



GREATER SHEPPARTON

PANDEMIC PLAN COVID-19

**Developed by the Greater Shepparton Municipal
Emergency Planning Committee**

Last updated 24 March 2020



Activation of Pandemic Plan – Flow diagram

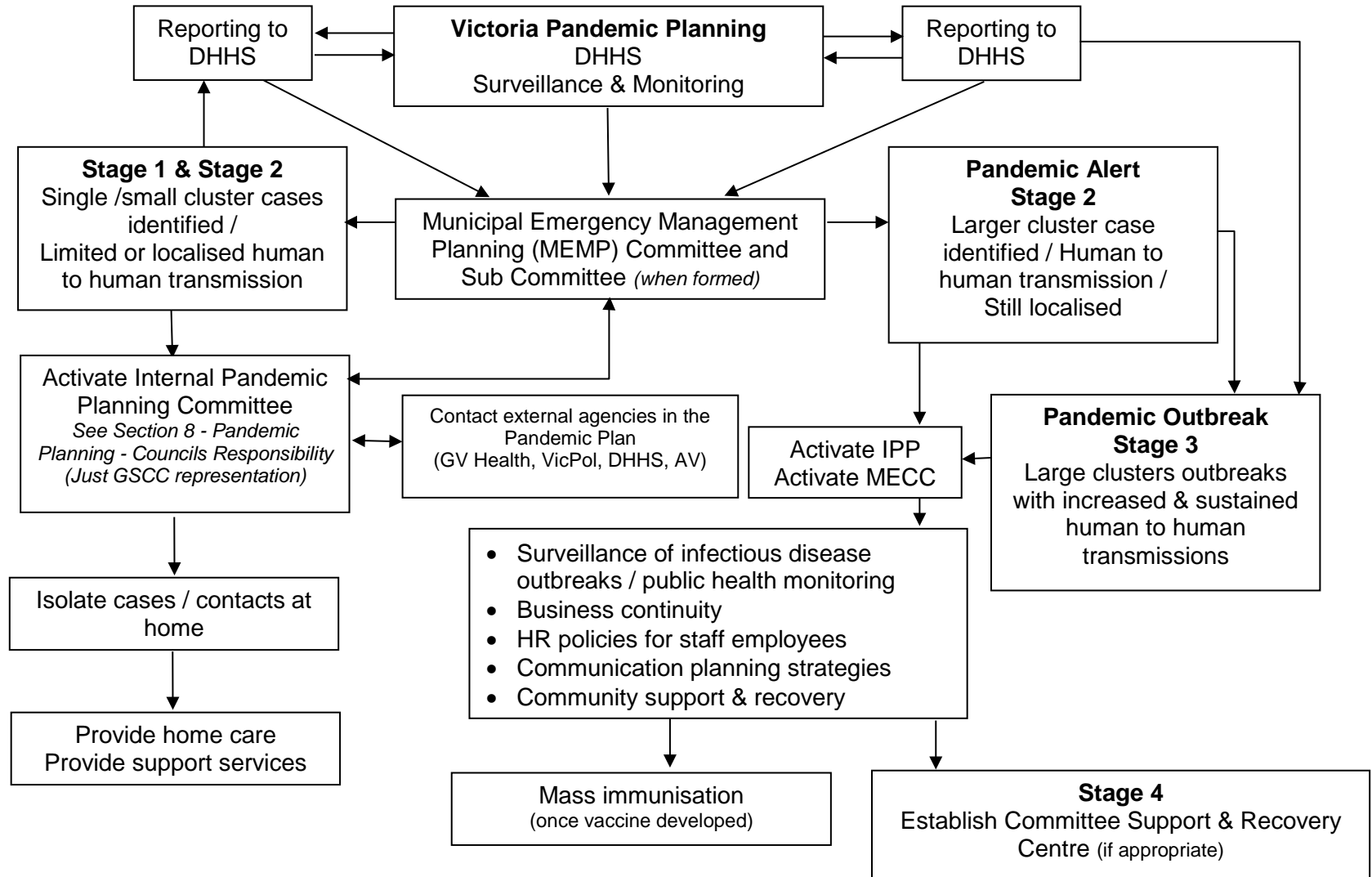


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Version Control

1.0	19 March 2020	Sally Rose	Complete re-write

Review

This Plan will be regularly reviewed, exercised and amended as required as a responsibility of the Pandemic Coordinator.

