Pandemic Influenza Preparedness Framework

This plan should be read in conjunction with the Critical Incident, Emergency Planning and Business Continuity Procedure and Policy

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Victoria University Pandemic Influenza plan
2018 review V1.1

1.0 Introduction

1.1 Pandemic Overview

Pandemics are epidemics of disease that occur on a worldwide scale. Pandemics are traditionally caused by infectious diseases such as influenza. Although unpredictable in their timing, history tells us that influenza pandemics can be expected to occur every 10-50 years and it is almost certain that they will continue to occur. It is this level of certainty, and the fact that almost all people are vulnerable, that makes it paramount that planning is carried out at all levels of government.

As it is not possible to predict the behavior of a pandemic in advance, a feature of a good influenza pandemic plan is that it must allow for considerable flexibility. To this end, this is inferred in each of the key pandemic planning areas in this plan.

From the outset of a pandemic, the behavior of the pandemic influenza virus will be closely monitored and the best response strategy will be adopted.The Victoria University Pandemic Influenza Plan sets out the University's strategic approach to reduce the social and economic impacts and consequences of the pandemic influenza on the Victoria University Community.

Each pandemic wave (period during which outbreaks occur across the country) may last six to 12 weeks in affected communities. Multiple waves of illness are likely to occur and may spread over 2 years or more, with varying level of impact over this time period.

Under the current emergency recovery arrangements, Emergency Management Victoria is the lead agency for recovery in Victoria. Regional DHHS leads recovery in Victoria and local government plays a pivotal role in assisting DHHS in the provisions of services at the local level due to the close relationship Council has with the community.
Historically, the largest waves have occurred in autumn and winter, but this cannot be predicted with certainty.

This sub plan forms part of the Critical Incident and Business Continuity Planning for the University. Producing this plan is only one part of overall preparedness for pandemic influenza, it is communicated to stakeholders, tested and revised as required. A strategy has been developed to communicate key elements of the plan to all stakeholders and this will continue after release of the plan.

1.2 Aim

The aim of this plan is to minimise the affect an influenza pandemic will have on Victoria University and the impact on the University community.

The Victoria University Pandemic Influenza Plan will ensure that:

- Victoria University has arrangements in place to prevent, respond to and recover from any emergency relating to an influenza pandemic.

- Health, Safety and welfare of its students, staff, contractual partners and visitors are supported.

- University identifies activities which could reduce the impact of an influenza pandemic on the University community.

- Continued delivery of critical services to the community during a pandemic and attempt to maintain a level of service delivery across all areas.

- Ensure response activities are consistent across the whole of University.

The Pandemic Influenza Plan will bring together a range of stakeholders that have a key role in helping to reduce the impact and consequences of pandemic influenza, ensuring that it is both practical and relevant and to ensure that arrangements put in place are followed in the event of an influenza pandemic, whilst providing support and recovery assistance to our affected community, throughout the pandemic's duration.

1.3 Objectives

The objective of pandemic planning is to enable the Victoria University communities to be prepared to recognise and manage influenza pandemic. Planning may help to reduce transmission of the pandemic virus strain, to maintain essential services and to reduce the economic and social impact of a pandemic.

The action plan's objective are for Victoria University Colleges/departments is to:

- *Preparedness* - Undertake preparedness activities to reduce the impacts on the community during pandemic influenza;

- *Containment* - prevent transmission, implement infection control measures and provide services to people who are isolated or quarantined;

- *Maintain essential services* - provision for business continuity in the face of staff and student absenteeism;

- *Communications* - develop media and communication messages in line with whole of government messages to inform students and staff of any changes to normal service delivery;

- *Facilitate* accurate, timely and helpful communications to the University community.

The action plan sets out:

- The potential impacts and consequences of pandemic influenza;

- The preparation and response actions to mitigate these risks; and

- Communication considerations to ensure accurate and timely information to the University Council and the University Community.

1.3 Framework and background

In Victoria, an influenza pandemic would constitute an emergency under the *Emergency Management Act* 1986 & *Emergency Management Act* 2013. The Emergency Management Manual Victoria (EMMV) details the emergency roles and responsibilities of agencies in relation to the prevention, mitigation, and risk reduction, response and recovery components of emergencies. DHHS is the designated control agency for human illnesses/epidemics.

The Chief Health Officer also has a range of other powers to issue directions under the Public Health and Wellbeing Act 2008, refer to the [Victorian Health Management Plan for Pandemic Influenza 2014](#) for more information. Under these arrangements DHHS will provide information to communities and the general public using the media and internet.

1.4 Assumptions and planning principles

An influenza pandemic can begin at any time of the year and in any place in the world; it is expected to spread to the rest of the world within several weeks or months. The duration of a pandemic wave is expected to be from several weeks to a few month but will likely vary from country to country. As an influenza pandemic is likely to affect everyone in Victoria, no amount of planning will allow 'business as usual'. Some assumptions used to formulate this plan (which have also been considered in the development of the Business Continuity Plan) include:

- Identification of the critical business functions of Victoria University must continually deliver and what non critical business that can be reduced or ceased.
- Identification of staff required to deliver critical functions.

