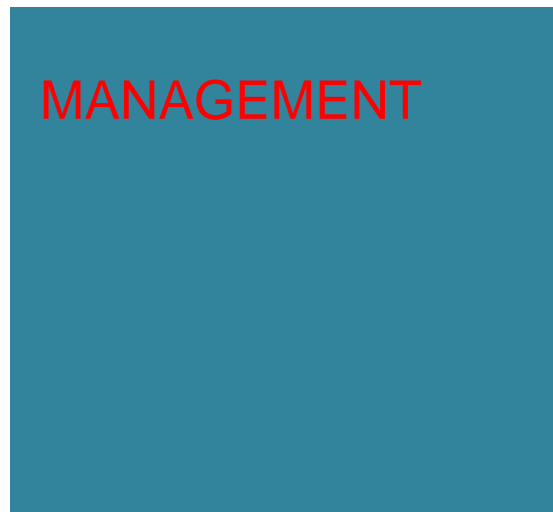
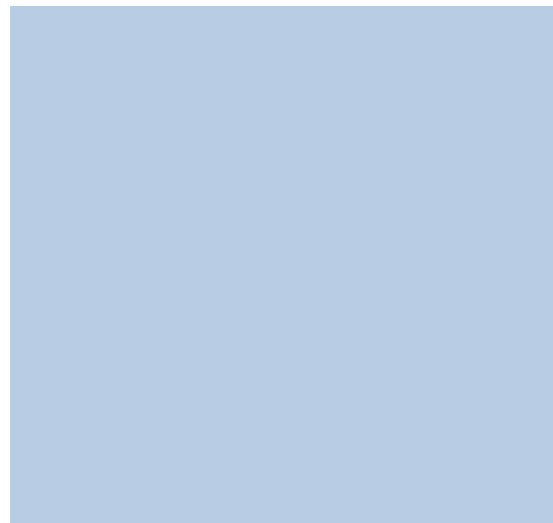


Pandemic Influenza Incident Response Plan

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Effective July 2017

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Version	Date	Secretary Approval	Signed
Version 1	September 2012	Superseded	
Version 2	October 2014	Superseded	
Version 3	July 2017	Secretary Endorsed	

Melbourne Mar-20

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Authorised by the Department of Education and Training,

2 Treasury Place, East Melbourne, Victoria, 3002



Background

PURPOSE

Pandemic influenza creates a public health emergency with political, social, and economic effects. All state government departments are required to have specific pandemic management plans in place to manage the operational aspects of responding to and recovering from a pandemic.

This Plan is an update of the Department of Education and Training's (DET) *Influenza Pandemic Incident Response Procedures* (Oct 2014) and contains specific actions for Central Office, regions, schools and early childhood services prior to, during and after a pandemic. This document aligns with the *Victorian Action Plan for Pandemic Influenza* and the *Victorian Health Management Plan for Pandemic Influenza*.

The purpose of this document is to outline DET's response and provide key strategies and resources when preparing for and responding to an influenza pandemic. Details are found in attached Appendices. This Plan is relevant to Central Office, regions, schools and early childhood services funded and/or regulated by DET (herein referred to as 'early childhood services'). This Plan is also relevant to DET registered training organisations that provide vocational education and training (herein referred to as 'higher education and skills providers') - all of which are responsible for developing and implementing their own emergency management plans including pandemic response.

This Plan will be distributed to the Catholic education and Independent school sectors via the Catholic Education Commission of Victoria (CECV) and Independent Schools Victoria (ISV). In the event of a pandemic, DET will also coordinate with the CECV and ISV regarding pandemic/epidemic response and recovery activities.

DET's Higher Education and Skills Group will disseminate information as appropriate to industry associations for the vocational education and training sector (Victorian TAFE Association and the Australian Council for Private Education and Training).

DET's Emergency Management Division located within Regional Services Group is responsible for updating and implementing this Plan.

SCOPE OF THE INCIDENT RESPONSE PLAN

This Plan addresses DET's preparedness and emergency response to an influenza pandemic caused by a new novel strain of virus to which the human population has not developed any immunity.

It includes those actions that the DET Central Office and regions, schools and early childhood services would take to minimise morbidity and mortality and protect public health and safety.

PANDEMIC INFLUENZA CHARACTERISTICS

Pandemic influenza occurs when:

- a new subtype of influenza virus emerges in humans which most people have not been previously exposed to and are, therefore, highly susceptible

- the virus has potential to cause disease in humans
- the virus is easily and rapidly spread between humans, infecting large numbers of people worldwide with the potential to cause many deaths.

In late April 2009, the World Health Organisation (WHO) announced the emergence of a novel influenza A virus. This particular H1N1 strain had not circulated previously in humans. The virus spread easily from person-to-person, and from one country to another. Based on available evidence and expert assessment, on 11 June 2009 the WHO's Director-General declared that the world was at the start of the pandemic (H1N1) 2009.

Globally, the 2009 influenza pandemic was considered to be of moderate severity with the majority of cases experiencing mild symptoms and making a rapid and full recovery. However, severe cases occurred in people with underlying chronic conditions such as respiratory diseases, cardiovascular disease, diabetes, autoimmune disorders and obesity. Pregnant women and indigenous Australians were also at an increased risk of serious disease.

It is difficult to predict how quickly a pandemic will progress. Based on experience from pandemic (H1N1) 2009, together with data and assumptions drawn from previous pandemics and seasonal influenza and their treatments, it is anticipated that a pandemic could last from seven-to-ten months in Australia. However, the social, economic and health system impacts could last longer depending on the severity of the health impacts of the virus.

It is not possible to predict when the next pandemic will occur, how severe it will be or how long it will last, however the potential for widespread human infection, accompanied by severe illness and death, cannot be dismissed.

Whilst influenza is the most likely virus to cause a pandemic and the cause of the most recent pandemic, the aim of this Plan is to be adaptable to any biological agent threatening to cause a pandemic within the community.

IMPACT ON SCHOOLS AND EARLY CHILDHOOD SERVICES

The spread of influenza in schools can be significant. Once influenza is in the school and/or early childhood service environment it can spread quickly impacting children, students, staff, families and the community. Therefore schools and early childhood services play a major role in pandemic influenza preparedness and management.

Previous influenza pandemics have shown that children, and the environments in which they tend to gather, contribute uniquely to the spread of influenza in the community for the following reasons:

- Children typically have higher rates of infection than adults. Children with no pre-existing immunity to circulating influenza virus are more susceptible than adults to novel strains
- Children are typically infectious for longer than adults
- Children are less likely to comply with hygiene measure than adults
- Children are often in close proximity with other children for long periods of time.

Pandemic Planning

NATIONAL CONTEXT

Australia's plan for managing pandemic influenza and minimising its impact is outlined in the Australian Health Management Plan for Pandemic Influenza (AHMPPI). The AHMPPI outlines the Australian Government's role to coordinate national pandemic measures and allocate available national health resources to ensure an effective national response.

The Australian Government and state and territory governments will consider surveillance, resource and political information to determine whether and when a national response is required, including thresholds for escalation.

VICTORIAN ACTION PLAN FOR PANDEMIC INFLUENZA

The *Victorian Action Plan for Pandemic Influenza* (VAP) is a subordinate plan to the State Emergency Response Plan (SERP), and complements and is consistent with the *Victorian Health Management Plan for Pandemic Influenza* (VHMPPI). The Plan describes the Whole of Victorian Government (WoVG) governance arrangements and strategies to prepare for, respond to and recover from an influenza pandemic in Victoria.

This Plan is consistent with the Victorian Action Plan for Pandemic Influenza. It is scalable depending on the circumstances of the contagion and the rate of spread and morbidity. Strategies are flexible enough to operate in a dynamic and changeable environment.

Please note that the stages identified within this Plan and Victorian pandemic stages may differ to the stage or stages in other states and territories and under other global jurisdictions. The Commonwealth Department of Health and the Victorian Department of Health and Human Services (DHHS), in coordination with the World Health Organisation (WHO) will designate Australia and Victoria's pandemic stages.

DEPARTMENT/AGENCY RESPONSIBILITIES

Emergency Management Commissioner

Pandemic influenza is a Class 2 emergency in which the Emergency Management Commissioner has legislated responsibilities. The Emergency Management Commissioner's responsibilities include response coordination, ensuring effective control arrangements are established, consequence management and recovery coordination.

Department of Health and Human Services – Control Agency

The Victorian Department of Health and Human Services (DHHS) is the control agency for the State's pandemic influenza response. In this role, DHHS will communicate directly with other states and coordinate activities across organisations. DHHS will work closely with emergency management organisations in coordinating the public health and medical response.

The Chief Health Officer who assumes the role of State Controller with authority to activate the VHMPPI, including the response and each of the sub-stages of the response, outlined in the appendix of this document, including the preparedness, initial and targeted action and stand-down stages.

