



prepare  
for pandemic influenza

# **Tasmanian Action Plan for Human Influenza Pandemic (TAPHIP)**



Tasmania  
Explore the possibilities

***This Plan outlines the action that the Tasmanian Government will take in the event of an influenza pandemic, as well as the action it is taking to prepare for such an event. It is consistent with the National Action Plan for Human Influenza Pandemic (NAPHIP), the Australian Health Management Plan for Pandemic Influenza (AHMPPI) and the Tasmanian Health Action Plan for Pandemic Influenza (THAPPI).***

The Tasmanian Action Plan for Human Influenza Pandemic (TAPHIP) is an output of the Tasmanian Pandemic Influenza Project (TPIP), the Tasmanian Government's high level project to prepare for an influenza pandemic in Tasmania.

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## Message from the Premier

The recent occurrences of avian influenza in many parts of the world and the potential threat to human health from an influenza pandemic have caused serious concerns for people and governments everywhere.

While the World Health Organisation advises that there is currently no human-to-human transmission of the influenza virus that may create a pandemic; the threat of one is real and Tasmania needs to be prepared.

The Tasmanian Government takes the threat of a human pandemic seriously and through the establishment of the Tasmanian Pandemic Influenza Project, it has taken a proactive approach to planning and preparation for a pandemic. The project involves active participation from all Tasmanian Government agencies, local government, private health providers, community organisations and the business sector. Its objectives include developing key strategies to minimise transmission, manage cases of human infection, provide continuity of health and other essential services, ensure effective communication and provide appropriate mechanisms for community support and recovery.

The Tasmanian Action Plan for Human Influenza Pandemic has been developed as part of this project, and will be supported by a manual of plans, processes and procedures which will be implemented in the event of a human influenza pandemic. The plan identifies responsibilities of individual members of the community as well as governments and organisations. It is important that as Tasmanians we see this plan as our plan and understand that we all have a role to play.

I urge you to support the plan and contribute towards building Tasmania's capability to respond to a pandemic.

**David Bartlett MP**  
**Premier**

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## **I. Preparing Tasmania for a human influenza pandemic**

### **I.1 Context**

In July 2006 Heads of Government signed the Statement of Cooperation between Australian Governments on Human Influenza Pandemic. The Statement outlines an agreement between Australia's Commonwealth, state, territory and local governments to work together, in partnership with the community and business to protect Australia against the threat of an influenza pandemic and to respond quickly and decisively should one occur.

These intentions are incorporated in the National Action Plan for Human Influenza Pandemic (NAPHIP) which will be updated and amended from time to time. The National Action Plan was developed by the Commonwealth, state and territory governments in collaboration with the Australian Local Government Association (ALGA). It ensures there will be national leadership in the event of a pandemic and outlines how governments will cooperate, with defined responsibility and lines of authority, to support the communities they serve. This will occur in close consultation with ALGA and groups representing regional and local communities.

The Commonwealth, state, territory and local governments all have various responsibilities for the prevention of, response to and recovery from an influenza pandemic. The Tasmanian Action Plan for Human Influenza Pandemic (TAPHIP) sets out how the Tasmanian Government will meet its responsibilities.

The Tasmanian plan is broadly consistent with the National plan as well as the plans of other Australian state, territory and local governments. This ensures that, in the event of an influenza pandemic, the Tasmanian Government is well placed to work in concert with the Commonwealth and other Australian governments as well as local government in Tasmania to minimise the spread of illness, loss of life, social impacts and economic disruption that would be caused by pandemic influenza.

To the greatest extent possible government responses will be consistent nationally while taking into account local needs and requirements.

### **I.2 Purpose**

This plan outlines the action that is being taken by the Tasmanian Government to prepare for an influenza pandemic in Australia and what the Tasmanian Government will do if pandemic influenza threatens Tasmania.

## 1.3 Background

### 1.3.1 World Health Organisation

The World Health Organisation (WHO) has reported that the world is moving closer to an influenza pandemic but it is not possible to predict when it will occur or how long it will last.

WHO has identified six pandemic development phases:

- Phases 1 and 2: a new form of influenza emerges in animals with the risk of transmission to humans increasing;
- Phases 3 to 5: the virus is transmitted to humans and the first human to human transmissions occur; and
- Phase 6: the virus spreads easily between humans causing widespread illness.

The length of each phase is uncertain and the pandemic phase (Phase 6) could come in several waves, each of up to 12 weeks if left unchecked.

In November 2007, WHO declared that the world is at Phase 3: human infection with a new influenza subtype (H5N1) but no, or limited and inefficient human-to-human spread. Australia is at Phase 0 with no circulating animal influenza subtypes in Australia that have caused human disease. Plans are in place and tested to prevent and contain animal cases.

It is expected that if a pandemic form of the influenza virus emerges it will do so overseas rather than in Australia and it is possible that Australia will not experience WHO Phases 1 to 4.

The WHO phases are detailed in Figure 1 on the next page.

**Figure 1: World Health Organisation (WHO) phases of an influenza pandemic**

(Note: Table sourced from Page 5 of the National Action Plan for Human Influenza Pandemic)

		Period	Global phase	Australian phase	Description of phase	
RECOVERY	PREVENTION AND PREPAREDNESS	Inter-pandemic		AUS 0	No circulating animal influenza subtypes in Australia that have caused human disease	
			1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low	
				AUS 1	Animal infection overseas: the risk of human infection or disease is considered low	
			2	Overseas 2	Animal infection overseas: substantial risk of human disease	
				AUS 2	Animal infection in Australia: substantial risk of human disease	
		RESPONSE	Pandemic alert	3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at the most rare instances of spread to a close contact
					AUS 3	Human infection in Australia with new subtype/s but no human to human spread or at the most rare instances of spread to a close contact
				4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans
					AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localized, suggesting the virus is not well adapted to humans
	5		Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		
			AUS 5	Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		
	Pandemic		6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population	
				AUS 6a	Pandemic in Australia: localised (one area of country)	
		AUS 6b		Pandemic in Australia: widespread		
		AUS 6c		Pandemic in Australia: subsiding		
		AUS 6d		Pandemic in Australia: next wave		
	RECOVERY					



### I.3.2 Likely impact

Mathematical modelling for Tasmania suggests that on a moderate scenario assuming that 25 per cent of the population were affected, over a six to eight week period an influenza pandemic could result in 49,000 to 88,000 additional general practitioner/outpatient visits, 1,700 hospital admissions and around 350 additional deaths. Such modelling needs to be seen as having a wide margin of potential error, but is a useful starting point.

