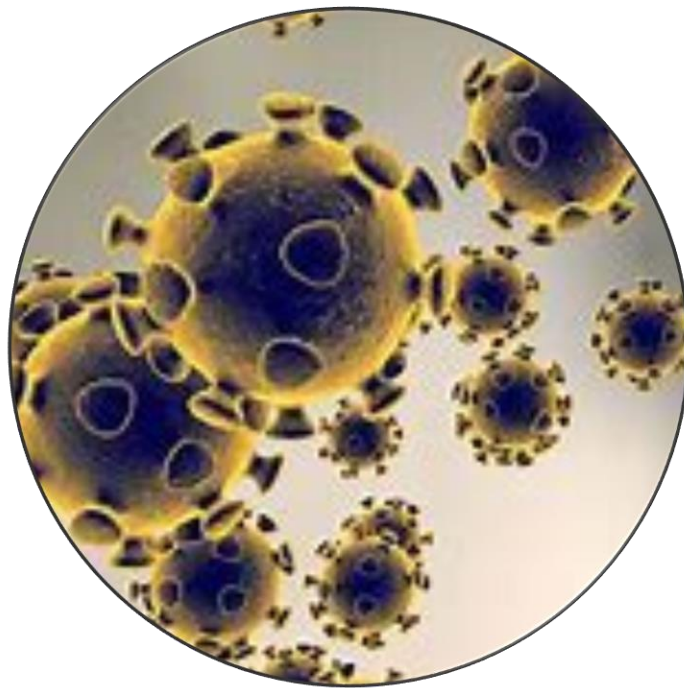




**Nambucca  
Valley Council**

# **PANDEMIC PLAN**



**Version 2 – 3 April 2020**

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## 1 Background

This document provides a framework and guidance for Council to appropriately plan for and effectively respond to pandemic influenza (or similar disease) conditions.

The Plan is supported by a set of operational documents, including Council's **Business Continuity Plan** (Doc No 9124/2007) and **Disaster Recovery Plan** (Doc No 9114/2007). These documents detail specific actions to be conducted by Council staff before, during and after a pandemic influenza outbreak.

Direction for a Pandemic will come largely from the Commonwealth and State Government (Health NSW). The Disaster Recovery Team will be responsible for implementation of this Plan.

## 2 Revision Status

This document was endorsed by MANEX A and the Audit Risk & Improvement Committee and approved by Council Resolution No. 121/20 on 26 March 2020.

The Influenza Pandemic Plan will be reviewed at least annually and if required updated periodically to reflect new developments and changes as requested by Health NSW.

| Revision No | Revision Date | Authorising Officer | Revision Entered By | Date Entered | Initials |
|-------------|---------------|---------------------|---------------------|--------------|----------|
| 1           | 3 April 2020  | AGMCS               | MHR                 | 3 April 2020 | JH       |
|             |               |                     |                     |              |          |
|             |               |                     |                     |              |          |
|             |               |                     |                     |              |          |
|             |               |                     |                     |              |          |

## 3 Aims and Objectives

The aim of this Plan is to enable a consistent approach to respond to an influenza (or similar disease) pandemic outbreak and subsequent recovery. Specifically, Council officers with emergency management responsibilities will use this plan and other emergency management arrangements to reduce, as far as is practical, the impact of a pandemic on the provision of essential Council services to the community.

The Pandemic Response Plan aims to:

- Assist in reducing the impacts of a pandemic on both Council and its Community.
- Raise awareness and promote preventative measures among staff.
- Provide communication and support to staff throughout the duration of the pandemic.
- Ensure response activities are consistent across whole of government.

The objectives of this Plan are to:

- Reduce the impact of a pandemic on the provision of Council services.
- Prevent transmission and implement infection control measures while providing support services to staff who are isolated or quarantined.
- Ensure essential Council services continue during the absence of staff with the rising demand placed on Council services such as water, waste and sewerage.
- Arrange vaccination services to staff if available.
- Inform the public and staff of changes to regular services within the Council area.

