

# Pandemic Influenza Plan

Support plan to the  
SA Health Human Disease Hazard Plan

Hazard Leader – SA Health  
Version 5.1 – October 2018



## Document Control:

State Emergency Management Plan pursuant to Annex A.			
<b>Issuing Agency</b>			
SA Health			
<b>Recent Revision History:</b>			
Version	Revision Description		Date
Version 3	First Draft		May 2012
Version 3	Updated		June 2012
Version 4	Full rewrite in light of revision to Australian Health Management Plan for Pandemic Influenza		February 2015
Version 5	Final		June 2015
Version 5.1	Minor - change of command structure names (i.e. removal of Gold, Silver and Bronze)		October 2018
<b>Distribution List:</b>			
State Emergency Management Committee (SEMC)			
<b>Classifications:</b>			
Confidentiality	Public	For use if the information can be freely shared with public or if the information is destined for the public	
Integrity	Integrity 2	Moderate requirement meaning SA Health would be somewhat affected by a loss of integrity, but the situation could be easily detected and recovered.	
Availability	Availability 2	Moderate requirement, meaning the loss would have a significant impact and recovery must be achieved within a period measured in days (typically three business days or less)	
<b>State Records Act Requirements:</b>		Permanent Retention	
<b>Approval:</b>			
Name	Title	Signature	Date
David Swan	Chief Executive SA Health		

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# 1. Introduction

## 1.1 Purpose and scope

Influenza is an acute viral infection characterised by fever, headache, muscle aches, fatigue, runny nose, sore throat and cough, although it may be asymptomatic (a patient is a carrier for a disease or infection but experiences no symptoms). Complications such as pneumonia, sepsis (blood infection) and secondary bacterial infection can occur. Influenza is transmitted from person to person through respiratory droplets from coughing or sneezing, or direct contact with respiratory secretions. Influenza is typically infectious 1 day before until 5-7 days after symptom onset, but in some individuals, potentially for up to 3 weeks.

Peaks in influenza typically occur each winter/spring (seasonal influenza) resulting from minor changes in the influenza virus (antigenic drift) and waning immunity. However, periodically major changes occur in the virus (antigenic shift), typically from re-assortment with influenza viruses which usually infect other species (e.g. birds or pigs), such that a virus emerges to which most of the population is susceptible. When a Type A influenza virus causes an epidemic (an outbreak or unusually high occurrence of a disease or illness in a population or area) on a global scale it is referred to as a pandemic.

The purpose of the SA Health Pandemic Influenza Plan (the plan) is to provide a strategic outline of SA Health responses to an influenza pandemic. The plan should be read in conjunction with the Australian Health Management Plan for Pandemic Influenza 2014 (AHMPPI 2014).

This plan does not include detailed operational procedures but describes the high level decisions and broad approach the South Australian health sector will take to respond to the pandemic.

The aim of the plan is to minimise the health consequences of an influenza pandemic on the South Australian community and minimise disruption to the South Australian health system.

The plan may also be applied to the management of other highly transmissible respiratory infections associated with significant morbidity (diseased state) or mortality (number of deaths within the population), including severe seasonal influenza.

In addition, the plan aims to inform whole of government measures intended to minimise adverse social and economic consequences associated with a human disease outbreak in South Australia.

Links to resources including guidelines and tools to assist hospital and health services with operational planning are detailed throughout the plan and also listed in Appendix 3.

The development of this plan has been informed by the:

- > National Action Plan for Human Influenza Pandemic (2011) — a national whole of government influenza pandemic plan
- > Australian Health Management Plan for Pandemic Influenza (2014) — a national health influenza pandemic plan
- > South Australia State Public Health Plan - South Australia: A Better Place to Live
- > State Emergency Management Plan – which details the emergency arrangements within South Australian Government
- > SA Health Human Disease Hazard Plan — which details the leadership role for planning emergency management activities around a human disease hazard
- > SA Health Emergency Management Policy and Framework

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## 1.2 Objectives

Drawing on the lessons learned from the 2009 influenza pandemic, the World Health Organization (WHO) and the Australian Government Department of Health have taken a substantially different approach to pandemic influenza preparedness and response. The South Australian Pandemic Influenza Plan 2015 (this plan) reflects this change in approach.

The plan seeks to:

*Inform of the hazards and estimated impact of a pandemic on the South Australian population and identify strategies that need to be put in place to prepare for, delay, contain and minimise the human, social, economic and environmental disruption that may occur during a pandemic.*

The objectives described in this plan reflect the key aspects of the AHMPPI 2014:

- > Ensure the health system is prepared for an influenza pandemic by using existing systems and governance mechanisms as the basis of the response
- > Recognise the potential to apply this plan to seasonal influenza when it threatens to overwhelm South Australia's health system
- > Capitalise on existing emergency management arrangements within South Australia by developing and maintaining stronger links with other government agencies, non- government health services and the community
- > Incorporate a flexible and scalable approach which is proportionate to the level of risk and appropriate to the level of impact the pandemic is likely to have on vulnerable populations, and on the community as a whole
- > Emphasise communications activities as a key tool in the management of the response to ensure timely, clear, accurate and transparent information is disseminated to health services staff, the community and the media
- > Ensure a health system response based on the principles of emergency risk management for health in full compliance with South Australian, Australian and international laws (World Health Organization, 2013)
- > Monitor and report on the epidemiology of the pandemic
- > Minimise transmission, morbidity and mortality.

### 1.3 Structure of the plan

As the nature of the influenza virus makes it difficult to control the transmission of this disease, it is unlikely it will be possible to prevent its entry into Australia once a pandemic is spreading globally.

This plan does not focus on prevention measures but is structured to reflect the AHMPPI 2014 preparedness and response stages:

<i>AHMPPI 2014 Stages</i>	<i>AHMPPI 2014 Sub-stages</i>	<i>Characteristics of the disease that inform key activities (See p7 AHMPPI 2014 for key activities in each stage)</i>	<i>Response arrangements 2013-2014 South Australia State Emergency Management Plan</i>
Preparedness	Preparedness	No novel strain detected (or emerging strain under initial investigation)	Preparedness
Response	Standby	Sustained community person-to-person transmission overseas	Alert Lean forward
	Initial action	Cases detected in Australia  Initial when information about the disease is scarce	Stand up
	Targeted action	Targeted when enough is known about the disease to tailor measures to specific needs	
	Stand down	Virus no longer presents a major public health threat	Stand down
Recovery	Recovery (not the primary focus of this plan)	Virus no longer presents a major public health threat	Recovery



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## 1.4 Planning assumptions

This plan is based on set of assumptions around incubation period, attack rate, modes of transmission and survival of the virus using available scientific and medical evidence. As a pandemic emerges it is essential to reassess these assumptions as quickly as possible to allow time to adjust the responses if the pandemic virus appears to behave differently from what the initial assumptions suggested. These assumptions are detailed in the AHMPPI.

This plan is based on the following assumptions:

- > The next pandemic will emerge overseas
- > Implementation of strategies to minimise the spread of the disease will be effective
- > The pandemic virus will be susceptible to antiviral agents (i.e. neuraminidase inhibitors)
- > A vaccine will be developed to enable the outbreak to be controlled.

## 1.5 Triggers to activate the plan

It is hard to identify clear triggers for activation of a pandemic influenza plan, however activation will take into consideration:

- > A report from the Australian Government Department of Health of the emergence of a novel influenza virus with pandemic potential in Australia or overseas
- > Disease surveillance and reporting data indicating community transmission of a novel virus
- > Health service capacity including the potential or actual overwhelming of the health system by seasonal influenza
- > Morbidity and mortality rates of the novel virus.

## 1.6 Authority to activate the plan

The Chief Public Health Officer (CPHO) has authority to activate the plan after consultation with subject matter experts and in consultation with the Chief Executive, SA Health and Australian Health Protection Principal Committee (AHPPC).

## 1.7 Legislation

In the event of a public health emergency involving a communicable disease, Australian and South Australian legislation provide a legal framework to support measures that may be required to mitigate the threat. However, implementation of measures will rely on voluntary compliance rather than legal enforcement wherever possible.

The principal legislation includes the:

- > International Health Regulations 2005<sup>i</sup>
- > *Quarantine Act 1908* (pending the introduction of a new biosecurity act)
- > *National Health Security Act 2007*<sup>ii</sup>
- > *Emergency Management Act 2004*
- > *South Australian Public Health Act 2011*
- > *Health Care Act 2008 (SA)*.

i Prevent and protect, control a public health response to international spread of disease with international traffic and trade.

ii National system of public health surveillance to enhance the capacity of the Commonwealth and State and Territories.

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## 2. Command, control and coordination

### 2.1 Roles and responsibilities

The WHO advocates multi-sectorial linkage and integration across the whole of government and the whole of society (World Health Organization, 2013).

SA Health is the Control Agency for the state's response to a human disease event as outlined in the State Emergency Management Plan (SEMP) and is responsible for statewide strategic preparedness for, response to and recovery from health aspects of a pandemic.

The State Human Disease Committee (SHDC) through the State Mitigation Advisory Group (SMAG) is responsible to the State Emergency Management Committee (SEMC) for ensuring a coordinated approach to pandemic planning and preparedness across South Australian Government.

Health services and Local Health Networks (LHNs) are responsible for tactical and operational preparedness and response according to the principles outlined in this plan.

SA Health is responsible for engaging other South Australian and Australian Government departments, external health services and community-based non-government organisations to ensure South Australia's whole of society response will be integrated and comprehensive in the event of a pandemic. As stakeholders, State Government agencies are responsible for developing their own pandemic plans in accordance with national and jurisdictional arrangements and for incorporating pandemic influenza into overall emergency management and business continuity arrangements.

Australian Government roles and responsibilities are outlined in the National Action Plan for Human Influenza Pandemic 2011 and throughout the AHMPPI 2014.

For further details regarding SA Health roles and responsibilities for preparedness and response in an 'all-hazards' approach, please view the SA Health Emergency Management Framework at [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement)

### 2.2 Incident management

As Control Agency for human disease, and food and drinking water contamination, SA Health will ensure it complies with the *Emergency Management Act 2004* and State Emergency Management Plan (SEMP). As outlined in the South Australian Government Control Agency - Common Incident Management Framework (CIMF), SA Health will also ensure functional management is applied at all levels during emergencies, by embedding the ten Control Agency responsibilities within its incident management arrangements. **Health services must apply these responsibilities in their incident management systems**; however the responsibilities should be applied as a functional approach to management rather than prescriptive and restrictive positions or posts to be allocated in an Incident Management Team (IMT).

#### Command and control

SA Health (including SA Ambulance Service) has adopted the State, Network, Site command and control structure. This structure outlines a clear process of command, control and communication within the pre-hospital and hospital settings. Any command and control structure must apply levels of command to appropriate positions of leadership, reflecting responsibility and accountability within the agency, supported by appropriate education and exercises.

The Chief Public Health Officer (CPHO) or delegate, will facilitate the State Commander role and function during a public health emergency such as a pandemic. The State Commander is responsible for SA Health's response (excluding SA Ambulance Service) and maintains a strategic approach in dealing with the incident(s) working within the CIMF. Local/regional health service operations will remain the responsibility of the relevant executive appointed as the Network Commander for that health service.