Research indicates that during a pandemic, up to 50 per cent of the workforce could be absent from work. This could translate to approximately 25 per cent of the workforce off at any one time during the pandemic, either due directly to illness, or to care for others, or through fear of potential contact with the infection in the workplace. This is a strong argument for the development of business continuity plans. Business continuity planning in Tasmania has been based around scenarios involving 25 per cent, 50 per cent and 75 per cent absenteeism during a pandemic. Planning needs to focus on maintaining essential services at all of these levels of reduced workforce.

Economic modelling suggests that an influenza pandemic could be followed by a recession with predictions of increased unemployment and a 5 per cent contraction in Gross Domestic Product (GDP) over the first year following the outbreak.

The special characteristics of a pandemic – its impact on large numbers of people and locations over a long period – mean that existing business continuity, emergency management and recovery plans need to be adapted to factor in these characteristics.

### I.3.3 Tasmanian pandemic planning stages

Tasmanian planning for an influenza pandemic is based on four overlapping stages:

- Stage 1: Preparation
- Stage 2: Containment
- Stage 3: Widespread Pandemic
- Stage 4: Recovery and Review.

## I.4 Objective

The Tasmanian Government's objective is to limit the impact of pandemic influenza in Tasmania by:

- taking steps to prevent the disease from entering the State
- limiting the spread of the disease within the State
- providing appropriate and timely information to the general public
- providing appropriate health care and community support
- ensuring essential services are maintained
- limiting social and economic disruption
- aiding social and economic recovery.



This will be achieved through:

- sound emergency management arrangements and timely decision making once the threat has been identified
- sound whole-of-community business continuity planning to minimise disruption
- instituting appropriate border control measures consistent with national plans
- a containment program to limit the spread of infection to and within Tasmania, including:
  - surveillance, testing and contact tracing
  - home quarantine
  - social distancing (e.g. closure of schools and day-care centres, cancellation of mass gathering events)
  - infection control measures, including respiratory and hand hygiene.
- a communications program to keep the community informed about the impact of the pandemic and to increase people's awareness of prevention measures and capacity for self-care
- appropriate management and support for people suffering influenza and provision of assistance to their families and dependents through:
  - the establishment of flu clinics
  - the Telephone Assessment, Referral and Management Service
  - backup community support
  - maintenance of existing acute and primary health facilities.
- the development of contingency plans for the maintenance of essential services and management of additional deaths
- the development of plans to expedite social and economic recovery.

## 1.5 Principles

Because of the unique nature of the impact that an influenza pandemic may have upon the Tasmanian community, the following principles and understandings underpin TAPHIP.

### 1.5.1 Preparation phase

#### 1.5.1.1 Whole-of-community planning

An influenza pandemic is likely to be a widespread and long-term event that will strain national, state and local government, business and community resources. Developing, testing and reviewing pandemic plans will be done on a whole-of-community basis.

The length of each phase is uncertain and the pandemic phase (Phase 6) could come in several waves, each of up to 12 weeks if left unchecked.

#### 1.5.1.2 Business as usual for as long as possible

The Tasmanian Government will promote sound business continuity planning at all levels to maintain 'business as usual' for as long as possible. This will be achieved by encouraging government, community and business organisations to develop business continuity strategies, and to maintain safe and healthy workplaces.

#### 1.5.1.3 Every Tasmanian has a role to play

The State Government will encourage all Tasmanians to adopt appropriate infection control procedures and practice social distancing and self care by providing clear information for everyone.

#### 1.5.1.4 Jurisdictional self sufficiency

A pandemic health emergency will stretch health resources across all affected jurisdictions. Tasmania's response to an influenza pandemic assumes the need for jurisdictional self sufficiency. External support may be available to augment a local response, but in every likelihood, transferability of health resources will be minimal except for National Medical Stockpile (NMS) items which will be provided to augment Tasmanian health and human services resources under pre-planned arrangements.

### 1.5.2 Response phase

#### 1.5.2.1 Acting decisively

The Tasmanian Government will act as soon as the threat of pandemic has been identified to:

- keep the virus out of Tasmania for as long as possible
- provide information to the population on infection control

- minimise chances of infection at the community level
- to generally limit the effects on Tasmanians by advising government business and community sector organisations to activate their business continuity plans.

In determining appropriate responses, the Government will take into account the characteristics of the influenza virus, level of impact on Tasmania and regional factors. Scaling of response will occur and the response will vary between regions according to specific circumstances and conditions.

### **1.5.2.2 Keeping everyone informed**

With the aim of helping Tasmanians to help themselves, the Tasmanian Government will provide information about personal and organisational infection control, social distancing and self-care. The communication strategy will provide all Tasmanians with timely and practical advice on:

- steps to protect themselves and their families against contracting the pandemic influenza virus
- what to do when they need help.

### **1.5.2.3 Treating those infected**

The Tasmanian Government will provide the best possible treatment through the health system to those directly affected by the pandemic influenza virus through special facilities and telephone services, while maintaining existing health services as far as possible.

### **1.5.2.4 Maintaining essential services**

The Tasmanian Government will establish measures to ensure the maintenance of essential services. These measures will mean a reduction in non-essential services and redeployment of people to support the provision of essential services. The Tasmanian Government will work cooperatively with other governments and organisations to ensure that Tasmanians have the best possible access to essential services and supplies. This includes monitoring and maintaining food supplies.

### **1.5.2.5 Getting back to normal as soon as possible**

The Tasmanian Government will assist individuals and organisations to return to normal as soon as possible by coordinating comprehensive social and economic recovery planning at the State, regional and local levels.