Municipalities – Local focus

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 will play a key role in community preparedness, particularly for the continued provision of essential community services such as water, waste water, and waste management.

DET responsibilities

If a pandemic occurs, DET will be responsible for managing the impact on the Department's workplaces, schools and early childhood services. DET will liaise with relevant State government departments to ensure DET's requirements are considered in response and recovery arrangements.

DET will liaise with higher education and skills providers as appropriate and provide relevant communications to assist them in responding to the situation. However, these entities are responsible for implementing their own responses to a pandemic.

Business continuity

While it is impossible to predict the timing or severity of a human influenza pandemic, it is certainly possible to be prepared and have appropriate management plans in place to minimise the impact of, and expedite recovery from, a pandemic.

DET business continuity planning identifies critical services required in the event of an emergency or major disruption to service. In the event of a pandemic, it is predicted that up to 40% of the population could be affected².

The Risk and Decision Branch, Portfolio Strategy and Planning Division, Strategy and Performance Group is responsible for coordinating development and maintenance of business continuity plans for critical functions performed by divisions and regions to enable the continued delivery of identified critical functions.

Importantly, business continuity plans include response strategies and contingency arrangements for situations where personnel may be unavailable such as in the case of a pandemic.

Communications

Throughout all stages of a pandemic, DET will provide up-to-date and timely pandemic information to its workforce, government schools, early childhood services, the CECV, ISV and Higher Education and Skills Group (to forward to their providers, Victorian TAFE Association and the Australian Council for Private Education and Training and Universities as appropriate).

At times, communications may focus on hygiene and containment activities that need to be undertaken in the event of a pandemic. Please refer to the communications strategy at Appendix D for more details.

During the Response stage, national announcements or messages pertaining to the national approach may need to be made. These will be made by the Prime Minister (or delegate), following consultation with states and territories and relevant Commonwealth agencies.

² Australian Health Management Plan for Pandemic Influenza 2009

Containment

As part of DET's responsibility to ensure workplace safety, it will follow the advice of DHHS if containment activities (for example, social distancing in the form of closures) need to be implemented at the school, early childhood services or workplace level.

School Nurse Responsibilities

In the event of an influenza pandemic in Victoria, school nurses employed within the DET School Nursing Program may be required to undertake a public health role in affected schools and early childhood facilities.

In this instance, DET through Regional Services Group would deploy School Nursing Program staff to provide health information and support to affected children and staff. Following advice from the Chief Health Officer in consultation with region/s and DET's Principal Medical Advisor, decisions would be made to mobilise school nurses to an affected school or early childhood service.

The Executive Director, Wellbeing, Health and Engagement would be responsible for coordinating the state-wide operational management of the school nurses in consultation with Regional Directors to determine allocation to schools and early childhood services.

In the context of the 0-4 population, staff from the Maternal and Child Health Line may be requested to provide additional support for the maternal and child health nurses attending early childhood services.

Please refer to Appendices E & F.

Pandemic Stages

NATIONAL CONTEXT

It is likely that the development of a pandemic will move through a number of different stages as the virus becomes more adept at infecting humans, spreads around the globe, and throughout Australia.

As each of these stages requires a different set of actions, identifying the stage is useful to guide decision-making and to ensure the most appropriate actions are being taken. It is important to consider that the situation could move very quickly between stages or that certain stages may not be detected in time for the actions specific to that stage to occur.

Once in Australia different response strategies may be used simultaneously and different stages may coexist across Australia, due to variations in the local stage of a pandemic. A geographical area may be in one stage, while nearby a different stage appropriate to that area is being used. Having an Australian system means that actions can be flexibly applied in Australia before a change of stage is declared by the WHO.

(Australian Health Management Plan for Pandemic Influenza 2009)

VICTORIAN CONTEXT

This Plan adopts the five stages of pandemic preparedness and response as outlined in the VAP: Preparedness, Standby Response, Initial Action Response, Targeted Action Response and Standdown Response.

Victorian Action Plan		
Stage		Description
Preparedness		No novel strain detected (or emerging strain under initial detection)
Response	Standby	Sustained community person-to-person transmission detected overseas
	Initial Action	Cases detected in Australia – information about the disease is scarce
	Targeted Action	Cases detected in Australia – enough is known about the disease to tailor measures to specific needs
	Standdown	The public health threat can be managed within normal arrangements and monitoring for change is in place.

INCIDENT MANAGEMENT TEAM FUNCTIONS

The table below details associated functions to be undertaken by nominated/rostered personnel once a central office Incident Management Team is activated.

Where Incident Management Teams are established in regional locations or worksites, the broad role functions assumed by regional personnel will be consistent with those described below but will be scaled to the region or worksite’s operations.

At school and early childhood service sites, available personnel and the scale of the pandemic will influence how roles are allocated.

Role	Function	Responsibility
DET Commander	<ul style="list-style-type: none"> • Assumes overall management responsibility • Initiates Incident Management Team • Manages the ministerial interface regarding the pandemic (with Communications Division) • Identifies and liaises with relevant stakeholders • Ensures that briefings occur at all levels of the incident management structure • Approves implementation of the Incident Action Plan • Determines reporting frequency • Maintains incident management log • Attend State Emergency Management Team (SEMT) meeting 	<p>Executive Director, Emergency Management Division/Deputy Secretary, Regional Services Group</p> <p>Infrastructure and Financial Services Group</p>
DET Regional Commander	<ul style="list-style-type: none"> • Activates Regional Incident Management Team • Maintains incident management log • Each of the functions of planning, operations, logistics and communication fall under responsibility of the DET Regional Commander, the latter involving feedback to central office about key incidents and developments • Attend Regional Emergency Management Team (REMT) meeting 	<p>As outlined in the region's Emergency Management Plan</p>
Communications Officer	<ul style="list-style-type: none"> • Develops communications strategy • In consultation with the DET Commander, develops, disseminates and manages: <ul style="list-style-type: none"> ○ internal communication ○ external communication • Develops rules on release of information in consultation with the DET Commander • Represents DET on EMJPIC • Arranges stakeholder and media briefings • Monitors media • Maintains incident management log 	<p>Communications Division, People and Executive Services Group</p>

Role	Function	Responsibility
Planning Officer	<ul style="list-style-type: none"> • Collects and analyses information from relevant central government departments and agencies • Develops forecasts on the impact of the pandemic on DET and its operations • Determines information requirements and reporting schedules for Incident Management Team • Develops appropriate reports (situation reports) for internal and external distribution • Conducts internal and external situation analysis • Coordinates development of Incident Action Plan and monitoring its implementation • Maintains incident management log 	Emergency Management Division, Regional Services Group
Operations Officer	<ul style="list-style-type: none"> • Contributes to the development of the Incident Action Plan • Controls all operations in accordance with the Incident Action Plan • Initiates recommendations for release of resources • Manages any pandemic response requirements (e.g. liaison with Area School Nurse Manager, supply of additional staff to regions) • Liaises with Logistics Officer for required resources • Obtains briefings/instructions from DET Commander • Maintains incident management log 	<p>Wellbeing Health and Engagement Division, Early Childhood and School Education Group</p> <p>Early Years and Primary Reform Division and Quality Assessment and Regulation Division, Early Childhood and School Education Group</p> <p>Emergency Management Division, Regional Services Group</p> <p>Higher Education and Skills Group</p> <p>CECV</p> <p>ISV</p> <p>Municipal Association Victoria (MAV)</p>

Role	Function	Responsibility
Logistics Officer	<ul style="list-style-type: none"> • Supports incident management and has responsibility for: <ul style="list-style-type: none"> ○ facilities e.g. telecommunications, accommodation, etc. ○ services e.g. information technology support, catering, security, legal, finance, etc. ○ establishment of emergency call centre (including training and recruitment of telephony staff) ○ materials e.g. records • Identifies resources and support required for planned actions and contributes to the logistics component of Incident Action Plan • Prepares logistics briefings • Maintains incident management log 	Emergency Management Division, Regional Services Group.
Emergency Management Liaison Officer (EMLO)	<ul style="list-style-type: none"> • Represents DET, including at the State Control Centre, as part of WoVG response and recovery efforts • Provides agency resources, (within reason) personnel, advice etc. • Maintain information flow between parties • Obtains up-to-date information/intelligence • Fully describes task requests, including support provided as a result of requests from other agencies • Maintains 'safe' approach to tasking and deployment of resources • Regularly reviews task progress and release of resources • Maintains incident management log 	Emergency Management Division, Regional Services Group and/or Regional representatives
Principal Medical Advisor	<ul style="list-style-type: none"> • Participates on DET's IMT and the provision of expert medical advice, including implications of pandemic on: <ul style="list-style-type: none"> • children, students and families, and • DET workforce • early childhood services and schools (including closure decisions) • Liaises with Chief Health Officer, DHHS • Adapts messaging from Chief Health Officer and authorizes the distribution of communication to schools, early childhood facilities and Higher Education and Skills Group • Represents the Department alongside Emergency Management Division at WoVG forums about pandemic response, where medical opinion/advice required. 	Principal Medical Advisor, Health Advice and Policy Unit