Acronyms & Glossary

CHO	Chief Health Officer
COVID-19	Novel Corona Virus 19
DHHS	Department of Health and Human Services
Council	Greater Shepparton City Council
MEMP	Municipal Emergency Management Plan
MRM	Municipal Recovery Manager
Plan	Pandemic Plan
PPE	Personal Protective Equipment

Section 1

Introduction

The World Health Organisation declared COVID-19 (Novel Corona Virus 19) as a Global Pandemic on Thursday 12 March 2020. The Victorian State Government declared a State of Emergency on Monday 16 March 2020. A pandemic constitutes an emergency under the *Emergency Management Act 1986*. The Emergency Management Manual Victoria details the emergency roles and responsibilities of agencies in relation to the prevention, mitigation, risk reduction, response and recovery components of emergencies.

The Department of Health and Human Services (DHHS) is the control agency for human illness/epidemics. The *Victorian Health Management Plan for Pandemic October 2014* is a sub-plan of the DHHS public health emergency management arrangements. Under this plan the responsibility for controlling infectious disease emergencies, such as Pandemic, lies with the Chief Health Officer (CHO) through the Communicable Disease Control Unit of DHHS. The CHO also has a range of powers under the *Public Health and Wellbeing Act 2008*.

The effects of a Pandemic on the community can be broad and long lasting. As part of its emergency management planning, the Greater Shepparton Municipal Emergency Management Planning (MEMP) Committee has developed this Pandemic Plan (the Plan) as a sub-plan of the MEMP.

The Municipal Recovery Manager (MRM) is nominated as the Pandemic Coordinator for the municipality and will progressively work with all business units and sections in identifying critical issues and functions required to adequately address the challenge of pandemic management.

Deputy MRMs will assist the Pandemic Coordinator and perform the role of the Deputy Pandemic Coordinators.

It is required that all business units of council offer as much assistance to the Pandemic Coordinator as possible. The construction of a robust plan will assist in reducing the impacts of a pandemic within our municipality. The provision of the necessary support and recovery assistance to our affected community throughout the duration of the pandemic may lessen the impact of the pandemic.

It is emphasised that the Pandemic Plan is to work in conjunction with and build upon the MEMP. The Pandemic Plan is a high level document that is actioned by service providers as required. This document is not an action plan.

Section 2

Framework

The framework in which Greater Shepparton MEMPC Committee operates within a Pandemic is under the auspice of Global, Commonwealth and State Pandemic Planning Policy and guidelines.

Background

Emergency Management

This Plan builds on the work contained in the *Victorian action plan for pandemic influenza* and *Victorian Health Management Plan for Pandemic October 2014*. DHHS outlines the state governments approach to managing a pandemic event. The focus of this Plan is to identify and plan, as far as practicable, for the impact of Pandemic on the Greater Shepparton municipality.

Functional Services

The continuance of functional services will be planned and managed for under Business Continuity Plans.

Local Government has the responsibility to ensure important community support services are maintained, such as home and community care programs, Maternal and Child Health services, waste management and other regulatory services.

A Staged Response

Victoria's response to COVID-19 is a four-stage process, working together with all states, territories and the Commonwealth. The four stages may overlap through the course of pandemic response.

Responses within each stage of this plan should be considered a menu of initiatives to be deployed as appropriate at any time, informed by growing knowledge of the virus and local experience of its spread and impact.

The table overleaf outlines each of the four stages and these will be expanded on in the remainder of this document (**refer to Section 6**).