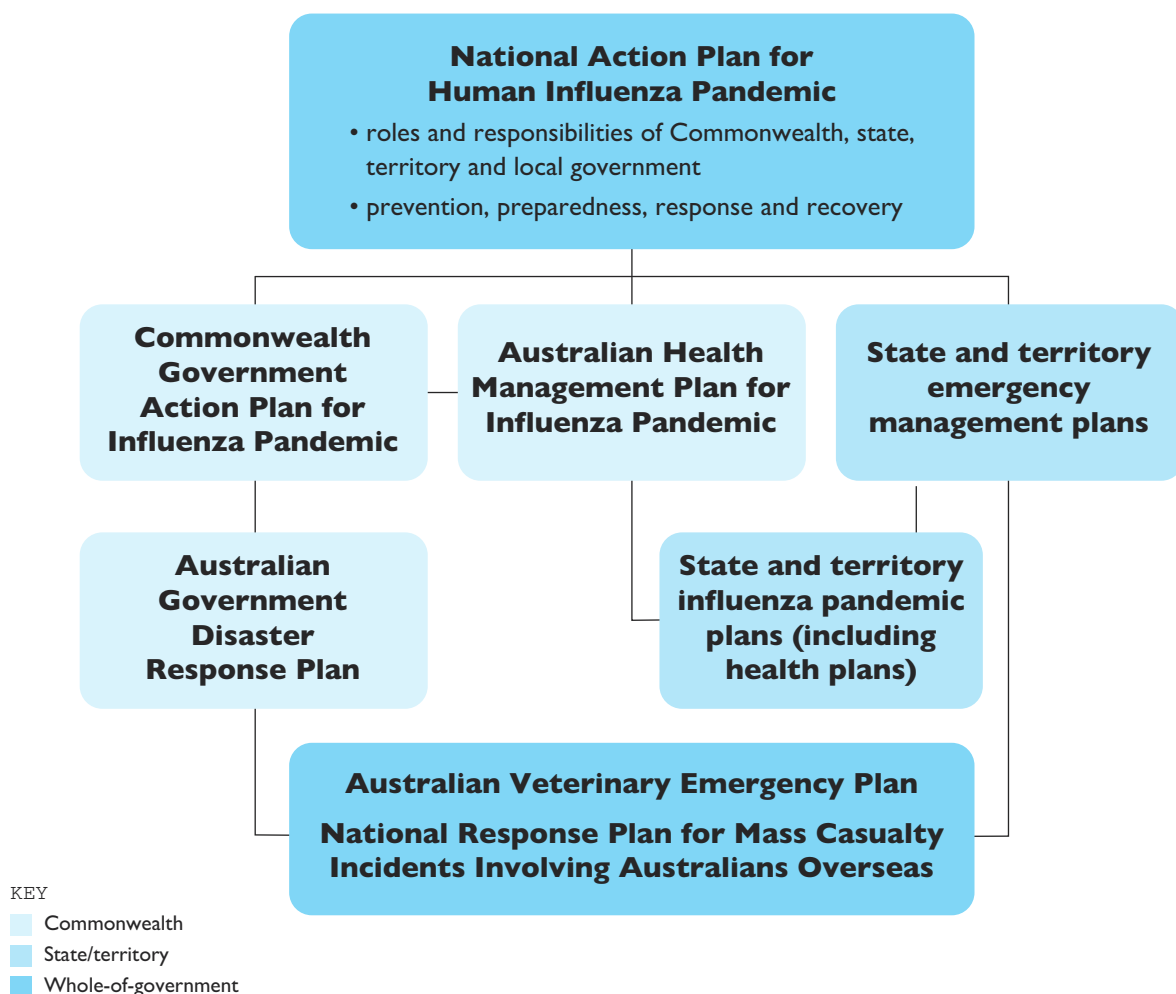
## 2. Governance

### 2.1 Key plans

NAPHIP outlines how Commonwealth, state, territory and local governments have agreed to work together in partnership with the community and business sectors to minimise the spread of illness, loss of life, and social and economic disruption, which would result from an influenza pandemic. NAPHIP is supported by the Australian Health Management Plan for Pandemic Influenza (AHMPPI). In accordance with NAPHIP, the Commonwealth Government will lead the national response through the Council of Australian Governments (COAG), which is in turn supported at officer level by a National Pandemic Emergency Committee (NPEC).

At the State level, TAPHIP is consistent with and supported by the arrangements outlined in NAPHIP. Actions under TAPHIP will be consistent with the State emergency coordination arrangements outlined in the Tasmanian Emergency Management Plan. Activation of and interaction between these plans is coordinated through the State Emergency Management Committee (SEMC).

**Figure 2: the interrelationship between NAPHIP, AHMPPI and TAPHIP**



## 2.2 National Pandemic Emergency Committee

The National Pandemic Emergency Committee (NPEC) chaired by the Secretary of the Department of the Prime Minister and Cabinet, comprises one representative from each of first ministers and health departments, and an appropriate representative of each jurisdiction's emergency management arrangements as well as a representative from ALGA. The Tasmanian representatives of NPEC are the Commissioner of Police, the Secretary of the Department of Premier and Cabinet (DPAC) and the Secretary of the Department of Health and Human Services (DHHS).

## 2.3 State Controller (Commissioner of Police)

The State whole-of-government response will be overseen by the State Controller. The State Controller will be supported by the Director of Public Health, particularly with regard to the health aspects of the response. As outlined in the Emergency Management Act 2006 the State Controller has a statutory responsibility to:

- assist and advise the Minister of Police and Emergency Management in relation to all matters with respect to emergency management;
- direct the use of resources for emergency management during or subsequent to the occurrence of an emergency; and
- ensure that instructions and decisions of the State Controller, the Premier, the Minister of Police and Emergency Management and the State Emergency Management Committee are transmitted and adequately carried out.

The State Controller is responsible for the activation and delegation of many emergency powers that will underpin the whole-of-government response to an influenza pandemic.

## 2.4 State Emergency Management Committee

The State Emergency Management Committee (SEMC) is convened under the authority of the *Emergency Management Act 2006*. The statutory role of the SEMC includes instituting, coordinating, and supporting the institution and coordination of emergency management for the State.

The SEMC convened to oversee Tasmania's response to an influenza pandemic will have the following membership:

- Commissioner of Police (Chair)
- other Tasmanian members of NPEC (Secretary, DPAC and Secretary, DHHS)
- the chairs of the Security and Emergency Management Advisory Group (SEMAG) (Deputy Commissioner of Police and Deputy Secretary, DPAC)
- the Director of State Emergency Services
- the Director of Public Health
- any other relevant key people deemed appropriate.

The SEMC will bring together Tasmania's representatives on NPEC, statutory decision makers, key health experts and whole-of-government policy advice. The SEMC will support the role of the State Controller (Commissioner of Police), the Premier and relevant Ministers. The SEMC will also support the State's NPEC representatives and provide direction on the State's communication strategy.

As soon as practicable after the emergence of a significant threat to Australia of effective human-to-human transmission of an influenza virus of pandemic potential, the Commissioner of Police, in consultation with the Secretary of DPAC and DHHS and the Director of Public Health, will convene the SEMC to consider and act on the following issues:

- the timing and level of activation of the State Crisis Centre (SCC) for the coordination of whole-of-government policy, communication and information control
- the convening and make-up of SEMAG which will provide whole-of-government policy support for the high level strategic and decision-making role of the SEMC
- agreed activation of relevant powers available to government under the:
  - *Tasmanian Emergency Management Act 2006*
  - *Tasmanian Public Health Act 1997*
  - *Commonwealth Quarantine Act 1908*.
- activation of State plans, including recommended preparatory action for the Tasmanian Government, Tasmanian Government agencies, non-government organisations and the private sector
- activation of appropriate regional and municipal emergency coordination arrangements as outlined in the Tasmanian Emergency Management Plan.