Appendix A – Pandemic Stages

DET CENTRAL OFFICE AND REGIONS

Preparedness Stage	Description - No novel strain detected (or emerging strain under initial detection)
Category	Key Actions
Whole of Government (WoVG)	<ul style="list-style-type: none"> Emergency Management Division will participate on the State Emergency Management Team (SEMT) as required and the Principal Medical Advisor will liaise with DHHS, Emergency Management Victoria as appropriate.
Emergency Management Plans (EMP)	<ul style="list-style-type: none"> By the beginning of 'flu season' (April), Emergency Management Division will ensure its approach aligns with national and state incident response plans. In April, Emergency Management Division will remind regions, schools and early childhood services to review their emergency management plans and ensure pandemic planning is updated as appropriate.
Business continuity	<ul style="list-style-type: none"> Central office and regions to have identified business areas that perform critical functions. Critical business areas to review business continuity plans.
Communication about hygiene measures	<ul style="list-style-type: none"> Health Advice and Policy Unit (HAPU) to work with Communications Division as appropriate to implement preparedness stage of communications strategy, based on Chief Health Officer advice including promoting personal hygiene messages (see above), availability of vaccinations, etc. In April, HAPU will distribute and promote personal hygiene measures to central office, regions, schools and early childhood services (refer to the communications strategy at Appendix D for more details). Information to be shared with Higher Education and Skills Group (HESG)*, the CECV and ISV. <p>* HESG to determine appropriateness of messaging for delivery to providers and industry associations.</p>

DET CENTRAL OFFICE AND REGIONS

Response Stage – Standby	Description - Sustained community person-to-person transmission detected overseas
Category	Key Actions
Whole of Government	<ul style="list-style-type: none"> Principal Medical Advisor will continue to liaise with the Chief Health Officer and seek advice regarding next steps and messaging to DET staff, schools, early childhood services and parents
Emergency Management Plans	<ul style="list-style-type: none"> Principal Medical Advisor to liaise with Chief Health Officer regarding national/state health messages Emergency Management Division remind regions, schools and early childhood services to review their Emergency Management Plans and ensure pandemic planning (including business continuity planning) is up-to-date
Incident management	<ul style="list-style-type: none"> The DET Commander to brief potential Incident Management Team (including Senior Medical Officer, Nursing Programs Manager and/or Area School Nurse Manager(s)) and/or decide to establish a Central Office/regional Incident Management Teams.
Business continuity	<ul style="list-style-type: none"> Central office and regions to prioritise work functions to ensure adequate workforce availability to deliver critical services Critical business areas to review business continuity plans
Hygiene measures	<ul style="list-style-type: none"> Principal Medical Advisor (in consultation with Communications Division) to follow Chief Health Officer advice and distribute appropriate messaging (that may include use of individual protective measures) to Central Office, regions, schools, early childhood services and parents. Information to be shared with the CECV and ISV <p>*HESG to determine appropriateness of promoting hygiene measures to providers and industry associations as stated above</p>

DET CENTRAL OFFICE AND REGIONS

Response Stage – Standby	Description - Sustained community person-to-person transmission detected overseas
Communications	<ul style="list-style-type: none"> Principal Medical Advisor to work with Communications Division as appropriate to implement standby stage of communications strategy (for more details refer to Appendix D) DET Commander to liaise with central office Logistics Officer re readiness of emergency call centre (if required) The Communications Officer (central office Incident Management Team) may consider the establishment of an Emergency Call Centre in the next stage of response if required and prepare scripts as appropriate
Containment	<ul style="list-style-type: none"> DET will follow the advice of Chief Health Officer including agreement about the trigger for potential closure of services and other proposed social distancing measures Closures should be advised to the CECV, ISV and Municipal Association of Victoria via an email to emergencymgt@mav.asn.au
Vaccinations	<ul style="list-style-type: none"> At the advice of DHHS, DET to reinforce availability of vaccinations as appropriate
School nurses	<ul style="list-style-type: none"> Nursing Services Unit manager to work with regions to maintain school nursing program staff deployment/availability data in case of activation
Travel	<ul style="list-style-type: none"> DET will follow the advice of the Department of Foreign Affairs and Trade at http://smartraveller.gov.au/zw-cgi/view/Advice/ and provide approved travel advice to staff, schools and early childhood services

DET CENTRAL OFFICE AND REGIONS

Response Stage – Initial Action	Description – Cases detected in Australia – information about the disease is scarce
Category	Key Actions
Whole of Government	<ul style="list-style-type: none"> Emergency Management Division will continue to participate on the State Emergency Management Team (SEMT) as required and the Principal Medical Advisor will liaise with DHHS, Emergency Management Victoria as appropriate. Principal Medical Advisor to continue to liaise with Chief Health Officer, Emergency Management Victoria to seek advice about messaging to DET staff, schools, early childhood services and parents
Emergency Management Plans	<ul style="list-style-type: none"> Emergency Management Division will remind regions, schools and early childhood services to enact Emergency Management Plans (if and where required)
Incident management	<p>Mild, Moderate and/or Severe Impact</p> <ul style="list-style-type: none"> The DET Commander will activate a central office Incident Management Team that will include the Principal Medical Advisor, Executive Director, Wellbeing, Health and Engagement Division, Municipal Association of Victoria, CECV and ISV and the School Nurse Manager. It may also include DET's Business Continuity Manager.
Business continuity	<p>Mild and Moderate Impact</p> <ul style="list-style-type: none"> Central office and regions to prioritise work functions to ensure adequate workforce availability to deliver critical services Critical business areas to review business continuity plans and be prepared to implement Business Continuity Officers to report any issues Business Continuity Manager (to be confirmed) <p>Severe Impact</p> <ul style="list-style-type: none"> Critical business areas to review business continuity plans and be prepared to implement them if required Business Continuity Team Leaders report any issues to the Incident Management Teams

DET CENTRAL OFFICE AND REGIONS

Response Stage – Targeted Action	Description – Cases detected in Australia – enough is known about the disease to tailor measures to specific needs
Hygiene measures	<p>Mild Impact</p> <ul style="list-style-type: none"> • DET’s Incident Management Team, including the Principal Medical Advisor will follow Chief Health Officer’s advice and distribute appropriate messaging (including appropriate use of individual protective measures) to central office, regions, schools, early childhood services and parents • Information to be shared with the HESG, CECV and ISV • Logistics Officer (Incident Management Team) to oversee/arrange for a quality review of existing cleaning procedures and assist in implementation of DH recommendations as required <p>Moderate Impact</p> <ul style="list-style-type: none"> • Incident Management Team’s Communications Officer will follow DHHS advice and distribute appropriate messaging (including appropriate use of individual protective measures) to Central Office, regions, schools, early childhood services and parents as appropriate • Information to be shared with HESG, the CECV and ISV • Logistics Officer (Incident Management Team) to oversee/arrange for a quality review of existing cleaning procedures and assist in implementation of Chief Health Officer’s recommendations as required <p>Severe Impact</p> <ul style="list-style-type: none"> • Emergency Management Division/Communications Officer will follow DHHS advice and distribute appropriate messaging (including appropriate use of individual protective measures) to central office, regions, schools, early childhood services and parents • Information to be shared with the HESG, CECV and ISV • Logistics Officer (Incident Management Team) to oversee/arrange for a quality review of existing cleaning procedures and assist in implementation of Chief Health Officer’s recommendations (if applicable) which may include use of personal protective equipment (PPE) <p>*HESG to determine appropriateness of promoting hygiene measures to providers and industry associations as stated above</p>
Communications	<p>Communications Officer to work with Principal Medical Advisor as appropriate to implement response stage of communications strategy including status/situation, promoting personal hygiene messages, containment measures (if necessary), availability of vaccinations, and messaging to staff about travel</p> <p>The DET Commander may approve the establishment of an Emergency Call Centre to support communication and advice to schools, particularly if the incident is considered severe</p> <p>Draft sample letters for regions to provide to schools, and early childhood services</p>

