

Queensland
Pandemic Influenza Plan
2009



Queensland Pandemic Influenza Plan 2009

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Premier's Foreword

The risk of a human influenza pandemic occurring in Australia has intensified with the influenza A (H1N1) (human swine influenza) virus quickly crossing borders and spreading through countries around the world.

Queensland's response to an influenza pandemic is based on the state's well-practiced and refined disaster management system. This is the system used to respond to cyclones, floods, severe storms and other disasters.

Specific arrangements supplement this system in recognition of the unique and largely unpredictable nature of pandemic influenza and the public health requirements this brings.

This government's primary focus is on protecting people, communities and businesses by making good decisions that are informed by health professionals and proportionate to the threat we face.

This Plan builds on those developed in 2006 when avian influenza caused significant public health concerns. It is also consistent with the *National Action Plan for Human Influenza Pandemic* and *Australian Health Management Plan for Pandemic Influenza* which the Queensland Government helped prepare with the Australian Government, other state and territory governments and the Australian Local Government Association.

The World Health Organization (WHO) recommends a 'whole-of-society' approach to the roles and responsibilities in preparedness and response to pandemic influenza. This is certainly the approach taken by my government to enable us to prevent, prepare for, respond to and recover from pandemic influenza. Working across governments, and with industry and the community we are well placed to minimise effects on Queenslanders.

Anna Bligh MP
Premier of Queensland

12 May 2009

Part 1

Introduction

Pandemic influenza poses a genuine threat to all Australians, whether it arises as a result of the recent Human Swine Flu epidemic or another virus altogether. The World Health Organization (WHO) warns that the world will face another pandemic – it is just a matter of time.

Queensland is fortunate to have a well-practiced and refined disaster management system, which would form the basis of a state response to an influenza (or ‘flu’) pandemic. However, a flu pandemic is a unique and unpredictable disaster that requires additional efforts across Queensland to strengthen existing arrangements.

A flu pandemic occurs when a new subtype of flu virus emerges in humans, causing serious disease and spreading easily and rapidly to infect large numbers of people worldwide. Unlike other disasters, a flu pandemic could be prolonged for over a year, causing large global numbers of illness, fatalities, economic downturn and hardship across many sectors of society.

A flu pandemic will not directly affect physical infrastructure or assets. However, its impacts will also not be limited to those infected. It is anticipated that many people may choose to withdraw from the workplace and from society in fear of becoming infected. Others will be unable to participate in normal activities because they are caring for children, family and friends.

The measures that governments may take to reduce the impacts of a pandemic – including recommending that people avoid crowded places, closing schools and child care centres, and quarantining potentially infected people – could cause significant social disruption. Businesses will likely notice that demand for some goods will drop, while demand for services such as health and welfare could stretch existing resources. Communities will need to find innovative ways to support each other while avoiding traditional activities that bring people together physically.

Response and recovery plans must be flexible and adaptable to the new and largely unknown virus that finally emerges, and the resources available. Plans must also acknowledge that cooperation between countries, states and territories will be more important than ever before.

Although planning for such a large disaster can seem overwhelming, there are steps that every government, council, business, family and individual can take to prepare. The Australian Government, all states and territories and the Australian Local Government Association have undertaken much work over recent years to be able to respond effectively to an influenza pandemic when it occurs. Ongoing efforts will be important if we are to successfully meet the challenges posed by such a disaster.

Purpose

The overarching aim of all Australian governments when planning for an influenza pandemic is to protect Australians and to reduce the impact of a pandemic on society and the economy.

The purpose of the Queensland Pandemic Influenza Plan (‘the Plan’) is to describe the State governance arrangements and key strategies to prepare for, respond to and recover from an influenza pandemic in Queensland.

The Plan explains the strategic coordination arrangements between the Queensland and Australian governments, other states and territories and the Australian Local Government Association, and is consistent with the *National Action Plan for Human Influenza Pandemic* (NAP) and the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) (see Figure 1).