## 2.5 Security and Emergency Management Advisory Group

The Security and Emergency Management Advisory Group (SEMAG) is the key whole-of-government policy committee for emergency management. SEMAG comprises representatives from all emergency services and State agencies and provides key policy support to the SEMC and the Tasmanian Government. The role and membership of SEMAG is outlined in the Tasmania Emergency Management Plan.

SEMAG will provide a key point of liaison between the State emergency management arrangements and individual State agency arrangements.

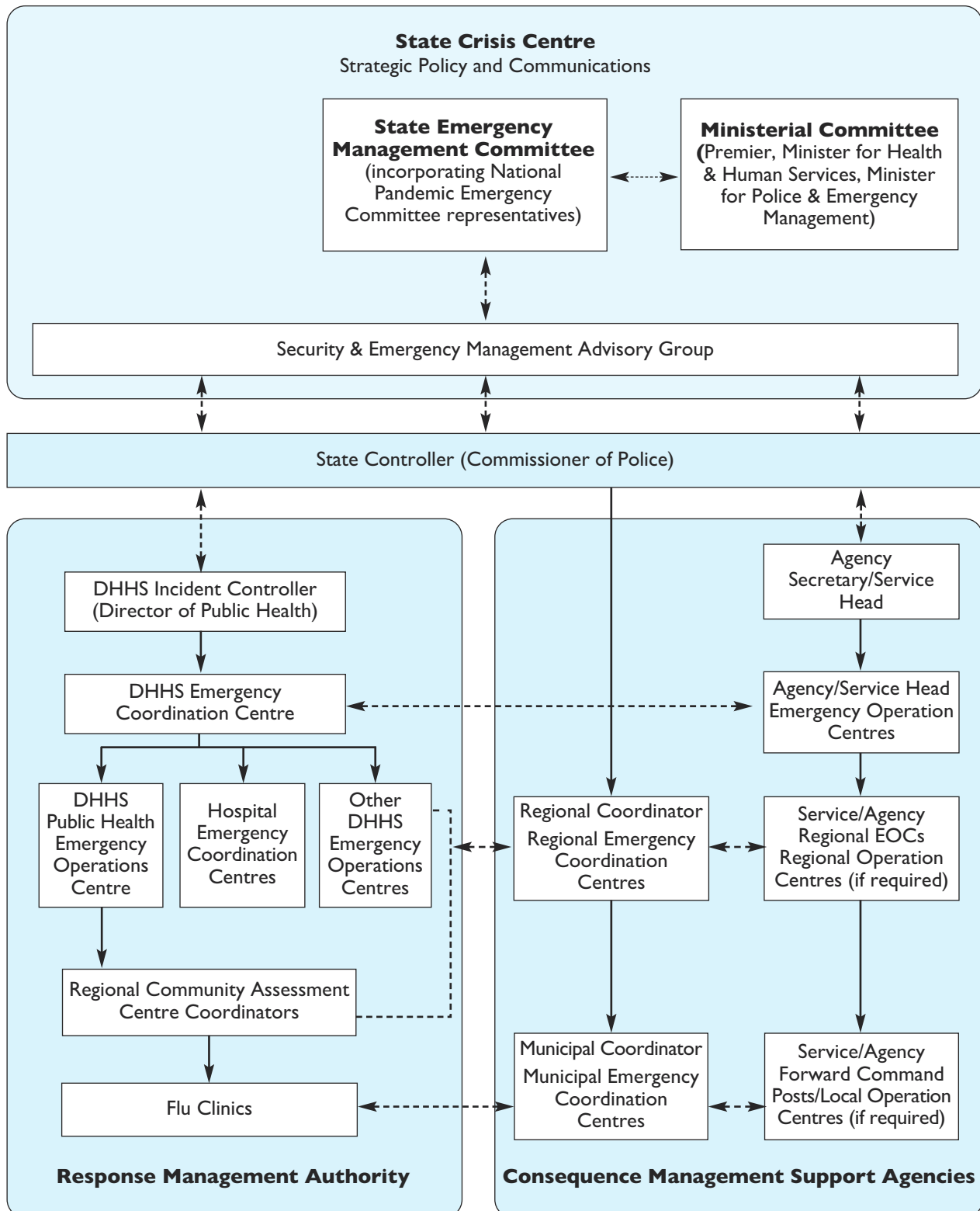
## 2.6 State Health Emergency Coordination Arrangements

DHHS is the lead agency for managing the health response for influenza pandemic. The Tasmanian Health Action Plan for Pandemic Influenza (THAPPI) outlines these arrangements. The Director of Public Health will work closely with the Commissioner of Police and the SEMC who will coordinate the State's overall response.

## 2.7 Other State Government Agency Emergency Coordination Arrangements

All State agencies will develop business continuity plans and, where relevant, emergency plans. These plans will be consistent with State emergency coordination arrangements as outlined in this Plan and the Tasmanian Emergency Management Plan.

**Figure 3: Governance model**





## 2.8 Legislation

Tasmania's response to an influenza pandemic will be supported by the powers available under the *Emergency Management Act 2006* and the *Public Health Act 1997*. The State will also work with the Commonwealth Government on exercising relevant powers under the *Quarantine Act 1908* if required.

The *Emergency Management Act 2006* supports the functions of the Commissioner of Police in assisting with the management of emergencies in Tasmania. The emergency powers available to the Commissioner of Police under this Act are broad and will support actions required to contain and manage an influenza pandemic.

The *Public Health Act 1997* supports the functions of the Director of Public Health in protecting the Tasmanian community from the impact of transmissible diseases. This Act also provides a wide range of both standing powers and emergency powers that could be used to support actions required to manage a pandemic.

An operations manual for the use of emergency powers will be developed to avoid any conflict between emergency powers available under the *Emergency Management Act 2006* and *Public Health Act 1997*.

The Commonwealth *Quarantine Act 1908* provides a number of standing and emergency powers to support quarantine functions nationwide. Whilst a particular focus of the Commonwealth Government is the management of international borders (including airports and ports), the powers can extend to domestic quarantine functions and overlap with actions that could otherwise be taken under State legislation. The State will work with the Commonwealth Government to maintain a clear understanding on when powers available under this Act need to be used to supplement the powers available under State legislation.

