Queensland Health pandemic influenza plan

19 June 2014
The Queensland Health pandemic influenza plan 2014 is a sub-plan of the Queensland Health disaster plan and is issued under the authority of the Chief Health Officer. The plan provides the strategic direction for the management of pandemic influenza.

This plan applies to all Queensland Health organisational units, Hospital and Health Services and other entities under the control of Queensland Health.

Pandemic influenza plan 2014
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For more information contact:
Chief Health Officer Branch/Clinical Innovation Division/Communicable Diseases Unit, Department of Health, GPO Box 2368, Fortitude Valley BC, QLD 4006, email pandemic_cdu@health.qld.gov.au, phone 33289724 or 33289728

An electronic version of this document will be available at: http://www.health.qld.gov.au/pandemicinfluenza

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Contents

1. Introduction and governance................................................................. 4
   1.1 Purpose and scope........................................................................... 4
   1.2 Overview ....................................................................................... 5
       1.2.1 Approach of the plan .............................................................. 5
       1.2.2 Structure of the plan .............................................................. 5
   1.3 Aim ............................................................................................... 8
   1.4 Objectives..................................................................................... 8
   1.5 Planning assumptions..................................................................... 8
   1.6 Triggers to activate the plan.......................................................... 9
   1.7 Authority to activate the plan.......................................................... 9
   1.8 Ethical decision making................................................................. 9
   1.9 Legislation ................................................................................... 10

2. Command, control and coordination .................................................. 11
   2.1 Roles and responsibilities ............................................................. 11
   2.2 Incident management system ....................................................... 11
   2.3 Communication ........................................................................... 12
   2.4 Expert advisory groups ............................................................... 12
   2.5 Business continuity ..................................................................... 12

3. Human resources and financial management ...................................... 13
   3.1 Staff management ........................................................................ 13
       3.1.1 Workplace health and safety ................................................ 13
       3.1.2 Managing injured/ill workers .............................................. 14
       3.1.3 Industrial relations .............................................................. 14
   3.2 Training ....................................................................................... 15
   3.3 Financial management ............................................................... 15

4. Surveillance ...................................................................................... 16
   4.1 Roles and responsibilities ............................................................. 16
   4.2 Enhanced surveillance .................................................................. 16
   4.3 Data collection and management ................................................ 16
       4.3.1 Epidemiological data ............................................................ 16
       4.3.2 Resource data .................................................................... 17
       4.3.3 Vaccine data ...................................................................... 17

5. Control and containment .................................................................. 18
   5.1 Pharmaceutical measures ............................................................. 18
       5.1.1 Antivirals ............................................................................ 18
       5.1.2 Vaccine .............................................................................. 19
   5.2 Pandemic stockpiles ..................................................................... 20
       5.2.1 Responsibilities and access to the stockpiles ....................... 20
   5.3 Public health measures ............................................................... 21
       5.3.1 Border measures ............................................................... 22
       5.3.2 Social distancing ................................................................. 22
       5.3.3 Infection Control Measures ................................................. 23
6. At-risk groups

6.1 Aboriginal and Torres Strait Islander peoples

6.2 Culturally and linguistically diverse groups

6.3 Pregnant women and infants under six months

7. Health system response

7.1 Role of the Queensland Ambulance Service

7.2 Hospital and Health Services

7.2.1 Public health unit workforce surge

7.2.2 Patient flow, placement and segregation

7.2.3 Flu clinics

7.2.4 Emergency departments

7.2.5 Intensive care units

7.3 Pathology services and specimen collection

7.4 Mental health and human social factors

7.5 Management of the deceased

7.5.1 Handling of the deceased

7.5.2 Management of the deceased during a pandemic event

Appendices

Appendix 1 Legal framework

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

Appendix 3 Associated documents

Appendix 4 Training resources

Appendix 5 Abbreviations

References

Tables

Table 1 Emergency management framework—Queensland Health disaster plan and AHMPPI 2014

Table 2 Human resource policies and associated resources
1. Introduction and governance

1.1 Purpose and scope

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

The plan needs to be read in conjunction with the Australian Health Management Plan for Pandemic Influenza 2014 (AHMPPI). The AHMPPI is a comprehensive and detailed document and is divided into three parts:

- Part 1 - describes the high level decisions and the broad approach the Australian health sector will take to respond to the pandemic. This section does not contain any operational detail, but maps out decision making structures and processes. This part sets the scene in which the operational plan at Part 2 and the support documents (evidence) in Part 3 can be used.
- Part 2 - is the operational plan and is designed for those who have a direct operational role in the response. It describes the potential actions that could be implemented across the stages of a pandemic.
- Part 3 - provides evidence and tools to support decision makers at a policy and operational level during a pandemic, in particular, selection of public health interventions. It is designed to support the high level strategy outlined in Part 1, and to support decisions being made with the guidance in Part 2. Part 3 will be regularly reviewed and updated to ensure it reflects the latest available scientific evidence and current best practice.

The plan does not reiterate the information contained in the AHMPPI 2014 or other relevant plans such as the 2013-2014 Queensland State Disaster Management Plan and the Queensland Health disaster plan.

Links to resources including guidelines and tools to assist Hospital and Health Services (HHSs) with operational planning are detailed throughout the plan and also listed in Appendix 3. The plan may also be applied to the management of other highly transmissible respiratory infections associated with significant morbidity or mortality, including severe seasonal influenza.

The development of this plan has been informed by the:

- Australian Health Management Plan for Pandemic Influenza (2014)—national health influenza pandemic plan
- Queensland Health disaster plan—details emergency management arrangements within Queensland Health
The *Queensland Health pandemic influenza plan* is a sub-plan to the *Queensland Health disaster plan* and specifically addresses disaster management arrangements for an influenza pandemic.

For a hierarchy of plans for Queensland Health, refer to the *Queensland Health disaster plan*.

For a hierarchy of plans at state and national level, refer to *National Action Plan for Human Influenza Pandemic*.

### 1.2 Overview

#### 1.2.1 Approach of the plan

Drawing on the lessons learned from the 2009 influenza pandemic, the World Health Organisation (WHO) and the Australian Department of Health have taken a substantially different approach to pandemic influenza preparedness and response. The *Queensland Health pandemic influenza plan 2014* reflects this change in approach.

Australia’s health response in 2009 demonstrated that being well prepared was important, but it also acknowledged that success depends on a multi-stakeholder cooperative approach and key elements such as effective communications, robust science-based decision making and a flexible public health response system that is able to respond rapidly in a crisis (Department of Health and Ageing, 2011, page v)

#### 1.2.2 Structure of the plan

Queensland Health’s response activities detailed in this plan are structured to reflect the *AHMPPi* 2014 response stage. Table 1 demonstrates how the response stage detailed in the *AHMPPi* aligns with the response activation phase outlined in the *2013-2014 Queensland State Disaster Management Plan* and the *Queensland Health disaster plan*. 
<table>
<thead>
<tr>
<th><strong>AHMPPI 2014 Stages</strong></th>
<th><strong>AHMPPI 2014 Sub-stages</strong></th>
<th><strong>Characteristics of the disease that inform key activities</strong> (See p7 AHMPPI 2014 for key activities in each stage)</th>
<th><strong>Response Arrangements</strong> (2013-2014 Queensland State Disaster Management Plan and Queensland Health disaster plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Prevention (not the primary focus of the AHMPPI)</td>
<td>No novel strain detected (or emerging strain under initial investigation)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Preparedness</td>
<td>Preparedness</td>
<td>No novel strain detected (or emerging strain under initial investigation)</td>
<td>Preparedness</td>
</tr>
<tr>
<td>Response</td>
<td>Standby</td>
<td>Sustained community person-to-person transmission overseas</td>
<td>Alert Lean Forward</td>
</tr>
<tr>
<td></td>
<td>Initial Action</td>
<td>Cases detected in Australia</td>
<td>Stand up</td>
</tr>
<tr>
<td></td>
<td>Targeted Action</td>
<td>Initial • when information about the disease is scarce</td>
<td>Stand Down</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Targeted • when enough is known about the disease to tailor measures to specific needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stand Down</td>
<td>Virus no longer presents a major public health threat</td>
<td>Stand Down</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery (not the primary focus of the AHMPPI)</td>
<td>Virus no longer presents a major public health threat</td>
<td>Recovery</td>
</tr>
</tbody>
</table>
Consistent with Australia’s strategic approach to emergency management, the following is a summary of Queensland Health activities for pandemic influenza management and includes, but is not limited to the following (also refer to Appendix 2):

