

Tasmanian Public Health Emergencies Management Plan  
Associate Plan

## Tasmanian Health Action Plan for Pandemic Influenza 2016

Version 1.0  
March 2016

<b>Issue:</b>	Version 1.0
<b>Approved:</b>	Dr Mark Veitch
<b>Date:</b>	March 2016

## AUTHORITY FOR PLAN

The Tasmanian Health Action Plan for Pandemic Influenza (THAPPI) is an Associate Plan of the Tasmanian Public Health Emergencies Management Plan (TPHEMP). TPHEMP is a State Special Emergency Management Plan under the authority of the State Emergency Management Controller.

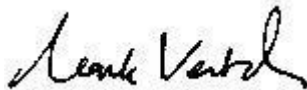
The THAPPI is issued by the Tasmanian Department of Health and Human Services (DHHS). It outlines the framework Tasmania will use to manage the health sector's preparedness and response to an influenza pandemic.

The plan is subject to ongoing review to incorporate international, national and local developments.

The plan has been endorsed by:

- Michael Pervan, Secretary, Department of Health and Human Services
- John Ramsay, Chair, Tasmanian Health Service Governing Council
- Phil Edmondson, Chief Executive Officer, Primary Health Tasmania.

The plan is approved by Dr Mark Veitch, Acting Director of Public Health.



15 March 2016

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## How to use this document

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This plan is presented in two parts.

Part one provides an overview of the Tasmanian health sector's preparedness for and planned response to pandemic influenza, covering the governance arrangements, roles and responsibilities and how a pandemic response will be integrated with the national pandemic response and Tasmania's all-hazards emergency management arrangements.

Part two comprises nine annexes that provide information about operational preparedness and response to pandemic influenza. These annexes are:

1. Public Health Menu of Actions
2. Primary Health
3. Hospital Inpatient Services
4. Communication and Stakeholder Engagement
5. Medical Stockpiles of Personal Protective Equipment
6. Population Groups Vulnerable to Severe Illness
7. Deaths
8. Planning Assumptions
9. Roles and Responsibilities.

# PART I

## I Glossary

Terms that have specific meanings within this plan are defined in Table I. Additional terms relating to emergency management in Tasmania are defined in the *Tasmanian Public Health Emergencies Management Plan (TPHEMP)*.

**Table I: Glossary**

<b>Term</b>	<b>In the context of this plan, means:</b>
<b>Case/s</b>	A person with an influenza-like illness; definitions for suspected, probable and confirmed cases of pandemic influenza will be provided at the time and may change, especially early in the response as information becomes available
<b>Contact tracing</b>	The process of identifying and managing people who have been in 'close contact' with someone who has influenza; the definition of close contact will be provided at the time and may change during a response
<b>Department of Health</b>	Australian Government Department of Health
<b>Flu clinic</b>	Specially-planned facilities that may be set up during a pandemic for safe medical assessment and management of people with suspected pandemic influenza
<b>Home isolation</b>	People with influenza or influenza-like illness (cases) staying at home for the period they may be infectious
<b>Home Quarantine</b>	Well persons likely to have been exposed to the virus (contacts) staying at home during the incubation period to protect others
<b>Incident Controller</b>	A senior officer appointed by the Response Management Authority to lead and coordinate a multi-agency response to an emergency. For pandemic influenza the Incident Controller is generally the Director of Public Health – unless a <i>Level 3</i> emergency response is activated, in which case incident control is through the State Controller and the Director of Public Health is generally the State Health Commander
<b>Influenza-like illness</b>	An illness generally featuring sudden onset of fever AND cough or sore throat in the absence of any other explanation for symptoms; the definition of an influenza-like illness may be updated as required when a pandemic virus emerges
<b>National Medical Stockpile</b>	A strategic reserve of pharmaceutical products and protective equipment for use in the national response to a public health emergency; in the context of this plan, the NMS includes medical items that are owned or supplied by the Tasmanian Government in accordance with the National Stockpiling Agreement
<b>Pandemic</b>	An epidemic on a global scale (an epidemic is an outbreak or unusually high occurrence of a disease or illness in a population)
<b>Personal support</b>	Collection and delivery of medications/antivirals and groceries (if supermarket delivery services are not available), and support for other vital out-of-home

Term	In the context of this plan, means:
	errands
<b>Post-exposure prophylaxis</b>	Medication given after exposure to a disease to protect the person from being infected or reduce the severity and transmissibility of illness from the infection
<b>Primary health services</b>	Health services, including general practice, emergency medicine, community pharmacies and nurse-led services providing initial care of patients
<b>Regional Controller</b>	Regional Emergency Management Controller, as defined by the <i>Emergency Management Act 2006</i>
<b>Response Management Authority</b>	The agency listed under the Tasmanian Emergency Management Plan as responsible for managing the emergency response to a specific type of emergency event; the DHHS is the Response Management Authority for public health emergencies, including influenza pandemics
<b>State Health Commander</b>	The Secretary DHHS or their delegate, responsible for controlling all government-based health and human service capabilities and directing service providers as required in response to an emergency; if DHHS is the Response Management Authority, the Incident Controller (generally the Director of Public Health) will assume the same authority invested in the State Health Commander
<b>SoNG</b>	The Series of National Guidelines, developed to provide consistent guidance to public health units responding to notifiable disease events around Australia
<b>Regional Health Commander</b>	A Tasmanian Health Service (THS) employee appointed to lead and coordinate the THS response to an emergency within a region and act as the single point of contact for the THS emergency response operations in that region
<b>State Controller</b>	State Emergency Management Controller (Commissioner of Police), as defined by the <i>Emergency Management Act 2006</i>

## 2 Acronyms

**Table 2: Acronyms**

<b>Acronym</b>	<b>Stands for:</b>
<b>AHMPPI</b>	Australian Health Management Plan for Pandemic Influenza
<b>AT</b>	Ambulance Tasmania
<b>CDNA</b>	Communicable Diseases Network Australia
<b>CPhr</b>	Community Pharmacy
<b>DHHS</b>	Department of Health and Human Services
<b>DPaC</b>	Department of Premier and Cabinet
<b>DPEM</b>	Department of Police and Emergency Management
<b>DPH</b>	Director of Public Health
<b>ECC</b>	Emergency Coordination Centre
<b>EOC</b>	Emergency Operations Centre
<b>ILI</b>	Influenza-like illness
<b>IMT</b>	Incident management team
<b>LC</b>	Local council
<b>NMS</b>	National Medical Stockpile
<b>PDIEM</b>	<i>Plan for the Delivery of Integrated Emergency Management within the Department of Health and Human Services and Tasmanian Health Organisations</i>
<b>PHEOC</b>	Public Health Emergency Operations Centre
<b>PHS</b>	Public Health Services
<b>PIU</b>	Public Information Unit
<b>PPE</b>	Personal Protective Equipment
<b>PPP</b>	DHHS Planning, Purchasing and Performance
<b>PPP-PMA</b>	DHHS Planning, Purchasing, and Performance – Principal Medical Advice
<b>SEMC</b>	State Emergency Management Committee
<b>SES</b>	State Emergency Service
<b>SoNG</b>	Series of National Guidelines
<b>SSEMP</b>	State Special Emergency Management Plan
<b>TEMP</b>	Tasmanian Emergency Management Plan
<b>THAPPI</b>	Tasmanian Health Action Plan for Pandemic Influenza (this plan)
<b>THS</b>	Tasmanian Health Service
<b>TPHEMP</b>	Tasmanian Public Health Emergencies Management Plan



## 3 Overview

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### Authority

- 1.1. Under the Tasmanian Emergency Management Plan (TEMP), DHHS (through Public Health Services) is the Prevention and Mitigation Management Authority and the Response Management Authority for pandemic influenza.
- 1.2. This plan and the arrangements herein are endorsed by the Tasmanian Health Service (THS) under the authority of the Chair of the THS Governing Council. It is approved by the Director of Public Health (DPH).

### Aim and Objectives

- 1.3. The aim of THAPPI is to describe the health sector's command, control and coordination arrangements, roles, responsibilities and broad strategies for the prevention and mitigation of, preparedness for, response to and recovery from pandemic influenza in Tasmania, within the broader Tasmanian and national emergency management arrangements.
- 1.4. The objectives of THAPPI are:
  1. To guide the health sector's pandemic influenza preparedness activities, to minimise the impact of future pandemics on individuals, health services and the community.
  2. To provide a framework, guiding principles and strategies to support the Tasmanian health system's response to pandemic influenza, within the national framework
  3. To outline agreed roles and responsibilities of those involved in the health response to pandemic influenza.
  4. To describe how non-health stakeholders may support the health sector in the preparedness for, response to and recovery from pandemic influenza in Tasmania.

### Context

- 1.5. An influenza pandemic happens when a new influenza virus emerges that most of the current population hasn't been exposed to before. Because it's a new virus, there is no vaccine and pre-existing community immunity may be absent or limited to small sections of the community. The population is more vulnerable to such a virus than it is to seasonal influenza viruses. The subsequent human illness may spread quickly around the world causing world-wide epidemics or a pandemic, with potentially much higher morbidity and mortality rates than seasonal – which itself causes over 2 500 deaths in Australia each year (*National Health and Medical Research Council, National Institute of Clinical Studies, 2014*).
- 1.6. There were three pandemics in the 20th century: the severe Spanish Flu (1918), the Asian Flu (1957–58) and the Hong Kong flu (1968–1970). There has been one pandemic so far this century: the relatively mild H1N1 2009 pandemic ('swine flu').
- 1.7. As the virus that will cause the next pandemic is yet to emerge, the severity, transmissibility and impact are difficult to predict. The impact will depend on a range of factors described in the AHMPPI, however even a mild or moderate pandemic (the most likely scenarios) may cause considerable impact on the community for a number of months.

- I.8. All sectors will experience higher than normal staff absenteeism, limited ability to obtain relief staff and potentially some staff reluctance to participate in face-to-face client contact due to concerns about the risk of infection.
- I.9. The health sector will also experience higher than normal demand for medical and pharmaceutical care and advice.
- I.10. In the Australian context, Tasmania may be particularly vulnerable to the impacts of pandemic influenza because of our relatively limited staff surge capacity across some health services. To mitigate this:
  - response measures will be selected according to the level of risk, the likely effectiveness of potential response measures and the availability of resources
  - Tasmanian Government health and human services employees may be directed to alternative duties during a pandemic response
  - additional, suitably qualified staff may be sought from private, non-government, local government and other Tasmanian Government agencies, and interstate
  - some non-essential services may be reduced or withdrawn during a pandemic response.

## Stakeholders

- I.11. This plan is for use by the health sector and stakeholders that may support the health sector's response to pandemic influenza in Tasmania, including:
  - DHHS, especially:
    - Public Health Services (PHS)
    - Ambulance Tasmania
    - Planning, Purchasing and Performance (Principal Medical Advice)
    - Communications Services
  - the Tasmanian Health Service (THS), especially:
    - infectious diseases physicians and infection prevention and control units
    - emergency medicine departments
    - Statewide Pathology Services
    - Statewide Pharmacy Services
    - all service and business managers and emergency management coordinators
    - primary and community health services
    - supply departments
  - Primary Health Tasmania and the general practice sector
  - the community pharmacy sector
  - private human health diagnostic laboratories
  - Aboriginal health services
  - other non-government and private providers of hospital and health services
  - other Government agencies, including the Department of Premier and Cabinet, the Department of Police and Emergency Management and the Department of Education

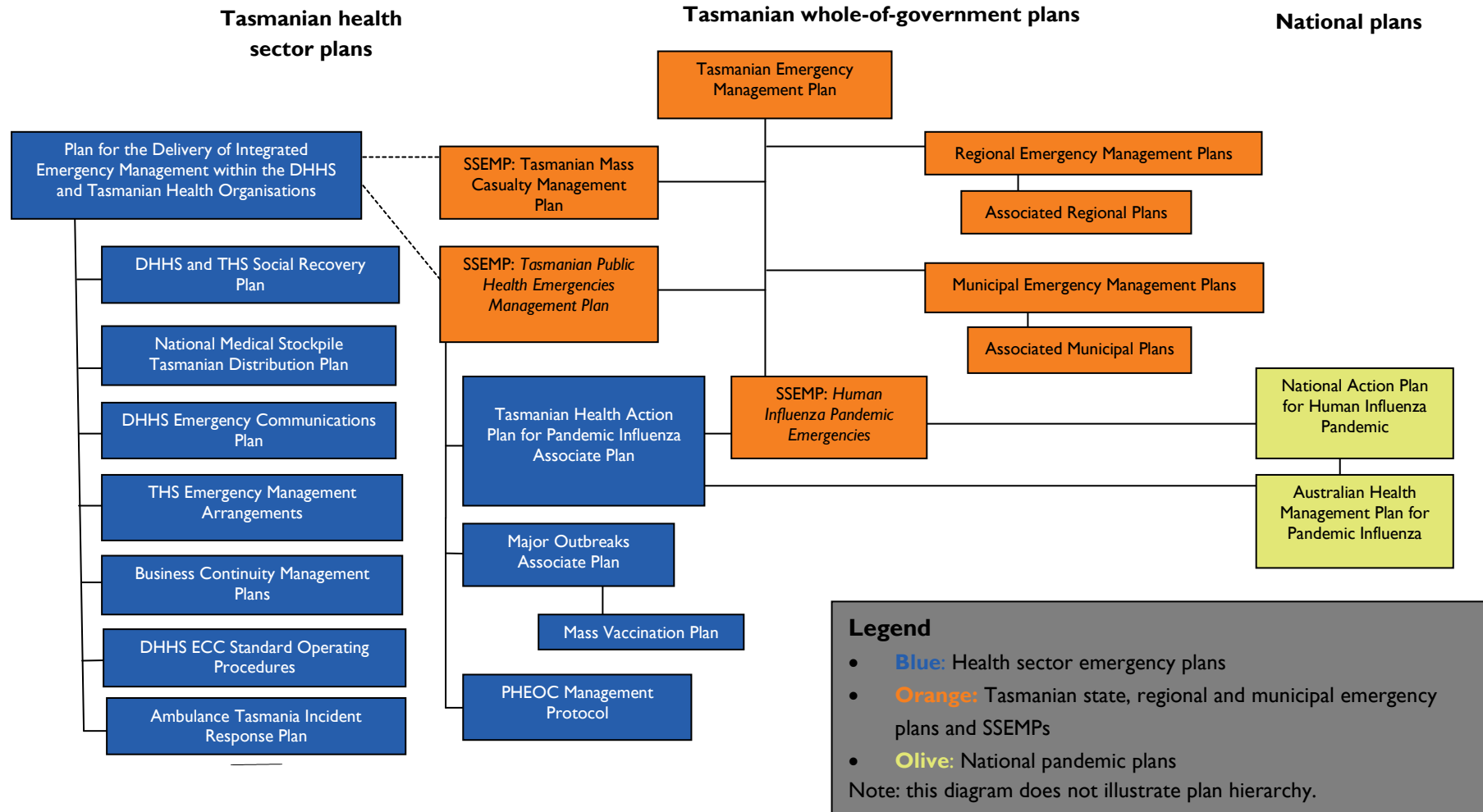
- local councils and the Local Government Association of Tasmania
- airports, Tasports and the TT line
- disability services and residential, aged care and institutional accommodation providers
- organisations providing services to refugees and migrants
- organisations that assist in relief and recovery processes.

## Related Plans and Documents

- 1.12. This plan aligns with and should be read alongside the *Australian Health Management Plan for Pandemic Influenza 2014 (AHMPPI)*, which will sit within the Emergency Response Plan for Communicable Diseases and Environmental Health Threats of National Significance, which will be one of four plans under the Australian National Health Emergency Response Arrangements.
- 1.13. THAPPI should also be read alongside:
1. The Tasmanian State Special Emergency Management Plan (SSEMP): *Tasmanian Public Health Emergencies Management Plan 2014 (TPHEMP)*
  2. The SSEMP: *Human Influenza Pandemic Emergencies* (due for review) maintained by DPaC with health sector input, on behalf of the State Emergency Management Controller
  3. The *Plan for the Delivery of Integrated Emergency Management within the DHHS and Tasmanian Health Organisations, 2013 (PDIEM)*
  4. The *National Medical Stockpile Tasmanian Distribution Plan 2014*
  5. The *DHHS and Tasmanian Health Organisations Social Recovery Plan 2014*
  6. The draft *Health Emergency Communications Guidelines 2016*.
- 1.14. The following documents are also associated with this plan:
1. The *National Action Plan for Human Influenza Pandemic 2011* (under review)
  2. The *Tasmanian Emergency Management Plan (TEMP)*
  3. The SSEMP: *Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania*
  4. The SSEMP: *Recovery*
  5. The SSEMP: *Tasmanian Mass Casualty Management Plan*
  6. The *Ambulance Tasmania Incident Response Plan and Service Escalation and Action Plan*
  7. The draft *Tasmanian Coronial Services Plan* (Department of Justice)
  8. Regional Emergency Management Plans, which describe the arrangements for emergency management in each of the three geographic regions of Tasmania
  9. Municipal Emergency Management Plans, which describe the arrangements for emergency management in each municipality.
  10. The *Public Information Unit Operations Manual* and the *Protocol for Whole-of-Government Public Information Support in Emergencies* (DPaC).
  11. The *Health Direct Australia Emergency Response Plan*.

I.15. Figure I shows the relationship between THAPPI and other related documents.

**Figure I: The relationship between THAPPI and associated documents**



## Principles and Ethical Framework

I.16. Key principles reflected in the AHMPPI and this plan are:

- existing systems and governance mechanisms (particularly those used for seasonal influenza) will be used whenever possible
- evidence-based decision making and a flexible approach that can be scaled and varied to meet the needs at the time, will be used whenever possible
- strong links will be maintained with existing emergency management arrangements
- there will be an emphasis on timely communication
- response activities that support robust recovery will be selected whenever possible
- detailed guidance will be provided on the collection of national surveillance data
- aspects of the response arrangements outlined will be applicable to managing severe outbreaks of seasonal influenza.

I.17. The following statements are based on the principles agreed to by the Australian Health Protection Principal Committee for pandemic planning, and will guide the Tasmanian health response:

- a) **Equity:** We will provide care equitably, recognising the special needs, cultural values and the religious beliefs of all members of our community.
- b) **Individual liberty:** We will respect the rights of individuals and protect those rights as much as possible.
- c) **Privacy:** We will protect the privacy and confidentiality of individuals as much as possible, while acknowledging that under extraordinary conditions it may be necessary for some elements of privacy and confidentiality to be overridden to protect others.
- d) **Proportionality:** We will undertake measures that are proportional to the threat. When information is scarce in the early days and until more information is available, we may assume the disease will have a moderately high impact, and respond accordingly.
- e) **Protection of the public:** We will do what we can to protect the entire population.
- f) **Provision of care:** We will strive to ensure health care workers can deliver care appropriate to the situation and commensurate with good practice, their profession's code of ethics, and staff safety.
- g) **Reciprocity:** When people are asked to take actions for the benefit of society as a whole, we will recognise their acts and, when possible, meet legitimate needs associated with those acts.
- h) **Stewardship:** Our leaders will make decisions based on the best available evidence.
- i) **Trust:** We will communicate in timely and transparent ways about what we know and don't know; what we're doing, what we want others to do, and any ethical dilemmas we face.

## National Pandemic Stages

- 1.18. Tasmania's pandemic planning is structured around the following national pandemic stages:
1. Prevention and Mitigation, and Preparedness: no novel strain detected (or emerging strain under investigation by the World Health Organisation)
  2. Response – *Standby*: sustained person-to-person transmission overseas; no cases detected in Australia (note, this stage may be very short)
  3. Response – *Initial Action*: the early stages of a pandemic in Australia; cases detected but information about the disease in the Australian context is scarce making it difficult to predict the level of impact and tailor the response accordingly
  4. Response – *Targeted Action*: when enough is known about the disease in the Australian context to tailor measures to specific needs; in the *Targeted Action* stage, all nationally-recommended health response activities will be reviewed by the Department of Health in liaison with expert committees; any that fail to demonstrate effectiveness and efficiency proportionate to the level of risk will cease.
  5. Response: *Stand-down*
  6. Recovery
- 1.19. Different activities are recommended for each stage, as outlined in the AHMPPI. In the four response stages, recommended measures may be implemented differently and at different times across Australia according to local circumstances.
- 1.20. If Tasmania's first cases are detected after the first few hundred cases nationally, information from interstate will be used to target the response as appropriate and activities designed for the *Initial Action* stage (for example, contact tracing) may be skipped.
- 1.21. Recovery activities occur during and beyond the response stages.

## Governance and Management

### National Partners

- 3.2 The Australian Government coordinates national pandemic measures and supports the health response in jurisdictions if jurisdictional capacity is overwhelmed. The Australian Health Protection Principal Committee is the key national policy and coordinating body, and is supported by:
- the Communicable Diseases Network of Australia (CDNA)
  - the Public Health Laboratory Network
  - the National Health Emergency Management Standing Committee.
- 3.3 The Department of Health supports the Australian Health Protection Principal Committee, operates the National Incident Room, monitors the global and domestic pandemic situation and coordinates the national distribution of resources from the National Medical Stockpile.
- 3.4 The Australian Government and states and territory governments share information and work together to determine appropriate response measures, implement surveillance and communications measures and coordinate access to resources.

## Tasmanian Partners

- 3.5 The TEMP describes the Tasmanian emergency management partners and their roles and responsibilities at state, regional and municipal levels. This includes organisations external to the health sector that may assist with the health sector's preparedness for, response to and recovery from an influenza pandemic.
- 3.6 The SSEMP: *TPHEMP* describes the health sector's emergency management structure, including the role of the State Health and Human Services Emergency Committee, the Public Health Emergencies Sub Committee and the Social Recovery Sub Committee.
- 3.7 Tasmania's pandemic prevention and mitigation and preparedness activities occur throughout inter-pandemic periods.

## The Legal Framework

- 3.8 The following legislation supports measures that may be required to mitigate the threat of pandemic influenza (*note: implementation of measures will rely on voluntary compliance whenever possible*):
  - a. The national *Quarantine Act 1908* (pending introduction of the *Biosecurity Act 2015*)
  - b. The *National Health Security Act 2007*
  - a. The *Emergency Management Act 2006* (Tasmania)
  - b. *Public Health Act 1997* and associated guidelines, including for notifiable diseases (Tasmania)
  - c. The *Ambulance Services Act 1982* (Tasmania)
  - d. The *Tasmanian Health Organisations Act 2011*
  - e. The *Poisons Act 1971* (Tasmania).
- 3.9 More information about the legislative framework is in the *TPHEMP* and *AHMPPI*.

## Records Management

- 3.10 State Service employees are required to keep records of their business activities in accordance with the *Archives Act 1983*. This includes documents or objects that provide evidence of emergency management activities.
- 3.11 Non-government and private organisations assisting with the response are required to keep records as prescribed in the TEMP.

## Planning Assumptions

- 1.22. See Annex 10: *Planning Assumptions* for a list of assumptions made in developing this plan.

## 4 Prevention & Mitigation and Preparedness Stages

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### Prevention & Mitigation

4.1 **Tasmania's health sector** routinely undertakes activities to identify pandemic hazards. These surveillance activities include:

- working with interstate colleagues to identify, report and investigate novel influenza viruses (including novel animal influenza viruses) to determine pandemic potential
- monitoring seasonal influenza infections, including through:
  - routine laboratory notification-based surveillance
  - the FluCAN (National Influenza Complications Alert Network), which reports on influenza-related hospitalisations and complications in sentinel hospitals
  - FluTracking, a weekly online survey of ILI completed by community members
  - the Australian Sentinel Practice Research Network (ASPREN), the General Practice disease surveillance network.

### Risk mitigation

4.2 **The health sector's** risk mitigation strategies include:

1. Business continuity planning
2. Minimising the effects of seasonal influenza through immunisation
3. Maintaining systems and processes to prevent and control healthcare-associated infection
4. Building community resilience by improving community knowledge about influenza and ways to manage it.

4.3 **Whole-of-government** risk mitigation activities focus on:

1. Business continuity planning for government services
2. Business continuity planning guidance for other businesses
3. Building community resilience to reduce the impact of pandemics through programs that prepare community members to support each other effectively in times of crisis.

### Preparedness

#### Overview

4.4 Activities undertaken to maintain a state of readiness for a pandemic include:

1. Further developing and maintaining state, regional and local plans and support arrangements
2. Testing response plans and training staff
3. Maintaining equipment and resources, including information management and communication systems, that will be necessary during a response.

4.5 Section 2 of this plan outlines supporting policies and plans. These plans are subject to ongoing review to incorporate international, national and local developments.



## Networks and Support Arrangements

- 4.6 Pandemic preparedness requires ongoing liaison with many networks including
- the Tasmanian Government health and human services sector
  - the general practice, community pharmacy and ambulance sectors
  - the local government sector
  - the non-government sector, including Aboriginal health services, multicultural and refugee services, the disability sector and the aged care sector
  - other networks listed in section 3.2.7 of the TPHEMP.

## Administration Systems

### Information Management

- 4.7 DHHS will use the WebEOC emergency information management system in a pandemic response if it is available and ready for use by the health sector.
- 4.8 The Communicable Diseases Prevention Unit (PHS) will record data on notified influenza cases on the Tasmanian Notifiable Diseases Database and the National Notifiable Diseases Surveillance System.
- 4.9 DHHS Information and Communications Technology Services will support the information and communication technology needs of DHHS and the THS.

### Warnings and Public Information

- 4.10 DHHS publishes public health alerts on the [DHHS website](#), maintains an emergency communications plan and provides training in media management for senior staff.
- 4.11 DPaC maintains policies, procedures and a staff register for the Public Information Unit and the Tasmanian Emergency Information Service, and maintains the [TasALERT](#) website and social media sites.

### Cost Capture/Financial Administration

- 4.12 See the TPHEMP, Section 3.3.91–3.3.92

## Operational Preparedness Roles

- 4.13 Business continuity planning addressing the specific challenges an influenza pandemic will present is important for **all stakeholders**.
- 4.14 Roles shared by the DHHS, THS and Primary Health Tasmania include:
- staff education and training
  - maintaining and testing plans, operating procedures and health sector emergency governance and management arrangements
  - maintaining links with stakeholders.
- 4.15 Preparedness across **DHHS** also focuses on maintaining a core of staff that is competent in emergency and communicable disease management.