## 3. Action

### 3.1 Tasmanian Government actions

Consistent with NAPHIP, the Tasmanian Government's response is structured around four stages:

- Stage 1: Preparation – the development of plans, processes and procedures to prepare individuals, government, business and the community sector to better manage pandemic influenza.
- Stage 2: Containment – the implementation of plans, processes and procedures to limit the spread of the virus to Tasmania and then to contain its spread within the State for as long as possible.
- Stage 3: Widespread Pandemic – action to maintain civil society including essential services, supplies and community support when absenteeism is high. This will also include community support activities which are likely to commence in Stage 2 and continue through all other stages.
- Stage 4: Recovery and Review – policy and planning to address the economic recession which is predicted to follow a widespread pandemic and other recovery issues.

The TPIP Business Plan describes deliverables in the form of plans, processes and procedures in Stage 1, for use in Stages 2, 3 and 4. These plans, processes and procedures are collected together as the Tasmanian Influenza Pandemic Manual and will be regularly exercised and updated in the period preceding pandemic.

### 3.1.1 Stage I: Preparation

To prepare for an influenza pandemic, the Tasmanian Government is developing processes and procedures to inform individuals, government, business and the community sector about pandemic influenza, and to assist these sectors to better prepare for and manage during pandemic influenza.

Aspects of preparation include:

- continued development and refinement of emergency management plans and protocols to deal with human pandemic influenza;
- identifying and planning for the deployment of resources necessary to limit entry and contain the spread of influenza;
- promoting the adoption of good personal hygiene practices, community-wide;
- establishing good communication processes and procedures to prepare for and manage an influenza pandemic in Tasmania;
- validating and improving health, business and community sector preparedness to deal with widespread pandemic including ensuring sick people and dependents are cared for appropriately and that the business and community sectors experience minimal disruption;
- developing procedures to maintain the availability of essential services and supplies when and where they are needed;
- planning for rapid recovery in economic activity.

Plans are being developed by working groups with government and community membership.

#### 3.1.1.1 Containment Working Group

The Containment Working Group is developing the Containment and Vaccination Program which includes arrangements for surveillance and contact tracing, border control, social distancing (eg closure of schools and day-care centres, cancellation of mass gathering events) and mass vaccination measures. This group will also develop the Tasmanian Quarantine Plan which will include procedures for home and other quarantining of infected or potentially infected people.

#### 3.1.1.2 The Community and Public Health Response Working Group

The Community and Public Health Response Working Group is developing a series of programs to meet the needs of individuals and families directly affected by an influenza pandemic, including protocols, processes and procedures to establish and operate flu clinics during the containment, widespread pandemic and recovery stages of pandemic influenza in Tasmania. The group is overseeing the development and implementation of a plan to provide triaging of symptomatic individuals through the Telephone Assessment, Referral and Management Service during an influenza pandemic in Tasmania and the referral systems to connect individuals in need of support to appropriate organisations.

### **3.1.1.3 The Health Sector Continuity Working Group**

The Health Sector Continuity Working Group is developing a Health Sector Continuity Plan to ensure the maintenance of essential health and human services and supplies during a pandemic and to co-ordinate and maximise the use of health sector resources during Stages 2 and 3. The Plan will incorporate processes and procedures for the distribution of antiviral medication and personal protective equipment and the redeployment of health and other personnel to areas of greater need.

### **3.1.1.4 The Communication Working Group**

The Communication Working Group is developing a Communication Plan, identifying messages and the means to deliver messages, communication channels and cooperative arrangements. The Communication Plan will encompass awareness raising, information sharing, news and public comment consistent with the Tasmanian Pandemic Influenza Health Communications Strategy.

The Communication Plan will use existing networks to get information to all Tasmanians in the most immediate and effective ways possible. In the preparation stage it will use media, school, business, state and local government, health sector and community networks to raise awareness about the need to plan ahead and prepare. Practical information about pandemic planning and infection control will be widely distributed and supported by workshops.

During widespread pandemic the Tasmanian Government will maintain health and community service hotlines and a website to provide up to date information.

### **3.1.1.5 The Business Continuity Working Group**

The Business Continuity Working Group is working with government, business and community sectors on a Business Continuity Program to encourage and equip government, business and community organisations to include an influenza pandemic in their business continuity planning and to prepare their employees. Workshops for the business and community sectors are scheduled in conjunction with written guides.

### **3.1.1.6 The Maintenance of Essential Services and Supplies Working Group**

The Maintenance of Essential Services and Supplies Working Group is working on a Plan for the Maintenance of Essential Services and Supplies which takes account of national interdependencies. The Plan will identify vulnerabilities and ensure that government, the business and the community sectors plan to provide these essentials during a pandemic.

Food industry planning is well underway and is being coordinated nationally with the cooperation of major food retailers.

### **3.1.1.7 The Governance, Legal and Employment Management Working Group**

The Governance, Legal and Employment Management Working Group is developing advice on the appropriate framework for the use of the powers available under State and Commonwealth legislation, an appropriate governance structure for the response and recovery phases and advice on employment management issues. Work of this group will also include identifying inter-jurisdictional and other issues which could impede our capacity to manage in a pandemic. It is considering risk mitigation measures including the need for legislative change.

### **3.1.1.8 The Recovery Working Group**

The Recovery Working Group will address the anticipated longer-term consequences of an influenza pandemic on the community as a whole, including the possibility of economic recession. The group will coordinate the review and updating of existing community led recovery plans for local implementation and develop processes to plan for recovery from recession in the event of a widespread pandemic.

### **3.1.1.9 The Managing Deaths Working Group**

The Managing Deaths Working Group is assessing and planning to meet the need to deal with the additional deaths which will result from a pandemic. The work is being done cooperatively by the health, emergency services and funeral sectors to ensure proper management and minimal additional stress to affected families and workers.

Each of the working groups includes representation from state government agencies, and where appropriate, local government, community and business sector representatives have been invited to participate.

The plans, processes and procedures developed by the working groups will be tested, evaluated and revised on a regular basis in the period prior to a pandemic.

## **3.1.2 Stage 2: Containment**

A significant threat to Australia of effective human-to-human transmission of the influenza virus will put Australia on a higher level of alert and trigger Stage 2: Containment in Tasmania. The aim of containment plans is to limit the spread of infection and contain the spread of pandemic influenza within Tasmania for as long as possible, ideally until a vaccine is available.

Actions will be scaled up or down depending on the circumstances at the time and will increase incrementally as the situation in Tasmania develops.