In the event of a declared identified major incident, major emergency, or disaster under the Public Health Act 2011 or Emergency Management Act 2004, the State Commander will notify the SA Health State Controller - Health (SC-H) or delegate, who will be responsible to the Chief Executive and the Minister for all health response activity. The SC-H may choose to assume the position of State Commander or retain a separate and distinct State Commander whilst executing their role as SC-H.

For further detail regarding command and control and incident management visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and click on SA Health Emergency Management Framework.

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## 2.3 Subject matter experts

Subject matter experts may be required to act as advisors to the State Control Centre – Health (SCC-H) and State Commander's IMT. Subject matter experts provide strategic advice on the public health management of communicable diseases and clinical care within South Australia.

## 2.4 Business continuity

Pandemic influenza presents a unique challenge to health services and business units in the management of staff absenteeism and the maintenance of essential services.

All South Australian Government agencies are required to undertake Business Continuity Planning (BCP). These plans should mitigate the impact of an influenza pandemic, particularly considering potential staff shortages.

Business Impact Assessments (BIAs) are an analysis of business processes and an evaluation of their criticality during disruption. BIAs are conducted as part of the business continuity process to identify Critical Business Functions (CBFs). CBFs are business processes and/or functions identified as critical to achieving key business objectives or maintaining essential operations. In identifying their CBFs, health services and LHNs should pay specific attention to managing staff absenteeism during a pandemic and/or supplementing critical services with staff from less critical areas.

For further detail on BIAs and BCPs visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view SA Health's Business Continuity Program.

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## 3. Preparedness and response

### 3.1 Preparedness

An influenza pandemic represents a significant risk to Australia and has the potential to cause high levels of morbidity and mortality and to disrupt our community socially and economically. The overarching objectives and activities in all stages will be to:

- > Minimise transmissibility, morbidity and mortality;
- > Minimise the burden on/support health systems and
- > Inform, engage and empower the public.

To mitigate this risk, the health sector will maintain an ongoing state of preparedness to respond to a pandemic. When no pandemic is occurring (the inter-pandemic period) preparedness activities will focus on our readiness to respond promptly, should a pandemic emerge. These activities will focus on:

- > Establishing pre-agreed arrangements by developing and maintaining plans
- > Ensuring resources are available and ready for rapid response in accordance with these plans
- > Ensuring public information is continuously and readily available including infection control campaigns

To develop and maintain preparedness to implement these arrangements, pandemic plans and arrangements should be regularly exercised and reviewed to ensure understanding of arrangements and capacity to implement them.

The activities undertaken during preparedness will be based on existing arrangements for seasonal influenza and the monitoring of communicable diseases. Should a virus of concern emerge, existing National and South Australian surveillance systems will monitor the situation and advise on the need to enhance existing arrangements for managing influenza by escalating to the response stage. The decision to formally escalate from preparedness, standby and response will be made by the Chair of AHPPC, in consultation with AHPPC members (in South Australia this is the CPHO) and advisory bodies.

### 3.2 Response

#### Standby

The importance of the standby phase is to communicate and raise awareness of the potential emergence of a pandemic.

Preparing to enhance arrangements and identifying characteristics of the virus to assist with the dissemination of information and potential treatments is also vital.

#### Response – initial and targeted

In weighing up options for both standby and response, two key principles should be applied:

- > The use of existing systems and governance mechanisms
- > Strong linkages with emergency response arrangements, to capitalise on existing systems and avoid duplication

In escalating through the response phases, adherence to these two key principles will assist in implementing response activities:

- > Allocating resources where they are needed (including anticipation of when they are needed, as this will change over time)
- > Putting in place strategies to supplement likely shortfalls (e.g. loss of workforce, subsequent reduction in services or increased demand for services, availability and appropriate use of Personal Protective Equipment (PPE))
- > Reducing the risk to vulnerable people
- > Minimising disruption to the community
- > Providing a response that is proportionate to the level of impact

The tables in the sections below provide guidance on activities to be considered during the preparedness, standby and response stages.

For further detail regarding key health activities please refer to Part 1, Section 6 — Implementation, AHMPPI 2014, p33 which can be found at [www.health.gov.au](http://www.health.gov.au)

## 4. Public health

### 4.1 Actions in pandemic phases: Department for Health & Ageing (DHA)

PREPAREDNESS	
Influenza specific plans	<ul style="list-style-type: none"><li>&gt; Develop and maintain (including exercising) a strategic Whole of Government plan</li><li>&gt; Develop and maintain a surveillance plan for pandemic influenza</li></ul>
Broader planning	<ul style="list-style-type: none"><li>&gt; Ensure influenza pandemic arrangements can be incorporated into wider emergency plans and arrangements</li><li>&gt; Incorporate planning for an influenza pandemic into overall business continuity plans</li></ul>
Resources (stockpile and PPE)	<ul style="list-style-type: none"><li>&gt; Establish and maintain a State PPE stockpile</li><li>&gt; Develop National Medical Stockpile (NMS) distribution plans</li><li>&gt; Maintain awareness of current stockpile levels</li><li>&gt; Regularly review deployment arrangements</li><li>&gt; Implement measures to support strong supply chains</li><li>&gt; Maintain awareness of evidence of antiviral/ antibiotic resistance</li></ul>
Clinical care and public health management	<ul style="list-style-type: none"><li>&gt; Undertake seasonal influenza arrangements</li><li>&gt; Build the capacity in Residential Aged Care Facilities (RACFs) to manage outbreaks of influenza</li></ul>
Vaccination	<ul style="list-style-type: none"><li>&gt; Implementation of seasonal influenza immunisation programs</li><li>&gt; Purchase and store vaccination equipment (needles and syringes)</li></ul>
Infection control	<ul style="list-style-type: none"><li>&gt; Establish and maintain infection control guidelines</li></ul>
Routine surveillance monitoring	<ul style="list-style-type: none"><li>&gt; Establish and maintain systems to collect influenza surveillance data</li></ul>
Laboratory capacity	<ul style="list-style-type: none"><li>&gt; Establish and maintain laboratory testing capacity/capability</li></ul>
Border arrangements	<ul style="list-style-type: none"><li>&gt; Establish arrangements to provide pandemic border control and relevant health services</li><li>&gt; Appoint human quarantine officers to implement arrangements</li><li>&gt; Develop communication materials appropriate for use at the border</li></ul>

<b>STANDBY</b>	
Prepare to commence enhanced arrangements	
The Australian Government and State Government will work together to provide advice and leadership on the appropriate methods and timing for implementing public health measures	
The AHMPPI 2014 includes a menu of actions including public health measures which could be applied to respond to an influenza pandemic	<ul style="list-style-type: none"> <li>&gt; Provide community education on influenza vaccination programs including education with hard-to-reach groups and at risk populations</li> <li>&gt; Establish and maintain the state PPE stockpile</li> <li>&gt; Implement infection control guidelines and healthcare safety and quality standards</li> <li>&gt; Establish systems to promote the safety and security of people in RACFs and other institutional settings</li> <li>&gt; Coordinate distribution of antiviral drugs</li> <li>&gt; Disseminate protocols on the use of antivirals including prophylactic use</li> <li>&gt; Consider arrangements for triaging in primary care</li> </ul>
<b>RESPONSE</b>	
Initial and targeted	
Action	<ul style="list-style-type: none"> <li>&gt; Monitor hospital and health system capacity - the demand for health services will rise quickly and be sustained for the duration of the pandemic</li> <li>&gt; Implement testing protocols to support case management, surveillance needs and to preserve laboratory capacity</li> <li>&gt; Support outbreak investigation and management in RACFs, schools, prisons and other institutions</li> <li>&gt; Encourage voluntary isolation of people with influenza-like illnesses</li> <li>&gt; Develop and validate pandemic influenza laboratory testing as required to monitor the pandemic and for individual patient care</li> <li>&gt; Support and undertake pandemic influenza point of care testing if recommended, and coordinate point of care testing data management and reporting</li> <li>&gt; Implement social distancing measures as per national recommendations and local risk assessment</li> <li>&gt; Maintain international health regulation core capacities and communicate public health events of significance to the National Incident Room (NIR)</li> <li>&gt; Support implementation of border measures as agreed by AHPPC</li> <li>&gt; Implement the national pandemic immunisation program</li> <li>&gt; Manage jurisdictional distribution of the NMS and maintain the state PPE stockpile</li> </ul>

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## 4.2 Public health workforce surge

During a pandemic, it is important the public health workforce has adequate capacity to deliver services effectively. Identifying available pools of surge personnel with relevant skills is a key feature of public health emergency preparedness and will contribute to the efficiency of the pandemic response. Staff with various backgrounds may be engaged to provide the diverse skills required during a pandemic.

Activities that may need additional support during a protracted public health surge include:

- > Case and contact tracing
- > Infection prevention and control
- > Staffing and management of Incident Management Teams
- > Health risk communication (for both the general public and health care professionals)
- > Information management
- > Interpretation and translation
- > Laboratory liaison
- > Surveillance
- > Managing enquiries from the public
- > Logistics
- > Document control

## 4.3 Surveillance - roles and responsibilities

SA Health is responsible for facilitating individual case and contact data collection and timely reporting of surveillance data to the Australian Government Department of Health. In South Australia, the public health response will be implemented largely through the DHW Communicable Disease Control Branch (CDCB).

## 4.4 Influenza surveillance

Influenza surveillance:

- > Enables the detection of pandemic influenza as early as possible, and monitoring of the characteristics of the infection in order to facilitate appropriate public health responses and public health activities to limit the spread of disease
- > Includes clinical and laboratory diagnoses of influenza and influenza-like illness (ILI)
- > Enables contact tracing/surveillance to be carried out by communicable disease control units, locum services, emergency departments, general practices, and clinical laboratories, to enable isolation/quarantine, early treatment and timely interventions.

For further detail regarding planning for surveillance activities during pandemic visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Surveillance sub-plan.

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## 4.5 Data collection and management

### Epidemiological data

Influenza (seasonal, pandemic and avian influenza in humans) is a notifiable condition under the *South Australian Public Health Act 2011*. Medical practitioners and diagnostic laboratories must notify the CDCB of patients with suspected or confirmed influenza, as soon as practicable, and in any event within three days.

Routinely collected influenza notification data will be insufficient to meet information needs during the early stage of a pandemic. Previously agreed additional data elements will be collected and de-identified data supplied to the Australian Government Department of Health to enable the fastest possible characterisation of:

- > Virus transmissibility and pathogenicity
- > Population groups at high risk of complicated disease
- > Predicted impact of the pandemic

Initially collected data will be additional to that required for case ascertainment and contact tracing required to inform local public health action. However, ongoing intensive collection of enhanced surveillance data to inform the national response is likely to be unnecessary and unsustainable.

The existing surveillance system will need to be scaled up to ensure data collection and management objectives can be met and to allow data to be drawn from a number of different sources.

### Data reporting and management

The SA Health data and reporting team will form part of the SA Health IMT to assist with data gathering and management regarding:

- > Antiviral stockpile
- > PPE stockpile
- > Other essential equipment and medicines
- > Information technology and telecommunications.