- 4.16 Within DHHS,
- **PHS** leads and coordinates pandemic preparedness across all sectors
  - **Planning, Purchasing and Performance (PPP) – Community Planning and Strategy** manages the contract with Healthdirect Australia
  - **Planning, Purchasing and Performance – Principal Medical Advice (PPP–PMA)** maintains preparedness for activating the DHHS Emergency Coordination Centre (ECC) and maintains medical stockpiles under the NMS arrangements and arrangements for distributing those resources
  - **Corporate, Policy and Regulatory Services** manages legal and communications aspects of pandemic preparedness, in partnership with PHS.
- 4.17 Within PHS,
- the **DPH** oversees pandemic preparedness
  - **Health Protection** leads pandemic preparedness through:
    - the **Communicable Diseases Prevention Unit**, which undertakes public health aspects of communicable disease management, including surveillance, case and outbreak investigation, contact tracing, public communication and liaison with the CDNA and other agencies
    - **Environmental Health**, which leads public health emergency preparedness and training, and maintains the TPHEMP, THAPPI and PHEOC Management Protocol
    - the **Tasmanian Infection Prevention and Control Unit**, which provides infection prevention and control advice and training
    - **Pharmaceutical Services**, which maintains systems to ensure pharmaceutical products are managed in accordance with the *Poisons Act 1971*
  - **Health Improvement** maintains a core of staff to provide surge capacity for public health emergency management
  - **Program Support** provides administrative support to preparedness activities.
- 4.18 Preparedness across **Ambulance Tasmania** and the **Tasmanian Health Service** also focusses on:
- participation in state-wide and regional pandemic planning
  - maintenance of a 6-week supply of personal protective equipment (PPE) and other influenza-related resources, for use by those services
  - maintenance of resilient resupply arrangements.
- 4.19 The **THS** also focusses on:
- liaising with individual local councils and other stakeholders about how they may support the THS to establish local flu services in a pandemic response, if this is part of the response
  - outlining potential local response strategies, resources and escalation triggers, in partnership with PHS and other stakeholders
  - maintaining laboratory capacity for influenza testing
  - other activities outlined in *Annex 9: Roles and Responsibilities*

- 4.20 Preparedness by **Primary Health Tasmania** focusses on:
- supporting primary health providers in their emergency preparedness activities
  - supporting the general practice sector to maintain currency in infection prevention and control knowledge and procedures
  - undertaking the annual GP Census, which includes questions about pandemic preparedness and response
  - maintaining the GP Volunteer Register
  - providing a liaison role between the primary health sector and DHHS/THS about pandemic planning and preparedness.
- 4.21 Preparedness by **DPaC** also focusses on:
- maintaining whole-of-government emergency governance arrangements
  - maintaining the SSEMP *Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania* and the SSEMP *Human Influenza Pandemic Emergencies 2012*
  - maintaining the Tasmanian Emergency Information Service and TasALERT website and social media sites.
- 4.22 Preparedness by the **Local Government Association of Tasmania** also focusses on local council engagement processes and advocating the roles and responsibilities of local councils in a pandemic response.

## 5 Response

### Finance

- 5.1 The maximum expenditure limit for key health emergency management positions has been determined in accordance with the DHHS Delegations and Administrative Authorities, as outlined in Table 3. As the positions listed in Table 3 do not have position numbers or Statements of Duties, approval is required from the DHHS Secretary to activate these delegations at the time. For more information, see Section 3.3.91–3.3.92 of the TPHEMP.

**Table 3: Financial authority for incident response**

Position Title	Maximum total expenditure limit
DHHS Incident Controller	\$100 000
State Health Commander	\$100 000
Regional Health Commander/Regional Medical Coordinator	\$20 000
DHHS Recovery Coordinator	\$20 000

### Compensation for Services

- 5.2 Under the emergency provisions of Section 18 of the *Public Health Act 1997* (if a public health emergency is declared), a person may apply to the Minister for reasonable compensation for loss or damage as a result of direction by the DPH using emergency powers invested through that Act. Compensation is payable at an amount the Minister considers appropriate.
- 5.3 Compensation is not payable to anyone who suffers loss/damage that is not the result of a direction under the emergency powers of the *Public Health Act 1997* or that caused or contributed to the public health emergency.

### Communication and Stakeholder Engagement

- 5.4 Timely exchange of accurate, consistent and relevant information will help the Incident Controller manage – and stakeholders participate in – the response effectively and efficiently.
- 5.5 For more information, see Annex 4: *Communications and Engagement*

### Tasmanian Emergency Response Levels

- 5.6 In accordance with the TPHEMP, there are three potential levels of emergency response in the Action stage, driven by the scale of the response, the sectors affected or involved, and the required command, control and coordination arrangements. A *Level 1* Response is the lowest and a *Level 3* Response is the highest level of response.
- 5.7 A *Level 3* response for an influenza pandemic is unlikely with effective antiviral use.

## Incident Command, Control and Coordination in Tasmania

- 5.8 DHHS is the Response Management Authority for pandemic influenza. The DHHS Secretary will generally appoint the DPH (who has statutory responsibility under the auspices of the *Public Health Act 1997*) as Incident Controller for a *Level 1* and *Level 2* response.
- 5.9 As Incident Controller, the DPH assumes the same authority invested in the State Health Commander and consequently may assume control of all Tasmanian Government health and human services capabilities and direct service providers as required.
- 5.10 If the pandemic has severe impact and a whole-of-government response is required, a *Level 3* response will be activated. The State Control Centre will be activated under the command of the State Controller (Commissioner of Police). The DPH will generally be the State Health Commander and will direct and coordinate the health response, working closely with the State Controller and the State Emergency Management Committee.
- 5.11 Given the likely protracted and complex nature of the health response to pandemic influenza, the Secretary DHHS may delegate additional persons as the Incident Controller or State Health Commander, on a rotating basis.
- 5.12 The DHHS Secretary, the Incident Controller and their nominated delegates are authorised to escalate response operations to *Standby*, *Level 1*, *Level 2* and *Level 3* emergency response, using the arrangements set out in the TPHEMP and guided by national developments.
- 5.13 The DHHS Secretary, the Incident Controller and their nominated delegates are authorised to de-escalate and stand-down response operations from the *Standby*, *Level 1* and *Level 2* response levels, using the arrangements set out in the TPHEMP and guided by national developments.
- 5.14 In a *Level 3* response, the State Controller is authorised to de-escalate or stand down the response in liaison with the DPH. The DPH will resume incident control.

### Health Sector Coordination and Operations Centres

- 5.15 For an overview of the health sector coordination and operations centres, including the Public Health Emergency Operations Centre (PHEOC) and DHHS Emergency Coordination Centre (ECC), see the TPHEMP.
- 5.16 In a pandemic response, the PHEOC will be activated in the *Standby* stage to facilitate incident control and coordination and delivery of the public health response by PHS.
- 5.17 The DHHS ECC will be activated for a *Level 2* response and will assume emergency coordination and consequence management roles.
- 5.18 Key stakeholders including the THS, Ambulance Tasmania and Primary Health Tasmania will provide liaison officers for the DHHS ECC (or PHEOC in a *Level 1* response), as appropriate.
- 5.19 **Table 4** outlines the national pandemic stages, Tasmanian emergency response levels and the associated control and coordination arrangements.

**Table 4: National pandemic stages, Tasmanian emergency response levels and the associated control and coordination arrangements**

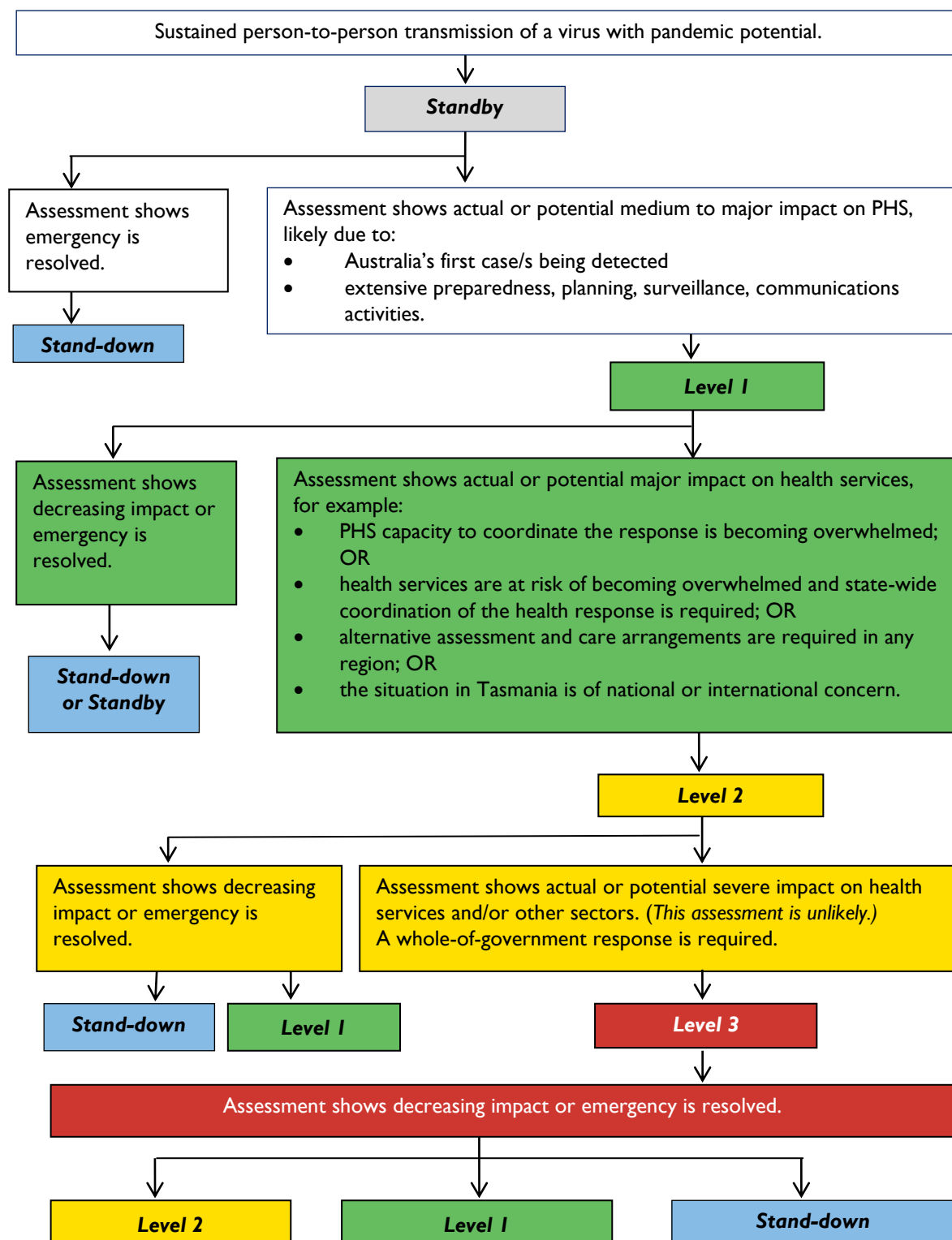
National stage	Tasmanian Emergency Response Level	Incident Control	Coordination mechanism
<p><b>Response: Standby</b></p> <p>Sustained person-to-person transmission overseas; no cases detected in Australia</p>	<p><b>Standby</b></p> <ul style="list-style-type: none"> <li>• Medium impact on PHS (surveillance, communications and preparedness activities)</li> <li>• Low impact on health services broadly</li> </ul>	Not required	PHS Incident Management Team
<p><b>Response: Action</b></p> <p><i>Initial Action</i> – cases detected in Australia, information about the disease in the Australian context is scarce making it difficult to predict the level of impact and tailor the response accordingly</p> <p><i>Targeted Action</i> – cases detected in Australia; enough is known about the disease in the Australian context to tailor measures to specific needs</p>	<p><b>Level 1 Response</b></p> <ul style="list-style-type: none"> <li>• Medium to major impact on PHS (surveillance, communications and preparedness activities)</li> <li>• Low to medium impact on health services broadly; able to be managed within available resources</li> </ul>	Incident Controller is DPH	PHEOC
	<p><b>Level 2 Response</b></p> <ul style="list-style-type: none"> <li>• Medium to major impact on PHS</li> <li>• Major impact on health services, able to be managed with prioritisation and coordination of available resources</li> </ul>	Incident Controller is DPH	DHHS ECC with <ul style="list-style-type: none"> <li>• PHEOC</li> <li>• THS EOCs</li> <li>• Ambulance Tasmania EOC</li> </ul>
	<p><b>Level 3 Response</b></p> <ul style="list-style-type: none"> <li>• Major impact on PHS</li> <li>• Severe impact on health and community services with consequences across other sectors requiring a whole-of-government coordinated response</li> </ul>	State Controller supported by the State Health Commander	State Control Centre with <ul style="list-style-type: none"> <li>• DHHS ECC</li> <li>• PHEOC</li> <li>• THS EOCs</li> <li>• Ambulance Tasmania EOC</li> <li>• Regional ECCs</li> </ul>
<p><b>Response: Stand-down</b></p>	<p><b>Stand-down</b></p> <ul style="list-style-type: none"> <li>• Public health threat can be managed within standard arrangements</li> </ul>	Not required	PHS Incident Management Team

## Decision Pathway

5.20 Figure 2 shows the incident control decision pathway, based on the *DHHS Public Health Incident Response Action & Decision Pathway* (Figure 8) in the TPHEMP.

5.21 Stages in this decision pathway may be skipped, and there may be fluctuation between stages with waves of pandemic illness.

**Figure 2: Decision pathway for changing the influenza emergency response level**



## Business Continuity and Surge Capacity

- 5.22 DHHS and THS have business continuity management plans outlining arrangements for adjusting services and priorities to support an emergency response and enable staff to be allocated to the response and essential roles. The arrangements in these plans will be activated as required during a pandemic response.
- 5.23 DHHS and THS also have arrangements for resource sharing, particularly across the acute and public health sectors. If resources are requested by the Incident Controller, DHHS and THS will provide the resources as able. Whenever possible, normal procedures used by DHHS and THS human resources units will be used to facilitate the movement of staff.
- 5.24 If assistance is required from other Tasmanian Government agencies, the Incident Controller will request this in accordance with the incident command structure and arrangements described in the TEMP and the SSEMP: *Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania*. This is particularly relevant for staffing EOCs, ECCs.
- 5.25 The Incident Controller may also request assistance from the private health sector and non-government organisations; and from other jurisdictions and the Australian Government through the Australian Health Protection Principal Committee.
- 5.26 In a *Level 3* response, the State Controller may request assistance from the Australian Government and other jurisdictions / agencies through arrangements outlined in the TEMP.
- 5.27 Documented standard operating procedures across response measures will support staff seconded to the pandemic response.

## Health Sector Capacity and Impact Surveillance

- 5.28 Monitoring the pandemic impact on the health sector will be vital to plan appropriate measures and enable timely activation and de-activation of additional services.
- 5.29 **THS hospital services** (major public hospitals and rural/district hospitals) will provide the following information to the DHHS ECC/PHEOC daily as requested at the time:
- the number of ILI presentations to emergency departments in the previous 24 hours and the number of people admitted to hospital
  - the number of inpatients and ICU patients with influenza
  - the number of inpatient deaths in the previous 24 hours where the primary or secondary cause of death was influenza
  - staff absenteeism rates (sick leave and carer's leave).
- 5.30 **Laboratories** may be asked to report the following information daily or as required:
- influenza testing laboratory capacity, including the number of influenza tests requested and undertaken
  - the percentage of positive test results out of all influenza tests.

Laboratories will also report all positive influenza test results, as per Annex 1: *Public Health Menu of Actions – Disease Surveillance*.



- 5.31 **Ambulance Tasmania** will provide the following information daily if able and required:
- staff absenteeism rates (staff sick leave and staff carer's leave)
  - the number of ILI call-outs in the previous 24 hours and the outcome of those call-outs, including:
    - provision of telephone advice only, including referral to other services
    - treatment / provision of face-to-face advice without transport to a health service
    - transport to a THS Flu Service or hospital.
- 5.32 **Primary Health Tasmania** will undertake pandemic impact monitoring across the general practice sector, as outlined in *Annex 2: Primary Health*.
- 5.33 For information on **disease surveillance**, see *Annex 1: Public Health Menu of Actions – Disease Surveillance*.

## National Health Operational Response Roles

- 5.34 The *Office of Health Protection* in the Department of Health will facilitate development of surveillance data transfer processes and will feed the results of data analyses back to the jurisdictions and national bodies, including the CDNA and the Australian Health Protection Principal Committee.
- 5.35 The CDNA will maintain the Series of National Guidelines (SoNG) and advise on the public health management of influenza.
- 5.36 The National Influenza Surveillance Committee (a sub-group of CDNA) will guide influenza-specific surveillance activities and strategies.
- 5.37 The *Public Health Laboratory Network* will guide microbiology and laboratory practice.
- 5.38 The *National Immunisation Committee* will guide immunisation measures and the *Australian Technical Advisory Group on Immunisation* will provide technical advice on immunisation issues.
- 5.39 *Healthdirect Australia* will provide online health information and telephone triage for the public through Registered Nurses with access to extensive algorithms and local health service information.

## Tasmanian Operational Response Roles

- 5.40 **All stakeholders** will support the public health response by undertaking additional functions to those listed below if necessary, as directed by the DPH in accordance with the provisions of the *Public Health Act 1997*.
- 5.41 **DHHS** will provide incident management and coordination, manage the public health aspects of the response and undertake other functions as described in the PDIEM.
- 5.42 **Within DHHS:**
- **PHS** will lead strategic response planning in partnership with stakeholders, coordinate the public health response and support the **DPH** as the Incident Controller
  - the **Environmental Health Unit** (PHS) will advise on the activation of the PHEOC and guide public health emergency management arrangements

- the **Communicable Diseases Prevention Unit** (PHS) will coordinate surveillance, case investigation, contact tracing, immunisation planning and liaison with primary health services and related agencies as appropriate
- **Pharmaceutical Services** (PHS) will assist with pharmaceutical legal aspects of the response
- the **Tasmanian Infection Prevention and Control Unit** (PHS) will liaise with infection control authorities nationally and provide advice to the Incident Controller and infection control units across Tasmania's health sector
- **Health Improvement Services** (PHS) will assist with public health aspects of the response and stakeholder engagement and communications
- **Ambulance Tasmania** will support incident control and strategic planning, especially when planning models of care that may influence demand or availability of ambulance services, and will provide out-of-hospital clinical care and patient transport to health services, including providing emergency patient transport if required from flu clinics and vaccination clinics
- **Corporate, Policy and Regulatory Services** will coordinate legal and communications aspects of the response and support the information and communication needs of DHHS and THS in the response
- **PPP–Community Planning and Strategy** will manage arrangements with Healthdirect Australia, in liaison with the Incident Controller, Primary Health Tasmania, the THS, Ambulance Tasmania and GP Assist
- **PPP–PMA will:**
  - activate and maintain the DHHS ECC when a *Level 2* response is triggered
  - coordinate pharmaceutical strategies in liaison with Statewide Hospital Pharmacy and Pharmaceutical Services, and provide specialist pharmaceutical advice
  - report on NMS stock use and levels and coordinate access to the NMS and NMS distribution strategies – including to community pharmacies if required – in liaison with THS and DHHS stakeholders including the Incident Controller, Medication Strategy Reform (PPP, DHHS), Community Planning and Strategy (PPP, DHHS), THS purchasing and supply departments, Statewide Hospital Pharmacy Operations (THS) and Pharmaceutical Services (PHS).

#### **5.43 In the Standby stage, the THS will**

- establish an incident management team to prepare and manage the THS response
- identify liaison officers for the PHEOC
- establish processes to support surveillance (including potential participation in the national *First Few Hundred Study*) as requested by PHS and the Department of Health
- develop a THS Incident Action Plan, using templates developed by PHS with the THS
- confirm potential local response arrangements, models of care and escalation triggers in partnership with PHS.

**5.44 In the Action stage, the THS will**

- review the THS Incident Action Plan
- maintain a liaison officer for the DHHS ECC or PHEOC
- arrange and provide clinical assessment and care services for people with ILI who attend THS services, under broad direction of the Incident Controller
- maintain essential and priority services by activating business continuity arrangements
- coordinate the provision of personal support for people in home quarantine or home isolation if required (before the onset of community transmission in Tasmania), upon referral from PHS
- support the distribution of NMS antivirals to local health facilities, in liaison with DHHS PPP-PMA
- maintain processes for supporting surveillance
- develop processes and identify staff to support outbreak management in residential settings if required and if PHS capacity becomes overwhelmed
- undertake other activities outlined in Annex 9: *Roles and Responsibilities*.

**5.45 The Department of Police and Emergency Management, including the State Emergency Service (SES) will support the:**

- establishment of emergency management arrangements
- establishment of Regional Emergency Coordination Centres when required, to support coordination of the broader emergency response and consequence management.

**5.46 Primary Health Tasmania will:**

- support communication between the Incident Controller and primary health providers
- assist in coordination and distribution of PPE if required
- provide the Incident Controller with access to the GP Volunteer Register (identifying GPs who have indicated willingness to provide professional services in a disaster)
- advise on arrangements for primary health after-hours services
- undertake pandemic impact monitoring across general practice
- provide a liaison officer for the DHHS ECC or PHEOC
- undertake other activities as able and appropriate, to support the primary care sector to maintain business continuity and manage the increase in service demand.

**5.47 DPaC will:**

- coordinate State Government assistance
- support activation of the State Control Centre (*Level 3 response only*)
- activate and deactivate the Tasmanian Emergency Information Service and Public Information Unit as required
- support the engagement of non-government organisations in the response.

5.48 **Local councils:**

- may support public communications through existing communication strategies (for example, municipal newsletters and social media), using information and messages endorsed by the Incident Controller
- may provide logistical support to local flu services established by the THS, as per mutual agreements between the THS and individual local councils; this may include:
  - provision of facilities for temporary use as THS Flu Clinics or sessional use by THS Outreach Flu Services, where appropriate THS facilities are not available
  - provision of staff to fill non-clinical roles at THS Flu Clinics
  - provision of cleaning and rubbish disposal services
  - revision of parking restrictions outside THS Flu Services
  - other logistical support
- may support the THS to engage local community groups, services and organisations if required, to provide personal support to residents who are ill, in home isolation or in home quarantine; personal support includes collection and delivery of medications/antivirals and groceries (if supermarket delivery is not available) and support for other vital out-of-home errands
- may undertake other activities as negotiated.

5.49 **Environmental Health Officers**, being Authorised Officers under the *Public Health Act 1997*, may undertake activities as required by the DPH.

5.50 **Table 5** (following) summarises the major pandemic roles and responsibilities of key response partners, as described above. For more information about the response roles and responsibilities of the DHHS and THS, see the PDIEM and the TPHEMP.

**Table 5: Pandemic Influenza Emergency Response Roles and Responsibilities Summary**

	DHHS	THS	AT	PHT	GP	CPhr	DPaC	DPEM	LC*
Incident control, strategic direction and statewide planning	<b>M</b>	S	S	S			S	S	
Direct and coordinate the public health response	<b>M</b>								
Implement the public health response	<b>M</b>	S	S	S	S	S	S	S	S
Provide broad direction of the operational health response	<b>M</b>								
Coordinate the health response and health sector consequence management	<b>M</b>	S	S	S					
Coordinate the operational health response (including regional and local area responses) under broad direction of the Incident Controller	S	<b>M</b>	S	S					
Provide influenza health services	S	<b>M</b>	S	S	<b>M</b>	S		S	S
Establish THS Flu Services (facility-based and outreach services)	S	<b>M</b>		S					S
Provide out-of-health facility clinical care and transport to health services			<b>M</b>						
Manage the Tasmanian Medical Stockpile and the NMS for Tasmania	<b>M</b>	S							
Develop strategies and processes for distributing and dispensing antivirals	<b>M</b>	S		S		S			
Prepare and distribute public information	<b>M</b>	S	S	S	S	S	S**	S	S
Prepare and distribute information to stakeholders	<b>M</b>	S	S	S			S	S	S
Monitor pandemic impact across the general practice sector	S			<b>M</b>	S				
Coordinate the pandemic mass vaccination program	<b>M</b>	S		S					
Provide pandemic vaccination services	S	S	S	S	<b>M</b>	S			S
Provide personal support services for people in formal home quarantine and home isolation if required, on referral from PHS	S	<b>M</b>					S	S	S

**Key:** AT = Ambulance Tasmania; PHT = Primary Health Tasmania; GP = General Practice sector; CPhr = community pharmacies; DPEM = Department of Police and Emergency Management, including the SES; LC = Local Councils

**M** = main responsibility; S = supporting role

\* The roles and responsibilities of local councils may vary from council to council, as per mutual THS/local council arrangements.

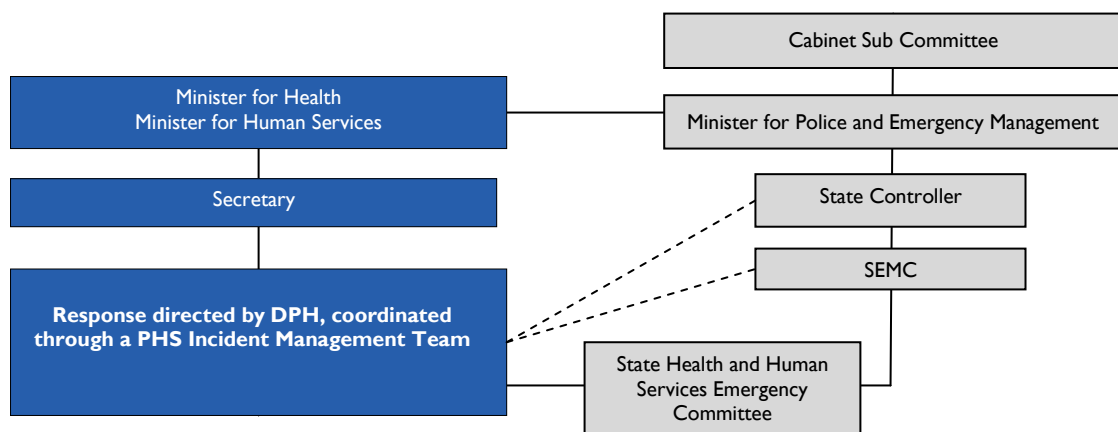
\*\* The distribution of information to the public will become the main responsibility of DPaC in a *Level 3* response.

## 6 Response Levels

### Standby

- 6.1 The focus of the *Standby* stage will be on early detection of the virus in Tasmania and preparing to respond.
- 6.2 Triggers for moving from *Preparedness* to *Standby* in Tasmania include:
- formal advice of sustained community transmission of a novel influenza virus with pandemic potential overseas
  - a warning of a potential influenza pandemic from the World Health Organisation
  - indications from any Australian jurisdiction that they may seek assistance to manage severe seasonal influenza
  - an indication from the CDNA or Australian Health Protection Principal Committee that trends suggest unmitigated seasonal influenza may overwhelm state and territory health systems.
- 6.3 The *Standby* stage is likely to be skipped in Tasmania if the world's early pandemic cases occur in Australia, because of the need for intense surveillance, communications and preparedness, combined with the limited capacity of PHS.
- 6.4 In the *Standby* stage, the DPH will command, control and coordinate the response with support from a PHS Incident Management Team.
- 6.5 Figure 3 illustrates the relationship between components of the emergency management system in the *Standby* stage.