Containment	<p>Mild and Moderate</p> <ul style="list-style-type: none"> • DET will follow the advice of DHHS, for example public access to premises and social distancing and scale-up or scale-down depending on the severity of the influenza determined by DHHS) <p>Severe</p> <ul style="list-style-type: none"> • DET will follow the advice of DHHS, for example public access to premises, social distancing and scale-up or scale-down depending on the severity of the influenza determined by DHHS) • Municipal Association of Victoria (MAV) should be advised of closures via an email to emergencymgt@mav.asn.au
Vaccinations	<ul style="list-style-type: none"> • At the direction of DHHS, DET to promote availability of vaccinations as appropriate
School nurses	<ul style="list-style-type: none"> • Nursing Services Unit manager will liaise with Executive Director, Wellbeing, Health and Engagement Division and the DET Principal Medical Advisor regarding scope and severity and liaise with the DET Regional Incident Management Team(s) in affected region(s) to determine which schools and early childhood services require public health support
Travel	<ul style="list-style-type: none"> • DET will follow the advice of the Department of Foreign Affairs and Trade at http://smartraveller.gov.au/zw-cgi/view/Advice/ and distribute approved travel advice to staff, schools and early childhood services
Reporting	<ul style="list-style-type: none"> • DET may assist with the collection of data as requested by Chief Health Officer/DHHS
Response Stage – Targeted Action	<p>Description – Cases detected in Australia – enough is known about the disease to tailor measures to specific needs</p>

DET CENTRAL OFFICE AND REGIONS

Response Stage – Stand-down	Description – The public health threat can be managed within normal arrangements and monitoring for change is in place
Category	Key Actions
Whole of Government	<ul style="list-style-type: none"> • DET to follow directions of lead agency with a view of all DET's operations returning to 'business as usual'
Emergency Management Plans	<ul style="list-style-type: none"> • Review effectiveness of Emergency Management Plans and update as appropriate
Incident management	<ul style="list-style-type: none"> • DET Commander de-activates Incident Management Team and conducts final debrief(s)
Business continuity	<ul style="list-style-type: none"> • Work areas to implement business continuity plans for resumption of full business activity
Hygiene measures	<ul style="list-style-type: none"> • Logistics officers (or equivalent) to oversee replenishment of PPE (personal protective equipment)
Communications	<ul style="list-style-type: none"> • Information to focus on local status, incorporating DHHS advice
Containment	<ul style="list-style-type: none"> • DET to follow the containment advice of Chief Health Officer (if applicable)
School nurses	<ul style="list-style-type: none"> • Nursing Services Unit manager to conduct final debrief(s)
Travel	<ul style="list-style-type: none"> • Information to be based on Department of Foreign Affairs and Trade at http://smartraveller.gov.au/zw-cgi/view/Advice/
Reporting	<ul style="list-style-type: none"> • DET continues reporting (as required)

Appendix B – Pandemic Influenza Stages with Key Actions for Schools

PREPAREDNESS STAGE		The scale and nature of preparedness activities is the same for all possible levels of clinical severity
Description - No novel strain detected (or emerging strain under initial detection)		
Category	Key Actions	
Review Emergency Management Plan	<ul style="list-style-type: none"> Review your Emergency Management Plan (EMP), including: <ul style="list-style-type: none"> pandemic planning arrangements contact lists of staff, students, families, local services and DHHS regional emergency management coordinators communication tree (key staff). 	<p>Preparedness should be incorporated into business as usual activities.</p> <p>This includes incorporating a comprehensive risk management strategy that takes an 'all hazards' approach and includes influenza pandemic as a specific hazard that needs to be considered.</p> <p>Regularly review, exercise and update plans.</p> <p>Communicate pandemic plans with staff.</p>
Influenza prevention	<ul style="list-style-type: none"> Promote basic hygiene measures within the school by: <ul style="list-style-type: none"> providing students and staff with information about the importance of hand hygiene (more information is available at Better Health) providing convenient access to water and liquid soap and alcohol-based hand sanitiser educating staff and students about covering their cough with a tissue or their inner elbow to prevent the spread of germs ensuring careful disposal of used tissues. Exercise appropriate home-based exclusion from school among staff and students with flu-like illness. Encourage staff to seek immunisation for seasonal influenza. 	
Communications	<ul style="list-style-type: none"> Communicate personal hygiene messages to staff and students. Convey seasonal influenza messages as directed by DET. 	
Travel advisories	<ul style="list-style-type: none"> Encourage staff and parents/carers to access the smartraveller website prior to international travel being undertaken by the school and incorporate this advice into travel risk assessment and mitigation strategies for pandemic. 	
Business continuity	<ul style="list-style-type: none"> Ensure currency of business continuity plan which: <ul style="list-style-type: none"> identifies minimum requirements and key staff for continued operations (including planning for the absence of the principal and school council) considers workforce strategies to enable continued operations, if pandemic affects a portion of the workforce. 	

RESPONSE STAGE – STANDBY		Clinical severity		
Description – Sustained community person-to-person transmission detected overseas				
Category	Key Actions	Low	Med	High
Review Emergency Management Plan	<ul style="list-style-type: none"> ● In April, (or at the time of the overseas detection, if earlier): <ul style="list-style-type: none"> ○ ensure EMP (including emergency numbers and key contacts) are up to date and pandemic planning arrangements are included ○ ensure contact lists of staff, students, families, local services, and DHHS Emergency Management Coordinators are up-to-date ○ ensure communication tree (key staff) is circulated to nominated school Incident Management Team (IMT) members. 	Apply	Apply	Apply
Incident response	<ul style="list-style-type: none"> ● In April, (or at the time of the overseas detection if earlier), prepare to enact pandemic response section of your EMP with stakeholders and prepare to activate IMT. 	Apply	Apply	Apply
Hygiene measures	<ul style="list-style-type: none"> ● Reinforce basic hygiene measures including: <ul style="list-style-type: none"> ○ provide students and staff with information about the importance of hand hygiene (more information is available at Better Health) ○ provide convenient access to water and liquid soap and alcohol-based hand sanitiser ○ educate staff and students about covering their cough with tissue or inner elbow to prevent the spread of germs ○ careful disposal of used tissues. ● Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones etc. 	Apply	Apply	Apply
Communications	<ul style="list-style-type: none"> ● In May, (or at the time of the overseas detection, if earlier), ensure hygiene information/posters are communicated/ displayed. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> ● In late May, (or at the time of the overseas detection, if earlier), consider providing information sessions for staff and parents/carers to communicate: <ul style="list-style-type: none"> ○ the status of the situation ○ the risk of influenza and how to identify pandemic influenza symptoms and cases of possible influenza based on the current, up-to-date case definition by the Chief Health Officer, DHHS ○ best practice hygiene measures ○ measures for vulnerable students. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> ● Access and follow Chief Health Officer, DHHS/Principal Medical Advisor advice provided by DET and distribute consistent messaging to staff, students and parents/carers. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> ● Encourage staff and parents/carers to obtain seasonal flu vaccination as appropriate (especially those people/families at a greater risk of infection). 	As required	Apply	Apply
	<ul style="list-style-type: none"> ● School Nursing Program nurses may assist with information dissemination (provided by the DHHS) as directed by Area School Nurse Managers (based at regional offices). ● Prepare sample letters for parents/carers for the next stage (if required). 	Apply as required	Apply	Apply
	<ul style="list-style-type: none"> ● Prepare sample letters for parents/carers for the next stage (if required). 	Apply as required	Apply as required	Apply as required
Travel advisories	<ul style="list-style-type: none"> ● Encourage staff and parents/carers to access the smartraveller website prior to international travel. 	Apply	Apply	Apply
			Apply	Apply

Business continuity	<ul style="list-style-type: none"> ● Where appropriate, consider implementing procedures to repatriate staff and students who are overseas on a school trip if there is a risk of travel restrictions and overseas border closures, or risk of pandemic in a nearby country. ● For international students studying in Australia, provide advice to students and their parents/carers that in the event of an increased influenza pandemic risk, students may be sent home and, if travel restrictions apply, how the school will meet its duty of care obligations etc. ● Ensure currency of business continuity plan which: <ul style="list-style-type: none"> ○ identifies minimum requirements and key staff for continued operations (including planning for the absence of the principal) ○ considers workforce strategies to enable continued operations, if pandemic affects a portion of the workforce. 	Not suggested	Apply	Apply
		Not suggested		
		Apply	Apply	Apply