<table>
<thead>
<tr>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collaborate with the animal health sector.</td>
</tr>
<tr>
<td>• Collaborate with regional neighbours where pandemic strains are more likely to emerge, through surveillance systems and early response to clusters of influenza viruses with pandemic potential.</td>
</tr>
<tr>
<td>• Contribute to influenza surveillance programs.</td>
</tr>
<tr>
<td>• Contribute to research re: pandemic influenza management strategies.</td>
</tr>
<tr>
<td>• Promote seasonal influenza vaccine uptake in at-risk and vulnerable groups, in those that may transmit influenza to at-risk and vulnerable groups, in essential service workers (especially health care workers) and in the general public.</td>
</tr>
<tr>
<td>• Promote good personal hygiene measures to health care workers and the general public e.g. hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues) staying away from others whilst sick.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparedness (further detail provided in this plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop, maintain, test and revise pandemic plans across the whole-of-government and within Queensland Health.</td>
</tr>
<tr>
<td>• Develop and maintain a health workforce with the skills necessary to implement pandemic response strategies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response (further detail provided in this plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activate Queensland Health’s Incident Management System.</td>
</tr>
<tr>
<td>• Commence enhanced surveillance to characterise the disease and inform decision-making.</td>
</tr>
<tr>
<td>• Contribute to case identification strategies at the international/domestic border if directed by the Australian or Queensland Government.</td>
</tr>
<tr>
<td>• Deliver health care to affected communities whilst maintaining essential core business.</td>
</tr>
<tr>
<td>• Provide information to health care staff, the media and the community.</td>
</tr>
<tr>
<td>• Isolate cases and contacts in healthcare settings and in the community.</td>
</tr>
<tr>
<td>• Provide antiviral agents to cases (treatment) and contacts (pre and post-exposure).</td>
</tr>
<tr>
<td>• Provide pandemic vaccine as per the Australian Department of Health.</td>
</tr>
<tr>
<td>• Establish flu clinics (also may be referred to as fever clinics) and mass vaccination clinics.</td>
</tr>
<tr>
<td>• Provide recommendations to the State Health Emergency Coordination Centre (SHECC) regarding the implementation of social distancing measures e.g. school and workplace closures, cancellation of mass gatherings.</td>
</tr>
<tr>
<td>• Provide mental health services to affected persons and communities.</td>
</tr>
<tr>
<td>• Stand down enhanced arrangements when appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contribute to community recovery as coordinated by the Department of Communities.</td>
</tr>
</tbody>
</table>

Note: These activities are not necessarily implemented sequentially.

For further detail regarding key health activities for the health sector refer to Part 1, Section 6—Implementation, *AHMPPi 2014*, p33.
1.3 Aim

The aim of the *Queensland Health pandemic influenza plan* is to minimise the health consequences of an influenza pandemic on the Queensland community and minimise disruption to Queensland’s health system. The plan also aims to contribute to the whole-of-government measures to minimise adverse social and economic consequences associated with an influenza pandemic in Queensland.

1.4 Objectives

The objectives described in this plan reflect the key aspects of the *AHMPPI 2014*:

- Ensure that the health system is prepared for an influenza pandemic by using existing systems and governance mechanisms as the basis of the response.
- Recognise the potential to apply this plan to seasonal influenza when it threatens to overwhelm Queensland’s health system.
- Capitalise on existing emergency management arrangements within Queensland by developing and maintaining stronger links with other government agencies, non-government health services and the community.
- Incorporate a flexible and scalable approach which is proportionate to the level of risk and appropriate to the level of impact the pandemic is likely to have on vulnerable populations, and on the community as a whole.
- Emphasise communications activities as a key tool in the management of the response to ensure timely, clear, accurate and transparent information is disseminated to health services staff, the community and the media.
- Have a health system response based on the principles of emergency risk management for health in full compliance with Queensland, Australian and international laws (World Health Organisation, 2013).
- Monitor and report on the epidemiology of the pandemic.
- Minimise transmissibility, morbidity and mortality.

1.5 Planning assumptions

This plan is based on the following assumptions:

- The next pandemic will emerge overseas.
- Implementation of strategies to minimise the spread of the disease will be effective.
- The pandemic virus will be susceptible to antiviral agents (i.e. neuraminidase inhibitors).
- A vaccine will be developed to enable the outbreak to be controlled.
1.6 Triggers to activate the plan

Triggers to activate this plan are:

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

1.7 Authority to activate the plan

The Queensland Health pandemic influenza plan can only be activated via the Queensland Health disaster plan.

The Chief Health Officer (CHO) has authority to activate the plan under delegation from the Director-General and acting as State Health Coordinator. Activation of this plan is the trigger for activation of local HHS pandemic influenza plans.

1.8 Ethical decision making

Governments will have to make many difficult decisions during an influenza pandemic about a wide range of response and recovery issues. The Australian Health Protection Principle Committee (AHPPC) has agreed an ethical framework to guide the health sector response, which has wider applicability:

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

(Taken directly from AHMPPPI Section 3.6)

Also refer to Australian Government, Australian Disaster Management Series, Disaster Health Handbook 1, 2011 page 90

1.9 Legislation

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

• International Health Regulations 2005
• Quarantine Act 1908 (pending the introduction of a new biosecurity Act)
• National Health Security Act 2007
• Public Health Act 2005
• Disaster Management Act 2003

For further information about legislation, refer to Appendix 1—Legal framework, AHMPPPI 2014 and National Action Plan for Human Influenza Pandemic.
2. Command, control and coordination

2.1 Roles and responsibilities

The WHO advocates multi-sectoral linkage and integration across the whole-of-government and the whole-of-society (World Health Organisation, 2013). All divisions, branches, business units and services within Queensland Health are responsible for engaging other Queensland and Australian Government departments, external health services and community-based non-government organisations to ensure Queensland’s whole-of-society response will be integrated and comprehensive in the event of a pandemic.

Queensland Health is the functional lead agency for the state’s response to a pandemic influenza (The State of Queensland, 2013). The Department of Health is responsible for state-wide strategic preparedness and response to health aspects of a pandemic. HHSs are responsible for operational preparedness and response according to the principles outlined in this plan and the AHMPPI 2014. A pandemic plan checklist audit (http://www.health.qld.gov.au/pandemicinfluenza) has been developed to assist HHSs to review their pandemic plan content for completeness.

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

A list of resources and tools (and their links) to assist HHS operational planning are available in Appendix 3—Associated documents.

Queensland whole-of-government arrangements during a pandemic are detailed in the 2013-2014 Queensland State Disaster Management Plan Annexure XX Pandemic Influenza Planning (to be published later in 2014)

Australian Government roles and responsibilities are outlined in the National Action Plan for Human Influenza Pandemic 2011 and throughout the AHMPPI 2014.

2.2 Incident management system

Queensland Health uses the Incident Management System (IMS) as a basis for operational management during a major emergency response. The IMS is based on an organisational structure called the Incident Management Team (IMT) which comprises various functions to support the Health Incident Controller.

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

The Queensland Health disaster plan details the IMS and responsibilities of the IMT within the SHECC, and the Department of Health provides tools and resources that can be used to guide planning for the establishment and management of a HEOC.

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

Refer to Queensland Government Disaster Management website and relevant guidelines which includes state, district and local guidance documents for disaster management.

2.3 Communication

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

Clear and consistent communication is crucial to keeping people safe and healthy and limiting the spread of disease during the various stages of a pandemic influenza. To ensure consistent messages are delivered to the public, the SHECC leads all communication and media engagement activities for Queensland Health and provides guidance to HHSs and other stakeholders based on advice from the Australian Government. 13 HEALTH will be the single point of contact for the public.

The Australian Government develops specific communications tools at the time of the pandemic and makes them available on the Health Emergency website:

www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/home-

2.4 Expert advisory groups

Consistent with the Queensland Health disaster plan, there is a need for content experts to act as liaison officers and expert advisors to the SHECC. The purpose of the expert advisory groups is to provide strategic advice on the management of communicable diseases and clinical care within Queensland to the State Health Coordinator. Existing state-wide clinical networks will be used to inform decisions.

2.5 Business continuity

Pandemic influenza presents a unique challenge to business units in the management of staff absenteeism and the maintenance of essential services. All business units within Queensland Health need to have in place emergency preparedness and continuity management plans that incorporate aspects specific to a pandemic.

For further information, refer to the Emergency Preparedness and Continuity Management Policy and associated resources; also refer to Queensland Health Policy site.

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

3.1 **Staff management**

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

- workplace health and safety matters
- managing injured/ill workers
- industrial relations matters
- training.

3.1.1 **Workplace health and safety**

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

- a safe work environment
- safe plant and structures
- safe systems of work
- the safe use, handling and storage of any substances
- adequate facilities for the welfare of workers
- providing information, training, instruction or supervision to enable workers to perform their duties effectively at work or in a person's home
- the health of workers and workplace conditions are monitored for the purpose of preventing illness or injury of workers.