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- Identification of alternate sources of people to assist in delivering those critical functions and ensure they are cross trained to assist.
- Assessment of the viability of any suppliers and contractors or third party providers, including voluntary groups to continue to deliver their critical functions.
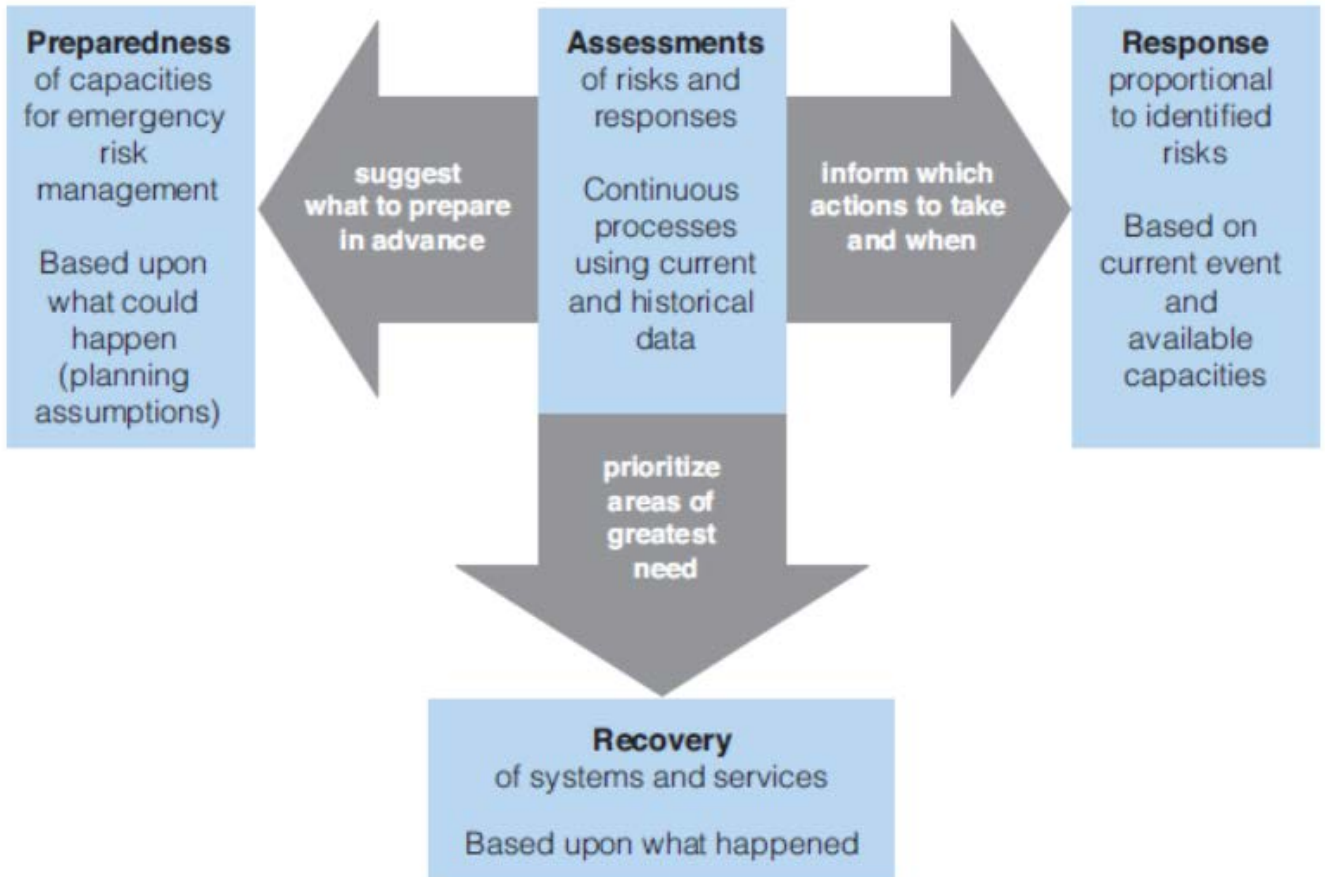
Table 6: WHO, 2013 p.21

An influenza pandemic will affect the University's ability to provide services to students and the community. During a pandemic the University will need to maintain core critical services (as identified in the Business Continuity Plans) such as:

- Student Services
- Waste management
- Regulatory services
- Media and Communications
- Emergency management functions
- People and Culture functions
- Provision of childcare services*
- Core IT Services

- VU Call centres
- Payroll
- Administration including business continuity implementation

__Note:__ In the event of a Pandemic, consideration would need to be given by the Business Continuity Team (BCMT) and the CIT to shutting down certain critical business functions in their entirety. This would be dependent on the level of the pandemic and risks of contamination between students and staff, and likely to be under direction from DHHS.

Further, staff responsible for non-critical functions may be redeployed to assist with the University's critical business functions or broader obligations under the Critical Incident and Pandemic Influenza Plan.

The BCP sub plans summarise each University department/College (overview, staffing and hours of operation, key contacts, minimum requirements and specialist needs), and also outlines each department's continuity strategy at the critical function level (Overall sub plan owner, deputy, support personnel, maximum acceptable outage time, recovery time objective, contingencies for various BCP scenarios).

1.4 Activation of the plan

The arrangements in this plan apply on a continuing basis.

The University may need to redirect resources from other programs. Planning for capacity and continuity of governance at the local levels and continuity of business is an essential components of pandemic influenza preparedness.

Prior to activation of the Pandemic Influenza plan, contact will be made with the University Incident Controller, Critical Incident Team, OHS Manager and Senior Project Coordinator Critical Incident and Business Continuity to discuss arrangements depending on the severity of the disease and the impact it has on the University community and its needs.

The Critical Incident Team will meet throughout the pandemic planning process and though the pandemic. This will occur most likely via teleconferencing to avoid close contact and reduce the risk of the virus spreading.

1.5 Ethical considerations

Preparedness planning for an influenza pandemic involves balancing potentially conflicting individual and the University interests. Ethics do not provide a prescribed set of policies; rather, ethical considerations will be shaped by the local context and cultural values.

- ***Protection of the University community*** – ensuring that the protection of the entire population remains a primary focus;

- ***Stewardship*** – that Critical Incident Team strive to make good decisions based on best available information;

- ***Trust*** – that Council decision makers strive to communicate in a timely and transparent manner to staff and the student community;

- ***Equity*** – providing service in an equitable manner, recognising the special needs, cultural values and religious beliefs of different members of our community;

- ***Proportionality*** – ensuring that measures taken are proportional to the threat;

- ***Reciprocity*** - ensuring that when individuals are asked to take measures or perform duties for the benefits of society as a whole, their acts are appropriately recognised and legitimate need associated with these acts are met where possible; and

- ***Privacy and confidentiality*** - of individuals is important and should be protected, however, under extraordinary conditions during a pandemic it may be necessary for some elements to be overridden to protect others.

1.6 Review and Exercise

The Victoria University Pandemic action plan will be reviewed on an annual basis in line with the review of the Critical Incident Management framework (or sooner if applied in a Pandemic, exercise, or change to relevant legislation or arrangements).

The review will be conducted by the Senior Project Coordinator- Critical Incident and Business Continuity in collaboration with the Occupational Health and Safety and Facilities department.

2.0   University Community Preparedness and Response

2.1 University Preparedness

A whole of University community approach to pandemic influenza preparedness emphasises the significant roles played not only by the University, but also by individuals, and the communities, in mitigating the effects of a pandemic. The National strategy for disaster resilience, developed by the Council of Australian Governments, highlights the responsibility of all of society to reduce the impacts and consequences of emergencies such as pandemic influenza. This plan seeks to improve the University community resilience through measures that will:

- Undertake preparedness activities to reduce the impacts of pandemic influenza;
- Reduce the potential impact on essential services of absenteeism;
- Take action to help contain the disease and assist all sectors of the University community to continue functioning; and
- Facilitate accurate and timely communications to the University staff and students

Developing capacities for mitigating the effects of a pandemic, including robust contingency and business continuity plans is at the heart of preparing the University for a Pandemic.

During a Pandemic these may include:

- Post impact assessment – gathering and processing of information;
- Environmental health management;
- Providing personal support services, such as counselling, advocacy.