RESPONSE STAGE – INITIAL ACTION		Clinical severity		
Description – Cases detected in Australia – information about the disease is scarce				
Category	Key Actions	Low	Med	High
Review Emergency Management Plan	<ul style="list-style-type: none"> In April, (or at the time of the overseas detection if earlier): <ul style="list-style-type: none"> ensure your EMP (including emergency numbers and key contacts) are up to date and pandemic planning arrangements are included ensure contact lists of students, staff, families, local services and DHHS Emergency Management Coordinators are up to date. Ensure communication tree (key staff) is circulated to nominated school Incident Management Team members. 	Apply	Apply	Apply
Incident response	<ul style="list-style-type: none"> Enact your EMP. Activate school Incident Management Team (IMT) to implement the school's response as appropriate to advice from the DET. 	Apply Apply	Apply Apply	Apply Apply
Hygiene measures	<ul style="list-style-type: none"> Reinforce basic hygiene measures including: <ul style="list-style-type: none"> provide students and staff with information about the importance of hand hygiene (more information is available at Better Health) provide convenient access to water and liquid soap and alcohol-based hand sanitiser educate staff and students about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones. 	Apply Not suggested	Apply Apply	Apply Apply
Communications	<ul style="list-style-type: none"> Follow and distribute information and advice from DET in accordance with instructions, including information about: <ul style="list-style-type: none"> the local status personal hygiene measures containment measures, including any plans for closure if applicable to staff, parents/carers using templates developed by DET. Communicate the risk of influenza and how to identify cases of possible pandemic influenza based on current, up-to-date case definition by the Chief Health Officer, DHHS. School Nursing Program nurses (or equivalent) may assist with information dissemination as directed. 	Apply Apply Apply	Apply Apply Apply	Apply Apply Apply
Containment strategies	<ul style="list-style-type: none"> The appropriate containment strategy will vary depending upon the level of clinical severity as determined by the DHHS. Encourage staff who develop flu-like symptoms to: <ul style="list-style-type: none"> Leave school immediately and seek medical attention Stay away from school until completely well. Follow the advice of the DHHS and DET regarding service closures and exclusion periods for infectious diseases. If required, schools may be closed on advice of the Chief Health Officer, DHHS. In these circumstances: <ul style="list-style-type: none"> inform teachers of their obligations during school closures 	Not suggested Apply N/A N/A	Seek advice Apply Apply Apply	Apply Apply Apply Apply

	<ul style="list-style-type: none"> ○ for students at home, provide access to educational materials including online learning. • Identify a designated area to keep sick students quarantined from the general school population until they can be taken home by parents/carers. 	Apply	Apply	Apply
Travel advisories	<ul style="list-style-type: none"> • Encourage staff and parents/carers to access the smartraveller website prior to international travel being undertaken by the school and incorporate this advice into travel risk assessment and mitigation strategies for pandemic. 	Apply	Apply	Apply
Business continuity	<ul style="list-style-type: none"> • Implement business continuity plan to promote adequate workforce supply and capacity to continue service, by: <ul style="list-style-type: none"> ○ prioritising work functions to ensure adequate workforce availability to deliver education ○ implementing contingency strategy, which may include employing replacement staff and/or modifying programs. 	Apply	Apply	Apply
Governance and reporting obligations	<ul style="list-style-type: none"> • Report confirmed incidents of influenza. • You will be advised of any additional reporting requirements by DHHS. 	Apply Apply	Apply Apply	Apply Apply

RESPONSE STAGE – TARGETTED ACTION		Clinical severity		
Description – Cases detected in Australia – enough is known about the disease to tailor measures to specific needs				
Category	Key Actions	Low	Med	High
Incident response	<ul style="list-style-type: none"> Enact your EMP. Activate your school Incident Management Team to implement the school's response as appropriate to advice from DET. 	Apply Apply	Apply Apply	Apply Apply
Hygiene measures	<ul style="list-style-type: none"> Reinforce basic hygiene measures including: <ul style="list-style-type: none"> provide students and staff with information about the importance of hand hygiene (more information is available at Better Health) provide convenient access to water and liquid soap and alcohol-based hand sanitiser educate staff and students about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones. 	Apply Not suggested	Apply Apply	Apply Apply
Communications	<ul style="list-style-type: none"> Follow and distribute information and advice from DET in accordance with instructions, including information about: <ul style="list-style-type: none"> the local status personal hygiene measures containment measures, including any plans for closure if applicable to staff, parents/carers using templates developed by DET. Communicate the risk of influenza and how to identify cases of possible pandemic influenza based on current, up-to-date case definition by the Chief Health Officer, DHHS. School Nursing Program nurses (or equivalent) may assist with information dissemination as directed. 	Apply Apply Apply	Apply Apply Apply	Apply Apply Apply
Containment strategies	<ul style="list-style-type: none"> The appropriate containment strategy will vary depending upon the level of clinical severity as determined by the DHHS. Encourage staff who develop flu-like symptoms during a pandemic to: <ul style="list-style-type: none"> leave school immediately and seek medical attention stay away from school until completely well. Follow the advice of DHHS regarding containment activities and exclusion periods for infectious diseases. Help lower risk of exposure by reducing non-essential school interactions and minimising attendance at mass gatherings such as sports days and school fetes. If required, identify a designated area to keep sick students quarantined from the general school population until they can be taken home by parents/carers. If required, schools may be closed on advice of the Chief Health Officer, DHHS. In these circumstances: <ul style="list-style-type: none"> inform teachers of their obligations during school closures for students at home, provide access to educational materials including online learning. 	Apply Apply Apply Not suggested Apply N/A	Apply Apply Apply Apply Apply Seek advice	Apply Apply Apply Apply Apply

Travel advisories	<ul style="list-style-type: none"> • Encourage staff and parents/carers to access the smartraveller website prior to international travel. • Where appropriate, implement procedures to repatriate staff and students who are overseas on a school trip if there is a risk of travel restrictions and overseas border closures, or risk of pandemic in a nearby country. • For international students studying in Australia, provide advice to students and their parents/carers that in the event of an increased influenza pandemic risk, students may be sent home and, if travel restrictions apply, how the school will meet its duty-of-care obligations etc. 	Apply Not suggested Not suggested	Apply Apply Apply	Apply Apply Apply
Business continuity	<ul style="list-style-type: none"> • Implement business continuity plan to promote adequate workforce supply and capacity to continue service, by: <ul style="list-style-type: none"> ○ prioritising work functions to ensure adequate workforce availability to deliver education ○ implementing contingency strategy, which may include employing replacement staff and/or modifying programs. 	Apply	Apply	Apply
Governance and reporting obligations	<ul style="list-style-type: none"> • Report confirmed incidents of influenza. • You will be advised of any additional reporting requirements by the DHHS. 	Apply As required	Apply As required	Apply As required

RESPONSE STAGE – STAND DOWN		Clinical severity		
Description – The public health threat can be managed within normal arrangements and monitoring for change is in place				
Category	Key Actions	Low	Med	High
Containment strategies	<ul style="list-style-type: none"> Be aware that multiple waves of the virus may occur. Replenish PPE (if required). 	N/A N/A	Apply As required	Apply As required
Business continuity	<ul style="list-style-type: none"> Implement business continuity plans for resumption of full business capacity which may involve: <ul style="list-style-type: none"> restoring workforce capacity following procedures for re-opening of service (if applicable) providing supports, including counselling (if required) monitoring cumulative effects of pandemic and identifying and supporting those who may need assistance. Chief Warden to de-activate Incident Management Team (IMT) and conduct final debrief(s). Utilise template letters if they are prepared by DET to communicate status of situation to staff and parents/carers, including any available supports. Review effectiveness of EMP and update as appropriate – involving relevant staff and others (eg. school nurses) particularly as multiple waves of the virus may occur. 	N/A N/A As applicable Apply	Apply Apply Apply	Apply Apply Apply
Communications	<ul style="list-style-type: none"> Communicate the updated status of situation to staff and parents/carers including supports that may be available. 	Apply	Apply	Apply
Travel	<ul style="list-style-type: none"> Continue to encourage staff and parents/carers to access the smartraveller website prior to international travel. 	Apply	Apply	Apply

Appendix C – Pandemic Influenza Stages with Key Actions for Early Childhood Services

PREPAREDNESS STAGE		The scale and nature of preparedness activities is the same for all possible levels of clinical severity
Description - No novel strain detected (or emerging strain under initial detection)		
Category	Key Actions	
Review Emergency Management Plan	<ul style="list-style-type: none"> ● Review your Emergency Management Plan (EMP), including: <ul style="list-style-type: none"> ○ pandemic planning arrangements ○ up-to-date contact lists of staff, children, families, local services – DHHS and Local Government Emergency Management Coordinators ○ communication tree (key staff). 	<p>Preparedness should be incorporated into business as usual activities.</p> <p>This includes incorporating a comprehensive risk management strategy that takes an 'all hazards' approach and includes influenza pandemic as a specific hazard that needs to be considered.</p>
Influenza prevention	<ul style="list-style-type: none"> ● Promote basic hygiene measures including: <ul style="list-style-type: none"> ○ provide children and staff with information about the importance of hand hygiene (more information is available at Better Health) ○ provide convenient access to water and liquid soap and alcohol-based hand sanitiser ○ educate staff and children about covering their cough with a tissue or their inner elbow to prevent the spread of germs ○ careful disposal of used tissues. ● Appropriate home based exclusion from early childhood service for children, educators and staff with flu-like illness. ● Encourage staff to seek immunisation for seasonal influenza. 	<p>Regularly review, exercise and update plans.</p> <p>Communicate pandemic plans with staff.</p>
Communications	<ul style="list-style-type: none"> ● Maintain personal hygiene messages with educators, staff and children. ● Convey seasonal influenza messages as directed by DET. 	
Travel advisories	<ul style="list-style-type: none"> ● Encourage educators, staff and parents/carers to access the smartraveller website prior to international travel. 	
Business continuity	<ul style="list-style-type: none"> ● Ensure currency of business continuity plan which: <ul style="list-style-type: none"> ○ identifies minimum requirements and key staff for continued operations (including planning for the absence of the director) ○ considers workforce strategies to enable continued operations, if pandemic affects a portion of the early childhood workforce. 	

