Are not monitored closely for symptoms

People receiving support services at home

An influenza pandemic may impact the delivery of health and personal care services in several ways including:

- Staff absenteeism
- Changes in work practices to limit the spread of disease
- Higher demand for community support services due to widespread illness.
- People receiving the following services should contact the service provider directly to determine how services may be affected:
 - Personal services – help with showering, dressing and mobility
 - Support services – help with household chores, transport, shopping, attending medical or social activities, meals on wheels, home visits
 - Clinical care – district nursing, maternal and child health services, wound management.

Concentrated populations

Influenza can spread rapidly in large and concentrated populations. The number of people infected is likely to be higher in closed communities such as prisons, military barracks, residential homes, boarding schools and offshore living quarters. Each respective agency or organisation is responsible for ensuring appropriate plans are in place to reduce the risk of transmission and infection.

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Tourists

The movement of people is a significant determinant of the speed and spread of infectious diseases. Any decision that is taken in relation to restricting travel across Buloke Shire will be made at a regional or State level.

HOW WILL AT RISK GROUPS BE SUPPORTED IN BULOKE SHIRE?

This plan will ensure that agencies and organisations that interact directly with vulnerable clients have appropriate plans in place to ensure communication strategies and essential services are maintained.

The Department of Health and Human Services is responsible for providing public health advice and for supporting all aspects of the public health response to an influenza pandemic.

Local communication strategies will be put in place to educate and inform the community of how to stay healthy and minimise risk. This will be done in consultation with the Manager Customer Engagement at Buloke Shire Council.

BULOKE COMMUNITY PROFILE

LIKELY IMPACTS

TOPOGRAPHY

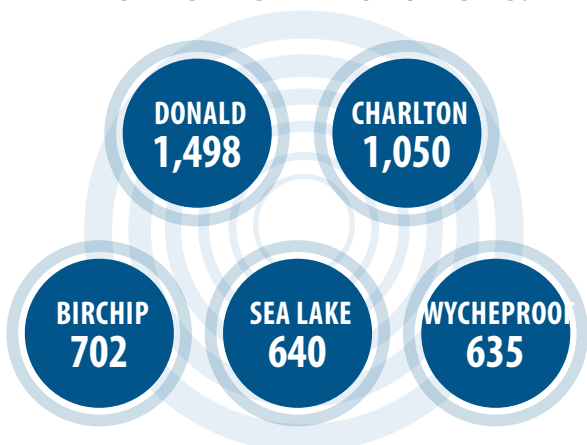
The Buloke Shire covers an area of 8,020 square kilometres in the North-West of Victoria and is serviced by five main townships being Sea Lake, Wycheproof, Charlton, Donald and Birchip. Smaller townships within the municipality are Nandaly, Berrivillock, Culgoa, Nullawil and Watchem

The area is well known for its dry land farming including sheep grazing, wheat, barley, canola and chickpeas, set on relatively flat undulating plains, the majority of it having been cleared for primary production purposes.

DEMOGRAPHICS

Population within the Buloke Shire is approximately 6,200 and although there is no major urban centre, the townships of Donald and Charlton are the main commercial suppliers with each of the townships of Wycheproof, Birchip and Sea Lake playing significant ancillary roles.

POPULATIONS OF THE MAIN TOWNSHIPS ARE AS FOLLOWS:



According to the 2016 ABS Census, the median age of Buloke Shire residents is 51. More than one half of the population is age 40 and above (63.7%), while 16% is under 15 years of age. People aged 65 years and over made up 28.2% of the population.

ATTACK RATES

Pandemic situations in the past have been associated with attack rates of 25-30% of the population with mortality, hospitalisations and staff absenteeism increasing substantially for organisation. In the 1957 influenza pandemic in the United Kingdom, the recorded staff absentee rates in some organisations was between 5-30% however attack rates of up to 70% occurred in some communities.

Victorian Figures

If a pandemic with an attack rate of 30% was to occur in Victoria, and there was no pandemic vaccine or treatment available, over a 6-8 week period, it is estimated that this situation could lead to

- 24,000 excess hospitalisations
- 10,000 excess deaths
- 710,000 excess outpatient visits

Buloke Shire Figures

If an influenza pandemic with an attack rate of 30% was to occur in Buloke Shire and there was no pandemic vaccine or treatment available, over a 6-8 period based on current population figures, approximately 1,860 people would be infected and approximately 180 deaths.

LIKELY IMPACTS

SOCIAL AND ECONOMIC IMPACTS

It is anticipated that social and economic impacts of an influenza pandemic will have the greatest impact on the community. These impacts will need to be identified and programs developed to address them. Some possible impacts have been identified below; others will arise throughout the pandemic and will need to be addressed at the time:

Increased levels of uncertainty, fear and anxiety

During an influenza pandemic there will be high levels of uncertainty and anxiety within the community. It will be important to maintain good communication with the community, to reassure people that their concerns are being addressed, and that all is being done to reduce the impact on the community and the spread of the virus.

Breakdown in community support mechanisms

During a pandemic many people will be isolated in their homes due to various reasons including being unwell, caring for someone who is unwell, or fear of being infected with the virus. This will have a negative effect on the community. Those living alone will be most affected. It will be important to try to connect with as many people in the community as possible through open communication and checking on people who may be feeling isolated.

Increased numbers of vulnerable people and emergence of new groups

In most cases the vulnerable populations as listed in Section 2 – Community Profile – Special Needs Groups are at greatest risk of contracting the virus. In the case of a widespread pandemic however different vulnerable groups may emerge. This may include people who are of a lower socio-economic status and who may not have access to health care and essentials needed during this time. A table setting out these vulnerable groups is included as Appendix B.