In the event of a Pandemic, the University will:

- establish, manage and Staff a virtual student Support Service Centre;
- conduct a post impact assessment on the University community

The Critical Incident team would be implemented under the direction of the University Incident Controller (UIC). This team would undertake the following tasks:

- Review the potential social and business impacts of an influenza pandemic,
- Review identified vulnerable groups and vary according to the current situation;
- Review risk assessment and prioritise vulnerable groups and university service.

2.2 Communication

Clear and effective communication across stakeholder groups will aid in the response to pandemic influenza. It will assist the University community to understand the risks associated with pandemic influenza and how they should respond. Effective communication during the various stages of a pandemic is vital to help minimise transmission, provide continuity of essential services.

2.3 Preventing Spread of Infection

Good personal hygiene practices will play a vital role in preventing the spread of the influenza virus, these include:

- **Individual measures:** hand hygiene, respiratory hygiene, cough etiquette and immunisation is encouraged.
- **Appropriate personal protective equipment:** Where the use of PPE is recommended the equipment must be suitable and maintained. Appropriate training will be provided to those individuals using the PPE at a time prior to a pandemic to ensure competency and proficiency in its use.
- **Organisational and environmental measures**: social distancing and cleaning. Encourage staff vaccination when a customised pandemic vaccine becomes available.

Appropriate infection control measures will be crucial to preventing the spread of influenza. This includes:

- *Transmission*: Respiratory and contact spread will be the major modes of transmission in the community.
- *Respiratory*: when an infected person exhales, coughs or sneezes, their respiratory droplets can spread into the eyes, nose and mouth of an uninfected person. The uninfected person needs to be relatively close by – usually with in a metre.
  - o **Aerosol:** spread occurs through specific procedures within a healthcare setting.
- *Contact*: if an uninfected person has a virus on their hands and they touch their own eyes, nose or mouth they can infect themselves. A persons hands may be contaminated by touching used tissue, doorknobs or other items or surfaces that an infectious person has contaminated. Virus may be present in faeces, blood or other body fluids, but this is unlikely to be a significant route of transmission.

2.4 Survival of the virus on surfaces

The virus can survive if not cleaned/undisturbed and is potentially infectious for the following lengths of time:

- On hard non-porous surfaces such as stainless steel and plastic it can last up to 48 hours.
- On cloth, paper and tissues it can last up to 12 hours.
- On surfaces contaminated with blood of faeces it can last up to five days
- On unwashed hands it can last up to 30 minutes.

2.5 Measures to increase social distancing

Social distancing refers to various personal and physical infection control measures designed to reduce the risk of transmission between people. This comprises both service level and community level interventions to reduce the spread of a pandemic. Measures need to be implemented appropriately and progressively at different phase of a pandemic, in order to maximise their benefits and limit any unnecessary impact on communities and business to decrease the likelihood of spread of pandemic influenza. Interventions include:

- Avoid meeting people face to face- use telephones, video conferencing, minimise meeting times;
- Avoid unnecessary travel and cancel or defer nonessential meetings, gatherings, workshops and training sessions;
- If possible, arrange employees to work from home or work variable hours;
- Avoid public transport;
- Workplace closure: generally not recommended. Although some workplaces may be able to accommodate closure. This measure is only relevant if the Pandemic Influenza severity is moderate to high;
- Working from home: should be considered for pandemics with moderate to high severity when practical;
- Reactive University closure: not recommended;
- Proactive University closure: not generally recommended, could be considered when there is evidence of high severity or high transmissibility;

Cancellation of crowded places (e.g. festivals): not generally recommended, however can be considered in high severity and transmissibility at certain stages in the progress of the pandemic.

2.6 Emergency Risk Management

A risk based approach to pandemic influenza management is emphasised to the defined critical services and the University has developed flexible plans, which can be adjusted based on the risk assessment. The approach taken in this Pandemic Influenza Plan applies the principle of all hazards Emergency Risk Management (ERM). The objectives of emergency risk management for the University are to:

- strengthen capacities to manage University risks from all hazards;
- embed comprehensive ERM within the University; and
- enable and promote multi-departmental linkage and integration of University services and the University community.

Emergency risk management (ERM) for the University is based on the following principles:

- **Comprehensive risk management**: a focus on assessment and management of risks of emergencies rather than events.
- **All hazards approach**: Use, development and strengthening of elements and systems that are common to the management of risks of emergencies from all sources.
- **Multi-sectorial approach**: Recognition that all elements of University have capacities relevant to ERM.
- **Multidisciplinary approach**: Recognition of the roles of many disciplines in the University required to manage the risk of Pandemic influenza through risk assessment, mitigation, prevention, preparedness, response, recovery and capacity strengthening.
- **Community resilience**: Utilisation of capacities at the University community level for risk assessment, reporting, providing basic services, risk communication and long term community care and rehabilitation.
- **Ethical basis**: consideration of ethical principles throughout the Pandemic Influenza ERM activities.

The risk based approach to pandemic influenza phases (as represented in diagram below), is represented as a continuum, which shows the phases in the context of preparedness, response and recovery as part of an all-hazards approach to ERM. The underlying principles of the plan is the acknowledgment that ERM at University level needs to be flexible to accommodate different consequences with in the university community.
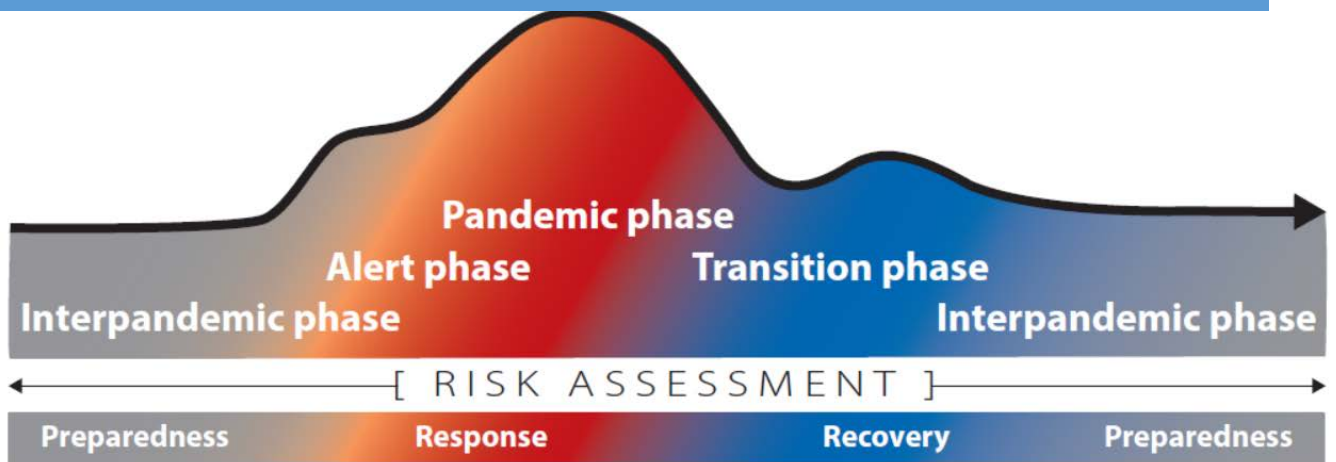
ª This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Table 3: WHO, 2013 p. 7

Six categories of essential emergency risk management components are: policies and resource management; planning and coordination; information and knowledge management; health infrastructure and logistics; health and related services; and community emergency risk management capacities.