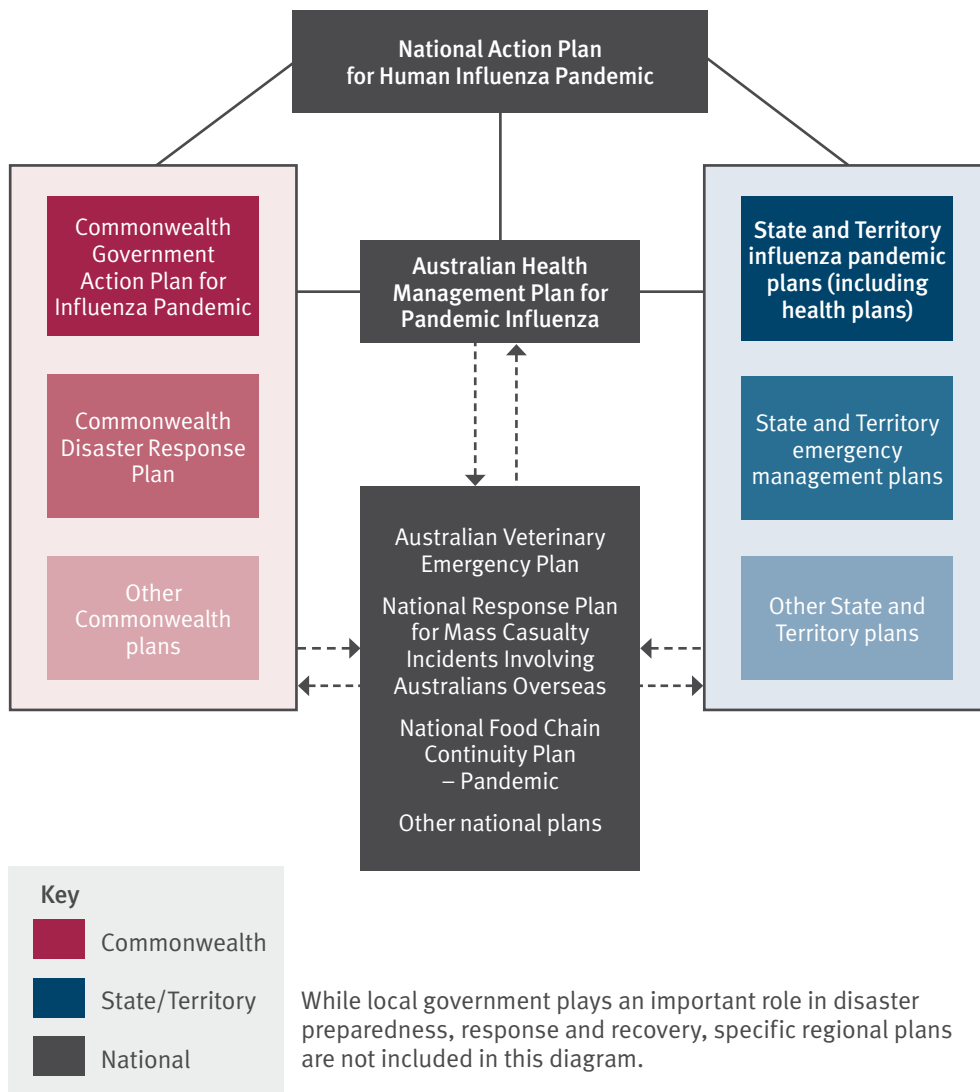
In the event of a pandemic, these arrangements will assist the Queensland Government to work collaboratively with the right partners, make decisions quickly, take action to reduce the impact of the virus, and help our communities to recover as quickly as possible.

The Plan also includes advice for Queenslanders on basic measures to protect themselves, and recommends useful further resources for individuals, communities, businesses and councils.

The Department of the Premier and Cabinet (DPC) will maintain the Plan in consultation with Queensland Health (QH) and on behalf of the State Disaster Management Group (SDMG). DPC will coordinate a review of the Plan when necessary to reflect: (i) significant developments in health and scientific advice about the nature of a likely pandemic; or (ii) significant developments in emergency management arrangements which would affect the implementation of the Plan.

Figure 1:
Key Australian plans for pandemic influenza

(reproduced from the National Action Plan for Human Influenza Pandemic)



Part 2

Pandemic Influenza

The threat of pandemic influenza

It is not possible to predict when the next influenza pandemic might occur. Of particular concern at the time of writing is WHO advice that the current strain of H1N1 Influenza 09 (Human Swine Influenza) could trigger a new pandemic.

To be labelled an 'influenza pandemic', a new virus must be well-adapted to pass easily between humans, causing serious illness or death. While Human Swine Influenza is not currently causing high rates of hospitalisation or death, health research into this virus continues. Influenza viruses are known to mutate constantly and mix with other influenza viruses. Human infections with Human Swine Influenza or avian influenza are thought to provide opportunities for those viruses to change their characteristics. Usually influenza viruses become less virulent throughout the course of a pandemic.

When another influenza pandemic does occur, the extent of its impact will depend on how easily the particular strain of the virus is transmitted and the severity of illness it generates. A severe influenza pandemic in Australia will be unlike any other modern disaster, and will create new challenges for governments, industries and communities. It may emerge rapidly and spread quickly across the country, causing illness and fatalities, and generating unprecedented levels of fear and anxiety. The WHO recommends that all countries prepare.

Planning context

The *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) provides authoritative advice for all Australians regarding the likely nature of an influenza pandemic virus and how the health sector will respond. It is based on international evidence and best practice, and forms the basis for pandemic influenza planning in all Australian jurisdictions. The AHMPPI is available at www.flupandemic.gov.au.

The Australian Government Department of Health and Ageing (DoHA) will reassess the AHMPPI as quickly as possible in the event of a pandemic.

Assumptions

In line with the AHMPPI, the Queensland Government has adopted the following key assumptions for the purposes of nationally consistent planning.

