

# Queensland Health

## Pandemic Influenza Plan

May 2018

## Queensland Health Pandemic Influenza Plan

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# 1. Introduction

## 1.1 Purpose and scope

The purpose of the Queensland Health pandemic influenza plan (the plan) is to provide a strategic outline of Queensland Health responses to an influenza pandemic. It does not include detailed operational procedures.

The plan needs to be read in conjunction with the *Australian Health management plan for pandemic influenza 2014 (AHMPPI)*.<sup>1</sup> The AHMPPI is a comprehensive and detailed document that:

- describes the high level decisions and the broad approach the Australian health sector will take to respond to the pandemic
- provides an operation plan to support implementation of activities at an operational level
- provides evidence and tools to support policy and operational decision makers

This plan does not reiterate the information contained with the [Australian Health management plan for pandemic influenza \(2014\) \(AHMPPI\)](#)<sup>1</sup> or other relevant plans such as the [Queensland State disaster management plan reviewed September 2016](#)<sup>2</sup> and the [Queensland Health disaster and emergency incident plan, June 2016 \(QHDISPLAN\)](#).<sup>3</sup>

The plan may also be applied to the management of other highly transmissible respiratory infections associated with significant morbidity or mortality, including severe seasonal influenza.

## 1.2 Aim and objectives

The aim of the *Queensland Health pandemic influenza plan* is to provide an effective health response framework to minimise transmissibility, morbidity and mortality associated with an influenza pandemic and its impacts on the health sector and community.

The objectives described in this plan reflect the key aspects of the [AHMPPI](#)<sup>1</sup>:

- ensure that the Queensland Health system is prepared for an influenza pandemic by using existing systems and governance mechanisms as the basis of the response
- ensure that the public receive informed and timely advice and information
- minimise transmissibility, morbidity and mortality.

## 1.3 Planning assumptions

This plan is based on the planning assumptions as described in the [AHMPPI](#)<sup>1</sup>

## 1.4 Key factors

Key factors that influence the Queensland Health planning approach include:

- the potential to apply this plan to seasonal influenza when it threatens to overwhelm Queensland's health system
- a flexible and scalable approach which is proportionate to the level of risk and appropriate to the level of impact the pandemic is likely to have on vulnerable populations, and on the community as a whole
- capitalise on existing emergency management arrangements within Queensland by developing and maintaining stronger links with other government agencies, non-government health services and the community
- a health system response based on the principles of emergency risk management for health in full compliance with Queensland, Australian and international laws<sup>4</sup>
- clear guidance, monitoring and reporting on the epidemiology of the pandemic
- an emphasis on communications as a key tool in the management of the response to ensure timely, clear, accurate and transparent information is disseminated to health services staff, the community and the media.

## 1.5 Approach

Drawing on lessons identified from the influenza pandemic of 2009, the [AHMPPI](#)<sup>1</sup> and the World Health Organization's [Pandemic influenza risk management guidance](#),<sup>4</sup> this plan aligns with an all-hazards approach interlinking with current national and state emergency risk management strategies to manage health risks. The plan acknowledges the importance of a whole-of-government, multi-sectorial approach based on multi-stakeholder cooperation, effective communications at all levels, robust evidence-informed decision making and a flexible, scalable and responsive public health system.

The development of this plan has been informed by the:

- [CD plan, emergency response plan for communicable disease incidents of national significance, September 2016](#)<sup>5</sup>—broadens the scope of the *National action plan for human influenza pandemic* to now cover all communicable disease incidents of national significance.
- [Australian Health management plan for pandemic influenza, 2014](#)<sup>1</sup>—national health influenza pandemic plan that outlines Australia's strategy to manage an influenza pandemic and minimise its impact on the health of Australians and its health system.
- [Queensland State disaster management plan, reviewed September 2016](#)<sup>2</sup>—details emergency arrangements within Queensland Government. Annexure B: Agency Roles and Responsibilities identifies Queensland Health as the functional lead agency for a pandemic influenza health response.
- [Queensland Health disaster and emergency incident plan, June 2016](#)<sup>3</sup>—details health emergency management arrangements and the hierarchy of plans within Queensland Health. The Queensland Health pandemic influenza plan is a sub-plan of this plan.

- [Health service directive](#) QH-HSD-046—management of a public health event of state significance.<sup>6</sup>
- [Health service directive](#) QH-HSD-003: 2017—disasters and emergency incidents.<sup>7</sup>

Queensland Health's response activities detailed in this plan are structured to reflect the *AHMPPI 2014* response stages. Table 1 demonstrates how the response stage detailed in the AHMPPI aligns with the response activation phase outlined in the [Queensland State disaster management plan reviewed September 2016](#)<sup>2</sup> and the [QHDISPLAN](#).<sup>3</sup>

**Table 1 Emergency management framework—AHMPPI<sup>1</sup> and QHDISPLAN<sup>3</sup>**

AHMPPI Stages <sup>1</sup>	AHMPPI Sub-stages <sup>1</sup>	Characteristics of the disease that inform key activities (See AHMPPI <sup>1</sup> for key activities in each stage)	Queensland response arrangements
Prevention	Prevention*	No novel strain detected or emerging strain under initial investigation	Prevention
Preparedness	Preparedness	No novel strain detected or emerging strain under initial investigation	Preparedness
Response	Standby	Sustained community person-to-person transmission overseas	Alert Lean Forward
	Initial Action	Cases detected in Australia Initial	Stand up
		Targeted	
	Targeted Action	<ul style="list-style-type: none"> <li>• when information about the disease is scarce</li> <li>• when enough is known about the disease to tailor measures to specific needs</li> </ul>	
Stand Down	Virus no longer presents a major public health threat	Stand Down	
Recovery	Recovery*	Virus no longer presents a major public health threat	Recovery

\*Prevention and recovery are not the primary focus of the AHMPPI.<sup>1</sup>

Consistent with Australia's strategic approach to emergency management, the following table summarises Queensland Health activities for pandemic influenza management.

**Table 2 Summary of Queensland Health activities for pandemic influenza management**

Prevention
<ul style="list-style-type: none"> <li>• Promote good personal hygiene measures to health care workers and the general public e.g. hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues) staying away from others whilst sick.</li> <li>• Promote seasonal influenza vaccine uptake in at-risk and vulnerable groups, in those that may transmit influenza to at-risk and vulnerable groups, in essential service workers (especially health care workers) and in the general public.</li> <li>• Contribute to influenza surveillance programs.</li> <li>• Contribute to research related to pandemic influenza management strategies.</li> <li>• Collaborate with regional neighbours where pandemic strains are more likely to emerge, through surveillance systems and early response to clusters of influenza viruses with</li> </ul>

pandemic potential.

- Collaborate with the animal health sector to facilitate a One Health approach.

#### Preparedness (further detail provided in this plan)

- The Department of Health will develop, maintain, test and revise the Queensland Health Pandemic Influenza Plan and participate in an expert advisory capacity to the whole-of-government plan.
- Hospital and Health Services (HHSs) and the Department of Health need to develop and maintain a health workforce with the skills necessary to implement pandemic response strategies.

#### Response (further detail provided in this plan)

- Activate Queensland Health's Disaster and emergency incident arrangements.
- Commence enhanced surveillance to characterise the disease and inform decision-making.
- Contribute to case identification strategies at the international/domestic border if directed by the Australian or Queensland Government.
- Deliver health care to affected communities whilst maintaining essential core business.
- Provide information to health care staff, the media and the community.
- Isolate cases and contacts in healthcare settings and in the community.
- Identify and consider use of antiviral agents to cases (treatment) and contacts (pre and post-exposure) and facilitate access as required.
- Provide pandemic vaccine as per the Australian Government Department of Health.
- Establish flu clinics (also may be referred to as fever clinics) and mass vaccination clinics.
- Provide recommendations to the State Health Controller regarding the implementation of social distancing measures e.g. school and workplace closures, cancellation of mass gatherings.
- Provide advice to inform mental health services to affected persons and communities.
- Stand down enhanced arrangements when appropriate.

#### Recovery

- Contribute to community recovery as coordinated by the Department of Communities, Child Safety and Disability Services.

Note: These activities are not necessarily implemented sequentially.

For further detail regarding key health activities for the health sector refer to Part 1, Section 5 Implementation, [AHMPPI 2014](#).<sup>1</sup>

For a hierarchy of plans at state and national level, refer to the [CD plan, emergency response plan for communicable disease incidents of national significance, September 2016](#).<sup>5</sup>

## 1.6 Legislation

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



Appendix 1—legal framework, [AHMPPI](#),<sup>1</sup> Section 2.5 *Legal Framework* and in the [CD plan, emergency response plan for communicable disease incidents of national significance, September 2016](#).<sup>5</sup>

## 1.7 Ethical decision making

Governments will have to make many difficult decisions during an influenza pandemic about a wide range of response and recovery issues. The Australian Health Protection Principle Committee (AHPPC) has agreed an ethical framework as laid out in the *AHMPPI*<sup>1</sup> and summarised below, to guide the health sector response, which has wider applicability:

Equity	Providing care in an equitable manner, recognising the special needs, cultural values and religious beliefs of different members of our community (this is especially important when providing health services to vulnerable individuals, such as Aboriginal and Torres Strait Islander peoples and people who are culturally and linguistically diverse).
Individual liberty	Ensuring that the rights of the individual are upheld as much as possible.
Privacy and confidentiality of individuals	Is important and should be protected. Under extraordinary conditions during a pandemic, it may be necessary for some elements to be overridden to protect others in accordance with the <i>Public Health Act 2005</i> .
Proportionality	Ensuring that measures taken are proportional to the threat.
Protection of the public	Ensuring that the protection of the entire population remains a primary focus.
Provision of care	Ensuring that health care workers are able to deliver care appropriate to the situation, commensurate with good practice and their profession's code of ethics.
Reciprocity	Ensuring that when individuals are asked to take measures or perform duties for the benefit of society as a whole, their acts are appropriately recognised and legitimate need associated with these acts is met where possible.
Stewardship	That leaders strive to make good decisions based on best available evidence.
Trust	That health decision makers strive to communicate in a timely and transparent manner to the public and those within the health system.

Also refer to [Australian Government, Australian disaster management series, disaster health handbook 1](#), Chapter 19.<sup>8</sup>

## 2. Governance

This chapter outlines the roles and responsibilities of stakeholders and describes decision making and communication processes.

### 2.1 Triggers to activate the plan

Activation of the *Queensland Health pandemic influenza plan* may be considered by the Director-General or the Chief Health Officer and Deputy Director-General Prevention Division (CHO & DDG) under the following circumstances:

- notification from the Australian Government Department of Health of the emergence of a novel influenza virus with pandemic potential in Australia or overseas
- potential or actual threat of seasonal influenza overwhelming health service capacity.

### 2.2 Authority to activate the plan

The *Queensland Health pandemic influenza plan* is activated via the [QHDISPLAN](#)<sup>3</sup> under the authority of the CHO & DDG. The CHO & DDG or delegate is appointed the State Health Coordinator (SHC). Activation of the [QHDISPLAN](#)<sup>3</sup> and the *Queensland Health pandemic influenza plan* may lead to the activation of the State Health Emergency Coordination Centre (SHECC).

When the SHECC is activated the SHC:

- notifies the State Disaster Coordination Centre (SDCC) and all HHSs and Queensland Health department divisions that the SHECC has been activated
- coordinates the Queensland Health response and liaises with HHSs (down) and SDCC (up)
- identifies if the response required is beyond Department of Health capabilities and requests support or assistance from other State Agencies or National Agencies (through SDCC) or Health Departments of other jurisdictions (through AHPPC).

### 2.3 Roles and responsibilities

The WHO advocates multi-sectoral linkage and integration across the whole of government and the whole of society.<sup>4</sup> All divisions, branches, business units and services within Queensland Health are responsible for engaging other Queensland and Australian Government departments, external health services and community-based non-government organisations to ensure Queensland's whole-of-society response will be integrated and comprehensive in the event of a pandemic.

This section summarises the roles and responsibilities of Queensland Health in implementing national and state-wide strategies to manage an influenza pandemic.