It will be important to ensure that any emerging vulnerable populations are identified and that assistance is provided. This will involve encouraging people to look out for each other and checking on those that are most at risk.

High workforce absenteeism

It is expected that up to 30% of the population may be affected in an influenza pandemic meaning that a large proportion of the workforce will be unwell and/or unable to attend work. This is likely to have a dramatic economic impact on businesses, particularly small businesses.

Widespread economic disruption

The economic operations of the community will be disrupted due to less staff being available to work. It will also impact businesses as less people will be spending in the local community due to illness, isolation or fear. Tourism may also be affected by the pandemic as people will not be travelling due to illness or fear of catching the virus.

BUILT ENVIRONMENT IMPACTS

Built environment impacts may include, but are not limited to:

- Electricity
- Gas
- Water
- Telecommunications
- Transport
- Roads
- Essential services such as schools, hospitals, emergency services, commercial and retail businesses.

PREVENTATIVE HEALTH MEASURES

PERSONAL PROTECTIVE EQUIPMENT AND INFECTION CONTROL SUPPLIES

Council is not responsible for supplying personal protective equipment or infection control supplies to any other organisation or health service operating in the Shire. These organisations and services should maintain their own stockpile as part of their own requirements to protect their staff and clients.

Council will maintain a stockpile of personal protective equipment and infection control supplies to protect its own employees who may come into close contact (1 metre or less) with an infected individual. This includes front line health workers including Public Health Officers, Nurse Immunisers, Community Care Workers, and any staff members engaged in the conduct of a Mass Vaccination program. Volunteers fulfilling roles authorised by Council will be provided with adequate personal protective equipment to mitigate any risk of infection while performing allocated tasks.

Council's Team Leader Public Health will liaise with all frontline services to ensure they have an adequate supply of PPE and other infection control supplies at the beginning and throughout an influenza pandemic.

Personal protective equipment must be used and worn according to strict instructions. Council's Team Leader Public Health will be responsible for providing training on the correct use of personal protective equipment.

Personal protective equipment is not 100% effective at preventing infections and as such all staff will be encouraged to maintain a high degree of personal hygiene regardless of whether personal protective equipment is used.

ENHANCED ACTIVITIES

The Department of Health and Human Services may request assistance from local government to carry out enhanced activities in designated communities or neighbourhoods in order to stop, limit or prevent the spread of an infectious disease, such as pandemic influenza. Activities where Council's authorised officers may be requested to assist the Department of Health and Human Services are:

- Suspend public gatherings
- Monitor fever in public places
- Close public buildings and spaces
- Cancel public events
- Close non-essential functions
- Request voluntary or mandate closing of businesses and institutions (such as schools, entertainment, recreational and religious facilities).

There may be circumstances where the State Government and/or the Department of Health and Human Services may enact more extreme measures, such as:

- Restrict travel
- Stop mass transit services
- Restrict geographic re-locations

OUR PARTNERS:

This Influenza Pandemic Plan is a sub-plan to the Municipal Emergency Management Plan (MEMP) and is subject to the endorsement of the Municipal Emergency Management Committee. This plan will be reviewed annually by the Heat Health and Pandemic Influenza Planning Committee (HHPIPC)

This plan has been developed with guidance from the Victorian Influenza Pandemic Plan 2014 which details the different areas of response and action across government and the health and community sector

The HHPIPC is a sub-committee of the Municipal Emergency Management Committee and is made up of a range of key internal and external stakeholders from within the Buloke Community including:

Buloke Shire Council

- Team Leader Public Health
- Immunisation Coordinator
- Manager Community Services
- Child and Youth Officer
- Manager Customer Engagement
- Compliance Administrative Support Officer

East Wimmera Health Service

Mallee Track Health and Community Service

Ambulance Victoria

Department of Health and Human Services

Goodwin Village Aged Care

OTHER KEY STAKEHOLDERS

Whilst not directly involved with the HHPIPC, there are a number of other key stakeholders to consider in the implementation of the plan including:

- Community pharmacies
- Local schools
- Local medical clinics

Individual agencies/organisations are also responsible for developing their own influenza pandemic plans and ensuring they are consistent with the Buloke Shire Council Municipal Emergency Management Plan (MEMP) and the Victorian Health Management Plan for Pandemic Influenza.



ROLES & RESPONSIBILITIES

State Government agencies and organisations have designated responsibilities in disasters which reflect their legislative and/or technical capability and authority with respect to hazards, functions and/or activities of disaster management.

Under Victoria's new Emergency Management Act 2013 a pandemic would be classified as a class 2 emergency. As it relates to communicable disease control and has links to national structures and arrangements, the Department of Health and Human Services will be the lead agency with the Chief Health Officer or delegate assuming the role of State Controller, liaising closely with the Emergency Management Commissioner.

The Buloke Shire Council Municipal Emergency Resource Officer (MERO) has authority to activate this plan on advice from the Department of Health and Human Services as the lead agency for human disease/illness.

Multi sector and agency responsibilities in the event of an Influenza Pandemic are summarised below:

ALL AGENCIES

All organisations are expected to deliver the following key actions at the specified phases as per the Victorian Health Management Plan for Pandemic Influenza (VHMPPi) 2014 and the Municipal Emergency Management Plan (MEMPC).