Four Stages of Response

<p><u>Stage 1</u></p> <p>Initial containment</p>	<ul style="list-style-type: none"> • The most effective way to reduce the impact of the pandemic is to reduce exposure • Communicate with the community about the nature of the Pandemic, risk reduction measures and ensure community cohesion – using messaging from the DHHS and the CHO. • Public health control measures • Staff at work • Events / Control • Personal Protective Equipment • Health Service Planning
<p><u>Stage 2</u></p> <p>Targeted action</p>	<p>In addition to the measures above:</p> <ul style="list-style-type: none"> • Slow the disease transmission with social distancing, and coordination with the plans of other government agencies, including police, ambulance, fire services, SES, transport and education agencies • Ramp up communication of risk reduction information activity across the community and at-risk groups • Continue to prioritise communication
<p><u>Stage 3</u></p> <p>Peak action stage</p>	<p>In addition to the measures above:</p> <ul style="list-style-type: none"> • Plan and manage economic downturn and financial risk • Coordinate and prioritise activities to maintain essential services and support quality care • Divert resources from less urgent areas, implement alternate models of service delivery, staff surge strategies and appropriate management of supplies • Prioritise Health and essential services
<p><u>Stage 4</u></p> <p>Stand down and recovery Stage</p>	<p>In addition to the measures above:</p> <ul style="list-style-type: none"> • Communication in relation to service delivery • Commence planning and delivery of recovery. Will need Federal and State financial assistance. <ul style="list-style-type: none"> ○ Priority areas: <ul style="list-style-type: none"> ▪ People/Communities/Health and Wellbeing ▪ Economic development to promote business/tourism and recovery. ▪ Assess financial loss/plan for recovery.

Section 3

Scope and Purpose

This plan is intended as an overarching guidance document to inform more detailed planning at individual practice and organisational level.

As the pandemic develops, planning will continue to alter to meet the increasing knowledge and recommendations from the CHO.

Currently daily updates can be viewed at <https://www.dhhs.vic.gov.au/coronavirus>

Overall Objectives

The overall objectives of this plan are to:

- Assist in reducing the impacts of the pandemic on the Municipality.
- Support containment strategies through accurate, timely and coordinated communication and community support.
- Provide support and recovery assistance throughout the duration of the pandemic.
- Ensure response activities are consistent across all organisations.

Important Principles

Response will be guided by the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* and the pandemic response plans of other jurisdictions.

These principles provide guidance to ensure the response is:

- Flexible and proportionate, and can be scaled up or down as required.
 - Reliant on existing health systems and health system governance where possible.
 - Inclusive of all people and acts to reduce any form of xenophobia in the response.
 - Focused on protecting vulnerable people, including those with underlying health conditions, compromised immune systems, the elderly, Aboriginal and Torres Strait Islanders and those from culturally and linguistically diverse communities.
 - Integrated with the efforts of the Commonwealth, other states and territories and relevant public agencies and sectors to make best use of common systems, plans and processes.
-
- **preparedness** – have arrangements in place to reduce the pandemic impact
 - **containment** – prevent transmission, implement infection control measures, provide support services to people who are isolated or quarantined within the municipality
 - **maintain essential municipal services** – provision for business continuity in the face of staff absenteeism and rising demand on local government services
 - **mass vaccination** – assist in providing vaccination services to the community, if an pandemic vaccine becomes available
 - **communication** – develop media and communication messages, in line with whole

of government messages, to inform the community and staff of any changes to normal municipal service delivery

- ***community support and recovery*** – ensure a comprehensive approach to emergency recovery planning in the municipal emergency management plan, with a specific focus on influenza pandemic.

Section 4

Outlook / Modelling

An emerging global pandemic

The evidence is incomplete, but strongly suggests that SARS-CoV-2, the virus that causes COVID-19, meets the criteria for causing a pandemic, which are:

1. Humans have little or no pre-existing immunity
2. The virus causes disease in humans
3. The virus has the capacity to spread readily or efficiently from person to person.

Likely impact on population

The population health impact of COVID-19 will be determined by how readily it can be transmitted (transmissibility) and the seriousness of the illness it causes (clinical severity).

