



Western Australian Government Human Influenza Pandemic Plan

Revised November 2008

Preparing for a
human influenza
pandemic

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The Western Australian Government Human Influenza Pandemic Plan is subject to periodic review and will be updated as required. The latest version of the Plan will be available from the website of the Office of State Security and Emergency Coordination, Department of the Premier and Cabinet (www.ossec.dpc.wa.gov.au). Please direct queries regarding this document to the Office of State Security and Emergency Coordination, +61 (0)8 9489 3107, or via email to ossec@dpc.wa.gov.au.

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The Western Australian Government acknowledges the contribution of the Western Australian Government Human Influenza Pandemic Taskforce and members of its sub committees in the development of this plan. The assistance is also acknowledged of the following plans in the preparation of the Western Australian Government Human Influenza Plan:

- New South Wales Interim Human Influenza Pandemic Plan
- The National Action Plan for Human Influenza Pandemic
- The UK Human Influenza Contingency Plan
- The US Influenza Pandemic Implementation Plan

FOREWORD

The World Health Organisation advises that the prospect of a human influenza pandemic is very real. A pandemic occurs when a new influenza virus emerges that spreads as easily as normal influenza – by coughing and sneezing. Once a fully contagious virus to which there is little or no immunity emerges, its global spread is considered inevitable. Infection and illness rates would be much higher than for normal influenza and the economic, social and community impacts would be severe.

Health authorities are particularly concerned that the avian influenza virus known as H5N1, which is known to have caused deaths in humans since 2003, could change to become easily transmissible between humans and spread rapidly across the world.

It is essential that we take steps to ensure that we are as prepared as possible for a potential human influenza pandemic.

The Western Australian Government is committed to working cooperatively with all other Australian governments, the community and the private sector to manage the impact of a human influenza pandemic across the State.

The *Western Australian Health Management Plan for Pandemic Influenza* aims to support national plans for responding to an influenza pandemic, facilitate preparedness by the Western Australian health sector, provide authoritative and up to date information, and limit severe illness and death from pandemic influenza in Western Australia.

The *Western Australian Government Human Influenza Pandemic Plan*, first released in July 2006, complements health planning and outlines measures the Government will take to minimise the economic, social and community impact of a pandemic on Western Australia.

The Western Australian Human Influenza Pandemic Taskforce was also established in July 2006 to support the Plan and ensure that there is a coordinated and integrated planning in Western Australia for a possible pandemic. The Taskforce has overseen this revised version of the Plan, which reflects the current state of planning in Western Australia and provides more detailed guidance for individuals, families, schools, businesses, and government and non-government agencies on how they can best plan and prepare themselves to meet the challenges and pandemic would bring.

Hon Colin Barnett MLA
Premier of Western Australia
November 2008

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Part 1 - Introduction

1.1 Background

The World Health Organisation (WHO) advises that the ongoing threat of a global human influenza pandemic demands continued vigilance. An influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, which is easily spread between humans and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can spread rapidly across the globe, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

It is essential that the community, business and all levels of government undertake planning and preparatory action to protect the community and minimise the impact of any pandemic.

1.1.1 Pandemic Influenza History

Previous influenza pandemics, including three during the 20th century, have caused large-scale illness, death and adverse socio-economic impacts worldwide. The WHO conservatively estimates that 40 million people worldwide died from the "Spanish" flu during 1918-19, and one million people died from the "Hong Kong" flu of 1968-69.

The highly pathogenic avian influenza virus known as H5N1 is a public health concern because of its potential to transform into a pandemic strain. As long as the virus continues to circulate in birds and animals, there will be opportunities for this virus to change and adapt to humans.

Health and agricultural authorities do not consider it likely that bird to human transmission of avian influenza would occur first in Australia, given our high standards of human and animal health and hygiene. Once a fully contagious virus emerges anywhere in the world, however, its global spread is considered inevitable. Given the speed and volume of international travel today, it is likely to spread much more rapidly than previous human influenza pandemics.¹

The WHO has closely studied the development of previous pandemics and developed a model of the phases of pandemic development that has been used as the basis for pandemic planning by all Australian governments. These phases can be grouped into three broad periods:

- Phases 0-2, the early or 'inter-pandemic' period: a new form of the influenza virus emerges in animals and the risk of transmission to human increases.
- Phases 3-5 the intermediate or 'pandemic warning' period: the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- Phase 6 the 'pandemic' period: the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

The length of each of these phases is uncertain, but the 'pandemic' period (phase 6) could come in several waves of up to 12 weeks each.

The Australian system of pandemic phases, based on the WHO phases, but designed to reflect the situation in Australia, is described on page 4. The current WHO pandemic phase can be found at http://www.who.int/csr/disease/avian_influenza/phase/en/index.html.

¹ World Health Organisation, *Ten things you need to know about pandemic influenza*, 14 October 2005; <http://www.who.int/csr/disease/influenza/pandemic10things/en/index.html>

1.1.2 Influenza Terms Defined²

Seasonal (or common) influenza is a respiratory illness that can be transmitted from person to person. Most people have some immunity, and a vaccine is available.

Avian influenza (or bird 'flu) is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. The WHO is coordinating the global response to human cases of H5N1 avian influenza and monitoring the corresponding threat of an influenza pandemic.

Pandemic influenza is virulent human influenza that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.

1.2 About this Plan

1.2.1 Aim of the Plan

The aim of the *Western Australian Government Human Influenza Pandemic Plan* (the Plan) is to outline governance arrangements, measures and mitigating strategies to protect the community and minimise the economic, social and community impacts of an influenza pandemic upon Western Australia.

1.2.2 Scope of the Plan

The Plan focuses on the occurrence of an influenza pandemic in humans, caused by any influenza strain. The declaration of limited human-to-human transmission anywhere in the world is the key trigger point for Australian governments taking action to prevent or contain a pandemic (i.e. WHO Overseas Phase 4).

The Plan is for use by government and the general public and is designed to complement existing emergency management arrangements. The Plan identifies key prevention, preparedness, response and recovery activities that are being and will be undertaken.

1.2.3 Planning Framework

This Plan sits within the national planning framework for managing the threat of avian influenza and human pandemic influenza.

This framework includes surveillance and biosecurity measures to prevent and respond to a possible outbreak of avian influenza in Australia, outlined in the *Australian Veterinary Emergency Plan*. The health response to pandemic influenza (whether caused by a mutated strain of the H5N1 virus or another strain) is set out in the *Australian Health Management Plan for Pandemic Influenza* and the *Western Australian Health Management Plan for Pandemic Influenza*.

The *National Action Plan for Human Influenza Pandemic* outlines how the Commonwealth, State, Territory and local governments will work together to protect Australia against the threat of an influenza.

Links to these plans and other resources are set out in **Appendix H**.

The objectives of this comprehensive planning framework are to:

- prevent the emergence of a potentially pandemic influenza virus, to the extent that this is possible;
- minimise the spread of the new virus, and if possible prevent a pandemic developing;
- provide timely, authoritative and up to date information to the public, business, government agencies, and the media throughout the period of a potential or actual pandemic;

² Adapted from *Centres for Disease Control (CDC), Atlanta 2006*

-
- limit the number of illnesses and deaths;
 - minimise the consequent general disruption to society;
 - minimise economic consequences;
 - assist maintenance of essential services;
 - preserve continuity of essential government functions;
 - assist business continuity; and
 - aid government, business and community recovery from a pandemic.

1.2.4 Objectives

The particular objectives of this Plan are to:

- outline the Western Australian governance arrangements for, and approach to, minimising the economic, social and community impacts of a human influenza pandemic;
- outline the Western Australian Government's priorities during a pandemic and approach to maintaining essential services;
- provide guidance to the community, businesses, families and individuals on what they can do to prepare themselves; and
- outline roles and responsibilities of key agencies.

1.2.5 Planning Assumptions

It is not possible to predict the nature of the pandemic strain of influenza virus and, consequently, it is difficult to accurately forecast all of the potential impacts. The numbers of those who have needed medical attention, who have been unable to work or who have died during previous pandemics have differed by an order of magnitude. The following assumptions, based on health authorities' advice about the likely nature of a new influenza pandemic, have been used as the basis of planning:

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The pandemic will occur in several waves with the second wave occurring within 3 – 9 months of the first.
- A worst case scenario, based on the mortality rate of the 1918-1919 Spanish Flu, and if no control measures were instituted, could result in more than 800,000 Western Australians contracting the virus and as many as 20,000 deaths in Western Australia over a pandemic wave.
- Risk groups for severe and fatal infection cannot be predicted with certainty but may include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- The spread of disease can be limited by prevention and preparedness actions.
- Rates of absenteeism will depend on the severity of the pandemic. Current estimates suggest that in a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 30-50% during the peak weeks of an outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- The development and national delivery of an effective pandemic-specific vaccine may take many months.
- The use of antiviral medications will need to be targeted, in accordance with a nationally agreed approach, to try and prevent the spread of the disease and to treat those who are sick.
- The economic and social impact of an influenza pandemic will be significant.

1.2.6 Australian and Western Australian approach to World Health Organisation pandemic phases

The WHO has developed a set of 6 pandemic phases that it uses to describe the global situation. Based on the WHO phases, Australia has developed a set of phases using the same numbering system that describe the situation in Australia and guide Australia's response. The Australian phases are set out in table 1.

Since this plan was first published in 2006, the basis for Australian pandemic planning has evolved in light of new evidence and developments. As it is considered unlikely that the pandemic will emerge in Australia, planning has focussed on:

- delaying its entry into Australia (Phases OS4 and OS5);
- slowing its establishment once it has entered Australia (Phase 6a);
- sustaining the response until a customised pandemic vaccine is available (Phase 6b);
- controlling the pandemic with vaccine (Phase 6c); and
- recovering and preparing for the next wave (Phase 6d).

Table 1: Australian pandemic phases

Australian Phase	Description	Approach
OS1	Animal infection overseas: the risk of human infection or disease is considered low	
OS2	Animal infection overseas: substantial risk of human disease	
OS3	Human infection overseas with new subtype(s) but no human-to-human spread or at most rare instances of spread to a close contact	ALERT
OS4	Human infection overseas: small cluster(s) consistent with limited human-to-human transmission, spread highly localised, suggesting the virus is not well adapted to humans	DELAY
OS5	Human infection overseas: large cluster(s) but human-to-human transmission still localised, suggesting the virus is not well adapted to humans	DELAY
6a	Novel virus has arrived in Australia causing small number of cases and/or small number of clusters	CONTAIN
6b	Novel virus is established in Australia and spreading in the community	SUSTAIN
6c	Pandemic vaccine becomes widely available and is beginning to bring the pandemic under control	CONTROL
6d	Pandemic controlled in Australia but further waves may occur if the virus 'drifts' and/or is re-imported into Australia	RECOVER

Changes in Australian phases will be determined by the Prime Minister on the advice of the Commonwealth Government Minister for Health and Ageing. The Prime Minister will inform the State Premiers and Territory Chief Ministers, as well as the Governor-General. The Prime Minister will make a formal announcement of the change in phase.

1.3 The Hazard and Possible Impact on Western Australia

The possible effects of an influenza pandemic depend directly on the nature of the strain of virus that emerges, and are extremely difficult to predict. The expected impacts of an influenza pandemic on Western Australia would include health impacts, community impacts, social impacts and economic impacts.

1.3.1 Health Impacts

A significant proportion of the population may be unwell and unable to undertake normal daily activities. Modelling predicts that, in Western Australia, more than 6,000 people may require hospitalisation and more than 250,000 people may seek outpatient care. Possible other health impacts include:

- demands for health-care related to the pandemic will be significant and may have a significant impact on the delivery of non-pandemic related health care;
- special health-care arrangements, such as the establishment of fever clinics for assessment of cases, will be required to be activated;
- government and non-government agencies may be required to direct resources to support the Department of Health in order to maintain infection control policies (such as home quarantine), provide goods, personnel and security;
- mental health issues may occur in the community as a result of dealing with illness or death among family members, interruption of critical community services, loss of employment, and financial losses.

1.3.2 Economic Impacts

Like the rest of the world, the Western Australian economy is likely to suffer a significant adverse impact from a pandemic. Estimates of the potential impact vary. Analysis using the Commonwealth Government Treasury macro-economic model suggests that gross domestic product could contract by over 5% over the first year following an outbreak.³ Modelling by the Australian Bureau of Agricultural and Resource Economics indicates that a medium scale global influenza pandemic could result in a fall of 6.5% in Western Australia's gross state product, with impacts of -15.9% in tourism related activities and -10.9% in the air transport sector.⁴

Even if Australia was successful in keeping the virus out, an influenza pandemic elsewhere in the world would have a significant economic impact. It is estimated that the effect of stringent border controls and reduced overseas demand for goods and services on Australia's exports, combined with loss of consumer and investment confidence, could result in a 3% fall in Australia's gross domestic product.⁵ The tourism sector would be particularly vulnerable to restrictions on, and declining demand for, international travel. Specific economic impacts of a pandemic may include:

- disruption of business activities, resulting in some business failure;
- loss of existing employment;
- sudden shifts in demand for goods and services;
- reduced cash flow in the community as people stay at home or have less money to spend due to reduced income;
- flow-on impacts on Australian financial markets from worldwide economic disruption.

³ Kennedy, S., Thomson, J. and Vujanovic, P. 2006, A primer on the macroeconomic effects of an influenza pandemic, Treasury Working Paper 2006-1, Commonwealth Government Treasury, Canberra. The views expressed are those of the authors, and not necessarily those of the Australian Treasury.

⁴ Buetre, B., Kim, Y., Tran, Q.T., Thomson, J., and Gunasekera, D. 2006, 'Avian influenza: potential economic impact of a pandemic on Australia', Australian Commodities, vol. 13 no. 2, June Quarter 2006, Australian Bureau of Agricultural and Resource Economics, Canberra.

⁵ As above.

1.3.3 Community Impacts

Workplace absenteeism, due to the pandemic among employees or their family members, may threaten the supply of critical community services such as water supply, waste disposal, sanitation, and maintenance of infrastructure. In addition:

- decisions to close schools, businesses, and places of mass gathering including churches and entertainment venues to reduce the spread of infection will disrupt community life;
- other community activities may be ceased or postponed;
- community confidence in government may diminish;
- some community groups may have difficulty accessing and receiving services during a pandemic – these include, but are not limited to, migrant groups, communities in rural and remote locations and aboriginal groups;
- accommodation and support will be required for those in imposed quarantine or isolation particularly dependent family and friends and isolated tourists;
- if there are a large number of deaths, funeral and burial services may need to be simplified and numbers attending restricted.