Key actions have also been cross-referenced with the Emergency Management Manual Victoria (EMMV)

This section lists the local organisations/agencies involved in planning for influenza pandemic operations in Buloke Shire and the local operating principles that underpin the collaborative working arrangements

KEY ACTIONS

Throughout all stages of a pandemic, all partners will:

- follow implementation guides outlined in the appendices of the VHMPPi
- provide up-to-date and timely pandemic information to its workforce and sector
- Monitor and evaluate risks and impacts for areas of responsibility;
- Identify and mitigate, where possible, critical vulnerabilities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

DHHS is responsible for working to enhance and protect the health and wellbeing of all Victorians.

DHHS is responsible for providing public health advice and for supporting all aspects of the public health response to an influenza pandemic including regional coordination of emergency relief and recovery. DHHS has a lead role in surveillance and intelligence gathering, informing public health policy and support inter-agency planning and response at all levels.

KEY ACTIONS

- Provide whole of health leadership and direction in planning and preparing for emergencies with major health consequences (EMMV)
- Support service delivery by DHHS to affected individuals, groups and/or communities.

MUNICIPAL EMERGENCY MANAGEMENT PLANNING COMMITTEE (MEMPC)

KEY ACTIONS

Develop a specialist Heat Health and Pandemic Influenza Planning Committee (HHPIPC) that reports to the Municipal Emergency Management Planning Committee (MEMPC). The HHPIPC is to:

- Maintain this Plan as a sub-plan of the Municipal Emergency Management Plan;
- Review this Plan annually;
- Exercise this Plan as directed by the MEMPC;
- Present this Plan for auditing as directed by the MEMPC or the Minister

ROLES & RESPONSIBILITIES

BULOKE SHIRE COUNCIL – PUBLIC HEALTH UNIT

KEY ACTIONS

Buloke Shire Council is to review its level of preparedness against municipal responsibilities by:

- Assisting in preventing transmission by implementing infection prevention and control measures as appropriate;
- Ensuring effective protocols are in place to ensure services to people who are isolated or quarantined;
- Having business continuity arrangements that consider an influenza pandemic, and plans for increased absenteeism and ensures that local government essential services are continued during an influenza pandemic;
- Assisting with providing vaccination services to the local community as appropriate;
- Assisting with distribution of communication messages for staff and for the public relating to essential local government services.

COMMUNITY HEALTH SERVICES

WHO

East Wimmera Health Service

- Donald Campus
- Charlton Campus
- Birchip Campus
- Sea Lake Campus
- Wycheproof Campus

Mallee Track Health and Community Service

- Sea Lake Campus

KEY ACTIONS

- Review arrangements for providing an effective and sustainable response during an influenza pandemic in conjunction with local partners;
- Ensure that vulnerable people within the community are identified and plans put in place to address their needs;
- Maintain essential health services, including home and community care, district nursing, maternal and child health services;
- Provide vaccination services to the local community as appropriate;
- Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.

AMBULANCE VICTORIA (AV)

KEY ACTIONS

- Develop appropriate models of service for the potential increased demand during an influenza pandemic;
- Promote community resilience programs through community education programs;
- Provide appropriate pre-hospital leadership, skills and equipment through planning for various health emergencies, including mass casualty incidents;
- Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate;
- Specific ambulance operational arrangements are detailed in the Ambulance Victoria Emergency response plan, which describes its implementation of the State Health Emergency Response Plan (SHERP).

ROLES & RESPONSIBILITIES

DEPARTMENT OF EDUCATION AND TRAINING (DET)

WHO

Donald

- Donald High School
- Donald Primary School
- St Mary's Primary School

Charlton

- Charlton College (P12)
- St Joseph's Primary School

Birchip

- Birchip P12 School

Sea Lake

- Tyrrell College
- St Mary's Primary School

Wycheproof

- Wycheproof P12 College

The Pandemic Influenza Incident Response Plan (DET, 2017) outlines the pandemic stages and the key actions to be taken by:

- Emergency Management division and regional directors;
- Schools;
- Children's services.

These three sectors are required to familiarise themselves with the procedures and to ensure they are able to respond to the key actions within each pandemic stage.

KEY ACTIONS

- DET will work closely with the relevant authorities to prepare for an influenza pandemic;
- Put in place plans for an influenza pandemic, including business continuity planning to cope with staffing shortages;
- Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.

VICTORIA POLICE (VICPOL)

KEY ACTIONS

Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.

Monitor and evaluate risks and impacts for prisoners held in police cells.

COMMUNITY PHARMACIES

WHO

Birchip Community Pharmacy – 49 Cumming Avenue, Birchip

Charlton Pharmacy – 23 High Street, Charlton

Donald Pharmacy – 62 Woods Street, Donald

Sea Lake Pharmacy – 100 Best Street, Sea Lake

Wycheproof Pharmacy – 332 Broadway, Wycheproof

In an influenza pandemic the Pharmacy Guild of Australia (Victoria Branch) and the Victorian Pharmaceutical Society will provide a leadership role to the profession; they will also act as a conduit for information between pharmacists and government.

KEY ACTIONS

Provide a health promotion/communication role for their communities including:

- education on influenza transmission risks
- Information on vaccines and antivirals.

Manage possible cases who present to pharmacy by:

- referring for assessment to the local hospital or health service or general practice, and managing consumer flow, as appropriate with prior warning to allow for use of personal protective equipment;
- providing extra supplies of medicines to institutions such as nursing homes via Webster packs;
- considering increasing stock holding of analgesics and antibiotics in case of supply chain issues;
- anticipating demand for influenza-related items (such as thermometers), respiratory medications and other essential medications;
- provision of vaccination services to the local community as appropriate.