Response measures for a pandemic of a respiratory virus depend on factors such as:

1. How spread occurs
2. Whether a person is infectious prior to onset of symptoms
3. Severity of illness in those infected.

An initial model has been developed by DHHS to estimate the impact of COVID-19 on the Victorian population to help Victorian health services plan and prepare.

The model estimates infections, healthcare-seeking episodes, hospitalisations, critical care admissions and potential for deaths at three different levels of clinical severity: mild, moderate and severe. The model relies on data about transmissibility, severity and how the outbreak of COVID-19 spreads, using the best current evidence for COVID-19.

There is a wide span of possibilities for the impact of a Victorian outbreak of COVID-19, but there is a high probability that any emerging pandemic and its impacts will be prolonged.

The trajectory of the COVID-19 pandemic is highly uncertain, but it is likely to coincide with the Australian influenza season, so the effects of both diseases may be felt simultaneously.

Although measures to reduce exposure such as social distancing, infection control and hygiene practices may be more effective for COVID-19 than influenza, we can expect human-to-human transmission via droplets, direct contact with nasal secretions or contact with objects or materials that carry the virus.

There will be increased, and potentially high, levels of workforce absenteeism. Older people along with those with chronic diseases are known to be at greater risk of COVID-19 infection. Early information suggests a milder illness in children, particularly those

nine years and under. Pregnant women are also reported to have no higher risk of severe disease than the general population.

However, the global situation is still evolving. As more data comes to hand, it is reasonable to expect that other groups (such as Aboriginal and Torres Strait Islander communities or those with immunosuppression) may be reported as having a higher relative risk.

There is currently no available modelling specific to Greater Shepparton.

Impact of a pandemic

Pandemics have commonly been associated with attack rates of 25-30% of the population. Worst case estimates suggest 40% of the working population could be affected in the peak of a pandemic, with a case fatality rate of 2.4%. This could last for several weeks. Absence rates of 5-10% could be expected over a much longer period after the initial phase (DHHS, 2005).

Victorian Figures

If a pandemic with an attack rate of 30% were to occur in Victoria, and there was no pandemic vaccine or treatment available, over a 6-8 week period it is estimated that this situation could lead to:

- Between 2,000 and 10,000 deaths
- Between 6,000 and 24,000 hospitalisations
- Between 600,000 and 700,000 outpatient visits.

Based on Greater Shepparton's population of 64,000 and an attack rate of 30%, it is possible that 20,480 people would be infected and of those 491 would die.

The potential impacts of a pandemic will be determined by:

- The virulence and infectivity of the particular viral strain involved
- The epidemiology of the specific strain
- How rapid and effective the initial response to the pandemic is at a world, national, state and local level.

Section 5

Community Profile

Greater Shepparton is home to just under 64,000 people and serves a regional population, stretching from Seymour in the south to Deniliquin in the Riverina district of New South Wales in the north.

The significant population centers within Greater Shepparton are Shepparton, Mooroopna, Tatura, Murchison, Toolamba, Congupna, Tallygaroopna, Katandra West, Dookie, Merrigum and Kialla.

The Greater Shepparton population includes a substantial number of Indigenous Australians as well as a strong multicultural mix drawn from a variety of ethnic backgrounds. Several generations of Greek, Italian, Turkish, and other ethnic backgrounds are well established in the area. Large numbers of immigrants have settled in the area from the Middle East and West Africa.

Vulnerable communities within Greater Shepparton include:

- Aged and young children
- Aboriginal and Torres Strait Islanders
- Multicultural community
- People with disabilities
- Immuno-compromised individuals
- Single adult families
- Isolated communities
- Locked down facilities (retirement villages/nursing homes)
- People living alone (including Vulnerable Persons Register)
- Public transport users
- People who speak limited English
- People who are homeless.

Special consideration should be given in a pandemic situation to utilising an interpreter service when issuing warnings or advising the public of issues relevant to the situation.