1.3.4 Social Impacts

Health measures during a pandemic will include identifying and isolating people with influenza, and identifying and quarantining those who have been in close contact with an infectious person. People may also choose to isolate themselves and their families, causing general social disruption and adverse impacts upon businesses. Other social impacts may include:

- an increased requirement for support for vulnerable people (e.g., the elderly, the socially isolated, the homeless and people reliant on home based care services), while carers may be unable or unwilling to perform their usual role;
- a reduction in available volunteers, or a need for volunteer agencies to manage a sharp increase in the number of spontaneous volunteers coming forward;
- changes to work practices and the work environment due to measures introduced to limit the spread of disease, and increased numbers of staff choosing or requesting to stay at or work from home;
- an increased need for support for people who are sick or required to be in home quarantine.

Law and order issues may arise as people become anxious about the security and safety of their environment and law enforcement agencies may be called upon to provide additional services in support of the emergency response.

1.4 Governance and Administrative Arrangements

The Commonwealth, State, Territory and local governments have agreed to work together, in partnership with the community and business to minimise the spread of illness, loss of life, social impacts and economic disruption that would be caused by pandemic influenza.

All governments will cooperate under Australia's emergency plans. To the greatest extent possible, government responses will be consistent nationally, while taking into account local needs and requirements.

Where the need arises and resources are available, the Commonwealth, State and Territory governments will support each other through combined resources.

1.4.1 Key Roles and Responsibilities

Consistent with the *National Action Plan for Human Influenza Pandemic*, the key roles and responsibilities for all levels of government are as follows:

The Western Australian Government will:

- determine and maintain pandemic influenza and related health policies, legislation and plans;
- work with the Commonwealth Government and other jurisdictions, reporting outbreaks of pandemic influenza and actions taken;
- implement agreed preparedness and prevention strategies in line with the National Action Plan for Human Influenza Pandemic and the Australian Health Management Plan for Pandemic Influenza;
- maintain pandemic influenza response and recovery capability, in line with the National Action Plan for Human Influenza Pandemic and the Australian Health Management Plan for Pandemic Influenza;
- have primary operational responsibility for animal health monitoring, surveillance and response within Western Australia;
- have primary operational responsibility to respond to an outbreak of pandemic influenza in Western Australia;
- seek assistance from or provide assistance to other jurisdictions if required;
- in an influenza pandemic, contribute to the national strategy for response and recovery;
- maintain public health surveillance and technical advice;
- administer emergency management arrangements within Western Australia; and
- work with local governments, businesses and communities.

The Commonwealth Government will:

- determine and maintain national policy and broad national strategies in close consultation with State and Territory governments;
- maintain the National Action Plan for Human Influenza Pandemic;
- declare pandemic phases as per the WHO guidelines and appropriate actions as outlined in the National Action Plan for Human Influenza Pandemic and the Australian Health Management Plan for Pandemic Influenza;
- determine Commonwealth Government prevention strategies and responses in the event of a human pandemic;
- maintain and provide national capabilities to deal with pandemic influenza;
- work with State, Territory and local governments reporting outbreaks and responding to and recovering from pandemic influenza in their jurisdictions;
- assist nation-states affected by pandemic influenza through bilateral and multilateral relationships, with a particular focus on the Asia-Pacific region;
- maintain cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation, and recovery from a pandemic;
- administer the Quarantine Act 1908 and border control measures; and
- coordinate the management of public health surveillance data and technical advice.

WA Local Governments will:

- determine and maintain pandemic influenza policies and plans consistent with the role of local government and complementing relevant Western Australian and national policies and plans;
- maintain business continuity plans to enable the delivery of local government essential services;
- support Western Australia's response and recovery by representing the needs of local communities and contributing to their continuing viability; and
- support Western Australia's emergency management framework.

1.4.2 Emergency Management in Western Australia

Western Australia's emergency management framework sits under the auspices of the State Emergency Management Committee, which manages a number of emergency management and supporting plans on behalf of the Government.

Within that framework, a pandemic emergency would be managed under the *State Human Epidemic Emergency Management Plan* (WESTPLAN – HUMAN EPIDEMIC) and the *Western Australian Health Management Plan for Pandemic Influenza*, which is a standard operating guideline for health service providers. Other relevant support plans would be activated as needed, including those relating to public information, welfare services and recovery. Copies of all State emergency plans and support plans are available from the Fire and Emergency Services Authority website at www.fesa.wa.gov.au.

Planning for an influenza pandemic is being undertaken using the comprehensive emergency management framework of Prevention, Preparedness, Response and Recovery. Figure 1 provides an overview of the operational arrangements that apply to planning and preparedness for, response to, and recovery from, an influenza pandemic. Governance and administrative arrangements for these aspects of emergency management in the context of pandemic planning are set out in more detail in Parts 2, 3 and 4 of this plan.

1.5 Ethical Framework

In the event of a pandemic, governments will need to make a number of difficult decisions about a wide range of response and recovery issues, including decisions about restricting individual freedoms, and allocating limited resources. There may be conflicts between the needs and interests of individuals and those of the broader community and a need to prioritise assistance to those in need of support.

Drawing on the ethical framework agreed by the Australian Health Protection Committee to guide planning and actions in the health sector response to a pandemic, the following ethical values will underpin the Western Australian Government's actions at all stages of a pandemic:

<i>Protection of the public</i>	ensuring that the protection of the community as a whole is a primary focus of government decisions and actions
<i>Stewardship</i>	ensuring that those in leadership roles are guided by the notion of stewardship and the principles of trust, ethical behaviour and good decision-making
<i>Trust</i>	enhancing the trust of the public, businesses, organisations and other stakeholders by ensuring transparency of decision-making
<i>Equity</i>	aiming to be as equitable as possible in planning and the implementation of responses, recognising the special needs of different members of the community
<i>Proportionality</i>	ensuring that measures taken to protect the public from harm do not exceed what is necessary to address the level of risk
<i>Reciprocity</i>	ensuring that when individuals are asked to take measures or perform actions for the benefit of society as a whole, their actions are appropriately recognised and legitimate needs associated with those actions are met to the extent possible
<i>Forbearance</i>	recognising that the impacts of a pandemic may adversely affect the ability of individuals, businesses, local governments and organisations to meet regulatory requirements and exercising forbearance where possible
<i>Individual liberty</i>	ensuring that the rights of the individual are upheld as much as possible
<i>Privacy and confidentiality</i>	protecting individuals' right to privacy to the greatest extent possible, but recognising that in a public health crisis it may be necessary to override this right to protect others

1.6 Legislation and Powers

Key legislation supporting the Western Australian response to an influenza pandemic includes the *Emergency Management Act 2005 (WA)*, the *Health Act 1911 (WA)* and the *Quarantine Act 1908 (Cwth)*.

1.6.1 Emergency Management Act 2005 (WA)

The *Emergency Management Act 2005 (WA)* sets out the arrangements that are in place to manage emergencies in Western Australia including fire, flood, storm, earthquake, explosion, terrorist act or human epidemic. It covers prevention, preparation, response and recovery.

This Act, among other things, provides the Minister with responsibility for the Act with the power to declare a state of emergency and enables the State Emergency Coordinator (Commissioner of Police) to coordinate the activities of public authorities to ensure that essential services are maintained in an emergency.

Essential services may include: energy, power or fuel, production and delivery of food, transportation, emergency services, public health services, ambulance services, pharmaceutical products, garbage, sanitary cleaning and sewerage services, water, prisons and other such services that the State Emergency Coordination Group may declare as essential.

In accordance with the Act, the State Health Coordinator (to be changed to the State Human Epidemic Controller) is the Hazard Management Agency (HMA) for human infectious disease emergencies including pandemic influenza.

1.6.2 Health Act 1911 (WA)

The Chief Health Officer of the Department of Health carries out the roles of Executive Director, Public Health and Executive Director, Personal Health Services. Section 251 of the *Health Act 1911 (WA)* provides the Executive Director with special powers to check and prevent the spread of any dangerous infectious disease. The police or an environmental health officer can be required to apprehend any person who has failed to go into quarantine as ordered, or has escaped from quarantine.

The *Quarantine Act 1908 (Cwth)* has similar powers, which would, if such powers were called on, override State powers.

1.6.3 Commonwealth legislation

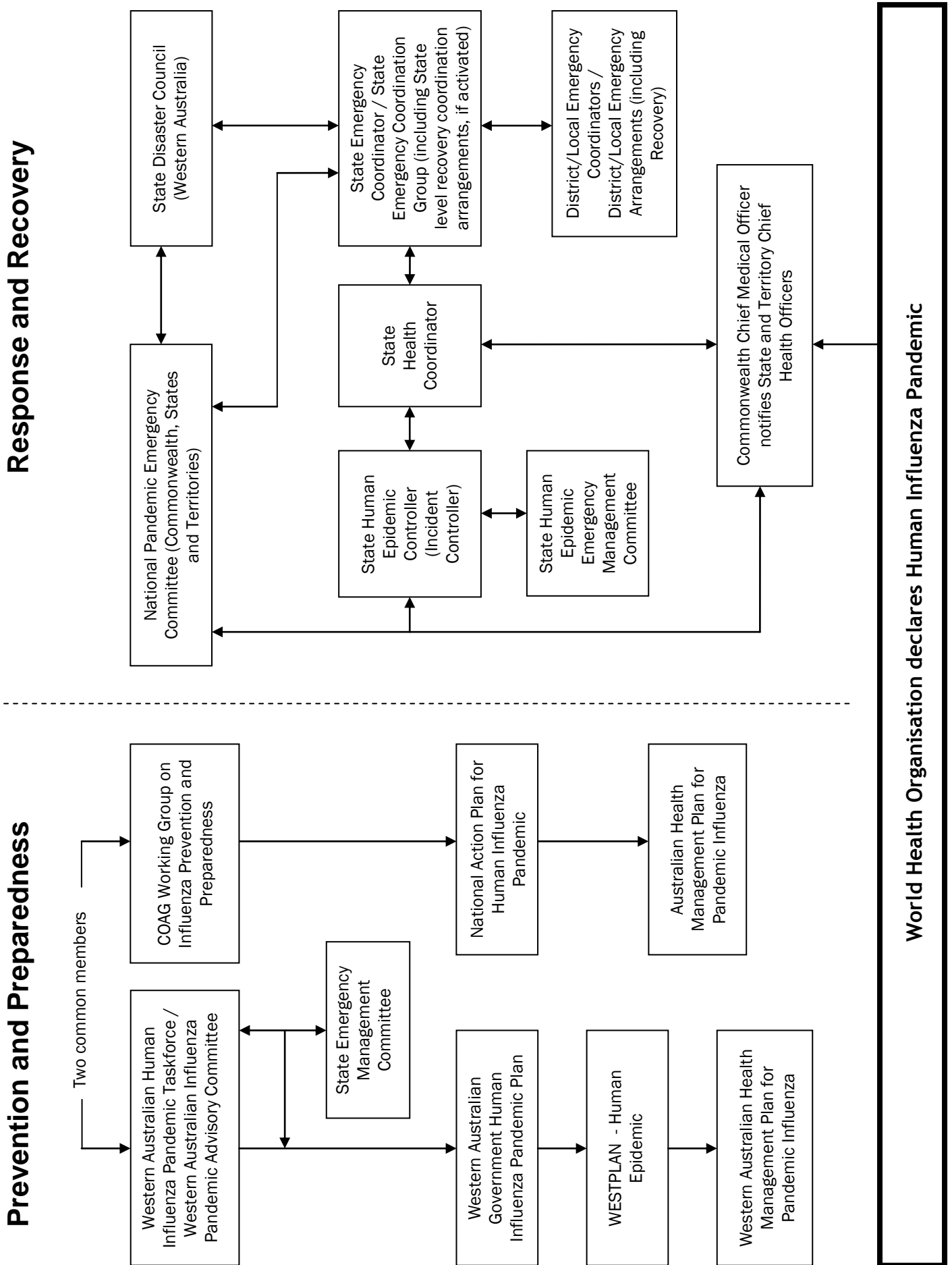
The Commonwealth Parliament has express legislative power in respect of quarantine. The *Quarantine Act 1908 (Cwth)* deals with external quarantining at the border and internal quarantine arrangements within Australia. The Act applies to agriculture and human health issues and empowers authorities to quarantine goods, vessels and people.

Details of other relevant Commonwealth legislative powers, such as the *Air Navigation Act 1920* and *Customs Act 1901*, are outlined in the *National Action Plan for Human Influenza Pandemic*.

1.6.4 Activation of Arrangements

Use of Western Australian legislation and associated emergency provisions, such as issuing orders and directions under the *Health Act 1911 (WA)*, or the *Emergency Management Act 2005 (WA)* would be considered when Overseas Phase 4 involving small clusters of human to human transmission is declared by the WHO.

Figure 1: Operational arrangements for Western Australia prior to and during a pandemic



Part 2 - Prevention and Preparedness

(Equivalent to Overseas Phases 1, 2 and 3)

2.1 Planning Activities

The Western Australia Government is working closely with the Commonwealth and other State and Territory governments to plan and prepare for a human influenza pandemic. A wide range of businesses and non-government organisations are also actively planning and preparing themselves to be able to continue to deliver their critical services and minimise the impacts that an influenza pandemic could have on them.

2.1.1 Health Planning for Pandemic Influenza

The Department of Health, through the Western Australian Influenza Pandemic Advisory Committee is responsible for health planning in Western Australia in support of the national health plan. The *Western Australian Health Management Plan for Pandemic Influenza* sets out strategies for:

- surveillance, monitoring and reporting, including monitoring levels of influenza-like illness in people attending hospitals and laboratory reports of influenza diagnoses;
- infection control, including isolation and quarantine of cases and their contacts, and protective measures and precautions for healthcare workers and non-health sector workplaces;
- public communications regarding the disease and effective ways to minimise the risk of infection;
- administration and distribution of the Western Australian portion of the national medical stockpile and the Western Australian State medical stockpiles of equipment, personal protective equipment and medication. These resources will be deployed in accordance with agreed national principles and based on the level of risk of exposure to pandemic influenza and the ability to contain its further spread;
- administration and distribution of a pandemic vaccine (once it is developed), in conjunction with national arrangements.