### Vaccine data

During a pandemic, access to a vaccination program is one of the main goals of a national pandemic response and collection of vaccination data including adverse event data will need to occur.

## 4.6 Containment

A layered containment strategy consisting of pharmaceutical measures and public health measures will be implemented in a pandemic.



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## 4.7 Pharmaceutical measures

Interventions involving antiviral agents and vaccines are likely to play a significant role in reducing morbidity and mortality.

The pharmaceuticals referred to in this plan include antivirals, candidate pandemic vaccine (a vaccine based on a strain of influenza virus considered to have pandemic potential), customised pandemic vaccine (a vaccine based on the actual pandemic virus) and seasonal influenza vaccine.

Part 2 of the AHMPPI provides the operational plan and potential actions that could be implemented across stages of a pandemic for management of pharmaceuticals.

Part 3 of the AHMPPI provides evidence and tools to support decision making at a national, state and local level.

These actions may include the following:

- > Antivirals for treatment of cases
- > Antivirals for post exposure prophylaxis for contacts
- > Antivirals for post exposure prophylaxis for at risk groups
- > Antivirals for pre exposure prophylaxis for healthcare workers
- > Candidate pandemic vaccine
- > Customised pandemic vaccine
- > Seasonal influenza vaccine.

### Antivirals

The Medicines and Technology Policy and Programs Branch of SA Health has responsibility for managing the strategy and distribution of antivirals. The Australian Government Department of Health National Medical Stockpile of antiviral drugs will contribute to the healthcare sector emergency preparedness and response capability during a pandemic (see pandemic stockpile information below).

The implementation of the appropriate strategy for the use of antivirals will depend on:

- > The stage of the pandemic
- > The epidemiology including transmissibility and clinical severity
- > Characteristics of the virus particularly around any antiviral resistance
- > Pre-existing immunity
- > Antiviral availability and practicalities such as logistics of antiviral delivery.

For further detail regarding antiviral measures visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Antiviral Drug Distribution sub-plan.

### Vaccine

Vaccination is the key tool to limit the number of individuals infected. Any vaccination strategy will be dependent on the pattern of disease and the recommendation from the Australian Government and the South Australian CHPO.

Guidelines are based on:

- > Best practice principles drawn from National Health and Medical Research Council (NHMRC) recommendations
- > Research into mass vaccination activities in Australia and overseas.

It may be necessary to prioritise vaccination of individuals at greater risk, such as healthcare workers, or individuals at high risk of severe outcomes. If sufficient time and stocks of vaccine are available to vaccinate the wider population, distribution strategies might aim to target individuals more likely to spread infection.

Vaccine related strategies for candidate vaccines, which are developed prior to a pandemic, are different from those developed for customised pandemic vaccines.

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Candidate pandemic vaccines:

- > Prior variant viruses are all currently considered strains of pandemic potential, against which vaccine seed strains have been developed
- > The effectiveness of candidate pandemic vaccines will depend on the similarity between the strain used to develop the vaccine and the strain causing the pandemic
- > Administration of a candidate pandemic vaccine prior to established within-country transmission of an emergent strain would be recommended on specific advice from the WHO.

Customised pandemic vaccine:

- > Once a novel strain of influenza has emerged, the WHO will recommend a suitable vaccine virus and the Australian Influenza Vaccine Committee will advise whether this is endorsed for use in Australia
- > Following this advice, vaccine companies will work to develop a new vaccine for the strain. This development process may take several months, so the customised pandemic vaccine may not be available until the disease is widespread
- > The Australian Government has arrangements in place to ensure that once a customised pandemic vaccine is developed, it could be purchased as quickly as possible.

Seasonal vaccination programs should be maintained and promoted to help reduce inter-current morbidity and mortality from these diseases during a pandemic and will contribute to global production capacity and local infrastructure for vaccinations, enabling better pandemic preparedness.

For more detail regarding planning for pandemic vaccination measures visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Vaccination sub-plan.

#### **Pandemic stockpiles**

Pandemic stockpiles are reserves of antivirals and/or PPE for use during a health emergency and are designed to supplement existing medical stock to ensure medical supplies do not run low during periods of extremely high global demand.

## **4.8 National stockpiles**

### **National Medical Stockpile (NMS)**

The Australian Government is responsible for maintenance and deployment plans relevant to the NMS. The Secretary of the Australian Government Department of Health and the Chief Medical Officer of Australia have authority to approve a stockpile deployment on request from state or territory authorities. South Australia's CHPO is responsible for requests to the NMS.

### **Antiviral stockpile**

The provision of antivirals to cases and contacts (including healthcare workers) during a pandemic will be directed by the Australian Government Department of Health.

Antivirals available from the stockpile include:

- > Oseltamivir (Tamiflu®)
- > zanamivir (Relenza®) - held at a national level only

Antibiotics for the treatment of secondary bacterial pneumonia associated with influenza infection are also held at national level - azithromycin, flucloxacillin and ceftriaxone.

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## 4.9 State stockpiles

### Antiviral stockpile

SA Health maintains responsibility for stockpile management of antivirals held in South Australia including:

- > Monitoring stockpile levels
- > Reporting on the status of the stockpile
- > Deploying to LHNs as required.

LHNs, including hospital pharmacies holding or receiving stockpile antivirals, will be responsible for:

- > Monitoring stock levels and requesting additional supplies
- > Distributing of antivirals within the LHN
- > Developing a standard operating procedure for antiviral distribution.

### Personal protective equipment

LHNs will be responsible for:

- > Monitoring stock levels and identifying the need for additional supplies in response to extreme/unusual demand
- > Distributing of PPE within their LHN
- > Developing a standard operating procedure for PPE use and distribution.

DHA Emergency Management Unit (EMU) in collaboration with SA Health Distribution Centre, Procurement Department and CDCB will be responsible for:

- > Monitoring state stockpile levels
- > Reporting on the status of the stockpile
- > Distributing to health services as required.

Access to the state PPE stockpile will be via request from LHN Network Commanders to the SA Health IMT and State Commander.

## 4.10 Public health measures

During the early stages of a pandemic, public health measures used in conjunction with antiviral agents are the principal prevention and containment measures pending the availability of a vaccine.

### Infection control measures

When a pandemic occurs, the appropriateness of recommended infection prevention and control measures will be reviewed by the Communicable Disease Network Australia (CDNA) and relevant experts. Advice confirming or altering existing measures will be provided to the Australian Government Department of Health and distributed to health services and key stakeholders.

Infection control has the potential to limit spread of respiratory infections throughout the community, as well as in healthcare settings.

Infection control for pandemic influenza will involve a two-tiered approach:

- > Standard precautions, which apply to all patients at all times
- > Transmission based (contact and droplet) precautions.

For further detail regarding infection control measures visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Infection Control sub-plan.

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## Border measures

The Australian Government will decide whether to implement border measures to minimise transmission of the disease into the Australian community. The Australian Government has responsibility for implementing the following measures, if required:

- > Pandemic specific in-flight announcements and on-board announcements on ships
- > Distribution of communication materials for incoming or outgoing travelers
- > Travel advice regarding high risk locations and to raise awareness of symptoms in returned travelers
- > Information for border staff.

In the event the Australian Government advises that entry/exit screening is required, SA Health will liaise with Australian Customs and Border Protection Service to determine appropriate deployment of border control personnel including, on the advice of AHPPC, medical staff.

For further detail regarding border control activities visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) or contact [emergencymanagement@sa.gov.au](mailto:emergencymanagement@sa.gov.au).

## Social distancing

Social distancing is a community level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society.

Decisions on implementation of social distancing measures, (i.e. proactive and reactive school closures, workplace closures and cancellation of mass gatherings) may have a profound effect on public anxiety and social cohesion and will be made in close consultation with AHPPC. The role of SA Health during a pandemic will be to make recommendations to the SEMC for consideration based on this national consultation process.

Isolation and/or quarantine of cases and contacts are related public health measures which aim to reduce infection transmission by reducing contact between infectious cases and uninfected persons. Health services are responsible for appropriately isolating cases and contacts within the healthcare setting and for advising on the appropriate isolation of cases and contacts within the community.

To facilitate community compliance with voluntary isolation, cases and contacts must be able to access medical care and non-health services such as food supply, social support and psychological assistance, if required. Management of cases and contacts in the community requires a whole of government and local government response and will be subject to consultation at the SEMC and State Emergency Centre (SEC).

## Primary health care

Primary care is the first point of call for the majority of individuals seeking health care external to a hospital or specialist setting. Primary care incorporates multiple agencies and organisations, all of which link together and play a vital role in planning for all phases of an influenza pandemic. Hospitals will not have the capacity to care for all influenza cases, and much of the focus of pandemic planning in South Australia will be on care that can be provided in the community.

The primary care response will need to be built from the community based organisations and healthcare workers upwards, and not be a hospital-centric outreach response.

While it is hoped Community Flu clinics may be able to remove much of the load arising from pandemic influenza away from general practice and hospitals, general practitioners (GPs) will be an integral part of the pandemic response. Other primary care providers and organisations will also be involved with the delivery of information, advice and home care (e.g. pharmacists, the Royal District Nursing Service (RDNS), telephone information health lines, the Department of Families and Communities etc.).

General practice will therefore need to be well prepared for an influx of potential pandemic influenza patients prior to being advised of the imminence of a pandemic. General practitioners should consider suspending some face-to-face consultations (e.g. repeat prescriptions) and offer some clinical services by telephone to ensure the health and welfare of staff and patients during a pandemic. A pragmatic model for primary health care planning by key groups within the local community would be for at least three lead organisations within a region to drive the process of pandemic preparedness and planning. Medicare Local regions, the local hospital/community health service and the local district council could take this lead role in ensuring regional primary care planning for pandemic influenza. This would ensure a coordinated approach to planning and response during a pandemic and that all stakeholders are aware of their roles and responsibilities during a disaster.

For further detail regarding primary health care activities visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Primary Care Management sub-plan.

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## 4.11 Workforce

Key Workforce issues around a pandemic are:

- > Health, safety and welfare of employees
- > Maintenance of business continuity.

A standardised approach to key workforce issues can be developed under the provisions of the *Work Health and Safety Act 2012 (SA)*, *Work Health and Safety Regulations 2012 (SA)*, *Codes of Practice*, and supporting policies and practices.

### Managing injured/ill workers

During a pandemic influenza, the potential for staff illness or injury may increase. Strategies to manage staff wellness and absenteeism may include:

- a. Undertaking risk assessment for identifying and managing staff at high risk of complications of influenza. This may include the use of alternate work locations and/or duties to separate high risk staff from situations where they are likely to be exposed to pandemic influenza
- b. Implementing staff influenza screening procedures in all facilities, including self-monitoring by staff once signs and symptoms are known and can be communicated
- c. Referring symptomatic staff directly to a flu clinic or medical practitioner for an assessment and seeking advice about safe return to the workplace
- d. Careful consideration will need to be given to managing staff with respiratory symptoms presenting for work as this would be a significant route of transmission in health settings. Strategies for consideration include being sent home and use of face masks
- e. Providing support for workers who are affected including effective, timely and ongoing communications and Employee Assistance Programs
- f. Health service specific considerations may include implementing reactive and/or proactive prophylaxis treatment of healthcare workers including appropriate methodology for delivery via Worker Health and/or Infection Control nurses, Pharmacy departments or alternative means.