A risk management approach consistent with the [Queensland Health Safety Management System](#) shall be implemented during a pandemic event. This includes notification of illness contracted by the worker, via the Queensland Health approved incident management enterprise system.

An infection of a worker which can be attributed to work that involves treatment or care of persons, contact with human blood or body substances or working with microorganisms is an incident requiring notification to Workplace Health and Safety Queensland under the provisions of s699 of the Work Health and Safety Regulation 2011, immediately after becoming aware of the incident.

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

- staff redeployment from their normal duties or workplace to support the pandemic response with consideration given to:
  - the level of skill/knowledge and abilities of the staff member to enable safe clinical practice within scope of practice
  - location of redeployment and accommodation implications
– orientation into the new workplace
– remote or isolated work
• the implementation of staff influenza screening procedures in all facilities, including self-monitoring by staff—the procedure should ensure that staff at high risk of complications of influenza are separated from situations where they are likely to be exposed to pandemic influenza
• referral of symptomatic staff directly to a flu clinic and exclusion from work until safe to return
• long-term prophylaxis treatment of health care workers (see Section 5.1.1)
• infection control (see Section 5.3.3)
• management of volunteers
• protocols for conducting safe home visits (e.g. communication arrangements, exposure to tobacco, safe storage of medications, aggressive behaviour), for further information also refer to the Hospital in the Home Guideline.
• vehicles and driver safety.

Further guidance training resources and information is available from:
• Queensland Health Safety Management System
• Managing the work environment and facilities code of practice.

3.1.2 Managing injured/ill workers

During a pandemic influenza, the potential for staff illness or injury may increase. Strategies to manage staff wellness and absenteeism may include:

• procedures for identifying and managing staff at high risk of complications of influenza including the use of alternate work locations and/or duties to separate them from situations where they are likely to be exposed to pandemic influenza
• the implementation of staff influenza screening procedures in all facilities, including self-monitoring by staff
• referral of symptomatic staff directly to a flu clinic or medical practitioner for an assessment and to seek advice about safe return to the workplace
• long-term prophylaxis treatment of health care workers (see Section 5.1.1).

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

The Worker’s Compensation and Rehabilitation Act 2003 sets out the eligibility criteria and process for applying for worker’s compensation. Further guidance and information is available at: WorkCover, QSuper and Other Claims.

3.1.3 Industrial relations

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

Current human resources policies and existing directives that may apply during a pandemic are listed in Table 2.

Table 2 Human resource policies and associated resources

<table>
<thead>
<tr>
<th>Human resource policies and associated resources</th>
</tr>
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<tbody>
<tr>
<td>PSC Directive 09/12</td>
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<tr>
<td>PSC Directive 24/10</td>
</tr>
<tr>
<td>B12</td>
</tr>
<tr>
<td>B42</td>
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<tr>
<td>C7</td>
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<td>C15</td>
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<td>C64</td>
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<td>C69</td>
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<tr>
<td>G6</td>
</tr>
<tr>
<td>I2</td>
</tr>
<tr>
<td>HR Circular 04/14</td>
</tr>
</tbody>
</table>

3.2 Training

Queensland Health is responsible for ensuring that all relevant staff are provided with appropriate training to enable them to undertake any specific functions safely and to the required standard.

Refer to the Queensland Health pandemic website for pandemic specific training resources and Appendix 4 of this plan.

3.3 Financial management

Costs incurred during a pandemic will be met from within existing budgets until other financial provisions are made and implemented. HHSs and divisions should open or use an existing pandemic influenza cost centre and maintain an accurate and timely record of all expenditure throughout the event. This is especially important if there is a decision made to reimburse expenses.
4. **Surveillance**

4.1 **Roles and responsibilities**

Roles and responsibilities from a national and jurisdictional perspective are detailed in the *AHMPPi 2014 Attachment G Surveillance Plan for Pandemic influenza*.

Queensland Health is responsible for facilitating individual case and contact data collection and timely reporting of surveillance data to the Australian Department of Health. Refer to Appendix 2.

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

Operational guidelines for clinicians will be provided by the Australian and Queensland Departments of Health.

The laboratory has roles and responsibilities with regard to virological surveillance. Refer to Section 7.3.

4.2 **Enhanced surveillance**

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

4.3 **Data collection and management**

4.3.1 **Epidemiological data**

Routinely collected influenza notification data will be insufficient to meet information needs during the early stage of a pandemic. It will be essential to collect previously agreed additional data elements and contribute these to the Australian Department of Health to enable the most rapid possible characterisation of:

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

Initially these data will be additional to what is required for case ascertainment and contact tracing required to inform public health action. However, ongoing intensive collection of enhanced surveillance data to inform the national response is unlikely to be sustainable.
The existing surveillance system will need to be scaled up to ensure that data collection and management objectives can be met and allow data to be drawn from a number of different sources.

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

For information regarding contact tracing refer to Section 5.3.2 Social Distancing.

Note: The AHMPPI surveillance planning is not finalised.

4.3.2 Resource data

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

- antiviral stockpile
- personal protective equipment (PPE) stockpile
- other essential equipment and medicines
- information technology and telecommunication.

4.3.3 Vaccine data

During a pandemic access to a vaccination program is one of the main goals of a national pandemic response (for further information refer to Section 5 of this plan). Data that needs to be collected not only includes vaccination data but also adverse event data. Further information will be provided on the collection and management of this data and will be published when available from the Commonwealth.
5. Control and containment

A layered containment strategy consisting of pharmaceutical measures and public health measures will be implemented in the event of a pandemic.

5.1 Pharmaceutical measures

Interventions involving antiviral agents and vaccines play a significant role in reducing morbidity and mortality and are a key part of Queensland Health’s pandemic preparedness strategy.

The pharmaceuticals referred to in this plan include antivirals, candidate pandemic vaccine (a vaccine based on a strain of influenza virus considered to have pandemic potential), customised pandemic vaccine (a vaccine based on the actual pandemic virus) and seasonal influenza vaccine.

Part 2 of the AHMPPI provides the operational plan and potential actions that could be implemented across stages of a pandemic for management of pharmaceuticals. Part 3 of the AHMPPI provides evidence and tools to support decision making at a national, state and local level.

These actions may include the following:

- antivirals for treatment of cases
- antivirals for post exposure prophylaxis for contacts
- antivirals for post exposure prophylaxis for at risk groups
- antivirals for pre exposure prophylaxis for healthcare workers
- candidate pandemic vaccine
- customised pandemic vaccine
- seasonal influenza vaccine.

5.1.1 Antivirals

Antiviral medications can be used for treatment of infected cases, prophylaxis of exposed contacts, and pre-exposure prophylaxis for healthcare workers at high risk of infection. Treatment with antivirals aims to reduce symptoms in individuals and hence lower morbidity and mortality. Prophylactic use of antivirals aims to reduce the risk of infection and illness in contacts, potentially lowering the spread and hence disease attack rate. A reduction in mortality, morbidity and transmission will assist in minimising the impact on health care services during a pandemic. The most commonly used antivirals in the community are oseltamivir and zanamivir.

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

- the stage of the pandemic
- the epidemiology (transmissibility and clinical severity) and virological (antiviral resistance) characteristics of the virus
- characteristics of the virus
- pre-existing immunity
• antiviral availability and practicalities such as logistics of antiviral delivery and availability.

Evidence to support the various strategies are outlined in Part 3 of the AHMPPI 2014 and direction will be provided nationally re which strategies are to be implemented.

During the initial response, little will be known about the severity and impact of the pandemic and what information is available is likely to suggest high-moderate morbidity and mortality. As surveillance information becomes available, the antiviral strategy will be modified to more effectively manage the specific pandemic. For example, in a pandemic with high mortality and morbidity, preventing illness in all individuals is important to minimise mortality/morbidity, reducing transmission to others and maintaining the health workforce. Where severity is lower, protecting those at risk of severe outcomes becomes the focus.

The recommendations included in the AHMPPI and this plan is dependent on the pandemic virus being susceptible to the currently available antiviral medications oseltamivir and zanamavir. Both these agents are stockpiled for seasonal and pandemic influenza outbreaks (for further information regarding stockpile management refer to 5.2). The decision regarding antiviral strategies will be a national recommendation.

To facilitate flexibility and accessibility of antivirals, the Drug Therapy Protocol Pandemic Influenza Program and the respective Health Management Protocol have been endorsed to broaden the circumstances in which certain health professionals can supply antivirals.

The latest versions of both MIMS and Therapeutic guidelines provide detailed information on antiviral medication.

The full literature review and modelling study report for antivirals, and other supporting documents, are available on the Australian Department of Health website.