ROLES & RESPONSIBILITIES

HOSPITALS

WHO

East Wimmera Health Service

- Donald Campus
- Charlton Campus
- Birchip Campus
- Wycheproof Campus

Mallee Track Health and Community Service

- Sea Lake Campus

KEY ACTIONS

- Provide acute hospital inpatient and outpatient services;
- Maintain infection control within the hospital environment;
- Minimise disruption to health and other essential services during a pandemic;
- Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic;
- Activate Code Brown Plans;
- Active participation and representation in emergency management forums and exercises to discuss, plan and share best practice where appropriate.

GENERAL PRACTICE

WHO

- Donald Family Clinic
- Charlton Medical Clinic
- Birchip Medical Clinic
- Mallee Track Health and Community Service
- Wycheproof Medical Centre

KEY ACTIONS

- Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic.
- Ensure suspected cases of pandemic influenza are notified to the Department of Health and Human Services (Communicable Disease Prevention and Control Unit) on 1300 651 160.
- Provide vaccination services to the local community as appropriate.
- The Royal Australian College for General Practitioners (RACGP) has developed a Pandemic Flu Kit to assist general practices in preparing for an influenza pandemic. The Kit is designed to support the education and training of practice staff and cover a range of topics including: Business continuity, infection control, communication, and clinical management. The Kit is aimed at all practice staff and will provide the practice team with the information to develop their own practice plan.

ROLES & RESPONSIBILITIES

RESIDENTIAL AGED CARE FACILITIES

WHO:

- Riverview Aged Care (EWS - Donald)
- Kara-Linga Nursing Home (EWS - Charlton)
- Wirrim Lodge Residential Aged Care Facility (EWS - Birchip)
- Carinya Hostel for the Aged (MTHCS - Sea Lake)
- Grandview Lodge Nursing Home (EWS - Wycheproof)

KEY ACTIONS

- Develop processes for separating, triaging, assessing and admitting people with influenza-like illness during a pandemic.
- Introduce stringent infection prevention and control measures, including restricting movement between affected and unaffected areas within the facility.
- Minimise contact between affected and unaffected people (staff, clients, and visitors) during an outbreak.
- Prevent/control outbreaks of respiratory illness in residential aged care services as per the Respiratory illness in residential aged care: guidelines and information kit. The Residential aged care services natural hazards ready resource is available at: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/residential-aged-care-hazards-ready-resource>
- The Respiratory illness in residential aged care: guidelines and information (Department of Health & Human Services April 2018) provides general information on influenza, its risks to health and how to manage a respiratory outbreak in an aged care service. This document is available at: <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/respiratory-illness-management-in-aged-care-facilities>

AUSTRALIAN RED CROSS

KEY ACTIONS

- Delivery of community information to assist people, communities, government and agencies prepare for, respond to and recover from emergencies.

EMERGENCY BROADCASTERS

KEY ACTIONS

- Broadcast emergency information



WHAT ARE WE GOING TO DO?

PREPARATION PHASE

All members of the HHPIPC together with external stakeholders and relevant community groups will be contacted to participate in emergency management planning to discuss, plan and share best practice in the context of an influenza pandemic scenario. Business continuity arrangements will be discussed that consider an influenza pandemic, plans for increased absenteeism across key organisations and assurances sought that essential services are continued throughout an influenza pandemic.

The Buloke Pandemic Influenza External Communication Plan (Appendix 1) has been developed to ensure health information and support is readily available to our community and to provide timely and appropriate advice to targeted stakeholders.

IDENTIFY VULNERABLE GROUPS

Key stakeholders who interact directly with vulnerable clients will be encouraged during the Preparation Phase to ensure that vulnerable people within the community are identified and plans put in place to address their needs. Encourage seasonal influenza vaccination to the community and workplaces during this phase, Council and partner agencies will promote and encourage a high level of coverage of seasonal influenza immunisation among the community and workplaces.