2.7 Supporting International students

In line with the Education Services for Overseas Students Act 2000, and under Standard 6 of the 2018 ESOS Framework, VU is required to have documented processes for managing critical incidents that could affect overseas student's ability to undertake or complete a course, such as but not limited to incidents that may cause physical or psychological harm. The University will work with VU International and other relevant support services.

2.8 Staff support and internal arrangements

During a pandemic influenza many University staff may be affected and the University could suffer significant staff absenteeism because staff members may be sick or need to care for immediate family members who are sick.

University staff will need to be flexible to accommodate extra workloads while suffering staff shortages. However external support will be able and Council will be acting in concert with a large number of agencies to support the local community.

Appendix E outlines the key departments utilised in the event of an influenza pandemic.

A key focus of psychological support in the early stages of a pandemic will be the provision of personal support to University staff. An organisational incident action plan for pandemic influenza will have the following objectives:

- To reinforce with staff the need for thorough hygiene practices to minimise the influenza transmission.

- To make workplaces as safe as practically possible for staff through the implementation of containment activities as appropriate to the situation.

- To support staff to balance their work and home commitments at this time for potential excessive family support commitments.

- To support departments in endeavouring to ensure all essential services are maintained to meet legislative responsibilities to support the Moonee Valley Community.

- To provide staff and the community with accurate and consistent messages, using credible and trusted sources, ensuring the messages are aligned with the Victorian Government's pandemic communications strategy.

2.9 University Events and Facilities

2.9.1 Events

Crowded places have the potential to spread influenza among participants due to the close proximity of attendees. There are a number of major events that occur in the University and in neighbouring facilities that may be impacted upon by a pandemic. Such events could be postponed or cancelled by the Critical Incident Team as one of a range of measures to limit the spread of the influenza virus.

2.9.2 Facilities

Crowded places at the following University facilities may also be cancelled in order to limit the spread of infection:

- Libraries
- Lectures and Tutorials
- Learning Hub
- Sports Facilities
- Meeting rooms
- VUHQ Centres

2.10 Contractors

The University utilises the services of many different contractors in order to provide adequate services. During a pandemic the contractors that are required to continue to provide services include cleaning contractors employed to clean the University buildings will also be required to continue to provide their services.

2.11 Garbage and recycling services

2.12 Workforce education and training

Victoria University currently employs approximately 1700 staff, including casual staff located throughout the various campuses and office buildings.

In the event of a public health emergency such as an influenza pandemic, staff must be prepared to respond. Training workforce is an important step in preparation and encompass infection control and the use of personal protective equipment. The provision of information relating to the influenza pandemic will be promulgated through the email system. If email is unavailable hard copy notices will be used. Information will include details about personal hygiene measures that staff should be taking to protect themselves and their family. This information will be prepared by the Occupational Health and Safety Department throughout the pandemic on an as need basis. Staff will be encouraged to stay away from work if they are unwill to prevent further spread of the virus.

Educational posters about correct cough etiquette and hand washing will be placed in the University facilities toilets and tearooms as a reminder to staff of correct personal hygiene practices. Antibacterial hand gel will be provided to be used in conjunction with regular hand washing.

Staff will be encouraged to share any non-confidential information such as social distancing and personal hygiene with family and friends to assist in University wide communication, information sharing and education.

It is also important to ensure that staff are notified of changes to the provision of services before members of the public. This will ensure staff are kept informed and will assist in improved staff confidence and morale.

2.13 Other internal arrangements

Additional cleaning of University buildings will be arranged through the current cleaning contractor employed by University. Staff will also be encouraged to regularly clean their own work areas especially those that are in shared space. Focus will be on high contact areas such as computers, telephones, door handles, light switches and high traffic areas such as tea rooms and meeting rooms.

Personal support for staff and their immediate family is available through the Employee Assistance Program. This is a counselling service that staff can access for a range of issues at any time. The following measures will be implemented at identified phases to reduce the risk of transmission of the influenza virus:

Procedure	Available		Action
	Yes	**No**	
Hand washing facilities	√		
Promotion of basic hygiene practices, e.g. hand washing, cough etiquette	√		
Tissues and not touch receptacles for tissue disposal		√	Plastic lined bins. Continued monitoring
Conveniently located alcohol hand rub dispensers		√	
Provision of disposable surgical masks for use of persons who are coughing/sneezing		√	Departmental Managers are responsible for obtaining masks from the Environmental health team
Staff travel management plans		√	Departmental managers to restrict unnecessary work related travel within their team
Restricting entry to the workplace by staff and visitors with influenza symptoms		√	Pandemic Coordinator to provide restricted workplace entry protocols
Increased cleaning regimes Cleaning contractors utilising a neutral detergent	√		
Illness reporting scheme	√		

Table 2: Support Arrangements

2.14 Personal Protective Equipment

The use of personal protective equipment (PPE) and other organisational measures should be implemented during the response stages (initial and targeted). The following provisions/procedures

will need to be considered during an influenza pandemic to encourage good personal hygiene practices and reduce the risk of infection among staff:

Action	Considerations
Facilities for people to wash their hands frequently	• Ensure there is a supply of hot and cold water to hand wash basins in staff toilets at all Council owned and managed facilities. • Provide liquid hand soap and disposable paper towels in communal areas (i.e. tea stations) of all Council owned and managed facilities
Promotion of basic hygiene practices, including good hand washing and cough etiquette	Display DHHS posters promoting hand washing and cough etiquette in the staff toilets of all Council owned and managed facilities.
Tissues and no-touch receptacles for used tissue disposal	Staff to provide
Conveniently located dispensers of alcohol-based hand rub	Locate in central locations (i.e. entrances, tea stations) throughout Council owned and managed facilities.
Provision of disposable surgical masks for use by persons displaying influenza-like symptoms (i.e. fever, coughing, sneezing)	Staff displaying influenza-like symptoms should stay at home, surgical/N95 masks can be provided to staff who become unwell before they go home, to reduce the spread of infection. - Provision of N95 masks to HACC services should be considered as a priority
Provision of protective barriers such as glass or Perspex to protect staff who have frequent face-to-face contact with the public.	Recommendation - Citizen services Consider a 1.5m radius for customer service Implementation of an increased telephone customer service.
Staff travel management plans in place	• Explore the possibility of staff working from home • Discontinue/restrict Council car pooling • Provide PPE (i.e. alcohol wipes) in each Council vehicle.
Restricting entry to the workplace by staff and visitors with influenza symptoms	Develop signage as part of communication plan – liaise with Supervisor Signage & Line marking (Depot).
Increased cleaning regimes	Refer to Cleaning Specification document for details about call-out requests. This document is kept by the Civic Centre Co-ordinator.
Ensure cleaning contractors use a neutral detergent	Discuss with contractor to ensure appropriate cleaning detergents are used.
Illness Reporting Scheme	Follow existing Human Resources policies