RESPONSE STAGE – STANDBY		Clinical severity		
Description – Sustained community person-to-person transmission detected overseas				
Category	Key Actions	Low	Med	High
Review Emergency Management Plan	<ul style="list-style-type: none"> In April, (or at the time of the overseas detection, if earlier): <ul style="list-style-type: none"> ensure EMP (including emergency numbers and key contacts) are up to date and pandemic planning arrangements are included ensure contact lists of staff, children, families, local services – DHHS and local government Municipal Emergency Response Coordinators are up-to-date ensure communication tree (key staff) is circulated to nominated service Incident Management Team (IMT) members. 	Apply	Apply	Apply
Incident response	<ul style="list-style-type: none"> In April, (or at the time of the overseas detection if earlier), prepare to enact pandemic response section of your EMP with stakeholders and prepare to activate IMT. 	Apply	Apply	Apply
Hygiene measures	<ul style="list-style-type: none"> Reinforce basic hygiene measures including: <ul style="list-style-type: none"> provide children and staff with information about the importance of hand hygiene (more information is available at Better Health) provide convenient access to water and liquid soap and alcohol-based hand sanitiser educate staff and children about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones etc. 	Apply	Apply	Apply
Communications	<ul style="list-style-type: none"> In May, (or at the time of the overseas detection, if earlier), ensure hygiene information/posters are communicated/ displayed. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> In late May, (or at the time of the overseas detection, if earlier), consider providing information sessions for staff and parents/carers to communicate: <ul style="list-style-type: none"> the status of the situation the risk of influenza and how to identify pandemic influenza symptoms and cases of possible influenza based on the current, up-to-date case definition by the Chief Health Officer, DHHS best practice hygiene measures considerations and measures for vulnerable children. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Access and follow Chief Health Officer, DHHS/Principal Medical Advisor advice provided by DET and distribute consistent messaging to staff, children and parents/carers. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Encourage staff and parents/carers to obtain seasonal flu vaccination as appropriate (especially those people/families at a greater risk of infection). 	As required	Apply	Apply
	<ul style="list-style-type: none"> School Nursing Program nurses may assist with information dissemination (provided by the DHHS) as directed by Area School Nurse Managers (based at regional offices). Utilise the sample letters developed by DET to inform parents/ carers of current situation. 	Apply as required	Apply	Apply
<ul style="list-style-type: none"> Utilise the sample letters developed by DET to inform parents/ carers of current situation. 	Apply as required	Apply as required	Apply as required	
Travel advisories	<ul style="list-style-type: none"> Encourage staff and parents/carers to access the smartraveller website prior to international travel. 	Apply	Apply	Apply

Business continuity	<ul style="list-style-type: none"> ● Ensure currency of business continuity plan which: <ul style="list-style-type: none"> ○ identifies minimum requirements and key staff for continued operations (including planning for the absence of the director) ○ considers workforce strategies to enable continued operations, if pandemic affects a portion of the early childhood workforce. 	Apply	Apply	Apply
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RESPONSE STAGE – INITIAL ACTION		Clinical Severity		
Description – Cases detected in Australia – information about the disease is scarce				
Category	Key Actions	Low	Med	High
Incident response	<ul style="list-style-type: none"> Enact your EMP where necessary. Activate Incident Management Team (IMT) to implement the service's response as appropriate to advice from DET. 	Apply Apply	Apply Apply	Apply Apply
Hygiene measures	<ul style="list-style-type: none"> Reinforce basic hygiene measures including: <ul style="list-style-type: none"> provide children and staff with information about the importance of hand hygiene (more information is available at Better Health) provide convenient access to water and liquid soap and alcohol-based hand sanitiser educate staff and children about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones etc. 	Apply	Apply	Apply
		Apply	Apply	Apply
Communications	<ul style="list-style-type: none"> Follow and distribute information and advice from DET in accordance with instructions, including information about: <ul style="list-style-type: none"> the status/situation personal hygiene measures containment measures including any plans for closure if applicable to staff parents/carers using templates developed by DET. Communicate the risk of influenza and how to identify cases of possible pandemic influenza based on current, up-to-date case definition by the Chief Health Officer, DHHS. School Nursing Program nurses may assist with information dissemination as directed by Area School Nurse Managers (based at regional offices). 	Apply	Apply	Apply
		Apply	Apply	Apply
		Apply as necessary	Apply	Apply
Containment strategies	<ul style="list-style-type: none"> The appropriate containment strategy will vary depending upon the level of clinical severity as determined by the DHHS. Management of service workforce <ul style="list-style-type: none"> encourage staff who develop flu-like symptoms during a pandemic to stay away from work until completely well ensure staff who develop influenza-like illness to leave immediately and seek medical attention. Follow the advice of the DHHS and DET regarding service closures and exclusion periods for infectious diseases. Identify a designated area to keep sick children quarantined from others until they can be taken home by parents/carers. Following any service closures, notify the relevant QARD regional office, as outlined in the governance and reporting sections below. Inform carers of their obligations during closures. School Nursing Program nurses may be asked to assist the DHHS with the distribution of antiviral medication at the direction of the Area School Nurse Manager (based in regions). 	Not suggested	Apply	Apply
		Apply	Apply	Apply
		Apply	Apply	Apply
		Apply	Apply	Apply
		Apply	Apply	Apply
		Apply	Apply	Apply
		Apply	Apply	Apply
Travel advisories	<ul style="list-style-type: none"> Encourage staff and parents/carers to access the smartraveller website prior to international travel. 	Apply	Apply	Apply
Governance and reporting obligations	<ul style="list-style-type: none"> Notify the relevant QARD regional office about any service closures or any serious incidents and circumstances that pose risk to the health, safety or wellbeing of a child attending the service. 	Apply	Apply	Apply

Business continuity	<ul style="list-style-type: none"> ○ services operating under the NQF, refer to the fact sheet regarding serious incidents and complaints ○ services operating under the <i>Children’s Services Act 1996</i> refer to practice note regarding serious incidents. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> ● You will be advised of any additional reporting requirements by DET and/or the DHHS. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> ● Implement business continuity plan to promote adequate workforce supply and capacity to continue service, by: <ul style="list-style-type: none"> ○ prioritising work functions to ensure adequate workforce availability to deliver early childhood service ○ implementing contingency strategy, which may include employing replacement staff and/or modifying programs 	Apply	Apply	Apply
	<ul style="list-style-type: none"> ● In the event that service closure cannot be avoided: <ul style="list-style-type: none"> ○ contact the Quality Assessment and Regulations Manager regarding service closure policy. ○ following any closures, notify the relevant QARD regional office as outlined in the governance and reporting sections above. ● Inform staff of their obligations during service closures. 	Apply	Apply	Apply

RESPONSE STAGE – TARGETTED ACTION		Clinical Severity		
Description – Cases detected in Australia - enough is known about the disease to tailor measures to specific needs				
Category	Key Actions	Low	Med	High
Incident response	<ul style="list-style-type: none"> Enact your EMP. Activate Incident Management Team (IMT) to implement the service's response as appropriate to advice from DET. School Nursing Program nurses may be asked to assist the DHHS with the distribution of antiviral medication at the direction of the Area School Nurse Manager (based in regions). 	Apply	Apply	Apply
Hygiene measures	<ul style="list-style-type: none"> Apply 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Reinforce basic hygiene measures including: <ul style="list-style-type: none"> provide children and staff with information about the importance of hand hygiene (more information is available at Better Health) provide convenient access to water and liquid soap and alcohol-based hand sanitiser educate staff and children about covering their cough to prevent the spread of germs careful disposal of used tissues. Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones etc. 	Apply	Apply	Apply
Communications	<ul style="list-style-type: none"> Follow and distribute information and advice from DET in accordance with instructions, including information about: <ul style="list-style-type: none"> the status/situation personal hygiene measures containment measures including any plans for closure if applicable to staff parents/carers using templates developed by DET. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Communicate the risk of influenza and how to identify cases of possible pandemic influenza based on current, up-to-date case definition by the Chief Health Officer, DHHS. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> School Nursing Program nurses may assist with information dissemination as directed by Area School Nurse Managers (based at regional offices). 	Apply	Apply	Apply
Containment strategies	<ul style="list-style-type: none"> The appropriate containment strategy will vary depending upon the level of clinical severity as determined by the DHHS. In particular, the need to restrict public access to the premises, and the need for social distancing measures (e.g. cancelling kindergarten fetes or like events) will be communicated to services by DET, if the clinical severity requires this 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Management of service workforce by: <ul style="list-style-type: none"> encouraging staff who develop flu-like symptoms during a pandemic to stay away from work until completely well ensuring staff who develop influenza-like illness to leave immediately and seek medical attention. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Follow the advice of the DHHS and DET regarding service closures and exclusion periods for infectious diseases. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Identify a designated area to keep sick children quarantined from others until they can be taken home by parents/carers. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Following any service closures, notify the relevant QARD regional office, as outlined in the governance and reporting sections below. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> School Nursing Program nurses may be asked to assist the DHHS with the distribution of antiviral medication at the direction of the Area School Nurse Manager (based in regions). 	As required	As required	As required