To achieve containment, the Tasmanian Government will:

- coordinate action through the State Crisis Centre and relevant operation centres in accordance with relevant legislation including:
  - the *Public Health Act 1997* including associated emergency powers
  - the *Emergency Management Act 2006* including associated emergency powers
  - the *Commonwealth Quarantine Act 1908* including associated emergency powers.

- activate a comprehensive surveillance and contact tracing system
- institute appropriate border control measures consistent with national plans
- institute isolation and quarantine measures where necessary
- provide infection control information to the general public
- provide the community with accurate and timely information about the pandemic here and interstate
- activate social distancing (which may involve school and other closures to limit the spread of infection)
- activate the flu clinics and Telephone Assessment, Referral and Management Service
- arrange distribution systems and allocation of personal protection equipment and anti-virals in accordance with containment planning arrangements
- prepare for Stage 3:
  - alert the government, business and community sectors (including the health sector) to activate business continuity plans and other relevant plans, processes and protocols developed in Stage 1
  - prepare to institute mass vaccination measures.

### 3.1.3 Stage 3: Widespread Pandemic

Widespread transmission of an influenza pandemic in Tasmania will trigger Stage 3: Widespread Pandemic, and may include the declaration of a State of Emergency.

In the event that an influenza pandemic cannot be contained and Stage 3 is triggered, the Tasmanian Government will take action to maintain civil society by implementing the plans, processes and procedures for the maintenance of essential services and supplies developed in Stage 1.

Actions will be scaled up or down depending on the circumstances at the time and will increase incrementally as the situation in Tasmania worsens.

The Tasmanian Government will:

- continue to coordinate action through the State Crisis Centre and relevant operation centres relying on relevant legislation including:
  - the *Public Health Act 1997* including associated emergency powers
  - the *Emergency Management Act 2006* including associated emergency powers
  - the *Commonwealth Quarantine Act 1908* including associated emergency powers.
- continue to promote and encourage social distancing measures
- continue to provide accurate and timely information about the pandemic here and interstate
- coordinate community support for individuals and families directly affected by an influenza pandemic
- activate government business continuity plans and advise the business and community sectors (including the health sector) to activate their plans
- institute stricter border control measures (consistent with national plans) if appropriate

- maintain isolation or other home quarantine measures where appropriate
- activate agreed processes and procedures for the distribution of antiviral medication and personal protective equipment and implement mass vaccination once a vaccine becomes available
- facilitate redeployment of resources to meet essential needs
- activate contingency plans to ensure the continued delivery of essential services and the effective management of deaths if necessary.

### 3.1.4 Stage 4: Recovery and Review

The Tasmanian Government recognises that significant effort will be required in all sectors of the community to fully recover from an influenza pandemic. This includes social and community recovery as well as economic recovery.

The scale of the recovery needs of the Tasmanian community and economy will depend upon the severity of the influenza pandemic. The Government will, however, utilise all appropriate mechanisms to support recovery efforts. This includes directing available services and resources towards supporting families and communities severely impacted by the pandemic, as well as working cooperatively with the Commonwealth and local governments to identify priorities for assisting components of the economy.

The Tasmanian Government will:

- act in accordance with the State Recovery Plan, which is currently under development
- phase out quarantine and border control measures
- re-stock health resources used during the pandemic
- assess community impacts upon small business and industry
- liaise with the Commonwealth Government on issues around business and income support
- support the provision of counselling, bereavement and other support services.

Depending on the scale of the recovery task, the Tasmanian Government may wish to establish a taskforce to coordinate the recovery efforts. In the absence of such a taskforce, the recovery efforts will be coordinated by SEMAG or a sub-committee of this group that includes senior representatives of all relevant Government agencies.

During the planning phase, the Tasmanian Government will identify any actions that can be taken to increase the resilience of the community and Tasmanian economy to lessen the impact of an influenza pandemic and reduce the scale of the recovery task.

## 3.2 Commonwealth Government actions

In accordance with the National Action Plan for Human Influenza Pandemic, the Commonwealth Government will:

### 3.2.1 Stage 1

- Determine and maintain national policy and broad national strategies.
- Maintain NAPHIP.
- Declare pandemic phases.
- Work with state, territory and local governments on response and recovery.
- Maintain and provide national capabilities to deal with pandemic influenza.
- Maintain cooperative arrangements with the owners and operators of critical infrastructure.
- Maintain business continuity plans to enable delivery of Commonwealth Government essential services.
- Inform the public of planning and preparation underway and maintain information to the public during the response to and recovery from an influenza pandemic.
- Work with state and territory governments to develop public education material.

The Commonwealth Government will also maintain responsibility for actions under its *Quarantine Act 1908* (including arrangements for quarantining of incoming passengers to Australia and restricting the movement of people within Australia – these powers are delegable to the Tasmanian Director of Public Health); the *Air Navigation Act 1920* (concerning the variation, suspension or cancellation of airline operating services) and the *Customs Act 1901*.

### 3.2.2 Stage 2

- Increase surveillance, reporting and monitoring arrangements.
- Implement border control measures, including consideration of a mechanism to reduce travel from affected areas.
- Implement public education and awareness campaigns including promoting infection control and social distancing measures.
- Commence targeted distribution of antiviral drugs and strategic deployment of the National Medical Stockpile.
- Monitor the supply of food, supplies and services to affected areas.



### 3.2.3 Stage 3

- Continue with enhanced surveillance, reporting and monitoring arrangements.
- Continue to enforce border management and quarantine measures.
- Continue and strengthen public information, education and awareness campaigns.
- Support the maintenance of essential infrastructure and services.
- Monitor the supply of food, supplies and services to affected areas.
- Continue with the targeted distribution of antiviral drugs and strategic deployment of the National Medical Stockpile and restock the National Medical Stockpile as needed.

### 3.2.4 Stage 4

- Cooperate with the state and territory governments to implement a national coordinated approach to recovery.
- Provide safety net assurance through Commonwealth Government payments and services to assist people in financial need.

## 3.3 Individual actions

Individuals will be requested to observe public health advice and be aware of practices to minimise the likelihood of contracting the influenza virus. This will include:

- voluntary social distancing arrangements to minimise contact with the virus, including avoiding unnecessary travel and public contact
- infection control procedures that minimise chances of contracting the virus or spreading the virus
- heeding public communication messages on what to do.

## 3.4 Other organisations' actions

Other community support organisations will, where required, provide assistance in the response to an influenza pandemic. The extent and nature of any involvement will be coordinated in accordance with the Tasmanian Emergency Management Plan.