### Industrial relations

During a pandemic, directives may be required which outline staff arrangements specific to the event, including leave applicable to staff who are sent home or called in. These decisions will be based on the clinical severity and transmissibility of the disease.

Workforce policies and procedures which may apply or may require clarity during a pandemic may include:

- a. Critical incident response and recovery
- b. Critical incident and conditions entitlements
- c. Volunteers
- d. Secondment
- e. Special leave
- f. Allowances
- g. Sick leave
- h. On call and recall
- i. Orientation, induction and mandatory training
- j. Indemnity guidelines.

For further detail visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the SA Health Workforce sub-plan.

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#### 4.12 Training

Agencies are responsible for ensuring all relevant staff are provided with appropriate training to enable them to undertake their duties safely and to the required standard.

For pandemic specific information resources refer to Appendix 1 of this plan.

#### 4.13 Financial impacts

Unplanned and significant costs may be incurred during a pandemic as with any emergency, such as costs incurred through loss of and replacement of workforce. Records of monetary costs should be accurate and timely, particularly if there is an intention to seek reimbursement.

## 5. Communications

A comprehensive communications strategy, implemented across all stages of the pandemic, is a key component of a successful response to an influenza pandemic. As the presentation of a pandemic in Australia will inevitably be complex and varied it will be a priority to implement arrangements to support consistent and informative messaging.

Sharing information between those managing the response will enable the coordination of resources, better inform decision makers and provide access to expert guidance on application of response measures. Communication with the public, through the media and other sources, will shape the public perception of risk and public engagement in measures to address the pandemic.

### 5.1 Actions in pandemic phases: Communications

PREPAREDNESS	
Sharing information	<ul style="list-style-type: none"> <li>&gt; Share information broadly amongst the health sector on the emergence of influenza viruses with the pandemic potential</li> </ul>
Public communications	<ul style="list-style-type: none"> <li>&gt; Provide advice to support management of seasonal influenza</li> <li>&gt; Provide the media with information regarding the government approach to emerging influenza viruses</li> <li>&gt; Respond to media requests</li> </ul>
STANDBY	
Prepare to commence enhanced arrangements	
Health service communications	<ul style="list-style-type: none"> <li>&gt; Ensure staff are aware of available information about the epidemiology, virology and clinical severity of the disease</li> <li>&gt; Ensure staff are aware of information about the progress of the pandemic overseas. This will allow them to consider planning aspects related to scale and timing</li> <li>&gt; Ensure whole of government including local government are provided with accurate and timely information</li> </ul>
Public communications	<ul style="list-style-type: none"> <li>&gt; Empower individuals and build public confidence by keeping people informed of the current situation, what is being done to address it and what individuals can do to minimise their risk and to prepare themselves for the potential societal impacts</li> <li>&gt; Encourage behaviours and attitudes that will contribute positively to reducing the spread of disease and minimise the psychological, social and economic impacts including the need to assist others in the community</li> <li>&gt; Shape public expectations of governments' response activities</li> <li>&gt; Provide information to inform decisions about travel</li> </ul>

<b>RESPONSE</b> Initial and targeted	
Health service communications	<ul style="list-style-type: none"> <li>&gt; Build and maintain awareness across the health sector of the most up-to-date and accurate information about the disease, to support effective diagnosis and treatment, and better informed management decisions</li> <li>&gt; Promote a consistent approach by ensuring all key parties have the same information, though recognising that disease spread may be variable across the country</li> <li>&gt; Support best practice by disseminating guidance in key areas developed by expert bodies, such as Communicable Disease Network of Australia/Public Health Laboratory Network</li> <li>&gt; Share effective strategies, avoiding the need for them to be developed separately by all parties</li> <li>&gt; Input feedback on the effectiveness of treatment options, side effects and other clinical/ public health information into decision making processes to support refining the approach</li> <li>&gt; Input feedback on how well the health care system is coping</li> <li>&gt; Maintain trust and confidence</li> </ul>
Public communications	<ul style="list-style-type: none"> <li>&gt; Build and maintain public trust and support by providing consistent, clear, informative public messaging</li> <li>&gt; Encourage behaviours and attitudes that will contribute positively to reducing the spread of disease and minimise the psychological, social and economic impacts including assisting others (neighbours, family, friends etc)</li> <li>&gt; Manage the disease threat by increasing uptake of recommended actions</li> <li>&gt; Build public confidence by keeping people informed of the current situation and what is being done to address the impact of the pandemic</li> <li>&gt; Empower individuals by increasing their understanding of the seriousness of the disease, knowledge of what to do to avoid/minimise exposure; ability to recognise symptoms and knowledge of what to do if symptoms present</li> </ul>

## 5.2 National Incident Room

The Australian Government Department of Health's National Incident Room (NIR) provides a point of communication with the Australian Government for health incidents. During the standby, initial action, targeted action and stand down stages, the NIR will provide timely situation reports to relevant Australian Government agencies, state and territory health authorities and other relevant stakeholders.

Consistency of shared information during this process is vital and all relevant information received from the NIR will form the substance of situation reports (sit reps) from SA Health as Control Agency.

## 5.3 Key health stakeholders (healthcare workers, health and social service providers)

Healthcare workers and providers need access to timely, accurate and comprehensive clinical information and advice to effectively manage patients, implement pandemic control measures and minimise their own risk of exposure. Such advice will be provided nationally by the CDNA and other clinical groups, as appropriate, and endorsed by AHPPC. In the South Australian context, these messages will be contextualised for South Australia and coordinated and distributed by the SA Health Media and Communications Branch.

For further detail regarding communications strategies to be employed during a pandemic visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Strategic Communications sub-plan.



## 6. Health System

### 6.1 Actions in pandemic phases: health system

<b>PREPAREDNESS</b>	
Influenza specific plans	> Develop and maintain (including exercising) operational pandemic plans
Broader planning	> Ensure influenza pandemic arrangements can be incorporated into wider emergency plans and arrangements > Incorporate planning for an influenza pandemic into overall business continuity plans
Resources (HR)	> Consider arrangements to ensure maintenance of human resource availability, particularly in highly skilled areas, such as intensive care unit (ICU) nursing
Resources (PPE)	> Maintain awareness of current health service PPE levels > Regularly review deployment arrangements > Implement measures to support strong supply chains
Clinical care	> Undertake seasonal influenza arrangements
Infection control	> Establish and maintain infection control guidelines
Laboratory capacity	> Establish and maintain laboratory testing capacity/capability
<b>STANDBY</b>	
Prepare to commence enhanced arrangements	
<ul style="list-style-type: none"> <li>&gt; Identify and characterise the nature of the disease (commenced in preparedness)</li> <li>&gt; Communicate to raise awareness and confirm governance arrangements</li> <li>&gt; Check the status of stockpiles and equipment (antivirals, antibiotics, PPE)</li> <li>&gt; Review of PPE and infection control education resources to ensure adherence to approved PPE protocols</li> <li>&gt; Prepare arrangements for cohorting of patients</li> <li>&gt; Raise awareness of potential at risk groups</li> <li>&gt; Prepare arrangements for providing additional support to at risk groups</li> <li>&gt; Hospitals               <ul style="list-style-type: none"> <li>&gt; Prepare to review elective procedures</li> <li>&gt; Prepare for surge capacity in ICU beds/respiratory care beds</li> <li>&gt; Prepare pre-hospital emergency care (ambulance and other medical transport)</li> <li>&gt; Emergency departments prepare for increased demand</li> </ul> </li> <li>&gt; Consider needs for additional support to health systems in remote communities</li> </ul>	

<b>RESPONSE – INITIAL</b>	
When information about the disease is scarce	
<ul style="list-style-type: none"> <li>&gt; Prepare and support health system needs</li> <li>&gt; Manage initial cases</li> <li>&gt; Establish strategies to maintain patient flow and manage a potential surge</li> <li>&gt; Provide information on the nature of the disease to support best practice health care and to empower health care providers to manage their own risk of exposure</li> <li>&gt; Coordinate and support effective governance both locally and across the health system to manage the impacts</li> </ul>	
<b>RESPONSE - TARGETED</b>	
When enough is known about the disease to tailor measures to specific needs	
<p>Understand transmissibility to help determine the likely speed of spread and the timing of the demand on health services</p>	<ul style="list-style-type: none"> <li>&gt; Infection control and social distancing - the timeliness of measures to limit spread becomes more critical as the window of opportunity is smaller</li> <li>&gt; Plan to triage and cohort patients - as necessary</li> <li>&gt; Hospital and health system capacity - the demand for health services will rise quickly and be sustained or the duration of the pandemic</li> <li>&gt; Early action to implement plans - health services and response measures need to be scaled up more quickly</li> <li>&gt; Responsive governance - assessments and decisions will need to be made more quickly</li> </ul>
<p>Clinical severity is likely to be critical in estimating impact on the morbidity and mortality at an individual and population level, the burden on the health system and the concern within the community. Explanations of impact in terms of clinical severity are also easily understood at a personal and public health level.</p>	<ul style="list-style-type: none"> <li>&gt; Communicate regularly - to engage, empower and build confidence amongst health care providers in the response activities</li> <li>&gt; Antivirals - provide antivirals for cases</li> <li>&gt; Prophylactic antivirals - consider antivirals as prophylaxis to agreed target groups including health care workers</li> <li>&gt; Influenza clinics - consider staffing predominantly by nurses via management protocols with onsite or telephone medical support</li> <li>&gt; Out of hospital care - consider contingency support for home based care</li> <li>&gt; Management of patient flow and separation - the importance of measures to promote prompt presentation and diagnosis, while minimising opportunities for transmission</li> <li>&gt; Surge capacity for specialist services and respiratory inpatient services - the demand for high end services, such as Intensive Care Unit (ICU), paediatric and respiratory care (associated with this will be increased demand for specialised equipment and health care professionals, such as ECMO and ICU nurses). High end services are areas likely to increase the demand on support services, such as laboratories, much more than increased demand in general wards</li> <li>&gt; Laboratory capacity - develop and validate pandemic influenza laboratory testing as required to monitor the pandemic and for individual patient care</li> <li>&gt; Identify at risk groups - the importance of informing and supporting at risk groups</li> <li>&gt; Mortuary capacity - the demand for services associated with management of the deceased</li> <li>&gt; Forensic Science SA temporary mortuary capability</li> </ul>

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## 6.2 At risk groups

The AHMPPI (Australian Government Department of Health 2014, p.15) acknowledges certain groups of people (at risk groups) are expected to be at increased risk of complications of pandemic influenza, based on seasonal influenza and experience from past pandemics. At risk groups will need to be confirmed by the CDNA when knowledge of the virus becomes available, but it is expected the impact on at risk groups will be greater than on the broader population (Australian Department of Health 2014, p15). At risk groups are likely to include:

- > Pregnant women
- > People who are immunocompromised
- > People with:
  - > Chronic respiratory conditions
  - > Cardiac disease
  - > Down syndrome
  - > Diabetes mellitus
  - > Chronic renal failure
  - > Chronic neurological conditions
  - > Alcohol dependence
  - > Haemoglobinopathies (for example haemophilia and sickle cell disease)
  - > Chronic inherited metabolic disorders
- > People who are obese
- > Children receiving long-term aspirin therapy
- > Aboriginal and Torres Strait Islander peoples
- > Children aged less than five years
- > People aged over 65 years
- > People living in close communities (boarding homes, nursing homes, prisons, etc)

In addition to these at risk groups, the AHMPPI 2014 identifies the following as groups with special needs:

- > People living in aged care facilities
- > People living in remote communities
- > People from a culturally and linguistically diverse background

### **Aged care**

People over the aged of 65 are at greater risk of serious complications from influenza due to the decreased immune response with increasing age.