5.1.2 Vaccine

Access to vaccination is one of the main goals of the national pandemic response (Australian Department of Health 2014, p.37).

The aim of a pandemic influenza mass vaccination program is to administer a vaccine to the target population in a short timeframe to prevent infection in individuals. The ability of a mass vaccination campaign to impact upon population transmission will depend on a multitude of factors including transmissibility of the virus and whether a customised vaccine becomes available before widespread transmission has occurred (Glass et al. 2012).

In the event of a pandemic and the availability of a suitable vaccine, the Australian Government will provide direction on the roll out of this program to target populations dependent upon the epidemiology of the disease and highest risk factors (Australian Department of Health 2014).

Prior to the availability of a customised pandemic vaccine it may be appropriate to consider use of a candidate pandemic vaccine if one is available. For further information, refer to the AHMPPI, attachment E (Australian Department of Health 2014).
Use of existing services within the community will be the primary method to provide the pandemic vaccine to the public. In addition to these community based services, on the request of the State Health Incident Controller, HHSs shall be required to contribute to the mass vaccination of target groups within Queensland (Queensland Government 2013).

To assist HHSs in planning for the establishment and management of a mass vaccination clinic, the following resources will be available:

- Drug Therapy Protocol Immunisation Program Nurse
- Drug Therapy Protocol Pandemic Influenza Program
- mass vaccination guidelines
- outreach clinic checklist
- guideline for the work flow design of a mass vaccination clinic
- pandemic influenza vaccine from multi-dose vials – iLearn course

5.2 Pandemic stockpiles

Pandemic stockpiles are reserves of antivirals and PPE for use during a health emergency and are designed to supplement existing medical stock to ensure medical supplies do not run low during periods of extremely high global demand. The provision of antivirals and PPE to cases and contacts (including health care workers) during a pandemic will be directed by the Commonwealth Department of Health.

Antivirals available from the stockpile includes:

- oseltamivir (Tamiflu®)
- zanamivir (Relenza®)—held at a national level only

Antibiotics for the treatment of secondary bacterial pneumonia associated with influenza infection are also held at national level—azithromycin, flucloxacillin and ceftriaxone.

PPE available from the stockpiles include:

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

5.2.1 Responsibilities and access to the stockpiles

National medical stockpile (NMS)

The Australian Government is responsible for maintenance and deployment plans relevant to the NMS. The secretary of the Department of Health and the Chief Medical Officer of Australia has authority to approve a stockpile deployment on request from state or territory authorities. Queensland’s Chief Health Officer is responsible for requests to the NMS.
Antiviral Stockpile

A quantity of NMS antivirals was deployed to Queensland during the pandemic (H1N1) 2009 and currently remains in Queensland. The majority of this stockpile is held at central pharmacy with some larger HHSs holding smaller quantities.

Central pharmacy maintains responsibility for stockpile management of antivirals held in Queensland including:

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

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

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

The Antiviral and Personal Protective Equipment Stockpile Distribution Plan for Pandemic Influenza provides strategic direction on accessing antivirals from the stockpile (please note current plans are under review, revised plans will be made available upon completion).

Queensland Medical Stockpile (QMS)

Personal Protective Equipment

Communicable Diseases Unit working with the Health Support Queensland will be responsible for the management of PPE including:

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

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

Access to the state PPE stockpile will be via request to the SHECC.

Please note, current plans referencing stockpile and distribution of PPE are under review, revised plans will be made available upon completion

5.3 Public health measures

During the early stages of a pandemic, public health measures used in conjunction with antiviral agents are the principal prevention and containment measures pending the availability of an effective vaccine which may take four to six months. As some public health measures may affect human behaviour and human rights, they should be implemented within a legal framework and communications to the public must be timely and transparent.
5.3.1 Border measures

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

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

Refer to AHMPPI 2014 Attachment E for more information.

In the event the Australian Government advises entry/exit screening is required, HHSs are responsible for deploying staff to the international or domestic border.

Refer to Pandemic Influenza Border Measures: Planning Tool Kit for HHSs (this includes a standard operating procedure template and a planning checklist for HHSs).

5.3.2 Social distancing

Social distancing is a community-level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. The decision to implement some social distancing measures will be made externally to Queensland Health (i.e. proactive and reactive school closures, workplace closures and cancellation of mass gatherings). The role of Queensland Health during a pandemic will be to develop and forward recommendations to the SHECC for consideration and action by relevant parties at the state or national level (e.g. Australian Health Protection Principal Committee, Education Queensland).

Isolation of cases and contacts are related public health measures which aim to reduce infection transmission by reducing contact between infectious cases and uninfected persons. These measures are recommended in the initial action stage for laboratory-confirmed cases and all identified contacts when little may be known about the disease. As surveillance information becomes available, management of cases and contacts can be modified according to disease characteristics, effectiveness of interventions, vulnerability of the community, and the capacity of the health system.

HHSs are responsible for appropriately isolating cases and contacts within the healthcare setting and for advising the appropriate isolation of cases and contacts within the community. To facilitate community compliance with voluntary isolation, HHSs are responsible for ensuring cases and contacts are able to access medical care and non-health services such as food supply, social support and psychological assistance if required. Management of cases and contacts in the community requires a whole-of-government response.

Another related public health measure is the undertaking of contact tracing to identify new cases and provide advice to persons exposed to a confirmed case. In the event of an influenza pandemic, the initial demand for contact tracers will rapidly exceed capacity. HHSs are responsible for ensuring the rapid availability of additional staff who are appropriately skilled so that intense and protracted contact tracing activities can be implemented both legally and practically.
An eLearning package has been developed to assist HHSs to increase staff capacity to undertake contact tracing (currently in development).

Refer to:

- Contact tracing E Learning – This is currently under development and will be available on I Learn website.
- AHMPPI 2014 Attachment E Pandemic Influenza Home Management: Planning Tool Kit for HHSs.

5.3.3 Infection Control Measures

The Australian guidelines for the prevention and control of infection in healthcare informs infection control practice within Queensland Health. In addition, Queensland Health has also developed a number of resources to assist HHSs with their infection prevention and control programs and are available from the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) website.

When a pandemic occurs, the appropriateness of recommended infection prevention and control measures will be reviewed by the Communicable Diseases Network Australia (CDNA) and relevant experts. Advice confirming or altering existing measures will be provided to the Department of Health and distributed to HHSs and key stakeholders.

At times, the Queensland Department of Health may also provide guidance on preferred approaches and this will be conducted in consultation with key expert advisory groups such as Communicable Diseases Clinical Network (currently being established).

Preventing transmission and infection during a pandemic will require a package of related measures. Infection prevention and control measures that are considered and detailed in the AHMPPI 2014, the Australian guidelines for the prevention and control of infection in healthcare and the CDNA Influenza Infection National Guidelines for Public Health Units include:

- individual measures—hand hygiene, respiratory hygiene and cough etiquette
- appropriate PPE
  - the use of PPE should follow the approach set out in the Australian guidelines for the prevention and control of infection in healthcare for contact and droplet transmission-based precautions and the CDNA Influenza Infection National Guidelines for Public Health Units. Refer to the Use of PPE—Pandemic Influenza presentation will be available at the Queensland Health Pandemic website
  - P2/N95 respirators and requirements including fit checking in accordance with CDNA Influenza Infection National Guidelines for Public Health Units
  - P2/N95 respirators should form part of the ensemble of PPE of all HCWs involved in aerosol-generating procedures (CDNA, 2011). Intensive Care Unit (ICU) staff caring for ventilated patients should consider the use of P2/N95 respirators as unexpected ventilator circuit disconnection would potentially expose the staff to aerosols.
  - mask wearing for symptomatic individual
• organisational and environmental measures
  – patient flow, placement and segregation (refer to Section 7.2.2 for details)
  – early triaging and management of patients
  – separation of suspected and confirmed cases
  – staff vaccination
  – healthcare workers with specific circumstances
  – management of staff screening and sickness
  – training of staff in infection prevention and control
  – environmental cleaning.

Also refer to:
• AHMPPI 2014 Attachment E
• Section 5.2 and of 7.2.1 this plan
• Appendix 3 and 4 of this plan lists HHS resources to assist HHSs with their pandemic planning, refer to:
  – PPE: Use of personal protective equipment – pandemic influenza
  – Pandemic influenza infection control and occupational health and safety preparedness audit.
6. At-risk groups

The *AHMPPI* (Australian Department of Health 2014, p.15) acknowledges that certain groups (at risk groups) are expected to be at increased risk of complications of influenza infection based on seasonal influenza and experience from past pandemics. At-risk groups will need to be confirmed by the CDNA when knowledge of the virus becomes available, but it is expected that the impact on vulnerable populations will be greater than that on the broader population (Australian Department of Health 2014, p15).