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## 4 Lead Agency for Pandemics

The NSW Government Human Influenza Pandemic Plan outlines the coordination arrangements for an influenza (or any similar type) pandemic. Refer to:

<https://www.emergency.nsw.gov.au/Documents/plans/sub-plans/subplan-human-influenza-pandemic.pdf>

It states that during a pandemic, all NSW Government agencies are responsible for maintaining core business to the greatest extent possible, according to their Business Continuity and Pandemic Plans, as well as undertaking emergency-related roles identified in the NSW State Emergency Management Plan and sub/supporting plans. Refer to:

<https://www.emergency.nsw.gov.au/Documents/publications/20181207-NSW-state-emergency-management-plan.pdf>

NSW Health is to lead the NSW response to a pandemic, including health liaison and consultation with other jurisdictions. The Incident Controller is the Health Secretary. Once cases are identified in NSW, government agencies may implement a number of strategies and actions in support of the health response. The timing and extent to which these options are implemented will differ depending on the severity, extent and location of the pandemic at a particular point.

The NSW Government will work with local government to ensure good communication, integration and support of response strategies and actions.

As the lead agency for a pandemic, NSW Health will develop a public information campaign. Public information from NSW Government agencies which contains health messaging must be cleared by NSW Health. Refer to:

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

## 5 Definition of a Pandemic Influenza

A pandemic is the worldwide spread of a new disease. An influenza (or similar disease) pandemic occurs when a new virus emerges and spreads around the world, and most people do not have immunity.

Seasonal influenza occurs annually, primarily causes complications and/or death in people aged over 65 years and those with chronic medical conditions. The vast majority of people exposed will recover and develop immunity to that strain of virus.

The impact of a pandemic will depend on for example the clinical severity of the disease, the ability to transmit between humans, the functionality of the state's health systems, the state's level of effective response to a pandemic and the population. Once the pandemic has been effectively contained the state can then measure the effect.

A number of risk associated scenarios can eventuate due to the nature of the virus. The amount of vulnerable people and or their level of exposure, the ability of local communities and the state as a whole's ability to cope with a pandemic, will be vital in the progress of overcoming a pandemic.

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## 6 Mode of transmission

The main mode of transmission for the human influenza virus is by respiratory and contact spread. Respiratory spread occurs when influenza virus is transferred from person to person by droplet transmission. The droplets from an infected person cough, sneeze or talking are propelled through the air (generally up to 1 metre) and land on the mouth, nose or eye of a nearby person.

Contact transmission occurs when a person touches a surface, object or another person with influenza virus droplet on it. Then touch their own mouth, nose or eyes (or someone else's mouth, nose or eyes) before washing their hands.

In some situations, airborne transmission may result from medical procedures that produce very fine droplets that are released into the air and breathed in. Influenza virus may be present in faeces, blood or other body fluids, but this is unlikely to be a significant route of transmission.

The incubation period for influenza is usually one to four days after infection, however average incubation period is two days.

Adults have shed the influenza virus from one day before developing symptoms, to up to seven days after the onset of the illness. Young children can shed the influenza virus for longer than seven days. The influenza virus remains infectious in aerosols for hours and potentially remains infectious on hard surfaces for one to two days.

Flu symptoms usually include:

- High fever, chills and sweating
- Cough
- Lethargy
- Headache
- Muscle and joint pain (in the legs and back)
- Sore throat

Mental health - Chaos, confusion, distress and trauma triggered by public health threats and emergencies can place enormous stress on the coping abilities of even the healthiest people. In the case of an influenza pandemic, effects on mental health can occur regardless of whether an individual is directly affected with pandemic influenza, whether their family or close friends are affected or whether they are indirectly affected.

Individuals may develop mental health concerns following experiences with sick and dying loved ones, with prolonged isolation or with other significant changes to their daily lives. Existing mental health conditions such as depression may worsen. These mental health effects may be long lasting.