2.1.2 Whole of Government Planning

To support planning for the non-health aspects of a pandemic, the Western Australian Human Influenza Pandemic Taskforce was established in July 2006. The Taskforce, which is supported by the Office of State Security and Emergency Coordination, is responsible for:

- reviewing and refining this Plan;
- ensuring consistency with national and Commonwealth pandemic plans; and
- overseeing the planning activities for whole-of-government actions, roles and responsibilities.

The Taskforce also makes recommendations to government on pandemic prevention, preparedness, response and recovery. It reports to the Western Australia Government through the Department of the Premier and Cabinet.

The Taskforce has worked closely with the Department of Health in relation to health issues and the State Emergency Management Committee on the emergency response and recovery arrangements. A number of sub committees established under the Taskforce facilitate coordinated planning by and between government agencies and stakeholders. Two of the Taskforce members represent Western Australia on the Council of Australian Governments Working Group on Influenza Pandemic Prevention and Preparedness.

The WA Human Influenza Taskforce structure and membership are at **Appendix A**.

2.1.3 Animal Disease Prevention and Preparedness Western Australia

Animal strains of influenza (including avian and swine) may give rise to a human influenza pandemic if the virus mutates to become easily transmissible human-to-human. The highly pathogenic avian influenza H5N1 virus is a particular concern because there have been recent outbreaks of the virus in wild birds and poultry in Asia, Europe and Africa, and transmission from birds to humans in some cases following very close contact.

It is not considered likely that bird to human transmission, or mutation of the virus to become easily spread between humans, would occur in Australia.⁶ Nevertheless, measures to prevent and contain animal infection are an important part of planning for a human influenza pandemic.

The Australian Veterinary Emergency Plan (AUSVETPLAN) is a coordinated national response plan for the control and eradication of animal diseases, including quarantine and movement controls, slaughter and disposal of infected and exposed animals, and occupational health and safety measures to protect exposed workers.

The *State Emergency Management Plan for Animal and Plant Pests and Diseases* outlines the Western Australian response to animal health emergencies and measures that will be employed to contain disease outbreaks to animals. The lead agency in an animal health emergency is the Department of Agriculture and Food.

2.1.4 Planning for State Government Agencies

Western Australian government agencies are required to undertake a structured risk assessment process to identify the risks facing their organisations and to have business continuity plans to ensure they can respond to and recover from any business disruption.

Since June 2006, the Government's risk and self-insurance manager, RiskCover, has worked with government agencies to support effective business continuity planning by agencies, including appropriate planning to address the potential impacts of a human influenza pandemic.

A continuity of Executive Government plan has been developed by the Department of the Premier and Cabinet to ensure continuity of leadership and strategic decision-making continues during a pandemic emergency.

2.1.5 Planning for Local Governments

Under the *Emergency Management Act 2005*, local governments are responsible for ensuring that effective local emergency management arrangements are prepared and maintained for their district and for establishing Local Emergency Management Committees (LEMCs). The role of LEMCs include advising and assisting local governments in relation to local emergency management arrangements, and liaising with public authorities and other persons in the development, review and testing of those arrangements.

Local governments have a critical role in endeavouring to continue delivering services and supporting the community at the local level in any emergency, and managing recovery after an emergency affecting communities within their district. Local governments will also work with Western Australian government agencies in accordance with the responsibilities outlined in the *National Action Plan for Human Influenza Pandemic*.

The Western Australian Government has provided support to local government authorities through a series of workshops in 15 locations around the State on business continuity planning and pandemic influenza.

2.1.6 Planning for Business, Industry and Non-Government Organisations

All Western Australian businesses and organisations are strongly encouraged to ensure that their business continuity management practices take account of the risk and potential impact of an influenza pandemic.

⁶ National Action Plan for Pandemic Influenza, pp2-3

A primary impact of influenza pandemic will be the availability of staff including staff required to maintain critical functions. Current estimates indicate that businesses should plan for up to 30-50% staff absenteeism at the peak of the pandemic, and for the pandemic to occur in up to three waves of infection. A pandemic may also result in disruptions in the availability of supplies, materials and services from subcontractors or other suppliers. Demand for services may also be affected. Fuel and energy supplies may be disrupted to some locations at times and the movement of people, imports and exports may be restricted or delayed by quarantine measures both within Australia and overseas.

The Commonwealth Government Department of Innovation, Industry, Science and Research has developed a *Business Continuity Planning Guide for Australian Businesses* to help Australian businesses plan how to manage the impact a pandemic might have on their business.

A resource kit for non-Government organisations, *Being Prepared – Pandemic Planning Tools for Non-Government Organisations* has been developed by the Commonwealth Government Department for Families, Housing, Community Services and Indigenous Affairs to assist community organisations mitigate the adverse community and social impacts of a potential influenza pandemic or other crises/disasters.

Links to these and other resources to assist business continuity planning are listed in **Appendix H** of this Plan, and are available from the Office of State Security and Emergency Coordination website at www.ossec.dpc.wa.gov.au.

2.2 Preparedness Activities

Exercising and reviewing plans is a key element of being prepared for any emergency. Western Australia has participated in and held a number of exercises aimed at testing preparedness for an outbreak of avian influenza or a human influenza pandemic.

- Exercise Eleusis in late 2005 tested Australia's capability across government and industry to manage an avian influenza outbreak in poultry;
- Exercise Cumpston in October 2006 tested the capacity and capability of the Australian health system to prevent, detect and respond to an influenza pandemic. A further series of national exercises, Exercise Sustain 08, took place in 2008;
- Operation Perinthus, run by the Western Australian Department of Health in conjunction with Exercise Cumpston, evaluated the model for the establishment and operation of Fever Clinics and their ability to provide assessment, follow up, antiviral medications, and efficient monitoring and reporting systems;
- Multi-agency desktop exercises were held in December 2006 and November 2007 to test business continuity planning for an influenza pandemic by Western Australian state government agencies.

The Western Australian Government has also assisted in the development and conduct of exercises by critical infrastructure organisations.

A kit for agencies, businesses and organisations, to assist in the development and conduct of a simple pandemic desktop exercise in a Western Australian context, is available from www.ossec.dpc.wa.gov.au.

Western Australia will continue to participate in national simulation and desktop exercises and undertake State-based training and exercises to test the effectiveness and interoperability of Western Australia's preparation plans for an influenza pandemic.

2.3 Communications and Public Information

Robust and effective operational communications arrangements are important at all stages of an influenza pandemic to support preparedness, response and recovery actions. Consistent, accurate and timely public information delivered before, during and after a pandemic will help to

minimise health, economic and social impacts, to positively influence attitudes and behaviours, and to encourage individuals to take an active role in preparing for a human influenza pandemic.

The Western Australian Government is working cooperatively with the Commonwealth, States and Territories and local government to develop communications and public information strategies that will deliver timely and accurate information at all stages of a pandemic.

Appendix E to this plan outlines the Western Australian whole of government approach and arrangements for managing operational, stakeholder and public communications during an influenza pandemic, in support of health and national whole of government communication objectives.

A range of information and guidance materials have been developed to raise awareness of the nature and likely impacts of an influenza pandemic and to assist the Western Australian community and health sector to prepare for a pandemic.

Pandemic information for health providers, and health-related information for business and the community, is available from the Western Australian Department of Health website at http://www.public.health.wa.gov.au/1/422/2/pandemic_influe.pm.

Resources available from the Office of State Security and Emergency Coordination website at <http://www.ossec.dpc.wa.gov.au/index.cfm?event=humanInfluenzaPandemicPlanning>, include:

- fact sheets setting out advice on what individuals, families, communities, businesses and organisations can do to prepare for and minimise the impact of pandemic influenza;
- information about Western Australian Government pandemic planning and preparedness activities;
- resources to assist pandemic planning in the workplace; and
- links to national information and resources.

2.4 Building Community and Individual Resilience

Everyone has a responsibility to be prepared for and assist in managing emergencies. No amount of preparation can prevent emergencies from happening, but being prepared assists people and communities to respond to, and recover swiftly from, an emergency, and will help minimise the impact it may have on them.

While Western Australians can rely on assistance from emergency services when needed, a severe human influenza pandemic could challenge the ability of emergency management and essential service agencies to provide immediate support and assistance to affected people. The Western Australian Government strongly encourages individuals, families and community groups to prepare for all hazards, including an influenza pandemic. Information to assist preparation by individuals, families, households and community groups is contained in resources listed in **Appendix H**.

Local communities, the not-for profit sector and relevant private businesses are encouraged to develop plans to enable them to continue to deliver community support services, particularly those for which there may be a greater need during a pandemic. Such plans will encompass a broad range of needs fundamental to minimising the community and social impacts of a pandemic, including the need for information, food, income support, debt management, counselling and personal support.

Part 3 - Response

(OS Phase 4 and 5, Aus Phases 6a, 6b, 6c, 6d)

3.1 Response Strategies

In the event of an influenza pandemic, the hazard management agency in Western Australia is the State Health Coordinator (to be changed to the State Human Epidemic Controller). The health response will be managed within the Western Australian emergency management arrangements co-ordinated by the Chair of the State Emergency Coordination Group (SECG) as outlined in the *Emergency Management Act 2005 (WA)*.

In the event of a human influenza pandemic:

- the Director, Communicable Disease Control Directorate, Department of Health, acting as State Human Epidemic Controller, is responsible for the overall coordination of the public health and medical emergency response including provision of guidance on infection control and treatment strategies;
- the SECG, chaired by the State Emergency Coordinator (Commissioner of Police), will be responsible for the coordination of the overall response to the pandemic in Western Australia. The SECG will liaise with the National Pandemic Emergency Committee and provide direction to public authorities to support implementation of plans;
- Western Australia's peak emergency strategic and policy decision-making body, the State Disaster Council will be established if a state of emergency is declared. The State Disaster Council is chaired by the Premier and includes relevant Ministers and senior officials;
- District and Local Emergency Coordinators, under direction from the SECG and with support from the State Emergency Coordinator, will be responsible for providing assistance to the Department of Health at the district and local levels.

Unlike normal emergencies, the nature, potential duration and scale of an influenza pandemic will require the State Emergency Coordinator (Commissioner of Police) to operate with a number of non-emergency management agencies, such as the Department of Education and Training and the Disability Services Commission. Such agencies would be required to identify area coordinators/liason officers to assist the SECG with whole of government responses. If necessary, the State Emergency Coordinator (Commissioner of Police) may also invite relevant businesses, non-government and other organisations to participate in the SECG.

Western Australia will support activation of the response arrangements in the *National Action Plan for Human Influenza Pandemic* and *Australian Health Management Plan for Pandemic Influenza*, and implement the response phases of WESTPLAN – HUMAN EPIDEMIC, the *Western Australian Health Management Plan for Pandemic Influenza* and relevant State emergency support plans. Key roles and responsibilities for Western Australian government agencies in the response phase of a pandemic are outlined in detail in **Appendix C**.

All Western Australians, businesses and organisations should support the response to an influenza pandemic by complying with official directions from the Department of Health and emergency management agencies.

Government priorities

While the order of priority will be determined according to the scope and severity of the pandemic and its impact, the following are considered to be government priorities in Western Australia during a pandemic:

- production, supply and distribution of energy resources, food, water and liquid fuel supplies;
- continuity of Government;
- health services including hospitals, ambulance services, aged care facilities, quarantine facilities and primary care services;
- waste and wastewater management;

- maintenance of communication networks;
- maintenance of emergency service provision;
- maintenance of law and order (including police services), the judicial system and the correctional system;
- supporting business continuity and minimising economic impacts;
- maintenance of mortuary services (identification, certification, religious practices, storage, burials and cremations);
- services to populations at risk (e.g., in large residential centres and group homes, priority home care services, people who are carer-dependent);
- child protection, children in care and community wellbeing;
- accommodation – ensuring there is enough accommodation available and accessible for displaced persons with food, transport, medical and communication services;
- maintenance of banking and financial services; and
- recovery of Government, business and community services from a pandemic.

3.1.1 Governance and activation of arrangements

Strategy

Activate relevant State arrangements, provide and request support in accordance with the *National Action Plan for Human Influenza Pandemic*, and participate in National Pandemic Emergency Committee and national health response coordination processes.

Actions

- The Commonwealth Government’s Chief Medical Officer will notify the Chief Health Officer about the emergence of a novel human influenza virus and activate the Australian Health Management Plan for Pandemic Influenza.
- The Premier will receive notification of changes in phases from the Prime Minister.
- The Premier consults with other Premiers, Chief Ministers and the Prime Minister.
- The State Human Epidemic Controller convenes the State Human Epidemic Emergency Committee, activates the Western Australian Health Management Plan for Pandemic Influenza and initiates activation of other relevant emergency management plans.
- A State Emergency Coordination Group (SECG) is established to support the Hazard Management Agency and coordinate the whole of government response to the emergency, if a state of emergency is declared. An SECG may also be established by the State Emergency Coordinator, at the request of the HMA, or on his or her own initiative and in consultation with the relevant HMA, if an emergency occurs or is imminent.
- Western Australian representatives participate in national coordination mechanisms for health response, whole of government response, and communications.
- State government agencies implement their business continuity plans to ensure continuity of critical functions and services.

3.1.2 Pandemic Threat (Phases OS 4 and 5)

Strategy

The initial approach will be to try to delay the entry of the virus into Australia through increased surveillance and the use of border screening and control measures. Travel may be restricted to certain areas that are pandemic-free. Overseas travellers may be unable or unwilling to return to their home countries due to travel restrictions. The Department for Child Protection will support the Commonwealth Government Department of Foreign Affairs and Trade in coordinating support to stranded travellers in affected areas. The Department of Health is responsible for travellers who are stranded because of quarantine or medical reasons.

International and Inter-jurisdictional Border Control

To attempt to stop or delay the arrival of the pandemic in Australia, the Commonwealth Government may rely on its powers to control border access under the *Quarantine Act 1908*. The Commonwealth Government will also maintain surveillance activities and liaise closely with the WHO.

The Department of Health is undertaking preparedness activities in support of Commonwealth quarantine planning including training of border nurses to undertake screening at key air and sea ports. When enhanced border surveillance commences, international flights into Broome and Port Hedland airports will cease.

Actions

- Implement appropriate border control strategies in cooperation with the Commonwealth and other jurisdictions, guided by the rate and geographic spread of the pandemic.
- Assist the Commonwealth in the increase of border control measures, including entry screening and health reports for incoming aircraft/sea vessels.
- Close Broome and Port Hedland international airports when appropriate.
- Increase clinical and laboratory surveillance, monitoring, reporting and response activities.
- Activate the relevant stage of the communications strategy.
- Implement appropriate community-level public health strategies.