As identified in the *AHMPPI* (Australian Department of Health 2014), at-risk groups include:

- pregnant women
- people who are immunocompromised
- people with
  - chronic respiratory conditions
  - cardiac disease
  - Down syndrome
  - diabetes mellitus
  - chronic renal failure
  - chronic neurological conditions
  - alcoholism
  - haemoglobinopathies
  - chronic inherited metabolic disorders
- people who are obese
- children receiving long-term aspirin therapy
- Aboriginal and Torres Strait Islander peoples
- children aged less than five years
- people aged over 65 years.

In addition to these at risk groups, the *AHMPPI* (Australian Department of Health 2014), identifies the following as groups with special needs:

- *aged care sector*
- remote communities
- people from a culturally and linguistically diverse background.

Others may also be at heightened risk for vulnerability as a result of the intersection of the social determinants of health (O’Sullivan & Bourgoin 2010). These could include people who experience social disadvantage, have low literacy levels, are coping with addictions, or have functional limitations which influence their ability to live independently and meet every day basic needs (O’Sullivan & Bourgoin 2010). Communication that is culturally and linguistically appropriate, targeted at the appropriate literacy level and provided in the medium being accessed by vulnerable populations will be essential to building resilience within these groups.
At all levels, planning must consider what is needed to protect these vulnerable members of our communities (Australian Department of Health 2014). In Queensland, lessons learned from the pandemic (H1N1) 2009 have led to the identification of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and pregnant women as three at-risk groups that require additional consideration.

6.1 Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander people were disproportionately affected by the 2009 H1N1 pandemic, experiencing a three to sixfold higher risk of developing severe infections requiring hospitalisation and a fivefold increase in risk of death when compared with non-Indigenous Australians (La Ruche & Tarantola 2009; Rudge & Massey 2010; Kelly, Mercer & Cheng 2009). The reasons for this increased risk are multifactorial and may include a higher prevalence of diabetes, asthma, obesity and chronic obstructive pulmonary disease in Aboriginal and Torres Strait Islander communities (Flint, 2010). Factors such as greater family size, overcrowding, remoteness, and differences in access to culturally safe health services may also play a part in the increased risk of infection (La Ruche & Tarantola 2009). In addition to these risk factors, Aboriginal and Torres Strait Islander people may be particularly vulnerable to infection with newly circulating influenza A virus due to an increased genetic susceptibility (Quinones-Parra et al. 2014).

Improving Aboriginal and Torres Strait Islander health is one of Queensland Health’s highest priorities. It is recognised that for Aboriginal and Torres Strait Islander peoples, health is “not just the physical wellbeing of the individual but the social, emotional, spiritual and cultural wellbeing of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life” (Australian Department of Health 1989).

A key pandemic preparedness activity is establishing pre-agreed arrangements by developing and maintaining plans (Australian Department of Health 2014). Aboriginal and Torres Strait Islander Community Controlled Health Services play an integral role in the provision of primary health care and dissemination of health information to Aboriginal and Torres Strait Islander people. HHSs must therefore work in partnership with community controlled health services, local elders, leaders and communities as partners in planning to ensure that pandemic plans address community priorities and are acceptable and appropriate to the community. This approach is consistent with the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework (Queensland Health, 2010). Consideration should be given to utilising existing advisory bodies, such as community advisory networks in towns which have an established Multipurpose Health Service, to promote community engagement.

The Aboriginal and Torres Strait Islander communities’ pandemic influenza toolkit has been developed to encourage consideration of Aboriginal and Torres Strait Islander people and communities throughout all aspects of pandemic planning within individual HHSs. The Aboriginal and Torres Strait Islander Health Unit have a number of resources and guidelines designed for health professionals providing care for Aboriginal and Torres Strait Islander people. In addition, the following resources may provide additional guidance:
• Australian Aboriginal and Torres Strait Islander communities and the development of pandemic influenza containment strategies: community voice and community control
• Queensland Aboriginal and Islander Health Council website
• Keeping our mob safe: A national emergency management strategy for remote indigenous communities
• A guide to disaster risk management in Queensland Aboriginal and Torres Strait Islander communities

6.2 Culturally and linguistically diverse groups

Language, culture and ethnicity influence risk during a pandemic as they affect the ability of people to receive and understand public health information, as well as their ability to access appropriate health services (O’Sullivan & Bourgoin 2010). The Queensland Government is committed to delivering frontline services that are the best culturally responsive services in Australia (The State of Queensland 2013). In the event of an influenza pandemic, multicultural resources will provided by the National Department of Health.

Queensland Health has developed a number of resources to assist health professionals providing care for people from culturally and linguistically diverse backgrounds. These include:

• Queensland Health multicultural services
• flu prevention resources
• how to work with a person who is deaf or hearing impaired

Additional resources for further guidance:

• guidelines for emergency management in culturally and linguistically diverse communities
• Ethic Communities Council Queensland (ECCQ) website

6.3 Pregnant women and infants under six months

Pregnant women are at a high risk of severe consequences of influenza infection, with the risk of complications increasing in the later stages of pregnancy (Australian Department of Health, 2013). Hospital and community-based models for antenatal, perinatal and post-natal care should aim to mitigate the risk of maternal infection. Antiviral therapy is generally recommended for pregnant women because of the high risk of severe influenza (Electronic Therapeutic Guidelines 2013) and seasonal and pandemic vaccines are safe for use in pregnancy (Australian Department of Health, 2013)

Managing pregnant women appropriately within the healthcare setting and in the community may also help to mitigate the risk of pandemic influenza infection in infants in the first six months after birth.
The Australian Immunisation Handbook 10th Edition states a growing body of evidence showing that maternal influenza vaccination in the second and third trimesters can protect infants for the first six months after birth. Early identification and management of pregnant women and their close contacts in the healthcare setting and in the household can mitigate the risk of maternal and neonatal infection.

Pharmaceutical measures outlined in this plan are not indicated for use in young children. Neuraminidase inhibitors, oseltamivir and zanamivir are not indicated for use in children younger than one year and five years respectively (Electronic Therapeutic Guidelines 2013) and current influenza vaccines approved for use in Australia are not indicated for infants younger than six months (Australian Department of Health, 2013). PanVax (pandemic vaccine developed in 2009) was also not recommended for use in children younger than six months.

Refer to the website of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for information, research and guidelines relevant to pregnancy and influenza A. This web site aims to facilitate access to current information on influenza A and pregnancy and information is regularly updated and reviewed as required.
7. Health system response

7.1 Role of the Queensland Ambulance Service

The Queensland Ambulance Service (QAS) operates within the state and federal frameworks for disaster management, specifically using all hazards, comprehensive approach across the phases of prevention, preparedness, response and recovery (PPRR). As outlined in the Queensland Disaster Management Arrangements, QAS recognises Queensland Health as the lead agency for pandemic management with QAS supporting efforts as part of the Queensland Emergency Medical System.

QAS has a State Major Incident and Disaster Plan and this forms the basis for disaster management. Specific requirements for pandemic management will be developed with Queensland Health and will be cognisant of the Queensland Health pandemic influenza plan.

7.2 Hospital and Health Services

The level and severity of a pandemic may vary between mild disease and severe disease depending on disease spread and susceptibility of local populations. Even if clinical severity is low, HHSs are likely to be stretched to coping capacity in areas associated with respiratory illness and acute care. Adjustments may need to be made to the routine delivery of services and admission and discharge criteria may need to be reviewed based on the additional demand for hospital beds throughout the pandemic.

As much as possible, changes to aspects such as triage and discharge criteria are consistent across Queensland Health to promote equitable delivery of healthcare according to agreed system-wide guidelines and the overall capacity of the hospital. Refer to Clinical Services Capability Framework.

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

In rural and remote areas, consideration should be given to the use of the Nursing and Allied Health Rural Locum Scheme (NAHRLS). Thought should also be given to enhanced succession planning and sustainability in the aging rural nursing workforce through instigation of models such as rural registered nurse graduate employment model (Nursing and Midwifery Office Queensland NMOQ).

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

- hospital bed numbers
- emergency department bays
- intensive care unit beds
- community health resources
- public health resources
• laboratory capacity
• pharmacy capacity.

Monitoring and reporting on human resource capacity is also essential and should include:
• numbers and skill mix of staff available to work
• numbers on leave and reasons, especially sick leave related to pandemic influenza
• numbers that have had to be redeployed because of risk status
• numbers that have left the workforce.

7.2.1 Public health unit workforce surge

This section has drawn on the Public Health Workforce Surge Guidelines published by New South Wales (NSW) Health.