- An influenza pandemic will most likely emerge overseas, and will probably be imported into Australia via an infected traveller. International travel may bring the virus to Australia quickly, and planning should ensure Queensland can move quickly from preparedness activities to immediate response if required.
- The flu pandemic will spread between people in two main ways: (i) respiratory droplets from an infected person's coughs or sneezes to an uninfected person in relative proximity (usually within one metre); and (ii) an uninfected person touching a contaminated surface or fluid and then touching their mouth, nose or eyes.
- Up to 40% of the population could show clinical signs of infection during a pandemic, but this could be reduced to 10% if effective mitigation measures are in place. Up to 2.4% of those infected could die, but this could be halved to 1.2% with appropriate medical care (early antiviral and antibiotic therapy).
- Between 30-50% of the population may not attend work at the peak of a pandemic.
- The duration of a pandemic in Australia could be 7 to 10 months in a single wave or could occur in multiple waves. DoHA anticipates that a pandemic-specific vaccine could be available in Australia in time to prevent subsequent waves. However, it could take up to a year before sufficient vaccine is available to bring the pandemic under control in Australia.
- Disruption to services could last for up to two years.

Phases

It is likely that a pandemic will move through a number of different 'phases' as it spreads. The WHO describes six global phases. Australia has aligned its anticipated phases with the WHO phases to guide the Australian response (see Figure 2). However, the Australian and WHO phases may not be the same at all times, and the pandemic could move very quickly through phases or skip phases. The current Australian phase is available at www.flupandemic.gov.au.

Process for changing phases

The Australian Government DoHA maintains international surveillance and monitors the emergence of influenza viruses overseas.

When a concern arises, the Australian Government Chief Medical Officer (CMO) will convene a meeting of the Expert Advisory Group (EAG) on Pandemic Influenza, which will advise the CMO about the appropriateness of a change in phase.

Should a phase change be recommended, the CMO will provide advice to the Australian Government Minister for Health and Ageing, the Australian Health Protection Committee (AHPC) and Chief Executive Officers of state and territory health departments.

The Australian Government Minister for Health and Ageing will advise the Prime Minister, state and territory health ministers and the appropriate Australian Government ministers.

The Prime Minister will inform state Premiers, territory Chief Ministers and the Governor-General.

The Prime Minister will then make a formal announcement of the phase change.

The duration of phases will depend on the success of mitigation measures and the availability of a vaccine. Some mitigation measures may extend the overall duration of a pandemic, but will decrease the number of Australians infected at one time.

Figure 2:
Phases of human influenza pandemic
(reproduced from the National Action Plan for Human Influenza Pandemic)

		Global phase	Australian phase	Description of phase	AHMPPI 2008
Recovery	Prevention and Preparedness		AUS 0	No circulating animal influenza subtypes in Australia that have caused human disease	Australian phases
		1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low	
			AUS 1	Animal infection in Australia: the risk of human infection or disease is considered low	
		2	Overseas 2	Animal infection overseas: substantial risk of human disease	
			AUS 2	Animal infection in Australia: substantial risk of human disease	
		3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact	
	AUS 3		Human infection in Australia with new subtype/s but no human to human spread or at most rare instances of spread to a close contact		
	Response	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans	Delay
			AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans	
		5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)	Delay
			AUS 5	Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)	
		6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population	Delay
AUS 6a			Pandemic in Australia: localised (one area of country)	Contain	
AUS 6b	Pandemic in Australia: widespread		Sustain		
Recover		AUS 6c	Pandemic in Australia: subsiding	Control	
		AUS 6d	Pandemic in Australia: next wave	Recover	
Recovery					

Ethical decision-making

Governments will have to make many difficult decisions during an influenza pandemic about a wide range of response and recovery issues. The Australian Health Protection Committee has agreed to the following ethical framework to guide the health sector response, which has wider applicability.

- **Protection of the public:** ensuring that the protection of the entire population remains a primary focus.
- **Stewardship:** that leaders strive to make good decisions based on best available evidence.
- **Trust:** that health decision makers strive to communicate in a timely and transparent manner to the public and those within the health system.
- **Equity:** providing care in an equitable manner, recognising the special needs, cultural values and religious beliefs of different members of our community—this is especially important when providing health services to vulnerable individuals, such as Aboriginal and Torres Strait Islander peoples and people who are culturally and linguistically diverse.
- **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 benefit of society as a whole, their acts are appropriately recognised and legitimate needs associated with these acts are met where possible.
- **Provision of care:** ensuring that health care workers are able to deliver care appropriate to the situation, commensurate with good practice and their profession's code of ethics.
- **Individual liberty:** ensuring that the rights of the individual are upheld as much as possible.
- **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.

Part 3

For Government

Legislation

Australian Government legislation

There are two key pieces of Australian Government legislation that could be applied during an influenza pandemic.