In addition, people aged over 65 years may live in the aged care sector in close living quarters which assists virus spread.

National best practice guidelines for preventing, preparing for, defining and managing outbreaks of influenza in RACFs in Australia can be found in the Practical Guide to Assist in the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Australia by the CDNA at [www.health.sa.gov.au](http://www.health.sa.gov.au)

The guidelines may also apply to other residential care facilities e.g. facilities for people with disability, many of whom also have impaired immunity.

### **Aboriginal and Torres Strait Islander peoples**

The high prevalence of chronic disease and social determinants such as overcrowding and poverty in many Aboriginal communities makes Aboriginal people particularly vulnerable to new and emerging infections including pandemic influenza.

Transportation to and from remote settings is variable and infrequent, which has implications for the transport of sick individuals and staff, transport of pathology specimens, and the distribution of PPE, antiviral medications and vaccines.

For further detail regarding pandemic planning for Aboriginal Health services please visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) or e-mail [emergencymanagement@sa.gov.au](mailto:emergencymanagement@sa.gov.au)

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### Culturally and linguistically diverse groups

People with limited or no ability to understand and communicate in English are considered vulnerable as they may not be able to understand public messaging to assist in the preparation for, or management of incidents, including pandemic influenza.

The use of pictures in messages has been recognised as a way to ensure a message, although brief, can be understood.

### Pregnant women and infants under six months

Pregnant women are at high risk of severe consequences of influenza, with the risk of complications increasing in the later stages of pregnancy. This is due to the changes in the immune system, heart and lungs during pregnancy.

Influenza vaccination does not always stop influenza – although it makes it less likely and, if it occurs, less severe.

Neonates are known to be at higher risk of severe illness from seasonal influenza virus infection. Newborns hospitalised in a group setting have a high potential for widespread infection. Infants less than six months old are not immunised for influenza.

## 6.3 Role of the South Australia Ambulance Service

During an influenza pandemic, normal SA Ambulance Service procedures for the transport of infectious patients to hospitals will be followed. Under these arrangements, each hospital will also have a plan for receiving patients with influenza like symptoms.

Transport arrangements and/or issues for influenza patients during a pandemic will be determined by the SA Ambulance Service Incident Management Team.

For further detail regarding transport arrangements visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Patient Transport Provision (SA Ambulance Service) sub-plan.

## 6.4 Hospitals and Local Health Networks

The level and severity of a pandemic may vary depending on the disease spread and susceptibility of local populations. Even if clinical severity is low, LHNs are likely to be stretched to maximum capacity in areas associated with respiratory illness and acute care. Adjustments may need to be made to the routine delivery of services, admission and discharge criteria.

As much as possible, changes to aspects such as triage and discharge criteria are to be developed within each LHN to provide guidelines and to assist with the overall capacity of the hospitals.

In order to inform decisions on the management of clinical surge the following needs to be considered:

- > Hospital bed numbers
- > Emergency department bays
- > Intensive care unit beds
- > Community health resources
- > Public health resources
- > Laboratory capacity
- > Pharmacy capacity.

Monitoring and reporting on human resource capacity is also essential and should include:

- > Numbers and skill mix of staff available to work
- > Numbers of staff on leave and reasons, especially sick leave related to pandemic influenza
- > Numbers of staff redeployed because of risk status
- > Numbers of staff that have left the workforce and are potentially able to be recalled.

For further detail regarding individual LHNs visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement).

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## 6.5 Patient flow, placement and segregation

Patient flow refers to the movements of patients in, through, and out of the healthcare setting. The core principles of patient flow in SA Health are:

- > improving the patient journey
- > increasing access to services
- > delivering best practice.

A key principal of improving patient flow during a pandemic will be hospital avoidance strategies such as flu clinics and services provided by SA Ambulance Service.

In the event of an influenza pandemic, there will be an increased demand for isolation rooms in health facilities. Contact and droplet transmission-based precautions should be applied to all suspected or confirmed cases of pandemic influenza (CDNA, 2011).

A suitable ward should be identified for the exclusive use of cohorting pandemic influenza patients. When determining the location of the cohort ward consider:

- > The ability to isolate the ward air-handling system
- > The ability to limit entry/access to the ward
- > Whether the ward contains the necessary equipment
- > Whether there is a spatial separation of a minimum of one metre between bed spaces (National Health and Medical Research Council, 2010)
- > The patient populations of adjacent areas. The cohort ward(s) should be separated from patients who are at greater risk of complications from pandemic influenza.

Management of cohort areas should:

- > Assign healthcare workers to cohorted patient care units only, wherever possible. Healthcare workers should not float or be assigned to other patient care areas
- > Limit the number of persons entering the cohorted area to the minimum number necessary for patient care and support
- > Limit patient transport by having necessary equipment (e.g. portable X-ray) available in cohort areas.

## 6.6 Flu clinics

To prevent the spread of infection within hospitals and to prevent hospitals and primary care services being overwhelmed with pandemic cases, there is the potential for special hospital arrangements and the potential establishment of flu clinics.

Special hospital arrangements will need to be well publicised to direct people with possible pandemic influenza to designated locations.

Flu clinics will have a key role in the organised response to pandemic influenza. LHNs are responsible for developing plans for hospital flu clinics, whereby triage and assessment can be conducted in these clinics and patients streamed for admission to hospital or care at home, with consideration given to appropriate levels and types of support and follow up.

SA Health's Emergency Management Unit (EMU) will be responsible for developing plans for community flu clinics required during the latter stages of a pandemic, where anticipated and/or actual presentations are beyond the capacity of LHN/ hospital facilities and services.

For further detail regarding flu clinics visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Community Flu Clinics sub-plan.

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## 6.7 Emergency departments

Emergency departments (EDs) need enhanced surveillance of all presenting patients using a current pandemic case definition. EDs may consider external triaging and direct referral of patients, who meet a case definition, to the nearest flu clinic (if established).

Clear signage should be in place to advise patients with influenza-like symptoms to inform triage staff. All patients presenting with influenza-like symptoms should be provided with a surgical mask and directed to perform hand hygiene prior to further assessment.

Even if flu clinics are in place, EDs can still expect:

- > Direct presentation of patients with suspected pandemic influenza, especially out of hours
- > Direct presentation of critical cases
- > Referral of infectious patients from flu clinics for further treatment.

EDs should have in place a plan for managing infectious patients on presentation including:

- > A separate waiting area
- > Specific isolation rooms
- > Dedicated staff (where possible) to assess suspected cases
- > Specific procedures for assessment, testing and notification of pandemic influenza
- > Procedures for management of cases, with consideration to specialised equipment that may be required
- > Specific procedures for movement of patients with in the facility.

The Australasian College for Emergency Medicine (ACEM) has published guidelines for the Management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments. This resource aims to provide guidance to fellows and trainees of the ACEM, as well as to other ED staff, on the management of severe seasonal and pandemic influenza, and emerging respiratory illnesses within EDs, please visit [www.acem.org.au](http://www.acem.org.au) for more information.

## 6.8 Intensive care units

Past experiences have shown intensive care units are affected relatively early and more severely than other areas of the hospital. Demand for intensive care services during an influenza pandemic is likely to exceed normal supply and this will be associated with an increased demand for specialised health care professionals (e.g. intensive care nurses), specialist equipment (e.g. ventilators) and beds.

During an influenza pandemic alterations of normal standards of critical care and the access processes may be necessary. These changes and limitations will need to be implemented progressively as required.

It is the responsibility of LHNs to develop plans, inclusive of intensive care services, that specify responses to prolonged increases in intensive care service requirements. Plans will include consideration of early negotiations with private sector services to accept public sector patients when surge/demand issues arise.

Detail on hospital and LHN plans for Pandemic Influenza will be contained in the LHN's individual plans.

## 6.9 Pathology services

The objectives of laboratory testing change over the course of a pandemic. In the early stages, the overall aim is to identify new cases of the disease to allow containment of an outbreak.

During a pandemic it is difficult to predict precisely where a new case of pandemic influenza will present. Therefore provision has to be made to either refer patients rapidly for specimen collection or provide collection at distributed sites. There is the potential that dedicated centres are established for specimen collection.

LHNs will be responsible for determining appropriate strategies for managing and servicing demand for pathology services within their facilities. The response to an evolving outbreak and development of dynamic strategies to cater for increases in demand will be informed by SA Pathology as part of the SA Health IMT.

For further detail regarding pathology services please visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the South Australian Laboratory sub-plan.

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## 6.10 Mental health and human social factors

As with most services, the occurrence of a pandemic can easily overwhelm or damage the capability of local mental health resources to meet community needs. LHNs will be responsible for developing structures and processes to assist and support the local Mental Health (MH) services to meet community needs in a collaborative, organised, effective, and culturally competent manner.

The role of MH services will be to provide mental health information, consultation and support consistent with, and in support of, the general principles of the management of an influenza pandemic. These principles include:

- > Minimising serious illness and death
- > Maintaining essential services
- > Minimising social disruption.

Mental health information, consultation and support, will be pivotal in managing the dynamic response to a pandemic and will include:

- > Communications (strategic, professional, public and media)
- > Leadership and organisation
- > Mental health surveillance and clinical service provision
- > Workforce education and training

For further detail regarding mental health and social factors please visit [www.sahealth.sa.gov.au/emergencymanagement](http://www.sahealth.sa.gov.au/emergencymanagement) and view the Mental Health sub-plan.

## 6.11 Management of the deceased

The risk of transmission from patients who have died during the infectious period of pandemic influenza is low. However, it can be assumed there is infectious virus present in the respiratory tract for days and potentially weeks in a cooled body.

Precautions need to be in place for the funeral and related industries to minimise the risk of transmission of disease. Such precautions include the containment of bodily fluids.

All staff handling persons who have died while infectious with pandemic influenza should follow standard precautions in addition to droplet and contact transmission-based precautions. Some high risk procedures such as embalming and autopsy may require a higher level of PPE to be worn.

For sensitivity issues this plan is confidential. Please contact the Emergency Management Unit of SA Health on [emergencymanagement@sa.gov.au](mailto:emergencymanagement@sa.gov.au) for further information.

## 7. Whole of government

### 7.1 Guide to implementation of the menu of actions

Some predictions of the course of a pandemic and the demands it may make on our health systems and wider society can be made in comparison with seasonal influenza and past pandemics. Using this information, a menu of actions and guide to implementation of those measures has been developed as part of the AHMPPI 2014, and would be likely to effectively meet the objectives of both the AHMPPI and this plan. The appropriateness of the recommended measures should be examined considering what is known of the pandemic virus, the vulnerability of the community (particularly at risk groups), and the current resource constraints.