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

Activities that may need additional support during a protracted public health surge include (NSW Ministry of Health, 2014):
• case and contact tracing (e.g. conducting interviews)
• case and contact management (e.g. supporting those in home isolation/quarantine)
• infection prevention and control (e.g. advising clinical partners about the pathogen)
• internal/partner agency communication (e.g. briefing executive teams)
• health risk communication
• information management
• interpretation and translation
• laboratory liaison (e.g. confirming specimen collection)
• surveillance
• managing enquiries from the public
• logistics
• document control.

The types of staff who may contribute to a public health surge response include, but are not limited to (NSW Ministry of Health, 2014):
• public health professionals
• health professionals with transferable skills (e.g. infection prevention and control, sexual health, and tuberculosis control staff)
• clinical doctors/nurses
• office and business managers
• data entry and management experts.

Refer to the HHS workforce surge planning checklist for further guidance.
7.2.2 Patient flow, placement and segregation

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

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

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

In the event of an influenza pandemic, there will be an increased demand for isolation rooms. Contact and droplet transmission-based precautions are recommended to be applied to all suspected or confirmed cases of pandemic influenza (CDNA, 2011).

- Suspected or confirmed cases should be placed in a single room (CDNA, 2011 page 8 and Australian Department of Health, 2014 page 102) with the door closed.
- If a single room is not available, confirmed cases of pandemic influenza can be isolated together (e.g. cohorting). It is recommended not to place severely immunosuppressed patients in patient-care areas with suspected or confirmed pandemic influenza cases (CDNA, 2011).

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

- the ability to isolate the ward air handling system
- the ability to limit entry/access to the ward
- the ward contains the necessary equipment
- spatial separation of a minimum one metre between bed spaces (National Health and Medical Research Council, 2010)
- patient populations of adjacent areas–cohort ward should be separated from patients who are at greater risk of complications from pandemic influenza.

Management of cohort areas should incorporate the following:

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

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

Restricting movement of patients with suspected or confirmed pandemic influenza reduces the risk of further transmission (NHMRC, 2010). If transfer within the facility or transport to another facility is necessary, contact and droplet transmission-based precautions should be maintained and a surgical mask placed on the symptomatic
patient (NHMRC, 2010). If the symptomatic patient must be moved, the transport service and/or receiving area or facility must be notified of precautions necessary.

An influenza pandemic may lead to a significant increase in the number of adults, children and neonates requiring transport and medical retrieval, especially in rural and remote areas. Retrieval Services Queensland (RSQ) provides clinical coordination, via the Queensland Emergency Medical System Coordination Centres, for the aeromedical retrieval and transfer of all patients, including neonate, paediatric and high risk obstetric patients from parts of northern NSW to the Torres Strait. For further information refer to retrieval services website within QHEPS.

7.2.3 Flu clinics

During a pandemic, it is expected that public and private hospital infrastructure may have difficulty coping with an increase in the volume of patients. Flu clinics (also may be referred to as fever clinics) are stand-alone facilities, separate from existing hospital emergency departments (ED). Flu clinics are designed to relieve the diagnostic burden on hospitals and reduce the risk of disease transmission to vulnerable populations. This is achieved by triaging, assessing and providing treatment (if appropriate) to individuals with influenza-like illness who are not in need of emergency care. This process enables ED to continue to provide clinical services to non-influenza and critically ill patients.

The role of flu clinics is to:

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

HHSs are responsible for establishing flu clinics on the direction of the State Health Coordinator or at the discretion of the HHS Health Incident Coordinator. As far as possible, staff for flu clinics should not be drawn from existing ED staff.

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

- flu clinic guidelines
- outreach clinic checklist
- drug therapy protocol pandemic influenza program

7.2.4 Emergency departments

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

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

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

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

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

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

The Australian College for Emergency Medicine has published guidelines for the management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments. This resource aims to provide guidance to Fellows and trainees of the Australasian College for Emergency Medicine (ACEM), as well as to other Emergency Department (ED) staff, on the management of severe seasonal and pandemic influenza, and emerging respiratory illnesses within EDs.

### 7.2.5 Intensive care units

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

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

It is the responsibility of HHSs to develop plans, inclusive of intensive care services, that specify responses to prolonged increases in intensive care service demand (Queensland Department of Health, 2013). Consideration should be given to early negotiations with private sector services to accept public sector patients when surge/demand issues arise.
The State-wide Intensive Care Clinical Network maintains the Guidelines for the Provision of Intensive Care Services in Response to Pandemic and intensive care service providers should refer to this document to guide pandemic planning, preparedness and response.

7.3 Pathology services and specimen collection

Pathology Queensland laboratories located at Townsville Hospital and at the central laboratory on the Royal Brisbane and Women’s Hospital campus currently process Queensland Health specimens for seasonal influenza. Nasopharyngeal swabs are the specimens of choice. Nasopharyngeal aspirates should only be collected by experienced staff with the appropriate equipment and training to minimise any risk of production of aerosols. This is especially important when a new strain with pandemic potential has emerged.

Refer to the following documents on Quality Information System:

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

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

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

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

The controlling of stock, test kits, swabs and PPE are managed by both the Brisbane and Townsville laboratories. In the event that either lab becomes depleted of stock, it will be the laboratory’s responsibility in the first instance to procure stock. Health Services Support Agency and Communicable Diseases Unit will assist with any procurement and supply issues in times of extremely high demand where laboratories cannot secure consumables.

7.4 Mental health and human social factors

A range of interconnected clinical and community service options are offered by the mental health service system so that an individual’s care is coordinated and responds to changing needs over time. All service components within the Queensland mental health service system are integrated and work together to promote continuity of care. Queensland mental health services exist across all HHSs and are delivered through:
• existing mental health inpatient services (acute and extended treatment) and new capital works projects
• specialist community mental health teams
• non-government community mental health services.

In the event of a pandemic in Queensland, mental health services have a number of core responsibilities:

• providing the framework for the provision of psychological and counselling services for disaster affected people of the general community, emergency workers and recovery workers
• assisting in the management of pandemic influenza cases with psychosocial implications
• working in partnership with the state and district community recovery committees.

The Queensland human social incident management framework has been developed to provide management of the human social response to disaster events in Queensland, in alignment with the Queensland Health disaster plan (internal operational document for the Mental Health Alcohol and Other Drugs Branch). The framework, in alliance with the SHECC, serves to assist HHSs to mitigate the adverse effects of an event, prepare for managing the effects of an event and to effectively respond to a disaster.

7.5 Management of the deceased

7.5.1 Handling of the deceased

The risk of pandemic influenza infection from deceased persons is low and is minimised by the use of appropriate infection control precautions (NSW Health, 2013). The virus may remain in respiratory tract tissues beyond death, possibly for days or weeks in a cooled body. However, virus survival on the body surface beyond a matter of minutes appears unlikely.

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

7.5.2 Management of the deceased during a pandemic event

In the event of a pandemic resulting in multiple deaths in Queensland, all HHSs will need to help manage deceased locally. Refer to Management of the deceased when local storage capacity has been exceeded fact sheet.
Appendix 1 Legal framework

Related or governing legislation, policy and agreements:

**Public health legislation**
- *Public Health Act 2005*
- Public Health Regulation 2005

**Workplace health and safety legislation**
- *Workplace Health and Safety Act 2011*
- *Workplace Health and Safety (Codes of Practice) Notice 2011*
- Workplace Health and Safety Regulation 2011

**Private health facility legislation**
- *Private Health Facilities Act 1999*
- *Private Health Facilities (Standards) Notice 2000*
- Private Health Facilities Regulation 2000

**Therapeutic goods legislation**
- *Therapeutic Goods Act 1989 (Commonwealth)*
- *Personal Liability for Corporate Fault Reform Act 2012*

**Hospital and Health Boards legislation**
- *Hospital and Health Boards Act 2011*
- Hospital and Health Boards Regulation 2012

**Other relevant legislation**
- *Disaster Management Act 2003*
- *Mental Health Act 2000*
- *Quarantine Act 1908 (Commonwealth)*
- *State Transport Act 1938*
- *Public Safety and Preservation Act 1986*
- *National Health Security Act 2007 (Commonwealth)*
- Health (Drugs and Poisons) Regulation 1996

**Health service directives**
- Disaster Management #QH-HSD-003:2012
### Appendix 2  Queensland Health roles and responsibilities for preparedness and response for pandemic influenza