National Level: The Australian Government develops and maintains a national health sector plan to prepare for and respond to an influenza pandemic. The two main plans pertaining to pandemic influenza are the [AHMPPI](#)<sup>1</sup> and the [CD plan, emergency](#)

[response plan for communicable disease incidents of national significance, September 2016.](#)<sup>5</sup>

State Level: The Queensland Department of Health is the functional lead agency for pandemic influenza in Queensland and as such is responsible for implementing national and state plans to ensure a coordinated, whole-of-health approach in Queensland. Planning assumptions and key messaging are provided from the national level to states. These can be adapted and utilised to inform planning at jurisdictional and local levels based on an appropriate risk assessment. Details regarding whole-of-government arrangements in Queensland are outlined in the [Queensland State disaster management plan, reviewed September 2016](#)<sup>2</sup> and the [QHDISPLAN](#).<sup>3</sup>

Hospital and Health Services Level: In planning and preparing for disasters and emergency incidents, HHSs are required to ensure hospital plans integrate with HHS's and state-level plans to facilitate a cohesive response. A list of resources and tools to assist HHSs operational planning, including a [Pandemic plan audit checklist](#)<sup>9</sup>, are available in Appendix 3—associated documents and Appendix 4—training resources.

Activation of the *Queensland Health pandemic influenza plan* is the trigger for activation of local HHSs pandemic influenza arrangements if they have not already been activated, based on a local risk assessment.

Queensland Health's roles and responsibilities for preparedness and response for pandemic influenza are detailed in Appendix 2—Queensland Health roles and responsibilities for preparedness and response for pandemic influenza.

## 2.4 Risk assessment

Risk assessment encompasses the activities of identifying risk, analysing risk, evaluating risk and determining risk priorities through communication, consultation, monitoring and review. Disaster risk assessment and management is undertaken in line with the [Queensland emergency management risk framework \(QERMF\)](#)<sup>10</sup> which is underpinned by the [National emergency risk assessment guidelines \(NERAG\)](#)<sup>11</sup> and the [Australian/New Zealand Standard AS/NZS ISO 31000:2009 Risk management—principles and guidelines](#).<sup>12</sup> Risk assessments should form the basis of disaster management group, agency and government planning and be used to inform and identify:

- priorities for prevention/mitigation, preparation, response and recovery operations
- options for prevention/mitigation, preparation, response and recovery operations
- vulnerable populations and facilities
- opportunities for capability and capacity development
- residual risks<sup>1</sup> and thresholds.

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<sup>1</sup> State agencies, in supporting local government, should assist the risk assessment process including the management of residual risk (risk remaining after risk treatment) beyond the capacity and capability of local and district arrangements.

## 2.5 Incident management system

The *Queensland Disaster Management Act 2003*<sup>13</sup> provides the legislative basis for disaster management arrangements in Queensland. It makes provision for the establishment of disaster management groups for state, districts and local government areas and provides the legislative basis for the preparation of disaster management plans and guidelines including the [Queensland State disaster management plan, reviewed September 2016](#)<sup>2</sup>, under which the [QHDISPLAN](#)<sup>3</sup> sits.

The Queensland Health Pandemic Influenza Plan is a sub plan of the [QHDISPLAN](#)<sup>3</sup>. Queensland Health is the functional lead agency for pandemic influenza.

The decision as to whether to declare a state disaster or a public health emergency for pandemic influenza will be based on the emerging epidemiology of the influenza virus and its potential impact on the population at local, state and national levels. The SHC is responsible for activating the SHECC to coordinate and implement Queensland Health's response to an influenza pandemic, (see Appendix 5—SHECC structure).

Queensland Health disaster and emergency incident management is based on the Australasian Inter-Service Incident Management System (AIIMS). It is scalable, depending on the size and complexity of the incident and provides a consistent, all-agencies approach.

Communications facilities are established from which an Incident Management Team (IMT) operates and where the command, control and coordination of the event occurs. The Department of Health will establish the SHECC and HHSs will establish Health Emergency Operations Centres (HEOCs).

The [QHDISPLAN](#),<sup>3</sup> and [Queensland Health incident management system guideline](#),<sup>14</sup> outline the roles and responsibilities of incident management teams in the SHECC and HEOCs. The Queensland Department of Health provides tools and resources that can be used to guide planning and operations for establishment and management of HEOCs.

During the preparedness stage, the Queensland Department of Health and HHSs are responsible for developing clear communications and reporting pathways between their communications facilities to ensure effective and efficient command, control and coordination arrangements during a public health response.

It is essential that a full contemporaneous record of events, decisions and actions taken is maintained during the pandemic. Situation reports (SITREPs) and incident action plans are used to manage information and ensure actions meet the overall incident objectives. HHSs will need to submit SITREPs to SHECC that describe health service capacity and bed status to inform response planning and to best support all HHSs impacted by the pandemic, (see Appendix 6—standardised reporting format).

Refer to [Queensland Government disaster management website](#)<sup>15</sup> for relevant disaster resources including state, district and local guidance documents for disaster management.

## 2.6 Communication

During an influenza pandemic, Queensland Health is responsible for establishing and maintaining an effective communication system with both internal and external stakeholders as well as the public.

Clear and consistent communication is crucial to minimising the risk to public health and safety during the various stages of an influenza pandemic. To ensure consistent messages are delivered to the public, the SHECC leads all communication and media engagement activities for Queensland Health and provides guidance to HHSs and other stakeholders based on advice from the Australian Government. The Health Contact Centre (13 HEALTH) will be the single point of contact for the public.

The Australian Government develops specific communications tools at the time of the pandemic and makes them available on the [Australian Government Department of Health—health emergency preparedness and response website](#).<sup>16</sup>

## 2.7 Expert advisory groups

Consistent with the [QHDISPLAN](#),<sup>3</sup> there is a need for content advisors and expert advisory groups to support the SHECC. The purpose of the expert advisory groups is to provide strategic advice on the management of communicable diseases and clinical care within Queensland to the State Health Coordinator. Existing [state-wide clinical networks](#)<sup>17</sup> will be used to inform decisions.

## 2.8 Business continuity

An influenza pandemic presents a unique challenge to business units in the management of staff absenteeism and the maintenance of essential services. The resource requirements or impacts of disasters or emergency incidents may require business continuity plans to be activated in parallel with disaster and emergency plans. All business units within Queensland Health need to have in place emergency preparedness and continuity management plans that incorporate aspects specific to a pandemic. This will primarily be to manage surges in staffing requirements to ensure continuity of health services to the community, or to maintain critical business functions in cases of impact to facilities or systems. Within the Queensland Department of Health, the [Business continuity management standard](#) (QH-IMP-070-2:2017) applies.<sup>18</sup>

For further information, refer to the [Audit, Risk and Governance Branch Business continuity management website](#)<sup>19</sup> (available through the Queensland Health Electronic Publishing System) and associated resources; also refer to [Queensland Health policy](#) website.<sup>20</sup>

This section should be read in conjunction with Section 3 Human resources and financial management.

## 3. Human resources and financial management

### 3.1 Staff management

In the event of a pandemic, there are a number of factors that require consideration to ensure appropriate management of the workforce, while providing an effective continuation of service. These are related principally to:

- workplace health and safety matters
- managing ill workers
- training
- employee assistance program.

### 3.2 Workplace health and safety

The *Work Health and Safety Act 2011* sets out duties and obligations for ensuring worker health and safety. This includes ensuring as reasonably practicable:

- a safe work environment
- safe systems of work
- the safe use, handling and storage of any substances
- adequate facilities for the welfare of workers
- the provision of any information, training, instruction or supervision to protect workers from risks to their health and safety
- the health of workers and workplace conditions are monitored for the purpose of preventing illness or injury of workers.

A risk management approach consistent with the [Queensland Health safety management system](#)<sup>21</sup> shall be implemented during a pandemic event. This includes notification of illness contracted by the worker, via the Queensland Health approved incident management enterprise system. Please note that individual HHSs may have a modified version of a safety management system and therefore HHS specific issues should be directed to [Workplace health and safety](#)<sup>22</sup> within the appropriate HHS.

Matters relating to staff that may require consideration during a pandemic include, but are not limited to:

- staff redeployment from their normal duties or workplace to support the pandemic response with consideration given to:
  - the level of skill/knowledge and abilities of the staff member to enable safe clinical practice within scope of practice
  - location of redeployment and accommodation implications
  - orientation into the new workplace, particularly remote or isolated locations
- the implementation of staff influenza screening procedures in all facilities, including self-monitoring by staff. The procedure should ensure that staff at high risk of

complications of influenza are separated from situations where they are likely to be exposed to pandemic influenza

- long-term antiviral prophylaxis of health care workers (see Section 5.1.1 Antivirals)
- vaccination of health care workers
- infection control (see Section 5.2.3 Infection control measures)
- management of volunteers
- protocols for conducting safe home visits (e.g. communication arrangements, exposure to tobacco, safe storage of medications, aggressive behaviour), for further information also refer to the [Hospital in the home guideline](#)<sup>23</sup>
- vehicle and driver safety.

Further guidance training resources and information is available from:

- [Queensland Health safety management system](#)
- [Managing the work environment and facilities code of practice](#)

### 3.3 Managing ill workers

During an influenza pandemic, the potential for staff illness will increase. Symptomatic staff should be excluded from work and referred directly to a flu clinic or medical practitioner for assessment, diagnosis and advice about safe return to the workplace.

Queensland Health is committed to providing rehabilitation and return to work strategies for ill workers. Ongoing consultation between the ill workers, line manager, rehabilitation and return to work coordinator and medical practitioner can assist in determining the most appropriate return to work option and timing.

The *Worker's Compensation and Rehabilitation Act 2003* sets out the eligibility criteria and process for applying for worker's compensation. Further guidance and information is available on the Queensland Health intranet site, [Employee information—things you should know](#).<sup>24</sup>

Queensland Health employees have access to the [Employee assistance program \(EAP\)](#)<sup>25</sup> which provides confidential services and programs including counselling, manager assist and crisis response services.

### 3.4 Industrial relations

During an influenza pandemic, the Public Service Commission Chief Executive may issue a directive outlining staff arrangements specific to the event, including leave applicable to public servants. The Director-General may apply the provisions of this directive to Queensland Health employees. This decision will be based on the clinical severity and transmissibility of the disease.

Current [human resources policies](#) and existing directives that may apply during a pandemic include:

**Public Service Commission policies and directives**  
(<https://www.forgov.qld.gov.au/directives-awards-and-legislation>)



- PSC Directive 10/14 Critical incident response and recovery—this directive only applies to employees engaged under the Public Service Act 2008
- PSC Directive 06/16 Critical incident entitlements and conditions—this directive only applies to employees engaged under the Public Service Act 2008
- HR Circular 04/14 Queensland Government indemnity guideline.

### **Queensland Health**

(<https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy> and <https://gheps.health.qld.gov.au/hr/policies-agreements-directives/awards-agreements>)

- B12 Volunteers—this policy only applies to Department of Health
- B42 Secondment
- C7 Special leave
- C15 Allowances
- C64 Sick leave
- C69 On Call and Recall—as per relevant award
- G6 Orientation, Induction and Mandatory Training
- I2 Indemnity for Queensland Health Medical Practitioners.

In Queensland Health, both the Department of Health and the HHSs are responsible for ensuring that all of their relevant staff members are provided with appropriate training to enable them to undertake any specific functions safely and to the required standard.

For pandemic specific training resources see the [Queensland Health pandemic influenza website](#)<sup>9</sup> and Appendix 4—training resources.

## **3.5 Financial management**

Costs incurred during a pandemic will be met from within existing budgets until other financial provisions are made and implemented. HHSs and divisions should open or use an existing pandemic influenza cost centre and maintain an accurate and timely record of all expenditure throughout the event. Further information can be found in [Health service directive QH-HSD-046:2014](#)—*management of a public health event of state significance*.<sup>6</sup>



## 4. Surveillance and data

### 4.1 Roles and responsibilities

Roles and responsibilities from a national and jurisdictional perspective are detailed in the [AHMPPI<sup>1</sup> Attachment G Surveillance Plan for Pandemic influenza](#).

Queensland Health is responsible for facilitating individual case and contact data collection and timely reporting of surveillance data to the Australian Government Department of Health, (see Appendix 2—Queensland Health roles and responsibilities for preparedness and response for pandemic influenza).