## 7 Phases of a Human Pandemic

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

Source: National Action Plan 2009

## 8 Recommended Actions for Each Phase

| Aus Phase | Description of Phase  | Recommended Actions For Businesses  |
|-----------|---|---|
| Aus 4     | Human infection in Australia: Smaller cluster(s) consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans                         | <ol style="list-style-type: none"> <li>1. Consider implementing remote work arrangements</li> <li>2. Consider suspending all overseas/interstate travel</li> <li>3. Purchase health and safety consumables such as disinfectant, gloves and face masks</li> <li>4. Update staff personal details and emergency contacts. Distribute hard copies of staff contact list</li> <li>5. Educate staff that if they get sick and recover, they should return to work as they should be immune to the disease. If they believe they are unwell, they should not go to work.</li> <li>6. Prepare rosters that have no overlaps and include sufficient time for disinfecting the area before the next shift arrives</li> <li>7. Encourage staff to eat at their desks and stagger breaks to prevent groups meeting in meal rooms</li> <li>8. Provide staff with details of the location of designated fever clinics, influenza hospitals, infection control guidelines, the hotline for influenza and other relevant information</li> <li>9. Examine how the Business Continuity Plan will be affected in an environment of high absenteeism including up to 50% absenteeism, when regions are quarantined, preventing staff and goods from leaving or arriving, and when schools are closed and other social distancing is introduced.</li> <li>10. Plan to allow staff to work from home</li> <li>11. Plan for ways to increase social distancing in the workplace, eg limit meetings, video conferencing</li> <li>12. Identify the conditions where all but the critical functions would be suspended</li> <li>13. Update succession plans in case key staff succumb</li> <li>14. Review insurance policies for pandemic coverage</li> </ol> |
| Aus 5     | Human infection in Australia: larger cluster(s) but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted | <ol style="list-style-type: none"> <li>1. Activate remote work arrangements</li> <li>2. Implement social distancing at work</li> <li>3. Cancel all non-essential work and travel</li> <li>4. Do not approve new leave involving travel overseas</li> <li>5. Activate rosters that have no overlaps and include sufficient time for disinfecting the area before the new shift arrives</li> <li>6. Maximise building ventilation</li> <li>7. Require staff to wear surgical masks, introduce cough etiquette and other hygiene measures</li> <li>8. Undertake daily temperature checks of staff if feasible</li> <li>9. Clean phones and all touched surfaces between shifts</li> </ol>  |
| Aus 6a    | Pandemic in Australia: localised (one area of country)  | <ol style="list-style-type: none"> <li>1. Maintain a register of staff that get sick but recover, as they are generally immune to the disease.</li> </ol>   |
| Aus 6b    | Pandemic in Australia: Widespread   | <ol style="list-style-type: none"> <li>1. Encourage immune staff to return to work</li> <li>2. Maintain contact with all employees and provide situational updates</li> </ol>   |
| Aus 6c    | Pandemic in Australia: Subsided   | <ol style="list-style-type: none"> <li>1. When vaccine becomes available, organise for all non-immune staff to be vaccinated as early as practical</li> <li>2. Implement plan for the restoration of operations</li> </ol>  |

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## 9 Application to Nambucca Valley Council

Council will support the lead agency, NSW Health, in its response strategies and actions. NSW Health will develop public information campaigns with clear messaging and the community and staff should regularly review updates on the NSW Health website.

Council aims to support employees during a pandemic by implementing strategies and procedures to ease any possible fear and anxiety with this type of event.

During a pandemic, employees will likely be concerned and preoccupied about the well-being of their families. Their commitment, or ability, to work may not be their major concern. Therefore, in the event of a pandemic, Council may consider flexible working conditions on a case by case basis. The Employee Assistance Program will be offered to employees for support during and/or post the pandemic outbreak.

The Manager Human Resources (MHR) is responsible for utilising internal communication processes to keep employees informed of current developments on a regular basis.

To manage possible fear and anxiety regarding a pandemic, Council aims to implement the following strategies:

- Communicate to staff there is a pandemic and what action Council has undertaken in preparation to manage it.
- Provide industrial support and information to Managers who have at risk employees, the potential for stand down and leave arrangements if they are ill or need to look after children or relatives.
- Provide clear information about when it is safe to return back into work by following the advice from the Department of Health and advice from medical practitioners.
- Provide clear, timely and pro-active communication to employees.
- Establish procedures that aim to minimise or prevent influenza spreading in the workplace.
- Identify essential services and critical functions

### 9.1 Procedures to minimise spread amongst employees

The following table identifies procedures undertaken and/or being developed to assist in minimising the spread of the pandemic. The Executive Leadership Team will determine who will be responsible for implementing these procedures and how each identified action will be implemented.