ENGAGE KEY STAKEHOLDERS

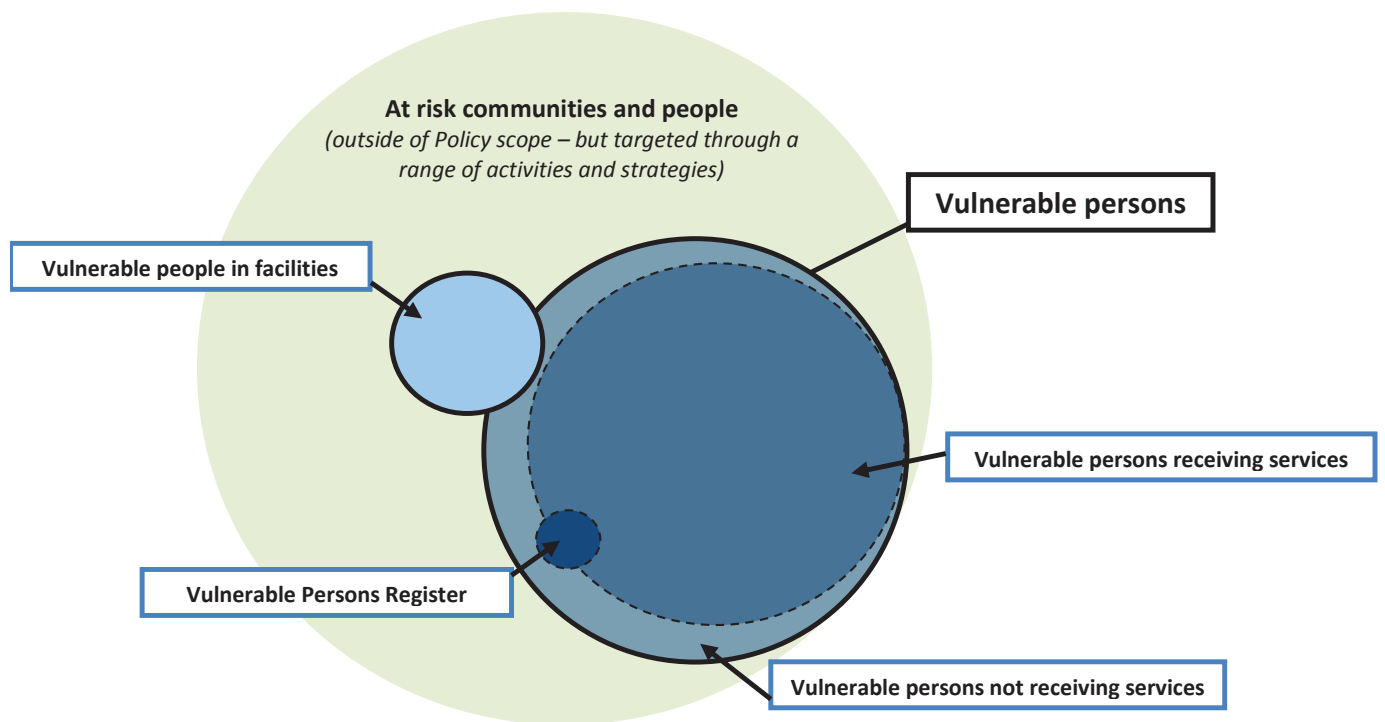
Responding effectively during an influenza pandemic requires the combined efforts of all stakeholders to coordinate and establish integrated multi-agency response plans.

The Municipal HHPIPC enables local service providers to establish a coherent approach with each organisation knowing its role in relation to others. During this phase stakeholders will be encouraged to review their own plans, roles and responsibilities as appropriate.

KEY STAKEHOLDERS SHOULD

- Ensure Pandemic Influenza plans are in place for each sector ensuring links to Buloke Shire Council's Municipal Emergency Management Plan (MEME) and the Victorian Health Management Plan for Pandemic Influenza (VHMPP);
- Ensure business continuity plans including surge capacity are in place that considers an influenza pandemic;
- Ensure up to date resources are available and ready for rapid response;
- Monitor the emergence of diseases with pandemic potential;
- Communicate Pandemic Plans with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave;
- Identify vulnerable elements of the community (refer to Figure 1 from the Department of Health and Human Services Vulnerable people in emergencies policy)
- Promote seasonal influenza vaccination to the community including workplaces;
- Review stocks of adequate PPE and other supplies and equipment and ensure arrangements are in place to increase capacity. Ensure staff understand and are trained in its use;
- Monitor Department of Health & Human Services information;
- Continue surveillance as per regular seasonal influenza.

Figure 1. Vulnerable People in Emergencies Policy Scope



STAND-BY PHASE

The Standby Phase is characterised by activities and key messages that focus on commencing arrangements for an impending influenza pandemic and increased vigilance for case detection. This stage involves the actions of most key stakeholders and is implemented in line with information received from the Department of Health & Human Services.

IMPLEMENT THE BULOKE PANDEMIC INFLUENZA EXTERNAL COMMUNICATION PLAN

The communication plan provides key health messages to the community during this time via media releases, website news, tourist information centres, community newsletters, agency newsletters and emergency broadcasters.

KEY MESSAGES

- Seasonal influenza immunisation for at risk groups;
- Seasonal influenza immunisation in workplaces;
- Good hygiene, which includes hand hygiene and respiratory/cough etiquette;
- Staying away from school, childcare, work or public gatherings if symptomatic to minimise the risk of infecting others;
- Seeking medical advice if symptoms continue or get worse.

PLAN FOR THE DELIVERY OF MASS VACCINATIONS

Department of Health & Human Services guidelines will be made available to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery. During this phase Council will work with key stakeholders to ensure that procedures are in place to manage mass vaccination if requested.

Residents in nursing homes, disability accommodation, correctional centres and immobile patients who receive care at home through community health care service providers will be provided with vaccine via existing health care providers.

KEY STAKEHOLDERS SHOULD

- Activate Pandemic Plans
- Activate Business Continuity Plans
- Activate Communication Strategy
- Monitor Department of Health & Human Services website for up to date information
- Promote Department of Health & Human Services infection prevention and control measures
- Communicate with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave
- Manage suspected cases by following the advice in Chief Health Officer alerts. Notify cases to the department's Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions
- Restrict visitors and staff members with influenza-like illness
- Continue to participate in surveillance activity within the organisation and ensure correct data collection processes are in place
- Develop and refine surveillance systems and assess resources and priorities for their sustainability
- Prepare to deliver a pandemic immunisation program.

RESPONSE PHASE

The control agency in the event of an influenza pandemic is the Department of Health and Human Services. Buloke Shire Council and stakeholders will implement public health control measures within the municipality in line with information received from the Department of Health & Human Services during an influenza pandemic. These measures aim to limit or slow the spread of an influenza virus throughout the community in order to minimise infection rates and disruption to social and economic activity.

The initial response stage is characterised by activities that focus on minimising transmission, morbidity and mortality with limited information. This stage involves the actions of most key stakeholders and is implemented in line with information received from the Department of Health & Human Services.