<table>
<thead>
<tr>
<th>Queensland Health entities</th>
<th>Roles and responsibilities</th>
</tr>
</thead>
</table>
| **Minister for Health**   | • Provide leadership to Queensland Health.  
                           |   • Contribute to policy development at state and national level to ensure a consistent national approach. Refer to 2013-2014 Queensland State Disaster Management Plan; Annexure XX Pandemic Influenza Planning—role of Department of Premier and Cabinet. |
| **Office of the Director-General** | • Assist Queensland Health IMTs with their emergency management communications needs across PPRR including the web and social media. |
| **Department of Health**  |                             |
| **Health Service and Clinical Innovation** |                             |
| **Chief Health Officer Branch (CHOB)** | • develop and maintain business continuity plans for CHOB  
                           |   • lead Queensland Health strategic planning for pandemic preparedness and response  
                           |   • lead whole-of-government strategic planning for Queensland Government preparedness and response  
                           |   • lead the state-wide health response for an influenza pandemic  
                           |   • coordinate an emergency communications facility for Queensland Health (i.e. SHECC)  
                           |   • inform clinical and public health decision-making at state and national level by collating and reporting on state wide data (e.g. enhanced surveillance, clinical data, health service capacity, QMS levels/consumable use, vaccination numbers)  
<pre><code>                       |   • disseminate updated infection control, public health and clinical resources to the health care sector as per |
</code></pre>
<table>
<thead>
<tr>
<th>Queensland Health entities</th>
<th>Roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>international and national communications</td>
</tr>
<tr>
<td></td>
<td>• plan for the distribution of the pandemic vaccine and resources to the health sector</td>
</tr>
<tr>
<td></td>
<td>• consultation with clinical expert advisory groups including state-wide clinical networks to provide expert strategic advice to inform comprehensive Queensland Health planning during preparedness and to inform high-level decision-making during response.</td>
</tr>
<tr>
<td>All branches and professional offices:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism</td>
</tr>
<tr>
<td></td>
<td>• when required contribute to strategic planning for pandemic preparedness and response for state-wide services which may include mental health, alcohol and other drugs, innovative health service delivery and professional issues (medical, nursing, dental and allied health).</td>
</tr>
</tbody>
</table>

System Support Services  
• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.  
• Contribute to strategic planning for pandemic preparedness and response in the areas of law, human resources (including payroll and recruitment), contestability, strategic financial policy, health infrastructure and governance.  

System Policy and Performance  
• Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.  
• Contribute to strategic planning for pandemic preparedness and response in the areas of high-level business strategy and policy for Queensland Health, Aboriginal and Torres Strait Islander health and state and Commonwealth funding.  
• Develop and implement departmental business continuity plans and workforce management strategies to manage staff surge capacity and staff absenteeism.  
• **Aboriginal and Torres Strait Islander Health Unit:**  
  – improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders by providing leadership, high-level advice and direction on effective and appropriate policies and programs  
  – strategically influence and engage in priority setting and planning within an evidence-based framework  
  – work with all stakeholders to maximise the effectiveness of Aboriginal and Torres Strait Islander services and programs across the health system  
  – develop and implement effective monitoring, evaluation and reporting processes  
  – oversee and lead Queensland Health’s efforts towards closing the health gap in Queensland; and
## Queensland Health entities

### Health Services Information Agency
- Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.
- Contribute to strategic planning for pandemic preparedness and response for the maintenance of state-wide (enterprise) and local IT applications and systems—e.g. pathology database (AUSLAB), InfoService Centre, Queensland Health Electronic Publishing Service (QHEPS), Notifiable Conditions System (NOCS), Vaccination Information and Vaccine Administration System (VIVAS), internet access, Health Contact Centre (13 HEALTH).

### Health Services Support Agency
- Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.
- Establish and maintain the QMS during preparedness and response (e.g. antivirals, PPE).
- Prepare to continue providing a wide range of diagnostic, scientific and therapeutic clinical support services to assist HHSs to deliver care during a pandemic—e.g. influenza testing and confirmation, access to medicines, pharmaceutical supply chain (access to National Medicines Stockpile (NMS/QMS), management of biomedical technology.

### Queensland Ambulance Service
- Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.
- Prepare to provide timely and quality ambulance services which meet the needs of the community during a pandemic.
- Liaise with HHSs to develop operational plans.

### Hospital and Health Services
- Cairns and Hinterland
- Cape York
- Central Queensland
- Central West
- Children’s Health Queensland
- Darling Downs
- Gold Coast
- HHS acts as the lead agency on the Local and District Disaster Management Group which provide specialised response capability.
- Liaise with the Department of Communities, Child Safety and Disability Services regarding non health needs of cases and contacts whilst in isolation at home.
- Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.
- Develop and maintain operational plans by liaising with relevant state and local government agencies, health agencies, funeral industry and other key stakeholders as identified through the planning process.
Queensland Health entities | Roles and responsibilities
--- | ---
Mackay | Invoke powers under relevant legislation as directed by the SHECC, when required.
Metro North | Collect data and forward to the SHECC for state and national collation e.g. enhanced surveillance, clinical data, human and material resource capacity, and vaccination numbers.
Metro South | Implement pharmaceutical and public health measures for cases and contacts of pandemic influenza, including border measures if directed by the Australian Government.
North West | Establish and maintain flu clinics and mass vaccination clinics within health care settings and in the community.
South West | Provide social distancing recommendations to the SHECC, if required.
Sunshine Coast | 
Torres Strait–Northern Peninsula | 
Townsville | 
West Moreton | 
Wide Bay | 

Note, for roles and responsibilities of other state government agencies, refer to 2013-2014 Queensland State Disaster Management Plan; Annexure XX Pandemic Influenza Planning.
Appendix 3  Associated documents

If the links are broken to these resources contact: pandemic_cdu@health.qld.gov.au