Industry

Greater Shepparton boasts an array of major employers including SPC Ardmona, Campbell's Soups, Tatura Milk Industries, Unilever, Snowbrand Australia, Department of Agriculture, Freedom Foods, Goulburn Valley Health, Goulburn Valley Water, Goulburn Murray Water and a number of State and Federal Government Departments which operate in the region. Its reputation as the nation's food bowl is complemented by thriving tourism, agriculture and manufacturing industries.

The agricultural industry also includes poultry farmers and large equine establishments. There is also a substantial seasonal itinerant workforce, employed by local producers.

Greater Shepparton has a range of attractions that are frequented in both peak holiday times and off-peak seasons. The municipality hosts many major annual events.

Section 6

A staged response

Greater Shepparton's response to COVID-19 is a four-stage process, working together with all states, territories and the Commonwealth. The four stages may overlap through the course of pandemic response.

Responses within each stage of this plan should be considered a menu of initiatives to be deployed as appropriate at any time, informed by growing knowledge of the virus and local experience of its spread and impact.

STAGE 1 - INITIAL CONTAINMENT

Pandemic Planning - Councils Responsibility

Local Government is the closest level of government to the community and is often the first point of contact for assistance, advice and information. It is therefore expected that local government will provide a level of leadership during a pandemic and establish partnerships with respective service providers within its community. This role can be best described under four distinct areas:

1. Community support and recovery
2. Public health
3. Business continuity and
4. Essential services

A Pandemic Planning Committee would include representation of the following:

Agency / Organisation	Emergency Management Role
Greater Shepparton City Council	Municipal Emergency Manager
	Emergency Management Coordinator / Deputy Municipal Emergency Manager
	Pandemic Coordinator
	Deputies Municipal Recovery Manager
	Risk Management
	Communications
	People and Development
	Environmental Health Officer
	Emergency Management Administration Officer
Goulburn Valley Health	Chief Medical Officer
Victoria Police	Municipal Emergency Response Coordinator / Deputies
Ambulance Victoria	Emergency Planning Coordinator / Representatives
Department of Health and Human Services	Senior Emergency Management Coordinator / Representatives

* Note: Relevant contact details included in the **MEMP – Appendix A Part 4.1**

Staff at Work / Business Continuity Planning

Organisations may be affected by staff absence. This will occur at a time when, for some areas, the workload may be greater than normal during the escalating phases of the pandemic.

On a continual basis, all organisations are encouraged to implement staff awareness campaigns detailing the importance of hand washing and personal hygiene. The DHHS website contains links to suitable material for distribution.

In the event of a pandemic, as far as practicable, measures will be put in place to protect staff from being exposed to the virus. These may include:

- Provision of materials provided by the DHHS regarding risk reduction and self-assessment of risks in multiple locations.
- Hand Sanitizer.
- Limited use of surgical masks – face masks are recommended for infected individuals only.
- Additional Personal Protective Equipment (PPE) including alcohol wipes, gloves and additional soap in bathrooms as appropriate.
- Minimising direct face to face contact with the public.
- Providing adequate ventilation.
- Implementing work from home arrangements, where possible.
- Unwell staff not attending work – Mandatory sick leave policies for staff suspected of being unwell.
- Provision of alcohol wipes for surface cleaning and ensuring regular cleaning of council buildings is maintained.
- Closure of locations where mass gathering is likely to occur.
- Reinforcement of proper cough etiquette and hand washing practices.
- Provision of temporary accommodation for front line staff who do not wish to return to their own homes. Accommodation would be made available through the Community Staging Facility.
- If significant numbers of staff are absent at the time of the pandemic, the Business Continuity Plan will be referred to for staffing requirements.
- Development and distribution of frequently asked questions (FAQ's).

Infection control measures for all illnesses will be maintained and improved to ensure sustainability of positive health outcomes for the workforce. Minimisation of other health concerns during this period is important to reduce pressures on the health system

Events

Cancellation or postponement of events will be in line with DHHS and CHO messaging.