3.1.3 Pandemic: Phases 6a, 6b, 6c

Strategy

Once the pandemic virus enters Australia, the initial approach will be to try to contain the outbreak. Once the virus is established in the community, the approach will be to minimise transmission of the virus, minimise social economic impacts, and sustain the response until a customised pandemic vaccine becomes available. Once a vaccine is available, the approach will be to control the pandemic through vaccination of the entire population.

The Western Australian Government will manage its response in accordance with advice from WHO, the Department of Health and the State Human Epidemic Emergency Committee, and in consultation with the Commonwealth Government, other jurisdictions, and the National Pandemic Emergency Committee.

Actions

- Premier consults regularly with the Prime Minister and other Chief Ministers and Premiers.
- Assist in the maintenance of routine border control activities.
- Coordinate deployment of the State and national medical stockpile in accordance with nationally agreed arrangements.
- Maintain health services to identify and treat infected people and their contacts.
- Maintain community-level public health strategies, including social distancing measures where necessary.
- Continue public information campaigns with relevant updates.
- Continue clinical and laboratory surveillance, monitoring and reporting activities.
- Provide access to assistance for people in need.
- Continue co-ordinated deployment of the national medical stockpile, including vaccines as they become available.
- SECG, working with relevant government agencies and private sector organisations, coordinates the maintenance of essential services to the community including power, water and energy.
- Continue delivery of community support services.
- Maintain law and order, including at fever clinics, vaccination sites and medical stockpiles.

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- Maintain the continuity of government agencies, businesses and authorities that provide priority products and services.

3.1.4 Stakeholder and Public Communications

The Western Australian Government will work with the Commonwealth, State and Territory and local governments to support the provision of nationally consistent communications in accordance with agreed communications protocols.

Communication and consultation with key stakeholders, such as industry, local government and non-government peak bodies and key organisations, will be ongoing and coordinated by the relevant agencies.

In the event of an influenza pandemic threatening Australia, the Commonwealth Government will activate a high profile, comprehensive national human health public information campaign to support the community through education and preventive strategies. Following advice from the WHO that human-to-human transmission has occurred overseas (global phase 4), a mass communication campaign will be implemented with practical advice on how people should best protect themselves and their families, and information on the availability of social and community services and government assistance. The campaign is likely to include a mix of television, radio and print advertising, brochures, promotion of emergency numbers and other activities, and would continue throughout the duration of a pandemic to meet community needs.

The Department of the Premier and Cabinet and the Department of Health will be responsible for the coordination of Western Australian government information and public education during a pandemic and will be supported by the Public Information Group of the SEMC. 1800 telephone hotline numbers, website addresses and other sources of information will be widely publicised.

The Western Australian Government will conduct complementary health promotion campaigns and deliver State-specific information, such as the location of pandemic health care facilities, help and emergency numbers and websites, the introduction of measures such as the closure of child care services and schools, and the status of the pandemic locally.

Health related inquiries will be managed by the Department of Health through its HEALTHDIRECT service. The Department for Child Protection may activate its crisis care phone line in support of coordinating the provision of assistance to those in need. Other agencies are responsible for implementing appropriate call centre arrangements to manage inquiries about their services.

If necessary, the State Public Advice Line (SPAL) will be activated in accordance with arrangements set out in the *State Public Information Emergency Management Support Plan* (WESTPLAN – Public Information). The public will be notified via the mass media of a contact phone number(s) as soon as the SPAL is operational.

In an emergency of national significance, the Commonwealth Government may establish the National Emergency Call Centre (NECC) to provide a high-capacity first point of contact for public enquiries. The NECC will complement existing State emergency public information arrangements.

Actions

- Activate Public Information Group in support of SECG
- Relevant State officials work with established Commonwealth and State/Territory information networks to coordinate nationally consistent messages.
- Provide accurate and timely information to the community, businesses, local government and government agencies through media briefings, public announcements, relevant government agency websites and established networks.
- Consult with industry, non-government and other organisations through relevant agencies and the SECG.
- Maintain and publicise 1800 number hotlines and website information for relevant agencies including the Department of Health, Department of Education and Training and the Public Transport Authority.
- Activate State Public Advice Line when appropriate.

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- The Western Australian Government works with the Commonwealth Government to support the provision of accurate and timely information through the National Emergency Call Centre, if activated.

3.1.5 Infection Control

Health authorities advise that there are simple steps that everyone can take to minimise the spread of infection during a pandemic. These include washing your hands frequently with soap and water or alcohol-based hand rub; covering your nose and mouth with a tissue when you sneeze and cough, and disposing of the tissue in an appropriate waste receptacle afterwards; standing or sitting back from other people in public or the workplace; and keeping your home and work space clean, using water and regular cleaning products. Other infection control strategies may include the use of appropriate personal protective equipment, if advised by health authorities.

The Department of Health will provide updated information on evolving strategies to prevent the spread of infection, once more is known about the epidemiology of the virus.

Actions

- Reinforce personal, household and workplace hygiene measures through public communications and media.
- Department of Health to widely publicise and update as necessary advice on the use of appropriate personal protective equipment.

3.1.6 Social Distancing

'Social distancing' means reducing normal physical and social interaction to slow the spread of a pandemic. Some social distancing measures may be implemented by government decisions while others may be voluntarily adopted by people. Possible social distancing measures include:

- temporary closure of child care facilities and schools;
- restrictions or cancellation of public transport;
- cancellation or postponement of public events where many people gather;
- special arrangements for shopping hours to avoid overcrowding; and
- encouragement for people to avoid crowded places and to keep at least a metre distant from others and practise personal infection control measures.

Australian governments have agreed that the rationale for implementing social distancing measures, including closures of facilities, will as far as possible be consistent across jurisdictions. There may need to be flexibility in the implementation of measures, depending on the nature and location of an outbreak. Not all parts of the State would necessarily be affected at the same time – if an outbreak occurred in metropolitan Perth, for example, there may be no need to implement social distancing measures in regional areas.

In the event of a pandemic, the Government's approach will be to continue normal operations for as long as feasible. Closures and restrictions will only be implemented if it is necessary, in the view of health experts, to protect the health and safety of the Western Australian community. Decisions will be based on an assessment of the risk of infection, not made as an automatic response to a trigger (such the first confirmed human to human transmission of pandemic influenza in Western Australia).

The Western Australian Government recognises the significant social, community and economic impacts that could result from closure of child care services, schools and other places where people congregate. Closure of child care services and schools in particular will have an immediate impact on the community and economy if working parents are unable to come to work. **Appendix G** provides more information about the basis on which decisions to close child care service and schools during a pandemic would be made.

Businesses and organisations of all sizes are encouraged to review working from home, leave provisions and other employment arrangements as part of their business continuity planning, to ensure that they are prepared and able to implement social distancing in their workplace.

The Western Australian Government has issued a discussion paper, Implications of a human influenza pandemic for employment and workplace relations, to provide advice to employers and employees to help manage the employment and workplace implications of an influenza pandemic and, where possible, continue business operations during a pandemic (available from http://www.ossec.dpc.wa.gov.au/documents/workplacerelationspaper_003.pdf).

Actions

- Liaise with Commonwealth, State and Territory governments over implementation of appropriate social distancing measures.
- Communicate decisions to implement social distancing strategies and the reasons for them to stakeholders and the community.
- Monitor impact of measures on spread of disease and regularly assess the need to continue them.
- Withdraw social distancing measures on the basis of evidence that they are no longer necessary or effective in controlling the spread of infection.

3.2 Health Case Management

Management and care of people who are infected with influenza or who are exposed to others infected by pandemic influenza is outlined in detail in the *Western Australian Health Management Plan for Pandemic Influenza*. Arrangements for assessment and treatment of pandemic influenza cases will be widely publicised by the Department of Health, together with advice on what to do if you or someone in your family or household becomes infected.

3.2.1 Home quarantine and isolation

In the early stages of a pandemic, patients confirmed to be infected with the pandemic influenza strain will be given antiviral medicine and required to stay at home or, if severely ill, isolated in a hospital until recovered. Health authorities will seek to trace recent contacts of people infected with influenza and provide them with post-exposure prophylaxis, and may advise them to stay at home for up to a week.

The isolation of people who have contracted the virus, and voluntary home quarantine of people who have come into contact with them, will play a significant role in reducing the risk of transmission between infected and non-infected individuals.

Actions

- Department of Health to manage isolation of cases and implementation of home quarantine in accordance with the Western Australian Health Management Plan for Pandemic Influenza.
- State Welfare Emergency Committee to coordinate emergency welfare support for those people in isolation or home quarantine who need assistance.

3.2.2 National and State Medical Stockpiles

The Department of Health is responsible for deployment of equipment and medication from the National Medical Stockpile and supplies stockpiled by the State Government in accordance with nationally agreed principles. The State Human Epidemic Controller will decide, consistent with agreed national principles, how the stockpile allocated to Western Australia should be deployed. Access to medication and equipment in the stockpile will be based on the level of risk of exposure to pandemic influenza and the ability to contain its further spread.

Actions

- The Department of Health to deploy the National and State Medical Stockpiles in accordance with nationally agreed principles.

3.2.3 Vaccination

The Commonwealth Government has contracted two vaccine manufacturers to supply vaccine for the Australian population during a pandemic. Western Australia will receive a supply proportionate to the population and risk. Venues identified in Area Health Service pandemic plans will be activated as vaccination centres and/or fever clinics.

The Department of Health will distribute and administer the pandemic vaccination program in accordance with the national arrangements. Priority groups to receive the initial doses of vaccine will be determined at the time, taking into account the infectiousness of the pandemic virus and its impact on different population groups.

Actions

- The Department of Health to administer arrangements for distribution of vaccine in accordance with nationally agreed principles.

3.3 Community Support

An influenza pandemic is likely to place an unprecedented level of demand on community support services in all affected areas.

There will be a continued need for many of the community support services normally provided by State government agencies, local governments and non-government organisations. Services on which people depend, such as personal care and delivery of essential food supplies for the elderly or disabled, will need to continue throughout a pandemic emergency. Other community services such as children's playgroups, youth centres and recreational activities, will be less essential or may even not be able to continue due to social distancing measures. All agencies and organisations which provide essential community services should develop business continuity plans which identify critical functions and strategies to maintain them in the event of staff shortages and other possible impacts of an influenza pandemic.

Additionally, there is likely to be additional demand for community support services for those directly affected by the pandemic. This may include people who need support to remain in home quarantine, financial and other support for people who have suffered a loss of income due to workplace closures or business shutdowns, and bereavement and grief counselling.

A severe pandemic will not be 'business as usual': the ability of government and non-government agencies and organisations to provide direct support to people affected by the emergency may be stretched. The provision of community support to people who are in home quarantine or isolation will be a shared responsibility between individuals, the community and all levels of government.

Individual, family and community resilience and preparedness will play a key role in reducing the number of people who are in need of emergency assistance in a pandemic.

To ensure that support services can be prioritised and directed to those who are most at risk:

- all Western Australians should take responsibility for preparing themselves and for caring for themselves, their family and people in their community to the greatest extent possible;
- community organisations and community service providers should work to provide support to their own client groups to the greatest extent possible, and, in their planning, identify means to maintain or increase capacity in the event of a pandemic.

During the response phase, the *State Welfare Emergency Management Support Plan* (WESTPLAN – Welfare) will be activated to coordinate emergency welfare support to individuals and families who are in significant need during a pandemic and do not have the necessary support networks. The Plan sets out arrangements for the provision of welfare support services to persons affected by an emergency, by coordinating the welfare resources of State/Commonwealth departments and agencies, together with the welfare resources of voluntary organisations and private industry.

Dependent upon the scale of the pandemic, it is likely that these resources will be limited and may require prioritisation. Priorities for the provision of emergency welfare will be determined on the basis of greatest need of assistance.

The emergency welfare arrangements are supported by a number of voluntary organisations. Volunteer management during a pandemic, including registration and placement of new volunteers over a prolonged period, will require cooperation between government and non-government agencies.

Actions

- State Welfare Coordinator, Department of Child Protection, to activate *State Welfare Emergency Management Support Plan* in consultation with or upon request of Department of Health.
- Western Australian Government to liaise and work cooperatively with the Commonwealth Government and other States and Territories to determine and support national level welfare responses.
- Western Australian Government to work cooperatively with the Commonwealth Government, Volunteering Western Australia and voluntary organisations to support volunteer recruitment and management.

Part 4 - Recovery

(OS 4 and 5, AUS 6a, 6b, 6c and 6d)

4.1 Recovery Approaches

Recovery is the coordinated process of supporting communities affected by a disaster in the reconstruction of infrastructure and the restoration of emotional, social, economic and physical well-being. Unlike most crises or disasters, an influenza pandemic emergency will spread over a wide geographic area and over a period of months. Assistance may need to be provided to affected people and communities over an extended period of time. Long-term recovery may also be complex and protracted. The focus of recovery activity will not be clear until the impacts of the pandemic are known.

Recovery will require government, businesses, community and individuals to work together to support those affected.

The focus of recovery will be to:

- restore services and provision of basic functions such as food, water, shelter, income and utilities where these have been disrupted;
- provide a “safety-net” to assist communities to access those basic functions; and
- promote community and individual resilience.

The *Emergency Management Act 2005* provides that local governments are responsible for managing recovery following an emergency affecting the community in their districts. Local emergency arrangements should include local recovery plans to maximise the effective recovery of the community following an emergency. As a pandemic influenza outbreak will affect communities in different ways, depending on location and severity, local governments will need to consider issues specific to their own locality.

In the event of an emergency requiring State-level coordination of the recovery, or an interstate or international emergency that impacts on Western Australian communities, the State Government will assume responsibility for coordinating the recovery process in accordance with the *State Emergency Management Plan for State Level Recovery Coordination (WESTPLAN - Recovery Coordination)*.

This higher-level coordination, managed by the Recovery Services Sub-Committee of the State Emergency Management Committee, ensures that all affected communities have equitable and appropriate access to available resources. The management of recovery activity must still be determined at the local level.

4.1.1 Social and Community Recovery

The Western Australian Government will work with the Commonwealth, other States and Territories, local governments, business and community groups to promote social and community recovery before, during and after an influenza pandemic. Building individual and community resilience prior to a pandemic will help to ensure a swifter recovery following a pandemic emergency.