Collection of case and contact data, including enhanced data of early cases, is the responsibility of the HHSs. These data will inform public health action and provide additional information on the epidemiology of the emergent virus to inform a national response.

Guidance for HHSs will be provided by the Australian and Queensland Departments of Health as appropriate.

Queensland Health laboratories have roles and responsibilities with regard to virological surveillance, (see Section 8.2 Pathology services and specimen collection).

The Health Contact Centre will provide incoming data from persons in communities who report influenza like illness. These data will inform local public health interventions.

### 4.2 Enhanced surveillance

Enhanced surveillance of cases and contacts will be required to provide information on the emerging epidemiology of the virus. Duration of this surveillance should be for the minimum possible time to obtain the relevant information as advised by the Australian Government Department of Health. Additional enhanced surveillance may be requested depending on information needs at the national level and available resources.

### 4.3 Data collection and management

#### 4.3.1 Epidemiological data

Routinely collected influenza notification data will be insufficient to meet the information requirements to inform public health actions during the early stage of an influenza pandemic. It will be essential to collect the agreed additional data elements and contribute these to the Australian Government Department of Health to enable the most rapid possible characterisation of:

- the virus transmissibility and pathogenicity
- population groups at high risk of complicated disease
- predicted impact of the pandemic.

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

A web-based data entry and retrieval system, such as the Australian Government Department of Health hosted *NetEpi*, remains the most likely type of data repository for multi-jurisdictional and national use. This should facilitate timely retrieval, analysis, interpretation and reporting at both local and national levels, to meet the needs of a variety of stakeholders.

For information regarding contact tracing, see Section 5.2.2 Contact tracing and isolation).

### 4.3.2 Resource data

Operational and logistical planners will require regular reports regarding the status of Queensland Health resources throughout the pandemic including:

- antiviral stock levels
- personal protective equipment (PPE) stock
- other essential equipment and medicines
- hospital general and intensive care bed data
- information technology and telecommunication.

### 4.3.3 Vaccine data

During an influenza pandemic, access to a vaccination program is one of the main goals of a national pandemic response (see Section 5.1 Pharmaceutical measures). Data that needs to be collected includes vaccine administration and adverse event from immunisation data from immunisation. The Australian Government Department of Health will provide information regarding data collection and management requirements.

## 5. Control and containment

This chapter provides an outline of the targeted layered containment strategy consisting of pharmaceutical and non-pharmaceutical public health measures that will be implemented in the event of a pandemic. These measures collectively aim to slow the acceleration of the number of cases, reduce the peak and overall number of cases, decrease demand on healthcare services and reduce adverse health effects associated with influenza infection.

The Australian Government Department of Health has commissioned a number of evidence summaries to support these measures and available at [Australian Government Department of Health website](#).

### 5.1 Pharmaceutical measures

Interventions involving antiviral agents and vaccines can play a significant role in reducing morbidity and mortality and are a key component of Queensland Health's pandemic preparedness and response plan.

Pharmaceutical measures, depending on the evidence and emerging epidemiology, may include the following:

- antivirals for treatment of cases
- antivirals for post-exposure prophylaxis of contacts
- antivirals for post-exposure prophylaxis of at-risk groups
- antivirals for pre-exposure prophylaxis of healthcare workers
- candidate pandemic vaccine (a vaccine based on a strain of influenza virus considered to have pandemic potential)
- customised pandemic vaccine (a vaccine based on the actual pandemic strain)
- seasonal influenza vaccine.

Part 2 Operational Plan of the [AHMPPI](#)<sup>1</sup> provides additional details to support the implementation of activities under the AHMPPI at an operational level including the management of pharmaceuticals.

Part 3 of the [AHMPPI](#)<sup>1</sup> provides evidence and tools to support decision making at national, state and local levels.

#### 5.1.1 Antivirals

Antiviral medication can be used for treatment of infected cases as well as for prophylaxis of agreed target groups as defined by the Australian Government Department of Health.

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

- the stage of the pandemic
- the epidemiological and virological (transmissibility, pathogenicity, host adaptation and antiviral resistance) characteristics of the virus
- pre-existing immunity

- antiviral availability and practicalities such as logistics of antiviral delivery.

Evidence to support the various strategies are outlined in Part 3 of the [AHMPPI](#)<sup>1</sup> and direction will be provided by the Australian Government Department of Health regarding which strategies are to be implemented.

During the initial action stage, it is possible that little will be known about the clinical severity of the disease and the likely impact of the pandemic. The available information is likely to suggest moderate to high morbidity and mortality. As surveillance information becomes available, the antiviral strategy may be modified to more effectively manage the specific pandemic. For example, in a pandemic with high mortality and morbidity, preventing illness in as many individuals as possible is important to minimise mortality and morbidity, reduce transmission to others and maintain the health workforce. When severity is lower, protecting those at risk of severe outcomes becomes the focus.

The recommendations included in this plan and the [AHMPPI](#)<sup>1</sup> are dependent on the pandemic virus being susceptible to the antiviral medications held in the National Medical Stockpile (NMS), see Section 5.1.3. The Australian Government Department of Health will advise states and territories of the recommendations on the use of antiviral medications. The latest versions of both [MIMS](#)<sup>26</sup> and [Therapeutic Guidelines: Influenza](#)<sup>27</sup> provide advice for both treatment and post exposure prophylaxis for those at high risk of poor outcomes from influenza.

To facilitate flexibility and accessibility of antivirals, the [Drug therapy protocol—pandemic influenza program](#) and the respective [Health management protocol](#)<sup>28</sup> have been endorsed to broaden the circumstances in which certain health professionals can supply antivirals.

## 5.1.2 Vaccine

Access to vaccination is one of the key strategies of the [AHMPPI](#).<sup>1</sup>

The aim of a pandemic influenza mass vaccination program is to administer a vaccine to the target population in a short timeframe to prevent and reduce infection in individuals. The ability of a mass vaccination campaign to impact upon population transmission will depend on a multitude of factors including characteristics of the virus, the stage and severity of the pandemic and whether a customised vaccine becomes available before widespread transmission has occurred.<sup>29</sup>

In the event of a pandemic and the availability of a candidate or customised vaccine, the Australian Government will provide direction on the roll out of this program to target populations dependent upon the epidemiology of the disease and highest risk factors.<sup>1</sup>

Prior to the availability of a customised pandemic vaccine, the Australian Government Department of Health may consider recommending the use of a candidate pandemic vaccine if one is available. For further information, refer to the [AHMPPI](#),<sup>1</sup> Attachment E.

Use of existing services within the community will be the primary method to provide a candidate or customised pandemic vaccine to high risk groups and the general public.

Community-based service providers may include GPs, community health, local government, Royal Flying Doctors Service (RFDS) and Aboriginal and Torres Strait Islander health services. Community pharmacists may also provide additional capacity in administering vaccines during a pandemic. In addition, the State Health Incident Controller may request HHSs to contribute to the mass vaccination of target groups within Queensland.

To assist HHSs in planning for the establishment and management of a mass vaccination clinic, a number of resources have been developed, (see Appendix 3—associated documents and Appendix 4—training resources).

### 5.1.3 National medical stockpile and state held supplies

#### **National medical stockpile (NMS)**

The NMS provides a national reserve capacity of medicines, vaccines and equipment that can be rapidly deployed in the event of an influenza pandemic. Items within the NMS that specifically relate to pandemic influenza include reserves of antivirals, antibiotics and PPE. The NMS is designed to supplement existing medical stock held within each state/territory to support continuity of service provision during periods of extremely high global and national demand.

The Australian Government Department of Health is responsible for maintenance and deployment plans relevant to the NMS. The Secretary of the Australian Government Department of Health and the Chief Medical Officer of Australia have authority to approve a stockpile deployment from the Commonwealth on request from state or territory authorities. The NMS deployment process for pandemic influenza supplies is coordinated through SHECC to the National Incident Room (NIR). The use of items from the NMS will be allocated to 'at risk' individuals according to priorities determined at the time and in line with pandemic planning priorities.

Antiviral medications for pandemic influenza are part of the NMS. Prepositioning of items from the NMS to Queensland results in Queensland Health facilities being responsible for the safe storage, management and distribution of supplies as outlined below.

Central Pharmacy maintains responsibility for pharmaceutical stockpile management of emergency stockpiles held in Queensland including:

- monitoring stockpile levels held within Queensland
- reporting on the status of the stockpile
- deployment to HHSs as required.

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

- monitoring stock levels and requesting additional supplies from Central Pharmacy
- distribution of antivirals within the HHS
- developing a standard operating procedure for antiviral distribution within their HHS facilities.

#### **Queensland-held stock**

##### *Personal Protective Equipment*

While Queensland Health does not operate a pandemic stockpile, a constant stock of PPE supplies is held, including:

- masks—surgical and P2/N95
- protective eyewear/eye shields
- gowns
- gloves.

Health Support Queensland will be responsible for the management of PPE supplies within QH storage facilities including:

- monitoring stock levels and escalating requests of supplies from the NMS through the SHECC
- reporting on the status of the stockpile
- distribution to HHSs as required.

HHSs will be responsible for distribution of PPE within the HHS and are responsible for developing a standard operating procedure for PPE distribution.

## 5.2 Public health measures

During the initial action stage of a pandemic, public health measures such as contact tracing and appropriate use of antiviral agents are the principal prevention and containment measures pending the availability of a candidate or customised vaccine which may take up to six months. As some public health measures involve collecting personal information and restricting human movement, they should be implemented in accordance with the relevant legislation, (see Appendix 1—legal framework).

Communications to the public must be timely and transparent, (see Section 2.6 Communication).

During an influenza pandemic, the Health Contact Centre can be engaged by Prevention Division to provide health information and advice to Queenslanders, capture incoming data from the community regarding influenza-like illness, as well as provide contact tracing should large numbers of people need to be contacted.

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

- pandemic-specific in-flight announcements and on-board announcements on ships
- distribution of communication materials for incoming or outgoing travellers
- travel advice regarding high-risk locations and to raise awareness of symptoms if returning from travel
- information for border staff.

Refer to Attachment E of the [AHMPPI](#)<sup>1</sup> for more information.

In the event the Australian Government Department of Health advises entry/exit screening is required, HHSs may be required to deploy staff to any international or domestic border (including international airports and seaports).

Refer to the [Pandemic Influenza Border Measures: Planning Tool Kit for HHSs](#).<sup>30</sup> This toolkit includes a standard operating procedure template and a planning checklist for HHSs.

### 5.2.1 Social distancing

Social distancing is a community-level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout the population. The decision to implement social distancing measures will be made externally to Queensland Health (e.g. workplace and school closures, cancellation of mass gatherings and work from home arrangements), see Attachment E of the [AHMPP](#)<sup>1</sup> for more information.

### 5.2.2 Contact tracing and isolation

Related public health measures, with the similar aim to reduce transmission by reducing contact between infectious cases and uninfected individuals, include the isolation of cases and quarantine of contacts. These measures may be recommended in the initial action stage for laboratory-confirmed cases and all identified contacts when little is known about the impact of the influenza pandemic. As surveillance information becomes available, management of cases and contacts can be modified according to disease characteristics, effectiveness of interventions, vulnerability of the community, and the capacity of the health system. The definition of contacts in healthcare settings will be as per the Communicable Disease Network Australia (CDNA) *Influenza Infection: CDNA National Guidelines for Public Health Units*,<sup>31</sup> unless alternate advice is issued at the time of the pandemic. Advice regarding the definition of contacts for the purposes of contact tracing, provision of prophylaxis and advice will be provided by CDNA at the time of the pandemic.

HHSs are responsible for appropriately isolating cases and contacts within the healthcare setting and for advising the appropriate isolation of cases and contacts within the community. Asking a person to remain in voluntary isolation places the responsibility on HHSs to ensure their safety and wellbeing. HHSs will be assisted by the SHECC to organise home restriction arrangements. Specifically, SHECC will provide cross-agency liaison to ensure support for people going into home restriction, including access to accommodation and welfare support providers.

An important public health measure is the undertaking of contact tracing to identify new cases and provide advice to persons exposed to a confirmed case. In the event of an influenza pandemic, the initial demand for contact tracers may rapidly exceed capacity. HHSs are responsible for ensuring the rapid availability of appropriately skilled additional staff to support protracted contact tracing. HHSs will need to review their lists of contact tracing officers on a regular basis to ensure ongoing capacity. It is noted that an alternative model for contact tracing using the Health Contact Centre may be required if numbers are too great.