- *Quarantine Act 1908*

The *Quarantine Act 1908* underpins activities to prevent the introduction of specified diseases into Australia and prevent the spread of such diseases. People reasonably suspected to have a specified disease can be ordered to comply with control activities, including observation, examination, detention, segregation and isolation. The Australian Quarantine and Inspection Service administers the human quarantine provisions on behalf of the DoHA.

The Governor-General can also make a proclamation under the Act to authorise response actions, and to allow the Australian Government Minister for Health and Ageing to invoke emergency powers.

- *National Health Security Act 2007 (NHS Act)*

The NHS Act provides for the exchange of public health surveillance information (including personal information) between the Commonwealth and the states and territories and, where relevant, the WHO. The legislation enhances the early identification of, and timely responses to, public health events of national or international significance, such as an influenza pandemic. The National Health Security Agreement has been signed by the Commonwealth, states and territories to support the practical operation of the NHS Act.

Queensland legislation

Queensland has a matrix of emergency management legislation that can work together or separately to underpin the Queensland Government response to an influenza pandemic. The four key pieces of legislation are the:

- *Public Health Act 2005 (PHA)*
- *Disaster Management Act 2003 (DMA)*
- *Public Safety Preservation Act 1986 (PSPA)*
- *State Transport Act 1938.*

It is not considered necessary to introduce new legislation specifically to manage an influenza pandemic in Queensland at this time.

International legislation

The *International Health Regulations 2005 (IHR)* came into force in June 2007. It is an international public health treaty that commits signatory countries to take actions to prevent, protect against, control and provide a public health response to the international spread of disease, in ways which avoid unnecessary interference with international traffic and trade.

National leadership arrangements

States and territories have primary operational responsibility for responding to an influenza pandemic in their jurisdiction, and for developing and maintaining the capability to do so. However, given the likelihood that an influenza pandemic will spread rapidly, affecting a wide range of communities and national industries, it is important that all governments work together.

The First Ministers of the Australian Government, state and territory governments and the Australian Local Government Association signed a statement of cooperation (July 2006) agreeing to work in partnership with the community and businesses to protect Australia against the threat of an influenza pandemic and to respond quickly and decisively should one occur. All governments committed to cooperate to minimise the spread of illness, loss of life, social impacts and economic disruption that would be caused by pandemic influenza, including through combined resources when the need arises and resources are available.

National Action Plan for Human Influenza Pandemic

Under the *National Action Plan for Human Influenza Pandemic*, the Prime Minister will lead the national response to an influenza pandemic through COAG, supported by a National Pandemic Emergency Committee (NPEC) (see Figure 3).

When activated, NPEC is a high-level strategic group advising on issues requiring a nationally consistent response and national public communications. It will be chaired by the Secretary of the Department of the Prime Minister and Cabinet and will comprise representatives of First Minister, health and emergency service agencies, and the Australian Local Government Association. Queensland's NPEC members are the Director-General of the Department of the Premier and Cabinet (DPC), the Chief Health Officer, the Director-General of the Department of Community Safety, and the Commissioner of Police as required by the circumstances.

A Pandemic Emergency Taskforce within the Department of the Prime Minister and Cabinet will be activated in the event of a pandemic to provide secretariat support for COAG and NPEC.