Measures may include:

- encouraging and assisting planning and preparedness on the part of individuals, families, households and community groups to mitigate the impact of a pandemic;
- ensuring a return to normal delivery of services as soon as possible consistent with risk and capacity. Steps such as reopening schools and child care services after a period of closure will have a significant impact in restoring normal social functioning;
- providing counselling and personal support – including increasing the availability of telephone counselling;

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- providing support to isolated families with children – including increased delivery of on-line educational programs, activities for children at home and remote strategies for family support;
 - providing care and support to vulnerable groups; and
 - maintaining essential community services, including non-government welfare services.

4.1.2 Economic Recovery

The goals of economic recovery are to maintain or restore household incomes, assist businesses in maintaining or restoring their operations, and assist people who have lost their livelihoods through retraining and re-employment. The actual economic impacts of a pandemic will depend on the nature and severity of the pandemic and recovery will require flexible responses that take account of local impacts.

The Western Australian Government will work with the Commonwealth, other States and Territories, local governments and businesses to support economic recovery. Building resilience through the promotion of business continuity management and an awareness of the risk and possible impacts of an influenza pandemic will help to support economic recovery following a pandemic.

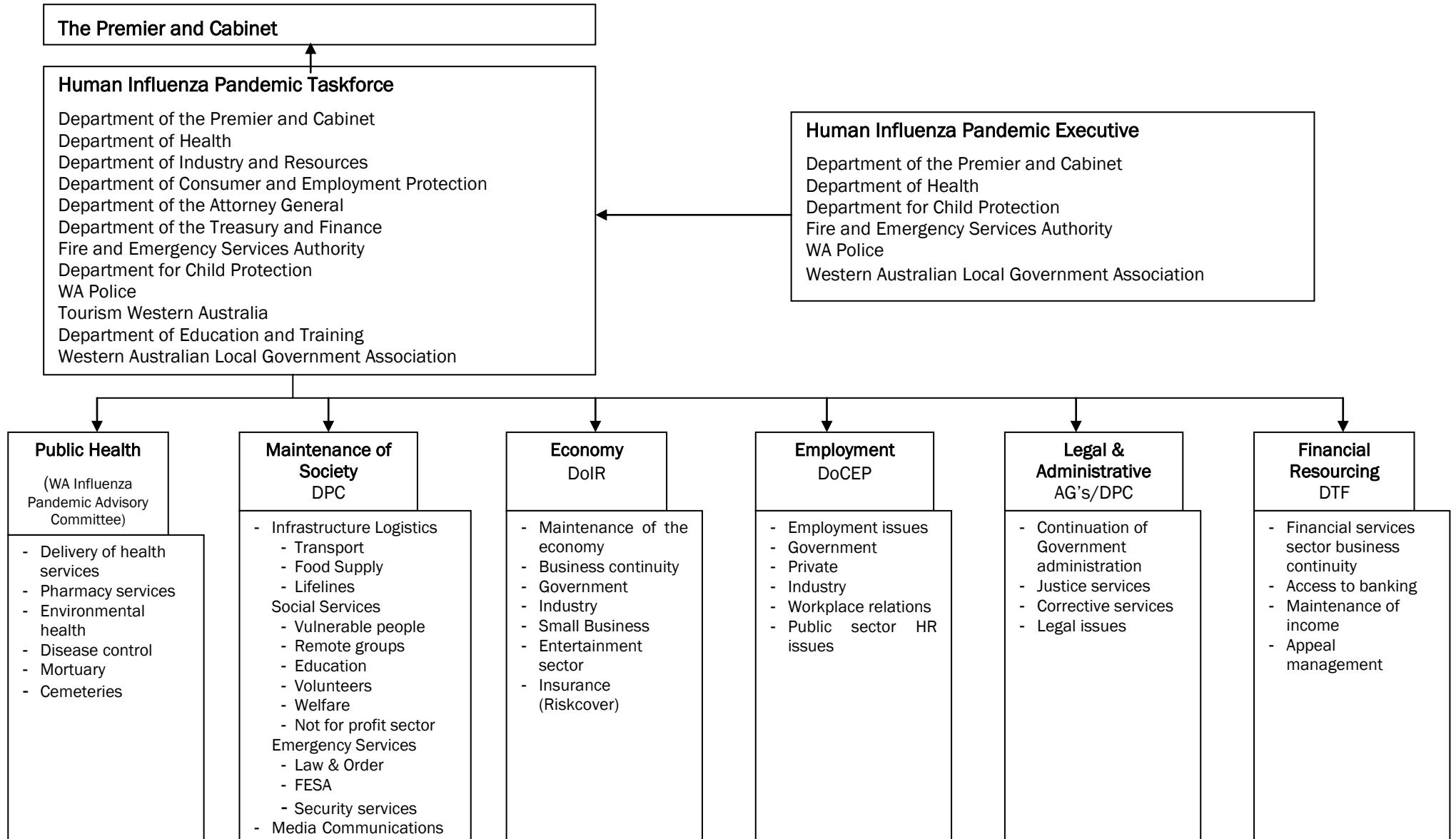
Strategies include:

- encouraging and assisting the development and implementation of business continuity plans by Western Australian businesses;
- income assistance (as co-ordinated by the Commonwealth Government); and
- maintaining effective communications with business and industry throughout and following a pandemic.

By putting recovery plans in place early, Western Australians will be better prepared to meet the challenges that may arise from a human influenza pandemic and return to normal life as quickly as possible.

Part 5 - Appendices

Appendix A: Structure and membership of the WA Human Influenza Taskforce



Appendix B: Summary of key response phase actions

Pandemic phase	Key actions
Pandemic alert – global phase 4	
<p>Phase Overseas 4: Small cluster(s) consistent with limited human to human transmission overseas but spread is highly localised, suggesting the virus is not well adapted to humans.</p>	<ul style="list-style-type: none"> • Prime Minister consults Premiers and Chief Ministers; response phase of the National Action Plan implemented • Increase surveillance, monitoring and reporting of pandemic virus • Implement border control measures, including consideration of a mechanism to reduce travel from affected areas • Implement public education and awareness campaign
Pandemic – global phase 5	
<p>Phase Overseas 5: Larger cluster(s) overseas but human to human spread still localised overseas, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> • Prime Minister consults Premiers and Chief Ministers • Continue heightened surveillance, monitoring and reporting of pandemic virus • Continue increased border management and quarantine measures • Continue public information campaign with relevant updates
Pandemic – global phase 6	
<p>Phase Overseas 6: Increased and sustained transmission in the general population overseas.</p>	<ul style="list-style-type: none"> • Declaration of a pandemic by the WHO • Prime Minister consults Premiers and Chief Ministers • Continue enhanced surveillance, monitoring and reporting of pandemic virus • Continue to enforce enhanced border management and quarantine measures • Continue public information campaign with relevant updates
<p>Phase Australia 6a: Novel virus has arrived in Australia causing small number of cases and/or small number of clusters</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic in Australia after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association • Implement measures to contain spread of infection • Support maintenance of essential infrastructure and services • Monitor and support supply of food, supplies and services to affected areas • Targeted distribution of antiviral drugs and strategic deployment of the national medical stockpile • Implement localised community-level strategies, including social distancing measures • Strengthen public information campaign with relevant updates
<p>Phase Australia 6b: Novel virus is established in Australia and spreading in the community</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be spreading in Australia after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association • Continue measures to contain spread of infection • Support maintenance of essential infrastructure and services • Monitor and support supply of food, supplies and services to affected areas • Distribute antiviral drugs and strategic deployment of the national medical stockpile • Maintain delivery of community support services • Implement widespread community-level strategies, including social distancing measures • Strengthen public information campaign with relevant updates

Pandemic phase	Key actions
<p>Phase Australia 6c: Pandemic vaccine becomes widely available and is beginning to bring the pandemic under control</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be subsiding in Australia after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association • Continue measures to contain spread of infection • Distribute and administer vaccine nationally when available • Support maintenance of essential infrastructure and services • Review extent of social distancing and border management measures • Restock national medical stockpile as needed • Continue public information campaign with relevant updates • Evaluate and review communication strategies
<p>Phase Australia 6d: Pandemic controlled in Australia but further waves may occur if the virus 'drifts' and/or is re-imported into Australia</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares next wave of pandemic after consulting Premiers, Chief Ministers and the President of the Australian Local Government Association • Continue measures to contain spread of infection • Maintain delivery of community support services • Support maintenance of essential infrastructure and services • Implement community-level strategies, including social distancing measures • Continue public information campaign with relevant updates

Appendix C: Roles and responsibilities

1. Emergency management and pandemic planning structures and statutory positions

Western Australian Influenza Pandemic Advisory Committee

- Develop a management plan for Western Australia, consistent with the *Australian Health Management Plan for Pandemic Influenza*, to minimise the adverse health and social impact from pandemic influenza
- Promote and support the development of the pandemic influenza management plans by major stakeholders

Western Australian Government Influenza Pandemic Taskforce

- Review and refine the *Western Australian Government Human Influenza Pandemic Plan*
- Ensure consistency with the *National Action Plan for Human Influenza Pandemic*
- Oversee the planning activities for whole-of-government actions, roles and responsibilities against each of the WHO 6 phases
- Ensure coordinated pandemic planning in Western Australia
- Facilitate engagement on pandemic influenza planning between government, industry, business and the community sectors

State Emergency Coordinator (Commissioner of Police)

- Coordinate the response to an emergency during a state of emergency
- Provide advice to the Minister in relation to emergencies
- Provide advice to the State Disaster Council during a state of emergency
- Provide advice and assistance to hazard management agencies as appropriate
- Carry out other emergency management activities as directed by the Minister

State Emergency Management Committee

- Advise the Minister on emergency management and the preparedness of the State to combat emergencies
- Provide direction, advice and support to public authorities, industry, commerce and the community in order to plan and prepare for an efficient emergency management capability for the State
- Provide a forum for whole of community coordination to ensure the minimisation of the effects of emergencies
- Provide a forum for the development of community wide information systems to improve communications during emergencies
- Develop and coordinate risk management strategies to assess community vulnerability to emergencies

State Emergency Coordination Group

- Ensure the provision of coordinated emergency management by public authorities and other persons
- Provide advice and direction to public authorities and other persons to facilitate effective emergency management
- Liaise between emergency management agencies and the Minister

District Emergency Coordinators

- Provide advice and support to the district emergency management committee for the district in the development and maintenance of emergency management arrangements

Local Emergency Coordinators

- Provide advice and support to the local emergency management committee for the district in the development and maintenance of emergency management arrangements
- Assist the Hazard Management Agency in the provision of a coordinated response during a pandemic emergency in the district

District Emergency Management Committees

- Assist in the establishment and maintenance of effective emergency management arrangements for the district

Local Emergency Management Committees

- Advise and assist the relevant local government in ensuring that local emergency management arrangements are established for its district
- Liaise with public authorities and other persons in the development, review and testing of local emergency management arrangements

Local Government Authorities

- Ensure that effective local emergency management arrangements are prepared and maintained for their districts
- Manage recovery following an emergency affecting the community in their districts

2 State Government Agencies - roles and responsibilities

All agencies

- Undertake a structured risk management process and develop business continuity plans to support the continuity of critical agency functions in the event of emergencies
- Review plans and develop specific measures to address the likely impacts of a human influenza pandemic on staff health and absenteeism

Western Australian Department of Health

- Chair WA Influenza Pandemic Advisory Committee and maintain the *Western Australian Health Management Plan for Pandemic Influenza*
- Develop policy and strategy on pandemic influenza health-related issues
- Advise on change of phase in a pandemic
- Perform surveillance, monitoring, and reporting activities
- Advise on infection control and social distancing measures appropriate to the pandemic strain of influenza
- Perform case definition and management
- Develop policy for, and co-ordinate the distribution and use of, the national and State medical stockpiles in Western Australia
- Disseminate information on human health through the National Health Emergency Media Response Network

-
- Support Commonwealth Government border control and quarantine measures, working with other concerned agencies

Western Australian Police

- Develop and implement planning for continuity of law enforcement services
- Maintain social order during a pandemic
- Provide support to the Hazard Management Agency as required
- Plan and implement security of the National Medical stockpile and State Medical Stockpile in cooperation with the Department of Health

Fire and Emergency Services Authority

- Develop and implement planning for continuity of emergency services
- Provide support to the Hazard Management Agency as required

Department of the Premier and Cabinet

- Develop and implement planning for continuity of Executive Government in the event of a pandemic
- Chair the Western Australian Government Human Influenza Pandemic Taskforce
- Coordinate and contribute to whole of government exercises
- Provide support to the SECG in communication and coordination of government activities
- Activate and chair the State Recovery Services Sub-committee to provide State-level recovery coordination

Department for Communities

- Liaise with child care service providers to support response to directions to close during a pandemic

Department for Child Protection

- Coordinate and implement planning for continuity of essential welfare support services, including services to people in crisis accommodation
- Develop and implement planning for continuity of essential welfare support services to vulnerable members of the community including people in supported accommodation, children in foster care, in group homes during a pandemic
- Activate and chair State Welfare Emergency Committee as required to coordinate emergency welfare services during a pandemic such as counselling, temporary accommodation, catering, clothing for affected members of the community

Department of the Attorney General

- Develop and implement planning for continuity of judicial system in the event of a pandemic

Department of Corrective Services

- Develop and implement planning for continuity of correctional facilities during a pandemic

Department of Treasury and Finance

- Administer requests for financial resources associated with pandemic preparedness, response and recovery measures

Disability Services Commission

- Develop and implement planning for continuity of essential disabilities services including care facilities and group homes

Department of Education and Training

- Develop and implement pandemic planning for schools and TAFE sectors
- Manage public education sector response to directions for school closures during a pandemic and liaise with private education sector

Water Corporation

- Develop and implement planning for continuity of water supply and distribution and wastewater management during a pandemic

Synergy Energy, Western Power, Verve Energy and Horizon Energy

- Develop and implement plans for continuity of electricity supply during a pandemic

Cemeteries Boards

- Develop and implement plans to manage increased deaths in the community during a pandemic

Appendix D: National whole-of-government pandemic influenza coordination arrangements for public announcements

- Protocols
1. Each government agency will release only information for which it has responsibility. Spokespeople needing to respond to issues outside their direct area of responsibility must use cleared whole-of-government information.
 2. In the event of a national emergency, communications will adhere to the National Emergency Protocol between the Prime Minister, Premiers, Chief Ministers and the President of the Australian Local Government Association.
 3. Agencies with responsibility for agriculture will coordinate the dissemination of information on animal infection through the Primary Industry National Communications Network.
 4. Agencies with responsibility for health will disseminate information on human health through the National Health Emergency Media Response Network.
 5. The Department of Foreign Affairs and Trade will coordinate information relating to the protection of Australians and Australian interests internationally.