**Figure 3: Standby stage and active components of the emergency management system**



## Overview of Standby Response Strategies

- 6.6 Tasmania's health *Standby* activities are likely to focus on:
1. **Governance arrangements**, including preparing to activate PHEOC, developing incident action plans and alerting stakeholders
  2. **Surveillance** to detect initial cases in Tasmania and monitor overall influenza activity
  3. Preparedness to commence **public health measures** to minimise the impact of disease
  4. **Assessment and management** of suspected cases
  5. Ensuring **health service preparedness**, including resources being available to support surveillance and communications, and being rapidly accessible for an escalated response.
- 6.7 For more information about activities likely to be undertaken by the health sector and other key agencies, see *Annex 9: Roles and Responsibilities*.

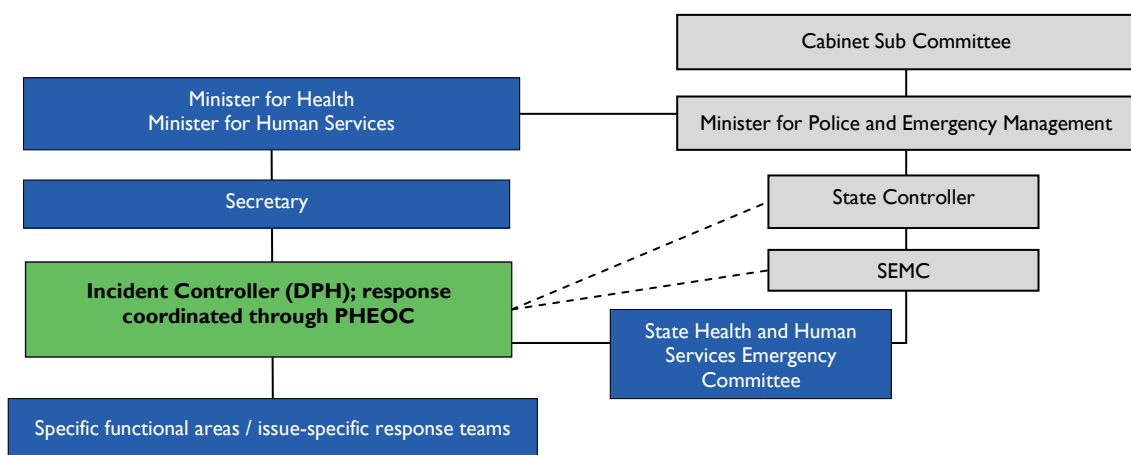
## Communications

- 6.8 Information will be provided to stakeholders and the public as outlined in Annex 4: *Communication and Engagement* or as appropriate at the time.

## Level I Response

- 6.9 The trigger for activating a *Level I* response will be the pandemic (or virus with pandemic potential) having (or having potential to have) a medium to major impact on PHS, without significant impact on health service providers. This is likely to be as soon as cases are detected anywhere in Australia.
- 6.10 The DPH will be the Incident Controller and will command, control and coordinate the response with support from PHS (through the PHEOC) and PPP-PMA,
- 6.11 The relationship between DHHS, THS and other components of the Tasmanian emergency system in a *Level I* response is represented in Figure 4.

**Figure 4: Level I response – active components of the emergency management system**



## Overview of Level I Response Strategies

- 6.12 In a *Level I* response, the Tasmanian health response is likely to focus on:
1. **Governance arrangements**, including establishment of the PHEOC
  2. **Public and stakeholder communications**
  3. **Surveillance**, to:
    - contribute to information about the disease within the Australian context
    - detect further cases in Tasmania
    - monitor overall influenza activity and changes in the epidemiology and clinical and virological features of the illness/virus
  4. **Public health measures to minimise the impact of disease**, including contact tracing and management if warranted before the onset of community transmission of the virus here
  5. **Case assessment and management**
  6. **Health service preparedness and capacity**, including staff being available to support surveillance, case investigation, contact tracing and management, response planning and communications activities, and being accessible for an escalated response.
- 6.13 The Tasmanian whole-of-government response, coordinated through the SEMC, may include provision of specific resources, but will predominantly support stakeholder management, communications and risk assessment using information provided by DHHS.
- 6.14 Information will be provided to stakeholders and the public as outlined in Annex 4: *Communication and Engagement* or as appropriate at the time.

## Internal and External Support Arrangements

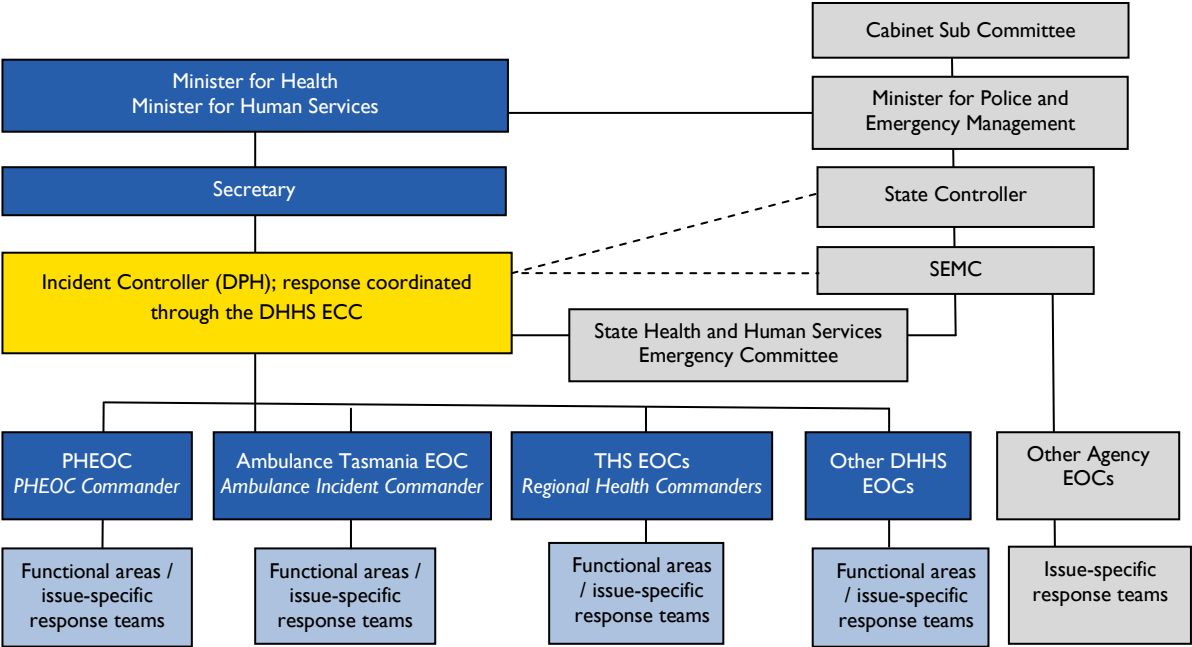
- 6.15 Key stakeholders including the THS, Ambulance Tasmania and Primary Health Tasmania will provide liaison officers for the PHEOC as necessary.
- 6.16 Depending on the scale of response required, PHS may have insufficient capacity to continue priority or essential services and plan, coordinate and undertake the public health response. The Incident Controller may seek:
- health staff from across DHHS, the THS, private health services, the non-government sector and local government; or from interstate health services through the Australian Health Protection Principal Committee
  - assistance for general emergency management and administrative functions through the SSEMP: *Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania*
  - support for communications activities through a request to DPaC for resources under the *Protocol for Whole-of-Government Public Information Support in Emergencies*; or activation of the Public Information Unit, with a liaison officer from PHS.



## Level 2 Response

- 6.17 The trigger for a *Level 2* response is:
  - the pandemic having a major impact (or the potential to have a major impact) on local health services and requiring state-wide coordination of the health response; OR
  - the outbreak being of national or international public health concern (for example, if the world's early cases occur here).
- 6.18 As illness becomes more widespread and the demands on resources increase and peak, response activities will be tailored to meet needs and ensure efficient and effective use of available resources. Measures that fail to demonstrate efficiency and effectiveness will cease.
- 6.19 The conditions may exist for the DPH to declare a Public Health Emergency under the *Public Health Act 1997*, and issue guidelines that are legally binding.
- 6.20 The DHHS ECC will be established and additional health EOCs may be established.
- 6.21 The DPH will generally be the Incident Controller, and will command, control and coordinate the response with support from the DHHS ECC.
- 6.22 PHS, through the PHEOC, will focus on the public health aspects of the response.
- 6.23 Regional Controllers may decide to activate Regional Emergency Coordination Centres to assist with the broader consequences of the pandemic across sectors.
- 6.24 The relationship between DHHS, THS and other components of the Tasmanian emergency system in a *Level 2* response is represented in Figure 5.

**Figure 5: Level 2 response – active components of the emergency management system**



## Overview of Response Strategies

- 6.25 In a *Level 2* response the Tasmanian health response will generally focus on:
1. **Governance arrangements**, including maintenance of the PHEOC and activation of the DHHS ECC and other health and human services EOCs as required
  2. **Public and stakeholder communications**
  3. **Surveillance**,
    - to support national efforts to detect changes in the epidemiology of those getting sick, the severity of the disease and characteristics of the virus
    - to monitor overall influenza activity
  4. **Public health measures to reduce the impact of disease**, including planning a **mass vaccination program**
  5. **Case management** including potential establishment of flu-specific services
  6. **Health service capacity and resources** being readily available to manage cases and support the emergency response
    - a. Supporting **recovery** arrangements and activities.
- 6.26 The Tasmanian whole-of-government response, coordinated through the SEMC, is likely to focus on stakeholder management, communications and preparing for potential activation of the State Control Centre, Regional ECCs and a *Level 3* emergency response.
- 6.27 Information will be provided to stakeholders and the public as outlined Annex 4: *Communication and Engagement* or as appropriate at the time.

## Internal and External Support Arrangements

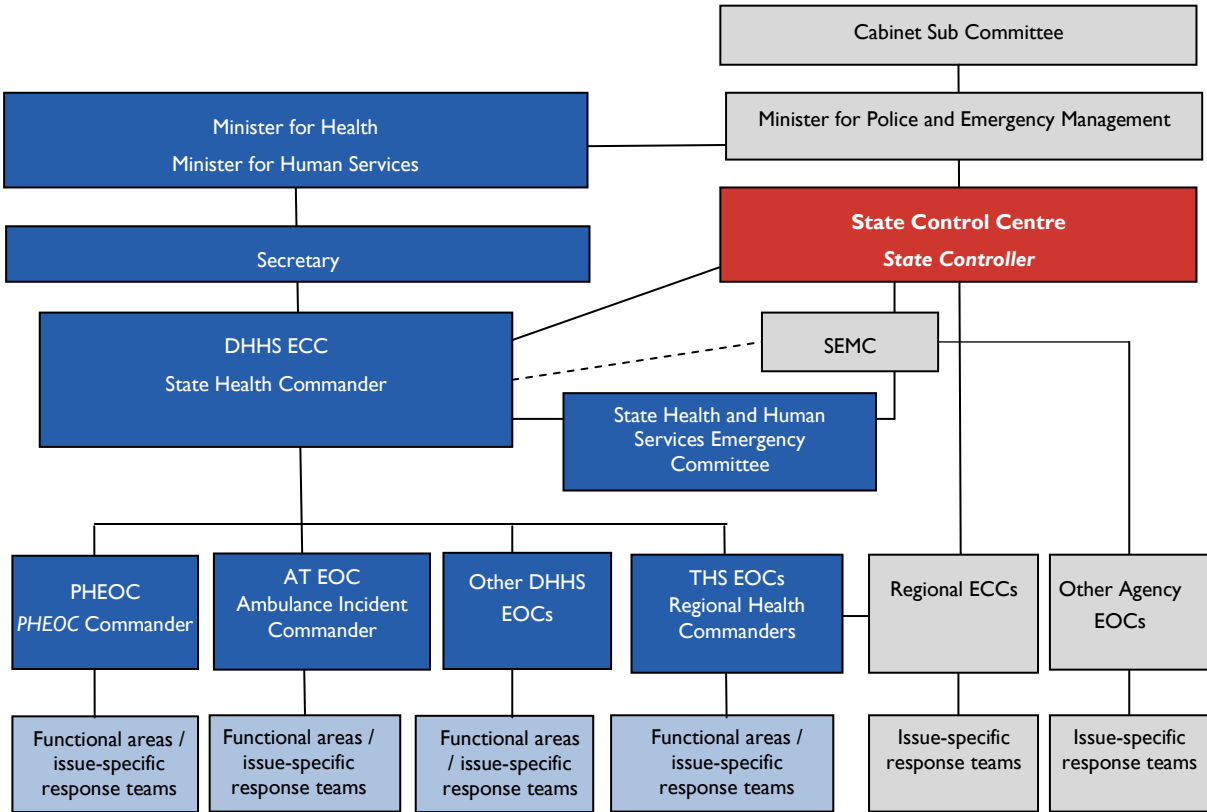
- 6.28 Health services may require support from external agencies as demand for services and staff absenteeism rise. This will be coordinated through the DHHS ECC.
- 6.29 The Incident Controller may seek staff to support the emergency management, public health and communications response as outlined for a *Level 1* response.
- 6.30 Key stakeholders including PHS, THS, Ambulance Tasmania and Primary Health Tasmania will provide liaison officers for the DHHS ECC as necessary.

## Level 3 Response

- 6.31 A *Level 3* response will be activated if the pandemic is having, or has the potential to have, a severe impact across the community and requires whole-of-government coordination of the response. In this situation there is likely to be widespread community transmission of the disease, with the disease causing moderate to severe illness.
- 6.32 As illness becomes more widespread and the demands on resources increase, response activities will be tailored to meet needs and ensure efficient and effective use of available resources. Measures that fail to demonstrate efficiency and effectiveness will cease.
- 6.33 The focus of a *Level 3* response will be on minimising community, economic and health service disruption and maintaining essential services, while caring for those who are sick and protecting those at highest risk of severe illness.

- 6.34 The State Controller will control the response through the State Control Centre.
- 6.35 The DPH – in liaison with the State Controller – may declare or extend a Public Health Emergency under the *Public Health Act 1997* and subsequently issue guidelines that are legally binding.
- 6.36 Additionally, under the *Emergency Management Act 2006*:
  - the State Controller may choose to authorise emergency powers
  - the Premier may choose to declare a State of Emergency and authorise special emergency powers.
- 6.37 The DPH will be the State Health Commander, leading the health response through the DHHS ECC.
- 6.38 Regional Controllers will activate Regional Emergency Coordination Centres to assist with the broader consequences of the pandemic across sectors.
- 6.39 The PHEOC and other health EOCs will remain active.
- 6.40 The relationship between DHHS, THS and other components of the Tasmanian emergency system in a *Level 3* response is represented in Figure 6.

**Figure 6: Active components of the emergency management system, Level 3 response:**



## Overview of Response Strategies

- 6.41 The Tasmanian health response will focus on:
1. **Communication** with health stakeholders
  2. **Governance arrangements**, including close liaison between the State Health Commander and the State Controller and national bodies
  3. **Surveillance**, to support national efforts to detect changes in the epidemiology of those getting sick, the clinical severity of the disease and/or characteristics of the virus, and to monitor overall influenza activity through routine surveillance activities
  4. **Public health measures to reduce the impact and spread of disease**, including planning and implementing a mass vaccination program
  5. **Case management**, including establishment of flu-specific services
  6. **Protection** of patients at greatest risk of severe illness
  7. **Health system capacity**, including continuity of essential and priority health services, and redirection of resources
  8. Support for relief and **recovery** arrangements and activities.
- 6.42 The Tasmanian whole-of-government response will focus on:
- leading and coordinating the response across multiple agencies
  - communication with the public
  - stakeholder management
  - coordinating resources, including call centre staffing, and providing non-clinical general staffing support to health services
  - managing potentially diverse impacts of widespread disease and community disruption
  - business continuity, including continuity of community lifelines including food, medical supplies, energy and utilities, petrol and essential transport
  - planning and implementing recovery arrangements.
- 6.43 Information will be provided to stakeholders and the public as outlined in Annex 4: *Communication and Engagement* or as appropriate at the time.

## External Support Arrangements

- 6.44 The State Controller or State Health Commander may request additional support for the provision of influenza services and/or the public health response from non-government and private health services, or from interstate health departments through a request to Australian Health Protection Principal Committee.
- 6.45 The State Controller or State Health Commander may seek non-clinical staff to support the State Control Centre, DHHS ECC, PHEOC, other EOCs, Public Information Unit and broader response from across government through the SSEMP *Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania*; and from other jurisdictions through arrangements outlined in the TEMP.

- 6.46 Public communication activity will be coordinated through the whole-of-government Public Information Unit with a DHHS ECC and/or PHEOC liaison officer.
- 6.47 Key stakeholders including PHS, DHHS PPP, THS, Ambulance Tasmania and Primary Health Tasmania will provide liaison officers for the DHHS ECC as necessary.
- 6.48 If assistance is offered from organisations that are not usually part of response arrangements, the Regional Controllers or State Controller will manage these arrangements, as outlined in the TEMP (Section 3.3.25).

## Recovery

- 6.49 Recovery activities will occur alongside response activities for pandemic response, and will involve whole-of-government and its recovery partners in planned and coordinated activities across the four elements of recovery: social, infrastructure, economic and environmental.
- 6.50 Recovery arrangements will be established as per the SSEMP: *Recovery* and SSEMP: *Human Influenza Pandemic Emergencies 2012*, and will align with national efforts coordinated by the Australian Government Disaster Recovery Committee (if required).
- 6.51 At a regional level, the DHHS and THS will support recovery arrangements and strategies in liaison with Regional Controllers and Regional Emergency Coordination Centres.
- 6.52 In accordance with the TEMP, the DHHS and THS are the Primary Support Agencies for delivering some social recovery services at regional and statewide levels, and will do so as and when requested by the State Controller or Regional Controller (or delegates), as outlined in the *DHHS and THO Social Recovery Plan 2014*.

## Stand-down and Service Restoration

- 6.53 The trigger to move to the *Stand-down* stage is the public health threat being manageable within seasonal influenza arrangements, and the health system being able to resume normal services without additional coordination.
- 6.54 As the risk and impact experienced will not be consistent across Australia, enhanced activities may continue in some areas and with some population groups but should be scaled back promptly when no longer necessary.
- 6.55 Tasmania's response in *Stand-down* will be led by the DPH and coordinated through PHEOC or a PHS Incident Management Team, and will focus on the smooth withdrawal of enhanced arrangements and possibly staged transition to seasonal influenza arrangements.

## Overview of Response Strategies

- 6.56 This section provides an overview of likely stand-down strategies. For more information, see Table 6: *Health Service Restoration Activities* and Annex 9: *Roles and responsibilities*.

- 6.57 Health sector stand-down activities in Tasmania will focus on:
1. **Communication** with the public and stakeholders
  2. **Governance arrangements**, including standing down the DHHS ECC and EOCs
  3. **Surveillance**, to monitor for a further wave of disease and changes in virus characteristics
  4. **Public health measures**, including vaccination, to reduce the ongoing impact of disease
  5. **Case management**, as per seasonal influenza arrangements
  6. **Health system capacity**, to ensure smooth transition to seasonal influenza arrangements
  7. Supporting **recovery** arrangements and strategies, including **restoration of services**
  8. **Debriefing staff and reviewing** the effectiveness of preparedness, response and recovery arrangements
  9. **Service restoration.**
- 6.58 Tasmania's whole-of-government stand-down activities are likely to focus on:
- reviewing information provided by DHHS and assessing the situation
  - standing down the Tasmanian Emergency Information Service, State Control Centre, Regional Emergency Coordination Centres and other emergency management arrangements that may have been established
  - supporting recovery arrangements and strategies
  - debriefing staff and reviewing the effectiveness of preparedness, response and recovery arrangements
  - exploring opportunities for, and managing requests for, costs reimbursement.

## Service Restoration

- 6.59 Given the likely prolonged nature of a pandemic response, health services will need to consider the timely, efficient and effective restoration of service delivery systems, staffing and resources. Table 6 describes activities that all health services should consider to support service restoration following an influenza pandemic.

**Table 6: Health Service Restoration Activities**

<b>Social</b>	<ul style="list-style-type: none"> <li>• Acknowledge and thank staff for their involvement</li> </ul>
	<ul style="list-style-type: none"> <li>• Seek feedback and debrief staff</li> </ul>
	<ul style="list-style-type: none"> <li>• Remind staff of the employee support services available, and through the Employee Assistance Program, deploy a response team to support work areas significantly impacted by pandemic influenza</li> </ul>
	<ul style="list-style-type: none"> <li>• Acknowledge staff entitlements for remuneration and leave</li> </ul>
	<ul style="list-style-type: none"> <li>• Return staff to their normal work environments and roles</li> </ul>
	<ul style="list-style-type: none"> <li>• Prepare reports outlining response activities, issues and recommendations (consider: what we did, what worked and why, what didn't work and why, what we'd do next time)</li> </ul>
	<ul style="list-style-type: none"> <li>• Address review recommendations</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify and action staff education and training requirements</li> </ul>
	<ul style="list-style-type: none"> <li>• Resume standard staffing levels as able; <i>note additional staff may still be required in the stand-down stage and beyond, including to enable staff involved in the response to take potentially much-needed leave</i></li> </ul>
	<b>Infrastructure</b>
<ul style="list-style-type: none"> <li>• Return borrowed stores and equipment</li> </ul>	
<b>Economic</b>	<ul style="list-style-type: none"> <li>• Audit and reconcile expenditure</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure appropriate timeframes are met for processing inward and outward costs</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide financial reports outlining pandemic response expenditure</li> </ul>
	<ul style="list-style-type: none"> <li>• Review contract arrangements for contracts specific to the pandemic response</li> </ul>
	<ul style="list-style-type: none"> <li>• Seek compensation if available</li> </ul>
	<ul style="list-style-type: none"> <li>• Manage any damage claims relating to the pandemic response</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• Assess the condition of facilities used in the pandemic response</li> </ul>
	<ul style="list-style-type: none"> <li>• Clean facilities used in the pandemic response and restore their layout for their standard purpose</li> </ul>
	<ul style="list-style-type: none"> <li>• Resume normal business/service activities</li> </ul>
	<ul style="list-style-type: none"> <li>• Review emergency management and pandemic action plans</li> </ul>
	<ul style="list-style-type: none"> <li>• Review operational plans, protocols and standard operating procedures</li> </ul>
	<ul style="list-style-type: none"> <li>• Return to a state of pandemic preparedness</li> </ul>

## 7 Plan Administration

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### Plan Contact

- 7.1 This plan is written and maintained by PHS within the DHHS. Feedback should be made in writing and emailed to: [public.health@dhhs.tas.gov.au](mailto:public.health@dhhs.tas.gov.au)

### Review Requirements and Issue History

- 7.2 This plan is subject to ongoing review to incorporate international, national and local developments in the short- and long-term. In particular, the plan will be reviewed following:
- development of national models of care and significant changes to the AHMPPI
  - testing of pandemic response arrangements
  - major organisational or legislative changes that affect health services in Tasmania
  - a pandemic response.
- 7.3 This is Issue 2 of THAPPI, dated December 2016. Issue 1 was dated 2006, Issue 1 is superseded and should be destroyed or clearly marked as superseded and removed from general circulation. Table 7 outlines the issues of THAPPI.

**Table 7: Issues of THAPPI**

Issue No.	Year Approved	Comments/Summary of Main Changes
1	2006	First Issue of THAPPI
2	2015	Major review

### Consultation for this Issue

- 7.4 General and targeted consultation occurred throughout 2015. This included consultation across DHHS (including Ambulance Tasmania) and the THS, Primary Health Tasmania, the Public Health Emergencies Sub Committee, the State Emergency Service, the Local Government Association of Tasmania, Red Cross Australia, general practice representatives, the Pharmaceutical Society of Australia (Tasmanian Branch), the Royal Australian College of General Practice (Tasmanian branch) and Aged Care Services Tasmania.

### Validation of this Plan

- 7.5 Arrangements in this plan will be validated in 2016 through desktop exercises. Further validation will occur through participation in state and national exercises, and debriefs following activation of the plan.

### Distribution

- 7.6 This plan will be published on the DHHS website ([www.health.tas.gov.au](http://www.health.tas.gov.au)) for use by all agencies and organisations with a role and/or interest in Tasmania's pandemic prevention and mitigation, preparedness, response and recovery plans.
- 7.7 Courtesy print copies are provided to stakeholders listed in Table 8.



**Table 8: List of stakeholders in receipt of print copies of THAPPI:**

Level	Stakeholder	Organisation/Positions
State	DHHS	<ul style="list-style-type: none"> <li>Secretary</li> <li>Deputy Secretary Corporate Policy and Regulatory Services</li> <li>Deputy Secretary Planning, Purchasing and Performance</li> <li>Director Statewide Communications and Engagement</li> <li>Manager Emergency Preparedness</li> <li>Chief Executive Officer Ambulance Tasmania</li> <li>Chief Executive Officer PHS</li> <li>State Manager Environmental Health</li> <li>Manager, Communicable Diseases Prevention Unit</li> <li>Director of Public Health</li> <li>DHHS Library</li> </ul>
	THS	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> <li>Chair THS Governing Council</li> <li>Executive Director of Services</li> </ul>
	SES	<ul style="list-style-type: none"> <li>SES Planning and Education Officer</li> </ul>
	Primary Health Tasmania	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> </ul>
	Local Government Association of Tasmania	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> </ul>
	Red Cross Australia (Tasmania)	<ul style="list-style-type: none"> <li>Manager Emergency Services</li> </ul>
	Aged Care Services Tasmania	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> </ul>
	Volunteering Tasmania	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> </ul>
	Presidents of the Tasmanian branches of the Australian Medical Association, Royal Australian College of General Practice, Pharmacy Guild, Pharmaceutical Society of Australia and the Australian Association of Practice Managers	
Regional	DHHS	<ul style="list-style-type: none"> <li>Ambulance Tasmania Regional Commanders</li> </ul>
	THS	<ul style="list-style-type: none"> <li>Medical Services Directors</li> <li>Coordinators Emergency Management</li> </ul>
	SES	<ul style="list-style-type: none"> <li>Regional Managers</li> </ul>
Local	Local council	<ul style="list-style-type: none"> <li>Municipal Emergency Management Coordinators</li> </ul>

## PART 2

### Annex 1: Public Health Menu of Actions

#### Disease Surveillance

The purpose of disease surveillance is to provide information on the virological features of the virus and the epidemiology of the disease caused by the virus, to predict the likely public health impact and time course of a pandemic, and inform the appropriate scale of response.

The Communicable Diseases Network of Australia (CDNA) will provide national leadership and coordination of surveillance activities. Tasmania is represented on the CDNA by the Senior Medical Advisory (Public Health Services).

The triggers and aims of surveillance across pandemic stages are outlined in Table 1 of this annex.