| Procedure  | Action  | Available Yes/No |
|--|---|------------------|
| Facilities for people to wash their hands frequently.                                  | Bathrooms and kitchens. Take away cutlery, crockery etc and tea towels from kitchens. | Y                |
| Soap and disposable towels for hand washing where sinks are available.                 | All Council facilities to be fitted with hygiene facilities.                          | Y                |
| Promotion of basic hygiene practices, including good hand washing and cough etiquette. | Hygiene and hand washing guideline.   | Y                |
| Tissues and no-touch receptacles for used tissue disposal.                             | Receptacles provided.   | Y                |



|  |  |   |
|--|--|---|
| Conveniently located dispensers of alcohol-based hand rub.   | High risk locations and workers to be provided with dispensers.  | Y |
| Persons who are coughing/sneezing and displaying these symptoms will need to be sent home. A medical clearance will be required before returning to work and/or a 14 day self-isolation imposed. | Advice to staff to be communicated.  | Y |
| Provision of protective barriers such as glass or Perspex to protect workers who have frequent face-to-face contact with the public.   | Available  | Y |
| Request to minimise cash handling at public counters or use protective gloves.   | Order gloves and signage for customer service counters.  | Y |
| Workers travel management plans in place.  | Provide information to employees about travel warnings in the event of a Pandemic.                           | Y |
| Restricting entry to the workplace by workers and visitors with influenza symptoms.  | Managers and supervisors to be responsible for entry.  | Y |
| Increased cleaning regimes.  | Instruct employees around own workspaces especially customer counters.                                       | Y |
| Illness Reporting Scheme.  | Absences due to illness reported by Manager/Coordinator to MHR for monitoring work force availability.       | Y |
| Normal Flu Injections for staff  | Staff have access to flu injections to minimise winter illnesses and stay healthy to beat the pandemic virus | Y |

## 9.2 Leave Entitlements/ Work Health and Safety

### a) Unable to work due to illness associated with a Pandemic

If an employee is sick, current sick leave entitlements and conditions apply as per clause 21A [Sick Leave] of the Local Government (State) Award 2017 ("Award").

Where an employee's paid sick leave entitlement is exhausted, the employee may apply to use other forms of accrued leave under the Award (eg annual leave and long service leave).

Where the employee has exhausted all accrued leave entitlements under the Award, the employee may apply to the employer for special leave, either with pay or without pay, as per clause 21L [Special Leave] of the Award.

### b) Working flexibly

Council will explore flexible work arrangements to help reduce the spread of the Pandemic and to enable employees to better manage their work and family responsibilities during the crisis, taking

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account of any protection measures recommended by NSW Health and/or Commonwealth health authorities. Requests for flexible work should be managed in accordance with clause 22 [Flexibility for Work and Family Responsibilities] of the Award.

Where employees are working from home whilst also providing care to a family member, it is expected employees can balance caring responsibilities with their ability to undertake productive work, or other leave provisions can apply.

Where there is a requirement to ensure that each workplace remains open at all stages, Council may deploy employees into other roles of the business where possible, in accordance with clause 8 [Use of Skills] of the Award. Employees may be required to undertake different work (most likely for essential work) as directed by Council.

c) Exclusion from the workplace due to isolation requirements

Where an employee is not sick but cannot attend the workplace due to isolation requirements, Council will identify options for employees to work from home during the quarantine period.

Where work is unable to be provided to employees who are required to self-isolate (in accordance with isolation requirements set by State and/or Commonwealth health authorities), the employee will be required to take other leave available to them such as time in lieu, annual or long service leave.

Where the employee has exhausted all accrued leave entitlements under the Award, the employee may apply to the employer for special leave, either with pay or without pay, as per clause 21L (Special Leave) of the Award.

The exception will be if employees are required to self-isolate due to someone they work with being diagnosed with Coronavirus. Where work is unable to be provided to employees who are required to self-isolate in these circumstances, the employee will be granted two weeks paid special leave.

d) Unable to work

If an employee is unable to work because they are caring for family members due to closure of schools and caring facilities at short notice due to the Pandemic crisis, they may apply for carers leave.

Where an employee's paid sick leave entitlement is exhausted, the employee may apply to use other forms of accrued leave under the Award (eg annual leave and long service leave).

Where the employee has exhausted all accrued leave entitlements under the Award, the employee may apply to the employer for special leave, either with pay or without pay, as per clause 21L [Special Leave] of the Award.

e) Casual employees

Casual employees are paid a casual loading instead of paid leave entitlements and are not entitled to be paid when they don't work.

