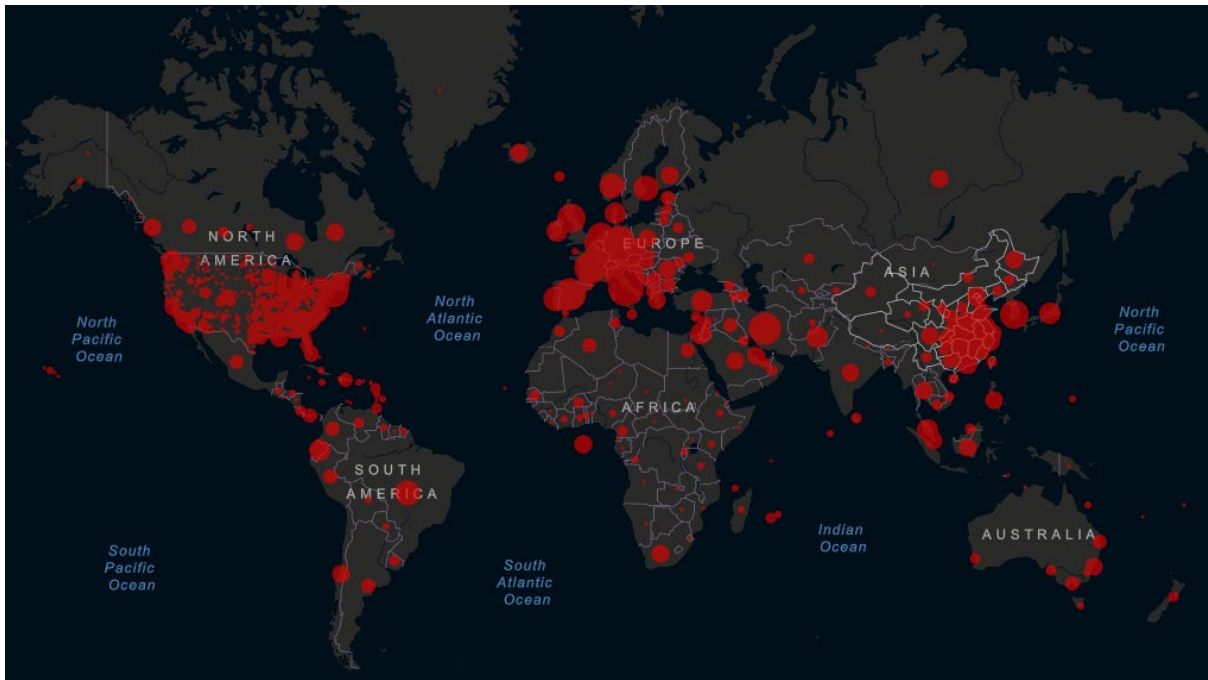


Richmond LDMG Sub Plan - Pandemic



Contents

Authority to Plan	4
Approval.....	4
Amendments and Review	5
Document Control	5
Amendment control and Version Register.....	5
Amendment Register	5
Distribution	5
1. Governance	6
1.1. Overview	6
1.2 Purpose.....	6
1.3 Scope.....	6
1.4 Background	6
1.5 Objectives	7
1.6 Assumptions.....	7
1.7 Plan development and review.....	7
1.8 Plan implementation	7
2. Operations	8
2.1. Context.....	8
2.2. Pandemic Working Group	8
2.3. Level of Activation and Triggers.	9
2.4. Concept of Operations.....	9
2.5. Consideration for Support.....	11
2.6 Demographics	11
3. Prevention.....	11
Queensland Health encourages all persons residing or working in Richmond to have the annual influenza vaccination to minimise the risk of a Pandemic.	11
There are many ways we can all help stop the spread of viruses:.....	12
3.1 Affected Individuals	12
Monitoring of Queensland Health patients in arranged accommodation	12
4. Mass Gatherings	13
5. Community Information and Messaging.....	14
6. Volunteers.....	14
7. Recovery.....	14

Authority to Plan

This Sub Plan Pandemic– COVID-19 has been prepared by the Richmond Local Disaster Management Group (LDMG) under the provisions of Section 57 of the Disaster Management Act 2003.

Approval

The preparation of this Pandemic Sub Plan – COVID-19 has been undertaken in accordance with the Disaster Management Act 2003 to reduce the risk of an outbreak or spread of a pandemic in the Richmond Council local government area.

The Plan is endorsed for distribution by the Richmond Local Disaster Management Group.