An eLearning package has been developed to support staff within HHSs to undertake contact tracing.

Refer to:

- Contact tracing available on [iLearn](#)<sup>32</sup>



- Attachment E of the [AHMPPI](#)<sup>1</sup>
- [Pandemic Influenza Home Management: Planning Tool Kit for HHSs](#)<sup>33</sup>

It should be noted that social distancing measures are likely to impact the availability of health care staff in the event of a pandemic. HHSs should take this into consideration in planning.

### 5.2.3 Infection control measures

The [Australian guidelines for the prevention and control of infection in healthcare](#)<sup>34</sup> outlines the current evidence based recommendations for infection prevention and control practices in healthcare settings in Australia. When a pandemic occurs, the appropriateness of these practices will be reviewed by CDNA. Advice will be provided to the SHECC and distributed to HHSs and key stakeholders. At times, the Queensland Department of Health may also provide guidance in consultation with expert advisory groups.

Queensland Health has also developed a number of resources to assist HHSs with their infection prevention and control programs, available from the [Queensland Health infection prevention website](#).<sup>35</sup>

Pandemic infection prevention and control measures are detailed in the [AHMPPI](#),<sup>1</sup> the [Australian guidelines for the prevention and control of infection in healthcare](#)<sup>34</sup> and the [Influenza Infection—CDNA national guidelines for public health units](#)<sup>31</sup> and include:

- individual measures—hand hygiene, respiratory hygiene and cough etiquette
- appropriate PPE
  - the use of PPE should follow the approach set out in the [Australian guidelines for the prevention and control of infection in healthcare](#)<sup>34</sup> for contact and droplet transmission-based precautions and the [Influenza Infection—CDNA national guidelines for public health units](#).<sup>31</sup> Should emerging evidence show the virus to be causing severe infection risks, the use of airborne precautions may be recommended by the Australian Government Department of Health
  - Also refer to the Use of PPE—Pandemic Influenza presentation available at the [Queensland Health pandemic website](#)<sup>9</sup>
  - P2/N95 respirators and requirements including fit checking in accordance with [Influenza Infection—CDNA national guidelines for public health units](#)<sup>31</sup>
  - P2/N95 respirators should form part of the ensemble of PPE of all healthcare workers (HCWs) involved in aerosol-generating procedures
  - mask wearing for symptomatic/infectious individuals<sup>31</sup>
- organisational and environmental measures:
  - appropriate signage indicating what measures are in place including PPE
  - patient flow, placement and segregation (see Section 8.1.2)
  - early triaging and management of patients
  - physical separation of suspected and confirmed cases
  - staff vaccination
  - arrangements for healthcare workers at particular risk of influenza complications
  - management of staff screening and sickness



- training of staff in infection prevention and control
- environmental cleaning.

Also refer to:

- Attachment E of the [AHMPP1](#)
- Section 5.1.3 National medical stockpile and state held supplies and Section 8.1.1 Public Health workforce surge of this plan
- Resources to assist HHSs with their pandemic planning:
  - Appendix 3—associated documents, Pandemic influenza infection control and occupational health and safety preparedness audit
  - Appendix 4—training resources, PPE: Use of personal protective equipment—pandemic influenza.

## 6. At-risk groups

The [AHMPPI](#)<sup>1</sup> acknowledges that certain at risk groups are likely to be at increased risk of complications from influenza infection based.

At-risk groups will need to be identified by the CDNA when adequate epidemiological data becomes available.

Persons at increased risk of complications include<sup>1</sup>:

- pregnant women
- people who are immunocompromised
- people with the following conditions
  - cardiac disease
  - Down syndrome
  - obesity
  - chronic respiratory conditions
  - chronic neurological conditions
  - chronic liver disease
  - diabetes mellitus
  - chronic renal failure
  - haemoglobinopathies
  - chronic inherited metabolic disorders
- children receiving long-term aspirin therapy
- Aboriginal and Torres Strait Islander peoples
- children aged less than five years including preterm infants.

Factors that can influence the vulnerability of individuals that may place them at higher risk of complications of pandemic influenza include overall health status of individuals, families and communities, including clinical risk factors, as well as socio-demographic and cultural determinants of health that impact on these specific populations.<sup>1,36</sup>

The [AHMPPI](#)<sup>1</sup> identifies certain vulnerable groups that will require special consideration including:

- staff and residents of aged care facilities
- remote communities
- people from culturally and linguistically diverse backgrounds.

Communications to vulnerable populations should be consistent with the culture and literacy levels of target language and be provided in a medium and literacy level that can be accessed by the target population.<sup>1,36,37</sup>

[\*People with vulnerabilities in disasters—a framework for an effective local response\*](#)<sup>38</sup> has been developed to help local governments and communities identify and plan activities for people who are susceptible to the impact of disasters.

### 6.1.1 Aboriginal and Torres Strait Islander people

During the 2009 H1N1 pandemic, Aboriginal and Torres Strait Islander people experienced an increase risk of both severe disease requiring hospitalisation and death when compared with non-Indigenous Australians.<sup>39-41</sup> The reasons for this increased risk include a higher prevalence of chronic disease, environmental and living conditions, access to health services and genetic differences that affect the ability to mount an immune response to new strains of influenza virus.<sup>40,42,43</sup>

A key pandemic preparedness activity is establishing pre-agreed arrangements that are acceptable and appropriate to the community, by developing and maintaining plans in partnership with Aboriginal and Torres Strait Islander health services, expert advisory groups and networks, local elders, leaders and communities.<sup>1,44,45</sup>

The following resources may provide additional guidance:

- [The Aboriginal and Torres Strait Islander communities' pandemic influenza toolkit](#)<sup>46</sup>
- [The Aboriginal and Torres Strait Islander Health Branch](#)
- [Australian Aboriginal and Torres Strait Islander communities and the development of pandemic influenza containment strategies: community voice and community control](#)<sup>47</sup>
- [Queensland Aboriginal and Islander Health Council](#)
- [Queensland Government Disaster Management—General Publications](#)
- [Closing the Gap](#)

## 6.2 Culturally and linguistically diverse groups

In the event of an influenza pandemic, the Australian Government Department of Health and Queensland Health will develop and provide culturally appropriate resources. Resources include:

- [Queensland Health multicultural services](#)<sup>48</sup>
- [flu prevention resources](#)<sup>49</sup>
- [translated flu resources](#)<sup>50</sup>
- [How to work with a person who is deaf or hearing impaired](#)<sup>51</sup>
- [Vaccinate Against Flu - Protect Your Baby Too](#)<sup>52</sup> (non-English versions available)

Additional resources for further guidance:

- [Ethnic Communities Council Queensland \(ECCQ\) website](#)<sup>53</sup>

## 6.3 Pregnant women and young children

### Pregnant women

Pregnant women are at a high risk of severe consequences of influenza infection, with the risk of complications increasing in the later stages of pregnancy.<sup>44</sup> Hospital and community-based models for antenatal, perinatal and post-natal care should aim to mitigate the risk of maternal infection. Early identification and management of pregnant women and their close contacts in healthcare and household settings can mitigate the risk of both maternal and neonatal infection.

Antiviral therapy is generally recommended for treatment and prophylaxis of pregnant women because of the high risk of severe influenza. Both seasonal and pandemic vaccines are safe for use in pregnancy.<sup>27, 54</sup>

Maternal influenza vaccination in the second and third trimesters can protect infants for the first six months after birth (see [The Australian Immunisation Handbook](#) and [Immunise Australia Program](#)).<sup>55,56</sup>

Additional information, research and guidelines relevant to pregnancy and influenza A can be found on [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists website](#).<sup>57</sup>

### **Young children**

Pharmaceutical measures outlined in this plan may not be indicated for use in young children, for example, some antiviral medications are not indicated for use in children younger than one year and current influenza vaccines approved for use in Australia are not indicated for infants younger than six months of age.<sup>27,55</sup>

## **7. Queensland Ambulance Service**

### **7.1 Role of the Queensland Ambulance Service**

Queensland Ambulance Service (QAS) has a State Major Incident and Disaster Plan which forms the basis for QAS disaster management operations. As a sub-plan to the QAS SMID, the QAS have updated the Queensland Ambulance Service Pandemic Response Plan Version 2.0. This plan has been developed by QAS in collaboration with the Queensland Department of Health. As outlined in the Queensland Disaster Management Arrangements, QAS recognises Queensland Health as the lead agency for pandemic management with QAS supporting efforts as part of the Queensland Emergency Medical System.

## 8. Hospital and Health Services

### 8.1 Role of Hospital and Health Services

The level of impact that the pandemic has on the Queensland population will depend on a number of factors. The most influential will be the clinical severity and transmissibility of the disease, and the capacity of the health system to cope with the demand and the need for specialist services. Even if clinical severity is low, HHSs are likely to be stretched to coping capacity in areas associated with respiratory illness and acute care. Adjustments may need to be made to the routine delivery of services including triage, admission and discharge criteria based on the demand for hospital beds. To ensure equitable delivery of healthcare across Queensland Health agreed system-wide guidelines will be provided to assist HHS, (see the [Clinical services capability framework](#)).<sup>58</sup> The SHECC will provide guidance on public communication strategies to ensure consistent messaging, see Section 2.6 Communication.

To ensure maximal surge effort that is scalable, HHSs will need to work in partnership with private hospitals, primary healthcare providers and other health care organisations within their catchment area. Consideration may need to be given to the use of external staff from agencies or companies who provide specialist services.

In rural and remote areas, consideration should be given to the use of the Nursing and Allied Health Rural Locum Scheme ([NAHRLS](#)). Thought should also be given to enhanced succession planning and sustainability in the aging rural nursing workforce through instigation of models such as rural registered nurse graduate employment model.<sup>59</sup>

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

- hospital bed numbers (including number of isolation rooms)
- emergency department bays
- intensive care unit beds (adult / paediatric)
- community health resources
- public health resources
- laboratory capacity
- pharmacy capacity.

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

- numbers and skill mix of staff available to work
- numbers on leave and reasons, especially sick leave related to pandemic influenza
- numbers that have had to be redeployed because of risk status
- numbers that have left the workforce.

### 8.1.1 Public health workforce surge

This section has drawn on the [Public health workforce surge guidelines](#)<sup>60</sup> published by New South Wales (NSW) Health.

During a pandemic, it is important that the public health workforce at HHS level has adequate capacity to deliver services effectively. Identifying available pools of surge personnel with relevant skills is a key feature of public health emergency preparedness and will contribute to the efficiency of the HHS pandemic response. Staff with various backgrounds may be engaged to provide the diverse skills required during a pandemic. Release of available staff will be in line with capacity at unit level and will be reflected in the department business continuity plan.

Activities that may need additional support during a protracted public health surge include<sup>60</sup>:

- case and contact tracing<sup>2</sup> (e.g. conducting interviews)
- case and contact management (e.g. supporting those in home restriction)
- infection prevention and control (e.g. advising clinical partners about the pathogen)
- internal/partner agency communication (e.g. briefing executive teams)
- health risk communication
- information management
- interpretation and translation
- laboratory liaison (e.g. confirming specimen collection)
- surveillance (including support for enhanced border surveillance)
- support for quarantined persons
- managing enquiries from the public
- logistics
- document control.

The types of staff who may contribute to a public health surge response include<sup>60</sup>, but are not limited to:

- public health professionals (including public health nurses; public health medical officers, epidemiologists, environmental health officers etc.)
- health professionals with transferable skills (e.g. infection prevention and control, sexual health, and tuberculosis control staff)
- clinical doctors/nurses (including specifically trained in intensive care/extracorporeal membrane oxygenation (ECMO))
- allied health staff for staff, patient and community support
- office and business managers
- data entry and management experts.

Refer to the [HHS workforce surge planning checklist](#) for further guidance.

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<sup>2</sup> All persons conducting contact tracing are required to be authorised under Section 90 of the *Public Health Act, 2005*.

## 8.1.2 Patient flow, placement and segregation

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

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

A key principal of improving patient flow during a pandemic situation will be hospital avoidance strategies such as flu clinics and [Hospital in the home](#).