3.0   Critical Incident Management

3.1 Pandemic Emergency Management

An effective control structure with clear lines of command and coordination is vital to the success of any emergency response. The accepted paradigm for emergency management in Victoria University is one of prevention/mitigation, preparedness, response and recovery as described in the Critical Incident Plan. This plan will adopt the same framework:

- *Prevention/Mitigation*- identification and assessment of hazards and the taking of actions to avoid the hazard:
  - o Pandemic phase- Inter-pandemic
  - o Objective to mitigate the risk of transmission
  - o Strategy – gain high vaccination coverage.

- *Preparedness*- The arrangements or plans to deal with an emergency or the effects of an emergency:
  - o Pandemic phase - Inter-pandemic and Alert phases;
  - o Objective - implement pandemic plan and associated infrastructure, monitor, open and transparent dialogue regarding pandemic preparedness with the University community.

- *Response*-The process of combating an emergency and of providing immediate relief for persons affected by an emergency.

  Objective: In the early phases of the pandemic, to contain the spread of infection; in later phases, ensuring the continuity of essential services.

  Strategy: during the pandemic response stage, the emergency response system will be utilised, the critical incident team will be operating.

- *Recovery*- returning the organisation and the community to its normal level of functioning after an emergency*. Pandemic phase:* Pandemic

  Objectives: to resume to normal functioning; restock equipment to pre pandemic levels
  - o Analyse the risk of subsequent waves of the pandemic and plan accordingly.
  - o Debrief personnel in the pandemic response.

3.2 The role of CIT Arrangements

In the event of an emergency such as a pandemic it is the role of the CIT to ensure the provision of essential services to the University. The University considers the following items to be of high priority during a pandemic:

- Continuation of essential services provided to the community by the University. For further details see the Business continuity section of this plan.
- The University Council will provide an important leadership role through existing partnerships with community service providers in the following areas:
    o University support and recovery
    o Local essential services
    o Business continuity

3.3 Roles, Responsibilities and Pandemic Plan Management Structures

A range of preparedness and response activities are necessary to detect, respond to and control an influent pandemic. These will be implemented based on the severity of the pandemic and are listed in preparedness and response activities.

In order to be able to make clear and timely decisions and to have a uniform policy that is endorsed by the University Senior Executive Group, it is essential to know who is in charge of different activities and how that might change is a limited outbreak becomes a major emergency. Based on best available information to guide actions at each stage and actions will be based on the severity of the pandemic. Including, activities identified in any given Pandemic stage may not necessarily be completed during that stage; they may continue in subsequent stages.

- Redirection of resources form other programs for planning for continuity of pandemic influenza preparedness will be required.

- Coordination of resources across the University will occur using existing coordination measures and will be essential for an effective response.

Consideration of high risk population needs will be assessed and included with the planning and response stages

The University Incident Controller (UIC) will implement the following strategies in response to a pandemic:

- Call a meeting of the Critical Incident Team;
- Form an incident action plan;

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- Strengthen infectious disease control measures to minimise or prevent the spread of influenza in the workplace by promoting good hand washing practices, cough etiquette, provision of alcohol base hand rub, increased cleaning regimes and ensuring cleaning contractors use a neutral detergent;

- Provide clear, timely and pro-active communication to staff and students including how the University is responding to the situation;

- Provide appropriate personal protective equipment to staff if required;

- Social distancing if symptomatic to minimise the risk of infecting others;

- Review and strengthen infectious disease control measures and exclusion policies in all University facilities and child care centres;

- Review of University's business continuity plan/s.

3.4 Roles & Responsibilities

Role	Reports to	Summary of Activities and responsibilities
University Incident Controller (UIC)	SEG	• The position is ultimately responsible for all actions undertaken by the CIT during a pandemic/epidemic event and although responsibilities will normally be delegated to other officers. • Overall responsibility for the management of all response activities undertaken to respond to the pandemic • The collection, analysis and dissemination of information regarding the pandemic • Undertaking a risk assessment to identify operational risks and implementing risk treatments • Consideration of impacts, or potential impacts, of the pandemic on the University community • Strategies to provide information and warnings if required. • Facilitating media management • Identify critical staff and functions • Brief VC and/or DVC of response activities • Nominate a DHHS liaison • Restrict entry to workplace by sick staff • Provide regular updates to the University Community • Communicate action plan and maintain records on SharePoint • Purchase and distribute PPE
OHS Manager	UIC	• Act as deputy Pandemic Coordinator • Monitor measures to reduce the risk of contamination in the workplace • Provide health information, hygiene & social distancing messages to staff and general public •
People and Culture	UIC	• Responsible for deployment of staff • Ensure University OH&S policies and staff welfare are

Business Partners		• primary considerations • Support staff with family commitments and work from home options if possible
Business Continuity Management Team (BCMT)	UIC	• Responsible for the operation of the University service delivery and provision of support to the emergency management team. • Ensure business continuity is maintained for critical functions • Assist with acquiring and providing resources
Director Media and Content	UIC	• Consider implementing a communications plan in conjunction with DHHS messaging • Coordinate public and media communications & local media • Update University website including status reports, advice, contact & information sources • Provide information on scaled down/closed services via University website, social media & local media
DVC		• Update Council members as required
Managers of Departments		• Restrict unnecessary work related travel and send sick staff home • Inform staff of immunisation procedures
ICT Director		• Ensure critical business areas have access to remote working systems
Call Centre	Director Media and Communications	• Implement an automated voice system to give the option for incoming calls to be directed to a recorded message providing a pandemic status update

3.5 Response per pandemic phase

3.5.1 Preparedness

- Ensure communications strategies are up to date and stakeholders are fully briefed;
- Ensure all communication templates, tools and information required are up to date and available on the department's website.

3.5.2 Standby

- Ensure the Critical Incident Communications plan and internal communication strategy are being prepared with key messages including:
  - The current situation- what we know, what we don't know, what we are doing and what you can do.
  - What is influenza- describe disease, transmission/prevention and treatment, a definition of pandemic.
  - Describe the planned response, where to go for help and information and who are considered the 'at risk' groups.