	CASES OVERSEAS	CASES IN AUSTRALIA	RECOVERY
Communication objectives	<ul style="list-style-type: none"> • provide accurate, consistent and timely information; • prepare the community should a pandemic occur e.g. consistent advice about personal and community safety; • maximise containment (minimise transmission of disease); • demonstrate government, and support private sector preparedness and planning; and • support continuation of normal life as far as possible. 	<ul style="list-style-type: none"> • continue to provide accurate, consistent and timely information; • prepare the community should a pandemic occur e.g. consistent advice about personal and community safety; • maximise containment (minimise transmission of disease); • maintain essential services; • maximise public confidence; and • support continuation of normal life as far as possible. 	<ul style="list-style-type: none"> • support continuation of normal life as far as possible; and • restore public confidence.
Potential spokespeople	<ul style="list-style-type: none"> ▶ Experts ▶ Relevant ministers ▶ On the ground spokespeople 	<ul style="list-style-type: none"> ▶ Political leaders ▶ Relevant ministers ▶ Experts ▶ On the ground spokespeople 	<ul style="list-style-type: none"> ▶ Political leaders ▶ Relevant ministers ▶ Experts ▶ On the ground spokespeople

Appendix E: Western Australian Whole-of-Government Pandemic Communications Strategy

Part 1

This strategy sets out communications considerations, objectives, methods and actions for the Western Australian Government in the context of preparing for, responding to, and recovering from a human influenza pandemic. It is intended to provide a whole of government framework for pandemic communications by Western Australian government agencies. The strategy forms an appendix to the Western Australian Government Human Influenza Pandemic Plan and should be read in the context of that Plan.

The strategy addresses three types of communications:

1. Operational - communications processes and mechanisms which support whole-of-government preparedness, response and recovery actions in respect of an influenza pandemic.
2. Stakeholder - communications to engage key public sector, private sector and community stakeholders.
3. Public communications - information that is prepared to address the information needs of the community, disseminated through print and electronic media, public advice services and websites.

A summary of communications objectives and actions for each of these communications categories, and for each stage of a pandemic, is set out in Part 2 of this strategy.

Communications Context

Effective communications arrangements are central to the management of all phases of an influenza pandemic. Effective operational communications are essential to support emergency management and decision making in the event of a pandemic. Effective stakeholder and public communications will help to minimise health, economic and social impacts of a pandemic and encourage businesses, organisations, communities and individuals to take an active role in preparing for an influenza pandemic.

Communications activities to support Australia's preparedness for, response to and recovery from an influenza pandemic will be carried out by all levels of government. The Western Australian Government is working cooperatively with the Commonwealth Government, other State and Territory governments and local government to develop a whole of governments approach to managing stakeholder and public communications for an influenza pandemic.

Effective communications will:

- promote best-practice preparation, response and recovery actions for government agencies, businesses, organisations and the community;
- support effective government decision-making and actions;
- deliver coordinated, consistent, accurate and up to date information and advice to all affected sectors as a pandemic event develops; and
- sustain public confidence.

The overall national public communications objective is to ensure all levels of government work together to deliver consistent and accurate public messages nationwide which:

- are strongly informed by health advice and consistent with health communications;
- are recognised as being from authorised and credible sources;
- are nationally consistent, timely, accurate and relevant to keep people well informed, including where to find further information and how to seek health care or other support;

-
- provide assurance that governments are as prepared as possible and taking appropriate action;
 - support individuals and communities to reduce the impacts of pandemic influenza on their social and economic functioning;
 - are understandable to user groups, including those where English is a second language and/or with weak literacy skills; and
 - provide assurance regarding the rationale for significant government actions such as distribution of antivirals and vaccines.

Aim and Scope of Strategy

The aim of the Western Australian Government Human Influenza Pandemic Communications Strategy (the Strategy) is to outline the approach and arrangements to manage operational, stakeholder and public communications prior to, during and after an influenza pandemic.

The Strategy is for use by government to operate in a cooperative and coordinated manner and in accordance with agreed roles, responsibilities and procedures. It provides advice on what and how the State Government will be able to communicate with the public and other key stakeholders, such as State and local government agencies and the non-government sector, in the event of an influenza pandemic. The Strategy identifies key prevention, preparedness, response and recovery activities that are being and will be undertaken and the messages that will need to be delivered.

The Strategy is consistent with and supports existing emergency management arrangements and national pandemic communications arrangements.

Objectives

The objectives of the Strategy are to:

- outline governance arrangements for operational, stakeholder and public communications in an influenza pandemic;
- outline the communication roles and responsibilities of key agencies during all pandemic phases; and
- ensure effective management of public information in order to mitigate the impact of an influenza pandemic, and to assist in a swift post-pandemic recovery.

Key Outcomes

Desired outcomes of the Strategy are:

- communication processes and key messages are clearly defined, roles and responsibilities are identified;
- information about the threat and likely impacts of an influenza pandemic is communicated to stakeholders in a way that is coordinated and consistent with national communication objectives; and
- information about an outbreak of pandemic influenza is coordinated and well managed.

Relationship to Other Plans

The Strategy forms an appendix to the *Western Australian Government Human Influenza Pandemic Plan*. It has been developed in the context of, and complements, the following plans:

- *Communications Plan for Pandemic Influenza* (annex to the *Western Australian Health Management Plan for Pandemic Influenza*);
- *State Public Information Emergency Management Support Plan*;
- *National Action Plan for Human Influenza Pandemic*;
- *Australian Health Management Plan for Pandemic Influenza (AHMPPI) 2008* (currently draft);

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- *National Influenza Pandemic Public Communications Guidelines* (supplement to the National Action Plan for Human Influenza Pandemic).

Governance and Administrative Arrangements

All governments and jurisdictions are responsible for developing operational communications arrangements that will support decision-making and emergency management in the context of an influenza pandemic and for managing stakeholder and public communications activities during all phases of a pandemic.

National Coordination Arrangements

Operational arrangements prior to (prevention and preparedness) and during a pandemic (response and recovery) are set out in Figure 1 of the *Western Australian Government Human Influenza Pandemic Plan* and in the *National Action Plan for Human Influenza Pandemic*.

The *National Influenza Pandemic Public Communications Guidelines* (the Guidelines), currently under development, will be the overarching framework for all levels of government to facilitate a whole-of-government approach to managing stakeholder and public communications prior to and during an influenza pandemic. The Guidelines, which are intended to be appended to and form part of the *National Action Plan for Human Influenza Pandemic*, do not replace the existing arrangements or plans of each jurisdiction, but rather complement, support and link existing Commonwealth, State, Territory and local government public communications arrangements.

The Guidelines set out arrangements for cooperation and consultation between jurisdictions on communications activities during the *preparedness phase*, and arrangements and mechanisms to ensure coordination in communications activities during the *response and recovery phases* of a pandemic.

In the event of a pandemic, the consultation and strategic decision-making on national communications issues will be achieved via the National Pandemic Emergency Committee (NPEC). High-level cooperation between Australian governments will be achieved through the Prime Minister, State Premiers and Territory Chief Ministers. High level coordination arrangements, agreed between governments, are set out in the *National Action Plan for Human Influenza Pandemic*.

Consultation and coordination on detailed communications issues will be achieved via the National Communications Officers Network, coordinated by the Department of the Prime Minister and Cabinet.

As the *Guidelines* state, detailed or specialised public messages specific to each jurisdiction (consistent with NPEC decisions) can be developed and delivered to the public via the existing mechanisms of each State or Territory Government. However, consultation with relevant jurisdictions and/or agencies should occur in the following circumstances:

- where the information has the potential to affect or overlap with the responsibilities or interests of another agency or jurisdiction;
- where the information may have broader national policy implications (i.e. border control, school or work closures); or
- where the information is of a particularly sensitive nature (i.e. morbidity or mortality rates, access to antivirals, access to critical infrastructure).

Other national communications coordination mechanisms

The *National Health Emergency Media Response Network* (NHEMRN) plays a lead role in coordinating the provision of nationally consistent public information. The Department of Health's Public Affairs Branch is a member of this network.

Agencies with responsibility for agriculture will coordinate the dissemination of information on animal infection through the *Primary Industry National Communications Network*.

The Commonwealth Department of Foreign Affairs and Trade will coordinate information relating to the protection of Australians and Australian interests internationally.

Western Australian Communications Arrangements and Coordination

Under Western Australia's emergency management arrangements, the State Human Epidemic Controller is the Hazard Management Agency (HMA) responsible for human infectious disease emergencies, including pandemic influenza. The State Emergency Coordination Group, in accordance with provisions of the *Emergency Management Act 2005 (WA)*, is responsible for ensuring coordinated emergency management by public authorities and other persons, and providing advice and direction to public authorities to facilitate effective emergency management.

Arrangements for whole of government operational communications are set out in the diagram on p.39.

While all Western Australian government agencies share a responsibility to engage their stakeholders on the issue of pandemic preparedness, the Department of Health and the Department of the Premier and Cabinet are responsible for the coordination of information and public awareness-raising prior to a pandemic. Specifically, the Department of Health has the lead role in communicating human health issues to the Western Australian public.⁷ The Department of the Premier and Cabinet, in support of the Western Australian Government Human Influenza Pandemic Taskforce, has the lead role in coordinating the non-health related information and communication activities.

Communications arrangements that will be used during an influenza pandemic are guided by:

- WESTPLAN – Public Information (an emergency management support plan for all emergencies); and
- Communications plans under the *Western Australian Health Management Plan for Pandemic Influenza* and the *Western Australian Government Human Influenza Pandemic Plan*.

Support for stakeholder and public information activities will be provided by State Emergency Public Information Coordinator, and the Public Information Group of the State Emergency Management Committee (PING).

Critically, each agency will only release information for which it is has responsibility (for example; Public Transport Authority on public transport issues, Department of Education and Training on school closures). Spokespeople needing to respond to issues outside their direct area of responsibility must use cleared whole-of-government information.

Communications between the Government and stakeholders during a pandemic will have four main channels:

1. public communications via websites, media release, advertisements, media briefings, mobile phone messages, automatic dial up alerts to neighbourhood telephones, etc;
2. direct communication between the State Emergency Coordination Group and key stakeholders such as owners and operators of critical infrastructure, peak bodies and associations;
3. communication between HMA and relevant agencies and their networks (e.g. Department of Education and Training with schools, TAFEWA, the Association of Independent Schools of Western Australia, and the Catholic Education Office); and
4. communication to small communities via local governments and local emergency management committees.

⁷ Draft Communications Plan, Annexe to WAHMPI, p 3

Communication methods

In the preparedness phase, stakeholder and public communications aim to raise awareness of the risk and likely impacts of an influenza pandemic, and to promote business continuity planning and individual and organisational preparedness for a pandemic. The key communications methods utilised by the Western Australian Government during the preparedness phase are:

- stakeholder and public briefing sessions;
- targeted workshops (e.g. for local governments);
- advertising and public health campaigns (such as the seasonal flu campaign);
- information websites (Department of Health and Department of the Premier and Cabinet); and
- information materials including fact sheets, discussion papers and other resources, available to download.

During a pandemic, communications methods will include:

- media releases, interviews and media conferences;
- announcements broadcast via electronic and print media;
- websites; and
- telephone hotlines.

Media

The media is a primary source of information for the community and business, particularly during emergency situations. Media conferences and press releases (and interviews where appropriate) will play a key role in public communications in all phases of an influenza pandemic. It is therefore vital that this sector be engaged with and supported, through providing accurate and timely information from an authoritative source.

The Department of Health's Public Affairs Branch will be responsible for the distribution of media kits containing relevant information such as frequently asked questions and the preparation of media releases on health related matters. The State Emergency Public Information Coordinator will support the Department of Health in managing the public information function and coordinate non-health related media releases, input into media kits and media conferences.

Media conferences

Media conferences will be held as frequently as necessary during a pandemic, with key State Government and relevant department spokespeople. Sound bytes and transcripts from these will be posted on the web for downloading and use by the media which cannot attend. Talking points for the speaker will be prepared and circulated via the NHEMRN, PING and SECG.

Consideration will be given in a pandemic influenza to the use of media pool arrangements if required.

Television, radio and newspaper advertising

The Western Australian Government will conduct health promotion campaigns that complement national campaigns and deliver State-specific information. Various communications channels will be utilised to ensure comprehensive access particularly to reach non-English speaking households, Indigenous communities, the hearing and visually impaired and people living in remote and rural areas of the State.

Languages other than English

Engaging ethnic and Indigenous media and community organisations is vital to the communications objectives of the plan.

The Department of Health will enlist the services of interpreters to translate locally produced printed information and to review printed material to ensure information is released in a culturally sensitive and appropriate manner. The Australian Government will widely distribute printed information in a number of languages, covering key facts, disease prevention strategies and what communities and individuals can do to prepare and protect themselves.

Calls from the international media will be referred to the Australian Government if translation services are required.