**Table 1: National surveillance triggers and aims across pandemic stages**

	PREPAREDNESS	RESPONSE			
Stage		Standby	Initial Action	Targeted Action	Stand-down
Trigger	–	Sustained community human-to-human transmission detected overseas	Detection of cases in Australia <sup>1</sup>	Sufficient data collected to describe the pandemic	Public health threat can be managed within normal arrangements
Aim	Monitor and describe seasonal influenza infections; support the detection, understanding and response to novel influenza viruses	Detect initial cases in Australia.	Understand epidemiology within Australian context to inform targeted action	Monitor course of pandemic and assess actions	Monitor for reappearance. Evaluate actions

#### Existing Influenza Surveillance Systems

Existing national and sentinel influenza surveillance systems are likely to be activated and/or enhanced in a pandemic response. This will include monitoring:

- laboratory notification data through the National Notifiable Diseases Surveillance System
- ILI rates within the community through Flutracking
- general practice presentation rates through the Australian Sentinel Practice Research Network
- hospitalisation data, including emergency department presentations and admissions to wards and intensive care units, through FluCAN.

<sup>1</sup> It is acknowledged that the first case detected is unlikely to be the true first case.

## The First Few Hundred Study

In the *Initial Action* stage, state and territory health departments will undertake the *First Few 100* Study to gather information about the disease in the Australian context. This will involve collecting demographic data on the first few hundred cases and their contacts from treating doctors, using data collection forms and an accompanying data dictionary provided by the Department of Health. Jurisdictional health departments will provide this data to the Department of Health for collation, analysis and reporting.

The *First Few 100* Study will cease once the dataset is considered to have reached a relatively stable point and the population health impact of the virus has been determined or is in the process of being determined. This will enable activation of the *Targeted Action* stage, with response activities and public health measures selected according to the level of risk.

If substantial data are collected nationally before pandemic influenza emerges in Tasmania, Tasmania's involvement in this study may not be required. If Tasmania participates:

- Public Health Services (PHS) will be responsible for the data collection
- data on case contacts will be provided if contact tracing can be resourced
- primary health providers will be asked to provide epidemiological data on individual patients
- the Tasmanian Health Service (THS) will provide a single point of contact for data collection on THS patients.

## Enhanced Data on up to 10 Cases per Week

To monitor for changes in behaviour of the virus and severity of disease, state and territory health departments will collect 'enhanced' data on up to 10 cases per week throughout the response stages. Information about how the 10 cases should be selected in each jurisdiction will be provided by the Department of Health.

## Additional Reporting

**Laboratories** may also be asked to report the following information daily or as required:

- the number of influenza tests requested and undertaken
- the percentage of positive test results out of all influenza tests.

**PHS** will consider producing the *FluTas Report* more frequently during a pandemic response (the *FluTas Report* is produced monthly during winter influenza seasons) and supplementing this with other forms of up-to-date information.

The Incident Controller may request additional data from stakeholders to assist with management of the response.

## Deaths

PHS may commence active surveillance of deaths from influenza by requesting the Department of Justice (Births, Deaths and Marriages) to notify PHS of all deaths where influenza is recorded on the death certificate as the principal cause of death. (Note: it may take up to seven days following a death for this information to be available.)

PHS will consider the need to also request notification of deaths where influenza is recorded on the death certificate as a factor contributing to death.

## Surveillance Roles and Responsibilities

Table 2 outlines the major surveillance roles and responsibilities of stakeholders.

**Table 2: Surveillance roles and responsibilities**

	Responsibility
Participate in national discussions about surveillance activity	PHS
Request, collect, record and report surveillance data	PHS
Provide information for the <i>First Few 100</i> study	GPs and THS
Provide a single point of contact for PHS for collecting data on THS patients	THS
Report laboratory status and activity to PHS	Labs
Provide extra surveillance information as requested to assist the response	All partners
Produce the <i>FluTas</i> Report	PHS

## Contact Tracing

'Contacts' are individuals who may be at risk of contracting pandemic influenza because they have had unprotected 'close contact' with an infectious person. The definition of 'close contact' will be provided at the time and reviewed throughout a pandemic response.

'Contact tracing' is the process of identifying contacts through interviews with cases (ill persons who meet the case definition for pandemic influenza at the time), and contacting those people.

Contact tracing and contact management are resource intensive and evidence suggests the impact on influenza transmission rates is low, and the impact on mortality and morbidity rates depends on the capacity to identify cases and locate their close contacts quickly, and the effectiveness of interventions subsequently applied.

Contact tracing will only be undertaken in Tasmania before there are signs of extensive community transmission here and after consideration of the expected benefits versus the cost – including the value of staff time – for any or all of the following reasons:

1. **To collect information** from contacts to contribute to surveillance activities and provide information about the nature of the disease in the Australian context (in the *Initial Action* stage)
2. **To protect contacts** when information about the disease and its severity is scarce or if severity is known to be high – by advising contacts to be alert for signs of influenza and seek antivirals promptly if signs emerge (*prompt use of antivirals may reduce morbidity and mortality, however they are less effective if started 48 hours or more after symptom onset*).
3. **To reduce transmission** from asymptomatic but potentially infectious people, through home quarantine and provision of infection control advice.

If contact tracing is undertaken, PHS may seek appropriately-skilled staff from local and/or interstate health services to support this short-term activity.

Contact tracing is unlikely to be undertaken in the *Targeted Action* stage in Tasmania unless clinical severity of the disease is high and there is a realistic chance of delaying community transmission. It will not be feasible once community transmission is well established, however communications activities may empower people to identify themselves as contacts and take appropriate action to protect themselves and others.

## Social Distancing

Social distancing strategies to reduce normal population mixing to help reduce the impact of a pandemic tend to have moderate efficacy at best and are difficult to implement strictly and support. Any social distancing measures undertaken – including home isolation and home quarantine – will be voluntary except potentially if there are indications of a severe pandemic. National and state legislation provide frameworks to enforce social distancing measures if necessary.

### Home Isolation

Home isolation is the separation of ‘cases’ (ill persons who meet the case definition for pandemic influenza at the time) from other people for the period they are likely to be infectious as per guidelines provided at the time by the Department of Health.

In the *Initial Action* stage and before there are signs of community transmission of the virus in Tasmania, the Incident Controller (or delegated staff) may contact individual patients directly and instruct them to stay in home isolation, if they are well enough. Once community transmission is established, those with an influenza-like illness (ILI) will be encouraged to stay in home isolation through broad communication activities including advertising and information provided by primary care providers. This is ‘informal’ home isolation and is similar to the way seasonal influenza and other respiratory tract infections are routinely managed.

### Home Quarantine

Home quarantine may be recommended for people who are likely to have been exposed to the virus, while they may be infectious but have no signs of illness (for the incubation period). This may involve PHS contacting individual contacts directly, instructing them to stay in home quarantine and phoning them regularly to ascertain if they have signs of illness. However, this is resource intensive and unlikely to be undertaken in Tasmania except potentially:

- in the *Initial Action* stage, before there are signs of community transmission of the virus in Tasmania
- in the *Targeted Action* stage, if there are indications the pandemic may be severe and the outbreak appears to be tightly contained in Tasmania.

Throughout a pandemic response, those who identify themselves as contacts may choose to stay in home quarantine to protect others. This is informal home quarantine.

### Support for those in Home Isolation and Home Quarantine

Cases and contacts instructed directly by PHS to stay in home isolation or home quarantine who do not have their own social support networks (for example family, friends, colleagues, carers) may be eligible for personal support coordinated by the THS. This support may include:

- collection and delivery of medications/antivirals and groceries (if supermarket delivery services are not available)
- support for other vital out-of-home errands.

Table 3 outlines the support options for cases and contacts and the roles and responsibilities of key stakeholders.

**Table 3: Support for people in home isolation and quarantine**

	ROLES		
	PHS	Tasmanian Health Service	Primary health providers
<b>Cases directly instructed by PHS to stay in home isolation</b>	Provide follow-up information about self-management, home isolation and protecting others.	Coordinate delivery of antivirals and personal support if necessary, on referral from PHS.	<ul style="list-style-type: none"> <li>• Collect swabs as per national guidelines at the time.</li> <li>• Provide initial information about self-management and protecting others.</li> <li>• Provide antivirals through prescriptions according to clinical need and national guidelines at the time.</li> <li>• Provide test results to patients (negative and positive).</li> </ul>
<b>Contacts directly instructed by PHS to stay in home quarantine</b>	Provide information about: <ul style="list-style-type: none"> <li>• self-monitoring, and what to do if they develop signs of influenza</li> <li>• protecting others.</li> </ul>	Coordinate delivery of personal support if necessary, on referral from PHS.	If contact seeks information: <ul style="list-style-type: none"> <li>• reinforce information about self-monitoring and protecting others</li> <li>• advise the person to phone their GP for an appointment promptly if they develops signs of influenza, so they can receive antivirals.</li> </ul>

Note:

- Cases include suspected, probable and confirmed cases.
- Primary health providers include GPs, THS influenza services and emergency departments.

## Other Social Distancing Measures

### Personal Social Distancing

Droplets from an uncovered cough or sneeze can spread up to a metre and infect others. Personal social distancing involves individuals endeavoring to maintain a metre distance between themselves and others in public and at work. This will not be feasible in many circumstances, but may be a useful strategy for individuals, especially those at high risk of severe illness, and some workplaces may choose to modify processes to increase separation between clients and workers.

For people who are likely to be infectious (including contacts), maintaining one metre distance from others may help protect others.

### Population-based Social Distancing Measures

Other social distancing measures – including working from home when feasible, cancellation of mass gatherings, and school and workplace closures – are unlikely to be recommended in Tasmania unless the clinical severity of disease is high and the pandemic is likely to have a severe impact. For more information, see the *Australian Health Management Plan for Pandemic Influenza 2014 (AHMPPI)*.

## Antivirals

We do not know how effective antivirals will be against future pandemic strains of influenza, and there is a risk of antiviral resistance developing. Antivirals will **not** reduce the need for infection control measures.

The appropriate use of antivirals will depend on the stage of the pandemic, the transmissibility and clinical severity of disease, the level of antiviral resistance, vaccine availability and practicalities such as antiviral availability. National guidelines will be provided and reviewed throughout the pandemic.

If antivirals are effective, they are most likely to be used for treatment of symptomatic cases to reduce severity of illness and impact on health services. Treatment will be most effective if started within 48 hours of symptom onset (before test results are available), and the earlier the better.

In the *Initial Action* stage and before extensive community transmission of illness is occurring, antivirals may also be used for post-exposure prophylaxis to help prevent infection in the chance that containment is possible – and to reduce severity of illness after exposure to the virus. Antivirals may also be used for post-exposure prophylaxis in the *Targeted Action* stage for people at risk of severe illness, however this is less likely.

Use of antivirals for pre-exposure prophylaxis for healthcare workers is unlikely because:

- antivirals are only effective while being taken and only registered for six weeks continuous use
- PPE is available to protect healthcare workers at work, and so most healthcare workers are more likely have unprotected exposure to the virus in the community than at work
- there are concerns some healthcare workers may be less meticulous with the use of PPE while taking antivirals
- there are concerns about equity issues, given many non-healthcare workers will also be exposed to the virus at work
- there are limited supplies and concerns about antiviral resistance developing.

### Antiviral Dispensing

Antivirals managed under the National Medical Stockpile (NMS) arrangements will be distributed to locations around the state in accordance with the NMS Tasmanian Distribution Plan and the national model for the management and distribution of antivirals (under development). Locations will include THS hospital pharmacies and may include private hospital pharmacies, THS flu clinics and selected community pharmacies. Distribution will be coordinated by DHHS PPP–PMA in liaison with THS Statewide Hospital Pharmacy.

Pharmacists will be instructed on reporting requirements for NMS stock at the time.

NMS stock will be supplied free of charge to patients who meet the national eligibility criteria at the time and in accordance with Section 25A of the *Poisons Act 1971*. The eligibility criteria are likely to change during the pandemic to ensure antivirals are used most effectively, according to evidence at the time.

People with ILI should avoid attending pharmacies if possible. The primary health provider can help protect others by sending prescriptions to the pharmacy electronically, and asking the patient to arrange a third person to collect and deliver the medication to the patient without delay, if possible.

## Infection Prevention and Control

### Slowing the Spread of Influenza in the Community

Hand and respiratory hygiene will be encouraged to help people protect themselves and others.

Activities in all stages may include:

- communication campaigns promoting hand hygiene and cough etiquette
- provision of alcohol-based hand sanitizer by workplaces, for use by staff and customers/clients
- promotion of face mask usage by symptomatic individuals.

Strategies in the *Initial Action* stage (and later, if disease causes severe illness) may also include use of face masks by those with ILI and those who are vulnerable to severe illness. However there is limited evidence of effectiveness of widespread community use of facemasks, and individuals will require education on facemask use as incorrect technique can result in transmission of infection.

### Infection Prevention and Control for Health Care Services

People infected with the influenza virus may be infectious for 24 hours before showing signs of illness or feeling unwell.

Primary health providers can help minimize the risk of transmission of the virus within healthcare settings by:

- using the *Australian guidelines for the prevention and control of infection in health care (2010)* and implementing additional precautions as per guidelines provided at the time through PHS
- providing infection control stations at reception and in waiting and assessment rooms, with information, hand-hygiene products, surgical face masks, tissues and no-touch rubbish bins
- having a policy and processes directing management of patients with ILI and updating this as required, as per national guidelines at the time; these documents may cover:
  - early identification of patients with ILI through patient self-assessment tools, telephone triage or face-to-face screening and assessment at reception
  - patients' use of face masks
  - separation of patients with ILI from other patients, for example through separate spaces and separate blocks of time for 'flu' and 'non-flu' appointments
- allocating separate staff and equipment to patients with ILI
- advising visitors and staff with ILI not to attend the facility
- enhancing cleaning regimes and removing unnecessary, hard-to-clean items from waiting areas
- ensuring clinical staff are trained and competent in the application, removal and disposal of personal protective equipment (PPE) and use PPE as per guidelines at the time (*incorrect technique is common and can result in transmission of infection*)
- having systems in place to ensure staff promptly receive pandemic updates provided by DHHS
- protecting staff who are vulnerable to severe illness by relocating them to settings where there is less risk of workplace exposure or modifying their duties
- providing free seasonal influenza vaccination for staff, to reduce the overall impact of influenza.



## Testing

While many cases of pandemic influenza will be diagnosed through syndromic assessment, the CDNA will develop national testing protocols covering who to test, when and how. These protocols will be updated as appropriate and distributed to health services in Tasmania by PHS.

Samples collected by the THS will be transported to the Royal Hobart Hospital laboratory as per normal arrangements.

Samples collected through private health services will be sent to private laboratories through normal arrangements. Private and public laboratories will also refer virus isolates to reference laboratories.

Close liaison between laboratory stakeholders (THS Infectious Diseases physicians, THS Pathology Services, relevant private sector laboratories, and PHS) will be vital at the start of a pandemic and throughout, to confirm arrangements for transport and management of samples, laboratory capacity and business continuity arrangements.

Laboratories will report test results to the doctor requesting each test. Positive test results will also be sent to PHS through the National Notifiable Diseases Surveillance System.

The doctor requesting each test will be responsible for ensuring the patient is informed of results promptly and managed appropriately; this includes:

- informing patients with **negative** test results so they may leave home isolation
- advising patients with **positive** test results how best to care for themselves and protect others, and when and how to seek further medical support.

## Vaccination

Immunisation against **seasonal influenza** provides no – or at best limited – protection against pandemic influenza because an influenza pandemic will be caused by a novel virus. However, immunisation against seasonal influenza will reduce the overall impact of influenza on the community and health services if seasonal influenza is circulating.

When a suitable **pandemic vaccine** is available, the Australian Government will introduce a vaccination program, providing the vaccine, guidelines (including identification of priority groups) and forms for use by immunisation providers.

In Tasmania, PHS will coordinate implementation of the pandemic vaccination program. GPs, immunisation nurses, pharmacists and the THS are likely to support the delivery of vaccination services, with possible assistance from local government services.

Vaccination services will **not** be provided at THS Flu Clinics while those facilities are providing assessment and care to people with ILI. Flu clinics may be closed and the facilities cleaned, re-signed and re-opened as vaccination centres.

For more information, see the *Tasmanian Mass Vaccination Plan* (PHS) (under development).

## Annex 2: Primary Health

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### Overview

During an influenza pandemic, primary health services will be stretched to capacity for weeks, potentially several months, until a pandemic vaccine is available. Significant impact will be caused by:

- increased demand for services, driven by an increase in patients with influenza-like illness (ILI) and an increase in the numbers of 'worried well' seeking reassurance
- increased staff absenteeism due to illness and the need to care for household members
- increased complexity of managing patients, including those with ILI and those who may need additional protection from influenza because they are vulnerable to severe illness
- the need to integrate and support public health measures to try to minimise the impact of disease, protect those at risk of severe illness and monitor the illness and virus behaviour
- potential disruption to some supply lines.

Services will need to consider changes to their service priorities and staffing and service delivery models to meet the challenges, and influenza-specific services may be established.

**A coordinated health response** will help ensure:

- patients receive consistent, equitable and appropriate advice and care
- disease transmission within health facilities is minimised
- limited resources are used most effectively and efficiently
- healthcare workers are informed, trained and appropriately protected
- continuity of priority health services.

**Roles of all primary health providers will include:**

- maximising safety for staff and patients, including implementing strategies to minimise transmission of infection
- implementing business continuity plans as appropriate
- supporting influenza surveillance activities, including assessing all patients with ILI against the pandemic case definition and using patient management protocols provided by the Incident Controller at the time
- working with other primary health services to maximise efficiency and patient/staff safety
- being aware of and supporting other health services in the response
- interacting with stakeholders across government, the private sector and community services
- using resources (including signage and posters) provided by the Incident Controller, for consistent and accurate messaging
- advising DHHS and the National Health Services Directory of any changes in service delivery arrangements, including opening hours and appointment arrangements.

## Infection Prevention and Control within Primary Health Settings

People infected with the influenza virus may be infectious from 24 hours before showing signs of illness or knowing they are ill. It is important that all primary health providers take steps to minimise the risk of transmission of the virus within the health care setting by implementing strategies for infection prevention and control as outlined in Annex 1: *Public Health Menu of Actions\_Infection Prevention and Control*.

### Staff Education and Training

It is recommended that all primary health providers:

- know the main signs of influenza: sudden onset of fever, cough, fatigue and body aches
- understand the role of hand and respiratory hygiene, social distancing, face mask usage and surface cleaning in helping to minimise the impact of influenza
- be familiar with the Australian and Tasmanian pandemic response plans
- understand the roles of the main emergency management and pandemic response agencies.

### Managing High Service Demand during a Pandemic

Primary health providers may consider the following strategies to help manage high service demand during a pandemic:

- activate business continuity plans to maintain capacity to deliver priority services, and review staff responsibilities
- defer non-essential appointments, services, programs and projects, including training activities
- review staff leave
- extend working hours
- manage stock strategically, for example limiting the quantity of high-demand items supplied to individual clients if supply shortages are likely.

## Primary Health Tasmania

Primary Health Tasmania is a non-government, not-for-profit organisation forming part of the Australian Government's Primary Health Networks Programme. Primary Health Tasmania works to keep Tasmanians well and out of hospital by improving the efficiency and effectiveness of medical services and the coordination of care.

During a pandemic response, Primary Health Tasmania will:

- support communication between the Incident Controller and primary health providers
- provide a liaison officer for the DHHS ECC or PHEOC
- advise on arrangements for primary health after-hours services
- undertake impact monitoring across the general practice sector
- provide the Incident Controller with access to the GP Volunteer Register
- assist in coordination and distribution of PPE if required
- undertake other activities as able and appropriate, to support the primary care sector to maintain business continuity and manage the increase in service demand.

## Community Pharmacy

For the public, community pharmacists are the most accessible health care professionals in Australia and a significant source of information and advice. There are over 150 pharmacies well-distributed throughout Tasmania, including in some areas that do not have full time coverage by other health professionals including GPs. For many Tasmanians, the local pharmacist is their initial source of health information, especially after business hours and when there are delays getting medical appointments. Pandemic business continuity planning, staff education and training are vital.

### Community Pharmacy Roles

The additional roles of community pharmacists during a pandemic response will include:

- meeting increased demand for prescriptions to manage complications of influenza
- maintaining supply of prescription medications to individuals to prevent unnecessary exacerbation of existing conditions and subsequent demands on the health sector
- distributing up-to-date, accurate information to individual customers, including information on:
  - the level of risk and how to recognise influenza and protect oneself and others
  - how to care for oneself and others, including assessment and management options and the appropriate use of antivirals and antibiotics
- liaising with primary health providers about appropriate prescription of antivirals
- endeavouring to maintain supplies of hand hygiene products and face masks for sale
- advising DHHS of opening hours and stock of antivirals and other essential items, if requested
- providing 'Absence from Work' certificates, if able
- potentially supporting a pandemic mass vaccination program
- potentially receiving, storing and distributing stock from government medical stockpiles, and if so, reporting on stockpile use as per guidelines at the time
- roles listed for all primary health providers in the overview of this annex.

To maximise staff and client safety in pharmacies during a pandemic:

- implement standard infection control strategies listed for all primary care providers in the overview of this annex
- consider ways for people to fill prescriptions without needing to attend in person, for example by receiving scripts electronically and using delivery services or patients' support persons to deliver medication to patients
- consider creating a 'flu station' within the chemist, with supplies likely to be sought by people with ILI (analgesics, antipyretics, cough medications/lollies, hand hygiene products, tissues, disposable face masks, thermometers, self-care information) together in a single area
- as best practice, allocate specific staff, equipment and waiting areas for people with ILI.

### More information

For more information about community pharmacy preparedness see [Preparing an Emergency Management Plan for a Community Pharmacy](#) Pharmacy Guild of Australia 2013, Viewed 3 June 2015 at [www.guild.org.au](http://www.guild.org.au)

## General Practice

GPs provided most of the care to people with influenza during the 2009 pandemic and are likely to do so in future pandemics. Despite the 2009 pandemic being relatively mild, many Tasmanian general practices reported a huge surge in patients. Preparedness is vital.

### General practice roles

Additional roles of GPs and practice staff during a pandemic response will include:

- providing information to individual patients about:
  - the level of pandemic risk
  - how to recognise influenza and protect oneself and others
  - how to care for oneself and others, including assessment and management options and when/how to seek further help
- supporting influenza surveillance activities in partnership with DHHS, including collecting swabs for influenza testing, as per testing protocols at the time
- providing prescriptions for antivirals as per guidelines at the time
- supporting preventive health activity and self-management to minimise unnecessary exacerbation of existing conditions and subsequent demands on the health sector.

To meet high service demand during a pandemic, consider:

- forming staff teams to increase efficiency and effectiveness of clinicians' time
- providing blocks of short appointments for people with mild influenza-like illness who are seeking medical certificates and/or antiviral prescriptions
- liaising with local community pharmacists about their capacity to provide 'absence from work certificates' and referring people with mild illness who are seeking medical certificates to local pharmacists as appropriate
- other strategies listed for all primary health providers in the overview of this annex.

To maintain capacity, practices are encouraged to have sufficient stockpiles of the following resources for four weeks normal usage, as per recommendations from the Royal Australian College of General Practice (*Pandemic flu kit*, RACGP, 2014):

- disposable PPE including surgical masks, gloves, plastic aprons, goggles/glasses and face shields
- clinical supplies, including tongue depressors and throat swabs
- non-clinical supplies including cleaning products, tissues and hand-hygiene products.

*Note: Practices are responsible for sourcing and providing PPE for staff and patients within the practice (RACGP, 2014). The National Medical Stockpile has limited supplies and access to the stockpile should not be assumed.*

## General Practice Service Delivery Options

There are three main service delivery options for general practices during an influenza pandemic. To facilitate pandemic preparedness, general practices should consider their preferred option/s in the inter-pandemic period and liaise with the THS about regional arrangements and models of care, through the THS GP Liaison Officers.

Whichever option is chosen during a pandemic response, it will be important to liaise with the THS, Primary Health Tasmania, the local council and other key stakeholders or partners, and to update information on the National Health Services Directory.

### **Option 1: Continue to provide primary health for 'flu and non-flu' patients**

Continuing to provide primary health care for all of the practice's patients is likely to be the appropriate option for most practices. It would be suitable for practices where the answer is 'yes' to every question in the *GP Pandemic Service Delivery Options – Decision Support Tool* (following).

Practices intending to continue providing primary health care for 'flu and non-flu' patients throughout a pandemic are urged to plan and prepare, using the *Pandemic flu kit* (Royal Australian College of General Practitioners, 2014) as a guide.

The following practices are particularly encouraged to adopt this option in a pandemic:

- practices that are unable to develop a partnership with another local practice (for example, solo practices in rural and remote areas)
- practices that specialise in providing care for specific population groups, for example young people, Aboriginal people and refugees.

### **Option 2: Work in partnership with another local primary health provider**

Practices may choose to form partnerships whereby some local practices become designated 'GP flu clinics' and others 'non-flu' clinics for the duration of the pandemic response, and share patients accordingly. For a moderate to severe pandemic, this option may be appropriate where there are two or more practices in a local area but some practices do not answer 'yes' to every question in the *GP Flu Pandemic Service Delivery Option – Decision Support Tool*. It may also be appropriate for practices in areas where THS flu services are established.

If this option is chosen, liaison with the THS will be important to support the coordinated response.

### **Option 3: Suspend practice services and work in an alternative flu service**

The THS may seek GPs and practice staff to help staff THS Flu Services, through temporary positions, short-term contracts or locum arrangements. Those working in THS Flu Services will be paid by the THS, covered by THS insurance and use THS PPE while working in the THS Flu Service.

GP Assist may also seek GPs and Practice Nurses to assist with the short-term surge in demand for telephone triage and support and after-hours assessment and care.

## GP Pandemic Service Delivery Option – Decision Support Tool

In the lead-up to and during an influenza pandemic, if the answer to any of the questions below is 'no' for your practice, consider:

- making changes so the answer becomes 'yes' (this is the preferred option)
- providing 'non-flu services' and referring patients with ILI to THS Flu Services or other local practices that do answer 'yes' to every question (Option 2 above) for the duration of the pandemic or until changes are made so the answers are all 'yes'
- suspending services for the duration of the pandemic and seeking to work in THS Flu Services or alternative flu services.

**Table 1: GP Pandemic Service Delivery Option Decision Support Tool**

		Yes/No
<b>Practice layout</b>	1. Does your practice have a hygiene station at the entrance for staff and client use, with alcohol-based hand rub, surgical masks and instructional signage	
<b>Resources</b>	2. Does your practice have sufficient PPE, clinical and non-clinical supplies (including cleaning products, hand-hygiene products, tissues and surgical masks) to cope with an increase in patients with influenza-like illness for the peak of a pandemic wave (approximately four weeks)?	
<b>Staff</b>	3. Do all staff (including reception staff) know the signs of influenza: sudden onset of fever, cough, and fatigue, potentially with sore throat and body aches ( <i>this symptom list may change as information about a pandemic virus becomes available</i> ) and appropriate actions to take, including when making appointments, at the reception counter and when assessing patients?  4. Are all clinical staff trained and competent in the application, removal and disposal of personal protective equipment?  5. Do all clinical staff know the swab collection protocol for patients with influenza-like illness?  6. Do all staff understand the role of hand and respiratory hygiene, social distancing and face mask usage in protecting people from influenza?	
<b>Policies and procedures</b>	7. Does the practice have a triage policy directing staff actions when a patient identifies as having an influenza-like illness?  8. Does the practice have systems in place to ensure all staff receive updates from DHHS on the pandemic situation?  9. Does the practice have systems in place to ensure all policies and procedures are updated promptly following changes to the Series of National Guidelines and other changes, as advised by DHHS?	