In the event of an influenza pandemic, there will be an increased demand for isolation rooms. Contact and droplet transmission-based precautions are recommended to be applied to all suspected or confirmed cases of pandemic influenza.<sup>31, 61</sup>

- suspected or confirmed cases should be placed in a single room with the door closed<sup>1</sup>
- if a single room is not available, confirmed cases of pandemic influenza can be isolated together (e.g. cohorting). It is recommended not to place severely immunosuppressed patients in patient-care areas with suspected or confirmed pandemic influenza cases.<sup>31</sup>

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

- the ability to isolate the ward air handling system
- if unable to isolate, locate cohorted rooms at end of air-conditioning ducts or wards that already have an independent air handling system
- the ability to limit entry/access to the ward
- the ward contains the necessary equipment
- spatial separation of a minimum one metre between bed spaces<sup>34</sup>
- patient populations of adjacent areas—cohort ward should be separated from patients who are at greater risk of complications from pandemic influenza.

Management of cohort areas should incorporate the following:

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

Where a person with suspected or confirmed pandemic influenza does not require hospitalisation, they can be isolated in their usual place of residence, if it is safe.

Restricting movement of patients with suspected or confirmed pandemic influenza reduces the risk of further transmission.<sup>34</sup> If transfer within the facility or transport to another facility is necessary, contact and droplet transmission-based precautions should be maintained and a surgical mask placed on the symptomatic patient. If the



symptomatic patient must be moved, the transport service and/or receiving area or facility must be notified of precautions necessary.

An influenza pandemic may lead to a significant increase in the number of adults, children and neonates requiring transport and medical retrieval to referral hospitals, especially in rural and remote areas. Retrieval Services Queensland (RSQ) provides clinical coordination for the aeromedical retrieval and transfer of all patients, including neonate, paediatric and high risk obstetric patients from parts of northern NSW to the Torres Strait. Further information is available from [Retrieval Services Queensland](#) through the Queensland Health intranet (QHEPS).

### 8.1.3 Influenza clinics

During a pandemic, it is expected that public and private hospital infrastructure may have difficulty coping with an increase in the volume of patients. It may be necessary to strengthen HHS /Primary Health Networks (PHNs) partnerships to establish and maintain stand-alone influenza clinics at community level.

Influenza clinics (may be referred to as fever clinics) are facilities separate from existing hospital Emergency Departments (EDs). Influenza clinics relieve the diagnostic burden on hospitals and reduce the risk of disease transmission to vulnerable populations by triaging, assessing and providing treatment (if appropriate) to individuals with influenza-like illness who are not in need of emergency care. This enables ED to continue to provide clinical services to non-influenza and critically ill patients.

The role of influenza clinics is to:

- assess, treat and refer suspected, probable or confirmed cases of pandemic influenza
- reduce the impact on scarce health resources through use of a controlled triage system
- initiate isolation for suspected, probable or confirmed cases and household contacts
- liaise with the hospital's HEOC to facilitate/participate in contact tracing<sup>3</sup>
- provide and/or organise antivirals for treatment or prophylaxis to suspected, probable or confirmed cases and identified household contacts
- collect clinical and epidemiological data on cases.

HHSs may need to establish flu clinics on the direction of the State Health Coordinator or at the discretion of the HHS Health Incident Controller. As far as possible, staff for flu clinics should not be drawn from existing ED staff.

To assist HHSs planning for a contingency that includes the establishment and management of flu clinics, the following resources have been developed and will be available on the Queensland Health pandemic website:

- [flu clinic guidelines](#)
- [outreach clinic checklist](#)
- [drug therapy protocol pandemic influenza program](#)

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<sup>3</sup> All persons conducting contact tracing are required to be authorised under Section 90 of the *Public Health Act, 2005*.

### 8.1.4 Emergency departments

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

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

Even if flu clinics are in place, hospital emergency departments can still expect:

- direct presentation of patients with suspected pandemic influenza, especially out of hours
- direct presentation of critical cases at all hours
- referral of infectious patients from flu clinics for further treatment.

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

- separate waiting area
- specific isolation rooms
- dedicated staff (where possible) to assess suspected cases
- specific procedures for assessment, testing and notification of pandemic influenza
- specific procedures for management of cases, especially with regard to use of nebulisers
- specific procedures for movement of patients within the facility.

### 8.1.5 Intensive care units

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

It is acknowledged that during influenza pandemics certain limitations to normal standards of critical care, as well as changes to the process for obtaining access to critical care, may be necessary. These changes and limitations will need to be implemented progressively as required.

It is important that HHSs develop plans, inclusive of intensive care services, that specify responses to prolonged increases in intensive care service demand.<sup>62</sup> Consideration should be given to early negotiations with private sector services to accept public sector patients when surge/demand issues arise.

Guidance on the provision of intensive care services is maintained by the [State-wide Intensive Care Clinical Network](#), and should be referred to assist intensive care service providers in pandemic planning, preparedness and response.

## 8.2 Pathology services and specimen collection

GeneXpert polymerase chain reaction (PCR) for Influenza A/B and RSV (XPRES): Twenty Pathology Queensland laboratories offer urgent testing of nasopharyngeal swabs only using on-site GeneXpert instruments.

Full respiratory virus PCR (RESPCR) testing is only required for severely ill patients who test negative with XPRES (e.g. ICU or haematology/oncology patients). Pathology Queensland laboratories located at Townsville Hospital and at the central laboratory on the Royal Brisbane and Women's Hospital campus currently process Queensland Health specimens for seasonal influenza and other common respiratory viruses by PCR using batch testing. Nasopharyngeal swabs are the specimens of choice. Nasopharyngeal aspirates should only be collected by experienced staff with the appropriate equipment and training to minimise any risk of production of aerosols. This is especially important when a new strain with pandemic potential has emerged.

Refer to the following documents on Queensland Health Quality Information System:

- [QIS 24855 Protocol for Collection and Testing of Pathology Specimens for Pandemic Influenza](#)
- [QIS 27691 Collection Procedures for swabs requiring Influenza and other respiratory virus PCR testing.](#)

To ensure results of XPRES are available quickly, the following strategies are recommended to mitigate disruption to laboratory services:

- indicate on test request forms how case definition has been met rather than contacting the laboratory to request urgent testing
- use existing transport systems established by Pathology Queensland and private pathology provider networks to minimise delays to the laboratory
- access test results via pathology results information systems (e.g. AUSLAB, AUSCARE, Viewer etc.) rather than contacting the laboratory.

As surveillance information becomes available, testing requirements may be modified according to disease characteristics and the capacity of the health system.

The supply of XPRES test kits is managed by the local testing laboratories. RESPCR stock, test kits, swabs and PPE is managed by both the Brisbane and Townsville laboratories. In the event that either lab becomes depleted of stock, it will be the laboratory's responsibility in the first instance to procure stock. XPRES stock is managed by laboratories performing that test. Health Support Queensland will assist with procurement and supply issues in times of extremely high demand where laboratories cannot secure consumables. If additional support is required due to extremely high demand or inability to secure supplies than details should be escalated through to SHECC.

## 8.3 Mental health disaster and emergency incident plan

The *Mental health disaster and emergency incident plan* (under development at time of publication) is a sub-plan of the QHDISPLAN and describes the mechanisms to arrange mental health support for individuals and communities during and following

disasters and emergency incidents. It forms part of a broader human social recovery response as defined in the State Disaster Management Plan and should be considered alongside the Department of Communities, Disability Services and Seniors Human and Social Recovery Plan. Hospital and Health Services have their own disaster and emergency incident plans that incorporate mental health components or have a subordinate mental health plan.

In a disaster or emergency incident, Queensland Health's mental health services, with the support of the Mental Health, Alcohol and Other Drugs Branch, will:

- integrate their efforts with the broader disaster and emergency incident management response
- deploy mental health teams capable of assisting in the response and recovery phases of a disaster or emergency incident
- support psychosocial and primary care providers with specialised mental health information and advice
- inform individuals and communities affected by events on recovery strategies
- provide evidence-based treatment of trauma-related mental health conditions in the recovery phase
- manage local mental health service responses with coordinated state-wide back-up, when required
- continue to provide essential mental health services during an event
- review disaster or emergency incident activations and major preparedness exercises for the purpose of performance improvement.

## **8.4 Management of the deceased**

### **8.4.1 Handling of the deceased**

The risk of pandemic influenza infection from deceased persons is low and is minimised by the use of appropriate infection control precautions.<sup>63</sup> The virus may remain in respiratory tract tissues beyond death, possibly for days or weeks in a cooled body. However, virus survival on the body surface beyond a matter of minutes appears unlikely.

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

### **8.4.2 Management of the deceased during a pandemic event**

In the event of a pandemic resulting in multiple deaths in Queensland, all HHSs will need to help manage deceased locally. Refer to Management of the deceased when local storage capacity has been exceeded [fact sheet](#).<sup>64</sup>

# Appendix 1—legal framework

## Related or governing legislation, policy and agreements:

### **Biosecurity legislation**

*Biosecurity Act 2015*

### **International**

*International Health Regulations 2005*

### **Public health legislation**

*Public Health Act 2005*

*Public Health Regulation 2005*

### **Disaster management legislation**

*Disaster Management Act 2003*

### **Workplace health and safety legislation**

*Workplace Health and Safety Act 2011*

*Workplace Health and Safety (Codes of Practice) Notice 2011*

*Workplace Health and Safety Regulation 2011*

### **Private health facility legislation**

*Private Health Facilities Act 1999*

*Private Health Facilities (Standards) Notice 2016*

*Private Health Facilities Regulation 2016*

### **Therapeutic goods legislation**

*Therapeutic Goods Act 1989 (Commonwealth)*

### **Health legislation**

*Health Act 1937*

*Health (Drugs and Poisons) Regulation 1996*

*Drug therapy protocol (DTP), Pandemic Influenza Program*

### **Hospital and Health Boards legislation**

*Hospital and Health Boards Act 2011*

*Hospital and Health Boards Regulation 2012*

### **Other relevant legislation**

*Mental Health Act 2016*

*National Health Security Act 2007 (Commonwealth)*

*Personal Liability for Corporate Fault Reform Act 2012*

*Privacy Act 1988*

*Public Safety Preservation Act 1986*

*State Transport Act 1938*

### **Health service directives**

*Health Service Directive QH-HSD-003-2017 'Disaster Management'*

*Health Service Directive QH-HSD-046-2017 'Management of a public health event of state significance'*

*Queensland Department of Health Business continuity management standards QH-IMP-070-2:2017*

## Appendix 2—Queensland Health roles and responsibilities for preparedness and response for pandemic influenza

Queensland Health entities	Roles and responsibilities
Minister for Health <a href="http://qheps.health.qld.gov.au/minister/">http://qheps.health.qld.gov.au/minister/</a>	<ul style="list-style-type: none"> <li>• Provide leadership to Queensland Health.</li> <li>• Contribute to policy development at state and national level to ensure a consistent national approach. Refer to <i>Queensland State Disaster Management Plan Reviewed September 2016; Annexure B Agency Roles and Responsibilities</i>—Department of Premier and Cabinet.</li> </ul>
Office of the Director-General <a href="http://qheps.health.qld.gov.au/dgdivision/home.htm">http://qheps.health.qld.gov.au/dgdivision/home.htm</a>	<ul style="list-style-type: none"> <li>• The Director-General has a standing delegation that appoints the Chief Health Officer (CHO) as the State Health Coordinator (SHC) for the State Health Emergency Coordination Centre (SHECC)</li> <li>• The Office of the Director-General assists Queensland Health incident management teams (IMTs) with their emergency management communications needs across Prevention, Preparedness, Response and Recovery (PPRR) including the web and social media.</li> </ul>
Department of Health <a href="http://qheps.health.qld.gov.au/indexpages/qldhealth.htm">http://qheps.health.qld.gov.au/indexpages/qldhealth.htm</a>	
Prevention Division <a href="http://qheps.health.qld.gov.au/dcho/about/default.htm">http://qheps.health.qld.gov.au/dcho/about/default.htm</a>	<p><b>The Office of the Chief Health Officer and DDG Prevention Division</b></p> <p>Responsibilities include but are not limited to:</p> <ul style="list-style-type: none"> <li>• develop and maintain business continuity plans for Prevention Division</li> <li>• lead Queensland Health strategic planning for pandemic preparedness and response</li> <li>• functional lead agency for pandemic influenza response for Queensland Health</li> <li>• coordinate an emergency coordination facility for Queensland Health (i.e. SHECC)</li> <li>• inform clinical and public health decision-making at state and national level by collating and reporting on state wide data (e.g. enhanced surveillance, clinical data, health service capacity, QMS levels/consumable use, vaccination numbers)</li> <li>• disseminate updated infection control, public health and clinical resources to the health care sector as per international and national communications</li> <li>• Distribute pandemic vaccine and resources to the health sector as directed by the Australian Government.</li> <li>• consultation with clinical expert advisory groups including state-wide clinical networks to provide expert strategic advice to inform comprehensive Queensland Health planning during preparedness and to inform high-level decision-making during response.</li> </ul> <p>All branches and professional offices:</p> <ul style="list-style-type: none"> <li>• develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism</li> </ul>