Travel advisories	<ul style="list-style-type: none"> Encourage staff and parents/carers to access the smartraveller website prior to international travel. 	Apply	Apply	Apply
Governance and reporting obligations	<ul style="list-style-type: none"> Notify the relevant QARD regional office about any service closures or any serious incidents and circumstances that pose risk to the health, safety or wellbeing of a child attending the service. <ul style="list-style-type: none"> services operating under the NQF, refer to the fact sheet regarding serious incidents and complaints services operating under the Children's Services Act 1996 refer to practice note regarding serious incidents. You will be advised of any additional reporting requirements by DET and/or the DHHS. 	Apply	Apply	Apply
Business continuity	<ul style="list-style-type: none"> Implement business continuity plan to promote adequate workforce supply and capacity to continue service, by: <ul style="list-style-type: none"> prioritising work functions to ensure adequate workforce availability to deliver early childhood service implementing contingency strategy, which may include employing replacement staff and/or modifying programs In the event that service closure cannot be avoided: <ul style="list-style-type: none"> contact the Quality Assessment and Regulations Manager, DET regarding service closure policy. notify the relevant QARD regional office about any closures as outlined in the governance and reporting sections above. Inform staff of their early childhood development obligations during service closures. 	Apply	Apply	Apply
		Apply	Apply	Apply
		Apply	Apply	Apply

RESPONSE STAGE – STAND DOWN		Clinical Severity		
Description – The public health threat can be managed within normal arrangements and monitoring for change is in place				
Category	Key Actions	Low	Med	High
Containment strategies	<ul style="list-style-type: none"> Be aware that multiple waves of the virus may occur. Replenish PPE (if required). 	Apply N/A	Apply As required	Apply As required
Business continuity	<ul style="list-style-type: none"> Implement business continuity plans for resumption of full business capacity which may involve: <ul style="list-style-type: none"> restoring workforce capacity following procedures for re-opening of service (if applicable) providing supports, including counselling (if required) monitoring cumulative effects of pandemic and identifying and supporting those who may need assistance. 	N/A	Apply	Apply
	<ul style="list-style-type: none"> Chief Warden to de-activate Incident Management Team and conduct final debrief(s). 	N/A	Apply	Apply
	<ul style="list-style-type: none"> Utilise the sample letters developed by DET to communicate status of situation to staff and parents/carers, including supports that may be available. 	Apply	Apply	Apply
	<ul style="list-style-type: none"> Review effectiveness of your EMP and update as appropriate – involving relevant staff and others, particularly as multiple waves of the virus may occur. 	Apply	Apply	Apply
Communications	<ul style="list-style-type: none"> Communicate the updated status to staff and parents/carers including supports that may be available 	Apply	Apply	Apply
Travel	<ul style="list-style-type: none"> Continue to encourage staff and parents/carers to access the smartraveller website prior to international travel. 	Apply	Apply	Apply

Appendix D – Communication Strategy

Communication Coordination

As Victoria’s control agency, DHHS is the lead agency for control of the response activities for pandemic influenza. DHHS will provide overall direction and ensure that adequate planning and logistics are in place to support the response to pandemic influenza.

The DHHS will coordinate recovery at state and regional levels in Victoria.

If the pandemic reaches the Response stage, a national information campaign may be activated by the Commonwealth Department of Health to alert the public that the likelihood of pandemic influenza has increased.

In the case of a pandemic influenza, DET will work closely with these key agencies and internal stakeholders (including DET’s Principal Medical Advisor and DHHS’s Chief Health Officer) to plan and coordinate a consistent communications response regarding pandemic influenza issues.

Target Audiences

This communications strategy primarily focuses on the information needs of DET central office, regions, schools and early childhood services. This strategy also includes communications to the CECV and ISV.

This strategy may be used by the Higher Education and Skills Group to provide appropriate information to higher education and skills providers (and industry associations, if appropriate) who are responsible for developing and implementing their own pandemic response plans as independent legal entities.

Primary Audience
<ul style="list-style-type: none">• DET staff – centrally and regionally based• School-based staff• Maternal Child Health nurses• Parents of school-aged children• Parents of children attending registered early childhood facilities• School-aged children
Secondary Audience
<ul style="list-style-type: none">• HESG, CECV and ISV• Staff and students at universities and vocational educational and training providers• Local Government Authorities
DET has direct relationships with the following audiences
<ul style="list-style-type: none">• DET staff – centrally and regionally based• Government school staff• Maternal Child Health nurses• Parents of children attending government schools

DET has indirect relationships with the following audiences:

- Staff at non-government schools
- Parents of children attending non-government schools
- Registered early childhood services staff
- Parents of children attending registered early childhood facilities
- Staff and students at universities and vocational educational and training providers
- Local Government Authorities

Communications Approach

Information will be provided directly to DET staff, principals of government schools and ECD directors for forwarding to parents – should note that this is mandated – and that each of these entities are required to have an emergency management plan.

Information is shared with CECV, ISV, universities and vocational educational training providers each of which are responsible for developing and implementing their own pandemic response plans as independent legal entities.



Communications Response according to Stage

Preparedness Stage	Description - No novel strain detected (or emerging strain under initial detection)
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Key Communications Objectives

Communications activities during the Preparedness stage aim to build a base level of awareness and understanding across the target audiences regarding the threat of pandemic influenza with the aim to instill confidence and reduce incidence of panic.

Key Messages will explain:

- The definition, nature and implications of pandemic influenza
- The current disease situation (where appropriate)
- Basic hygiene measures that will help restrict the spread of any influenza virus
- Why it is important that eligible people get vaccinated
- Where to get further information.

Communications Tactics

DET website and internal eduGate site

The DET external website and internal eduGate site will inform central office, regions, schools, early childhood services and higher education and skills providers (and industry associations as appropriate) about health measures, warnings and the current situation. It will include information and/or links to:

- NURSE-ON-CALL 1300 606 024 (24 hours, 7 days a week)
- Maternal and Child Health Line 132 229 (24 hours)
- Doctor, local community health centre or emergency department of nearest hospital
- Victorian Government health Information
<https://www2.health.vic.gov.au/emergencies/emergency-type/infectious-diseases/pandemic-influenza>
- Commonwealth DH <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf>
- World Health Organisation <http://www.who.int/influenza/en/>

DET mails/bulletins

DET mails/circulars will be sent out at the beginning of 'flu season' i.e. April/May reminding staff of good hygiene practice.

Posters

Posters will be made available for corporate (central and regional staff) and all schools and early childhood services. They will be able to be downloaded from the internal eduGate site and included in any DET mails/bulletins and made available to the CECV and ISV.

The Higher Education and Skills Group may make these posters available as appropriate to higher education and skills providers (and industry associations as appropriate).

Social Media

DET Central Office will prepare information for schools and early childhood services for dissemination via a variety of online systems including twitter, Facebook and websites
 Commonwealth Department of Health free call information line (1800 004 599)
 The Commonwealth Department of Health information line will be available to all individuals who wish to seek further information.

National Information campaign (first stage)

During this stage, a national information campaign may be activated by the Commonwealth Department of Health to alert the public that the likelihood of an influenza pandemic has increased. DET will communicate consistent national messages and may assist to distribute any additional resources made available.

Response Stage – Initial Action and Targeted Action	Description – Cases detected in Australia – information about the disease is scarce; Cases detected in Australia - enough is known about the disease to tailor measures to specific needs
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Key Communications Objectives

Communications activities during this stage will inform and reinforce the need for the appropriate actions to minimise disease transmission and support the maintenance of essential community services that may include schools and early childhood services.