## Maximising General Practice Staff and Patient Safety

Irrespective of the service delivery model chosen, it is important that all general practices take steps to minimize the risk of transmission of influenza.

Strategies include:

- as best practice, allocating specific staff, equipment and waiting/assessment/treatment areas for people with ILI
- training reception staff to screen patients for ILI, provide appropriate appointments (or referral elsewhere) and provide advice about infection control and what they need to do when presenting for their appointment
- reducing contact between 'flu patients' and 'non-flu patients', for example by:
  - considering asking patients with mild illness who drove to the practice, to wait in their cars if possible, and messaging them when the doctor is ready to see them
  - providing separate blocks of appointments for people with ILI
  - creating a separate entry, reception and waiting area for people with ILI
  - providing home visits to patients at risk of severe illness from influenza
- other strategies listed for all primary health providers in the overview of this annex.

## More Information

For more information see:

- Annex 1: *Public Health Menu of Actions*.
- The *Pandemic flu kit*, Royal Australian College of General Practitioners, 2014. The Pandemic Flu Kit is a set of documents to help general practices prepare for and manage pandemic influenza. The Pandemic Flu Kit aligns with the planned national health response outlined in the AHMPPI 2014.

## GP Assist

GP Assist supports the primary health sector in Tasmania through after-hours services that may be particularly valuable and in high demand during a pandemic response. This support includes:

- after-hours telephone-based medical assessment, triage and management of callers when triage by Healthdirect Australia nurses indicates a need for the caller to see a GP within a short timeframe or go to a hospital emergency department
- after-hours telephone-based support for most GPs, residential aged care providers, community-based palliative care services, health professionals in rural hospitals and Tasmania Police.



## Tasmanian Health Service Flu Services

The THS is the Tasmanian Government's statewide health system, providing public hospital, mental health, allied health and primary health services, often delivered from community health centres, multi-purpose centres and rural inpatient facilities.

In a pandemic response, the THS may choose to establish flu services (most likely flu clinics and outreach flu services) to:

- provide surge capacity to the primary health sector
- maximise safety of patients and staff, through services specially-designed to minimise the risk of transmission of infection
- help manage the pandemic response and its consequences.

### Activation of Flu Services

The THS will establish flu services in liaison with the Incident Controller, local government and other stakeholders. Flu services may be activated in response to actual or predicted need – to prevent existing services becoming overwhelmed or to support public health aspects of the response and patient and staff safety.

When considering activating flu services, the THS and Incident Controller will consider:

- the experience interstate, in particular the impact on primary health services
- the situation across Tasmania, including whether there has been sustained increases in ILI presentations to GPs, Ambulance Tasmania and the THS
- health sector capacity
- the transmissibility and severity of illness, and the subsequent imperative to keep patients with ILI apart from other patients and maximise infection control activities.

The THS will require at least five business days to activate flu services; this may be reduced to 48 hours if the THS has previously been requested to place flu services on standby.

### Flu Clinics

The THS may establish flu clinics to facilitate:

- assessment of patients with ILI, and provision of basic care and treatment, including antivirals as per guidelines at the time and in accordance with provisions of the *Poisons Act 1971*
- provision of self-management and infection control information
- provision of medical certificates and information about pandemic support services, if necessary
- referral of patients to further medical assessment and care if necessary
- public health aspects of the response, including information gathering and reporting.

Flu clinics will **not** be used concurrently for patient assessment and pandemic vaccination. Flu clinics may be used for pandemic vaccination after required changes are made to support a change in use and the change is promoted through communication activities and revised signage.

## Flu Clinic Minimum Standards

Table 2 of this annex lists the minimum standards for THS Flu Clinics.

**Table 2: Minimum standards for THS Flu Clinics**

<b>Location</b>	<ol style="list-style-type: none"> <li>1. The facility is readily identifiable by the public</li> <li>2. The facility's other uses can be deferred while it is used as a flu clinic</li> <li>3. The facility has parking and vehicular access (including by ambulances)</li> </ol>
<b>Facilities</b>	<ol style="list-style-type: none"> <li>4. The facility meets relevant building legislation and local authority requirements for a health care setting</li> <li>5. The facility has level access, lighting, electricity, potable water, heating, toilets and hand-washing and cleaning facilities</li> </ol>
<b>Layout</b>	<ol style="list-style-type: none"> <li>6. There is a spacious entry for initial screening, triage and patient registration</li> <li>7. There is a waiting area</li> <li>8. There is a separate assessment area</li> <li>9. There is space available for secure storage of supplies and equipment</li> <li>10. There is a separate space available for waste storage</li> <li>11. There is an area that can be screened off for temporary storage of deceased persons prior to their transport to a morgue</li> </ol> <p>A separate entrance/exit for ambulance transfer is preferred but not essential. One-way patient flow through the clinic is also preferred.</p>
<b>Equipment and resources</b>	<ol style="list-style-type: none"> <li>12. There are hygiene stations at all entrances and exits, with alcohol-based hand rub, surgical masks and instructional signage</li> <li>13. There are resources and equipment to provide safe clinical assessment and care of people with ILI, including thermometers, stethoscopes, tongue depressors, throat swabs, PPE, alcohol-based hand rub and tissues</li> <li>14. Resuscitation equipment is available</li> <li>15. Appropriate cleaning equipment and products are available</li> <li>16. Flu Clinic standard operating procedures are readily available to all staff</li> <li>17. Access to telecommunication and relevant data networks is available</li> <li>18. There is ability to store restricted substances securely</li> </ol> <p>Availability of wheel chairs, trolleys, blankets and pillows is preferred but not essential.</p>
<b>Human Resources</b>	<ol style="list-style-type: none"> <li>19. All staff understand their role and reporting requirements</li> <li>20. All staff know the signs of influenza</li> <li>21. All staff are trained in infection prevention and control and the use of PPE.</li> </ol>

## Flu Clinic Locations and Sites

Potential locations for flu clinics are predetermined by the THS, taking into consideration:

- the preference to use THS facilities for flu clinics
- the need to support the continuation of essential local health services
- population demographics and the healthcare needs of local populations
- geographic accessibility and the availability of resources and appropriate facilities
- the location of GP flu services and other health services.

## Outreach Flu Services

The THS may establish outreach flu services to facilitate:

1. Assessment and care of patients in home isolation and quarantine (before the onset of community transmission in Tasmania), at the request of the Incident Controller
2. Timely assessment and care of patients in rural and remote areas not served by GPs
3. Assessment and care of people who would have significant difficulty getting to a primary health provider, for example due to disability.

Outreach flu services will be coordinated by the THS and may be provided by existing community-based services and resources, for example community nurses.

Referrals to outreach flu services may be provided by GPs, GP Assist and PHS, through processes developed and communicated by the THS at the time.

The activities undertaken through outreach flu services will be similar to those undertaken in flu clinics, and may also include delivery of medications and collection and delivery of swabs to regional collection points.

Staff of outreach flu services must use appropriate 'remote or isolated worker safety procedures'. Consideration should be given to:

- use of supporting communication systems and safety devices such as duress pendants
- home visits being undertaken by two people if there are safety concerns, with the second person being a non-clinical, logistical support person potentially sourced from the SES, Volunteering Tasmania or another organisation
- sessional use of local THS or council facilities for assessment and care.

## Flu Services and Local Government Roles

Local councils have historically had responsibility for planning and providing local sites, facilities and non-clinical equipment and staff for flu services in Tasmania, however this is now the responsibility of the THS. Local councils maintain a high level of knowledge about local facilities, resources and needs and may support THS flu services in varying ways, as per THS/local council agreements established in the pandemic preparedness or standby stages.

## Ambulance Tasmania

There is likely to be increased demand for ambulance services during a pandemic, potentially driven by increased numbers of people with ILI, and exacerbation of chronic conditions due to delays in accessing primary health, specialist care and hospital services.

Additional roles of Ambulance Tasmania during a pandemic response will include:

- supporting influenza surveillance activities, including reporting the ILI case load and staff sick leave rates
- supporting the health sector's pandemic response by modifying operational procedures and policies to enable delivery of patients who are not severely ill to designated THS flu services (if they are established) instead of emergency departments
- the roles listed for all primary health providers in the overview of this annex.

### Managing Increased Demand for Ambulance Services

Ambulance Tasmania will escalate its service delivery capacity as outlined in the *Ambulance Tasmania Service Escalation Action Plan*.

#### **Options to increase staff capacity include:**

- recalling staff seconded to other roles/agencies
- authorizing travel and accommodation for staff willing to temporarily re-locate to assist in a region experiencing surges in cases
- reviewing coverage of planned events, for example major sports events
- assigning operational roles to non-operational staff
- seeking additional resources through private and non-government ambulance services
- other strategies listed for all primary health providers in the overview of this annex.

#### **Options to increase vehicle capacity include:**

- deferring planned vehicle maintenance and seeking additional resources through private and non-government ambulance services.

#### **Options to Limit 'Ramping'**

Ambulance Tasmania capacity is limited by the time it takes to transfer patients from ambulance stretchers into the care of emergency department staff. Options to expedite transfer of patients during an influenza pandemic will include changing operational procedures and policies to enable Ambulance Tasmania to take patients who are not severely ill with ILI to THS Flu Clinics, when they are activated.

#### **Effective Communications**

Effective communications will play an important role in minimising unnecessary demand for ambulance services throughout a pandemic by informing the public about influenza, how to care for oneself and others, and the assessment and care options available. If Ambulance Tasmania capacity is stretched, an Ambulance Tasmania spokesperson (in liaison with the Incident Controller and Emergency Communications Team) may reinforce messages about assessment and care options, and when to call an ambulance.

## Emergency Departments

There will be increased presentations at hospital emergency departments during an influenza pandemic because of increased numbers of people being sick and increased difficulty in getting GP appointments. Even if flu clinics have been established patients with ILI will continue to present at emergency departments, especially out of normal business hours.

Public hospitals have influenza plans and clinical guidelines used every influenza season. These will need revision for pandemic influenza, according to national and state guidelines at the time. Information about groups vulnerable to severe illness from influenza may also be revised.

## Managing Increased Demand

Options for managing increased presentations at emergency departments include:

- activating hospital business continuity plans, which may include changing service delivery models and reallocating staff and resources to priority areas, including emergency departments
- diverting patients with mild illness or injury to alternative primary health providers, including GPs, pharmacists and THS Flu Services (when they are activated)
- other strategies listed for all primary health providers in the overview of this annex.

## More Information

For more information see *Management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments*, Australasian College for Emergency Medicine, 2014.

## Healthdirect Australia

*Healthdirect Australia* provides a range of services that may support the health response to pandemic influenza. These services include:

- The **Nurse Triage Service**: a 24-hour telephone health advice and triage service provided by registered nurses. During a pandemic, the Nurse Triage Service will liaise with each jurisdiction about the information provided to callers in that jurisdiction. For Tasmanian callers, Healthdirect Australia is linked closely with GP Assist; when urgent medical assessment is indicated out of business hours, Healthdirect Australia will transfer the call to GP Assist for medical triage, assessment and management.
- An **Online Symptom Checker**: an online tool for individuals to check their symptoms and find information and advice about what to do next, including whether to see a doctor, go to hospital or call an ambulance.
- The **National Health Services Directory (NHSD)**: an online directory providing information about local health services including locations, opening hours, appointment arrangements and the services they provide. In general, primary health providers are responsible for updating their own information on the NHSD and should do so throughout a pandemic response as service availability changes, unless other arrangements have been made. Information about flu clinics may be provided on the NHSD through liaison between Healthdirect Australia, DHHS Planning, Purchasing and Performance and the DHHS ECC.

## Primary Health Models of Care and Service Delivery

The way influenza health services will be provided during an influenza pandemic will be guided by national models of care (under development) and the severity and stage of the pandemic.

Models of care are likely to change during the response and, in Tasmania, will be influenced by whether or not there are signs of community transmission of the virus here (although it is recognised that the pandemic may rapidly progress to the point that community transmission is occurring in all jurisdictions) and the level of demand placed on health services.

### Management of Cases before Community Transmission in Tasmania

Cases are most likely to be identified by GPs and doctors in emergency departments. PHS will instruct GPs and emergency department staff to assess all patients with ILI against the national pandemic case definition and liaise with PHS about possible cases and case management.

PHS will provide individual doctors with advice on collection of swabs for laboratory testing, the use of antivirals and how to access them; and infection control and other response measures, including the possible need for home isolation.

Treating doctors (or delegated nurses) can support the coordinated response by advising patients about infection control, including the need to stay at home (if well enough) at least until test results are available; and what to do if their condition worsens.

Treating doctors (or delegated nurses) may choose to monitor patients in home isolation through regular phone calls, texts or emails, if clinically warranted.

Unless the patient requires hospital admission, if the patient requires ongoing assessment and medical care, it will be preferable for GPs to provide this through home visits. If this is not feasible and a GP clinic visit is required, precautions must be taken by the patient and primary health provider to protect themselves and others. Alternatively the Incident Controller may request activation of THS flu services.

PHS may contact cases and reiterate the need for them to stay in formal home isolation (if they are well enough) until they have recovered or test results come back negative for pandemic influenza.

### Antivirals for Cases

Patients meeting the national case definition may be eligible for antivirals from the NMS, following discussion between PHS and the primary care provider at the time. Antivirals may protect against severe illness and reduce the time people need to stay in home isolation. Patients should start treatment as soon as possible, while test results are pending.

PHS will advise GPs how to source antivirals, in liaison with the THS and DHHS PPP–PMA.

Patients should avoid attending pharmacies in person in possible. GPs can support this by sending prescriptions to pharmacies electronically, and asking the patient to arrange for a third person (for example support person) to collect and deliver the medication to the patient without delay, or use a delivery service. If there is no alternative, antivirals may be delivered through personal support arrangements coordinated by the THS.

## Communicating Test Results

Laboratories will report test results to treating doctors (and the PHS) as per normal procedures. If the sample is collected through a THS flu service, the results will be sent back to that service.

The treating doctor will be responsible for ensuring the patient is informed of the results promptly and managed appropriately; this includes:

- informing patients with **negative** test results they may leave home isolation
- advising patients with **positive** test results how best to care for themselves and protect others, and when and how to seek further medical support.

## Management of Contacts before Community Transmission in Tasmania

Before there are signs of community transmission of the virus in Tasmania, especially in the *Initial Action* stage, PHS may undertake contact tracing and advise contacts to stay in home quarantine for the incubation period. PHS will advise contacts of:

- their potential eligibility for antivirals as per guidelines at the time, and how to source them (antivirals may help contain the outbreak if there is a chance containment is possible, protect against severe illness and reduce the time people need to be in home quarantine)
- the early symptoms of influenza and the action to take if they develop these symptoms
- ways to protect others in the household (and ways to protect themselves if they are quarantined in the same house as a case)
- personal support that may be available and how to access it.

## Management of Cases after the Onset of Community Transmission

After the onset of community transmission in Tasmania, PHS will not have capacity to liaise with each individual primary health provider about case management or undertake contact tracing.

PHS will provide updated national protocols for testing, use of antivirals and general case and contact management.

Primary health providers may be instructed to advise cases to stay at home (if they are well enough) for the time they are likely to be infectious. Many people will also self-identify as cases and follow general public health advice to stay at home.

Through public health communications, people with ILI may be advised to phone Healthdirect Australia for nurse triage and information. People with ILI may also attend GP or THS flu services as necessary, taking precautions to protect others from infection.

Depending on national guidelines at the time, cases may be eligible for antivirals from the NMS. Processes for accessing antivirals are under development nationally and will be confirmed at the time.

## Annex 3: Hospital Inpatient Services

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An influenza pandemic may lead to a significant number of adults, children and infants requiring hospital admission. It will be important for hospitals to implement business continuity and service disruption plans to meet increased need for services including assessment, referral, treatment, care and information for patients with and without influenza-like illness (ILI).

### Influenza Plans and Clinical Guidelines

Major public hospitals already have influenza plans and clinical guidelines used every influenza season. These will require revision for pandemic influenza, according to guidelines issued at the time.

### Maximising Staff and Patient Safety

Strategies include:

- implementing the strategies for infection prevention and control outlined in Annex 1: *Public Health Menu of Actions\_Infection Prevention and Control*
- identifying staff who meet the pandemic contact definition (before there are signs of community transmission of the virus in Tasmania) and managing those contacts in liaison with Public Health Services
- limiting the use of high risk aerosol-generating procedures in patients with ILI; when they are necessary, limit the number of people present in the room at the time, and ensure staff wear appropriate personal protective equipment
- providing surgical masks for patients with ILI to wear if they need to move around the hospital
- avoiding placing severely immunosuppressed patients in wards with patients who have ILI
- isolating cases in single rooms with the doors closed, if possible; if a single room is not available, consider grouping confirmed cases together in a suitable ward for the exclusive or near-exclusive use of pandemic influenza patients (see below).

### Flu Wards

Establishing specific wards for patients with influenza may have benefits but will be difficult to achieve in busy public hospitals and for patients with co-morbidities and/or healthcare-associated infection.

If a flu ward is to be established, consider (but don't be restrained by) the following in selecting the location of the ward:

- the ability to ensure the heating, ventilation and air conditioning system does not become a transmission vector
- the ability to limit access to the ward to patients and those providing patient care and support
- the equipment and resources available on the ward – to minimise equipment sharing between wards and patient movement around the hospital
- the availability of appropriately trained and experienced staff to ensure safe and quality provision of care
- the capacity to provide at least one metre distance between beds
- patient populations in adjacent areas – flu wards should be separated from wards with patients who are at greater risk of complications from influenza.



## Annex 4: Communication and Stakeholder Engagement

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The communications response to a pandemic is likely to commence before cases are detected in Tasmania and may be particularly complex because:

- of the longevity of the response
- of the changing messages as the response evolves (especially in early stages)
- of the large number of stakeholders
- of the need to align with national communications activities
- while most emergency scenarios affect specific geographic areas, pandemic influenza will affect everyone.

### National Communication Strategy

For more information about the national communication strategy, see the *Australian Health Management Plan for Pandemic Influenza 2014 (AHMPPI)*.

### Responsibilities

The Australian Government, through the Department of Health, is responsible for:

- communications to the public and stakeholders, including primary care providers, about national aspects of the risk and response
- liaison with the World Health Organisation
- dissemination of information to aged care and other residential facilities through approved providers and regulatory processes
- coordination of the National Health Emergency Media Response Network, through which national, state and territory governments will share information and work together to ensure consistent messaging.

### Public Information

The Department of Health will provide information to the public through:

1. The Public Health Information Line (1800 004 599)
2. [Healthdirect Australia](#) (the National Health Call Centre Network)
3. [www.healthemergency.gov.au](http://www.healthemergency.gov.au) which will include scenario-based advice, question and answer sheets, transcripts of media interviews, national guidelines and links to other relevant websites
4. Regular media conferences, media updates and talkback radio interviews
5. Publicly available videos of health leaders' media conferences and other pandemic updates
6. Health emergency Facebook and other social media accounts
7. Paid television, radio and print advertisements
8. Information for GP and emergency department waiting rooms
9. [www.smartraveller.gov.au](http://www.smartraveller.gov.au)

## Stakeholder Communication

The Department of Health will provide information to stakeholders through:

1. Distribution of situation reports to relevant Government agencies, state and territory health authorities and other stakeholders
2. Distribution of guidelines on the health response, including case and contact definitions, case and contact management (including testing, use of personal protective equipment and antivirals) and vaccine delivery
3. Distribution of information to national health peak bodies, for further dissemination and posting on relevant websites
4. Updates to the Department of Health website, at [www.healthemergency.gov.au](http://www.healthemergency.gov.au)
5. Direct liaison through the National Incident Room.

## Tasmanian Communications Strategy

### Related documents

The communications response to pandemic influenza in Tasmania will be guided by:

1. The *Health Emergency Communications Guidelines* (DHHS, 2016)
2. The *Public Information Unit Operations Manual* (Department of Premier and Cabinet, 2014) and related documents
3. The AHMPPI.

### Responsibilities

The Tasmanian Government, through DHHS will:

- complement national health communications
- be responsible for communicating with Tasmanian health stakeholders
- be responsible for communicating about Tasmanian health aspects of the response.

### Tasmanian Communications Staffing Arrangements

As DHHS is the Response Management Authority (RMA) for pandemic influenza, DHHS will lead the Tasmanian Government's communication response, using arrangements described in the *Health Emergency Communications Guidelines* (DHHS, 2016).

The Incident Controller will designate a RMA Emergency Communications Director (the Communications Director) to lead the communications response, reporting to and liaising closely with the Incident Controller.

The Communications Director will form a RMA Emergency Communications Team (the Communications Team), including the following positions as required:

1. RMA Stakeholder Communications Manager, with staff as required
2. RMA Public Information Manager, with media liaison and other staff as required
3. Communications Support Officer, to provide administrative support.

## More information

The *Health Emergency Communications Guidelines* (DHHS, 2016) includes information about

- Emergency Communications Principles
- Emergency Communications Team Facilities
- Emergency Communications Partners
- Communications Clearance Processes
- The first 24 hours of an Emergency Communications Response
- Communication conduits.

## Public Information

### Key spokesperson

The key spokesperson will be the Incident Controller. Additional spokespersons may include the CEO Tasmanian Health Service and the CEO Ambulance Tasmania. The Incident Controller may endorse a senior public health physician as their spokesperson for some media updates.

### Communication Methods

Public communication methods may include:

- Public Health Alerts provided to media outlets and published on [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au) and [www.tasalert.tas.gov.au](http://www.tasalert.tas.gov.au)
- TasALERT website and social media channels
- the Tasmanian Emergency Information Service
- DHHS social media channels, which may be used to highlight health information and direct people to TasALERT
- traditional media (print, radio, television): news and advertising
- email messages from the Director of Public Health, sent through large email networks
- Tasmanian Government Intranet and Internet sites
- information in school newsletters
- information provided to organisations that may act as communication conduits by helping disseminate information to their client or specific population groups
- published resources including alert cards, posters, brochures and fact sheets provided at strategic locations.

For more information about **strategic use of media and social media** and **how to structure public information** see the *Health Emergency Communications Guidelines* (DHHS, 2016)

## Stakeholder Communications

### Internal Stakeholders

Internal stakeholders are those organisations and individuals that will help manage and coordinate the pandemic response in Tasmania. Internal stakeholders are listed in Table I.

**Table I: Internal stakeholders**

Organisation	Unit/Position
DHHS	Secretary
	ECC
	Public Health Emergency Operations Centre
	Other emergency operations centres
	Planning, Purchasing and Performance – Principal Medical Advice
	Planning, Purchasing and Performance – Community Planning and Strategy
	Planning, Purchasing and Performance – Medication Strategy and Reform
	Communications Team
	Ambulance Tasmania CEO and Regional Superintendents
	Deputy Secretaries
	Tasmanian Infection Prevention and Control Unit
	Public Health Services Executive Team
Tasmanian Health Service	Chief Executive Officer
	Chair, THS Governing Council
	Emergency Operations Centre/s
	Regional Health Commanders
	Emergency Management Coordinators
	Statewide Pathology Services
	Infectious Diseases Physicians
Statewide Hospital Pharmacy	
Department of Premier and Cabinet	Manager, Communications Unit / Public Information Unit
	Director, Office for Security and Emergency Management
	Manager, Tasmanian Emergency Information Service (when active)
Department of Police and Emergency Management	Police Commissioner
	State Emergency Service Director and Executive Officers
	Regional Controllers
Minister for Health	
State Emergency Management Committee and related committees	
State Health and Human Services Emergency Committee	
Public Health Emergencies Sub-Committee	
Primary Health Tasmania	
Australian Government Department of Health – National Incident Room	

## **Internal Stakeholders Communication Mechanisms**

Key communication mechanisms for internal stakeholders will include:

- regular meetings between the Incident Controller and DHHS Secretary
- regular DHHS ECC meetings
- regular emergency operations centre meetings
- use of designated liaison officers – senior officers able to provide advice about their organisation’s resources and capabilities and act as conduits for information exchange
- regular situation reports
- potentially, the DHHS Extranet, designed to facilitate information sharing amongst internal stakeholders who may not have access to the DHHS Intranet, including when working off-site or at home.
- email, through the use of generic email addresses linked to emergency positions rather than individual employees, noting that anything particularly urgent or important sent by email in an emergency scenario should be preceded by or followed up with a phone call or personal visit.

## **DHHS Emergency Coordination Centre meetings**

Regular DHHS Emergency Coordination Centre meetings will be chaired by the Incident Controller.

Participants may include

- section managers of the DHHS Emergency Coordination Centre
- commanders of the DHHS and THS emergency operations centres
- the Communications Director
- Regional Health Commanders
- liaison officers as required, from:
  - Primary Health Tasmania
  - Ambulance Tasmania (DHHS)
  - the State Emergency Service (Department of Police and Emergency Management)
  - the Tasmanian Infection Prevention and Control Unit (DHHS)
  - Community Planning and Strategy (Planning, Purchasing and Performance, DHHS)
  - Medication Strategy and Reform (Planning, Purchasing and Performance, DHHS)
- Other stakeholders at the discretion of the Incident Controller.

## **External Stakeholder Communications**

The communications arrangements for Tasmania’s health response to emergencies are described in the *DHHS Emergency Communications Plan 2016*, which should be read in conjunction with this annex.

External stakeholders are those organisations and professionals that may be involved in and support a pandemic response in Tasmania, or need specific information.

External stakeholders are listed in Table 2.

