



NSW Human Influenza Pandemic Plan

A Sub Plan of the NSW State Emergency Management Plan

*Endorsed by the NSW State Emergency Management Committee
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Section 1 - Introduction

Purpose

1. The *New South Wales (NSW) Human Influenza Pandemic Plan* is the whole-of-government plan for an influenza pandemic in NSW, as authorised by the NSW Government.
2. This plan outlines the strategic intent, coordination arrangements, responsibilities and mechanisms to prepare for, respond to and recover from an influenza pandemic in NSW. It does not require specific activation as the arrangements it describes are always 'active'.
3. This plan is a sub plan of the *NSW State Emergency Management Plan* (www.emergency.nsw.gov.au), which identifies NSW Health as the lead agency for a pandemic response.
4. This plan is consistent with the *NSW State Emergency Management Plan* and the *NSW Health Influenza Pandemic Plan* (www.health.nsw.gov.au).
5. This plan may also be used as a whole-of-government plan for health emergencies which are similar to an influenza pandemic (eg: outbreaks of other respiratory pathogens with pandemic potential).
6. The NSW 2017 State Level Emergency Risk Assessment classifies an influenza pandemic as a priority hazard that poses a significant risk. It is essential that the community, business and all levels of government undertake planning and prepare for minimising the impact of a pandemic.

What is a pandemic?

7. Pandemics are epidemics on a global scale. Only type A influenza viruses have been known to cause influenza pandemics.
8. For a novel influenza virus to have pandemic potential it must meet three criteria:
 - Humans have little or no pre-existing immunity to the virus
 - The virus leads to disease in humans
 - The virus has the capacity to spread efficiently from person to person
9. Influenza pandemics can be prolonged, continuing for many months or for over a year. The impact of a pandemic is highly variable but can be very widespread, affecting many areas of daily life.

10. The impact of a pandemic depends on how sick the virus makes people (clinical severity), the ability of the virus to spread between people (transmissibility), the capacity of the health system, the effectiveness of interventions and the vulnerability of the population.
11. This plan is flexible and can be used during mild, moderate or severe pandemics.
12. The World Health Organization has additional information about pandemics.

Pandemic arrangements and principles

National

13. National pandemic arrangements are set forth in the *Australian Health Management Plan for Pandemic Influenza* and the *Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements (National Communicable Disease Plan)*. This plan complements these documents (both available from www.health.gov.au).
14. Pandemic response in Australia is managed under a framework of prevention, preparedness, response and recovery. For a pandemic, the response stage is further divided into: standby, action (initial and targeted) and standdown.
15. The *NSW Health Influenza Pandemic Plan* and the *Australian Health Management Plan for Pandemic Influenza* outline health strategies that can be considered during each stage.

NSW

16. The whole-of-government operational approach (see section 4) to a pandemic in NSW is informed by key milestones:
 - Identification of a new human influenza pandemic virus that has sustained human-to-human community transmission anywhere in the world
 - Entry of the virus into Australia and NSW
 - Determination of the severity of the virus (in terms of both its impact on the health of individuals and its impact on the community)
 - When a customised pandemic vaccine becomes widely available
 - The end of the pandemic, measured by disease activity returning to seasonal levels
17. The following principles guide a pandemic response in NSW:
 - Use of existing systems
 - Flexible approach
 - Proportionate response
 - Recognition of additional needs of at-risk and vulnerable groups
 - Strong state and national coordination
 - Effective communication to multiple stakeholders, most importantly, the community

Section 2 – Prevention/mitigation

18. As humans will have little or no pre-existing immunity to a pandemic virus and influenza viruses can be transmitted among people without symptoms, prevention is not considered realistic. However, steps can be taken to reduce the risk presented by a pandemic virus.
19. NSW Health continually monitors levels of illness, including influenza, through existing surveillance mechanisms. Alerts for abnormal levels of activity can trigger early responsive action.
20. NSW Health, in conjunction with the Australian Government Department of Health and health departments across Australia and around the world, monitors new viruses with pandemic potential.
21. NSW Health conducts an annual winter illness public information campaign intended to reduce the spread of respiratory illness, especially influenza. These hygiene strategies also apply to reducing the spread of a pandemic.
22. Australia's National Immunisation Program supports access to seasonal influenza vaccines and monitors safety and efficacy. As pandemic viruses are, by definition, novel influenza viruses, it is unlikely that seasonal influenza vaccines will provide protection against them.
23. Pandemic vaccination campaigns will build on seasonal immunisation systems and the community attitudes established under these programs. Some health services have also used their annual staff influenza vaccination program as a chance to practice mass vaccination techniques that may be required during a pandemic response.