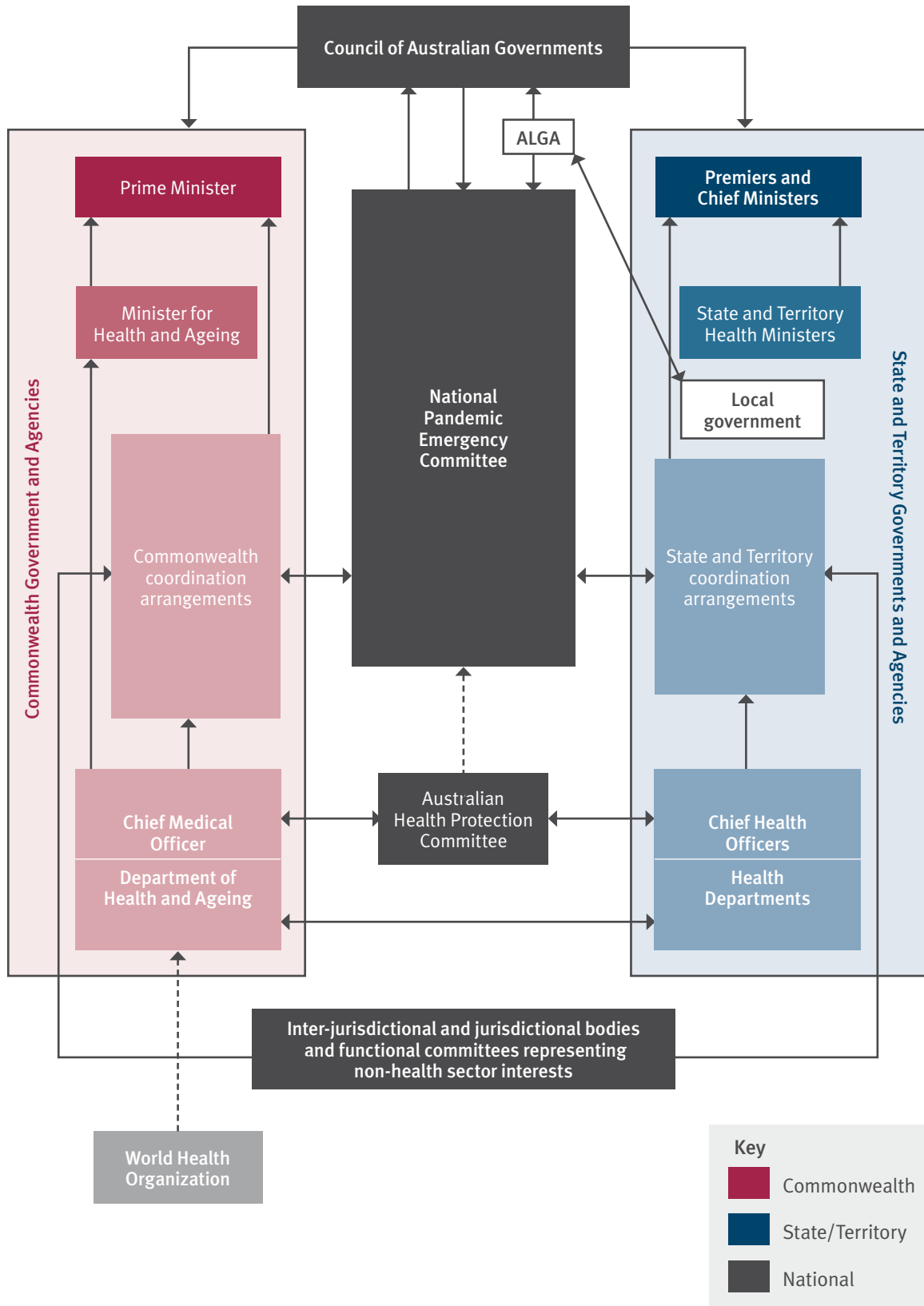
At the time of a pandemic, COAG and NPEC will seek advice from expert groups, particularly the Australian Health Protection Committee (AHPC), which will be the primary group overseeing the national health response.

The National Public Communications Coordination Arrangements can also be activated during an influenza pandemic to support leaders. This comprises:

- a strategic-level coordination centre managed and staffed by the Commonwealth Government; and
- a Communications Officers' Network comprising:
 - Commonwealth, state, territory and local government representatives from a range of relevant agencies;
 - representatives from key communications committees and networks (particularly the National Health Emergency Media Response Network); and
 - other stakeholders as relevant.

Within Queensland, the Chair of the State Crisis Communication Network and the Queensland Health member of the National Health Emergency Media Response Network will be represented on the Communication Officers' Network (see page 13 for further information about Queensland's arrangements).

Figure 3:
National decision-making and communication paths
(reproduced from the National Action Plan for Human Influenza Pandemic)



Queensland leadership arrangements

Queensland's traditional disaster management system is a multi-tiered arrangement of committees and coordination centres at local, district and state level which, in partnership, help prevent, prepare for, respond to and recover from disasters. It is underpinned by the *Disaster Management Act 2003* and associated plans.

The system operates on the principle that local governments are best placed to decide what resources are needed to respond to a disaster, when they are needed and how best to apply such resources to minimise hardship and suffering. Should local governments require assistance, issues can be escalated to the district level, then to the state level and to the Commonwealth if required.

At the state level, the State Disaster Management Group (SDMG) is the principal body overseeing disaster management. SDMG is chaired by the Director-General of the Department of the Premier and Cabinet, with the Executive Director of Emergency Management Queensland as the Executive Officer (appointed by the Governor in Council).

SDMG is the strategic leadership group overseeing Queensland's preparations for, response to and recovery from an influenza pandemic. However, an influenza pandemic will be a unique disaster.

- During an influenza pandemic, there will likely be a greater 'top down' policy approach than is usually required to manage more geographically defined disasters. This is important to promote national consistency.
- The very early decisions to prevent the disease reaching Australia and minimise its spread when it arrives (such as border control and measures under the *Quarantine Act 1908*) will be made by the Australian Government or by COAG, to be implemented at local level.
- Queensland Health (QH) will be the lead Queensland Government agency during an influenza pandemic. QH will have a strong leadership role within SDMG, particularly because most government policy responses will have regard to expert health advice about the nature of the virus and how it would best be contained and managed.
- Meeting arrangements may need to adapt to the circumstances, including more flexible membership to support the business of SDMG during various phases of an influenza pandemic, more flexible timing of meetings based strategically around other national forums, and the use of teleconference given infection can be prevented by avoiding crowded and enclosed spaces.