**Table 2: External Stakeholders**

Sector	Stakeholders
Government health services	<ul style="list-style-type: none"> <li>• All DHHS staff</li> <li>• All THS staff</li> <li>• Volunteer Ambulance Officers</li> </ul>
Other Tasmanian Government stakeholders	<ul style="list-style-type: none"> <li>• Biosecurity Tasmania</li> <li>• The Coroner</li> <li>• Department of Education</li> <li>• Department of State Growth</li> <li>• Critical infrastructure services: (electricity, gas, water)</li> </ul>
Private health sector	<ul style="list-style-type: none"> <li>• GPs</li> <li>• Community pharmacies</li> <li>• Private hospitals</li> <li>• Ambulance Private</li> <li>• Private pathology laboratories</li> <li>• Relevant health specialists, including respiratory disease physicians and obstetricians</li> </ul>
Human service providers	<ul style="list-style-type: none"> <li>• Aged care service providers</li> <li>• Disability service providers</li> <li>• Aged Care Services Tasmania</li> <li>• Crisis and community housing providers</li> </ul>
Local Government	<ul style="list-style-type: none"> <li>• Local Government Association of Tasmania</li> <li>• Local councils</li> </ul>
Colleges and professional associations (Tasmanian branches)	<ul style="list-style-type: none"> <li>• Royal Australian College of General Practice</li> <li>• Australian Medical Association</li> <li>• Pharmaceutical Society of Australia</li> <li>• the Pharmacy Guild</li> </ul>
Non-government sector	<ul style="list-style-type: none"> <li>• Aboriginal health services</li> <li>• Red Cross Australia</li> <li>• St John Ambulance</li> <li>• Volunteering Tasmania</li> </ul>

## External Stakeholders Communication Mechanisms

### I. Primary Health Tasmania

Primary Health Tasmania will support and complement communications between primary healthcare providers (including the general practice and community pharmacy sectors) and the Incident Controller. This will include sharing information from the primary health sector with the Incident Controller and being the first point of contact for primary health providers seeking additional information about the response. Primary Health Tasmania will forward complex enquiries to the Public Health Emergency Operations Centre or the DHHS ECC.

## **2. The DHHS website ([www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au))**

Information (or links to information) including national case management guidelines, will be provided on the DHHS website and linked to the TasALERT websites.

## **3. Direct liaison**

Direct liaison may occur between the Incident Controller (and delegates) with external stakeholders through meetings and telephone conversations, email, presentations and stakeholder forums.

## **4. Distribution of information through stakeholder organisations**

Many stakeholder groups will have their own internal communications strategies (including Intranets, email networks and newsletters) that may support information dissemination to stakeholders.

Organisations that may support provision of information to individual stakeholders include:

- all Tasmanian Government agencies
- the Local Government Association of Tasmania
- Primary Health Tasmania
- Volunteering Tasmania
- Tasmanian branches of
- the Royal Australian College of General Practice and the Australian Medical Association
- the Pharmacy Guild and the Pharmaceutical Society of Australia
- the Australian Association of Practice Managers (Tasmanian branch)
- Red Cross Australia
- St John Ambulance.

## **5. Communication and engagement arrangements for general practice**

The general practice sector will receive updates from the Incident Controller primarily through the existing GP Fax Stream maintained and used regularly by PHS. Information specifically for the general practice sector will also be placed on the DHHS website as appropriate.

At any stage in the response, GPs and practice staff may contact Primary Health Tasmania for information about the general response. Primary Health Tasmania will forward complex enquiries to the DHHS ECC or Public Health Emergency Operations Centre.

In the *Initial Action* stage, PHS staff may contact individual GPs to collect information for the national *First Few 100* Study. Before the onset of community transmission of the virus in Tasmania, PHS may also contact GPs to discuss the management of individual cases.

At any stage in the response, Regional Health Commanders (senior employees of the THS, acting as delegates of the Incident Controller) may contact individual GPs or practice managers to discuss the local response, needs and resources. The Regional Health Commanders may use information in the GP Volunteer Register, a database maintained by Primary Health Tasmania identifying GPs who have indicated willingness to provide professional services in a disaster.

## 6. Communication and engagement arrangements for Community Pharmacies

Community pharmacies will receive updates from the Incident Controller primarily through the existing Pharmacy Fax Stream maintained and used regularly by PHS Pharmaceutical Services Branch. Information specifically for community pharmacists will also be placed on the DHHS website as appropriate.

At any stage in the response, community pharmacists may contact Primary Health Tasmania for information about the general response. Contact details will be provided at the time. Complex enquiries about case and contact management and antiviral management will be forwarded to the Public Health Emergency Operations Centre or DHHS ECC as appropriate.

Before the onset of community transmission of the virus in Tasmania, PHS staff may contact individual pharmacies to discuss the management of individual cases and contacts.

At any stage in the response, the DHHS ECC or Regional Health Commanders (senior employees of the THS) acting as delegates of the Incident Controller, may contact individual community pharmacists or pharmacy managers to discuss the local response, needs and resources.

## 7. Communication and engagement arrangements for Private Diagnostic Laboratories

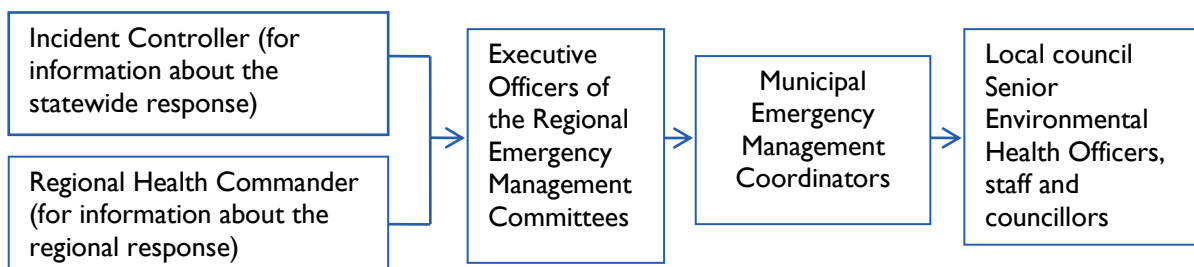
Private human health diagnostic laboratories will receive updates from the Incident Controller through existing communication channels between the laboratories and the Communicable Diseases Prevention Unit.

Private laboratories will be directly engaged in the response through liaison between THS Pathology Services, THS infectious diseases physicians, PHS (Communicable Diseases Prevention Unit) and those laboratories.

## 8. Communication and engagement arrangements for Local Councils

Municipal Emergency Management Coordinators will be the contact point for local councils. They will receive information from and be engaged in the response by the Incident Controller or Regional Health Commander (as delegates of the Incident Controller) through the SES Executive Officers of the REMCs. This is illustrated in Figure 1 of this annex.

**Figure 1: Process for providing information to and engaging local councils in a response**





## 9. Communication and engagement arrangements for private hospitals

Private hospitals will receive updates from the Incident Controller through existing communication channels between those hospitals and the Communicable Diseases Prevention Unit (PHS).

Private hospitals may be directly engaged in the response through discussions between Regional Health Commanders and private hospital chief executive officers or delegated staff.

Infection control staff in private hospitals may receive infection control updates directly from the Tasmanian Infection Prevention and Control Unit (PHS).

In a *Level 1* response and before the onset of community transmission of the virus in Tasmania, PHS staff may contact individual private hospital staff to discuss management of individual cases and contacts, and to collect information for the *First Few 100 Study*.

## 10. Communication and engagement arrangements for Aboriginal Health Services

Aboriginal health services will receive information as described for GPs (above). At any stage in the response, Regional Health Commanders (or delegates) may contact Aboriginal health services to discuss the local operational response, needs and resources, especially if Aboriginal people seem to be particularly vulnerable to the pandemic virus.

## 11. Communication and engagement arrangements for other stakeholders

Table 3 outlines the main communication and engagement methods for other stakeholders.

**Table 3: Stakeholder communication and engagement methods**

Stakeholder	Will receive information from and be engaged in the response as necessary by:
Biosecurity Tasmania	Incident Controller
Airports, Tasports, TT line	Biosecurity Tasmania
Non-government organisations that may assist with the health response	Department of Premier and Cabinet with Regional Health Commanders
Non-government disability support and accommodation services	PHS directly, for management of outbreaks; PHS via DHHS Disability Services for general information about the response and management of clients with ILI
University of Tasmania	Incident Controller through the Dean, Faculty of Health
Government agencies (excluding those listed as internal stakeholders)	Incident Controller
Organisations providing services targeting people with special communication needs	PHS Health Improvement with the Communications Team and Public Information Unit

## Annex 5: Medical Stockpiles of Personal Protective Equipment

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### Government Stockpiles

- All government health services should have at least six weeks supply of PPE (based on normal needs) on hand at any one time. (*Review of Tasmanian Stockpiles of Personal Protective Equipment, DHHS, 2013.*) If necessary in an emergency, these supplies may be supplemented by stock managed under National Medical Stockpile (NMS) arrangements in Tasmania.
- The NMS is owned and managed by the Australian Government and contains a range of items including PPE (face masks, gloves, gowns, eye shields) and antivirals. (*Pending review in 2016.*)
- The Tasmanian Medical Stockpile is owned and managed by DHHS and can be accessed to support continued health service delivery while access to the NMS is being considered.
- Arrangements for accessing and distributing equipment and resources from the stockpiles are detailed in the *National Medical Stockpile Tasmanian Distribution Plan 2014* and related documents. Access is prioritised as follows:
  - **Priority 1:** Health professionals working for the Tasmanian Government (or who are supporting the DHHS-coordinated pandemic response in Tasmania) AND in direct contact with patients with suspected, probable or confirmed pandemic influenza.
  - **Priority 2:**
    - Those working in Tasmanian Government health and human services who have operational roles providing support to people with suspected, probable or confirmed pandemic influenza
    - Essential service providers including police, emergency services and support personnel (including volunteers), whose roles place them at increased risk of infection.
  - **Priority 3:** Those considered by a health professional to be at higher risk of severe disease from influenza than the general population and likely to be protected to some extent through the use of PPE.

### Non-Government and Private Sector Stockpiles

- General practices, private and non-Government health services are responsible for sourcing, storing and providing PPE for their staff and patients and should maintain a stock of hand-hygiene products, tissues and PPE sufficient for four weeks of service delivery during a pandemic wave of illness. NMS supplies are limited and access should not be assumed. (*Pandemic Influenza Toolkit, Royal Australian College of General Practice, 2014.*)
- Health service stockpiles may be augmented by government stockpiles if resources are available, at the discretion of the Incident Controller. To be eligible for stockpiled government resources, the service must support the coordinated response to pandemic influenza as directed by the Incident Controller, and comply with relevant infection prevention and control strategies. Stockpiled resources may also be provided if there are disruptions to supply chains.

## Annex 6: Population Groups Vulnerable to Severe Illness

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Complications from seasonal influenza affect mostly the elderly, infants, pregnant women and those with underlying chronic conditions. However, the characteristics of the virus that will cause the next pandemic are not yet known, nor are the population groups that will be most affected.

Information about how the pandemic affects specific population groups will be collected in the *Initial Action* stage through the *First Few 100* Study and throughout the response, and guidelines will be provided at the time. The information below is provided for planning purposes only.

### Pregnant Women

Pregnant women are at higher risk of complications from seasonal influenza and may be at higher risk of severe illness during a pandemic. This is because of physiological and immunological changes that occur to pregnant women during pregnancy.

Possible complications from influenza include pneumonia, difficulty breathing and dehydration, which are more problematic in the middle and late stages of pregnancy.

Information about how the pandemic affects pregnant women will be collected in the *Initial Action* stage and throughout the response, and guidelines will be provided for pregnant women and antenatal care providers.

### People with Chronic Conditions and Obesity

People with underlying chronic conditions, including kidney disease, diabetes, some cancers, lung or heart disease, impaired immune systems (for example due to cancer treatment or HIV/AIDS) and obesity may be at greater risk of severe illness from pandemic influenza.

Information about how the pandemic affects people with chronic conditions will be collected in the *Initial Action* stage and throughout the response, and guidelines will be provided at the time.

### Children

Past pandemics have shown that, compared with adults, children typically have higher rates of infection, are more infectious and infectious for longer. Children also tend to be in close proximity to other children for long periods of time, and young children find it difficult to practice effective hand and respiratory hygiene.

### Elderly People

While elderly people are more likely to experience complications from seasonal influenza, it is possible the elderly may have partial immunity to a pandemic virus, conferred from previous exposure to a similar virus. Frail elderly people living at home may also experience less community exposure to the virus.

People visiting elderly people at home – including home-carers – can help protect the elderly through hand hygiene, appropriate cough etiquette, putting on clean outer clothes before visiting (or wearing gowns) and potentially wearing facemasks.

## Those Living in Residential Care Services and Custodial Facilities

Residential care services include disability, aged care and crisis accommodation services. Medical services in these settings are generally provided by GPs.

Custodial facilities include correctional facilities, youth justice facilities and police cells. Health services are provided to custodial facilities in Tasmania by the Tasmanian Health Service (THS).

Pandemic influenza is likely to spread rapidly in environments where people are in frequent close contact with each other, fastidious hygiene may be difficult to attain, there is frequent movement of staff in and out of the facilities.

Residents and inmates may be vulnerable to severe illness due to underlying chronic conditions.

### Recommended Actions for Service Providers in all Response Stages:

- Be alert for signs of influenza
- Isolate residents/inmates with influenza-like illnesses (ILIs) if possible; if single rooms are not available, isolate those with ILI together in a designated 'flu' rooms if possible.
- Seek medical assessment of those with ILIs; residential care services may arrange for a single GP to cover the outbreak, to help minimise the impact on already-stretched primary health services
- **Inform the PHS as soon as possible of suspected outbreaks;** PHS staff will monitor the outbreak, provide information and liaise with staff and medical officers as required.
- Provide information about how to help minimise the spread of influenza and protect yourself; provide information verbally and in writing, including through Easy English signage
- Urge everyone to practice hand hygiene on arrival at the facility
- Instruct people with ILI to wear surgical face masks while on the premises; and advise staff and visitors to stay home and away from the facility if they have an ILI
- Make it as easy as possible for people at the facility to practice good cough etiquette and hand hygiene by providing tissues, no-touch rubbish bins, hand hygiene products and posters demonstrating correct technique, in strategic locations.
- Provide designated staff for residents/inmates with influenza if possible
- Provide influenza vaccine when available.

Information on measures specific to residential care settings will be updated and provided by DHHS and the Department of Health at the time.

## Outbreak Management in Residential Care Settings

PHS will provide guidelines for the management of outbreaks in residential care facilities and provide direction and support to service providers if required. If PHS capacity to support services is overwhelmed, the THS may support this function under the direction of PHS, if requested to do so by the Incident Controller.

In managing an outbreak, PHS (with potential support from the THS) will follow internationally-recognised outbreak control methods and may undertake the following actions:

1. Liaise with the facility's service coordinator about management of the outbreak, including medical assessments, laboratory testing, use of antivirals, surveillance and monitoring, and infection control – and corrective actions required – using national and state guidelines available at the time
2. Assist the facility's outbreak coordinator to implement a surveillance and monitoring program
3. Conduct site visits if necessary
4. Liaise with general practitioners and local community pharmacies about the provision of antivirals, as required
5. Provide access to educational and training material, including *Influ – Info Influenza kit for home care* (Department of Social Services, Australian Government 2014)
6. Prepare a report about the outbreak, using existing templates.

### More information

- [Influ-Info Influenza Kit for Aged Care](#) (Australian Government Department of Social Services, 2014)
- [Pandemic Influenza: Building Resilience through Business Continuity and Pandemic Planning \(for Non-Government Organisations\)](#) (Australian Government Department of Social Services, 2008).

## Annex 7: Deaths

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*(Note, this annex will be reviewed post completion of the DoJ Coronial Services Plan)*

### Number of Deaths

An influenza pandemic will result in additional deaths; however it is impossible to accurately predict the number of deaths ahead of the event. The number of deaths will depend on the clinical severity of disease, transmissibility of the virus, capacity of our health system, effectiveness of interventions and the vulnerability of our population.

To assist with planning and preparedness when developing the AHMPPI 2015, the following assumptions were made in relation to deaths:

- the pandemic will have a clinical attack rate of 7–35 per cent
- if patients receive appropriate care, the clinical case fatality rate will be 0.5–1.25 per cent
- the pandemic will last seven –10 months.

On 31 December 2014, Tasmania had a population of 515 235 persons (*Australian Bureau of Statistics, Cat No 3101.0, 2015*).

Using this information, it is reasonable to assume in Tasmania, pandemic influenza will have the following impact:

- between 36 066 and 180 332 people will get sick
- between 180 and 2 254 people will die over a period of seven–10 months (18–322 deaths per month)
- between 180 and 902 persons will die if the clinical case fatality rate is 0.5 per cent
- between 451 and 2 254 persons will die if the clinical case fatality rate is 1.25 per cent.

*Note: deaths are likely to occur in waves of unknown frequency and duration.*

### Management of Deaths

Standard, contact and droplet infection prevention and control precautions should be taken when managing the deceased.

Most deaths related to pandemic influenza will not be coronial cases and normal funeral arrangements will apply; however there will be additional pressure on mortuary services, the funeral industry, the Coroner's Office and support services in hospitals.

A severe pandemic will require coordination and extension of existing resources to manage deaths. In the south, this may include development of a temporary body storage area external to the Royal Hobart Hospital, if more than 35 bodies require storage at any one time. Resources will be coordinated by the Department of Justice (DoJ) in consultation with the Tasmanian Health Service (through the DHHS ECC), local government, and the funeral industry.

### More information

- *Process for Managing Additional Deaths in an Influenza Pandemic* (DoJ, 2008)
- *Post Mortem Care Guidelines* (DoJ, 2008)
- *Transport, Storage & Funeral Arrangements when Normal Capacity is Exceeded* (DoJ, 2008)

## **Annex 8: Planning Assumptions** *(Source: AHMPPI 2014)*

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In the early stages of a pandemic, the assumptions outlined below, with information from overseas and interstate, will be the basis for decision-making in Tasmania. As information becomes available, assumptions will be reassessed and the response adjusted as appropriate.

### **Incubation Period, Period of Communicability and Serial Interval**

- The average incubation period will be two days, with a range of 0.5 to seven days. Most cases will become symptomatic within 0.5–3 days.
- People within all age groups will be infectious 24 hours before the onset of symptoms.
- Peak shedding of the virus (infectiousness) will occur in the first two days of illness and cases are most infectious at this stage. Infectiousness in healthy adults will decline rapidly after five days of illness.
- Children, the elderly and immunocompromised individuals will shed greater amounts of virus, and may shed for longer, with infectiousness declining after a week of symptoms.
- Asymptomatic individuals may shed virus and be infectious in the first two days of infection but they are unlikely to play a major role in disease spread.
- Antivirals will reduce respiratory viral shedding.
- The serial interval (the average length of time between the primary case developing symptoms and the secondary case developing symptoms) will be 2–4 days.

### **Presenting Symptoms**

- The predominant presenting symptoms will be fever and respiratory symptoms such as cough and sore throat. These will usually be accompanied by systemic symptoms such as myalgia (muscle pain) and fatigue.
- Fever may not be present in the elderly and children, and atypical presentations may be more common at the extremes of age.

### **Attack Rate**

- The infection attack rate will be 11–60 per cent in adults and higher in children.
- The clinical attack rate or the proportion of the population that is infected and has symptoms, will be 7–35 per cent. The clinical attack rate could be halved if all measures outlined in the AHMPPI are applied as planned and are as effective as estimates indicate.
- The infection attack rate and clinical attack rate may be higher in some population groups, such as indigenous people, healthcare workers and people living in closed environments.

### **Modes of transmission**

- Contact, droplet and aerosol transmission will be the major modes of transmission during a pandemic, but the relative likelihood and dominance of each mode will depend on the presenting host, pathogen and environmental factors.
- Specific procedures within healthcare settings may increase the risk of aerosol transmission.
- Vertical transmission of influenza virus (from mother to embryo, foetus or baby during pregnancy or childbirth) is possible.
- Faecal-oral and blood-borne transmission of virus is unlikely but conceivable.

## **Health Impact**

- The clinical case fatality rate will be 1–2.5 per cent. With appropriate medical care (early antiviral and antibiotic therapy as needed and supportive care for those with more severe illness), the fatality rate could be halved.
- There will be a W-shaped mortality distribution, with mortality rates peaking for three age groups: under five-year-olds, over 65-year olds and 20–35 year-olds.
- A similar range of complications will be encountered as experienced with seasonal influenza, predominantly respiratory complications including secondary bacterial infections for all age groups, a rise in cardiovascular events in adults and the elderly, and a small proportion of children presenting with neurological conditions. The frequency of complications will be greater in a pandemic than with seasonal influenza.
- Maternal mortality and foetal loss are likely to be significant.
- The immunosuppressed and those with underlying serious medical conditions will experience more complications than those without underlying health problems.
- Psychosocial and mental health needs are likely to be high and demand for these services may extend beyond the recovery period.

## **Treatment with Neuraminidase Inhibitor Antivirals**

- The optimal effect of neuraminidase inhibitor (NI) antiviral treatment will be seen if started within 48 hours of symptom onset. Effectiveness will decrease after 48 hours, with limited benefit seen when treatment is started later than 5 days post-onset of systemic symptoms (myalgia, fever).
- Early treatment (within 48 hours of symptom onset) may have some impact on reducing mortality and may reduce:
  - duration of symptoms by 0.5–1.5 days
  - time to return to normal activity by 0.5–2.5 days
  - antibiotic use by 23–74 per cent in adults and 50–95 per cent in children
  - pneumonia in at-risk adults, healthy adults and children
  - otitis media in children
  - maternal mortality and negative neonatal outcomes.
- Those most at risk of severe outcomes will benefit the most from treatment.
- Early treatment of cases may reduce transmission of virus within households, and may reduce secondary cases by up to 50 per cent.

## **Prophylaxis with Neuraminidase Inhibitor Antivirals**

- Oseltamivir and zanamivir will be 50–75 per cent effective at preventing influenza in healthy and at-risk adult groups, using the current recommended dosage and instructions for use; and will reduce the risk of infection in household contacts of laboratory-confirmed cases by 50–90 per cent.
- The maximum recommended length of time for continuous prophylaxis will be six weeks for oseltamivir and four weeks for zanamivir.



## Immunity Following Natural Infection

- Everyone, regardless of age, will be vulnerable to pandemic influenza; there will be no natural prior immunity in any age groups. (Note: this assumption may be modified depending on the pandemic virus.)
- Those who recover from natural infection will have a reasonably high degree of protection from a second infection, however full protection cannot be assumed should a second distinct wave occur (as subsequent waves may be due to a drifted virus).

## Vaccination

- Vaccination of a sufficient proportion of the population will achieve a degree of herd immunity and may reduce transmission.
- Quantities of pandemic customised vaccine sufficient for the Australian target population (40 per cent of total population) will be available within six months of the pandemic or by the second epidemic wave.
- Efficacy of pandemic customised vaccine will be comparable to current seasonal influenza vaccines, and will depend on demographic factors, where vaccine will be most efficacious in healthy older teenagers and young adults.
- Safety of pandemic vaccines will be comparable to seasonal influenza vaccines; that is, relatively safe for all populations except those in whom it is contraindicated.
- Population acceptability and willingness to be vaccinated will be high.
- Two doses of pandemic customised vaccine three weeks apart will be required to achieve immunity; and immunity will be achieved seven days after the second dose. (Note this assumption may be modified depending on the pandemic strain and vaccine immunogenicity.)

## Absenteeism

- Up to 20 per cent of the working-age population could be away from work on any given day during the peak of the pandemic. This includes absenteeism due to illness, quarantine, caring for someone who is ill or fear of infection.
- Absenteeism rates among healthcare workers may be higher than other workforce sectors.
- Working-age adults who develop pandemic influenza will be unable to go to work for up to seven days after the onset of symptoms.
- From the time of onset of symptoms, working-age adults who develop pandemic influenza would require 14 days until **full** recovery to be fit enough to return to normal activities.

## Duration of Pandemic Disruption

- The pandemic in Australia will last 7–10 months, although the peak incidence of illness is likely to occur over a much briefer period, potentially four to eight weeks.
- Full recovery is likely to take a further six months to one year, depending on severity.