Queensland Health entities	Roles and responsibilities
	<ul style="list-style-type: none"> <li>• when required contribute to strategic planning for pandemic preparedness and response for state-wide services which may include mental health, alcohol and other drugs, innovative health service delivery and professional issues (medical, nursing, dental and allied health).</li> </ul>
<p>System Support Services  <a href="http://qheps.health.qld.gov.au/sss/about/home.htm">http://qheps.health.qld.gov.au/sss/about/home.htm</a></p>	<ul style="list-style-type: none"> <li>• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.</li> <li>• Contribute to strategic planning for pandemic preparedness and response in the areas of law, human resources (including payroll and recruitment), contestability, strategic financial policy, health infrastructure and governance.</li> </ul>
<p>System Policy and Performance  <a href="http://qheps.health.qld.gov.au/hcq/home.htm">http://qheps.health.qld.gov.au/hcq/home.htm</a></p>	<ul style="list-style-type: none"> <li>• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.</li> <li>• Contribute to strategic planning for pandemic preparedness and response in the areas of high-level business strategy and policy for Queensland Health, Aboriginal and Torres Strait Islander health and state and Commonwealth funding.</li> <li>• Develop and implement departmental business continuity plans and workforce management strategies to manage staff surge capacity and staff absenteeism.</li> <li>• <b>Aboriginal and Torres Strait Islander Health Branch:</b> <ul style="list-style-type: none"> <li>– improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders by providing leadership, high-level advice and direction on effective and appropriate policies and programs</li> <li>– strategically influence and engage in priority setting and planning within an evidence-based framework</li> <li>– work with all stakeholders to maximise the effectiveness of Aboriginal and Torres Strait Islander services and programs across the health system</li> <li>– develop and implement effective monitoring, evaluation and reporting processes</li> <li>– oversee and lead Queensland Health's efforts towards closing the health gap in Queensland; and</li> <li>– lead the implementation of the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033</li> </ul> </li> </ul>
<p>eHealth Queensland  <a href="https://qheps.health.qld.gov.au/ehealth">https://qheps.health.qld.gov.au/ehealth</a></p>	<ul style="list-style-type: none"> <li>• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.</li> <li>• Contribute to strategic planning for pandemic preparedness and response for the maintenance of state-wide (enterprise) and local IT applications and systems—e.g. pathology database (AUSLAB/AUSCARE), IT Support, Queensland Health Electronic Publishing Service (QHEPS), Notifiable Conditions System (NOCS), Vaccination Information and Vaccine Administration System (AIR/VIVAS), internet access.</li> </ul>
<p>Health Support Queensland  <a href="https://qheps.health.qld.gov.au/hsc">https://qheps.health.qld.gov.au/hsc</a></p>	<ul style="list-style-type: none"> <li>• IT Services to maintain and ensure Health Contact Centre (13 HEALTH) IT applications and systems have high availability and resilience.</li> <li>• HCC to provide incoming call data from the community with regards to influenza-like-illness.</li> <li>• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.</li> <li>• Establish and maintain the QMS during preparedness and response (e.g. antivirals, PPE).</li> </ul>



Queensland Health entities	Roles and responsibilities
	<ul style="list-style-type: none"> <li>• Prepare to continue providing a wide range of diagnostic, scientific and therapeutic clinical support services to assist HHSs to deliver care during a pandemic—e.g. influenza testing and confirmation, access to medicines, pharmaceutical supply chain, management of biomedical technology.</li> <li>• Manage PPE supplies within QH storage facilities and distribute to HHSs as required.</li> </ul>
<p>Queensland Ambulance Service  <a href="https://ambulance.qld.gov.au/index.html">https://ambulance.qld.gov.au/index.html</a></p>	<ul style="list-style-type: none"> <li>• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.</li> <li>• Prepare to provide timely and quality ambulance services which meet the needs of the community during a pandemic.</li> <li>• Liaise with HHSs to develop operational plans.</li> </ul>
<p>Hospital and Health Services  <a href="http://www.health.qld.gov.au/maps/">www.health.qld.gov.au/maps/</a></p>	
<ul style="list-style-type: none"> <li>• Cairns and Hinterland</li> <li>• Central Queensland</li> <li>• Central West</li> <li>• Children’s Health Queensland</li> <li>• Darling Downs</li> <li>• Gold Coast</li> <li>• Mackay</li> <li>• Metro North</li> <li>• Metro South</li> <li>• North West</li> <li>• South West</li> <li>• Sunshine Coast</li> <li>• Torres and Cape</li> <li>• Townsville</li> <li>• West Moreton</li> <li>• Wide Bay</li> </ul>	<ul style="list-style-type: none"> <li>• For pandemic influenza the HHS usually acts as the lead agency on the Local and District Disaster Management Group which provide specialised response capability.</li> <li>• Liaise with other government, non-government agencies, private hospitals and primary healthcare providers as required</li> <li>• Liaise with the Department of Communities, Disability Services and Seniors regarding non health needs of cases and contacts whilst in isolation at home or in other accommodation if provided. HHSs will be assisted by SHECC to organise home restriction arrangements.</li> <li>• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism. This may be aided by the use of information systems and dashboards.</li> <li>• Develop and maintain operational plans by liaising with relevant state and local government agencies, health agencies, funeral industry and other key stakeholders as identified through the planning process.</li> <li>• Conduct contact tracing as required.</li> <li>• Invoke powers under relevant legislation as directed by the SHC.</li> <li>• Collect data and forward to the SHECC for state and national collation e.g. enhanced surveillance, clinical data, human and material resource capacity, and vaccination numbers.</li> <li>• Implement pharmaceutical and public health measures for cases and contacts of pandemic influenza, including border measures if directed by the Australian Government.</li> <li>• Establish and maintain flu clinics and mass vaccination clinics within health care settings and in the community.</li> <li>• Provide social distancing recommendations to the SHC via the SHECC, if required.</li> </ul>

Note, for roles and responsibilities of other state government agencies, refer to [Queensland State Disaster Management Plan Reviewed September 2016; Annexure B Agency Roles and Responsibilities](#) and [Queensland Health Disaster and emergency incident plan 2016](#).



## Appendix 3—associated documents

Resource	Website or contact	Comment
<b>International</b>		
USA Centers for Disease Control and Prevention	<a href="http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm">http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm</a>	Respiratory hygiene and cough etiquette in health care settings including multilingual posters
<i>Ontario Health Plan for an Influenza Pandemic 2013</i>	<a href="http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx">http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx</a>	
<i>Pandemic Influenza Risk Management - A WHO guide to inform &amp; harmonize national &amp; international pandemic preparedness and response 2017</i>	<a href="http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management_update2017/en/">http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management_update2017/en/</a>	Focus upon risk assessment at national level to guide national level actions, including principles of emergency risk management for health. Revised and flexible approach to global phases
World Health Organisation Save Lives: Clean your Hands	<a href="http://who.int/infection-prevention/campaigns/clean-hands/en/">http://who.int/infection-prevention/campaigns/clean-hands/en/</a>	WHO's global annual campaign to highlight the role of hand hygiene in combatting antimicrobial resistance
<b>National</b>		
The Australasian College for Emergency Medicine (ACEM)	<a href="https://www.acem.org.au/getmedia/3c936443-a5da-47f3-931b-48d1085485ff/ACEM_PI_Management_Resource_May-14_FINAL.aspx">https://www.acem.org.au/getmedia/3c936443-a5da-47f3-931b-48d1085485ff/ACEM_PI_Management_Resource_May-14_FINAL.aspx</a>	Guidelines for the management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments
Australian Government Department of Health Pandemic Influenza site	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-influenza.htm">http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-influenza.htm</a>	Australia's strategy to manage an influenza pandemic is to minimise its impact on the health of Australians and our health system.
Australian Institute for Disaster Resilience	<a href="https://knowledge.aidr.org.au/resources/handbook-publications-collection/">https://knowledge.aidr.org.au/resources/handbook-publications-collection/</a>	The Australian Institute for Disaster Resilience (AIDR) is the custodian Australian Disaster Resilience Handbook Collection including guidance on the national principles and practices in disaster resilience in Australia
<i>Australian guidelines for the prevention and control of infection in healthcare</i>	<a href="http://www.nhmrc.gov.au/guidelines/publications/cd33">http://www.nhmrc.gov.au/guidelines/publications/cd33</a>	
<i>Australian Health Management Plan for Pandemic Influenza (2014)</i>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm">http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm</a>	National health influenza pandemic plan, (AHMPPI)
<i>Avian influenza National guidelines for public health units</i>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-avian-influenza.htm">http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-avian-influenza.htm</a>	

Resource	Website or contact	Comment
<i>CDNA Influenza Infection National Guidelines for Public Health Units</i>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-influenza.htm">http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-influenza.htm</a>	
<i>FluBorderPLan</i>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/fluborderplan">http://www.health.gov.au/internet/main/publishing.nsf/Content/fluborderplan</a>	Outlines pandemic roles and responsibilities at international airports
Hand Hygiene Australia	<a href="http://www.hha.org.au/">http://www.hha.org.au/</a>	
MIMS online	<a href="http://www.mims.com.au/index.php/products/mims-online">http://www.mims.com.au/index.php/products/mims-online</a>	
National Vaccine Storage Guidelines, Strive for 5. <sup>65</sup>	<a href="http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/D7EDA378F0B97134CA257D4D0081E4BB/\$File/strive-for-5-guidelines.pdf">http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/D7EDA378F0B97134CA257D4D0081E4BB/\$File/strive-for-5-guidelines.pdf</a>	
<i>Royal Australian College of General Practitioners Pandemic flu kit</i>	<a href="http://www.racgp.org.au/pandemicinfluenza">http://www.racgp.org.au/pandemicinfluenza</a>	Pandemic influenza resource for General Practitioners
Therapeutic guidelines	<a href="https://www.tg.org.au/">https://www.tg.org.au/</a>	
Travel advice	<a href="http://www.smartraveller.gov.au">www.smartraveller.gov.au</a> .	The Department of Foreign Affairs and Trade provides travel advice on its Smart Traveller website
<b>Other states</b>		
Australian Capital Territory Health	<a href="http://www.health.act.gov.au/public-information/public-health/public-health-alerts/influenza-act">http://www.health.act.gov.au/public-information/public-health/public-health-alerts/influenza-act</a>	This is the web site for ACT Health for both seasonal and pandemic influenza
New South Wales Health	<a href="http://www.health.nsw.gov.au/pandemic/Pages/default.aspx">http://www.health.nsw.gov.au/pandemic/Pages/default.aspx</a>	This web site is the NSW Health website for influenza resources for health professionals
Northern Territory Health	<a href="https://health.nt.gov.au/health-governance/department-of-health/health-disaster-management/pandemics">https://health.nt.gov.au/health-governance/department-of-health/health-disaster-management/pandemics</a>	This is the site for health disasters page
South Australia Health	<a href="http://www.sahealth.sa.gov.au/wps/wcm/connect/public%20content/sa%20health%20internet/protecting%20public%20health/emergency%20management/pandemic%20influenza%20arrangement">http://www.sahealth.sa.gov.au/wps/wcm/connect/public%20content/sa%20health%20internet/protecting%20public%20health/emergency%20management/pandemic%20influenza%20arrangement</a>	This web site is the pandemic influenza home page for SA Department of Health
Tasmanian Health	<a href="http://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/flu/tasmanian_health_action_plan_for_pandemic_influenza">http://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/flu/tasmanian_health_action_plan_for_pandemic_influenza</a>	This web site is the pandemic influenza home page for TAS Department of Health.
Victoria Health	<a href="https://www2.health.vic.gov.au/emergencies/emergency-type/infectious-diseases/pandemic-influenza">https://www2.health.vic.gov.au/emergencies/emergency-type/infectious-diseases/pandemic-influenza</a>	This web site is the pandemic influenza home page for VIC Department of Health
Western Australia Health	<a href="http://www.public.health.wa.gov.au/3/556/2/pandemic_influenza_community_health">http://www.public.health.wa.gov.au/3/556/2/pandemic_influenza_community_health</a>	This web site is the pandemic influenza home page for WA