KEY STAKEHOLDERS SHOULD

- Monitor, disseminate and act on information from the Department of Health & Human Services (as appropriate)
- Depending on the severity of the pandemic influenza strain, will advise clinicians about appropriate treatments
- Continue measures outlined for standby, with an increase in infection prevention and control measures (in particular social distancing guidelines about people movements and mass gatherings)
- Ensure that triage plans including influenza streams are in place and that staff are issued with up-to-date case definitions (where appropriate).

TARGETED RESPONSE PHASE

The targeted response stage is characterised by activities that focus on minimising transmission, morbidity and mortality in the wake of enhanced understanding of the spread of the influenza virus, its mode of transmission, its infectiousness, its severity and optimal treatment regimens. Demand for urgent clinical services, combined with staff absenteeism, is likely to be high.

BULOKE SHIRE COUNCIL WILL

- Establish an Emergency Coordination function, either formally or in 'virtual' form (teleconference), to determine which elements of the Municipal Influenza Pandemic Plan need to be implemented

- Maintain Emergency Coordination activity as required throughout the onset of the pandemic
- Establish arrangements for the recovery of the affected community(s) through the Municipal
- Recovery Manager and the Municipal Relief and Recovery Working Group
- Develop a Municipal Relief and Recovery Plan to establish and deliver community support services. The nature of these will vary, depending on the degree of impact. Similarly, how they are delivered (single gathering point for the community or 'delivered services') will also vary.

KEY STAKEHOLDERS SHOULD

- Implement emergency plans for an influenza pandemic, mass casualties, business continuity and surge capacity
- Manage suspected cases by following the advice in Chief Health Officer health alerts. Notify cases to the department's Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions
- Designated influenza hospitals may be nominated by the Department of Health & Human Services if appropriate
- Restrict visitors and staff members with influenza-like illness
- Continue measures outlined for standby, with an increase in infection prevention and control measures
- Coordinate a pandemic influenza immunisation program (if/when vaccine is available)
- Ensure access to Department of Health & Human Services Chief Health Officer health alerts, which will provide up-to-date information in relation to pandemic influenza case/contact definitions, use of antivirals and laboratory tests
- Continue to implement enhanced triaging of patients/clients (where appropriate) such as segregation, cohorting and use of appropriate PPE

- Reduce transmission of influenza within primary health services by reducing non-urgent care patients/clients (consider home visits and phone consultations if appropriate)
- Provide advice to individuals suspected and/or confirmed mild cases to isolate themselves at home
- Liaise with local health services
- Liaise with local municipal organisations (as per routine community support arrangements) for community support services for isolated cases
- Provide antivirals as directed by the Chief Health Officer (further information about antivirals is provided in Victorian Human Influenza Pandemic Plan 2014 Appendix 1: VHMPPPI Antivirals)
- Provide patients with information on community support and other community based provision available from the Department of Health and Human Services
- Implement changes to staffing levels as appropriate in response to increased demands

STANDDOWN PHASE

The focus of activities within this stage is regaining normal activities and services.

BULOKE SHIRE COUNCIL WILL

- Prepare for the likelihood of further waves of the pandemic
- Undertake operational debriefs and update pandemic influenza plans to reflect any lessons learnt

KEY STAKEHOLDERS SHOULD

- Support and maintain quality care
- Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement
- Monitor Department of Health & Human Services updates and take appropriate action
- Communicate activities to support the return from pandemic to normal business services
- Evaluate systems and revise plans and procedures

RECOVERY PHASE

The Municipal Recovery Manager will convene the Municipal Emergency Management Planning Committee and the HHPIPC as early as possible to determine:

- The level of impact to people, communities and businesses
- The level of assistance affected by the influenza pandemic to achieve an effective level of functioning.

APPENDIX 1 - BULOKE PANDEMIC INFLUENZA EXTERNAL COMMUNICATION PLAN

Objectives of the Buloke Pandemic Influenza External Communication Plan are to:

- Support the Buloke community to prepare for, respond to and recover from an influenza pandemic
- Disseminate Department of Health and Human Services public health advice in response to an influenza pandemic
- Determine how to effectively share consistent key messaging and relevant information to the residents of Buloke Shire
- Identify key influenza pandemic messages to be provided to the Buloke Community
- Update the central portal for relevant pandemic information on the council website: www.buloke.vic.gov.au/influenza

STAKEHOLDERS

BULOKE SHIRE COUNCIL:

- Public Health Unit
- Manager Customer Engagement
- OH&S Committee
- MEMPC Members
- Human Resources
- Customer Service Officers
- Senior Leadership Team
- Extended Leadership Team

EXTERNAL:

- Buloke Times
- North Central News
- Sea Lake Wycheproof Times Ensign
- East Wimmera Health Service
- Mallee Track Health & Community Service
- Department of Health and Human Services
- Department of Education and Training
- Department of Environment, Land, Water & Planning
- Australian Red Cross
- Victoria Police
- Ambulance Victoria

KEY MESSAGES

Buloke Shire Council encourages all residents, especially those in at risk groups and workplaces, to participate in seasonal influenza immunisation schemes.

Buloke Shire Council will assist with providing mass vaccination services to the local community under the direction of the Department of Health & Human Services.

Please check in on elderly or vulnerable family, friends and neighbours.

Practice good hygiene to help prevent the spread of influenza:

- Wash your hands regularly with soap and water
- Use tissues to cover your nose and mouth when you cough or sneeze
- Dispose of used tissues in appropriate places as soon as possible; throw them in the bin or flush them down the toilet
- Clean or disinfect surfaces regularly to get rid of germs
- Don't share personal items.