Cr. Wharton
Chair
Richmond Local Disaster Management Group

Date: 16 March 2022

Amendments and Review

This sub plan will be reviewed as required by Section 59, Disaster Management Action 2003, with relevant amendments made and distributed.

During a Pandemic event, additional amendments may be required on the basis of emerging issues.

Approved amendments to the sub plan will be circulated as per the distribution and contacts lists, which is maintained by the Richmond Shire Council on behalf of the LDMG.

Document Control

Amendment control and Version Register

The controller of the document is the Richmond Local Disaster Coordinator (LDC). Any proposed amendments to this sub plan should be forwarded in writing to:

Richmond Local Disaster Coordinator
Richmond Shire Council
PO Box 18
RICHMOND Q 4822

The LDC may approve minor amendments to this document. Any changes to the intent of the document must be approved and endorsed by the Local Disaster Management Group.

Amendment Register

Amendment		Manual Updated	
Version	Issue Date	Author	Reason for Change
1.0	March 2020	Andy Pethybridge	Initial draft document
2.0	March 2022	Angela Henry / Judy Brown	Update of LDMP plan with LDMG members

Distribution

This manual is not publicly available and is not for distribution and/or release to persons or agencies other than those identified in the Richmond Local Disaster Management Plan.

1. Governance

1.1. Overview

This Sub Plan Pandemic – COVID-19 is to be read in conjunction with the Richmond LDMP, [Australian Health Management Plan for Pandemic Influenza 2014 \(AHMPPI\)](#) , [Queensland Health Pandemic Influenza Plan, May 2018](#) and the [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#).

The AHMPPI is a comprehensive and detailed document that describes the high-level decisions and the broad approach the Australian health sector will take to respond to the pandemic. The Queensland Health Pandemic Influenza Plan details the actions State Government will conduct and the roles of the Queensland disaster management system.

This sub plan does not reiterate the information contained in those two plans or other relevant plans such as the [Queensland State Disaster Management Plan](#) and the [Queensland Health Disaster and Emergency Incident Plan](#).

1.2 Purpose

The Richmond LDMG Pandemic Sub Plan – COVID-19 provides a framework predominately for pandemic planning and response.

1.3 Scope

Queensland Health is the primary agency for a hazard such as pandemic as defined in the [Queensland State Disaster Management Plan](#). Queensland Health are the lead agency for response functions of public health, mental health and medical services, mass casualty management, mass fatality management including victim identification (with QPS) and emergency medical retrieval.

The sub plan outlines the Richmond Local Disaster Management Group role in providing support to the lead agency, whilst responding with an optimise management strategy for the community.

1.4 Background

An epidemic is a problem that has grown out of control, such as an outbreak of a virus or disease that occurs over a wide geographic area and affects a high proportion of the population. A pandemic is a virus or disease epidemic that has spread across a geographic area such an entire country or the world. A severe pandemic can disrupt a society and its economy. This can overwhelm a Local, District, State or National health system and harm business continuity on a large scale.

As a new virus or disease develops, it can spread rapidly with limited immunity from vaccinations, as they may not yet be developed.

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recent discovery of coronavirus is COVID-19.

COVID-19 was declared as a Pandemic by the World Health Organization (WHO) on the 11 March 2020. This outbreak began in Wuhan, China in December 2019. Regular updates are available on the [World Health Organisation](#) and [John Hopkins University & Medicine](#) respective websites.

1.5 Objectives

The objectives of this sub plan are to:

- Provide situational awareness in support of LDMG, associated agency Business Continuity Plans (BCP) and response activities.
- Analyse data from authorised agencies to form intelligent well-informed decisions for the community.
- Prioritisation of response and relief for the community.
- Coordinate agencies to deliver efficient and effective services.
- Provide clear, concise and timely relevant information to the Community, Local Disaster Management Group and associated stakeholders.
- Maintain critical/essential services.

1.6 Assumptions

This sub plan is based on assumptions that:

- There will be some warning of a pandemic.
- The initial outbreak will most likely be external to our LGA.
- The Australian Government will announce the escalation of health alert levels.
- The community consequences will be managed in accordance with the Queensland Disaster Management Arrangements.
- The Queensland Government will provide guidance to coordinate activities across jurisdictional boundaries, including:
 - Border control.
 - Containment operations.
 - Delay of pandemic.

1.7 Plan development and review

This sub plan was developed by the LDMG, associated stakeholders and authoritative consultants. This is a live plan that can be amended during event, provision of new information or circumstances. This plan will require a review at least annually.