As Hazard Leader and Control Agency for human disease and human epidemic, SA Health will work closely with AHPPC in determining the method and timing of implementation of these measures. Where implementation will or is likely to have an impact on the community (e.g. social distancing) implementation will also be subject of careful consideration by AHPPC, the Australian Government and the South Australian Government through the State Coordinator.

### 7.2 Actions in pandemic phases: Whole of government

PREPAREDNESS	
Influenza specific plans	<ul style="list-style-type: none"> <li>&gt; Develop and maintain (including exercising) pandemic plans</li> </ul>
Broader planning	<ul style="list-style-type: none"> <li>&gt; Ensure influenza pandemic arrangements can be incorporated into wider emergency plans and arrangements</li> <li>&gt; Incorporate planning for an influenza pandemic into overall business continuity plans</li> </ul>
Resources (HR)	<ul style="list-style-type: none"> <li>&gt; Consider arrangements to ensure maintenance of human resource availability, particularly in highly skilled areas</li> </ul>
Sharing information	<ul style="list-style-type: none"> <li>&gt; Share information broadly amongst staff on the emergence of influenza viruses with the pandemic potential</li> </ul>
STANDBY	
Prepare to commence enhanced arrangements	
<ul style="list-style-type: none"> <li>&gt; Monitor SA Health messaging to help understand the nature of the disease (commenced in Preparedness)</li> <li>&gt; Communicate to raise awareness and confirm governance arrangements</li> </ul>	
RESPONSE - INITIAL	
When information about the disease is scarce	
Action	<ul style="list-style-type: none"> <li>&gt; Monitor SA Health messaging to help understand the nature of the disease</li> <li>&gt; Coordinate and support effective governance across your organisation to manage the impacts of the disease</li> <li>&gt; Prepare and support organisational needs</li> <li>&gt; Identify and prioritise essential services and operations</li> <li>&gt; Establish strategies to maintain essential services and operations</li> <li>&gt; Provide information on the nature of the disease to support and empower your staff and the community and to help them manage their own risk of exposure</li> <li>&gt; Continue to communicate to help engage, empower and build confidence in your staff and the community</li> <li>&gt; Provide a coordinated and consistent approach across your organisation</li> </ul>



## RESPONSE - TARGETED

When enough is known about the disease to tailor measures to specific needs

- > Continue to monitor SA Health messaging to help understand the progression of the disease
- > Support effective governance to manage the initial and ongoing impacts of the disease and ensure a proportionate response
- > Ensure that essential services and operations are maintained
- > Consider scaling back of non-essential services and redirecting staff if required. This loss of workforce strategy should be considered at the preparedness stage and during business continuity planning.
- > Identify any at risk groups within your workforce and/or clients and support them as necessary
- > Communicate a consistent and timely message, to engage your staff and the community effectively in pandemic response measures and to build trust and confidence when there is broader vulnerability

### Local Government

In the event of a pandemic, Local Government across Australia is likely to be involved in supporting national and state and territory response and recovery activities. In South Australia, the Local Government Association (LGA) is a member of the State Human Disease Committee and will play a significant role in ensuring communication with Local Government across the state regarding planning for pandemic influenza. The LGA will also ensure that Local Government issues are heard at both the state and national planning forums for pandemic influenza.

In 2007, the LGA developed Business Continuity Guidelines for South Australian Local Government. The guidelines are formed as a structured risk management process as outlined in AS/NZS 4360 and can be found on the website by visiting [www.lga.sa.gov.au](http://www.lga.sa.gov.au)

Local Government's role would be guided by SA Health, but is likely to include dissemination of information (web, social media, pamphlets etc) and possible immunisation capacity.

### Schools and educational services

The Department for Education and Child Development (DECD) oversees early childhood care and pre-school services, provides services and supports that benefit children and families and is responsible for leading and managing South Australia's education system.

If a pandemic is imminent or present DECD will release information, through established communication channels, alerting sites on protective and preventative measures that can be taken. Individual sites will be responsible for checking and disseminating this information and ensuring required actions are implemented.

Infection control measures are also available for DECD employees from within the Infection Control Procedure available from the DECD website by visiting [www.decd.sa.gov.au](http://www.decd.sa.gov.au)

### SA Prison Health Service

The SA Prison Health Service (SAPHS) is considered to be a part of the Central Adelaide Local Health Network structure. In the event of an influenza pandemic, SAPHS will work in collaboration with the Department for Correctional Services (DCS) and health services to ensure health needs are met for patients, appropriate with that which they would receive in the general community within the public health system.

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## Primary Industries and Regions SA (PIRSA)

### Prevention

- > Provide influenza vaccinations for all PIRSA personnel
- > Maintain relationships and communication paths with livestock industry stakeholders.

### Preparedness

- > Maintain business continuity plans to ensure loss of workforce impacts are minimised
- > Contribute to the development and maintenance of the SA Health Pandemic Influenza Plan
- > Share information on avian influenza surveillance in animals with SA Health
- > Advise all PIRSA staff to maintain vaccination status for influenza.

### Response and recovery

- > Communicate health messages to PIRSA personnel to support SA Health activities and minimise business interruption
- > Provide information on the nature of disease to animal health industries:
  - > To ensure biosecurity measures are implemented to protect livestock and the workforce from infection
  - > To ensure market and trade access is maintained
- > Provide human resources and information to SA health to support the response
- > Undertake avian influenza surveillance as agreed between SA Health and PIRSA.

### Public transport

Public transport covers the operation of the state's passenger transport network, including bus, train and tram services and the regulation of the state's taxi industry by the Department of Planning, Transport and Infrastructure (DPTI). This includes supporting the provision of regional and community passenger transport networks. The focus is to provide a safe, effective and customer-focused public transport network for all South Australians.

DPTI has Emergency Management Plans and supporting Business Continuity and Recovery Plans that include coverage for pandemic influenza for the train and tram network. These plans are tested and updated for currency on a regular basis, and used in live situations during major disruptions to the Adelaide Metropolitan Passenger Rail Network.

The Adelaide Metropolitan Bus Network is provided under contract to DPTI through Bus Service Contractors. The contracts with DPTI require Bus Service Contractors to have in place a current Emergency Management Plan and supporting Business Continuity Plans that include coverage for pandemic influenza outbreak.

In all instances the Business Continuity Plans list the strategy and plan for the provision of public transport services even at reduced levels to cover identified critical and key strategic services while it is safe to do so, or until instructed by the State Emergency Management Controller or representative (SA Health in terms of pandemic) to cease operations to limit the spread of infection.

### Industry

There are over 139,000 small businesses in South Australia, representing 97.5 % of total businesses in the state. The Department of State Development (DSD) provides resources and support programs to assist business intenders and existing businesses to grow. A key element of these resources is the "Business Continuity Planning (BCP)" workbooks and checklists available [www.statedepartment.sa.gov.au/smallbusiness](http://www.statedepartment.sa.gov.au/smallbusiness).

BCP sets out how a business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards. Disruptions to business can be a result of natural disaster, an electrical blackout or societal hazards such as criminal activity or infrastructure failure. Even greater threats to business may include national and international events such as an outbreak of pandemic influenza. The Department delivers BCP workshops to interested groups throughout South Australia.

The Department's Small Business Unit works closely with industry bodies such as Regional Development Australia, Business Enterprise Centres, industry associations and individual businesses to identify the impact of a disaster on the business. In the event of a pandemic influenza incident, the Department can assist these businesses identify possible ways to continue their business operations and recover from the disaster as quickly as possible.

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### Vulnerable groups

The Department for Communities and Social Inclusion (DCSI) has developed and maintains a Pandemic Influenza Plan to reduce the risk of harmful effects from pandemic influenza on vulnerable people who are clients of DCSI or DCSI-funded service providers.

The plan includes measures to:

- > prioritise the most vulnerable DCSI clients for service provision
- > support client resilience
- > ensure continuation of funding to DCSI-funded service providers
- > ensure continuity of essential services in particular during workforce depletion
- > reduce the spread of infection through hygiene practices, contact avoidance and use of PPE.

For more information please visit the DCSI website at [www.dcsi.sa.gov.au](http://www.dcsi.sa.gov.au)

### 7.3 Community home care support

During a pandemic, a significant proportion of the population will be unwell and unable to undertake normal daily activities, or they may be in situations where they routinely receive home care, or require special assistance due to their particular circumstances.

Demand for all healthcare services, including primary care services from GPs and home support, will be high and may exceed availability.

Non-essential health services may be rescheduled and patients discharged early from hospitals to enable the health system to respond to demands arising from the pandemic.

Therefore, additional home support services, health and non-health, are likely to be needed. This will require a coordinated response from a number of services to enable people to recover at home.

The Department for Health and Ageing will require support from other agencies in order to maintain:

- > Infection control policies (such as home quarantine)
- > Minimum daily healthcare requirements
- > Support to the well but vulnerable.

## 8. Stand down and recovery

Dependant on the scale of the outbreak, recovery following a pandemic could be significant and require a whole of government and community response. The State Recovery arrangements would be implemented to facilitate the required recovery response.

Stand down and recovery activities will start with the onset of a decline in presentations and recorded cases and will take a number of weeks in the event that case numbers do not again peak in numbers. The table below provides some general guidance on recovery activities which will be dependent on the severity of the outbreak and its health system and social impacts.

STAND DOWN and RECOVERY	
Department for Health & Ageing (DHA)	<ul style="list-style-type: none"> <li>&gt; Supporting and maintaining quality care</li> <li>&gt; Ceasing activities that are no longer required and transitioning activities to seasonal or interim arrangements</li> <li>&gt; Communications activities to support the return from pandemic to normal business services</li> <li>&gt; Evaluating systems and revising plans and procedures</li> </ul>
	<ul style="list-style-type: none"> <li>&gt; Advise of the commencement of transition to seasonal arrangements and how this will be managed</li> <li>&gt; Acknowledge the recovery efforts that will be occurring</li> <li>&gt; Provide information about the debrief and review process</li> <li>&gt; At the end of stand down notify stakeholders of the transition to ongoing vigilance to ensure we are well placed to respond in future</li> <li>&gt; Monitoring for a second wave of the outbreak</li> <li>&gt; Monitoring for the development of antiviral resistance</li> </ul>
Public communications	<ul style="list-style-type: none"> <li>&gt; Coordinate public messaging</li> <li>&gt; Notify the public that services will transition to normal arrangements and the reason for this</li> <li>&gt; Provide specific information for groups at risk or with specific needs (e.g. CALD, aged care or Aboriginal and Torres Strait Islander people) about the transition of services</li> <li>&gt; Thank the public for their engagement in the response</li> <li>&gt; Monitor feedback and refine communications to address issues and concerns identified</li> <li>&gt; Provide the media with access to information regarding the change of the status of disease spread and the transition of the response</li> <li>&gt; Make spokespeople available</li> <li>&gt; Respond to media requests</li> </ul>
Health Systems	<ul style="list-style-type: none"> <li>&gt; Support any resources that are depleted in order to meet remaining demand</li> <li>&gt; Assess the status of stockpiles and equipment, replenish where required</li> <li>&gt; Review processes, update plans/protocols</li> <li>&gt; Resume elective procedures/any services held during pandemic</li> <li>&gt; Terminate additional supply contracts</li> </ul>
Whole of Govt	<ul style="list-style-type: none"> <li>&gt; Implement recovery measures in accordance with the State Recovery Committee recommendations</li> <li>&gt; Make recommendations through whole of government channels where implementation of measures outside the health sector should be stood down, such as school or workplace closures</li> <li>&gt; Participate in whole of government review processes</li> </ul>