Resource	Website or contact	Comment
	<a href="#">lth_and_safety.pm</a>	Department of Health
<b>Queensland Department of Health</b>		
Business – information for businesses in the community	<a href="https://www.business.qld.gov.au/business/running/disaster-resilience-and-recovery/pandemic-risk-management-for-business">https://www.business.qld.gov.au/business/running/disaster-resilience-and-recovery/pandemic-risk-management-for-business</a>	Home page for: <ul style="list-style-type: none"> <li>• business continuity planning</li> <li>• risk management</li> <li>• fact sheets</li> </ul>
<i>Clinical services capability framework</i>	<a href="http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/default.asp">http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/default.asp</a>	
Communicable Diseases Unit website - communicable diseases A to Z	<a href="http://www.health.qld.gov.au/cdcg/default.asp">http://www.health.qld.gov.au/cdcg/default.asp</a>	Communicable disease control guidance
Drug Therapy Protocols <ul style="list-style-type: none"> <li>• Drug Therapy Protocol Immunisation Program Nurse<sup>28</sup></li> <li>• Drug Therapy Protocol Pandemic Influenza Program<sup>28</sup></li> </ul>	<a href="http://www.health.qld.gov.au/system-governance/licences/medicines-poisons/legislation-standards/default.asp">http://www.health.qld.gov.au/system-governance/licences/medicines-poisons/legislation-standards/default.asp</a>	•
<i>Emergency Preparedness and Continuity Management Policy</i> and associated resources	<a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/395812/qh-pol-315.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/395812/qh-pol-315.pdf</a> or <a href="https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy">https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy</a>	
<i>Guidelines for the Provision of Intensive Care Services in Response to Pandemic</i>	Under review. <a href="https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/intensive-care">https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/intensive-care</a> and <a href="https://publications.qld.gov.au/dataset/health-services-planning-guidelines-and-strategies/resource/31695ef6-63a0-48a7-b7fe-31f09f0b922f?inner_span=True">https://publications.qld.gov.au/dataset/health-services-planning-guidelines-and-strategies/resource/31695ef6-63a0-48a7-b7fe-31f09f0b922f?inner_span=True</a>	The State-wide Intensive Care Clinical Network (SICCN) is a multidisciplinary group responsible for the strategic direction and delivery of intensive care services across the care continuum in Queensland
Human resource policies	<a href="https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy">https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy</a>	
Individuals and households - what individuals can do (general public information)	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/panflu-preparing-ip-1">http://www.health.gov.au/internet/main/publishing.nsf/Content/panflu-preparing-ip-1</a>	For information for the public such as protecting yourself and others, if you get sick and where to get help
Infection prevention	<a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-</a>	

Resource	Website or contact	Comment
	<a href="#">infection/infection-prevention</a>	
<i>Management of the deceased when local storage capacity has been exceeded fact sheet</i>	<a href="http://qheps.health.qld.gov.au/hssa/forensics/docs/mortuary-storage-capacity.pdf">http://qheps.health.qld.gov.au/hssa/forensics/docs/mortuary-storage-capacity.pdf</a>	
<i>Managing the work environment and facilities Code of Practice 2011</i>	<a href="https://www.worksafe.qld.gov.au/">https://www.worksafe.qld.gov.au/</a> or <a href="https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice">https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice</a>	
<i>Pandemic Influenza Guidelines : Antiviral Distribution 2009</i>	<a href="http://qheps.health.qld.gov.au/dcho/docs/hpd/hpimt/antiviral-gl.pdf">http://qheps.health.qld.gov.au/dcho/docs/hpd/hpimt/antiviral-gl.pdf</a>	This plan is currently being reviewed and combined with Pandemic Influenza Guidelines: Antiviral Distribution 2009 into <i>Queensland antiviral stockpile and distribution plan</i> . This plan will include guidelines for HHSs to develop a standing operating procedure
Pathology – specimen collection and PCR testing	Queensland Health employees can apply for access to view these documents at this link <a href="http://qis.health.qld.gov.au/DocumentManagement/Search.aspx">http://qis.health.qld.gov.au/DocumentManagement/Search.aspx</a>	<i>The following documents are available in the Health Services Support Agency Quality Information System (QIS2). Queensland Health employees can view these protocols by entering the protocol number into the search function at <a href="http://qis.health.qld.gov.au/DocumentManagement/Search.aspx">http://qis.health.qld.gov.au/DocumentManagement/Search.aspx</a></i> <ul style="list-style-type: none"> <li>• QIS 24855 (2017) Protocol for Collection and Testing of Pathology Specimens for Pandemic Influenza</li> <li>• QIS 27691(2013) Collection Procedures for swabs requiring Influenza and other respiratory virus PCR testing</li> </ul>
<i>Queensland Antiviral Stockpile Plan for Pandemic Influenza 2009</i>	<a href="http://qheps.health.qld.gov.au/dcho/docs/hpd/hpimt/subplan-antiviral.pdf">http://qheps.health.qld.gov.au/dcho/docs/hpd/hpimt/subplan-antiviral.pdf</a>	This plan is currently being reviewed and combined with Pandemic Influenza Guidelines : Antiviral Distribution 2009 into <i>Queensland antiviral stockpile and distribution plan</i> This plan will include guidelines for HHSs to develop a standing operating procedure
Queensland Government Preparing for Disasters	<a href="https://www.qld.gov.au/emergency/dealing-disasters/disaster-types">https://www.qld.gov.au/emergency/dealing-disasters/disaster-types</a>	
<i>Queensland Health Health Disaster</i>	<a href="https://www.health.qld.gov.au/public-health/disaster">https://www.health.qld.gov.au/public-health/disaster</a>	
<i>Queensland Health disaster and emergency incident plans</i>	<a href="https://www.health.qld.gov.au/public-health/disaster/management">https://www.health.qld.gov.au/public-health/disaster/management</a>	Details emergency management arrangements within Queensland Health. Sub plans include:

Resource	Website or contact	Comment
		<ul style="list-style-type: none"> <li>• <i>Mass Casualty Sub Plan</i></li> <li>• <i>Mental health disaster and emergency incident plan</i> (under development at time of publication)</li> <li>• <i>Population Health Sub Plan</i> (under review)</li> <li>• <i>Health Services Support Agency Sub Plan</i> (under review)</li> </ul>
<i>Queensland Recovery Plan</i>	<a href="http://www.disaster.qld.gov.au/cdmp/Pages/default.aspx">http://www.disaster.qld.gov.au/cdmp/Pages/default.aspx</a>	
<i>Queensland State Disaster Management Plan</i>	<a href="http://www.disaster.qld.gov.au/cdmp/Pages/default.aspx">http://www.disaster.qld.gov.au/cdmp/Pages/default.aspx</a>	
Retrieval Services Queensland	<a href="http://qheps.health.qld.gov.au/rts/">http://qheps.health.qld.gov.au/rts/</a>	Retrieval Services Queensland (RSQ) provides clinical coordination, via the Queensland Emergency Medical System Coordination Centres, for the aeromedical retrieval and transfer of all patients
State-wide clinical networks	<a href="https://www.health.qld.gov.au/clinical-practice/engagement/networks">https://www.health.qld.gov.au/clinical-practice/engagement/networks</a>	
WorkCover, QSuper and Other Claims	<a href="https://qheps.health.qld.gov.au/safety/employees">https://qheps.health.qld.gov.au/safety/employees</a>	
Workplace health safety management system	<a href="http://qheps.health.qld.gov.au/safety/sms/home.htm">http://qheps.health.qld.gov.au/safety/sms/home.htm</a>	
<b>Other Queensland Government Departments</b>		
Disaster Management: Home page and guidelines	<a href="http://www.disaster.qld.gov.au/Pages/default.aspx">http://www.disaster.qld.gov.au/Pages/default.aspx</a>	This site has state, district and local guidance documents. The home page has links to useful general disaster information
Public Service Commission	<a href="https://www.qld.gov.au/about/how-government-works/government-structure/public-service-commission">https://www.qld.gov.au/about/how-government-works/government-structure/public-service-commission</a>	Directives: <ul style="list-style-type: none"> <li>• 10/14 Critical Incident Response and Recovery</li> <li>• 06/16 Critical Incident Entitlements and Conditions</li> </ul>
<b>HHS resources</b>		
<i>Aboriginal and Torres Strait Islander communities pandemic influenza toolkit</i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Aboriginal and Torres Strait Islander communities preparedness checklist</i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Factsheet: Keeping families safe</i>	<a href="#">Queensland Health Pandemic website</a>	

Resource	Website or contact	Comment
<i>Flu clinic guidelines</i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Guideline for the work flow design of a mass vaccination clinic<sup>9</sup></i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Hospital in the Home (HITH) Guideline</i>	<a href="http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-379.pdf">http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-379.pdf</a>	
<i>Mass vaccination clinic guidelines<sup>9</sup></i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Outreach clinic checklist<sup>9</sup></i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Pandemic Influenza Border Measures: Planning Tool Kit for HHSs</i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Pandemic Influenza Home Management: Planning Tool Kit for HHSs</i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Pandemic influenza infection control and occupational health and safety preparedness audit</i>	<a href="#">Queensland Health Pandemic website</a>	
<i>Pandemic Plans audit checklist</i>	<a href="#">Queensland Health Pandemic website</a>	This audit can be used by the HHSs to check that their plans have all the required content
<i>Public health workforce surge checklist</i>	<a href="#">Queensland Health Pandemic website</a>	
<b>At risk groups</b>		
Aboriginal and Torres Strait Islander Health Branch website	<a href="http://qheps.health.qld.gov.au/atsihb/home.htm">http://qheps.health.qld.gov.au/atsihb/home.htm</a>	
Australian Aboriginal and Torres Strait Islander communities and the development of pandemic influenza containment strategies: community voice and community control	<a href="https://www.sciencedirect.com/science/article/pii/S0168851011001497">https://www.sciencedirect.com/science/article/pii/S0168851011001497</a>	Research article that identifies strategies to reduce the spread of pandemic influenza in Aboriginal and Torres Strait Islander communities
Ethnic Communities Council Queensland (ECCQ) website	<a href="http://www.eccq.com.au/">http://www.eccq.com.au/</a>	This website includes resources for disaster preparedness in CALD communities
Flu prevention resources	<a href="http://www.health.qld.gov.au/flu/resources/default.asp">http://www.health.qld.gov.au/flu/resources/default.asp</a>	This page links to a range of educational resources about preventing influenza, including brochures and posters for the general public, young people, people who speak languages other than English and Aboriginal and Torres Strait Islander people