1.8 Plan implementation

This document is a sub plan of the Richmond Local Disaster Management Plan (LDMP) and is to be used in conjunction.

2. Operations

2.1. Context

It is anticipated that people may choose to be absent from the workplace due to fear of the risk of infection. It is likely many will be unable to participate in work activities because they are caring for children, family and friends.

The measures that governments may take to reduce the impacts of a pandemic include border control, recommending travel restrictions, people adhere to hygiene messaging, avoidance of crowded places, closing schools and child care centres, isolating infected persons and quarantining those without symptoms who have had close contact with infected persons. This is likely to cause significant social disruption.

The Richmond community are likely to need to develop innovative methods to support each other while avoiding historical activities that encourage people socialising in close proximity.

Community resilience is an important aspect in the event of a pandemic occurring and the LDMG is keen to support this resilience whilst ensuring an appropriate level of functioning continues of essential services to the local government area. In accordance with Richmond's Local Disaster Management Plan, the Richmond LDMG has established a Pandemic Working Group to prevent, prepare for, respond to and recover from the impacts of Pandemic event in the community.

Richmond LDMG is well supported by government agencies, organisations, service, sporting clubs and special interest groups. Richmond Council shares a strong link with the neighbouring local government authorities of Flinders, McKinlay and Winton. Communities conduct most of their business (shopping, medical activities, restaurants etc.) in Richmond with regular attendance at sporting events and activities. This requires regular travel within the LGA.

2.2. Pandemic Working Group

The Pandemic Working Group may be established to develop and implement local solutions in relation to the community consequences of the event. Queensland Health remain the primary Agency and is a lead member of the Working Group.

Membership may consist of

- Chair LDMG (Mayor, Richmond Shire Council)
- LDC (CEO, Richmond Shire Council)
- Director of Nursing, Queensland Health Service
- Officer-in-Charge, Richmond Police Station
- Emergency Management Coordinator, QFES
- State Emergency Services (SES Coordinator)
- Other people may be invited to provide specialist advice or as consultants as required.

2.3. Level of Activation and Triggers.

Level of Activation	Triggers
Alert	<ul style="list-style-type: none"> • Suspected case in LGA (unconfirmed). • Confirmed case in neighbouring LGA. • Hospital directed that Health Emergency Operations Centre (HEOC) at Lean Forward or Stand Up.
Lean Forward	<ul style="list-style-type: none"> • Confirmed case in LGA, that is likely to require a coordinated response. • Need for public awareness. • Within Hospital capacity, but likely future planning required.
Stand Up	<ul style="list-style-type: none"> • Multiple confirmed cases in LGA, hazard imminent. • Community will be or has been impacted. • Multiple requests for assistance. • Significant community disruption and multiple agency involvement.
Stand Down	<ul style="list-style-type: none"> • No confirmed or suspected cases in LGA. • HEOC moved to Stand Down. • No requirement for a coordinated response. • Recovery operations commence if required.

2.4. Concept of Operations

It is the role of the relevant Hospital and Health Service (HHS) to manage a local response. Richmond MPHS has considered the triggers for escalation locally and has developed a level approach to manage. The LDMG operational levels of activation will synchronise with the Richmond MPHS approach which is outlined below:

Richmond MPHS will provide PCR testing with patients to be managed at home in a virtual ward monitored by the Public Health Unit. Patients who are not able to be cared for in the home will be transferred to the Covid Ward in Townsville.

Phase 1 – Preparation and response to pandemic such as COVID-19 medical emergency

This phase is where there are only a limited number of confirmed cases of COVID-19. Queensland Health is able to respond at the local level within their capability and capacity limits.

LDMG focus and actions:

- Provision of support to Tier 1 medical response
- LDMG agency monitoring of the COVID-19 situation
- LDMG individual agency Business Continuity Planning

- LDMG preparation and planning
- Provision of critical/essential support to Queensland Health (specialist personnel, support to assessment clinics)
- Sharing of key public information messages
- Consideration of multi-hazard interactions that may reduce critical services over multiple events or essential work tasks.

Phase 2 – Initial Pandemic Response

This phase is a rapid increase in the number of confirmed cases of COVID-19 occurring. In addition to those in hospital care, there are also a large number of individuals that are self-isolating. Whilst essential services are currently being maintained organisations are experiencing significant absenteeism both through direct virus, disease impacts or fear. Queensland Health is providing a medical response but is at the limits of their capability and capacity and requires significant support to implement the required response activities.