## Appendix 1 Resource information

Resource	Website or contact	Comment
<b>International</b>		
Centers for Disease Control and Prevention	<a href="http://www.cdc.gov">www.cdc.gov</a>	Pandemic Flu Preparedness Tools and Influenza Risk Assessment Tool.
World Health Organization Save Lives: Clean your Hands	<a href="http://www.who.int">www.who.int</a>	WHO's global campaigns to highlight the role of hand hygiene in combatting antimicrobial resistance under 'Clean Care is Safer Care'.
<b>National</b>		
The Australasian College for Emergency Medicine (ACEM)	<a href="http://www.acem.org.au">www.acem.org.au</a>	Guidelines for the Management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments.
Australian Government Department of Health	<a href="http://www.health.gov.au">www.health.gov.au</a>	<ul style="list-style-type: none"> <li>&gt; Pandemic Influenza site</li> <li>&gt; National health influenza pandemic plan: <i>Australian Health Management Plan for Pandemic Influenza (2014)</i></li> <li>&gt; <i>Avian influenza National guidelines for public health units</i></li> <li>&gt; <i>CDNA Influenza Infection National Guidelines for Public Health Units</i></li> </ul>
Australian Emergency Management Institute	<a href="http://www.em.gov.au">www.em.gov.au</a>	Australian emergency management handbook and manual series A-Z which includes a link to the Disaster Health handbook 1.
National Health and Medical Research Council (NHMRC)	<a href="http://www.nhmrc.gov.au">www.nhmrc.gov.au</a>	Australian guidelines for the Prevention and Control of Infection in Healthcare (2010).
Hand Hygiene Australia	<a href="http://www.hha.org.au">www.hha.org.au</a>	National hand hygiene initiative.
Royal Australian College of General Practitioners	<a href="http://www.racgp.org.au">www.racgp.org.au</a>	Pandemic Flu kit resource information for General Practitioners.
Immunise Australia Program	<a href="http://www.immunise.health.gov.au">www.immunise.health.gov.au</a>	Australian Immunisation Handbook.
Travel advice	<a href="http://www.smarttraveller.gov.au">www.smarttraveller.gov.au</a>	The Department of Foreign Affairs and Trade provides travel advice on its Smart Traveller website.

Resource	Website or contact	Comment
<b>SA Health Internet</b>		
Infectious Disease - Flu	<a href="http://www.sahealth.sa.gov.au/flu">www.sahealth.sa.gov.au/flu</a>	Flu - seasonal, pandemic and avian - symptoms, treatment and prevention.
Flu vaccine	<a href="http://www.sahealth.sa.gov.au/vaccine">www.sahealth.sa.gov.au/vaccine</a>	Flu vaccine and pregnancy frequently asked questions.
Business Continuity	<a href="http://www.sahealth.sa.gov.au/BusinessContinuity">www.sahealth.sa.gov.au/BusinessContinuity</a>	SA Health requirements and the importance of business continuity.
Pathology Services	<a href="http://www.sahealth.sa.gov.au/Pathology">www.sahealth.sa.gov.au/Pathology</a>	Includes link to SA Pathology website.
<b>Other South Australia Government Departments</b>		
South Australian Fire and Emergency Services Commission (SAFECOM)	<a href="http://www.safecom.sa.gov.au">www.safecom.sa.gov.au</a>	State Emergency Management Arrangements.
Department of State Development	<a href="http://www.dmitre.sa.gov.au">www.dmitre.sa.gov.au</a>	Business Continuity Planning for small business, disaster management.
<b>At risk groups</b>		
<u>Aboriginal People</u> The Department of Health	<a href="http://www.health.gov.au">www.health.gov.au</a>	Pandemic Influenza in Australia and the Impact on Aboriginal and Torres Strait Islander Peoples.
<u>Aged Care</u> Department of Social Services	<a href="http://www.dss.gov.au">www.dss.gov.au</a>	Building resilience through business continuity and pandemic planning.
<u>Vulnerable People</u> Flu.gov	<a href="http://www.flu.gov">www.flu.gov</a>	General flu information.

## Appendix 2 Abbreviations

ACEM	Australasian College for Emergency Medicine
AHMPPI	Australian Health Management Plan for Pandemic Influenza (2014)
AHPPC	The Australian Health Protection Principle Committee
BCP	Business Continuity Plan
BIA	Business Impact Assessment
CBF	Critical Business Functions
CDCB	Communicable Disease Control Branch
CDNA	Communicable Diseases Network Australia
CIMF	Common Incident Management Framework
CPHO	Chief Public Health Officer
DCS	Department of Correctional Services
DHW	Department for Health and Wellbeing
DoH	Department of Health
ED	Emergency Department
EMU	Emergency Management Unit
ICU	Intensive Care Unit
ILI	Influenza-Like Illness
IMT	Incident Management Team
LHN	Local Health Network
MH	Mental Health
NHMRC	National Health and Medical Research Council
NIR	National Incident Room
NMS	National Medical Stockpile
PHEMP	Public Health Emergency Management Plan
PI	Pandemic Influenza
PPE	Personal Protective Equipment
RCF	Residential Care Facilities
RDNS	Royal District Nursing Service
SAAS	South Australia Ambulance Service
SAPHS	SA Prison Health Services
SCC-H	State Control Centre - Health
SC-H	State Controller - Health
SDHC	State Human Disease Committee
SEMC	State Emergency Management Committee
SEMP	State Emergency Management Plan
SMAG	State Mitigation Advisory Group
WHO	World Health Organization

## Appendix 3 Consolidated summary of actions for pandemic phases

<b>PREPAREDNESS</b>		
<b>Department for Health &amp; Ageing (DHA)</b>	Influenza specific plans	<ul style="list-style-type: none"> <li>&gt; Develop and maintain (including exercising) a strategic whole of government plan</li> <li>&gt; Develop and maintain a surveillance plan for pandemic influenza</li> </ul>
	Broader planning	<ul style="list-style-type: none"> <li>&gt; Ensure influenza pandemic arrangements can be incorporated into wider emergency plans and arrangements</li> <li>&gt; Incorporate planning for an influenza pandemic into overall business continuity plans</li> </ul>
	Resources (stockpile and PPE)	<ul style="list-style-type: none"> <li>&gt; Establish and maintain a State PPE stockpile</li> <li>&gt; Develop NMS distribution plans</li> <li>&gt; Maintain awareness of current stockpile levels</li> <li>&gt; Regularly review deployment arrangements</li> <li>&gt; Implement measures to support strong supply chains</li> <li>&gt; Maintain awareness of evidence of antiviral/ antibiotic resistance</li> </ul>
	Clinical care and public health management	<ul style="list-style-type: none"> <li>&gt; Undertake seasonal influenza arrangements</li> <li>&gt; Build the capacity in RACFs to manage outbreaks of influenza</li> </ul>
	Vaccination	<ul style="list-style-type: none"> <li>&gt; Implementation of seasonal influenza immunisation programs</li> <li>&gt; Purchase and store vaccination equipment (needles and syringes)</li> </ul>
	Infection control	<ul style="list-style-type: none"> <li>&gt; Establish and maintain infection control guidelines</li> </ul>
	Routine surveillance monitoring	<ul style="list-style-type: none"> <li>&gt; Establish and maintain systems to collect influenza surveillance data</li> </ul>
	Laboratory capacity	<ul style="list-style-type: none"> <li>&gt; Establish and maintain laboratory testing capacity/capability</li> </ul>
	Border arrangements	<ul style="list-style-type: none"> <li>&gt; Establish arrangements to provide pandemic border control and relevant health services</li> <li>&gt; Appoint human quarantine officers to implement arrangements</li> <li>&gt; Develop communication materials appropriate for use at the border</li> </ul>
	<b>Communications</b>	Sharing information
Public communications		<ul style="list-style-type: none"> <li>&gt; Provide advice to support management of seasonal influenza</li> <li>&gt; Provide the media with information regarding the government approach to emerging influenza viruses</li> <li>&gt; Respond to media requests</li> </ul>



Health Systems	Influenza specific plans	> Develop and maintain (including exercising) operational pandemic plans
	Broader planning	> Ensure influenza pandemic arrangements can be incorporated into wider emergency plans and arrangements > Incorporate planning for an influenza pandemic into overall business continuity plans
	Resources (HR)	> Consider arrangements to ensure maintenance of human resource availability, particularly in highly skilled areas, such as ICU nursing
	Resources (PPE)	> Maintain awareness of current health service PPE levels > Regularly review deployment arrangements > Implement measures to support strong supply chains
	Clinical care	> Undertake seasonal influenza arrangements
	Infection control	> Establish and maintain infection control guidelines
	Laboratory capacity	> Establish and maintain laboratory testing capacity/capability
Whole of Government	Influenza specific plans	> Develop and maintain (including exercising) pandemic plans
	Broader planning	> Ensure influenza pandemic arrangements can be incorporated into wider emergency plans and arrangements > Incorporate planning for an influenza pandemic into overall business continuity plans
	Resources (HR)	> Consider arrangements to ensure maintenance of human resource availability, particularly in highly skilled areas
	Sharing information	> Share information broadly amongst staff on the emergence of influenza viruses with the pandemic potential
Department for Health & Ageing (DHA)	<b>STANDBY</b> Prepare to commence enhanced arrangements	
	The Australian Government and State Government will work together to provide advice and leadership on the appropriate methods and timing for implementing public health measures	
	The AHMPPI 2014 includes a menu of actions including public health measures which could be applied to respond to an influenza pandemic	<ul style="list-style-type: none"> <li>&gt; Provide community education on influenza vaccination programs including education with hard-to-reach groups and at risk populations</li> <li>&gt; Establish and maintain the state PPE stockpile</li> <li>&gt; Implement infection control guidelines and healthcare safety and quality standards</li> <li>&gt; Establish systems to promote the safety and security of people in RACFs and other institutional settings</li> <li>&gt; Coordinate distribution of antiviral drugs</li> <li>&gt; Disseminate protocols on the use of antivirals including prophylactic use</li> <li>&gt; Consider arrangements for triaging in primary care</li> </ul>