Resource	Website or contact	Comment
<i>Guidelines for emergency management in culturally and linguistically diverse communities</i>	<a href="https://knowledge.aidr.org.au/resources/manual-series/">https://knowledge.aidr.org.au/resources/manual-series/</a> or <a href="https://knowledge.aidr.org.au/media/1969/manual-44-guidelines-for-emergency-management-in-cald-communities.pdf">https://knowledge.aidr.org.au/media/1969/manual-44-guidelines-for-emergency-management-in-cald-communities.pdf</a>	Provides practical guidance in providing appropriate, responsive, accessible and sustainable services to a multicultural Australia
<i>How to work with a person who is deaf or hearing impaired</i>	<a href="https://www.health.qld.gov.au/multicultural/interpreters/qhis_guide_res">https://www.health.qld.gov.au/multicultural/interpreters/qhis_guide_res</a>	
<i>Keeping our mob safe. A national emergency management strategy for remote Indigenous communities</i>	<a href="http://www.austlii.edu.au/au/journals/AUJIEmMgmt/2007/44.pdf">http://www.austlii.edu.au/au/journals/AUJIEmMgmt/2007/44.pdf</a>	
Queensland Aboriginal and Islander Health Council website	<a href="http://www.qaihc.com.au/">http://www.qaihc.com.au/</a>	
<i>Queensland Aboriginal and Torres Strait Islander Cultural capability framework</i>	<a href="http://www.health.qld.gov.au/atsihealth/documents/cultural_capability.pdf">http://www.health.qld.gov.au/atsihealth/documents/cultural_capability.pdf</a>	
Queensland Health multicultural services website	<a href="http://qheps.health.qld.gov.au/multicultural/home.htm">http://qheps.health.qld.gov.au/multicultural/home.htm</a>	Gateway to multicultural health information on QHEPS and the Queensland Health website
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<a href="http://www.ranzcog.edu.au/">http://www.ranzcog.edu.au/</a> or <a href="https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Guides/Other-Useful-Resources">https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Guides/Other-Useful-Resources</a>	Resources relating to pregnancy and influenza A



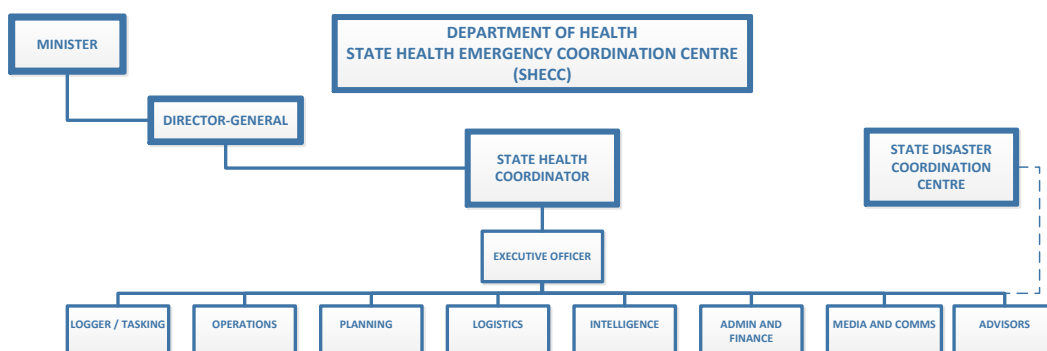
## Appendix 4—training resources

Resource	Website or contact	Comment
<b>International</b>		
Centers for Disease Control and Prevention - PPE	<a href="http://www.cdc.gov/HAI/prevent/ppe.html">http://www.cdc.gov/HAI/prevent/ppe.html</a>	Video and PowerPoint presentation
Centers for Disease Control and Prevention - Emergency preparedness and response	<a href="http://emergency.cdc.gov/training/">http://emergency.cdc.gov/training/</a>	Training and education for specific types of emergencies: bioterrorism, chemical/radiation emergencies and mass casualties.
<b>National</b>		
Australian Government Department of Health Safe Use of Personal Protective Equipment	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-personal-protective-equipment-in-the-correct-order">http://www.health.gov.au/internet/main/publishing.nsf/Content/how-to-fit-and-remove-personal-protective-equipment-in-the-correct-order</a>	Note: The use of surgical masks will provide sufficient protection for general care of pandemic influenza patients. This is in accordance with World Health Organisation and the AHMPPI 2014
Hand Hygiene Australia	<a href="http://www.hha.org.au/">http://www.hha.org.au/</a>	Resources for healthcare and the community
Indigenous health & Cultural Competency by the Australian college of Emergency Medicine	<a href="https://acem.org.au/Education-Training/Educational-resources/Indigenous-Health-Cultural-Competency-%28IH-CC%29.aspx">https://acem.org.au/Education-Training/Educational-resources/Indigenous-Health-Cultural-Competency-%28IH-CC%29.aspx</a>	Education modules
<b>Queensland Health (Department of Health and Hospital and Health Services)</b>		
Queensland Health Pandemic influenza training materials <sup>9</sup>	<a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic</a>	
Aboriginal and Torres Strait Islander Cultural Capability	<a href="https://qheps.health.qld.gov.au/at_sihb/html/cultural_capab">https://qheps.health.qld.gov.au/at_sihb/html/cultural_capab</a>	The Aboriginal and Torres Strait Islander Cultural Practice Program is Queensland Health's foundational program. It provides staff with increased understanding of the links between health and cultures. It aims to develop the cultural skills of all staff, recognising that every person across Queensland Health plays a role in improving health outcomes for Aboriginal and Torres Strait Islander people. The program is conducted as a workshop in all HHSs and in the Department of Health.
Administering the Pandemic (H1N1) 2009 (Human Swine Influenza) vaccine using a multi-dose vial	<a href="http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic/default.asp">http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic/default.asp</a>	Scroll down to the bottom of the web page to view this video



Resource	Website or contact	Comment
Administering the pandemic influenza vaccine from multi-dose vials, theory <sup>32</sup>	<a href="https://ilearn.health.qld.gov.au/login/index.php">https://ilearn.health.qld.gov.au/login/index.php</a> Best accessed via Mozilla Firefox	E Learning will be available on iLearn website. Training material for E learning also to be available as a PDF for rural and remote.
Clinical Skills Development Service, Metro North	<a href="https://csds.qld.edu.au/">https://csds.qld.edu.au/</a>	This statewide service can assist with training requirements identified for pandemic influenza for e.g. advanced respiratory care, use of ventilators. There is a Basic Assessment and Support in Intensive Care three-day course available.
iLearn module for contact tracing	<a href="https://ilearn.health.qld.gov.au/d2/login">https://ilearn.health.qld.gov.au/d2/login</a> Best accessed via Mozilla	Please search the course catalogue.
The Disaster Management Learning Management System (LMS)	<a href="https://dmlms.psba.qld.gov.au/user/login">https://dmlms.psba.qld.gov.au/user/login</a>	This is a web based learning and student management system that supports training delivered under the Queensland Disaster Management Training Framework.
PPE: P2/N95 Mask Fit Checking	<a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/transmission-precautions/p2n95-mask">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/transmission-precautions/p2n95-mask</a>	
PPE: Use of personal protective equipment – pandemic influenza	<a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic</a>	Power Point presentation can be accessed under Infection prevention and control.

## Appendix 5—SHECC structure



### Considerations for SHECC roles during an influenza pandemic

Within SHECC there will be a lead for each cell depending on requirement; in some cases roles may be combined. The composition of the SHECC and its cells is largely determined by Queensland Health’s responsibilities in a pandemic, responsibilities could include cross-agency coordination, distribution of medications and supplies, surveillance and reporting, communications, planning for both public health and clinical services as well as financial and administration functions.

#### *Cross-agency coordination and liaison*

During a pandemic response multiple government agencies will be required to support the health response. Within SHECC the liaison officer is a specialist agency team member acting as a single point of contact between the SHECC and their parent agency. During a pandemic there may be several liaison officers based in SHECC. A Queensland Health SHECC liaison Officer may be required to manage the liaison cell and work with the officers to ensure an integrated approach to service provision across government agencies.

#### *Planning*

The Planning Officer develops objectives, strategies and plans to pre-empt successfully resolve an incident based on the outcomes of collection and analysis of information.

Planning will need to include both public health and clinical services. These cells need to be led by experts with the recognised authority to facilitate engagement and compliance with planning strategies. Each planning cell will be staffed by individuals with the appropriate level of public health and clinical expertise.

#### *Operations and logistics*

The Operations Officer work with each of the functions to achieve the mission and implements the plan/s developed for delivering the response and strategies required to resolve the incident.

The Logistics Officer is responsible for the overall management of resources and coordinates the procurement, distribution, maintenance and replacement of human and physical resources in addition to facilities, services and materials.

Staff within the operations and logistics cells work closely together to ensure that the resources required are met. Staffing these cells will require both procurement and operations specialists as well as clinical and public health operational experts.

#### *Intelligence and horizon scanning*

The Intelligence Officer collects, evaluates and analyses information and data to provide accurate, timely and reliable intelligence about the pandemic to each function, especially the planning cells and expert advisory groups. Staff in this cell might include epidemiologists, statisticians, reporting officers.

#### *Communications*

There are a variety of communication needs during a pandemic including public and corporate communication requirements, as well as media, emergency communications, community engagement and general correspondence.

#### *Finance and administration*

During a pandemic consideration needs to be given to the various functions that will need to be supported by staff with the appropriate authority and levels of authority. These functions include human resources, legal advice, finance and administration.

For further details regarding the roles and responsibilities of the various SHECC positions, see [QHDISPLAN<sup>6</sup>](#) and [Queensland Health incident management system guideline](#).<sup>14</sup>

## Appendix 6—standardised reporting format

### *ETHANE*

The initial situation report (SITREP) can be provided as an ETHANE.

**Exact location**

**Type of incident**

**Hazards**

**Access and egress**

**Number of type of patients**

**Emergency services at scene or required**

For notification from a hospital or HHS, additional information should be included such as whether the HEOC has been activated; the name of the HIC and the primary contact number.

### *SMEACS-Q*

As more information is available additional detail is provided to form a SMEACS-Q briefing.

**Situation (ETHANE)**

**Mission**

**Execution**

**Administration**

**Communications**

**Safety**

**Questions**

The inclusion of 'Questions' at the end is an important detail, and allows clarification or confirmation of information.

## Abbreviations

AHMPPPI	<i>Australian Health Management Plan for Pandemic Influenza 2014</i>
AHPPC	The Australian Health Protection Principle Committee
AIR	Australian Immunisation Register
CDNA	Communicable Diseases Network Australia
ED	Emergency Department
HEOC	Health Emergency Operations Centre
HCW	Healthcare Worker
HHS	Hospital and Health Services
IMT	Incident Management Team
NOCS	Notifiable Conditions System
NSW	New South Wales
NAHRLS	Nursing and Allied Health Rural Locum Scheme
NHMRC	National Health and Medical Research Council
NMS	National Medical Stockpile
PCR	Polymerase Chain Reaction
PHN	Primary Health Network
PPE	Personal Protective Equipment
PPRR	Prevention, Preparedness, Response and Recovery
QAS	Queensland Ambulance Service
<i>QHDISPLAN</i>	<i>Queensland Health Disaster and Emergency Incident Plan</i>
QHEPS	Queensland Health Electronic Publishing Service
SDCC	State Disaster Coordination Centre
SHC	State Health Controller
SHECC	State Health Emergency Coordination Centre
SoNG	Series of National Guidelines
VIVAS	Vaccination Information and Vaccine Administration System
WHO	World Health Organization

## Glossary

Hospital and Health Services	Hospital and Health Services are independent statutory bodies that are responsible for the delivery of health services in their local area (Handbook for Queensland Hospital and Health Board Members, June 2016).
Public Health	<p>The organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, for the population as a whole or population sub-groups.</p> <p>National Public Health Partnership, 1998. Public health in Australia: the public health landscape: person, society, and environment. Melbourne: NPHP, available at: <a href="http://www.health.vic.gov.au/archive/archive2014/nphp/publications/broch/contents.htm">http://www.health.vic.gov.au/archive/archive2014/nphp/publications/broch/contents.htm</a></p>
Public Health Unit	<p>A requirement in each HHS service agreement is that the HHS will provide public health services in line with public health-related legislation and the service and reporting requirements outlined in the Public Health Practice Manual (2016). Public health units are located within Hospital and Health Services (HHSs) across the state. Some public health units provide services for more than one HHS.</p> <p>Public health units focus on protecting health; preventing disease illness and injury; promoting health and wellbeing at a population or whole-of-community level by:</p> <ul style="list-style-type: none"> <li>• coordinating disease control initiatives, including response to and notification of disease outbreaks</li> <li>• undertaking a range of environmental health initiatives and providing specialist public health advice and</li> <li>• developing the capacity of health services, other sectors and the community to collaboratively plan and implement effective public health programs.</li> </ul> <p>(Handbook for Queensland Hospital and Health Board Members, June 2016).</p>
Queensland Health	Collectively, the public healthcare system in Queensland is known as Queensland Health (QH) and is made up of the department and 16 independent Hospital and Health Services (HHSs), governed by Hospital and Health Boards (HHBs). The relationship between the department and HHSs is governed by the Hospital and Health Board Act and service agreements.

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