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website or contact</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA Centers for Disease Control and Prevention</td>
<td><a href="http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm">http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</a></td>
<td>Respiratory hygiene and cough etiquette in health care settings including multilingual posters.</td>
</tr>
<tr>
<td>World Health Organisation Save Lives: Clean your Hands</td>
<td><a href="http://www.who.int/gpsc/5may/en/">http://www.who.int/gpsc/5may/en/</a></td>
<td>WHOs global annual campaign to highlight the role of hand hygiene in combatting antimicrobial resistance.</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td></td>
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</tr>
<tr>
<td>Resource</td>
<td>Website or contact</td>
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<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Hand Hygiene Australia</td>
<td><a href="http://www.hha.org.au/">http://www.hha.org.au/</a></td>
<td></td>
</tr>
<tr>
<td>Health Emergency website</td>
<td><a href="http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/home-1">www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/home-1</a></td>
<td>Australian Department of Health communications are created at the time of the pandemic</td>
</tr>
<tr>
<td>A methodology for short-term collection of enhanced epidemiological and virological data in the event of an influenza pandemic, to be entered into an online outbreak management system.</td>
<td>To be advised.</td>
<td>This is being drafted.</td>
</tr>
<tr>
<td>Royal Australian College of General Practitioners Pandemic flu kit</td>
<td><a href="http://www.racgp.org.au/pandemicinfluenza">http://www.racgp.org.au/pandemicinfluenza</a></td>
<td>Pandemic influenza resource for General Practitioners</td>
</tr>
<tr>
<td>Therapeutic guidelines</td>
<td><a href="https://online-tg-org-au.cknservices.dotsec.com/ip/">https://online-tg-org-au.cknservices.dotsec.com/ip/</a></td>
<td></td>
</tr>
<tr>
<td>Travel advice</td>
<td><a href="http://www.smartraveller.gov.au">www.smartraveller.gov.au</a>.</td>
<td>The Department of Foreign Affairs and Trade provides travel advice on its Smart Traveller website</td>
</tr>
<tr>
<td>Other states</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales (NSW) Health</td>
<td><a href="http://www.health.nsw.gov.au/Infectious/Influenza/Pages/health-professionals.aspx">http://www.health.nsw.gov.au/Infectious/Influenza/Pages/health-professionals.aspx</a></td>
<td>This web site is the NSW Health website for influenza resources for health professionals.</td>
</tr>
<tr>
<td>Resource</td>
<td>Website or contact</td>
<td>Comment</td>
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<tr>
<td>Queensland Department of Health</td>
<td></td>
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</tr>
</tbody>
</table>
• business continuity planning  
• risk management  
• fact sheets |
<p>| Guidelines for the Provision of Intensive Care Services in Response to Pandemic | To be advised | |
| Individuals and households - what individuals can do (general public information) | <a href="http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/individuals-households-lp-1">http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/individuals-households-lp-1</a> | For information for the public such as protecting yourself and others, if you get sick and where to get help |
| Management of the deceased when local storage capacity has been exceeded fact sheet | <a href="http://qheps.health.qld.gov.au/hssa/forensics/docs/mortuary-storage-capacity.pdf">http://qheps.health.qld.gov.au/hssa/forensics/docs/mortuary-storage-capacity.pdf</a> | |</p>
<table>
<thead>
<tr>
<th>Resource</th>
<th>Website or contact</th>
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</thead>
<tbody>
<tr>
<td>Pathology – specimen collection and PCR testing</td>
<td>Queensland Health employees can apply for access to view these documents at this link <a href="http://qis.health.qld.gov.au/Login.aspx?ReturnUrl=%2fDefault.aspx">http://qis.health.qld.gov.au/Login.aspx?ReturnUrl=%2fDefault.aspx</a></td>
<td>The following documents are available in the Health Services Support Agency Quality Information System (QIS2). Queensland Health employees can apply for access to view these documents at this link • QIS 24855 Protocol for Collection and Testing of Pathology Specimens for Pandemic Influenza • QIS 27691 Collection Procedures for swabs requiring Influenza and other respiratory virus PCR testing.</td>
</tr>
<tr>
<td>Queensland Antiviral Stockpile Plan for Pandemic Influenza 2009</td>
<td><a href="http://qheps.health.qld.gov.au/dcho/docs/hpd/hpimt/subplan-antiviral.pdf">http://qheps.health.qld.gov.au/dcho/docs/hpd/hpimt/subplan-antiviral.pdf</a></td>
<td>This plan is currently being reviewed and combined with Pandemic Influenza Guidelines: Antiviral Distribution 2009 into Queensland antiviral stockpile and distribution plan This plan will include guidelines for HHSs to develop a standing operating procedure.</td>
</tr>
<tr>
<td>Resource</td>
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<tr>
<td><strong>Queensland Health pandemic influenza plan</strong></td>
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<tr>
<td>Retrieval Services Queensland</td>
<td><a href="http://qheps.health.qld.gov.au/rts/">http://qheps.health.qld.gov.au/rts/</a></td>
<td>Retrieval Services Queensland (RSQ) provides clinical coordination, via the Queensland Emergency Medical System Coordination Centres, for the aeromedical retrieval and transfer of all patients</td>
</tr>
<tr>
<td><strong>Other Queensland Government Departments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Management: Home page and guidelines</td>
<td><a href="http://www.disaster.qld.gov.au/default.asp">http://www.disaster.qld.gov.au/default.asp</a></td>
<td>This site has state, district and local guidance documents. The home page has links to useful general disaster information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 9/12 Critical Incident Response and Recovery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 24/10 Critical Incident Entitlements and Conditions</td>
</tr>
<tr>
<td><strong>HHS resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander communities pandemic influenza toolkit</td>
<td>Queensland Health Pandemic website</td>
<td>Currently being published</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander communities preparedness checklist</td>
<td>Queensland Health Pandemic website</td>
<td>Currently being published</td>
</tr>
<tr>
<td>Factsheet: Keeping families safe</td>
<td>Queensland Health Pandemic website</td>
<td>Currently being published</td>
</tr>
<tr>
<td>Flu clinic guidelines</td>
<td>Queensland Health Pandemic website</td>
<td></td>
</tr>
<tr>
<td>Guideline for the workflow design of a mass vaccination clinic</td>
<td>Queensland Health Pandemic website</td>
<td></td>
</tr>
<tr>
<td>Mass vaccination clinic guidelines</td>
<td>Queensland Health Pandemic website</td>
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<tr>
<td>Resource</td>
<td>Website or contact</td>
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<tr>
<td>Outreach clinic checklist</td>
<td>Queensland Health Pandemic website</td>
<td></td>
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<tr>
<td>Pandemic Influenza Border Measures: Planning Tool Kit for HHSs</td>
<td>Queensland Health Pandemic website</td>
<td></td>
</tr>
<tr>
<td>Pandemic Influenza Home Management: Planning Tool Kit for HHSs</td>
<td>Queensland Health Pandemic website</td>
<td></td>
</tr>
<tr>
<td>Pandemic influenza infection control and occupational health and safety</td>
<td>Queensland Health Pandemic website</td>
<td></td>
</tr>
<tr>
<td>Pandemic Plans audit checklist</td>
<td>Queensland Health Pandemic website</td>
<td>This audit can be used by the HHSs to check that their plans have all the required content.</td>
</tr>
<tr>
<td>Public health workforce surge checklist</td>
<td>Queensland Health Pandemic website</td>
<td></td>
</tr>
</tbody>
</table>

**At risk groups**

<p>| Aboriginal and Torres Strait Islander Health unit website               | <a href="http://qheps.health.qld.gov.au/atsihb/home.htm">http://qheps.health.qld.gov.au/atsihb/home.htm</a>                     |                                                                                                                                        |
| Aboriginal and Torres Strait Islander communities and the development   | <a href="http://www.sciencedirect.com/science/article/pii/S0168851011001497">http://www.sciencedirect.com/science/article/pii/S0168851011001497</a> | Research article that identifies strategies to reduce the spread of pandemic influenza in Aboriginal and Torres Strait Islander communities |
| Flu prevention resources                                                | <a href="http://www.health.qld.gov.au/flu/resources/default.asp">http://www.health.qld.gov.au/flu/resources/default.asp</a>              | This page links to a range of educational resources about preventing influenza, including brochures and posters for the general public, young people, people who speak languages other than English and Aboriginal and Torres Strait Islander people |</p>
<table>
<thead>
<tr>
<th>Resource</th>
<th>Website or contact</th>
<th>Comment</th>
</tr>
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</table>
## Appendix 4 | Training resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website or contact</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention - PPE</td>
<td><a href="http://www.cdc.gov/HAI/prevent/ppe.html">http://www.cdc.gov/HAI/prevent/ppe.html</a></td>
<td>Video and PowerPoint presentation</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Queensland Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Cultural Practice Program</td>
<td><a href="http://qheps.health.qld.gov.au/atsihb/html/cultural_capab.htm">http://qheps.health.qld.gov.au/atsihb/html/cultural_capab.htm</a></td>
<td>The Aboriginal and Torres Strait Islander Cultural Practice Program is conducted in all Hospital and Health Services and in the Department of Health, and is mandatory for all staff. This is a full day program, which provides staff with increased understanding of the links between health and cultures. It aims to develop the cultural skills of all staff, recognising that every person across Queensland Health plays a role in improving health outcomes for Aboriginal and Torres Strait Islander people.</td>
</tr>
<tr>
<td>Resource</td>
<td>Website or contact</td>
<td>Comment</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical Skills Development Service, Metro North</td>
<td><a href="http://www.sdc.qld.edu.au/">http://www.sdc.qld.edu.au/</a></td>
<td>This state wide service can assist with training requirements identified for pandemic influenza for e.g. advanced respiratory care, use of ventilators. There is a Basic Assessment and Support in Intensive Care three day course available.</td>
</tr>
<tr>
<td>Incident Management System training</td>
<td></td>
<td>Under development.</td>
</tr>
<tr>
<td>PPE: Use of personal protective equipment – pandemic influenza</td>
<td>Queensland Health Pandemic website</td>
<td>Power Point presentation</td>
</tr>
</tbody>
</table>
### Appendix 5 Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEFI</td>
<td>Adverse Events Following Immunisation</td>
</tr>
<tr>
<td>AHMPPI</td>
<td><em>Australian Health Management Plan for Pandemic Influenza 2014</em></td>
</tr>
<tr>
<td>AHPPC</td>
<td>The Australian Health Protection Principle Committee</td>
</tr>
<tr>
<td>CDNA</td>
<td>Communicable Diseases Network Australia</td>
</tr>
<tr>
<td>CHOB</td>
<td>Chief Health Officer Branch</td>
</tr>
<tr>
<td>CHRISP</td>
<td>Centre for Healthcare Related Infection Surveillance and Prevention</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>HEOC</td>
<td>Health Emergency Operations Centre</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Services</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>IMS</td>
<td>Incident Management System</td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
</tr>
<tr>
<td>NOCS</td>
<td>Notifiable Conditions System</td>
</tr>
<tr>
<td>NMOQ</td>
<td>Nursing and Midwifery Office Queensland</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>NAHRLS</td>
<td>Nursing and Allied Health Rural Locum Scheme</td>
</tr>
<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
</tr>
<tr>
<td>NMS</td>
<td>National Medical Stockpile</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase chain reaction</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal protective equipment</td>
</tr>
<tr>
<td>PPRR</td>
<td>Prevention, preparedness, response and recovery</td>
</tr>
<tr>
<td>QAS</td>
<td>Queensland Ambulance service</td>
</tr>
<tr>
<td>QMS</td>
<td>Queensland Medical Stockpile</td>
</tr>
<tr>
<td>SHECC</td>
<td>State Health Emergency Coordination Centre</td>
</tr>
<tr>
<td>SoNG</td>
<td>Series of National Guidelines</td>
</tr>
<tr>
<td>VIVAS</td>
<td>Vaccination Information and Vaccine Administration System</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>

For a comprehensive Glossary refer to the *AHMPPI 2014* Attachment A
References