Queensland Government public information arrangements

The *Queensland Government Arrangements for Coordinating Public Information in a Crisis* will be activated during a pandemic to support Queensland Health. Under the Arrangements, the Crisis Communication Network (CCN) will provide leadership for the many cross-government communication activities that will occur during an influenza pandemic, and assist agencies harmonise their activities and messages.

Agencies will retain responsibility for their own communication products and activities, and will work together through regular meetings of the CCN. Agencies will need to coordinate media engagement, communication products and support for key spokespeople.

The Chair of the CCN and the Queensland Health member will also be members of the national Communications Officers' Network.

Key government strategies for prevention, response and recovery

Pandemic plans must be flexible and adaptable to any new influenza virus that emerges, and the resources available. Key government activities that might be considered before, during and following an influenza pandemic are summarised below. These activities are indicative only, and the Queensland Government will make decisions about the management of an influenza pandemic based on the circumstances at the time and the best available health advice.

Many Queensland Government agencies will have roles and responsibilities to support Queensland Health and the broader government response during an influenza pandemic.

A separate *Guide for Queensland Government Agencies* provides further detail, and will be updated as necessary throughout a pandemic. In addition, some agencies have developed more specific plans for their sector, such as the *Queensland Health Pandemic Influenza Plan (2009)*.

Alert and Delay Phases

(aim: to be alert to the risk of a pandemic, prepare for a pandemic, and keep the virus out of Australia)

Preparedness and planning activities

The Queensland Government undertakes preparedness and planning activities in consultation with government and non-government stakeholders across a range of priority areas including:

- policy and capability development
- health sector preparedness
- border control and quarantine measures
- disaster management system preparedness
- assisting industry preparedness
- social and community issues
- exercising and reviewing plans

Surveillance and monitoring

- Early detection of an influenza pandemic in Australia or overseas will assist rapid disease containment. Australia supports the interventions outlined in the WHO Interim Protocol: Rapid operations to contain the initial emergence of pandemic influenza.
- In the early stages of a suspected pandemic, all new cases of the disease will be investigated to trace others who may have come in contact with symptomatic people, and provide them with public health and preventative treatment where required.

Border control

- Governments may consider international border control measures to prevent or delay the spread of a pandemic to Australia. Within Queensland, border measures may be considered for Brisbane International Airport, Cairns International Airport and Gold Coast Airport.
- Possible measures include: recommending that people do not travel to or from affected countries; requiring arriving air and sea crew to report anyone on their vessel who is sick; asking travellers whether they have symptoms or have been in contact with others who have symptoms; and screening passengers to check for symptoms. International border restrictions may also be considered for travellers.

Quarantine and isolation

- Human quarantine and isolation activities aim to control and eradicate the disease when identified.
- Australians arriving from affected countries may be asked to remain in their home and be quarantined for a period (perhaps one week) until it is clear that they are not infected. If the traveller becomes ill, other household members may also be asked to stay at home to prevent further spread.
- International travellers with symptoms may be required to be isolated until they are no longer infectious. Where travellers do not have local accommodation, the Queensland Government will assist in finding suitable accommodation.
- Quarantine does not just apply to international travellers. Australians with influenza symptoms could be advised to stay at home or may be cared for in hospital (in isolation from other patients).
- It may be necessary to quarantine contacts (family or close friends) of influenza patients in their homes for about one week, in order to minimise the spread of disease.

Social distancing

- ‘Social distancing’ means limiting normal physical and social contact to slow the spread of an influenza pandemic throughout society.
- Governments might encourage voluntary social distancing during a pandemic by recommending that people avoid close contact such as shaking hands, hugging, kissing and attending crowded public places.
- In more serious circumstances governments may also take health advice on measures such as closing schools and child care centres, and postponing or cancelling large public events.
- Australian disease modelling has shown that early introduction of school and child care closures may reduce the rate at which pandemic influenza spreads in the community (depending on the characteristics of the virus). Children typically have higher rates of infection than adults, are more infectious for a longer period of time, and are less able to comply with hygiene measures.

Contain, Sustain and Control Phases

(aim: to limit the spread of the virus, sustain the response while the pandemic vaccine is being developed, and control the pandemic with a vaccine when available)

The above activities will likely continue, and the additional measures below may be considered.

Flu clinics

- Flu clinics may be established in key outbreak areas so that potentially infectious people can receive medical advice and attention without infecting people in other health facilities. Flu clinics will also reduce the demand on primary care services and hospital emergency departments.

Social and community support

- An influenza pandemic will have significant impacts for individuals, families and communities. Some impacts will result directly from illness and death. Other impacts will result from personal, social, or financial disruptions or anxieties. Individuals and communities will have varying capacity for managing the impacts of a pandemic on their lives.

- The Department of Communities has been working with a range of government and non-government stakeholders to prepare to support Queenslanders throughout an influenza pandemic. This includes strategies for:
 - supporting people in home isolation and quarantine
 - managing the implications of social distancing policies
 - continued access to critical social services
 - assisting critical social service providers with business continuity
 - assisting vulnerable communities
 - volunteer management.