Call centre arrangements

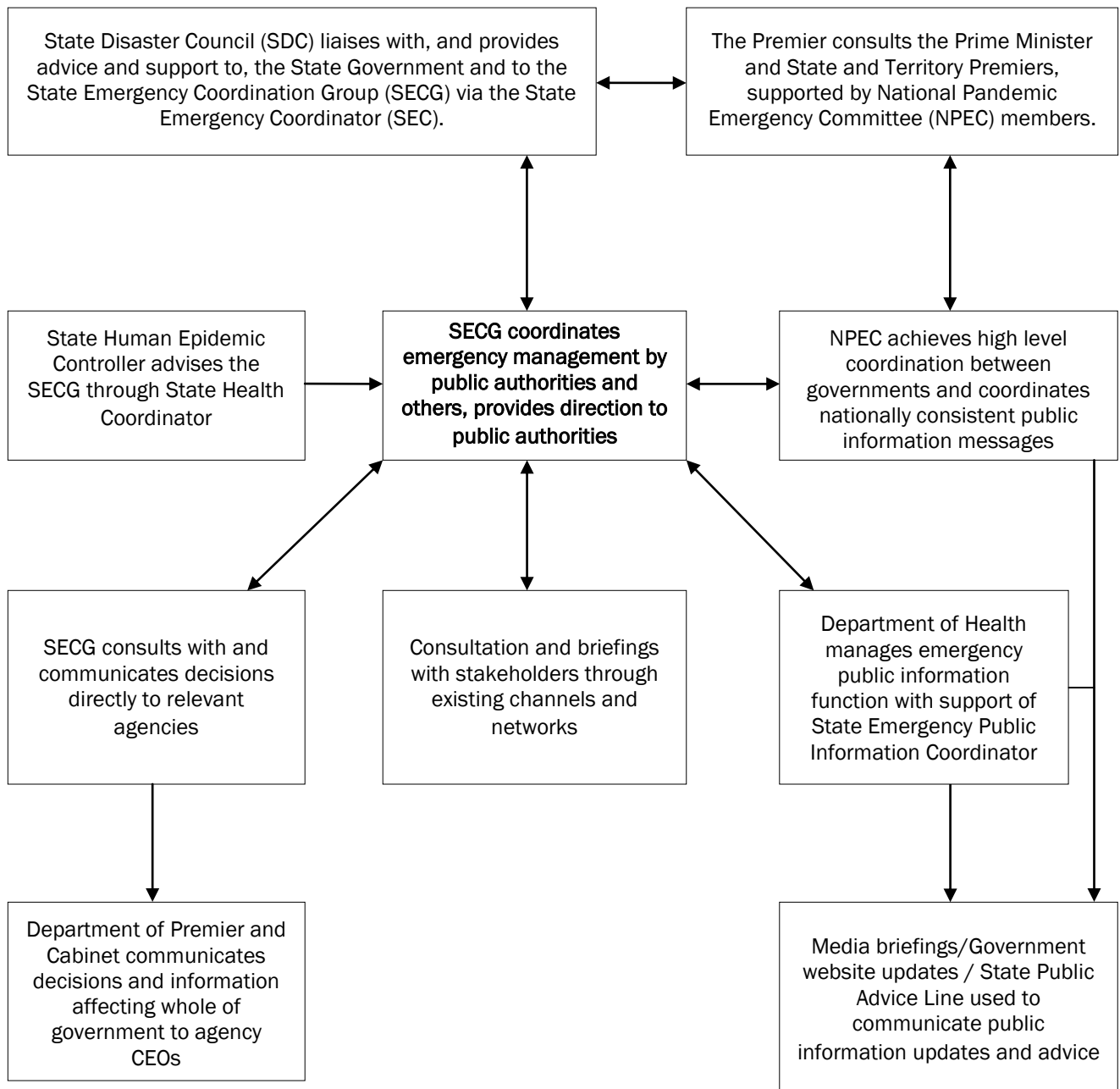
As outlined in the *Communications Plan for Pandemic Influenza* (annex to the *Western Australian Health Management Plan for Pandemic Influenza*), all health related queries from the public will be managed by HealthDirect. All other inquiries will be managed by the relevant agencies according to the services sought.

The State Public Advice Line (SPAL) would be activated when appropriate in accordance with arrangements set out in the *State Public Information Emergency Management Support Plan* (WESTPLAN – Public Information). The public will be notified via the mass media of a contact phone number(s) as soon as the SPAL is operational. The SPAL will provide coordinated and regularly updated advice on the situation and referrals to other information services if necessary.

Information for Travellers

If a virus of pandemic potential is detected overseas, in liaison with the Department of Foreign Affairs and Trade, information targeting travellers will be prepared and provided to such places as ports, airports, hostels, hotels and car rental businesses.

Whole of Government decision-making and communications during a human influenza pandemic



Part 2 - Summary of communications objectives and actions

Pre-pandemic Phase (OS1-3)

1. Objectives

Operational Communications

- Ensure operational communications processes and mechanisms are robust and appropriate to support decision-making and coordinated communications activities

Stakeholder Communications

- Raise awareness of risk and likely impacts
- Promote preparedness and business continuity planning by agencies, businesses and organisations
- Promote and build resilience and capacity
- Reinforce health sector and key agency awareness and preparedness
- Identify key communication channels between agencies, business and government

Public Communications

- Build public awareness of pandemic influenza
- Make available information about risk and likely impacts of pandemic influenza
- Provide assurance that Government has plans in place to minimise impacts
- Promote personal infection control measures for seasonal influenza
- Promote and build personal, business and community resilience and preparedness

2. Messages

- What is bird flu/influenza pandemic?
- What is the current disease situation?
- What is the State Government doing to prepare for pandemic influenza?
- What can you do to protect yourself from pandemic influenza?
- Planning in the workplace
- How to undertake business continuity planning and why it is important
- Take basic precautionary measures
- Where can you get further information

3. Actions

Operational Communications

- Develop and test operational communications mechanisms and processes to support decision making and coordinated communications activities
- Participate in national communications coordination forums and processes

Stakeholder Communications

- Build awareness of relevant structures and plans
- Coordinate communications with Commonwealth, States and Territories
- Target and engage government agencies, peak bodies and other stakeholders
- Use existing communication channels to promote awareness, preparedness, resilience and business continuity planning

Public Communications

- Media interviews through Department of Health's Health Protection Group and Communicable Disease Control spokespeople
- Special articles in medical press
- Train reserve spokespeople for agencies involved in public communications

-
- Background briefings for the media
 - Preparation of FAQs, information about what the Government is doing and talking points developed
 - Maintain websites (Department of Health, Department of the Premier and Cabinet, State Emergency Management Committee) with up to date information and links to other resources
 - Exercise public information coordination processes and mechanisms

Delay (OS 4,5,6)

1. Objectives

Operational Communications

- Ensure operational communications processes and mechanisms are robust, understood and appropriate to support decision-making and coordinated communications activities

Stakeholder Communications

- Reinforce communication principles (accuracy, consistency and timeliness)
- Ensure communication lines are clear
- Increase focus on preparedness and business continuity planning by agencies, businesses and organisations, mobilise stakeholders
- Ensure that health sector and other key stakeholders have information they need to understand, support and participate in a coordinated health response

Public Communications

- Provide accurate and consistent information about situation and risk on a regular basis
- Modify information as situation develops in consultation with health professionals
- Promote authoritative sources of information (Commonwealth and Western Australian Health Departments)
- Provide swift response to misinformation
- Increase focus on preparedness
- Promote reasonable community expectations of pandemic impact
- Provide information as to what people should do if they believe they have pandemic influenza
- Build awareness of the public health measures put in place to prevent pandemic influenza arriving in WA and to minimise spread of illness
- Ensure that public are aware of strategies in place to support the community's recovery

2. Messages

As for pre-pandemic phase, with the addition of:

- Informing media, industry and health care workers about animal infections and risks to human health
- Encouraging volunteering

3. Actions

Building on the actions from the previous phase:

Operational Communications

- Review operational communications mechanisms and processes to support decision making
- Review processes for coordination of stakeholder and public communication and for managing updates of information resources such as websites

Stakeholder Communications

- Target and engage government agencies, peak bodies and other stakeholders
- Review and update information materials as necessary
- Review communications infrastructure to ensure optimal functioning
- Ensure contact lists are up to date
- Engage with news media regarding pandemic response preparedness, building on working relationship established in pre-pandemic phase

Public Communications

- Regular updates to websites
- Regular media updates and public statements by appropriate spokespeople
- Commission and publicise public information hotlines when appropriate

Response (AUS 6a,b,c)

1. Objectives

Operational communications

- Collect and provide accurate information on a regular basis to support decision-making and response efforts
- Ensure coordinated response and actions across whole of government

Stakeholder communications

- Provide accurate information about situation and risk on a regular basis
- Ensure accurate information available to decision-makers to support response (e.g. availability of essential services)
- Provide clear instructions and directions to agencies, peak bodies and other stakeholders affected by emergency response decisions, including in relation to workplace and personal protective measures

Public communications

- Provide accurate information about situation and risk on a regular basis
- Disseminate clear instructions and directions regarding health services and personal protective measures
- Provide timely and accurate information about availability of public services, advice and assistance
- Maintain community confidence in public authorities and health measures
- Acknowledge and empathise with public anxiety, grief and distress associated with the pandemic
- Provide information about when services return to normal functioning, especially primary care services

2. Messages

- What is the current disease situation?
- What can you do to protect yourself from pandemic influenza?
- What should you do if you or a family member becomes sick?
- What is the Government doing to respond to the situation?
- What services are available to assist people affected by the pandemic?
- What services (e.g. transport) are affected by the pandemic?
- How can you contribute to the response effort?
- Where can you get further information?

3. Key Spokespeople

- *Premier*
- Other relevant *Ministers*
- *Commissioner of Police* (State Emergency Coordinator and Chair of State Emergency Coordination Group)
- *Director, Communicable Disease Control Directorate, Department of Health* (State Human Epidemic Controller): Responsible for overall coordination of public health and medical emergency response including provision of guidance on infection control and treatment strategies
- *Directors General* of relevant agencies

4. Actions

Operational Communications

- Participate in national coordination and decision-making forums
- SECG and government agencies engaged to ensure accurate, up-to-date and relevant information is prepared
- Effectively disseminate information to whole-of-government to rapidly implement government decisions

Stakeholder Communications

- Target and engage government agencies, peak bodies and other stakeholders
- Consult stakeholders and involve in decision-making processes as appropriate
- Review and update information materials as necessary
- Review communications infrastructure to ensure optimal functioning.
- Ensure contact lists are up to date.
- Engage with news media regarding pandemic response preparedness, building on working relationship established in pre-pandemic phase

Public Communications

- Regular updates to websites
- Regular media updates through press conferences, media releases and public statements by appropriate spokespeople, advertising
- Commission (if not already commissioned) and publicise information hotlines
- Regular updates to information available through call centres and hotlines

Recover (AUS 6d)

1. Objectives

Operational communications

- Provide accurate information about situation on a regular basis to support recovery
- Improve processes and mechanisms for possible further pandemic waves

Stakeholder communications

- Provide accurate information about situation on a regular basis
- Maintain smooth communication between agencies and key stakeholders during recovery process
- Maintain awareness of possible subsequent pandemic waves
- Assess effectiveness of this communications strategy
- Assess effectiveness of communications in individual agencies
- Encourage key stakeholders to engage in similar reviews

Public communications

- Provide accurate information about situation on a regular basis
- Promote maintenance of health measures in immediate post-pandemic period
- Maintain community confidence in public authorities and recovery measures
- Focus on boosting community resilience through promoting hygiene and healthy food
- Maintain awareness of and acknowledge uncertainties surrounding subsequent pandemic waves

2. Messages

- What is the current situation?
- What is the risk of further waves of pandemic influenza?
- What is the Government doing to assist recovery?
- What services are available to assist people affected by the pandemic?
- When are services affected by the pandemic being restored?
- How can you contribute to the recovery effort?
- Where can you get further information?

3. Key Spokespeople

- *Commissioner of Police* (State Emergency Coordinator and Chair of State Emergency Coordination Group)
- *Director, Communicable Disease Control Directorate, Department of Health* (State Human Epidemic Controller): Responsible for overall coordination of public health and medical emergency response including provision of guidance on infection control and treatment strategies
- *Premier*
- *Other Ministers*

4. Actions

Operational communications

- Collect and provide information to support the recovery effort as necessary
- Review operational communication arrangements and update plans

Stakeholder communications

- Continue briefing and engagement with key stakeholders
- Strengthen / revise communications strategies where necessary

Public communications

- Regular media updates
- Regular updates to websites
- Decommission public information hotlines when appropriate

Appendix F: Preparedness for regional Western Australia including remote Indigenous communities

Western Australia's size and rural and remote communities give rise to particular challenges and issues in preparing for a human influenza pandemic including transport, health service delivery and communications. While the remoteness of many of the State's non-metropolitan communities may delay the spread of pandemic influenza, mobility and travel patterns, including the growing trend of 'fly in / fly out' workers in remote areas, mean that no part of the State is absolutely protected from the spread of pandemic influenza.

Western Australia has nearly 300 rural and remote Indigenous communities with a total population of about 17,300, concentrated in the State's far north and eastern Goldfields. Aboriginal and Torres Strait Islander people have significantly worse health than the general population and are likely to have higher mortality and morbidity rates during a pandemic.

Particular challenges for managing an influenza outbreak in remote communities include:

- difficult road access for many communities, particularly in the 'wet' season between December and April, and long distances from some of these communities to serviced towns;
- the use of Aboriginal languages and literacy issues, requiring a different educational approach;
- poor health for many Indigenous people, making them potentially more vulnerable to influenza;
- a lack of good environmental health (i.e. housing and essential services) and / or a lack of local health services; and
- limited access to telecommunications, particularly efficient internet connections for smaller communities.

In many remote indigenous communities, essential services (such as water, power and sewerage) are currently provided by private and community sector providers contracted by the Commonwealth Government, while in others they are provided by State or local government authorities.

Roles and responsibilities

A number of State and Commonwealth agencies have a role in the development and implementation of appropriate plans to manage a pandemic affecting remote indigenous communities in Western Australia.

The WA Department of Health provides a significant proportion of primary health care for Aboriginal and Torres Strait Islander people (in addition to Commonwealth Government funded Aboriginal Community Controlled Health Services) in many remote communities. Area Health Services and Population Health Units should develop plans and protocols for the preparation for and management of a pandemic in indigenous communities in their jurisdiction.

Local governments are responsible for ensuring that effective local emergency management arrangements are prepared and maintained for their districts, including arrangements for remote indigenous communities within their local government areas.

Local governments are also responsible for managing recovery following an emergency affecting communities in their districts. As noted in Part 4, in the event of an emergency requiring State-level coordination of the recovery, or an interstate or international emergency that impacts on Western Australian communities, the State Government will assume responsibility for coordinating the recovery process in accordance with the WESTPLAN Recovery Coordination.

Local Emergency Management Committees and District Emergency Management Committees, which bring together representatives of key government and non-government agencies within a district to assist in the development of effective local emergency management arrangements, have a key role in emergency management planning for Indigenous communities.

Work is continuing, coordinated through FESA, to build emergency management capacity in Indigenous communities, however, many are at an early stage of preparedness.

The Western Australian Government will continue to work in consultation with relevant communities and the Commonwealth, State and Territory and Local governments to support the development of effective approaches to managing influenza pandemic in remote indigenous communities.