Key Messages will explain:

- Any school and/or early childhood services facility closures
- Facts about the pandemic virus, symptoms and modes of infection
- Personal protection, prevention and treatment options
- The importance of practicing prevention and containment strategies to slow the spread of the disease
- What you need to do if you think you have influenza
- What the government is doing
- What services and support is available
- Availability and access to anti-viral medication
- Where to get further information
- Specific Messages for School and Early Childhood Services Staff
- As above plus specific information about:
 - the procedures for identifying and managing students/children with pandemic influenza
 - what the government is doing to contain infection

DET website and internal eduGate site

The DET external website and internal eduGate site will be updated to inform central office, regions, schools, early childhood organisations and higher education and skills providers (and

industry associations as appropriate) about the current situation.

It will include information/links to:

- NURSE-ON-CALL 1300 606 024 (24 hours, 7 days a week)
- Maternal and Child Health Line 132 229 (24 hours)
- Doctor, local community health centre or emergency department of nearest hospital
- Victorian Government health Information
<http://www.health.vic.gov.au/pandemicinfluenza/index.htm>
- Commonwealth Department of Health
<http://www.flupandemic.gov.au/internet/panflu/publishing.nsf>
- World Health Organisation <http://www.who.int/en/>

DET mails/circulars

DET mails/circulars will be sent out providing information about the current situation.

Commonwealth Department of Health and Ageing free call information line (1800 004 599)
Department of Health and Ageing information line will be available to all individuals who wish to seek further information.

National Information Campaign (second stage)

Once human-to-human transmission is established, a second national information campaign may be implemented to provide information about the situation and to encourage appropriate disease containment practices.

Response Stage – Stand down	Description – Virus no longer presents a major public health threat
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Key Communications Objectives

Communications activities during the Stand-down stage will support restoration of public confidence and a return to more normal living and working arrangements.

Key Messages will explain:

- The containment of the pandemic
- What support services are available for people who were affected by the disease?
- What the government is doing to minimise any future disease outbreaks
- Where to get further information.

Communications Tactics

DET website and internal eduGate site

The DET external website and internal eduGate site will be updated.

DET mails/circulars

DET mails/circulars will be sent out providing information.

DHHS Free call information line (1300 650 172)

The information line will continue to be available.

Appendix E – School Nursing Program Tasks

On notification of an influenza pandemic, the DET Commander will appoint the Executive Director, Wellbeing, Health and Engagement, as the key liaison with regional school nursing staff.

Lines of accountability will not be altered by an influenza pandemic or other statewide health emergency. However, for the purposes of ensuring streamlined communication:

- The Regional Incident Management Team will be lead and chaired by the Regional DET Commander.
- Regional DET Commander role will be performed by either a regional Executive Director or the Regional Director.
- Education Area Executive Directors will participate in the Regional Emergency Management Team (REMT) as required.
- The Regional DET Commanders will participate in the central office Incident Management Team (IMT).
- Executive Director Wellbeing Health and Engagement will participate in the Central IMT.
- The Executive Director, Wellbeing Health and Engagement will have a coordinating role in relation to reports on the progress of tasks assigned to the School Nursing Program at the Central IMT.

The Executive Director, Wellbeing, Health and Engagement with support from the Central Office IMT will undertake the following tasks and coordinate reporting about the status of these tasks:

- Contact the Regional Director in the affected region/s to determine the number of schools and early childhood services requiring public health support.
- Implement nurse deployment once resourcing requirements are clear and confirmed, and organise for nursing staff to be contacted about deployment arrangements.
- Contact Regional Director/s and Area Executive Directors from the regions where school nurses will be drawn from, to inform them of the planned deployment requirements.
- Liaise with the central office Incident Management Team and senior medical staff from the DET and DHHS to confirm the status of the pandemic and the potential impact on the region/s.
- Once staff are deployed contact the region to ensure that all staff members have been briefed and deployed appropriately, and manage reporting in relation to the implementation of relevant measures.
- Nursing staff who confirm availability for deployment (see below) will be placed on a duty roster, developed to adequately address the resourcing requirements of the affected region/s, and should cover a minimum of two to four working days at a time.
- Once the roster is complete and staff to be deployed are confirmed, following advice from DET's Principal Medical Advisor and in consultation with affected region/s, set a date, time and place for the delivery of a pre-deployment brief.

- Prior to deployment, arrange for a briefing to be conducted by the Area School Nursing Managers in the affected region. The content for the briefing will need to be approved by the Regional Director.
- The pre-deployment briefing will contain information relating to:
 - where staff are to be deployed - schools and licensed early childhood services
 - the activities that school nurse staff will be undertaking
 - who to report to on site
 - human resources details such as length of shift(s), remuneration, accommodation, transport and on-site support arrangements
 - what to take and what to expect – see deployment checklist at Attachment G
 - the contact details of the Executive Director, Wellbeing Health and Engagement and the DET Principal Medical Advisor and appropriate regional staff.

Deployment requirements

School nurses who nominate for deployment will be drawn from a DET Nurse Deployment Database. These staff members hold a current registration with the Nurses Board of Victoria. All nurses employed within the DET School Nursing Program are registered Division 1 nurses.

Knowledge and skills required for pandemic management and public health support will be updated with advice from the Chief Health Officer, DHHS, relating to the required role of school nurses in a pandemic.

This will be coordinated in conjunction with DET's Principal Medical Advisor. These include:

- Detail of the pandemic, symptoms and impact of spread of the virus
- An understanding of public health and infection control.
- An understanding of the service system, and referral capacity
- Administration of medication if appropriate
- Provision of prepared health information.

Appendix F - Nursing Role Statements

Executive Director, Wellbeing, Health and Engagement Division

On Activation of the Central IMT this position reports to the DET Commander, in conjunction with the Principal Medical Advisor.

The Executive Director, Wellbeing, Health and Engagement will be required to undertake activities that could include:

- Coordinate the deployment of school nurses to affected schools and early childhood services
- Liaise with the Regional DET Commander in the preparation of the daily situation report
- Establish and oversee a nurse deployment database and roster in accordance with current workplace agreements to provide adequate workforce coverage
- Provide input to, and feedback from emergency management meetings
- Ensure that appropriate regional and local briefing and debriefing processes are in place
- Ensure the distribution of updated medical advice to relevant health staff.

Area Nursing Unit Managers

On Activation of the Central IMT this position reports to the Executive Director, Wellbeing, Health and Engagement. It will liaise with the Manager, Operations and Emergency Management in the region and/or the regional IMT.

Nursing Unit Managers are based in each of Area of the regions and will:

- Be the contact point for the Nursing Services Unit manager in relation to school nurse deployment in a region
- Allocate school nurses to an area and provide them with an initial briefing
- Liaise with principals and student wellbeing teams in schools as required
- Manage school nurse human resource requirements, for example: travel reimbursement, leave applications
- Ensure that briefing and debriefing mechanisms are accessible to school nurses as required
- Monitor workloads to ensure school nurses' health and wellbeing
- Provide day-to-day support/supervision to the school nurses as required
- Liaise with Regional Incident Management Team to ensure coordination and consistency
- Provide feedback to regional emergency management coordinators and ensure Incident Management Team members are updated as required
- Arrange debriefing of all the school nurses who are deployed in their region with specialist debriefing services if required.

School Nurse

Reports to: Area School Nurse Manager

The school nurse will work in schools and early childhood services facilities affected by the pandemic and will provide health services that include, but are not limited to:

- The administration of prescribed oral medication
- Appropriate referral for students and staff
- Providing public health advice and information to school and early childhood services staff, parents and students concerning all aspects of a pandemic

- Supporting school and early childhood services communities to address pandemic health and social issues with community based health services
- Providing the Area School Nurse Manager with regular updates on resourcing, emerging issues, completed activities and other information relevant to the deployment environment
- Self-monitoring workload to maintain health and wellbeing
- Liaising with principals and student wellbeing teams in schools as required throughout the duration of the deployment and the recovery process.

Appendix G - School Nurse Deployment Checklist

In the event of an influenza pandemic that affects a region/s, school nurses on the Nurse Deployment Database may be deployed to provide health support. If a school nurse is deployed the following checklist is provided to support this role:

- Take personal requisites with you
- Familiarise yourself with surroundings and resources
- Take and wear appropriate clothing
- Carry and display the correct identification
- Attend briefing prior to commencing shift and debriefing at completion of shift. Briefing may be carried out by your manager or be part of the daily all-staff briefing. Debriefing should be conducted immediately off-shift and separate from the work area
- Provide information updates to the Area School Nurse Manager as required throughout the shift and at the end of a shift
- Ensure you have access to required requisites to undertake your emergency management role
- Agree on adequate workspace and access to medication storage - Area School Nurse Manager to negotiate as required
- Take regular breaks - specified in accordance with existing workforce agreements, preferably to be taken out of sight wherever possible
- Eat and drink properly
- Get plenty of rest
- Seek emotional support if or when required
- Access adequate transport arrangements - e.g. the use of cab charges/parking reimbursement/access cards etc.
- Make regular contact with your family.