Recover Phase

(aim: to restore services and return to normal while remaining vigilant)

- The aim of all prevention, preparedness and response actions throughout a pandemic is to facilitate the quickest possible recovery.
- The Queensland Government, on advice from the State Disaster Management Group, will undertake a wide range of measures as appropriate to the circumstances to support psychological, social and economic recovery for all Queenslanders. Activities include assessing the impacts of the pandemic, helping Queenslanders return to normal routines, restoring essential services, and preparing for the possibility of further pandemic waves.

Part 4

For Individuals, Businesses, Non-Government Organisations and Councils

What individuals can do

Influenza viruses are generally spread in two ways:

- respiratory droplets from an infected person's coughs or sneezes (these droplets usually remain in the air for only a few seconds and generally travel less than one metre); and
- touching contaminated surfaces (including hands) or fluids and then touching the mouth, nose or eyes.

Accordingly, the most effective ways that people can protect themselves (in the absence of a vaccine) are to:

- stay at home when sick, so you don't infect other people;
- wash your hands regularly with soap and water or an alcohol-based product;
- try to keep your hands away from your face;
- cover your mouth and nose with a tissue (not your hands) when coughing or sneezing, and dispose of the tissue in the closest bin;
- stand and sit back from other people (where possible try to maintain a distance of at least one metre);
- wear a mask if you are sick and need to be in a public space; and
- seek medical advice if you are worried (either via websites, call-centres or in person if necessary), particularly if you have a fever and any one of the following symptoms: difficulty breathing, chills and shivering, muscle aches and pains, sore throat, dry cough, stuffy or runny nose, or extreme tiredness.

Individuals and families might also consider:

- teaching children about hand washing and cough and sneeze etiquette;
- planning how you or your partner might be able to stay at home if you are sick, if you need to care for sick family members or friends, or if your children are not able to attend school or child care temporarily; and
- preparing a list of telephone numbers in case of emergency, including the family doctor. This might also include telephone numbers for your neighbours in case you notice they are ill or need assistance, especially those living alone.

During a pandemic, it is important that Queenslanders listen to authoritative government advice, which will be provided through all available means including television, radio, newspapers, internet sites and public information hotlines.

Further information is available at www.flupandemic.gov.au, www.qld.gov.au/pandemic or refer to the Useful Resources section.

What businesses and non-government organisations can do

The Queensland Government encourages all businesses and non-government organisations to be prepared. Planning ahead could minimise the impact of a pandemic on the organisation, help protect staff and contribute to national recovery.

It is particularly important that organisations providing key services to the community or key infrastructure make every effort to continue operations. Organisations are encouraged to take steps now to understand and monitor the risk, plan to protect their business, plan to protect staff, plan to communicate with staff, customers and suppliers, and plan to recover as quickly as possible.

Organisations should note the key government preparedness, response and recovery strategies outlined in this plan and consider the implications for their business.

Industry representatives are welcome to contact the relevant Queensland Government Department for their sector with any further queries.

More comprehensive guidance is available through the Useful Resources section. In particular, the Queensland Government has developed Pandemic Planning in the Workplace guides for:

- infrastructure owners and operators;
- small-medium businesses; and
- funeral industry operators.

These industry guides are available electronically via www.qld.gov.au/pandemic

What councils can do

Local governments will have multiple roles during an influenza pandemic. They will be an essential part of the state disaster management system responding to the pandemic, they will continue to be a provider of critical services, and they are also an employer like any other business. The Queensland Government encourages all councils to be prepared not only to contribute to preparedness, response and recovery operations throughout Queensland, but also to protect staff and customers and maintain core business continuity.

Advice and support to Queensland councils is provided through the Local Government Association of Queensland and the Department of Infrastructure and Planning (DIP).

Masks and other protective equipment

Respirators

- Respirators are primarily recommended for health care workers undertaking medical procedures that lead to the generation of aerosols. They are designed to protect the wearer from inhaling very small air droplets that may contain viruses.
- Respirators should be specially fitted for each person (a procedure called 'fit-testing'). Health care staff needing to wear respirators require specific training. Respirators are not recommended for general public or workplace use.

Face masks

- Face masks are loose fitting, disposable masks that cover the nose and mouth. They include surgical, dental, isolation and laser masks. Face masks are primarily recommended for people with respiratory symptoms.
- When worn by symptomatic people, face masks can prevent larger cough or sneeze droplets from infecting others.
- When worn by non-symptomatic people, face masks can be effective in preventing the wearer from touching their own face with contaminated hands, and could protect against larger droplets reaching their nose or mouth. However, the level of protection against inhaling small respiratory droplets while wearing a face mask is uncertain.
- Wearing a mask incorrectly may actually increase the risk of infection by providing a false sense of security. Additionally, wearing a mask may increase risk by increasing the frequency with which people touch their face with their hands.