For updates on local events, visit Council's website: www.greatershepparton.com.au

Health Services Planning

The DHHS has identified 16 'designated' hospitals in Victoria for dealing with the Pandemic. Goulburn Valley Health is located in Shepparton and is one of these designated hospitals. Goulburn Valley Health has in place a *Pandemic Response Plan* (draft- September 16 2008).

Goulburn Valley Health provides a range of acute, aged, primary health and community support services to clients in northern Victorian and southern New South Wales and caters for a culturally diverse, growing and aging sub regional population.

Key contacts for Pandemic Planning can be found in the **MEMP Appendix A Part 4.1**.

Public Health Control Measures

Education Strategy

Education of the community will be used as a preventative measure to limit or slow the spread of an outbreak. Communication and community awareness campaigns will be led by DHHS, and supported by the Greater Shepparton Emergency Communications Plan (**MEMP Appendix B Part 10**).

Community Support – Isolation

In the event of a pandemic, people, groups and communities are likely to be quarantined / isolated in their homes, either voluntarily or compelled by public health authorities. Maintaining these people in their homes will be a major task.

Consideration should be given to supply people who are quarantined or isolated with, but not limited to the following:

- Food (dropped at door)
- Medication
- Personal Support
- Cleanliness (primarily refuse removal)
- Information
- Personal support services (via telephone, as appropriate).

The Vulnerable Persons Register will continue to be monitored throughout this time.

Measures to Increase Social Distance

Some of Council's community services may cease to operate in the event of a pandemic. These services could include senior citizen meetings/functions, social meals, kindergartens, sports programs, major events, non-essential aged and disability services and facilities where large groups could gather.

The decision to close schools, universities, child care centre's and workplaces will be made under the direction of the DHHS or the Department of Education and Training.

Families will be encouraged to provide care for their own family unit to ease the burden on providers and limit social contact and spread of infection.

Attendance at mass gatherings, such as sporting and cultural events, church services and the like will be discouraged based on government advice.

Because the virus can travel up to one metre when someone sneezes or coughs, a distance of at least 1.5 metres could reduce the propensity to be infected. Visiting or other contact with unwell people should be avoided.

Reducing contact

The following are a variety of ways in which contact can be reduced during a pandemic:

- Avoid meeting people face to face. If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible. Consider holding meeting's in the open air.
- Avoid any unnecessary travel and cancel or defer non-essential meetings / gatherings / workshops / training sessions
- If possible, arrange for employees to work from home or work variable hours
- Avoid public transport (walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport)
- Do not congregate in tearooms or other areas where people socialise.

STAGE 2 - TARGET ACTION

Targeted action

Business Continuity

Council will maintain essential services to the community through its Business Continuity Plan. DHHS defines essential services as all services (including statutory obligations and regulatory services) that must be maintained in the event of a pandemic to ensure the wellbeing of a community.

Council's Business Continuity Plan (V3.3 - March 2020) takes into account the following key issues that relate to pandemics (and can be found on the Council's intranet):

- Identifying essential business activities (and the core people and skills to keep them running), and ensuring these are backed up with alternative arrangements where possible
- Identifying the infrastructure and resources required for the organisation to continue operating at the minimum acceptable level
- Developing mitigation strategies for business disruptions, including possible shortage of supplies, and developing contingency plans for continued operation
- Ensuring relevant employees, customers and suppliers are aware of contingency arrangements and that the arrangement will work
- Minimising illness in workers, drawing on guidance of infection control measures.

The Business Continuity Plan can be accessed by contacting Council's Risk Management on 5832 9700

[2017/40608 - Business Continuity Plan \(BCP\) - v 3.3 - March 2020 - FINAL - View](#)

Food Security and Supply

Council use contractor services to prepare and deliver meals on wheels locally. The local provider is Mi Kitchen - Catering For You. If any quarantined individuals or families require meals to be provided this contractor could be utilised by contacting Council's Meals on Wheels services on 5832 9808.