3.6 Initial response

- Activate Critical Incident Communications plan, update and disseminate key messages.
- Promote workplace containment measures.

3.7 Targeted response

Messages focuses on:
- Promotion of workplace measures- presentieesim, absenteeism, business continuity.

3.8 Stand-down

- The pandemic is under control but remain vigilant while bringing a 'return to normal' situation.
- Remain alert for the next pandemic wave.
- Commence a formal evaluation of communication strategies.

4.0   Business Continuity

4.1 Social and economic consequences

Pandemic influenza can cause significant disruptions to the University as it has the potential to result in high levels of absenteeism. The social distancing measures that may be required will have wide ranging effects, with closures of campuses and child care services, and cancellation of public events. It is estimated that up to 40% of the workforce may withdraw from work at any one time due to illness, the need to care for family members, to the fear of contacting the virus in the workplace or on public transport.

At the organisational level, a pandemic will create unique challenges as it is impossible to predict the timing or severity of a pandemic; however Victoria University has appropriate business continuity plans in place to continue to function, while also exercising a duty of care to employees to protect their health and safety.

As part of the University's Risk Management process a Business Continuity Plan (BCP) has been developed to identify critical business functions and formulate appropriate response strategies to minimise the impact or outage time of a serious incident on critical business functions and other business responsibilities such as the preparation for the direct impacts of extended staff absences during a human influenza pandemic – 40% during the peak of the pandemic.

In an influenza pandemic, the University will ensure they are able to continue delivering critical business functions through effective BCP.

4.2 Business continuity table

The CIT maintains a list of critical services to be provided to the community and the requirements for these services to operate.

The following table outlines how available University staff that are not included as a critical service may be utilised in the event of a pandemic.

Possible available staff	Skills that can be utilised	Areas they can assist
Childcare centre staff	Trained in infection control Aware of outbreak procedures	
Governance Officers	Administration	Communication
Finance and accounting	Administration	Strategic Procurement
Student Support/Student Union	Close contact with the University community and community groups	Emergency Management (Recovery)
Community & Economic Development	Local knowledge and close contact with the community	Emergency management (recovery)
Library Staff	Administration	Call Centre/service centre

	Recovery centre

Table 7: Business Continuity

Further, as part of the BCP arrangements, the University has developed a non-critical skills matrix, which is a composition of all staff who are assigned to non-critical functions, and provides details of skillsets including qualifications, language skills, and other core competencies. This matrix is maintained on SharePoint and will be key for identifying possible available resources by the Business Continuity Management Team (BCMT) and CIT.

5.0 Preparedness and response activities

Priorities will change with the different pandemic stages and as new information becomes available. The defined critical service department's response priorities to a pandemic form the basis for the University's strategic intent, which it to limit the morbidity and mortality from pandemic influenza, and to limit the impact on the health and wellbeing of the University community by:

- Seasonal influenza vaccination for all staff.
- Ongoing education to all staff on infection prevention and control measures for influenza.
- Communicating accurate and timely information to all stakeholders and the community.
- Business continuity arrangements for increased absenteeism to ensure that essential services are continued during an influenza pandemic.
- Assist with providing vaccination services to the local community as appropriate (see Mass Vaccination Centres guidelines).
- Review stocks of PPE and other supplies and equipment and ensure arrangements are in place to increase capacity. Ensure staff are trained in its use.
- Provide services to people who are isolated or quarantined.

5.1 Preparedness activities

- Communicate preparedness planning to your staff and develop protocols for staff communication during an influenza pandemic.
- Develop a process for communicating to the University community.
- Develop procedures to support people in home isolation or quarantine.
- Refer to Business Continuity Plans.

5.2 Standby

The standby stage is characterised by activities and key messages that focus on commencing arrangements in preparation for an impending influenza pandemic. This includes:

- Activation of Pandemic Influenza plan;
- 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 overtimes and use of sick and carers leave; and
- Ensure staff have knowledge of PPE and its use. Provide training if required and maintain adequate levels of stock.

5.3 Initial response

The initial response stage is characterised by activities that focus on minimising transmission. Where applicable:

- Continued implementation of the pandemic plan;
- Prioritise University critical business functions, refer to BCP
- Ensure access to Chief Health Officer Alerts; and
- Implement changes to staffing levels as appropriate in response to increased demands.

5.4 Targeted response

The targeted response stage is characterised by the demand for services. Demand for urgent services, combined with staff absenteeism, is likely to be high. Where applicable:

- Continue to implement pandemic plan and business continuity plans/accompanying sub plans).
- Prioritise University critical business functions. Consider activities that were delayed in the previous stage based on BCP, for non-critical functions reduced or ceased, reassign resources to assist the Pandemic subcommittee.

5.4 Initial/targeted response activities

- Establish an Emergency Operations Centre (EOC), either formally or in virtual form (teleconference), to determine which elements of the pandemic sub plan need to be implemented.
- Maintain EOC activity as required throughout the onset of the pandemic.
- Develop a strategy to establish and deliver University community support services. The nature of these will vary, depending on the degree of impact. Similarly, how they are delivered will also vary.
- Consider arrangements for minimising the risk of infection in the workplace.
  - Implement remote work arrangements if applicable;
  - Use alternate not face to face work arrangements;
  - Introduce additional cleaning and disinfecting (handrails, door handles, lift controls, telephones, rubbish bins);
  - Use PPE and protective barriers for staff in customer interactive roles; and
  - Liaise with DHHS for up to date information.

5.5 Stand down

- Return to preparedness activities;
- Undertake operational debriefs and update pandemic influenza to reflect lessons learnt;

- Restock inventory of PPE and replenish supplies for normal service and future events;

- Conduct staff debrief;

- Ensure appropriate support services are offered to staff;

- Review plans and prepare for the next influenza pandemic using lessons learnt;

- Continue recovery processes to assist with the University's resilience.

6.0   Recovery

6.1 (Secondary) Post impact (loss) assessment

Following a Pandemic it is important to conduct a post impact assessment as soon as possible to prioritise recovery activities for the University. An assessment will ensure key messages are provided to the University community in a timely manner.

An immediate assessment will be conducted to examine how the staff/student population has been affected. This assessment should also identify any continuing hazards or issues that need to be addressed allowing measures or actions to be undertaken.

An assessment of critical services should be conducted as this stage including both external services and internal services. Business continuity plans should be activated at this stage. The level in which these are done will depend on the impact the pandemic. The needs of the University community and the Critical Incident Teams ability to provide critical services should be more clearly known by this stage and recovery strategies can be activated.

Ongoing assessment will continue throughout the pandemic and recovery phase to ensure the priorities of the University community are being met.