LDMG likely focus and actions:

- Provision of situational awareness from the LDMG
- LDMG individual agency implementation of business continuity plans
- Provision of high level of support to Queensland Health in support of Level 2 medical response including:
 - lock down (geographic spike in cases).
 - Support to assessment clinics, staging areas and vaccination centres
 - Provision of specialist personnel in direct support of Queensland Health.
 - Provision of emergency supply.
 - Implementation of infection control measures in consultation with Queensland Health (cessation of mass gathering events).

Note: Red Cross and the Department of Communities, Disability Services and Seniors may undertake an outreach style of contact with members of the community that are required to quarantine following entry into Australia from a country of high risk. Capacity for this work may be reached if the number of quarantined cases increases as many Red Cross volunteers are in an age group identified as being at greater risk (60+). Options are currently being explored to identify potential younger volunteers to ensure this program has surge capacity and can continue.

Phase 3 – High End Pandemic Response

This phase is a situation similar to what has been experienced in Wuhan China. Large scale infection and isolation would occur across the region corresponding with a large number of fatalities. Non-essential services would cease during this phase and the maintenance of essential services would only occur through deliberate management. The health system is highly likely to be overloaded and there may be a requirement for temporary medical facilities to be established. Mass gatherings would cease, and the large number of individuals self-isolating would require significant support. The essential support is likely to be working at reduced levels that are not commensurate to the patient demand.

LDMG likely focus and actions:

- Provision of situational awareness by the LDMG
- Implementation and maintenance of essential services to Richmond
- High end support to Queensland Health above Level 2 medical response
- Provision of resupply to those self-isolating
- Support to fatality management arrangements
- Full lock down, critical and essential work only.

Phase 4 – Recovery

The phase is the need to re-establish the process back to BCP. The new normal is anticipated that recovery activities are likely to require long term support. Due to the nature of pandemic impact some recovery activities may be initiated concurrent to ongoing response strategies. Further detail will be in accordance with the Richmond LDMG Recovery plan.

LDMG and LRG, likely focus and actions:

- LDMG monitoring and provision of situational awareness.
- Activation of the Local Recovery Group.
- Local Recovery Group implementation of business continuity and risk mitigation strategies.
- Local Recovery Group disaster community needs assessment.
- Implementation and monitoring of human and social recovery activities.
- Implementation and monitoring of economic recovery activities.

2.5. Consideration for Support

The following may require consideration and be discussed:

- Assessment clinics.
- Staging points or overflow areas or facilities.
- Mass vaccination programs
- Maintenance of essential services and upkeep.
- Resupply of essential items or products.
- Facility management.
- Reduction or stop to mass gathering activities.

2.6 Demographics

Richmond Shire has an official population of approximately 813. The over 65 age group is 14.3% of our population and vulnerable at-risk population is assessed as 6.7%. (ATSI). The median age in Richmond is 37.2 years. QPS will also assist in welfare checks of vulnerable persons.

Vulnerable populations

As detailed in the Richmond LDMP, 4% of the community has significant health and mobility issues.

The Aged Care Service has indicated there are approximately 15 residents aged 65 + with complex high-risk health issues.

As at January 2022, Q Health confirm there was 2 oxygen dependent patients in Home Aged Care Service.

Richmond Aged Care is owned and operated by the Richmond Shire Council. Staff are adequately trained and understand the practices that need to be put in place for the management of virus and disease outbreaks. This is an in-home service. Richmond does not have a residential aged care facility. Richmond Aged Care has a business continuity plan which will govern operational procedures during an outbreak within the client base.

3. Prevention

Queensland Health encourages all persons residing or working in Richmond to have the annual influenza vaccination to minimise the risk of a Pandemic.

There are many ways we can all help stop the spread of viruses:

1. Clean your hands regularly with soap and water or alcohol-based hand rubs.
2. Cover your nose and mouth with a tissue or bent elbow when coughing or sneezing.
3. Avoid touching your face, nose and mouth.
4. Avoid shaking hands.
5. Stay home if you are unwell.
6. Practice social distancing, which includes distancing 1.5m away from others.

Communication throughout the community is very important to detail prevention and mitigation measures. The limit to visitation to elders or vulnerable/at risk persons is strongly recommended as they are more susceptible to infection and health induced risks.

3.1 Affected Individuals

Queensland Health confirm if a positive case, pandemic such as COVID-19 in Richmond, the affected will be required to self-isolate for min 7 days to reduce the risk of community transmission.

The patient will have no contact with friends and family and will need to be in an environment where they have their own toilet, shower and ability to obtain food and water.