If you start to feel poorly and display influenza like symptoms, please stay away from school, childcare, work or public gatherings to minimise the risk of infecting others.

If your symptoms get worse, seek medical advice.

Relevant health information can be sourced through the Department of Health & Human Services website, the Buloke Shire Council website, www.buloke.vic.gov.au/influenza or call Nurse on Call on 1300 606 024.

APPENDIX 1 - BULOKE PANDEMIC INFLUENZA EXTERNAL COMMUNICATION PLAN

HOW/WHERE/WHEN

The following methods will be used to broadcast emergency information relating to an influenza pandemic

MEDIA RELEASES AND ALERTS

Media releases and public notices and details of any mass vaccination sessions will be distributed to all local media, including local community newsletters and across Council's social media channels during all phases of a pandemic.

FAQ INFORMATION SHEET

An FAQ information sheet will be produced, information supplied by Team Leader Public Health for Manager Customer Engagement to format. The FAQ information sheet will be available via Council's website, social media and printed copies provided to Customer Service Officers at Council's Wycheproof office and at any other Council facilities.

BULOKE SHIRE COUNCIL WEBSITE

An Influenza page will be created on the Council website to be maintained with relevant information. The Team Leader Public Health is responsible for providing the content to the Manager Customer Engagement following the direction of the Department of Health & Human Services. This should be updated as required. A home page slide may be added to the site and a custom URL has been created for the page that will permanently show information relating to influenza. www.buloke.vic.gov.au/influenza

PAID ADVERTISING

Should deadlines allow, messaging may be included within Council's weekly paid advertisement which is printed in the Buloke Times on a Tuesday, the North Central News on a Wednesday and the Sea Lake Wycheproof times Ensign on each Thursday. Advertisements must be formatted and sent to the newspaper by close of business Friday the week before print and should be made available to the Manager Customer Engagement as early as possible.

INTERNAL COMMUNICATION (COUNCIL)

Key messages and communication is to be shared via internal email to all staff. Key messages will also appear in the Weekly Staff Bulletin and Weekly Councillor Bulletin. Copies of the key messages and the information/contact sheet are to be printed and displayed in staff areas at all depots and offices. The Team Leader Public Health is responsible for requesting supervisors to print and display this information.

ADDITIONAL SUPPORT

Customer Service must be provided with regular updates and current information, including the most up to date FAQs in order to assist in responding to incoming calls. If this information is already available online, they may be provided with a link to this content. The Team Leader Public Health is to provide up-to-date weekly/fortnightly schedules of vaccination clinics should they be taking place, to Customer Service, Municipal Emergency Management Planning Committee and the Manager Customer Engagement.

APPENDIX 1 - BULOKE PANDEMIC INFLUENZA EXTERNAL COMMUNICATION PLAN

TIMEFRAMES AND ACTION ITEMS

ACTION	WHEN	RESPONSIBLE OFFICER/S
Preparation Phase		
Provide and frequently maintain influenza and seasonal immunisation information on the Council website	Ongoing	Team Leader Public Health Manager Customer Engagement
Standby Phase		
Include Key Messages within Council advertising	As it becomes available	Team Leader Public Health Manager Customer Engagement
Public notice distribution regarding immunisation program (where applicable)	As required	Team Leader Public Health Manager Customer Engagement Immunisation Coordinator
Initial Response Phase and Targeted Response Phase		
Activate homepage slide on website pointing to information page	At notification of pandemic response	Team Leader Public Health Manager Customer Engagement
Generate a FAQ sheet	ASAP on notification	Team Leader Public Health Manager Customer Engagement
Distribute and Regularly update FAQs	Ongoing as required until stand-down	Team Leader Public Health Manager Customer Engagement
Update webpage information as central portal for sourcing relevant information	Ongoing as required until stand-down	Team Leader Public Health Manager Customer Engagement

APPENDIX 1 - BULOKE PANDEMIC INFLUENZA EXTERNAL COMMUNICATION PLAN

TIMEFRAMES AND ACTION ITEMS

ACTION	WHEN	RESPONSIBLE OFFICER/S
Initial Response Phase and Targeted Response Phase		
Include Key Messages and vaccination information within Council advertising	Ongoing as required until stand-down	Team Leader Public Health Manager Customer Engagement Immunisation Coordinator
Media Releases and public notices	As required	Team Leader Public Health Manager Customer Engagement Immunisation Coordinator
Monitor and Respond to public, social and media queries	As required	Team Leader Public Health Manager Customer Engagement
Stand-down Phase		
Monitor and Respond to public, social and media queries	As required	Team Leader Public Health Manager Customer Engagement
Public notice distribution: stand-down and reiterate key messages	As required	Team Leader Public Health Manager Customer Engagement
Recovery Phase		
Monitor and Respond to public, social and media queries	As required	Team Leader Public Health Manager Customer Engagement
Update website	ASAP	Team Leader Public Health Manager Customer Engagement

APPENDIX 2 - MASS VACCINATION PLAN

The most effective way of preventing infection with an influenza virus is vaccination. A pandemic vaccine can only be developed once the nature of the virus is known, and is likely to take some time before being available. Pandemic vaccines are produced by pharmaceutical companies under prearranged contracts with the Commonwealth Government. Victoria has a range of immunisation providers, such as local government and general medical practices, who will play an active role (in varying degrees) in delivering a pandemic vaccination program, be it mass vaccination or any other means deemed suitable at the time.