## Annex 9: Roles and Responsibilities

### Prevention, Mitigation and Preparedness

**Table 1: Health organisations' roles and responsibilities during *Prevention and Mitigation* and *Preparedness* stages for pandemic influenza**

Activity	DHHS (PHS and PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Governance arrangements and planning</b>	<ul style="list-style-type: none"> <li>• Synthesise public health emergency management planning with broader emergency management arrangements and promote awareness about public health emergencies through forums such as the SEMC and relevant subcommittees</li> <li>• With stakeholders, maintain the TPHEMP, the Plan for the <i>Delivery of Integrated Emergency Management within DHHS and THOs (PDIEM)</i>, THAPPI, the <i>Mass Casualty Management Plan</i>, <i>DHHS/THS Social Recovery Plan</i>, <i>Mass Vaccination Management Plan</i> and related standard operating procedures</li> <li>• Maintain the DHHS ECC and PHEOC operating procedures and management protocols</li> <li>• With relevant stakeholders, contribute to maintaining the AHMPPI, TEMP, SSEMP: <i>Human Influenza Pandemic Emergencies 2012</i> and <i>DHHS Emergency Communications Processes and Procedures</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with DHHS and other stakeholders to maintain the: <ul style="list-style-type: none"> <li>• PDIEM</li> <li>• THAPPI</li> <li>• TPHEMP</li> <li>• Mass Casualty Management Plan</li> <li>• DHHS/THO Social Recovery Plan</li> </ul> </li> <li>• Maintain THS emergency management arrangements</li> <li>• Maintain a staff pool of senior managers who are familiar with incident management processes.</li> <li>• Outline potential local response strategies, resources and escalation triggers, in partnership with PHS and other stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with DHHS and other stakeholders to maintain the: <ul style="list-style-type: none"> <li>• PDIEM</li> <li>• THAPPI</li> <li>• TPHEMP</li> <li>• Mass Casualty Management Plan</li> </ul> </li> <li>• Maintain EOC operating procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain the Primary Health Tasmania Emergency Management Plan.</li> </ul>

Activity	DHHS (PHS and PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
Surveillance	<ul style="list-style-type: none"> <li>• Maintain a communicable disease surveillance system compatible with the National Notifiable Diseases Surveillance System</li> <li>• Continue routine surveillance activities to monitor overall influenza activity, including analysing data: <ul style="list-style-type: none"> <li>• for the emergence of novel influenza viruses</li> <li>• to contribute to identification of national influenza trends</li> </ul> </li> <li>• Publish the <i>fluTAS</i> report during seasonal influenza outbreaks</li> <li>• Continue to support the Australian Sentinel Practice Research Network of GPs in Tasmania, reporting on the number and proportion of patients presenting with fever, cough and fatigue</li> <li>• Continue to promote community participation in the seasonal Flutracking program</li> <li>• Collaborate with the CDNA, Public Health Laboratories Network and National Influenza Surveillance Committee</li> <li>• Collaborate with the Department of Primary Industries, Parks, Water and Environment about animal influenza investigations.</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in influenza surveillance activities in collaboration with PHS, and notify PHS of cases in accordance with the <i>Guidelines for Notification of Notifiable Disease, Human Pathogenic Organisms and Contaminants</i> (DHHS 2010)</li> <li>• Continue participation on the FluCAN and Public Health Laboratories Network (<i>Royal Hobart Hospital only</i>).</li> <li>• Facilitate typing of influenza isolates by the WHO Reference Laboratory</li> <li>• Maintain laboratory capacity for influenza testing</li> <li>• Monitor emergency department presentation rates for ILI.</li> </ul>		<ul style="list-style-type: none"> <li>• Continue to support the Australian Sentinel Practice Research Network in Tasmania.</li> </ul>

Activity	DHHS (PHS and PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Public health measures to minimise the impact</b>	<ul style="list-style-type: none"> <li>Encourage vaccination to minimise the amount of seasonal influenza circulating in the community</li> <li>Promote ways to help slow the spread of influenza (hand hygiene, cough etiquette, social distancing) during seasonal flu outbreaks</li> <li>Coordinate activities in Tasmania under the National Immunisation Program</li> <li>Coordinate Nurse Immuniser authorisation and maintain the Nurse Immuniser database</li> <li>Coordinate Pharmacist Immuniser authorisation and maintain the Pharmacist Immuniser database.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate staff seasonal influenza vaccination and provide information to patients/clients on the importance of immunisation to minimise the effects of seasonal influenza circulating in the community</li> <li>Promote ways to help reduce the impact of influenza (hand hygiene, cough etiquette, social distancing) during seasonal flu outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate staff seasonal influenza vaccination</li> </ul>	<ul style="list-style-type: none"> <li>Provide a staff immunisation program</li> <li>Promote/support patient /client immunisation</li> <li>Support staff education and practice development in managing ILI.</li> </ul>
<b>Assessment and management of cases</b>	<ul style="list-style-type: none"> <li>Investigate and provide advice about seasonal influenza outbreaks in institutional settings</li> <li>Provide advice about the public health management of seasonal influenza in accordance with the CDNA guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Continue best-practice management of patients with ILI, including infection prevention and control and minimising contact between patients with ILI and patients at risk of severe illness from influenza.</li> </ul>	<ul style="list-style-type: none"> <li>Continue best-practice management of patients with ILI, including infection prevention and control and minimising contact between patients with ILI and patients at risk of severe illness from influenza.</li> </ul>	

Activity	DHHS (PHS)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Health service capacity and preparedness</b>	<ul style="list-style-type: none"> <li>• Provide guiding principles for flu-specific services that may be established in a PI response</li> <li>• Provide guidance and training on infection control</li> <li>• Maintain business continuity plans</li> <li>• With Primary Health Tasmania, support the General Practice community to prepare for pandemic influenza</li> <li>• Develop and maintain agreements with private and non-government stakeholders to facilitate rapid access to resources during a pandemic response.</li> </ul>	<ul style="list-style-type: none"> <li>• Further develop and promote online training modules for emergency management</li> <li>• Exercise emergency plans internally (DHHS and THS), every two years; and with external stakeholders every four years</li> <li>• Maintain business continuity plans</li> <li>• Work with DPaC to maintain arrangements for accessing human resources from across government, and develop arrangements for accessing resources from private and non-Government sectors, covering secondment and short-term contractual arrangements, remuneration and indemnity</li> <li>• Further develop the <i>DHHS Emergency Management Staff Support Plan</i>, to support a flexible workforce, surge capacity and intra-operability arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and maintain functional networks with stakeholders to enhance emergency management capabilities</li> <li>• Exercise emergency plans internally (DHHS and THS), every two years</li> <li>• Maintain business continuity and service disruption plans that consider the potential impacts of a pandemic, especially on human resources</li> <li>• Maintain infection prevention and control systems and procedures</li> <li>• Provide ongoing staff training on infection prevention and control</li> <li>• Maintain staff health surveillance and exposure management processes</li> <li>• Maintain processes to provide psychological support to staff</li> <li>• Ensure key staff are trained in emergency management.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with stakeholders to enhance emergency management capabilities</li> <li>• Maintain business continuity and service disruption plans that consider the potential impacts of a pandemic, especially on human resources</li> <li>• Maintain infection prevention and control systems and procedures</li> <li>• Provide ongoing staff education and training on infection prevention and control</li> <li>• Maintain staff health surveillance and exposure management processes</li> <li>• Maintain processes to provide psychological support to staff</li> <li>• Work with the THS and PHS to plan alternative transport and logistic support for Flu Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Support primary health providers in emergency management preparation</li> <li>• Undertake the annual GP Census</li> <li>• Maintain the GP Volunteer Register</li> <li>• Facilitate infection control education and business continuity planning across primary health services.</li> </ul>

Activity	DHHS (PHS)	DHHS (Other)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Resources (financial and physical)</b>	<ul style="list-style-type: none"> <li>Develop and maintain an information management system to assist with efficient outbreak control.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain the medical stockpiles and distribution plans for Tasmania</li> <li>Maintain a list of community pharmacies, and contact details</li> <li>Maintain reliable information and computer technology support in mobile and community clinic settings.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain inventories of stockpile levels</li> <li>Maintain measures to support strong supply chains</li> <li>Maintain enough PPE on hand for at least six weeks of normal business</li> <li>Advise of needs relating to the medical stockpiles and distribution strategies</li> <li>Maintain laboratory capacity sufficient for testing in severe influenza outbreaks</li> <li>Maintain appropriate isolation facilities for safe clinical care as required</li> <li>Ensure future design and redesign of health facilities supports contemporary infection prevention and control strategies.</li> <li>Maintain reliable information and computer technology support in mobile and community clinic settings.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain awareness of stockpile levels</li> <li>Maintain measures to support strong supply chains</li> <li>Maintain enough PPE for at least six weeks of normal business</li> <li>Advise of needs relating to medical stockpiles and distribution strategies.</li> </ul>	

Activity	DHHS (PHS and Planning, Purchasing and Performance /Other)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Recovery and Service Restoration</b>	<ul style="list-style-type: none"> <li>• Ensure site/facility/service recovery considerations are built into pandemic planning and preparedness</li> <li>• Provide health sector input to the ongoing development and review of recovery planning arrangements</li> <li>• Advocate the need for Tasmania's whole-of-government recovery arrangements to consider the implications of public health emergencies, especially pandemic influenza</li> <li>• Ensure recovery considerations are built into health emergency planning and preparedness arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate the need for Tasmania's whole-of-government recovery arrangements to consider the implications of public health emergencies, especially pandemic influenza</li> <li>• Ensure site/facility/service restoration is included in business continuity plans and pandemic planning and preparedness activities</li> <li>• Develop and maintain a system to ensure the tracking of equipment deployed during a pandemic response.</li> </ul>		

## Standby

**Table 2: Health organisations' roles and responsibilities in the Standby stage of pandemic influenza**

Activity	DHHS (PHS)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Governance and coordination arrangements</b>	<ul style="list-style-type: none"> <li>Establish the IMT</li> <li>Prepare to activate the PHEOC</li> <li>Alert key stakeholders</li> <li>Liaise with the Department of Health, Australian Health Protection Principal Committee, Healthdirect Australia, the DHHS Secretary, the Police Commissioner, SEMAG and SEMC</li> <li>Develop a PHS Pandemic Incident Action Plan</li> <li>Review public health emergency plans and protocols</li> <li>Undertake ongoing impact and risk assessments to determine the need to escalate or de-escalate governance arrangements.</li> <li>Request details of the THS Incident Action Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Prepare to activate the DHHS ECC.</li> </ul>	<ul style="list-style-type: none"> <li>Advise PHS of command and coordination arrangements</li> <li>Meet with stakeholders (including Regional Controllers and local councils) to discuss local arrangements</li> <li>Develop a THS Incident Action Plan and circulate to relevant stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Advise PHS of command and coordination arrangements</li> <li>Prepare to operationalise relevant plans and business continuity management procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Advise PHS of coordination arrangements</li> <li>Nominate and communicate liaison arrangements with PHS.</li> </ul>



Activity	DHHS (PHS)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Surveillance to detect initial cases and monitor influenza impact</b>	<ul style="list-style-type: none"> <li>• Continue routine surveillance activities to monitor influenza activity</li> <li>• Determine the appropriate frequency of producing the FluTas report and other public data</li> <li>• Collaborate with the CDNA, the National Influenza Committee and the Public Health Laboratories Network, and participate in enhanced national surveillance activities</li> <li>• Participate in national discussions re testing protocols and disseminate revised protocols to stakeholders</li> <li>• Liaise with THS Pathology Services, THS Infectious Diseases Physicians and relevant private sector laboratories about testing arrangements</li> <li>• Prepare to participate in the <i>First Few 100 Study</i> if required.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue routine surveillance activities to monitor overall influenza activity</li> <li>• Liaise with the PHS IMT about surveillance and contact tracing arrangements</li> <li>• Follow revised testing protocols provided by the PHS IMT</li> <li>• Monitor staff sick leave rates and ILI presentation and admissions rates, and report to the PHS IMT.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor ILI caseload, and report to the PHS IMT.</li> </ul>	

Activity	DHHS (PHS)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Public health measures to minimise the impact of disease</b>	<ul style="list-style-type: none"> <li>• Encourage seasonal influenza immunisation</li> <li>• Promote the ways to help reduce the impact of influenza (hand hygiene, cough etiquette, social distancing)</li> <li>• Provide guidance and training on infection prevention and control across health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the ways to help reduce the impact of influenza</li> <li>• Provide information and hand hygiene facilities and products at strategic locations throughout health services</li> <li>• Implement, communicate and train staff in infection control precautions as per guidelines at the time</li> <li>• Provide PPE for staff assessing and managing suspected cases.</li> <li>• Encourage staff and client/patient seasonal influenza vaccination</li> <li>• Implement tighter visitor management arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement, communicate and train staff in infection prevention and control precautions as per guidelines at the time</li> <li>• Encourage staff seasonal influenza vaccination</li> <li>• Provide PPE for staff assessing and managing suspected cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Support primary health providers to implement additional infection control precautions</li> <li>• Help promote the ways to help slow the spread of influenza.</li> </ul>

Activity	DHHS (PHS)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Assessment and management of suspected cases</b>	<ul style="list-style-type: none"> <li>• Provide information to primary health providers about enhanced surveillance activities, case definitions, and testing and management protocols</li> <li>• With DHHS Planning, Purchasing and Performance, liaise with Healthdirect Australia about management of callers with ILI in Tasmania</li> <li>• Develop telephone scripts to assist staff managing calls received through the PHS Hotline</li> <li>• Investigate and provide advice about influenza outbreaks in institutional settings</li> <li>• Work with Primary Health Tasmania to develop or update the GP Influenza Clinical Pathway.</li> </ul>	<ul style="list-style-type: none"> <li>• With PHS, liaise with Healthdirect Australia about management of callers with ILI in Tasmania.</li> </ul>	<ul style="list-style-type: none"> <li>• Review management protocols for patients with ILI, as per clinical guidelines provided by PHS at the time</li> <li>• Circulate case definition and care algorithms to all relevant clinical areas</li> <li>• Identify patients who meet the case definition and isolate them from other patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Review management protocols for patients with ILI, as per clinical guidelines provided by PHS at the time.</li> <li>• Circulate case definition, care algorithms and management protocols for patients with ILI</li> <li>• Identify patients who meet the case definition and isolate them from other patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the PHS IMT to develop or update the GP Influenza Clinical Pathway.</li> </ul>

Activity	DHHS (PHS)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Health system preparedness and capacity</b>	<ul style="list-style-type: none"> <li>Review and prepare to activate business continuity and service disruption plans</li> </ul>				
	<ul style="list-style-type: none"> <li>Monitor calls to the PHS hotline to help determine the need to escalate telephone capacity, including activating the Tasmanian Emergency Information Service</li> <li>Encourage health service providers to review business continuity plans and prepare for activation of business continuity arrangements</li> <li>Confirm guiding principles for flu-specific health services.</li> </ul>	<ul style="list-style-type: none"> <li>Confirm arrangements with the pharmacy sector about distribution and management of antivirals.</li> </ul>	<ul style="list-style-type: none"> <li>Prepare for potential increase in demands on emergency departments, ICUs and related inpatient areas</li> <li>Review operational procedures and demands</li> <li>Review hospital bed status</li> <li>Review plans for alternative models of patient care including community-based flu services, and processes for dispensing antivirals</li> <li>Review work areas and responsibilities of staff who may be more vulnerable to severe illness from the virus</li> <li>Review supply chains and stock holdings</li> <li>Confirm 6-week stockpile of PPE.</li> </ul>	<ul style="list-style-type: none"> <li>Review operational procedures</li> <li>Review work areas and responsibilities for staff who may be more vulnerable to severe illness from the virus</li> <li>Review supply chain and stock holdings</li> <li>Confirm 6-week stockpile of PPE.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the primary health sector to review and prepare to activate business continuity and service disruption plans</li> <li>Commence influenza impact monitoring across a representative sample of general practice clinics around the state.</li> </ul>

Activity	DHHS (PHS, PPP-PMA and Ambulance Tasmania) and THS	Primary Health Tasmania
<b>Resources (financial and physical)</b>	<ul style="list-style-type: none"> <li>• Ensure processes are in place to track all pandemic-related expenses</li> <li>• Confirm the status of medical, pharmaceutical and PPE stockpiles</li> <li>• Identify any actual or potential supply issues:</li> <li>• Review supply chains.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage primary health providers to review their stockpiles of PPE and consumables and aim for a 4-week supply.</li> </ul>
<b>Recovery and service restoration</b>	<ul style="list-style-type: none"> <li>• Ensure processes are in place to ensure relevant information is recorded for incident reports required in the Stand-down/Recovery stage</li> <li>• Liaise with DPaC re recovery arrangements (DHHS)</li> <li>• Ensure recovery considerations are built into health emergency planning and preparedness arrangements.</li> </ul>	
<b>Communication</b>	<p>Stakeholder communication will focus on confirming governance and communication arrangements and the processes for identifying and managing potential cases.</p> <p>Public communication strategies will focus on providing information to the public (including travelers) about what to do if they develop signs of influenza and the ways to help reduce the impact of influenza. Information will be provided through the media, social media, Internet, workplaces and at ports and airports. This may include information translated to other languages.</p> <p>Specific communication actions in the <i>Standby</i> stage will include:</p> <ul style="list-style-type: none"> <li>• activating the Health Emergency Communications Team and identifying communications staff surge capacity in liaison with the DPaC Communications and Marketing Unit</li> <li>• placing the Tasmanian Emergency Information Service and the Public Information Unit on standby.</li> </ul>	

**Table 3: Non-health agencies and organisations – roles and responsibilities during the *Standby* stage**

	<b>Roles/responsibilities</b>
<b>DPaC</b>	<ul style="list-style-type: none"> <li>• Place the Tasmanian Emergency Information Service and the Public Information Unit on standby and plan for an escalated response</li> <li>• Support communication activities undertaken by DHHS by forwarding information through existing networks</li> <li>• Review business continuity plans and encourage all government agencies and essential service providers to review business continuity plans.</li> </ul>
<b>Department of Police and Emergency Management / SES</b>	<ul style="list-style-type: none"> <li>• Support the SEMC to: <ul style="list-style-type: none"> <li>• review information provided by DHHS</li> <li>• consider the need to escalate response and governance arrangements</li> <li>• consider the need for heightened preparedness activities</li> </ul> </li> <li>• Support Regional Controllers and Regional Emergency Management Committees as required.</li> </ul>
<b>Local Government</b>	<ul style="list-style-type: none"> <li>• Support communication activities undertaken by DHHS, through existing municipal communication strategies</li> <li>• Participate in discussions with the Regional Health Commander and/or Regional Controller about resources available to support local health responses.</li> </ul>

## Level I response

**Table 4: Health organisations' potential roles and responsibilities for a Level I pandemic emergency response**

Activity	DHHS (PHS / PHEOC)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<p><b>Governance and coordination arrangements</b></p> <p>The DPH is the Incident Controller</p>	<ul style="list-style-type: none"> <li>• Activate the PHEOC, with the DPH as Incident Controller</li> <li>• Undertake strategic planning and develop an Incident Action Plan</li> <li>• Liaise with the Department of Health, CDNA, Australian Health Protection Principal Committee, Healthdirect Australia, the DHHS Secretary and senior staff, THS, Police Commissioner, SEMC and SEMAG</li> <li>• Review the PHS Incident Action Plan</li> <li>• Undertake ongoing impact assessments to determine the need to escalate or de-escalate governance arrangements</li> <li>• Prepare and distribute situation reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare to activate the DHHS ECC</li> <li>• Appoint a liaison officer for PHEOC</li> <li>• With PHS, liaise with Healthdirect Australia re patient pathways and the management of calls.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm command and control arrangements including the appointments of Regional Health Commanders and their deputies</li> <li>• Brief Regional Controllers</li> <li>• Appoint a liaison officer for PHEOC</li> <li>• Implement incident management structures and command system</li> <li>• Review the THS Incident Action Plan</li> <li>• Inform stakeholders of arrangements in place for management of patients with ILI.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm command and control arrangements</li> <li>• Appoint a liaison officer for PHEOC</li> <li>• Implement incident management structures and command system</li> <li>• Review guidelines for management and transport of patients with ILI</li> <li>• Inform PHS of arrangements in place for management of patients with ILI.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm communication, coordination, and liaison arrangements with PHS and THS.</li> <li>• Develop an Incident Action Plan and circulate to stakeholders.</li> </ul>

ACTIVITY	DHHS (PHS / PHEOC)	THS	Ambulance Tasmania	Primary Health Tas.
<p><b>Surveillance:</b></p> <ul style="list-style-type: none"> <li>to understand the epidemiology within the Australian context</li> <li>to monitor the course of the pandemic</li> <li>to assess the effectiveness of actions</li> </ul>	<ul style="list-style-type: none"> <li>Participate in the <i>First Few 100 Study (Initial Action stage only)</i> if required: <ul style="list-style-type: none"> <li>collect data on confirmed cases and their contacts, using protocols provided by the Department of Health</li> <li>report data to the Department of Health for national collation, analysis and reporting</li> </ul> </li> <li>Participate in other national surveillance activities coordinated through the CDNA and the National Influenza Surveillance Committee</li> <li>Continue routine surveillance activities to monitor overall influenza activity</li> <li>Liaise with the Public Health Laboratories Network.</li> <li>Liaise with THS Pathology Services, THS Infectious Diseases Physicians and relevant private sector laboratories about testing arrangements</li> <li>Provide Tasmanian aggregate data re influenza to stakeholders</li> <li>In the <i>Targeted Action</i> stage: <ul style="list-style-type: none"> <li>collect enhanced data on up to 10 cases per week (if there are sufficient resources) and in outbreaks in new settings to detect changes in behaviour of the virus</li> <li>report data to the Department of Health for national collation, analysis and reporting.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continue surveillance activities undertaken in the <i>Standby</i> stage</li> <li>Support the data collection requirements of PHS, including by providing a single contact for PHS staff collecting information on inpatients</li> <li>Report daily to PHS <ul style="list-style-type: none"> <li>the number of ILI presentations to Emergency Departments</li> <li>the number of people with ILI admitted and waiting to be admitted to hospital</li> <li>the number of deaths related to influenza (primary or secondary cause of death)</li> <li>staff sick leave</li> <li>the percentage of positive test results for influenza testing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Monitor ILI caseload and report to PHS.</li> </ul>	



ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP–PMA)	THS	Ambulance Tasmania	Primary Health Tas.
Public health measures to minimise the impact	<ul style="list-style-type: none"> <li>In the <i>Initial Action</i> stage, before the onset of community transmission in Tasmania, undertake contact tracing and management if warranted and there are sufficient resources; this may include monitoring of those in home quarantine and providing post-exposure prophylactic antivirals according to national guidelines</li> <li>In the <i>Targeted Action</i> stage but before the onset of community transmission in Tasmania, consider ongoing contact tracing and management of contacts if the disease is severe and there are sufficient resources, in accordance with national protocols at the time</li> <li>Liaise with THS Infectious Diseases physicians about the use of antivirals</li> <li>Review public health protocols for an escalated response</li> <li>Promote the ways to help minimise the impact of influenza</li> <li>Provide updated information to infection prevention and control units across health services</li> <li>With the THS, prepare for a mass pandemic vaccination program.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain a list of community pharmacies with antiviral stock levels.</li> </ul>	<p>As for <i>Standby</i>, plus:</p> <ul style="list-style-type: none"> <li>support public health measures, including by providing resources if necessary to support contact tracing, contact management and home quarantine, and providing information about staff and inpatient case contacts</li> <li>manage staff and inpatient contacts in liaison with PHS and as per national guidelines at the time</li> <li>provide ongoing opportunities for staff training in infection prevention and control measures</li> <li>encourage voluntary home isolation of people with ILI who are not severely ill</li> <li>restrict hospital visitors and encourage people to reconsider the need to visit</li> <li>with PHS, prepare for a mass pandemic vaccination program</li> <li>arrange distribution of NMS antivirals to health facilities, including selected community pharmacies if required, using existing networks in liaison with DHHS PPP–PMA.</li> </ul>	<p>As for <i>Standby</i>, plus support public health measures to minimise the impact of illness.</p>	<p>As for <i>Standby</i>.</p>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Assessment and management of people with ILI</b>	<ul style="list-style-type: none"> <li>• Revise and provide information to health services about case definitions, testing and case management protocols, including use of antivirals</li> <li>• Investigate cases as per national protocols at the time</li> <li>• Encourage people with an ILI (including callers to the Tasmanian Emergency Information Service and PHS hotline) to call Healthdirect Australia for telephone triage and advice</li> <li>• Revise telephone scripts to assist staff managing calls received through the PHS Hotline</li> <li>• With DHHS Planning, Purchasing and Performance, liaise with Healthdirect Australia about management of callers with ILI in Tasmania</li> <li>• Investigate, monitor and provide advice about outbreaks in residential settings such as aged care facilities and prisons</li> <li>• Work with Primary Health Tasmania to update the GP influenza clinical pathway</li> <li>• In the <i>Targeted Action</i> stage, revise testing protocols to preserve laboratory capacity: target testing at clinically severe cases and those with risk factors.</li> </ul>		<ul style="list-style-type: none"> <li>• Adopt national case definitions, testing and management protocols for patients with influenza and ILI</li> <li>• Identify patients who meet the case definition and isolate them from other patients</li> <li>• Provide antivirals to THS patients who meet the case definition as per national guidelines at the time</li> <li>• Monitor clients at higher risk of severe illness</li> <li>• Prepare to activate flu services in consultation with PHS, Primary Health Tasmania, municipal councils and other stakeholders</li> <li>• Inform stakeholders of arrangements in place for management of patients with ILI</li> <li>• Consider the needs of rural and district health facilities in liaison with municipal councils and other stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Manage and transport patients with ILI as per clinical and infection control guidelines at the time.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with PHS to update the GP influenza clinical pathway</li> <li>• With PHS, provide information to primary health services about case definitions and testing and management protocols.</li> </ul>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP–PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Health system preparedness and capacity</b>	<ul style="list-style-type: none"> <li>• Activate the PHS Business Continuity Plan and reassign staff to the PHEOC in accordance with that plan</li> <li>• Monitor the pandemic impact and health system capacity through analysis of information provided by health services</li> <li>• Report to the Australian Health Protection Principal Committee about Tasmanian health service capacity</li> <li>• Consider seeking skilled staff from other DHHS units, the THS and other organisations to support the public health response in the short-term.</li> <li>• Seek appropriately-skilled staff (if necessary) to support general functions of PHEOC through the SSEMP <i>Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania</i></li> <li>• Encourage health care providers to prepare to reduce non-urgent work</li> <li>• Provide advice about the use of antivirals, as per national guidelines</li> <li>• Monitor calls to the PHS hotline to help determine the need to escalate capacity</li> <li>• Liaise with PPP–PMA about arrangements with Healthdirect Australia.</li> </ul>	<ul style="list-style-type: none"> <li>• Alert all DHHS business units that staff may be required to support PHEOC and the DHHS ECC if it is activated, and advise units to review their Business Continuity Plans.</li> </ul>	<p>As for <i>Standby</i> stage, plus:</p> <ul style="list-style-type: none"> <li>• prepare to activate business continuity plans</li> <li>• consider strategies to reduce routine hospital demand</li> <li>• prepare to reassign staff to essential and priority health services</li> <li>• prepare to maximise staff availability in emergency medicine, general medicine, respiratory medicine and intensive care areas</li> <li>• liaise with Regional Controllers about logistical support required, if necessary.</li> </ul>	<p>As for <i>Standby</i> stage, plus:</p> <ul style="list-style-type: none"> <li>• prepare to increase staffing levels</li> <li>• Monitor workforce capacity, and report to PHS.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue influenza impact monitoring across a representative sample of general practice clinics around the state.</li> </ul>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
Resources (financial and physical)	<ul style="list-style-type: none"> <li>Track all pandemic-related expenses.</li> </ul>				
	<ul style="list-style-type: none"> <li>Advise health services of PPE recommendations</li> <li>Authorise activation of stockpile distribution plans if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>With THS, consider pre-deploying PPE to local health services, as per the stockpile distribution plans and planned models of care</li> <li>In accordance with AHMPPI and in liaison with the THS, private hospitals and Department of Health, assess and coordinate available specialist equipment including ventilators.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain awareness of stockpile levels</li> <li>Attempt to maintain a 6-week supply of PPE, consumables and essential pharmaceuticals to support business continuity if there is a surge in influenza cases and disruption to supply chains</li> <li>With DHHS PPP-PMA consider requesting pre-deployment of stockpiled resources to local THS health services as per the stockpile distribution plans and planned models of care</li> <li>Advise DHHS PPP-PMA if items are likely to be needed from the medical stockpiles.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain awareness of stockpile levels</li> <li>Attempt to maintain a 6-week supply of PPE and other essential resources to support business continuity if there is a surge in influenza cases and disruption to supply chains</li> <li>With DHHS PPP-PMA consider requesting pre-deployment of stockpiled resources to local ambulance stations</li> <li>Advise DHHS PPP-PMA if items are likely to be needed from the medical stockpiles.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage primary health providers to maintain a 4-week supply of PPE and consumables.</li> </ul>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
Recovery and service restoration	<ul style="list-style-type: none"> <li>Record and file relevant information for incident reports required in the <i>Stand-down /Recovery</i> stages.</li> </ul>				
		<ul style="list-style-type: none"> <li>Liaise with DPaC and the State Controller about statewide health recovery arrangements for the community.</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with Regional Controllers about recovery arrangements.</li> </ul>		
Communication	<p>Stakeholder communication will focus on providing information to the primary health sector and agencies within the broader response framework, to support best practice health care, disease containment and general response preparedness.</p> <p>Public communication will focus on providing information about the level of risk and the planned health response; what people should do if they develop signs of influenza; and the ways to help slow the spread of flu. Consideration will be given to the needs of people with additional communication needs, including those whose main language is not English and people who are hearing or sight impaired. The extent of communications activities will largely be driven by the level of risk and community concern.</p> <p>Specific communication actions in the <i>Level 1</i> stage may include activating the Tasmanian Emergency Information Service.</p>				