Where a person is not ill, however has deemed to experience close contact with a known positive subject they will be required to self-quarantine for 7 days.

Self-quarantine means staying in your home, motel room or provided accommodation, and not leaving for the period you are required to quarantine. Only people who usually live in the household should be in the home. Do not allow visitors into the home.

Monitoring of Queensland Health patients in arranged accommodation

Positive cases in the Richmond community will be monitored daily via virtual ward by the Public Health Unit while they are at home.

Food Supply

The Richmond community is serviced by two Supermarkets. Laidlow's Supermarket and SPAR. Both Supermarkets supply a wide range of goods such as fresh, frozen, packaged and canned food items. Supplies are regularly delivered from Townsville.

The current delivery schedule is as follows -

- Monday and Wednesday – Fresh Fruit and Veg
- Monday Only – Dry Goods
- Wednesday Only – Frozen and Chiller
- Sunday and Wednesday – Milk
- Mon – Sat – Bread
- Every day – Meat (Local Butcher)

Both Supermarket have the ability to fulfil phone orders and can provide home delivery.

Should there be a difficulty in obtaining goods from their suppliers due to a nationwide shortage or distribution issue, Proprietors have agreed to advise the Richmond LDMG Chair of the situation and work collaboratively to identify possible solutions. A Request for Assistance may be considered for escalation through the Townsville District Disaster Coordination Centre if all other options locally have been exhausted.

Transportation of goods is considered an essential service and will not be impacted by any travel bans which may be implemented by government.

For people isolating in their own dwelling, family and friends will be required to provide essential supplies such as food and medicines.

Where the patient has no external or family support, Queensland Health will liaise with the LDMG to arrange support services for the patient.

4.4 Fuel /Gas

Refer to section Richmond LDMP for a list of hazardous sites which may contain fuel and gas storage. There is not expected to be a shortage of fuel and/or gas for the community unless essential services transportation is ceased. If required this commodity may require strict control measures.

4.5 Public Utilities

Richmond Council is currently enhancing their Business Continuity Planning in the event of a Pandemic to mitigate adverse impacts of the emerging virus or disease such as a COVID-19 outbreak and ensuring continuation of critical business and the health and safety of the community. The safety of the staff and community is the main priority.

It is recognised that Council has staff to operate, repair and maintain essential water and sewerage infrastructure. If required, alternate assistance is available through a current arrangement with a neighbouring Local Government Authority to support critical infrastructure operations.

4.6 Existing Environmental Health Arrangements

Richmond have Council procedures and standards for the provision of suitable environmental health in the community. These are to be used to provide Public Health services to the community. The Council will escalate any request for additional resources through the Richmond LDMG and Townsville District Disaster Management Group if required.

4.7 Funerals

Richmond Shire Council is a central point of contact for advice to family members organising funerals. This practice will continue throughout the Pandemic to ensure adequate control measures are applied. Currently cemetery services are not considered critical essential, therefore the need for a mobile morgue may be required given the Richmond MPHS morgue has a capacity for 2.

4.8 Transportation

Richmond has logistic services for supply chain deliver through road, rail and air and passenger transport is available through Bus Qld, Greyhound, Rex and QR. However, these will cease should commuter transport face restrictions.

4. Mass Gatherings

Richmond LDMG are working with businesses and community groups, to assist them following the Australian Government's direction which bans non-essential gatherings.

For the most recent advice relating to Mass Gatherings please refer to the [Australian Government, Department of Health](#). These rules are enforceable and carry a significant penalty for non-compliance.

Richmond Police are responsible for enforcing and ensuring compliance with CHO directions. Richmond Police also conduct regular inspections at Local Businesses and Licenced premises regarding check in and masks requirements.

5. Community Information and Messaging

The Richmond LDMG and Richmond Shire Council will continue to provide strong leadership to their community and will focus the messaging on locally relevant information.

Richmond LDMG through its members will continue to support Queensland Health community messaging.

The LDMG has agreed the Mayor will be the single point of contact for the collation and dissemination of information for the Community. Members are then responsible for onforwarding information on their noticeboards and social media networks. Only information from the LDMG should be disseminated throughout the community.

6. Volunteers

QFES volunteers may be available but should not be relied upon in planning due to their primary roles (SES or Rural Fire Service), any request must be submitted and will be considered against current priorities. SES volunteers have agreed to support Queensland Health with any medical unskilled tasks such as delivery of food, goods and transportation support.

7. Recovery

Recovery process will align with the Queensland Recovery Plan and Richmond LDMG Recovery Sub Plan.