## 4. Review and evaluation

A review and evaluation will be undertaken as part of the Tasmanian Pandemic Influenza Project.

## 5. Appendices

### Appendix I: Summary of key responses at each WHO phase of Pandemic Influenza

Source: National Action Plan for Human Influenza Pandemic (NAPHIP)

WHO Phase	Key Actions
<b>Pandemic Alert - Global Phase 4</b>	
<b>Phase Overseas 4:</b> Small cluster(s) consistent with limited human to human transmission overseas but spread is highly localised, suggesting the virus is not well adapted to humans.	<ul style="list-style-type: none"> <li>• Prime Minister consults premiers and chief ministers; response phase of the National Action Plan implemented</li> <li>• Increase surveillance, monitoring and reporting of pandemic virus</li> <li>• Implement border control measures, including consideration of a mechanism to reduce travel from affected areas</li> <li>• Implement public education and awareness campaign</li> </ul>
<b>Phase Australia 4:</b> Small cluster(s) consistent with limited human to human transmission in Australia but spread is highly localised, suggesting the virus is not well adapted to humans.	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares occurrence of human to human transmission in Australia</li> <li>• Monitor supply of food, supplies and services to affected areas</li> <li>• Targeted distribution of antiviral drugs and strategic deployment of National Medical Stockpile</li> <li>• Implement localised community-level strategies, including social distancing measures</li> <li>• Step up public information campaign</li> </ul>
<b>Pandemic – global phase 5</b>	
<b>Phase Overseas 5:</b> Larger cluster(s) overseas but human to human spread still localised overseas, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	<ul style="list-style-type: none"> <li>• Prime Minister consults premiers and chief ministers</li> <li>• Continue heightened surveillance, monitoring and reporting of pandemic virus</li> <li>• Continue increased border management and quarantine measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>

WHO Phase	Key Actions
<b>Phase Australia 5:</b> <p>Larger cluster(s) but human to human spread still localised in Australia, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares further spread of human to human transmission in Australia</li> <li>• Monitor supply of food, supplies and services to affected areas</li> <li>• Targeted distribution of antiviral drugs and strategic deployment of National Medical Stockpile</li> <li>• Implement localised community-level strategies, including social distancing measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>
<b>Pandemic – global phase 6</b>	
<b>Phase Overseas 6:</b> <p>Increased and sustained transmission in the general population overseas.</p>	<ul style="list-style-type: none"> <li>• Declaration of a pandemic by WHO</li> <li>• Prime Minister consults premiers and chief ministers</li> <li>• Continue enhanced surveillance, monitoring and reporting of pandemic virus</li> <li>• Continue to enforce enhanced border management and quarantine measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>
<b>Phase Australia 6a:</b> <p>Increased and sustained transmission in the general population in Australia, but cases are still localised to one area of the country.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be a national emergency after consulting premiers, chief ministers and the President of the ALGA</li> <li>• Implement measures to contain spread of infection</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Monitor and support supply of food, supplies and services to affected areas</li> <li>• Targeted distribution of antiviral drugs and strategic deployment of the National Medical Stockpile</li> <li>• Implement localised community-level strategies, including social distancing measures</li> <li>• Strengthen public information campaign with relevant updates</li> </ul>

WHO Phase	Key Actions
<p><b>Phase Australia 6b:</b></p> <p>Increased and sustained transmission in the general population in Australia and cases are occurring in multiple regions of the country.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be spreading in Australia after consulting premiers, chief ministers and the President of the ALGA</li> <li>• Continue measures to contain spread of infection</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Monitor and support supply of food, supplies and services to affected areas</li> <li>• Distribution of antiviral drugs and strategic deployment of the National Medical Stockpile</li> <li>• Maintain delivery of community support services</li> <li>• Implement widespread community-level strategies, including social distancing measures</li> <li>• Strengthen public information campaign with relevant updates</li> </ul>
<p><b>Phase Australia 6c:</b></p> <p>Increased and sustained transmission in the general population in Australia but the number of cases is subsiding.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be subsiding in Australia after consulting premiers, chief ministers and the President of the ALGA</li> <li>• Continue measures to contain spread of infection</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Review extent of social distancing and border management measures</li> <li>• Restock National Medical Stockpile as needed</li> <li>• Continue public information campaign with relevant updates</li> <li>• Evaluate and review communication strategies</li> </ul>
<p><b>Phase Australia 6d:</b></p> <p>The next wave of the pandemic has reached Australia, indicated by an increase again in the number of cases.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares next wave of pandemic after consulting premiers, chief ministers and the President of the ALGA</li> <li>• Continue measures to contain spread of infection</li> <li>• Targeted distribution of antiviral drugs and strategic deployment of the National Medical Stockpile</li> <li>• Maintain delivery of community support services</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Implement community-level strategies, including social distancing measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>

## Appendix 2: Government information websites

In preparation for a possible influenza pandemic in Australia, governments have made information, advice and support tools available on their websites:

### 2.1 National information

- Commonwealth Department of Health and Ageing website [www.health.gov.au](http://www.health.gov.au)
- Commonwealth Department of Foreign Affairs and Trade website [www.smartraveller.gov.au](http://www.smartraveller.gov.au)
- Commonwealth Department of Agriculture, Fisheries and Forestry website [www.daff.gov.au](http://www.daff.gov.au)
- National pest and disease emergency website [www.outbreak.gov.au](http://www.outbreak.gov.au)

### 2.2 National plans

- Australian Health Management Plan for Pandemic Influenza (AHMPPI):  
[www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic.plan](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic.plan)
- Business Continuity Guide  
[www.industry.gov.au/pandemicbusinesscontinuity](http://www.industry.gov.au/pandemicbusinesscontinuity)
- Australian Veterinary Emergency Plan (AUSVETPLAN):  
[www.animalhealthaustralia/programs/eadp/ausvetplan\\_home.cfm](http://www.animalhealthaustralia/programs/eadp/ausvetplan_home.cfm)
- Commonwealth Government Action Plan for Influenza Pandemic  
<http://www.dpmpc.gov.au/publications/pandemic/index.cfm>