In a proactive sense frozen meals can be organized and delivered to all Meal On Wheels clients as soon as a Pandemic is activated to ensure continuity of service.

In the event that a pandemic causes Greater Shepparton to be unable to receive supplies through normal supply networks, food and other essential products can be sourced from several key suppliers located in the Goulburn Valley, a list of which can be found in the **MEMP Appendix A Part 4.5**.

Communication Strategy

The Victorian Government will be responsible for overall messaging and mass media communication across the state. Therefore, the Council's communication role is aligned with their responsibilities leading up to and during a pandemic. The Greater Shepparton MEMP Emergency Communication Plan will be referred to during an event (**MEMP Appendix B Part 10**).

Numerous sources of information have been developed by the Government, including the Victorian Government Communication Strategy and relevant Fact Sheets. All documents can be found via the web addresses contained in **Section 7**.

STAGE 3 – PEAK ACTION

Treatment

As a new virus, COVID-19 does not have a treatment. Antibiotics are ineffective because it is viral not bacterial. Treatment of symptoms is therefore undertaken. This consists of similar actions to those for influenza:

- Increase fluids to reduce the risk of dehydration
- Medication to reduce fever
- Supplemental oxygen in severe cases
- Rest.

Avoid Infection

COVID-19 is primarily transmitted from person to person. The best way to prevent becoming infected is to avoid being around people who have been exposed to the virus.

Maintain good health

In addition, the following precautions will lower the risk of infection with COVID-19 or other viral or bacterial conditions:

- Wash your hands thoroughly and often
- Try not to touch your eyes, nose or mouth
- Cover your nose and mouth with a tissue when you cough or sneeze and dispose of the tissue. If you don't have a tissue cough or sneeze into your upper sleeve or elbow
- Stay at home if you feel unwell
- Phone your doctor or the hotline (1800 675 398) if you need medical attention
- Continue Healthy habits; exercise, drink water, get plenty of sleep
- Use an alcohol based hand sanitizer with over 60% alcohol
- Avoid shaking hands
- Have the flu shot when it becomes available.

Mass Vaccination

The nature of the COVID-19 is such that there is no vaccination available. The development of this vaccine will be followed closely and communicated with the community. When the vaccination becomes available it will be delivered in line with the state government pandemic planning guidelines.

Advice on the process of mass vaccination is provided in the Mass Vaccination Guide, which forms Appendix 8 of the *Victorian health management plan for pandemic influenza October 2014*. The guide was developed to provide advice to all organisations undertaking vaccination during a pandemic, as well as those setting up mass vaccination centres. It details the:

- National medical stockpile
- Vaccination strategy (priority groups)
- Routine vaccination in the inter-pandemic periods
- Mass vaccination centres—session structure and management (administration,

- documentation, consent etc.)
- Logistics
- Various *pro forma* documents (immunisation consent form, record of administration and report of suspected adverse events).

The following table includes a number of immediate venues available for mass vaccinations. Contact details for these and other centres across the municipality are included in the **MEMP Appendix B Part 7**.

Venue name	Address
Shepparton Senior Citizens Centre	120-132 Welsford Street, Shepparton
Shepparton Sports Stadium	120 Numurkah Road, Shepparton
Eastbank	70 Welsford Street, Shepparton
Mooroopna Hub	Cnr of Morrell and Alexander Street, Shepparton
McIntosh Centre Shepparton Showgrounds	Thompson Street, Shepparton
Shepparton Sport City – Main Pavilion	Packham Street, Shepparton
Other	Identified as required

Vaccinations packs sourced from the National Medical Stockpile will be given to affected municipalities by the DHHS. These packs will include syringes and needles, alcohol swabs, sharps containers, disposable dishes and disposable gloves, hazardous waste bags.

The *Victorian health management plan for pandemic influenza October 2014* identifies priority groups. For example, vaccine will be made available first to people at high risk of exposure to the virus – frontline health care workers and people most vulnerable to severe illness from infection, then rolled out to the rest of the community.