### **9.3 Working from Home**

a) Home office workplace health and safety matters

All staff working from home should ensure their home office is work, health and safety compliant. For temporary work from home situations, the most critical items are those related to Electrical Safety and Emergency. The ICT section should be contacted for advice.

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b) Working from home as a precaution

Employees who have a confirmed medical condition that will make them more vulnerable to a Pandemic may prefer to self-isolate, in which case they should raise this with their manager. Depending on whether they can perform their normal work duties from home, such a request may be approved, or they may be asked to take TOIL, annual leave, long service leave or special leave with or without pay. Wherever possible, Council will try to facilitate working from home for these employees.

Employees who want to stay home for precautionary reasons and have no pre-existing medical condition that informs their decision, may need to take annual leave, long service leave or apply for special paid or unpaid leave. The General Manager will need to approve working from home under this condition.

c) Work from home duties and responsibilities

If employees are instructed to work from home the employee must continue to perform their normal duties, during the normal working hours. A manager may request a staff member to perform other duties, commensurate with their skills and experience. These may include:

- Normal duties but by a different method eg webcam
- Additional administrative tasks
- Training
- Alternative duties that you are qualified and skilled to perform

d) Computers/Cyber Security

It is preferable that Council staff use a Council owned PC or laptop if working from home, to be installed by the ICT section. The ICT Section must:

- Ensure all machines have properly configured firewalls.
- Test remote access solutions capacity or increase capacity where possible.
- Ensure continuity of operations plans or business continuity plans incorporate cyber security.
- Ensure Virtual Private Network (VPN) and other remote plans are up-to-date and access systems are fully patched.
- Increase awareness of information technology support for staff – where can they go if they need help whilst based at home.
- Enhance system monitoring to receive early detection and alerts on abnormal activity.
- Update incident response procedures and policies to consider a remote workforce.
- Implement multi-factor authentication for staff wanting to access corporate networks.
- Council must ensure its cyber security posture is maintained. Any relaxing of controls must be risk assessed and mitigating controls must be put into place.
- All cyber security incidents must be reported to Cyber Security NSW. This ensures early detection of incidents impacting agencies in the NSW Government. Cyber Security NSW can then communicate preventative measures including those to reduce impacts across NSW Government. Report via [cyberincident@customerservice.nsw.gov.au](mailto:cyberincident@customerservice.nsw.gov.au) or by calling Director Operations on 0414 611 993 or the Operations Team via 0418 506 572.
- Further information can be sourced from <https://www.cyber.gov.au/news/cyber-security-essential-when-preparing-covid-19>

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Employees working from home are advised of the following tips:

- Do not reveal personal or financial information in email, and do not respond to email solicitations for this information.
- Use trusted sources—such as legitimate, government websites—for up-to-date, fact-based information about the Influenza Pandemic.
- Only use trusted wifi or home broadband connections – Do Not Use Public WIFI
- Review recent Australian Government Scamwatch - <https://www.scamwatch.gov.au/> updates for more information about scams.
- Review the Australian Government's Stay Smart Online COVID-19 <https://www.staysmartonline.gov.au/alert-service/cyber-security-essential-when-preparing-covid-19> guidance for practical ways you can keep yourself and your family safe online.
- Employees should report any concerns about cyber security or suspicious emails to the ICT section.

#### **9.4 Social distancing**

This comprises interventions to reduce normal physical and social population mixing, in order to slow the spread of a pandemic. In addition to restricting workplace entry and interaction, an imaginary 1.5 metre distance rule should be implemented to eliminate physical interaction such as hand shaking and hugging. Measures that will, as far as is practicable, protect staff from being exposed to the pandemic virus can include:

- Minimising direct face-to-face contact with customers.
- Implementing, where possible, work from home policies.
- Minimising face-to-face internal meetings.
- Closure of non-essential locations.
- Suspension of all non-essential services.
- Reminding staff not to share workstations and/or equipment.
- Provision of education / awareness programs regarding transmission of infection and exclusion requirements.
- Provision of workplace signage.

#### **9.5 Council workplace cleaning**

The influenza virus can survive longer on non-porous objects such as tables and door handles and may be transmittable for 24-48 hours.