### 2.3 State/territory information and plans

- **New South Wales:**  
[www.emergency.nsw.gov.au](http://www.emergency.nsw.gov.au) and [www.health.nsw.gov.au/pandemic](http://www.health.nsw.gov.au/pandemic)
- **Victoria:**  
[www.health.vic.gov.au/ideas/regulations/vic\\_influenza.htm](http://www.health.vic.gov.au/ideas/regulations/vic_influenza.htm)
- **Queensland:**  
[www.qld.gov.au/services\\_for\\_queenslanders/health\\_and\\_communities/avian/index\\_avian.html](http://www.qld.gov.au/services_for_queenslanders/health_and_communities/avian/index_avian.html)
- **Western Australia:**  
[www.health.wa.gov.au/disaster/pandemic\\_influenza/main/index.cfm](http://www.health.wa.gov.au/disaster/pandemic_influenza/main/index.cfm)
- **South Australia:**  
[www.health.sa.gov.au](http://www.health.sa.gov.au)
- **Tasmania:**  
[www.pandemics.tas.gov.au](http://www.pandemics.tas.gov.au)  
<http://www.dhhs.tas.gov.au/healthyliving/pandemicflu.php>

- **Australian Capital Territory:**  
[www.health.act.gov.au/healthalerts](http://www.health.act.gov.au/healthalerts) and  
[www.health.act.gov.au/c/health?a=da&did=10098808&pid=1132696244](http://www.health.act.gov.au/c/health?a=da&did=10098808&pid=1132696244)
- **Northern Territory:**  
[www.nt.gov.au](http://www.nt.gov.au)

This appendix will be updated periodically on the Tasmanian Government website [www.pandemics.tas.gov.au](http://www.pandemics.tas.gov.au).

## Appendix 3: Abbreviations and glossary

### Abbreviations

AHMPPI	Australian Health Management Plan for Pandemic Influenza
ALGA	Australian Local Government Association
AQIS	Australian Quarantine Inspection Service
AUSVETPLAN	Australian Veterinary Emergency Plan
CMO	Chief Medical Officer (Note context needs to be identified. In this document reference is to the Commonwealth CMO. The Tasmanian CMO is not specifically referenced.)
COAG	Council of Australian Governments
DFAT	Department of Foreign Affairs and Trade
DHHS	Department of Health and Human Services
DPAC	Department of Premier and Cabinet
NAPHIP	National Action Plan for Human Influenza Pandemic
NHEMRN	National Health Emergency Media Response Network
NMS	National Medical Stockpile
NPEC	National Pandemic Emergency Committee
SCC	State Crisis Centre
SEMAG	Security and Emergency Management Advisory Group
SEMC	State Emergency Management Committee
TARMS	Telephone Assessment, Referral and Management Service
TEMP	Tasmanian Emergency Management Plan
THAPPI	Tasmanian Health Action Plan for Pandemic Influenza
TPIP	Tasmanian Pandemic Influenza Project
WHO	World Health Organisation

## Glossary

The descriptions of terms given below are for the terms as used in the context of the Tasmanian Action Plan for Human Influenza Pandemic.

Absenteeism	It is anticipated that workplace absenteeism in a pandemic will range between 30-50 per cent. This includes absenteeism due to: illness; the need to stay at home to care for someone who is ill; the need to stay at home to look after children in the event of school closures; fears about getting infected at work; and some people fulfilling other roles in the community (volunteering).
Antivirals	A type of drug used to help prevent or treat illnesses caused by some viruses, including influenza. It is not certain how effective antivirals will be against a pandemic strain of flu.
AusAID	A Commonwealth funded overseas aid organisation
Border control	A range of measures that can be taken at airports and seaports, including to delay the spread of illness to or from affected countries or jurisdictions.
Business continuity planning	Developing plans so that a business can continue functioning during times of disruption, including during times of high staff absenteeism resulting from a pandemic.
Case	A person confirmed to have a specific disease.
Communicable	Capable of spreading disease, or a disease that is capable of spreading (also known as 'infectious').
Contact	A person who has been close enough to an infected person to have had an opportunity to acquire the infection. The exact definition of a contact depends on the nature of the virus.
Contact tracing	The process of identifying and contacting people who may have been 'in contact' with someone who has an infectious illness.
Contain	The process of stopping spread of illness beyond a defined area. Key containment measures for pandemic influenza include border measures, quarantine or isolation, social distancing, infection control, contact tracing and use of antivirals.
Epidemic	A sudden increase in the incidence of disease affecting a large number of people and spreading over a large area.
Flu Clinic	Specially-planned facilities that will be set up during a pandemic for safe medical assessment and management of people with suspected pandemic influenza. While they may be near to other health facilities, they are sufficiently separate as to minimise influenza transmission in other health care settings, such as general practices and emergency departments.
H5NI avian influenza (bird flu)	A strain of Influenza Type A virus affecting mainly birds, but passable to humans after close contact with sick or dead birds. It causes severe influenza-like symptoms and may result in death.
Hand Hygiene	A general term referring to any action of hand cleansing (hand washing, antiseptic handwash, antiseptic hand rub).



Infection control	Measures designed to stop transmission of microorganisms from one object to another, or from person/object to person.
Infectious	Capable of spreading disease, or a disease that is capable of spreading (also known as 'communicable').
Influenza ('the flu')	A contagious disease of the respiratory tract, caused by the influenza virus.
Influenza Type A	A type of influenza virus - occurs in humans and animals.
Influenza Type B	A type of influenza virus - occurs only in humans
Isolation	Separation of infected persons ('case') and their contacts from other people for the period they are likely to be infectious, in order to prevent or limit the direct or indirect transmission of the virus.
National Medical Stockpile	A national strategic reserve of essential vaccines, antibiotics, antivirals, and chemical and radiological antidotes; and personal protective equipment for health workers.
Pandemic	Epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemics.
Personal Protective Equipment (PPE)	Clothing or equipment designed to protect the wearer from contracting pandemic influenza.
Preparedness	Undertaking measures to ensure adequate preparation for an influenza pandemic.
Quarantine	The limitation of freedom of movement for a period of time of well persons who are likely to have been exposed to the virus ('contacts') to prevent their contact with people who have not been exposed. Home quarantine will be a key strategy to help slow the spread of flu during a pandemic.
Resilience	Capacity to cope with stress or change, and capacity to adapt to change
Social distancing	Reducing normal physical and social interaction in order to slow the spread of a pandemic throughout society. Social distancing measures may include modifying existing procedures, school closures, cancellation of public events, and encouraging people to stand/sit back from each other.
Strain	A group of organisms within a species or type that are genetically similar. Influenza viruses are described by their Type (e.g. Type A, B or C), their subtype (e.g. H5N1), and their strain, e.g. Hong Kong strain.
Vaccine	A medication that stimulates the production of antibodies to protect against a specific disease. It may take up to 12 months to manufacture and distribute a vaccine against pandemic influenza to the entire Australian community, after the pandemic virus emerges.



**Tasmania**  
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