**Table 5: Non-health agencies and organisations: roles and responsibilities during a Level 1 pandemic response**

AGENCY	Roles/responsibilities
DPaC	<ul style="list-style-type: none"> <li>• Activate the Tasmanian Emergency Information Service</li> <li>• Activate the Public Information Unit if requested by the Incident Controller, or support the secondment of communication staff from across Government to the health communication response</li> <li>• Support communication activities undertaken by DHHS by forwarding information through existing networks</li> <li>• Prepare to activate business continuity arrangements</li> <li>• Support statewide whole-of-government response and recovery planning.</li> </ul>
Department of Police and Emergency Management / SES	<ul style="list-style-type: none"> <li>• Support the SEMC to:               <ul style="list-style-type: none"> <li>• review updated information provided by DHHS</li> <li>• consider the need to escalate response and governance arrangements</li> <li>• consider the need to activate powers available under the <i>Emergency Management Act 2006</i></li> </ul> </li> <li>• Support the Director of Public Health to activate powers available under the <i>Public Health Act 1997</i> and the <i>Commonwealth Quarantine Act 1908 (Biosecurity Act 2015 from June 2016)</i>, if required</li> <li>• Provide policy support for the high level strategic and decision-making role of the SEMC</li> <li>• Support Regional Controllers and Regional Emergency Management Committees as required</li> <li>• Support DHHS to activate the PHEOC and undertake emergency control and coordination activities as required</li> <li>• Prepare to activate business continuity arrangements</li> <li>• Support the THS response as required.</li> </ul>
Local Government	<ul style="list-style-type: none"> <li>• Provide logistical support for the local response as per               <ul style="list-style-type: none"> <li>• roles agreed in liaison with the THS or Regional Controller</li> <li>• activity outlined in Municipal Emergency Management Plans</li> </ul> </li> <li>• Support communication activities undertaken by DHHS, through existing municipal communication strategies</li> <li>• Prepare to activate business continuity arrangements.</li> </ul>
Non-Government Organisations	<ul style="list-style-type: none"> <li>• Provide logistical support for field activities as able and necessary, in liaison with the THS</li> <li>• Prepare to activate business continuity arrangements.</li> </ul>

## Level 2 response

**Table 6: Health organisations' potential roles and responsibilities during a Level 2 pandemic response**

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tasmania
<p><b>Governance and coordination arrangements</b></p> <p>The DPH is the Incident Controller</p>	<ul style="list-style-type: none"> <li>Support the Incident Controller to relocate to the DHHS ECC</li> <li>Maintain the PHEOC</li> <li>Review the PHS Incident Action Plan and ensure ongoing consistency with the DHHS ECC Incident Action Plan</li> <li>Provide briefing to incoming DHHS ECC staff</li> <li>Provide information to the DHHS ECC for regular situation reports</li> <li>Appoint a liaison officer for the DHHS ECC.</li> </ul>	<ul style="list-style-type: none"> <li>Activate the DHHS ECC, with the DPH as Incident Controller</li> <li>Develop an ECC Incident Action Plan</li> <li>Undertake ongoing impact assessments to determine the need to escalate or de-escalate governance arrangements</li> <li>Liaise with THS and the Minister re capacity to deliver elective surgery as per contracted arrangements, given the extraordinary demands on health services</li> <li>Liaise with the Department of Health and Healthdirect Australia</li> <li>Prepare and distribute regular situation reports</li> <li>Support activation of additional DHHS EOCs as required, for example by facilitating access to additional resources.</li> </ul>	<ul style="list-style-type: none"> <li>Review Incident Action Plan</li> <li>Appoint a liaison officer for the DHHS ECC</li> <li>Activate THS EOCs or equivalent, as required</li> <li>Review incident management structure and required appointments</li> <li>Maintain appointments of Regional Health Commanders and their deputies.</li> <li>Brief Regional Controllers</li> <li>Provide information to the ECC for regular situation reports.</li> </ul>	<ul style="list-style-type: none"> <li>Activate EOC as required.</li> <li>Confirm a liaison officer for the DHHS ECC</li> <li>Inform THS, DHHS ECC and PHS of arrangements in place for management of patients with ILI</li> <li>Provide information to the ECC for regular situation reports.</li> </ul>	<ul style="list-style-type: none"> <li>Consider activating the Primary Health Tasmania Emergency Plan</li> <li>Communicate strategies and liaison arrangements with the DHHS ECC</li> <li>Provide information to the DHHS ECC for regular situation reports.</li> </ul>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tas
<b>Surveillance to monitor the course of the pandemic and assess actions</b>	<ul style="list-style-type: none"> <li>• Collect enhanced data on up to 10 cases per week (if there are sufficient resources) and in outbreaks in new settings, as per national guidelines at the time</li> <li>• Collect core data as per national guidelines at the time</li> <li>• Continue routine surveillance activities to monitor overall influenza activity</li> <li>• Liaise with THS Pathology Services, THS Infectious Diseases Physicians and relevant private sector laboratories about testing arrangements</li> <li>• Review testing protocols as per the SoNG, to support case management, surveillance needs and preserve laboratory capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate Tasmanian reporting to the Department of Health.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue routine surveillance activities to monitor influenza activity</li> <li>• Support other PHS surveillance activities</li> <li>• Preserve laboratory capacity by implementing revised testing protocol</li> <li>• Liaise with PHS about laboratory capacity and consequence management</li> <li>• Report as agreed to the DHHS ECC: <ul style="list-style-type: none"> <li>• the number of ILI presentations to Emergency Departments</li> <li>• the number of people with ILI admitted and waiting to be admitted to hospital</li> <li>• the number of deaths related to influenza (primary or secondary cause of death)</li> <li>• staff sick leave</li> <li>• the percentage of positive test results for influenza</li> <li>• additional support required.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Monitor ILI caseload and pandemic impact on ambulance services</li> <li>• Report daily to the DHHS ECC if able, <ul style="list-style-type: none"> <li>• the number of ILI call-outs</li> <li>• call outcomes</li> <li>• staff sick leave.</li> </ul> </li> </ul>	



ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Public health measures to minimise the impact</b>	<ul style="list-style-type: none"> <li>Review public health protocols for an escalated response, including protocols for use of government-stockpiled antivirals (versus private supplies)</li> <li>Prepare for a mass pandemic vaccination program; if vaccine is available, coordinate implementation of the program and monitor vaccine uptake</li> <li>If vaccine is available, work with the Public Information Unit to promote immunisation as per national guidelines at the time</li> <li>Promote the ways to help slow the spread of influenza</li> <li>Provide updated information to infection prevention and control units</li> <li>Consider additional social distancing strategies in liaison with the Incident Controller, DHHS ECC, State Controller and other stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Support the DPH/ Incident Controller to declare a Public Health Emergency if the situation warrants it, by providing legal advice and support.</li> </ul>	<p>As for <i>Level 1</i> response, plus:</p> <ul style="list-style-type: none"> <li>when pandemic vaccine is available, implement the vaccination program in liaison with the DHHS ECC and PHS, and target priority groups as per guidelines at the time</li> <li>Implement, communicate and train staff in infection control precautions as per guidelines at the time.</li> </ul>	<p>As for <i>Level 1</i>, plus:</p> <ul style="list-style-type: none"> <li>Implement, communicate and train staff in infection control precautions as per guidelines at the time.</li> </ul>	<p>As for <i>Level 1</i> response.</p>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Assessment and management of cases and suspected cases</b>	<p>As for <i>Level 1</i> response, plus:</p> <ul style="list-style-type: none"> <li>monitor population groups at risk of severe disease</li> <li>provide information to the DHHS ECC about testing and case and contact management protocols.</li> </ul>	<ul style="list-style-type: none"> <li>Inform health services of revised testing and case and contact management protocols</li> <li>Liaise with Healthdirect Australia re the situation and the management of callers with ILI in Tasmania.</li> </ul>	<p>As for <i>Level 1</i> response, plus:</p> <ul style="list-style-type: none"> <li>consider activating community-based Flu Services in consultation with the DHHS ECC, PHS, Primary Health Tasmania, municipal councils and other stakeholders</li> <li>assist PHS as required to manage outbreaks in residential care settings such as aged care facilities and prisons.</li> </ul>	<p>As for <i>Level 1</i> response, plus:</p> <ul style="list-style-type: none"> <li>review operational procedures to link with specially-established Flu Services</li> <li>liaise with GP Assist (with Primary Health Tasmania) and Healthdirect Australia (with DHHS PPP-PMA) about telephone triage arrangements and Ambulance Tasmania capacity and thresholds.</li> </ul>	<p>As for <i>Level 1</i> response.</p>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tas
<b>Health system capacity</b>	<ul style="list-style-type: none"> <li>Seek additional staff to support PHEOC operations if necessary, through the DHHS ECC</li> <li>Provide guidelines on the use of antivirals in accordance with the national policy at the time.</li> </ul>	<ul style="list-style-type: none"> <li>With health services, monitor the pandemic impact on the health system and health system capacity</li> <li>Report to the Australian Health Protection Principal Committee about health system capacity and request assistance if needed through that committee and the National Crisis Committee</li> <li>Seek staff to support ECC and EOC operations if needed, through the <i>SSEMP Interoperability Arrangements for the Sharing of Skilled Resources in Tasmania</i></li> <li>Encourage health services to reduce non-urgent work.</li> </ul>	<ul style="list-style-type: none"> <li>Activate business continuity plans</li> <li>Monitor staff absenteeism and staffing shortfalls</li> <li>Require staff who are ill to stay at home from work</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Consider activating community-based assessment and care options, in consultation with stakeholders</li> <li>Provide information to the DHHS ECC about service capacity and demand, the need for additional support/resources, and capacity to deliver elective surgery as per contracted arrangements</li> <li>Implement strategies to reduce the pandemic impact on workforce participation and staff wellbeing; for example, provide staff flu clinics and train and redeploy appropriately-experienced staff to support priority activities</li> <li>Review work areas and responsibilities of staff who may be more vulnerable to severe illness from pandemic influenza</li> <li>Review access to limited specialized tertiary services such as ECMO.</li> </ul>	<ul style="list-style-type: none"> <li>Review operational procedures to meet increased demand for ambulance services</li> <li>Provide information to the DHHS ECC about service capacity</li> <li>Implement strategies to maximise workforce participation rates.</li> </ul>	<ul style="list-style-type: none"> <li>Activate business continuity plans</li> <li>Encourage the primary health sector to activate business continuity and service disruption plans.</li> <li>Continue influenza impact monitoring across a representative sample of general practice clinics around the state.</li> </ul>

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Resources (financial and physical)</b>	<ul style="list-style-type: none"> <li>Track all pandemic-related expenses.</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with the Department of Health re resource availability and requirements</li> <li>Approve requests to access stockpile resources as appropriate</li> <li>Provide resources from medical stockpiles if required, as per the stockpile distribution plans</li> <li>Monitor the usage and stock levels of stockpiled resources</li> <li>Monitor all government health sector pandemic-related expenses and seek opportunities for reimbursement</li> <li>Support the THS to seek additional information and communications technology support for THS Flu Services</li> <li>With the THS and Department of Justice, review processes for managing the deceased, monitor morgue capacity and consider the need to create additional capacity, in liaison with the Department of Justice</li> <li>Track all pandemic-related expenses.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor PPE usage and seek replenishment from medical stockpiles if required, as per distribution guidelines</li> <li>Review cleaning/maintenance schedules, resource allocations and procedures for all priority facilities/assets to ensure they are promptly and safely returned to service after use</li> <li>Seek support from the DHHS ECC to access special purpose funding and expedite acquisition of additional critical resources/assets if required</li> <li>Track all pandemic-related expenses.</li> </ul> <ul style="list-style-type: none"> <li>Manage the receipt and distribution of NMS items/equipment in liaison with PPP-PMA</li> <li>Monitor the usage and availability of essential equipment, supplies and services and implement strategies to address supply shortages; this may include collaborating with private hospitals and other service providers</li> <li>Monitor critical pharmaceutical usage and identify any actual or potential supply issues</li> <li>Review processes for managing the deceased, monitor morgue capacity and consider the need to create additional capacity, in liaison with the Department of Justice.</li> </ul>		

ACTIVITY	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Recovery and service restoration</b>		<ul style="list-style-type: none"> <li>• Liaise with DPaC re statewide health recovery arrangements for the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Allocate resources to support service restoration and health recovery activities for the community.</li> </ul>		
<b>Communication</b>	<p>Stakeholder communication will focus on providing information to the primary health sector and other responders, to support best practice health care and minimise the impact on health services.</p> <p>Public communication will focus on providing information to the public about what to do if they develop signs of influenza; and empowering the community to manage their risk of exposure, protect others and support those who are sick.</p> <p>Specific communication actions may include activation of the Public Information Unit to provide communication staff surge capacity.</p>				

**Table 7: Non-health agencies and organisations: potential roles and responsibilities during a Level 2 pandemic response**

Agency	Roles/responsibilities
<b>DPaC</b>	<ul style="list-style-type: none"> <li>• Maintain the Tasmanian Emergency Information Service and adjust activation levels according to demand and capacity</li> <li>• Activate or maintain the Public Information Unit as requested by the Incident Controller</li> <li>• Support communication activities undertaken by DHHS by forwarding information through existing networks</li> <li>• Activate business continuity arrangements as necessary</li> <li>• Support statewide whole-of-government response and recovery planning</li> <li>• Support recovery arrangements.</li> </ul>
<b>Department of Police and Emergency Management / SES</b>	<ul style="list-style-type: none"> <li>• Support the SEMC to:               <ul style="list-style-type: none"> <li>• review updated information provided by DHHS and consider the need to escalate response and governance arrangements, including activation of a <i>Level 3</i> Response</li> <li>• consider the need to activate powers available under the <i>Emergency Management Act 2006</i></li> </ul> </li> <li>• Support the Director of Public Health to activate powers available under the <i>Public Health Act 1997</i> and the <i>Commonwealth Quarantine Act 1908 (Biosecurity Act 2015 from June 2016)</i>, if necessary</li> <li>• Provide policy support for the high level strategic and decision-making role of the SEMC.</li> <li>• Support Regional Controllers and Regional Emergency Management Committees as required</li> <li>• Support DHHS to activate the DHHS ECC and undertake emergency control and coordination activities as required</li> <li>• Activate business continuity arrangements as necessary</li> <li>• Support activation of other emergency management plans as necessary</li> <li>• Support activation of regional and municipal emergency coordination arrangements as necessary; note: Regional Emergency Coordination Centres may be established to support regional responses before activation of the State Control Centre</li> <li>• Support the THS response as required.</li> </ul>
<b>Local Government</b>	<ul style="list-style-type: none"> <li>• As for <i>Level 1</i> response, plus activate business continuity arrangements as necessary.</li> </ul>
<b>Non-Government Organisations</b>	<ul style="list-style-type: none"> <li>• As for <i>Level 1</i> response, plus activate business continuity arrangements as necessary.</li> </ul>

## Level 3 Response

**Table 8: Health organisations' potential roles and responsibilities during a Level 3 pandemic response**

Activity	DHHS (PHS / PHEOC)	DHHS (PPP-PMA / ECC)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Governance and coordination arrangements</b> State Controller controls the response	<ul style="list-style-type: none"> <li>Maintain PHEOC</li> <li>Review the PHS Incident Action Plan and ensure ongoing consistency with the DHHS ECC Incident Action Plan and the State Control Centre Incident Action Plan</li> <li>Provide information to the DHHS ECC for regular situation reports</li> <li>Maintain a liaison officer for the DHHS ECC.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain the DHHS ECC with the DPH (or delegate) as State Health Commander</li> <li>Review the ECC Incident Action Plan to ensure an integrated response with the State Control Centre Incident Action Plan</li> <li>Provide information about health aspects of the response to the State Controller and confirm a DHHS liaison officer for the State Control Centre</li> <li>Support PHEOC and other health EOCs</li> <li>Alert health stakeholders of the change in governance arrangements and confirm communication channels</li> <li>With the State Controller, undertake ongoing impact assessments to determine the need to escalate or de-escalate arrangements</li> <li>Liase with the THS and the Minister for Health re health sector consequences and THS capacity to deliver elective surgery as per contracted arrangements</li> <li>Liase with the Department of Health and Healthdirect Australia</li> <li>Prepare and distribute health situation reports.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain THS EOCs</li> <li>Maintain appointments of Regional Health Commanders and their deputies</li> <li>Review incident management structure and required appointments</li> <li>Review the THS Incident Action Plan</li> <li>Collaborate with the Regional Emergency Coordination Centres.</li> <li>Provide information to the DHHS ECC for regular situation reports.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain the EOC</li> <li>Collaborate with Regional Health Commanders and Regional ECCs</li> <li>Provide information to the DHHS ECC for situation reports</li> <li>liase with GP Assist (with Primary Health Tasmania) and Healthdirect Australia (with DHHS PPP-PMA) about telephone triage arrangements and Ambulance Tasmania capacity and thresholds.</li> </ul>	<ul style="list-style-type: none"> <li>Review the Primary Health Tasmania Emergency Plan and actions</li> <li>Communicate strategies and liaison arrangements with the DHHS ECC</li> <li>Provide information to the DHHS ECC for regular situation reports.</li> </ul>

ACTIVITY	DHHS	THS	Ambulance Tasmania	Primary Health Tasmania
Surveillance	As for <i>Level 2</i> response			
Public health measures to minimise the impact	As for <i>Level 2</i> response.	As for <i>Level 2</i> response, plus: <ul style="list-style-type: none"> <li>secure and control access to essential health facilities.</li> </ul>	As for <i>Level 2</i> response.	
Assessment and management of cases and suspected cases	As for <i>Level 2</i> response.	As for <i>Level 2</i> response, plus consider further alternative assessment and care models in consultation with stakeholders.	As for <i>Level 2</i> response.	
Health system capacity	As for <i>Level 2</i> response.	As for <i>Level 2</i> response, plus: <ul style="list-style-type: none"> <li>prioritise the use of limited resources to achieve best patient outcomes</li> <li>consider adjusting ICU staffing ratios, opening additional ICU beds, and working with the private sector to increase ICU capacity</li> <li>seek additional appropriately-skilled staff if required, through the DHHS ECC</li> <li>liaise with Regional Controllers re logistical support required.</li> </ul>	As for <i>Level 2</i> response, plus: <ul style="list-style-type: none"> <li>prioritise the use of limited resources to achieve best patient outcomes</li> <li>seek additional appropriately-skilled staff if required, through the DHHS ECC.</li> </ul>	As for <i>Level 2</i> response.
Resources (financial and physical)	As for <i>Level 2</i> response.			



ACTIVITY	DHHS	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Recovery and service restoration</b>	<ul style="list-style-type: none"> <li>• Liaise with and provide advice to the State Control Centre, to plan health recovery operations and build community resilience, with a consistent statewide approach</li> <li>• Ensure DHHS agencies have sufficient resources to deliver recovery services</li> <li>• Continue to monitor health service demand and capacity and the need to further escalate or deescalate arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Support the delivery of social recovery services as requested by the State Controller, Regional Controllers or delegates.</li> </ul>		
<b>Communication</b>	<p>Stakeholder communication will focus on providing information about changes to governance arrangements and the response, and measures to mitigate the effects of influenza.</p> <p>Public communication strategies will focus on providing information to the public about what to do if they develop signs of influenza; and empowering the community to manage their risk of exposure, protect others and support those who are sick.</p> <p>Public communication will be coordinated through the whole-of-government Public Information Unit.</p>			

**Table 9: Non-health sector – roles and responsibilities during a Level 3 pandemic emergency response**

For more information, see the SSEMP: *Human Influenza Pandemic Emergencies 2012*

Agency/ Organisation	Roles/responsibilities
DPaC	<ul style="list-style-type: none"> <li>• Manage public communications through the whole-of-government Public Information Unit</li> <li>• Maintain the Tasmanian Emergency Information Service and adjust activation levels according to demand and capacity</li> <li>• Support communication activities undertaken by DHHS by forwarding information through existing networks</li> <li>• Maintain business continuity arrangements</li> <li>• Support statewide whole-of-government response and recovery planning</li> <li>• Support recovery arrangements.</li> </ul>
Department of Police and Emergency Management / SES	<ul style="list-style-type: none"> <li>• Support the State Controller to undertake emergency control and coordination activities as required</li> <li>• Support establishment of the State Control Centre</li> <li>• Support the SEMC to:               <ul style="list-style-type: none"> <li>• review updated information provided by DHHS</li> <li>• consider the need to source staff and/or resources from interstate via established national processes</li> </ul> </li> <li>• Support the Director of Public Health to activate powers available under the <i>Public Health Act 1997</i> and the <i>Commonwealth Quarantine Act 1908 (Biosecurity Act 2015 from June 2016)</i>, if required</li> <li>• Provide policy support for the high level strategic and decision-making role of the SEMC</li> <li>• Support activation of regional and municipal emergency coordination arrangements</li> <li>• Support Regional Controllers and Regional Emergency Coordination Centres as required</li> <li>• Maintain business continuity arrangements as necessary</li> <li>• Support activation of other emergency management plans as necessary</li> <li>• Lead recovery activities.</li> </ul>
Local Government	As for Level 2.
Non-Government Organisations	As for Level 2.

## Stand-down, Service Restoration and Recovery

**Table 10: Health organisations' potential roles and responsibilities during the stand-down and recovery stages of pandemic influenza**

Activity	DHHS (PHS)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Governance arrangements</b> Response managed by PHS IMT	<ul style="list-style-type: none"> <li>Review incident management arrangements</li> <li>Stand-down emergency management arrangements and emergency coordination and operations centres when they are no longer required</li> <li>Confirm ongoing command and coordination arrangements</li> <li>Complete required incident reports.</li> </ul>				
	<ul style="list-style-type: none"> <li>Review and circulate ongoing operational plans.</li> </ul>		<ul style="list-style-type: none"> <li>Maintain a THS liaison officer to PHS</li> <li>Develop a stand-down and service restoration plan.</li> </ul>		
<b>Surveillance to monitor for reappearance and evaluate actions</b>	<ul style="list-style-type: none"> <li>Continue routine surveillance activities and advise health services to resume routine testing protocols as per the revised SoNG</li> <li>Monitor for further waves of illness or change in the virus, including antiviral resistance.</li> </ul>		<ul style="list-style-type: none"> <li>Liaise with PHS about surveillance strategies</li> <li>Monitor Emergency Department presentation rates for ILI as THS Flu Services are de-activated</li> <li>Continue routine surveillance activities.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and report ILI case load.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and report ongoing ILI impact on primary health services.</li> </ul>

Activity	DHHS (PHS)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Assessment and care of cases</b>	<ul style="list-style-type: none"> <li>Revise case definition and case management protocols and advise stakeholders</li> <li>Investigate and manage outbreaks in residential settings such as aged care facilities and prisons.</li> </ul>	<ul style="list-style-type: none"> <li>Review management plans for patients with ILI</li> <li>Update case definition and patient management strategies and inform relevant clinical areas</li> <li>De-activate THS Flu Services in liaison with stakeholders once service demands and staff sick leave rates have stabilised</li> <li>Inform stakeholders about the closure of THS Flu Services and new arrangements for managing patients with ILI</li> <li>Place signage at THS Flu Service sites advising prospective patients of alternative assessment and care services.</li> </ul>	<ul style="list-style-type: none"> <li>Resume routine operational procedures for management of patients with ILI.</li> </ul>	<ul style="list-style-type: none"> <li>Support the general practice sector to resume routine service delivery arrangements.</li> </ul>
<b>Public health measures</b>	<ul style="list-style-type: none"> <li>Transition pandemic vaccination program to routine immunisation arrangements (through primary health providers)</li> <li>Continue to promote measures to help minimise the impact of influenza.</li> </ul>	<ul style="list-style-type: none"> <li>Confirm with PHS the need to continue influenza immunisation services to the general community</li> <li>Review and revise infection prevention and control procedures and communicate changes to staff</li> <li>Encourage and facilitate staff and client/patient influenza vaccination</li> <li>Continue to provide opportunities for staff training in droplet and airborne infection prevention and control precautions.</li> </ul>	<ul style="list-style-type: none"> <li>Review and revise infection prevention and control procedures and communicate changes to staff.</li> </ul>	<ul style="list-style-type: none"> <li>Support the general practice sector to provide influenza immunisation services.</li> </ul>

Activity	DHHS (PHS)	DHHS (PPP–PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Health system capacity</b>	<ul style="list-style-type: none"> <li>Advise the Australian Health Protection Principal Committee of health sector capacity</li> <li>Assign staff to manage the transition process.</li> </ul>		<ul style="list-style-type: none"> <li>Review business continuity and service delivery priorities and recommence required services as soon as able</li> <li>Advise PHS about service capacity and demand</li> <li>Review operational procedures, bed state and operational demands</li> <li>Review ability to recommence standard health services</li> <li>Assign staff to manage the transition process.</li> </ul>	<ul style="list-style-type: none"> <li>Advise the PHS IMT re service capacity and demand.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor general practice case load as THS Flu Services are stood-down, and liaise with the PHS IMT.</li> </ul>
<b>Resources and equipment</b>		<ul style="list-style-type: none"> <li>Assess the status of medical stockpiles and equipment; replenish stocks as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor PPE usage; seek replenishment to prescribed stockpile levels</li> <li>Monitor the usage and availability of essential supplies and equipment, and address supply shortages.</li> <li>Decamp specific flu services and return or acquit NMS items/equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor PPE usage; seek replenishment to prescribed stockpile levels</li> <li>Monitor the usage and availability of essential supplies and equipment, and address supply shortages.</li> </ul>	<ul style="list-style-type: none"> <li>Assist primary health providers to access compensation payments if available and necessary.</li> </ul>

Activity	DHHS (PHS)	DHHS (PPP-PMA)	THS	Ambulance Tasmania	Primary Health Tasmania
<b>Debrief</b>	<ul style="list-style-type: none"> <li>Arrange a debrief for all staff involved in the emergency response, as soon as practicable after the response with the intent to learn from the experience and inform arrangements for ongoing staff support.</li> </ul>				<ul style="list-style-type: none"> <li>Facilitate debrief of the private primary health sector and a review of that sector's involvement in the response.</li> </ul>
<b>Service restoration</b>	<ul style="list-style-type: none"> <li>Assign staff to manage the transition to routine operations, as per the business continuity plan.</li> <li>Undertake activities listed in Table 15: <i>Health Service Restoration Activities</i>, in Section 5 of THAPPI</li> <li>Note the likelihood of a surge in demand for services deferred during the pandemic response.</li> </ul>				
<b>Recovery</b>		<ul style="list-style-type: none"> <li>Ensure DHHS service areas have sufficient resources to support social recovery activities</li> <li>Provide advice to the State Controller / Incident Controller and SEMC on health recovery objectives and strategies for the community</li> <li>Appoint a DHHS Recovery Coordinator to coordinate system-wide support of regional recovery operations, if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Support Regional Controllers to plan and implement social recovery strategies.</li> </ul>		
<b>Communication</b>	<ul style="list-style-type: none"> <li>Communication with stakeholders will focus on the change in governance arrangements, the return to seasonal influenza arrangements and services, and reassuring stakeholders they still have access to support if required.</li> <li>Communication with the public will focus on the return to standard service delivery arrangements, the need for ongoing vigilance and recovery arrangements, thanking people for their engagement in the response, and urging people to continue measures to protect themselves and others.</li> </ul>				