Communications	Health service communications	<ul style="list-style-type: none"> <li>&gt; Ensure staff are aware of available information about the epidemiology, virology and clinical severity of the disease</li> <li>&gt; Ensure staff are aware of information about the progress of the pandemic overseas. This will allow them to consider planning aspects related to scale and timing</li> <li>&gt; Ensure whole of government including local government are provided with accurate and timely information</li> </ul>
	Public communications	<ul style="list-style-type: none"> <li>&gt; Empower individuals and build public confidence by keeping people informed of the current situation, what is being done to address it and what individuals can do to minimise their risk and to prepare themselves for the potential societal impacts</li> <li>&gt; Encourage behaviours and attitudes that will contribute positively to reducing the spread of disease and minimise the psychological, social and economic impacts including the need to assist others in the community</li> <li>&gt; Shape public expectations of governments' response activities</li> <li>&gt; Provide information to inform decisions about travel</li> </ul>
Health Systems	Enhanced arrangements	<ul style="list-style-type: none"> <li>&gt; Identify and characterise the nature of the disease (commenced in preparedness)</li> <li>&gt; Communicate to raise awareness and confirm governance arrangements</li> <li>&gt; Check the status of stockpiles and equipment (antivirals, antibiotics, PPE)</li> <li>&gt; Review of PPE and infection control education resources to ensure adherence to approved PPE protocols</li> <li>&gt; Prepare arrangements for cohorting of patients</li> <li>&gt; Raise awareness of potential at risk groups</li> <li>&gt; Prepare arrangements for providing additional support to at risk groups</li> <li>&gt; Hospitals</li> <li>&gt; Prepare to review elective procedures</li> <li>&gt; Prepare for surge capacity in ICU beds/respiratory care beds</li> <li>&gt; Prepare pre-hospital emergency care (ambulance and other medical transport)</li> <li>&gt; Emergency departments prepare for increased demand</li> <li>&gt; Consider needs for additional support to health systems in remote communities</li> </ul>
Whole of Government		<ul style="list-style-type: none"> <li>&gt; Monitor Health messaging to help understand the nature of the disease (commenced in Preparedness)</li> <li>&gt; Communicate to raise awareness and confirm governance arrangements</li> </ul>

		<b>RESPONSE</b> Initial and targeted
<b>Department for Health &amp; Ageing (DHA)</b>	<b>Action</b>	<ul style="list-style-type: none"> <li>&gt; Monitor hospital and health system capacity - the demand for health services will rise quickly and be sustained for the duration of the pandemic</li> <li>&gt; Implement testing protocols to support case management, surveillance needs and to preserve laboratory capacity</li> <li>&gt; Support outbreak investigation and management in residential aged care facilities, schools, prisons and other institutions</li> <li>&gt; Encourage voluntary isolation of people with influenza-like illnesses</li> <li>&gt; Develop and validate pandemic influenza laboratory testing as required to monitor the pandemic and for individual patient care</li> <li>&gt; Support and undertake pandemic influenza point of care testing if recommended, and coordinate point of care testing data management and reporting</li> <li>&gt; Implement social distancing measures as per national recommendations and local risk assessment</li> <li>&gt; Consider surge capacity for public health measures - the proportion of infected individuals seeking treatment, which means the public health interventions to reduce ongoing transmission that rely on identification of cases will likely be more effective</li> <li>&gt; Maintain international health regulation core capacities and communicate public health events of significance to the National Incident Room (NIR)</li> <li>&gt; Support implementation of border measures as agreed by AHPPC</li> <li>&gt; Implement the national pandemic immunisation program</li> <li>&gt; Manage jurisdictional distribution of the National Medical Stockpile and maintain the state PPE stockpile</li> </ul>

<b>Communications</b>	Health service communications	<ul style="list-style-type: none"> <li>&gt; Build and maintain awareness across the health sector of the most up-to-date and accurate information about the disease, to support effective diagnosis and treatment, and better informed management decisions</li> <li>&gt; Promote a consistent approach by ensuring all key parties have the same information, though recognising that disease spread may be variable across the country</li> <li>&gt; Support best practice by disseminating guidance in key areas developed by expert bodies, such as Communicable Disease Network of Australia/Public Health Laboratory Network</li> <li>&gt; Share effective strategies, avoiding the need for them to be developed separately by all parties</li> <li>&gt; Input feedback on the effectiveness of treatment options, side effects and other clinical/ public health information into decision making processes to support refining the approach</li> <li>&gt; Input feedback on how well the health care system is coping</li> <li>&gt; Maintain trust and confidence</li> </ul>
	Public communications	<ul style="list-style-type: none"> <li>&gt; Build and maintain public trust and support by providing consistent, clear, informative public messaging</li> <li>&gt; Encourage behaviours and attitudes that will contribute positively to reducing the spread of disease and minimise the psychological, social and economic impacts including assisting others (neighbours, family, friends etc)</li> <li>&gt; Manage the disease threat by increasing uptake of recommended actions</li> <li>&gt; Build public confidence by keeping people informed of the current situation and what is being done to address the impact of the pandemic; and</li> <li>&gt; Empower individuals by increasing their understanding of the seriousness of the disease, knowledge of what to do to avoid/minimise exposure; ability to recognise symptoms and knowledge of what to do if symptoms present.</li> </ul>

<b>Health Systems</b>	Initial	<ul style="list-style-type: none"> <li>&gt; Prepare and support health system needs</li> <li>&gt; Manage initial cases</li> <li>&gt; Establish strategies to maintain patient flow and manage a potential surge</li> <li>&gt; Provide information on the nature of the disease to support best practice health care and to empower health care providers to manage their own risk of exposure</li> <li>&gt; Coordinate and support effective governance both locally and across the health system to manage the impacts</li> </ul>
	Targeted Understand transmissibility to help determine the likely speed of spread and the timing of the demand on health services	<ul style="list-style-type: none"> <li>&gt; Infection control and social distancing - the timeliness of measures to limit spread becomes more critical as the window of opportunity is smaller</li> <li>&gt; Plan to triage and cohort patients - as necessary</li> <li>&gt; Hospital and health system capacity - the demand for health services will rise quickly and be sustained or the duration of the pandemic</li> <li>&gt; Early action to implement plans - health services and response measures need to be scaled up more quickly</li> <li>&gt; Responsive governance - assessments and decisions will need to be made more quickly</li> </ul>
	Targeted Clinical severity is likely to be critical in estimating of impact on the morbidity and mortality at an individual and population level, the burden on the health system and the concern within the community. Explanations of impact in terms of clinical severity are also easily understood at a personal and public health level.	<ul style="list-style-type: none"> <li>&gt; Communicate regularly - to engage, empower and build confidence amongst health care providers in the response activities</li> <li>&gt; Antivirals - provide antivirals for cases</li> <li>&gt; Prophylactic antivirals - consider antivirals as prophylaxis to agreed target groups including health care workers</li> <li>&gt; Influenza clinics - consider staffing predominantly by nurses via management protocols with onsite or telephone medical support</li> <li>&gt; Out of hospital care - consider contingency support for home based care</li> <li>&gt; Management of patient flow and separation - the importance of measures to promote prompt presentation and diagnosis, while minimising opportunities for transmission</li> <li>&gt; Surge capacity for specialist services and respiratory inpatient services - the demand for high end services, such as Intensive Care Unit (ICU), paediatric and respiratory care (associated with this will be increased demand for specialised equipment and health care professionals, such as ECMO and ICU nurses). High end services are areas likely to increase the demand on support services, such as laboratories, much more than increased demand in general wards</li> <li>&gt; Laboratory capacity - develop and validate pandemic influenza laboratory testing as required to monitor the pandemic and for individual patient care</li> <li>&gt; Identify at risk groups - the importance of informing and supporting at risk groups</li> <li>&gt; Mortuary capacity - the demand for services associated with management of the deceased</li> <li>&gt; Forensic Science SA temporary mortuary capability</li> </ul>

<b>Whole of Government</b>	Initial	<ul style="list-style-type: none"> <li>&gt; Monitor SA Health messaging to help understand the nature of the disease</li> <li>&gt; Coordinate and support effective governance across your organisation to manage the impacts of the disease</li> <li>&gt; Prepare and support organisational needs</li> <li>&gt; Identify and prioritise essential services and operations</li> <li>&gt; Establish strategies to maintain essential services and operations</li> <li>&gt; Provide information on the nature of the disease to support and empower your staff and the community and to help them manage their own risk of exposure</li> <li>&gt; Continue to communicate to help engage, empower and build confidence in your staff and the community</li> <li>&gt; Provide a coordinated and consistent approach across your organisation</li> </ul>
	Targeted	<ul style="list-style-type: none"> <li>&gt; Continue to monitor SA Health messaging to help understand the progression of the disease</li> <li>&gt; Support effective governance to manage the initial and ongoing impacts of the disease and ensure a proportionate response</li> <li>&gt; Ensure that essential services and operations are maintained</li> <li>&gt; Consider scaling back of non-essential services and redirecting staff if required. (This loss of workforce strategy should be considered at the preparedness stage and during business continuity planning)</li> <li>&gt; Identify any at risk groups within your workforce and/or clients and support them as necessary</li> <li>&gt; Communicate a consistent and timely message, to engage your staff and the community effectively in pandemic response measures and to build trust and confidence when there is broader vulnerability</li> </ul>
<b>Department for Health &amp; Ageing (DHA)</b>	<b>STAND DOWN and RECOVERY</b>	
		<ul style="list-style-type: none"> <li>&gt; Supporting and maintaining quality care</li> <li>&gt; Ceasing activities that are no longer required and transitioning activities to seasonal or interim arrangements</li> <li>&gt; Communications activities to support the return from pandemic to normal business services</li> <li>&gt; Evaluating systems and revising plans and procedures</li> </ul>
		<ul style="list-style-type: none"> <li>&gt; Advise of the commencement of transition to seasonal arrangements and how this will be managed</li> <li>&gt; Acknowledge the recovery efforts that will be occurring</li> <li>&gt; Provide information about the debrief and review process</li> <li>&gt; At the end of stand down notify stakeholders of the transition to ongoing vigilance to ensure we are well placed to respond in future</li> <li>&gt; Monitoring for a second wave of the outbreak</li> <li>&gt; Monitoring for the development of antiviral resistance</li> </ul>

Public Communications	<ul style="list-style-type: none"> <li>&gt; Coordinate public messaging</li> <li>&gt; Notify the public that services will transition to normal arrangements and the reason for this</li> <li>&gt; Provide specific information for groups at risk or with specific needs (e.g. CALD, aged care or Aboriginal and Torres Strait Islander people) about the transition of services</li> <li>&gt; Thank the public for their engagement in the response</li> <li>&gt; Monitor feedback and refine communications to address issues and concerns identified</li> <li>&gt; Provide the media with access to information regarding the change of the status of disease spread and the transition of the response</li> <li>&gt; Make spokespeople available</li> <li>&gt; Respond to media requests</li> </ul>
Health Systems	<ul style="list-style-type: none"> <li>&gt; Support any resources that are depleted in order to meet remaining demand</li> <li>&gt; Assess the status of stockpiles and equipment, replenish where required</li> <li>&gt; Review processes, update plans/protocols</li> <li>&gt; Resume elective procedures/any services held during pandemic</li> <li>&gt; Terminate additional supply contracts</li> </ul>
Whole of Govt	<ul style="list-style-type: none"> <li>&gt; Implement recovery measures in accordance with State Recovery Committee recommendations</li> <li>&gt; Make recommendations through whole of government channels where implementation of measures outside the health sector should be stood down, such as school or workplace closures</li> <li>&gt; Participate in whole of government review processes</li> </ul>

## For more information

**Public Health and Clinical Systems  
Department for Health and Wellbeing  
11 Hindmarsh Square  
Adelaide 5000  
Telephone: (08) 8226 6403  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)**

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SA Health