Regular cleaning (preferably daily) within Council locations will assist in protecting staff from being exposed to the pandemic virus within their environment. These sites can include:

- Commonly touched areas (public counters, workstations, doorhandles, hand railings, light switches).
- Equipment (telephones, keyboards, mouse controls, trolleys).
- Toilet facilities.
- Kitchen areas.
- Meeting rooms.
- Customer areas.

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## 10 APPENDIX A – EMPLOYEE REPORTING PANDEMIC - CHECKLIST

### Employee reports pandemic related illness from home:

- Instruct the employee not to attend work
- Alert Human Resources and Manager/Supervisor
- If not already done so, advise employee to seek medical advice
- Ask employee to advise work of the outcome
- Identify when symptoms first appeared
- Identify close contacts of employee workplace (if applicable)
- Isolate and advise close contact of situation (if applicable)

### Employee reports pandemic related illness while at work:

- Avoid visiting the person if possible and manage the process over the phone;
- Has the employee any of the following symptoms?
  - a. Fever 38 degrees or higher (or history of fever) PLUS cough
  - b. PLUS one or more of the following:
    - i. Headache, fatigue and weakness
    - ii. Sore throat, chest discomfort, difficulty in breathing (shortness of breath)
    - iii. Muscle aches and pains.
- If Yes: Person should be considered as a possible influenza case.
- If No: Unlikely to be influenza. If employee is concerned, advise them to consult with their GP before attending work.
- Separate infected worker from other workers if possible
- Advise worker to seek medical advice
- Register illness with Human Resources
- Arrange for decontamination of person's workstation/area (contact cleaning contractor)
- Identify close contacts – see below for a definition
- Advise close contacts that they have been in contact with a suspect case
- Consider the need to ask close contacts to go home, and closely monitor their health and if they begin to feel ill, seek immediate medical advice and advise work
- Request employee to advise Manager/Supervisor of outcome. Medical information may be required to confirm the employee is not infectious prior to returning to work.

### Close contact:

The definition of a close contact is likely to change once the transmission characteristics of the pandemic strain are known and depending upon the phase of the pandemic. A close contact may be defined as:

- People who have been within one metre contact with an infectious case including physical contact or exposure to their respiratory droplets or droplet nuclei; or
- People who have spent more than 15 minutes in a confined space with the infectious person. This time period may be adjusted following consideration of the room size, ventilation, humidity and the number of people in the room.

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## 11 APPENDIX B - REVIEW OF ESSENTIAL SERVICES AND CRITICAL FUNCTIONS TEMPLATE

Each Manager must complete the questions set out below. This will be used in conjunction with Council's Business Continuity Plan in order to identify those essential services and critical functions of Council.

Managers are asked to review their operations and provide a response to the following specific questions and return the responses back to the General Manager and/or Assistant General Managers for collation:

Name of Section.....

### 1 Which are the "essential" parts of their operations that need to be maintained?

|  |
|--|
|  |
|--|

### 2 Who are the core people required to keep the "essential" parts of the business running?

|  |
|--|
|  |
|--|

### 3 What are the core skills required to keep the business running?

|  |
|--|
|  |
|--|

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**4 Are there sufficient backups for people and skills if there is a high level of absence?**

**5 Could business be managed remotely, using telephone and email?**

**6 Could the business be managed in another location in the LGA?**

**7 Do you have systems/processes that rely on periodic physical intervention by key individuals?**

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**8 How long would the system last without attention?**

**9 Could we have a non-essential staff “stand down” (with appropriate pay arrangements) in the 6.b phase to help minimise the number of staff who may be exposed to the influenza virus?**

**10 Who should make the decision to shut activity down when absence rates threaten safe execution of work?**

**11 If the decision is made to shut down activity, what plans exist to catch-up the critical work outstanding?**



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**12 At this stage do you know of any staff that have plans/intentions to travel overseas this year? Do you know which countries they intend to visit? Please provide dates.**

|  |
|--|
|  |
|--|

**13 What additional PPE is now needed in the execution of your tasks?**

|  |
|--|
|  |
|--|

**14 Please add any other comments or concerns you have in regard to the operation of your section or the impact of an Influenza Pandemic on your staff.**

|  |
|--|
|  |
|--|