It is important that response activities for a pandemic be selected and implemented to most likely to promote robust recovery.

After the pandemic wave is over, it can be expected that many people will be affected in a variety of ways. Many VU Community may have lost friends or relatives, suffer from fatigue or have financial losses as a result of the interruption of business.

Appendix A: Pandemic Action Plan Template

Australian Pandemic Alert Phase		Main Strategy	Actions	Responsible Areas of University for Action	Impact on University Services	University Staff to be Alerted
Preparedness **No novel strain detected (or emerging strain under initial investigation)**		Undertake pandemic influenza planning and ensure business continuity and community support & recovery issues such as increased demand for services, staff absenteeism are addressed. Promote seasonal influenza vaccination to VU staff	• Establish CIT • Review BCP & detailed departmental sub plans • Develop essential services matrix using the template • Purchase supply of PPE for immunisation requirements • Conduct pre-winter free seasonal influenza vaccination for VU staff • Communicate key messages (i.e. Good hygiene practices)to VU staff & students	Critical Incident and Business Continuity Committee Risk Management OHS All business units	No impact on University services. University to operate as per normal business continuity.	• SEG • Council • CIT
Response	**Standby** Sustained community person to person transmission	Prepare to commence business continuity arrangements.	Business Continuity Managers to review BCPs Confirm supply status for PPE and other required supplies Maintain regular updates on status of influenza outbreaks and location of outbreaks	Communications Department OHS CIT Snr Coordinator Critical Incident and Business Continuity	University to operate as per BAU	

	overseas		Issue media statement if required			
Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.	**Action** **Cases detected in Australia**	Containment	Communicate key messages (i.e. Good hygiene practices) to VU staff & students Possible closure of University facilities Possible cancellation of events Confirm supply status for PPE and other required supplies Potential activation of EOC to coordinate provision of support services	Communications Department OHS CIT Snr Coordinator Critical Incident and Business Continuity Affected departments		All VU Staff & Students Comms Department SEG

		University Community support & recovery		CIT Snr Coordinator Critical Incident and Business Continuity OHS		
		Business Continuity	Refer to BCP & critical services matrix	Risk Management Business Continuity Management Team (BCMT) CIT Snr Coordinator Critical Incident and Business Continuity	Impact on University Services depend on implementation of the Critical Services Matrix	All VU staff
			Issue media statement if required	CIT Communications Department		Media Liaison Officer
	Stand-down Public health threat can be managed within normal arrangements and monitoring for change is in place	Support and maintain Cease activities no longer needed		Communications Department OHS		All VU staff

Appendix B Critical Service Matrix Template

Business Unit	Operational Element/ Function	What support systems/groups are critical to these business functions?	What is being done to ensure this critical function will be maintained?
Information & Communication Technology	Update web site Help desk information IT support & maintenance	Off-site backup storage Intranet/internet	Consider increased demand for staff is remote access is required
Payroll	Payroll/ Finance	Payroll Email	Provision of payroll from remote location
People, & Culture		• Personnel support • Payroll administration • Risk Management • OH&S • Insurance	• Learning & Development • Recruitment • Health & Wellbeing • Personnel support • Internal confidentiality issues
Communications		University community communications advice and implementation including: • Publications/design work • Updating University website, intranet and social media with pandemic information • Media liaison • Advertising	Most communications activities can be undertaken remotely

Student Services		• Customer service –telephone queries • Customer service – increased queries from the community about the services offered by University, changes to University services	
Facilities Management		• Waste collection • Management of Stores • Facilities Management & Maintenance	•
OHS		• Health Act Premises surveillance • Sampling surveys • Workplace immunisations for external organisations • Information/Advice regarding influenza	

Appendix C: VU Communications Action Plan

Preparedness/Standby/Initial Response

Communication Medium	Task	Action	Responsibility	Audience
update email to staff/students/parents	Regular Update emails to staff to remind them to check official channels of information to get influenza updates	Weekly	Communications Officer	Internal Staff
Fact sheet/s for staff/students/parents	Fact sheet developed using DHHS info to have up on intranet – tips on how to protect yourself from getting influenza virus		Communications Officer	Internal Staff
Council update	Establish a permanent link to e-bulletin to the DHHS info site	Monitor	Communication Officer	Chancellor, DVC
Senior Executive Group	Update managers via email and get them to encourage their staff to refer to official channels of information	Weekly		Senior staff
Leadership Forum	Provide an overview of how University is preparing for the pandemic, possible impacts etc.			All senior staff
Q and A	Develop Q and A for key service area of the University	Monitor weekly		Key staff
Councillor Briefing	Provide Councillors with an overview of the plan, communications, etc.	Weekly		Councillors
Website	Create link on the website to DHHS site and promote the influenza hotline, along with relevant Council updates	As requested		
Social media	Promote the Influenza hotline, along with relevant Council updates	As requested	Communications	Residents

Appendix D: Preventing Spread of Infection

Key messages

- Turn away from other people
- Personal hygiene is pivotal to protecting yourself and your family
- Cover your mouth and nose with your hands or a tissue when sneezing or coughing. Dispose of tissue and wash your hands
- Use disposable tissues rather than a handkerchief (which could store the virus)
- Put used tissues into the nearest bin, rather than a pocket or handbag
- Wash your hands thoroughly and regularly, or use an alcohol hand rub, as soon as possible afterwards.
- If you are unwell, stay at home to reduce the risk of you spreading illness. While you may have a mild illness it may be more severe for others.
- If you share a work area with others keep it clean, wipe down the commonly used areas such as the computer keyboard, telephone etc.
- Don't share personal items, the flu virus can spread when someone touches an object which has the virus on it and then touches his or her eyes, nose or mouth
- Look out for others that are at higher risk of severe illness, in particular avoid contact with them if you are unwell.
- Be prepared to be isolated if unwell

Clean Surfaces

Influenza viruses can live on surfaces for several hours; therefore attention to cleaning, particularly of frequently touched surfaces, may assist in preventing transmission. If a staff member has the flu, you should regularly clean surfaces such as tables, benches, fridge doors, door knobs and hand rails with soap and water or detergent.

If required Council's cleaning contractor may be called on to provide extra cleaning services, this may be organised through the Civic Centre Coordinator.

Measures to increase social distancing

Another strategy to protect staff is minimising their contact with others. Crowded places and large gatherings of people should be avoided, whether inside or outside. Because the virus can travel up to one metre when someone sneezes or coughs, a distance of at least one metre could reduce the propensity to be infected. Visiting or other contact with unwell people should be avoided, wherever practicable.

How to minimise contact

- avoid any unnecessary travel and cancel or defer non-essential meetings/gatherings/workshops/training sessions
- if possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace
- practice shift changes where one shift leaves the workplace before the new shift arrives. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning
- avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport
- bring lunch and eat it at your desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced
- do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area
- if a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air.
- set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery
- encourage staff to avoid large gatherings where they might come into contact with infectious people.