Other protective equipment

- Most people and workplaces will not require gloves, gowns or protective eyewear. They are recommended in certain health care settings when contact with respiratory secretions or other body fluids is anticipated.
- Gloves can prevent the wearer from infecting their hands with a virus, but the virus can still be passed by the contaminated gloves if the wearer touches their nose, mouth or eyes while wearing them. Gloves can never replace regular hand washing.

Vaccines and Antivirals

Vaccines

- An influenza vaccine contains inactivated viruses that stimulate the body's immune response to make antibodies against the virus; the goal of vaccination is to prevent or control a future infection.
- Pandemic influenza vaccines may reduce the risk of serious illness or death, but they will not be available at the onset of a pandemic. The production of a vaccine cannot begin until after the pandemic influenza virus strain has emerged.
- Once the virus is identified, it could take about four to six months for the first doses of vaccine to become available in Australia and up to 12 months before there is enough vaccine for all Australians to receive a full course.

Antivirals

- Antivirals are used to prevent or reduce symptoms caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell.
- Antiviral medication may provide some effectiveness in preventing infection and in treating acute influenza infection. There is currently limited and mixed evidence about the effectiveness of antivirals. Antivirals should be administered within 48 hours of the onset of the illness, are not 100% effective and may have side effects.
- As many illnesses share symptoms with influenza, a doctor's diagnosis and prescription are needed to ensure these medicines are used safely and effectively.
- It is not recommended that people or general workplaces stock antivirals. Given the potential for drug resistance to develop, stockpiling or using antivirals unnecessarily will not help public health efforts to control an influenza pandemic.
- There will be finite antiviral supplies available during an influenza pandemic. National and state stockpiles will be prioritised for people diagnosed with pandemic influenza and their close contacts, as well as health care workers who are at increased risk of infection and pose an increased risk of passing the infection to other people.
- Vaccines and antivirals are only used as one part of a broader response to an influenza pandemic, and are likely to be limited in supply, especially during the onset of a pandemic. Other countermeasures such as hand washing and social distancing are critical for slowing the spread of the virus.

Part 5

Reference Materials

Useful resources

Influenza pandemic information

- National advice about the current pandemic threat, frequently asked questions and more: www.flupandemic.gov.au
- National action plan for human influenza pandemic: www.pmc.gov.au > Publications and Reports
- Australian health management plan for pandemic influenza: important information for all Australians: www.flupandemic.gov.au
- Queensland Government website: www.qld.gov.au/pandemic
- World Health Organization: www.who.int

Business continuity planning information

- Pandemic planning in the workplace: Queensland Kit (for small-medium businesses, infrastructure owners and operators, and the funeral industry) www.qld.gov.au/pandemic
- Influenza pandemic – A kit for small business www.innovation.gov.au/pandemic_business_continuity
- Influenza pandemic – Business continuity guide for Australian businesses: www.innovation.gov.au/pandemic_business_continuity
- Building resilience through business continuity and pandemic planning (for Non-Government Organisations): www.facsia.gov.au > Subject areas > Communities > Publications and Articles
- Building business resilience: www.smartsmallbusiness.qld.gov.au > Improving
- Good security – good business: www.tisn.gov.au > Publications > Organisational resilience
- Information for Critical Infrastructure: www.tisn.gov.au > Hot topics
- Australian Industry Group: www.aigroup.asn.au

Travel advice

- The Department of Foreign Affairs and Trade provides travel advice on its Smart Traveller website: www.smartraveller.gov.au

Part 5

Acronyms

AHMPPPI	Australian Health Management Plan for Pandemic Influenza (available at www.flupandemic.gov.au)
AHPC	Australian Health Protection Committee
ALGA	Australian Local Government Association
CCN	Crisis Communication Network (Queensland)
CHO	Chief Health Officer (State Government)
CMO	Chief Medical Officer (Australian Government)
COAG	Council of Australian Governments
DCS	Department of Community Safety (Queensland)
DIP	Department of Infrastructure and Planning (Queensland)
DMA	<i>Disaster Management Act 2003</i>
DOC	Department of Communities (Queensland)
DoHA	Australian Government Department of Health and Ageing
DPC	Department of the Premier and Cabinet (Queensland)
EAG	Chief Medical Officer's Expert Advisory Group on Pandemic Influenza
IHR	<i>International Health Regulations 2005</i>
NAP	National Action Plan for Human Influenza Pandemic (available at www.pmc.gov.au)
NHS Act	<i>National Health Security Act 2007</i>
NPEC	National Pandemic Emergency Committee Queensland's NPEC members are the Director-General DPC, the Chief Health Officer, the Director-General DCS, and the Commissioner of Police where required by the circumstances
PHA	<i>Public Health Act 2005</i>
PM&C	Australian Government Department of the Prime Minister and Cabinet
PSPA	<i>Public Safety Preservation Act 1986</i>
QH	Queensland Health
QPS	Queensland Police Service
SDMG	State Disaster Management Group (Queensland)