Appendix G: Principles governing the closure of schools and other educational facilities in Western Australia during an influenza pandemic

Social distancing measures implemented to control the spread of infection during an influenza pandemic may include the temporary closure of schools and other educational facilities. Depending on the extent and duration of the closures, it is recognised that this measure would have significant social, community and economic impacts.

These principles have been developed to explain the basis on which decisions to close educational facilities in Western Australia during an influenza pandemic would be made. The principles are intended to assist Western Australian schools, TAFE colleges and tertiary institutions to develop their own plans to prepare for and respond to a pandemic.

Principle 1: *Decisions on closures of educational facilities in Western Australia during an influenza pandemic are the responsibility of the Western Australian Government*

Under Western Australia's emergency management arrangements, the State Emergency Coordination Group (SECG) would be activated in a pandemic emergency to coordinate emergency management, media and public communications, liaise with Commonwealth agencies and other jurisdictions, and provide advice and direction to the Premier, Ministers and agencies.

Powers which enable the closure of educational facilities would be exercised in consultation with the SECG, Ministers, the Director General, Department of Education and Training and relevant bodies. It should not be assumed that closures of educational facilities in one State or Territory will necessarily mean that facilities in other States and Territories would also close. All governments have agreed on the need for regional flexibility in the implementation of social distancing measures depending on the nature and location of an outbreak of influenza.

As far as possible, however, the rationale for implementing measures, including facility closures, will be consistent across jurisdictions. States and Territories will also collaborate closely to ensure that the community and other key stakeholders receive information which is consistent and from authoritative sources at all levels of government and through all phases of the pandemic.

Principle 2: *Decisions to close educational facilities during a pandemic will only be made if and when necessary*

The Western Australian Government recognises the significant social, community and economic impacts that could result from educational facility closures during an influenza pandemic. In the event of a pandemic, the Government's approach would be to continue normal operations for as long as feasible. Educational facilities will only be closed if necessary to protect the health and safety of the Western Australian community.

Decisions to close educational facilities will be based on the attack rate of pandemic influenza in Western Australia and the location of the spread across metropolitan and regional areas. The length of time that educational facilities remain closed will depend on the success in containing the spread of infection.

Principle 3: *Decisions on closures of educational facilities will be based on assessment of the risk of spread of infection*

The risk of spread of any infectious disease is generally higher in primary schools because children are high 'shedders' of virus and their social behaviour is not fully developed. Hygiene

measures are particularly difficult to supervise or implement among younger children. Accordingly, the closure of primary schools is likely to have a higher impact on containing the spread of the disease than the closure of facilities such as secondary schools and universities. Health authorities will monitor the situation closely and advise whether it is safe to send children to school.

Decisions to close secondary schools, TAFE colleges and tertiary institutions would be made if considered necessary and would be based on the attack rate and location of the spread of cases across metropolitan and regional areas.

Principle 4: *Decisions on educational facility closures will be made in response to the actual situation in Western Australia, not in response to a pre-determined trigger*

Closures of educational facilities will not be an automatic response to a trigger such as a change in the Australian pandemic phases or the first confirmed human to human transmission of pandemic influenza in Western Australia.

Decisions will be made at the time depending on the attack rate and location of spread of the disease. Closures in other parts of Australia would not necessarily lead to closures in Western Australia if there were no cases here.

Principle 5: *Not all educational facilities in Western Australia would necessarily be closed at the same time.*

The extent of educational facility closures will depend on how widespread the disease is and the location of cases. Given movement patterns, geographic areas would normally be closed, rather than single schools. Facilities in areas and regions where there is no evidence of cases would not be closed if there was no direct link to other cases and there was a low risk of people travelling from affected areas. Decisions to close schools will apply in the same way to all government and non-government schools.

Principle 6: *Communication with stakeholders and the community will be integrated into the decision-making process*

Timely and appropriate communications strategies will be implemented to minimise disruptions arising from decisions to close educational facilities in a pandemic. The way in which decisions are communicated to facilities and the community will take account of duty of care obligations and practical realities, particularly in relation to schools.

On the basis of advice from the health authorities, the Government will advise whether it is safe for children and students to attend school, college or universities. There is a possibility, however, that staff, parents and students may choose not to attend facilities due to fear of influenza exposure even if no decision has been made to close facilities or they have been reopened after a period of time.

The communication of clear, timely and accurate information about the risk and the reason for decisions will help to address concerns and ensure compliance with official directions. The diagram on the page 50 sets out the communication process for the education sector that will apply during a pandemic.

Principle 7: *Closure of educational facilities does not necessarily mean a complete cessation of educational programming for students*

The impact of a pandemic on students and their families will be reduced if measures are taken to minimise disruption to education delivery. Schools and other educational facilities are

encouraged to plan for the delivery of educational programming material and learning support processes even when they are not open.

A pandemic has the potential to disrupt assessment activities such as exams, and to affect students' abilities to prepare and complete assignments. Educational authorities will develop flexible approaches that take account of a pandemic's impact and minimise the disruption.

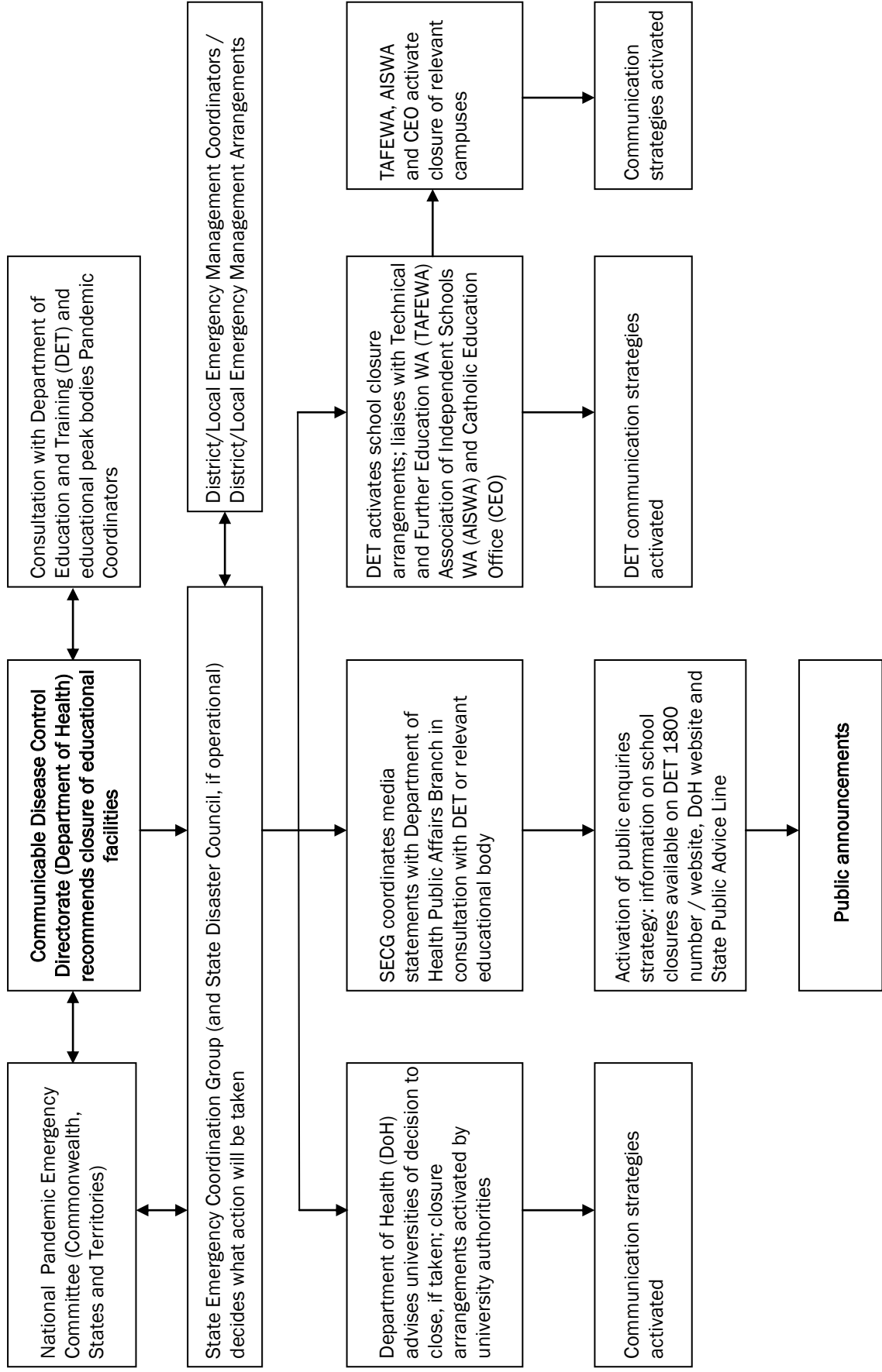
Principle 8: *The impact of educational facility closures will be subject to ongoing assessment during a pandemic with the aim that facilities be reopened as soon as possible to minimise social, community and economic impacts*

The Western Australian Government recognises the importance of educational facilities continuing to operate to the greatest extent possible during a pandemic to minimise the social, community and economic impacts of the pandemic. A return to normal functioning as soon as possible will also be critical to recovery once an outbreak is over. Once a decision to close facilities has been made, its impact on the spread of the disease will be regularly assessed and the decision reviewed in light of the impact.

Principle 9: *During a period of school closure, school facilities will only be used for pandemic response activities where that is the best available option.*

The Western Australian Government recognises the need to respect the educational and psychological needs of school communities. Recovery processes following a pandemic will be greatly enhanced if school buildings can be reopened as quickly as possible for school purposes. School facilities will only be used for purposes such as vaccination clinics during a period of school closures where that is the best available option.

Communications during a pandemic: Schools and other educational facilities



Appendix H: Pandemic influenza planning websites and information

International

- The **World Health Organisation** is coordinating the global response to human cases of H5N1 avian influenza and monitoring the corresponding threat of an influenza pandemic. The WHO website includes both technical guidelines and information useful for the general public.
www.who.int/csr/disease/avian_influenza/en/index.html

National

- The **Commonwealth Department of Health and Ageing** website contains information about the Australian Government's pandemic influenza planning and preparedness.
www.health.gov.au/pandemic
- The **Commonwealth Department of Agriculture, Fisheries and Forestry** website contains information about Australia's preparedness to prevent and manage an outbreak of avian influenza in Australian birds.
www.daff.gov.au/birdflu
- The **Commonwealth Department of Foreign Affairs and Trade** travel advisory website includes bulletins on travel health issues including avian influenza.
www.smarttraveller.gov.au
- The **Australian Local Government Association** website contains information and links for Local Government emergency managers about the nature of the pandemic influenza threat, the likely impacts on their community, and planning underway at the international, national, state and territory level.
www.alga.asn.au/policy/emergman/fluPandemic

Australian Health Management Plan for Human Influenza Pandemic

www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-ahmppi.htm

National Action Plan for Human Influenza Pandemic

www.pmc.gov.au/publications/pandemic/index.htm

Western Australia

- The **Department of Health** website includes information about the Western Australian Department of Health's planning and preparation for an influenza pandemic.
www.public.health.wa.gov.au/1/422/2/pandemic_influe.pm
- The **Office of State Security and Emergency Coordination** website contains information about Western Australian planning for a pandemic and links to other resources.
www.ossec.dpc.wa.gov.au/pandemic

Western Australian Health Management Plan for Pandemic Influenza November 2005

www.public.health.wa.gov.au/3/541/3/plans.pm

Western Australian Government Human Influenza Pandemic Plan

www.ossec.dpc.wa.gov.au/documents/planHumanInfluenzaPandemicWAGov.pdf

Business Continuity Planning

- **Emergency Management Australia** offers training in Business Continuity Management.
www.ema.gov.au/agd/EMA/emaInternet.nsf/PageRWP798FCD7EB82DD4F2CA25705A0014E2AE
- The **Commonwealth Department of Innovation, Industry, Science and Research** has produced a range of tools to assist Australian businesses prepare for a possible human influenza pandemic in Australia, including a kit for small businesses.
www.innovation.gov.au/General/Corporate/Pages/BusinessContinuityPlanning.aspx
- The **Western Australian Small Business Development Corporation** can provide free advice and guidance to Western Australian businesses to support them to develop effective business continuity plans.
www.sdbc.com.au
- The **Nationalsecurity.gov.au** website explains why businesses of all sizes need to be ready to manage any emergency or adverse situation that might affect them.
www.nationalsecurity.gov.au
- The Australian Standard for Risk Management. AS/NZS 4360 (1999) can be purchased through the **Standards Australia** website www.standards.com.au. Other useful references include:
 - ◆ HB 221: 2004 Business Continuity Management
 - ◆ HB 292- 2006 A Practitioners Guide to Business Continuity Management
 - ◆ HB 293- 2006 Executive Guide to Business Continuity Management

Website addresses correct as at September 2008. For updated links and information, visit the Office of State Security and Emergency Coordination website at www.ossec.dpc.wa.gov.au.

Abbreviations

AHMPPI	Australian Health Management Plan for Pandemic Influenza
AUSVETPLAN	Australian Veterinary Emergency Plan
CMO	Chief Medical Officer of Australia
NPEC	National Pandemic Emergency Committee
SDC	State Disaster Council
SECG	State Emergency Coordination Group
SEMC	State Emergency Management Committee
SHC	State Health Coordinator
WAHMPPI	Western Australian Health Management Plan for Pandemic Influenza
WESTPLAN - HEALTH	State Health Emergency Management Support Plan
WESTPLAN - HUMAN EPIDEMIC	State Human Epidemic Emergency Management Plan
WESTPLAN - RECOVERY COORDINATION	State Emergency Management Plan for State Level Recovery Coordination
WESTPLAN - WELFARE	State Welfare Emergency Management Support Plan
WHO	World Health Organization

Definitions

Commonwealth Government	The Federal Government of Australia.
Epidemic	Rapid spread of a virus through a population in a generalized area.
First ministers	The Prime Minister of Australia, Premiers of the States and Chief Ministers of the Territories.
H5N1 avian influenza (bird flu)	Type A virus affecting birds but transmissible in rare circumstances to humans who are in close contact with affected birds. It causes severe influenza-like symptoms and may result in death.
Influenza (the flu)	A highly contagious disease of the respiratory tract caused by the influenza virus.
Influenza Type A	Occurs in humans and animals.
Pandemic	Epidemic on a global scale.