It is intended that:

- GP's will vaccinate staff within their practice.
- Hospitals will identify their high risk workers and vaccinate staff within their hospitals as well as high risk patients.
- Local Government immunisation teams will vaccinate the identified priority groups within the community then, as vaccine rolls out, vaccinate the remainder of the population.

Additional staff who may be able to be called in immediately to assist with immunisations and mass vaccinations are:

- Council's Customer Service – Administration
- Council's Maternal and Child Health Nurses – Immunisation Nurses.

Mass Fatality Plan

The following table identifies and lists the capacity of funeral homes within the municipality:

Funeral business	Address	Maximum Capacity
Owen Mohan	Cnr Nixon and Corio Streets Shepparton	20 adults
Kittle Bros	7986 Melbourne Road Kialla	10 adults
Valley Funerals	Cnr Francis and Casey Sts Tatura	6 adults
Goulburn Valley Health	Graham Street Shepparton	20 adults

*Refer to **MEMP Appendix A Part 4.4** for contact information

If the maximum capacity is reached at the above locations refrigerated trucks and/or shipping containers with temperature controls may be sourced from the local companies.

Religious and social considerations will need to be taken into account given Greater Shepparton's large multi-cultural population.

STAGE 4 - STAND DOWN AND RECOVERY STAGE

Potential social and economic impacts thought to occur as a result of a pandemic include:

- Increased levels of uncertainty, fear and anxiety
- Breakdown of community support mechanisms
- Increased numbers of vulnerable people and emergence of new groups
- High workforce absenteeism
- Widespread economic disruption.
- Increased financial difficulty.
- Increases cases of mental health.

DHHS is responsible for coordinating and facilitating recovery at the State and Regional levels. In the event of a pandemic the DHHS Regional Emergency Operations Centres would be established by the Regional Recovery Coordinator to activate regional recovery plans and support municipalities.

Support and recovery activities will continue in Greater Shepparton until the community is returned to near pre-pandemic activities. Recovery will focus on the needs of People, Economic downturn and the Financial cost of the Pandemic.

A Community Staging Facility may be required to be established during the pandemic to provide accommodation for staff and other contacts who do not have an appropriate home environment for isolation or who do not wish to return home after working on the 'front line'. Such a facility would be a motel or apartment block.

Management of the recovery will essentially be guided by the MEMP, however, the Council will provide a Community Support Service in replacement of the traditional Emergency Recovery Centre. Such a service will provide linkages between those seeking assistance and service providers via the telephone. This will occur whilst there is ever an ongoing risk of infection.

Individual and community needs may include, but are not limited to:

- Material assistance
- Financial assistance
- Personal support
- Health and medical services
- Community development
- Health and Wellbeing Services.

Built environment impacts may include, but are not limited to:

- Electricity
- Gas
- Water
- Telecommunications
- Transport

- Road access
- Essential services (schools, shops etc).

Economic environment impacted by a pandemic includes, but is not limited to:

- Tourism industry
- Small business
- Primary producers.

Volunteer coordination in the recovery phase will be conducted through existing groups. The Australian Red Cross is one such group in Shepparton that has a database of active volunteers.

Section 7

References

Greater Shepparton City Council Municipal Emergency Management Plan:
<http://greatershepparton.com.au/community/emergencies/emergency-tools-information>

Department of Human Health and Services: <https://www.dhhs.vic.gov.au/>

World Health Organisation: <https://www.who.int/>

Australian Government website Pandemic Influenza:
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-influenza.htm>

[https://www1.health.gov.au/internet/publications/publishing.nsf/Content/fluborderplan-toc~attachments~Attachment-A/\\$file/ATTACHMENT%20A%20-%20WHO.pdf](https://www1.health.gov.au/internet/publications/publishing.nsf/Content/fluborderplan-toc~attachments~Attachment-A/$file/ATTACHMENT%20A%20-%20WHO.pdf)

USEFUL LINKS

Australian Government Department of Health <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Victorian State Government Department of health and human Services
<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>