Appendix E: Sneeze Etiquette Poster

Appendix F: Hand Washing Posters

Washing your hands regularly with soap and water or using an alcohol-based product (gels, rinses, foams - available at supermarkets and pharmacies) that does not require water - even when they aren't visibly dirty - is effective in killing the flu virus.

Always wash your hands:

- after you've been to the toilet;
- after coughing, sneezing or blowing your nose;
- after being in contact with someone who has a cold or flu;
- before touching your eyes, nose or mouth; and
- before preparing food and eating.

Victoria University Pandemic Influenza plan
2018 review V1.1

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the handwash (steps 2-7): 15-20 seconds
Duration of the entire procedure: 40-60 seconds
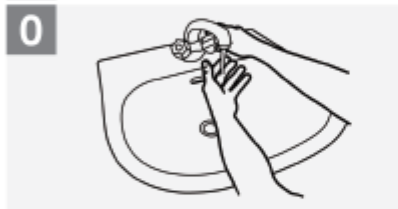
0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;
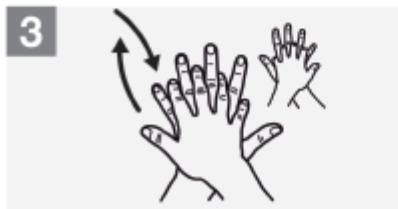
2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;
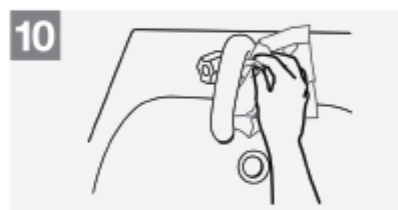
10 Use towel to turn off faucet;
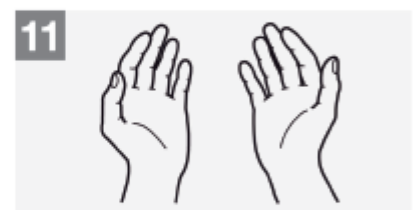
11 Your hands are now safe.

World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Victoria University Pandemic Influenza plan
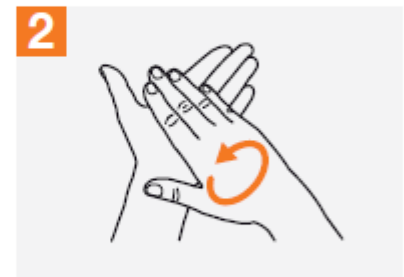2018 review V1.1

How to Handrub?

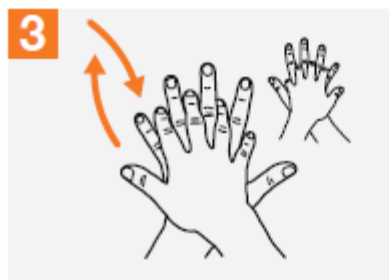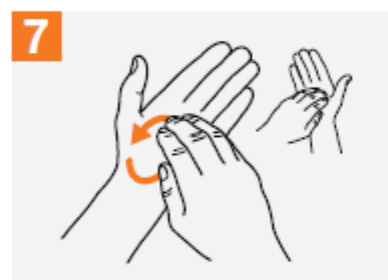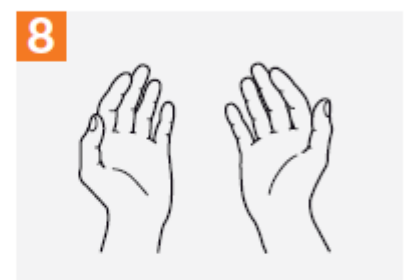**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

Duration of the entire procedure: 20-30 seconds

1a
Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

2
Rub hands palm to palm;

3
Right palm over left dorsum with interlaced fingers and vice versa;

4
Palm to palm with fingers interlaced;

5
Backs of fingers to opposing palms with fingers interlocked;

6
Rotational rubbing of left thumb clasped in right palm and vice versa;

7
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8
Once dry, your hands are safe.

World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

APPENDIX G: MEDIA UPDATE

Date:

<div align="center">

Victoria University announcement
Pandemic Influenza update

</div>

<u>Possible comments in response to deaths:</u>

Comments from the Vice Chancellor:

Victoria University was informed at *(time)* that a staff/student passed away from the Influenza virus.

What we know so far is…

We were devastated to receive this news and out thoughts and prayers are with the staff/students family and friends.

Our priority now is to continue assisting the Emergency Management Victoria and the Department of Health and Human Services, who is the lead agency in this crisis and provide as much help and support to our local community as possible.

Victoria University, under the guidance of the Department of Health and Human Services, has cancelled several events.

I encourage all staff and students to get updates from University's website at www.vu.edu.au and continue referring to official channels of information for the latest news on the situation.

Thank you

_____

APPENDIX H: STAFF INFLUENZA NOTICE

STAFF INFLUENZA NOTICE

Influenza is a contagious disease. To help reduce the spread of Influenza in this workplace, the following actions are required of everybody.

DO NOT COME TO WORK IF YOU HAVE

- Chills, shivering and a fever (temperature >38°C)

- Muscle aches and pains

- Sore throat

- Dry cough

- Trouble breathing

- Sneezing

- Stuffy or runny nose

- Extreme tiredness

If some or the above symptoms apply to you, please stay at home, seek medical advice and wait until you have recovered before returning to work.

If you start to feel ill at work with the above symptoms advise your Manager and keep at least one metre away from others.

If you have recently arrived or returned from overseas, you may be at risk from influenza, and you should advise your manager.

Appendix I: References/Resources

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Victorian Department of Health and Human Services 2015, *Victorian Action Plan for Pandemic Influenza*, Melbourne.

Victorian Department of Health and Human Services 2014, *Victorian Health Management Plan for Pandemic Influenza*, Melbourne.

World Health Organisation 2005, *WHO checklist for influenza pandemic preparedness planning, Geneva.*

World Health Organisation 2009, *Pandemic Influenza Preparedness and Response: A WHO guidance document*, Geneva.

World Health Organisation 2013, *Pandemic Influenza Risk Management WHO Interim Guidance,* Geneva.

Local Plans & Processes

- Victoria University Critical Incident, Emergency Planning and Business Continuity Policy
- Local Business Continuity Plans

Legislation relevant:

- *Public Health and Wellbeing Act* 2008
- *Public Health and Wellbeing Regulations* 2009
- *Essential Services (Year 200) Act* 1999
- *Local Government Act* 1989.
- *Biosecurity Act* 2015
- *National Health Security Act* 2007
- *International Health Regulations* 2005