In the event of an influenza pandemic, the Australian Government will introduce a vaccination program in order to minimise the amount of influenza virus circulating in the community.

Department of Health and Human Services guidelines will be made available to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery. Residents in nursing homes and immobile patients who receive care at home through community health care service providers will be provided with a vaccine via existing health care providers.

Once a vaccine has been developed against a pandemic influenza virus, Buloke Shire Council, under the direction of the Department of Health & Human Services, would have responsibility for coordinating mass vaccination of well and at risk persons followed by the rest of the community.

COMMUNICATION

The Buloke Pandemic Influenza External Communication Plan (Appendix 1) will be used to inform the public of mass vaccination session times and locations, priority groups being immunised, identification required and public health information to ensure that unwell people do not attend the sessions.

It may be necessary to provide session information directly to target groups.

STAFF AND RESPONSIBILITIES:

The Team Leader Public Health in consultation with the Immunisation Coordinator will be responsible for arranging mass vaccination sessions at nominated Council facilities throughout the shire. Staffing requirements and arrangements will be made when sessions are required however key staff required will be:

- Team Leader Public Health
- Immunisation Coordinator
- Immunisation nurses
- Administrative support staff

APPENDIX 2 - MASS VACCINATION PLAN

ROLES AND RESPONSIBILITIES

IMMUNISATION COORDINATOR

- Work with Team Leader Public Health to arrange vaccines, venue, layout, staffing requirements, resources required and ensure enough Personal Protective Equipment is available;
- Undertake vaccine preparation and administer vaccines with Immunisation Nurses;
- Ensure all encounters are registered in ImPS;
- Assist in appropriate cleaning of vaccination centre post mass vaccination session.

TEAM LEADER PUBLIC HEALTH

- Work with Immunisation Coordinator to arrange vaccines, venue, layout, staffing requirements, resources required and ensure enough Personal Protective Equipment is available
- Coordinate setup of venue
- Oversee registrations and other administrative staff
- Take temperatures of all attendees and direct them accordingly;
- Assist with completing consent cards;
- Assist in post vaccine monitoring and wait times;
- Monitor vaccine storage ;
- Assist in appropriate cleaning of vaccination centre post mass vaccination session.

IMMUNISATION NURSES

- Undertake vaccine preparation and administer vaccines with Immunisation Coordinator;
- Assist in data entry of all encounters into ImPS at the direction of the Immunisation Coordinator;
- Assist in appropriate cleaning of vaccination centre post mass vaccination session.

ADMINISTRATIVE SUPPORT

- Assist with registration process;
- Assist with completing consent cards;
- Provide appropriate first aid after vaccination, where required;
- Monitor clients post vaccination and wait times;
- Assist in appropriate cleaning of vaccination centre post mass vaccination session.

APPENDIX 3 – COMMUNITY HYGIENE MESSAGES

Pandemic influenza (flu) – Protect yourself and your family

Your questions answered

What is pandemic flu?

An influenza pandemic occurs when a new flu virus emerges and spreads around the world, and most people do not have protection. At this stage it is expected that the characteristics of pandemic flu, such as spread and symptoms, would be the same as seasonal flu, however this cannot be confirmed until a pandemic strain emerges. It is important that during an influenza pandemic you stay up to date with advice from Department of Health and Human Services announcements, websites and hotlines.

How does it spread?

In general flu is spread in two ways:

- Respiratory droplets from an infected person's cough or sneezes (these droplets generally travel less than one metre), and
- Touching contaminated surfaces (including hands) and then touching your mouth, nose and eyes.

How can I protect myself and others from flu?

There are some simple, but important, personal hygiene measures you can take to stop the spread of flu:

- Handwashing is one of the most important measures to prevent the spread of infection. Wash your hands, especially after being in contact with someone who has a cold or chest infection, particularly children. In the event of a pandemic, it is recommended that you avoid shaking hands. Everyone should get into the habit of washing their hands before meals, after using the toilet, and after they cough, sneeze or blow their nose. Tissues should be disposed of in the waste immediately after use.
- Cough/sneeze hygiene is important. When you cough or sneeze, turn away from other people and cover your mouth or nose with tissues. Alternatively, sneeze or cough into your inner elbow, then dispose of the tissues and wash your hands.
- Limit contact with other people and shared items. Don't visit people who have the flu unless it is absolutely necessary. If a member of your family has the flu, keep their personal items, such as towels, separate from the rest of the family. Clean surfaces, such as bathroom sinks and taps, kitchen sinks and counters, after the unwell person has handled them.
- Remember not to share eating utensils, food or drinks. You should also try to stay one metre or more from unwell people.

If I were exposed to pandemic flu, how long would it take for me to get sick?


The time from being exposed to flu and becoming unwell varies from one to four days, but is usually two days.


If I have flu, how long will I be infectious for?


The period of time when you can infect other people is usually from one day before the onset of illness and for approximately seven days. Children and younger adults may shed influenza virus for 10 or more days after the onset of illness and people with weakened immune systems can shed the virus for weeks.


Protect yourself and your family

Cover your cough and sneeze

- 

1 **COVER** your mouth and nose with a tissue when you cough or sneeze.
- 

2 Put your used tissue in the rubbish **BIN**.
- 

3 If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, **NOT YOUR HANDS**.
- 

4 **WASH** your hands with soap and running water. Dry your hands thoroughly with a disposable paper towel.


Stay germ free and healthy


A Victorian
Government
initiative





Protect yourself and your family

Cover your cough and sneeze

- 

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