Section 3 - Preparedness

24. The 2017 State Level Emergency Risk Assessment identifies business continuity planning as a top priority to mitigate the impact of a range of hazards, including a pandemic.
25. NSW Government agencies and state-owned corporations are responsible for developing and maintaining business continuity plans that address the risk of a pandemic to ensure delivery of government services. Agencies should also encourage business, non-government organisations and local government in their areas of responsibility to develop and maintain business continuity plans.
26. Individuals and households are encouraged to prepare for a pandemic as part of their normal household emergency preparedness.

Governance

27. A comprehensive administrative structure is in place across national and state levels of government to manage all aspects of an influenza pandemic.

National

28. By nature, pandemics will cross jurisdictional boundaries. Accordingly, NSW actively contributes to a national, cooperative approach to pandemic planning.
29. National whole-of-government pandemic governance arrangements are described in the *National Communicable Disease Plan*.
30. Section 4 explains how NSW intersects with national governance arrangements.

New South Wales

31. All NSW Government agencies are responsible for ensuring they are adequately prepared for responding to and recovering from a pandemic. This includes:
 - having strong business continuity and surge plans in place (and regularly tested)
 - consideration of flexible workplace and workforce arrangements
 - a shared understanding amongst senior leaders of governance arrangements and how agency services will be prioritised
32. Local and regional emergency management committees are encouraged to work closely with local health districts to develop consequence management guides to articulate local pandemic response arrangements.

NSW capability

33. NSW maintains capabilities to prevent, prepare for, respond to and recover from emergencies. The development and maintenance of NSW capability is shared across government agencies consistent with their core responsibilities.
34. A pandemic poses additional challenges to the 'traditional' emergency due to its unpredictable nature, wide-ranging impacts and prolonged duration (likely many months).
35. **During a pandemic, all NSW Government agencies are responsible for maintaining core business to the greatest extent possible, according to agencies' business continuity and pandemic plans, as well as undertaking emergency-related roles identified in the *NSW State Emergency Management Plan* and sub/supporting plans.**
36. NSW Government capabilities specific to an influenza pandemic response include, but are not limited to:

NSW Health

- Leads the NSW response to a pandemic including health liaison and consultation with other jurisdictions
- Implements the health response
- Provides public information
- Undertakes surveillance and monitoring of a pandemic virus
- Advises on infection control and social distancing
- Supports border activities and quarantine measures
- Represents NSW on the Australian Health Protection Principal Committee and the National Crisis Committee (with Department of Premier and Cabinet)
- Maintains the State Medical Stockpile of anti-influenza medicine and personal protective equipment for use in public hospitals to temper a likely surge on these items during a pandemic
- NSW Health can also request items from the National Medical Stockpile, maintained by the Australian Government Department of Health

NSW Department of Education

- Works closely with NSW Health and other government agencies to prevent and slow the spread of the pandemic in NSW public schools
- Implements procedures to protect staff and students by limiting spread of disease through its infection control procedures
- Supports the NSW community by reinforcing messages from NSW Health to staff,

students and parents/carers

- Continues to provide educational services, either at NSW public schools through alternative education options which can include work sent home or where the student is referred to another location as necessary
- Prepares for restoring NSW public schools to return to normal through an effective recovery phase
- Provides communication links with early childhood education sector
- May also support communication links with the Catholic Schools NSW and the Association of Independent Schools (NSW)

NSW Department of Premier and Cabinet

- Represents NSW on the National Crisis Committee (with NSW Health)
- Employee Relations advises the Secretary of the Department of Premier and Cabinet (in the role of Industrial Relations Secretary) and government sector agencies on working arrangements in place in the event of a pandemic, in accordance with the NSW Government's Memorandum of Understanding with Unions NSW

Stronger Communities - Office of Emergency Management (including Welfare Services Functional Area)

- Assists in the supply of essential food and grocery items to people in home quarantine or isolation who have no means of accessing these goods independently
- Assists in the reception of quarantined people and family/friends at international airports and seaports
- Supports the State Crisis Centre and State Emergency Operations Centre facilities as needed

Stronger Communities - Office of Sport

- Works with other agencies to support identification of agency buildings that may be appropriate for mass quarantine or isolation accommodation

Engineering Services Functional Area

- Coordinates procurement processes to support supply of food and essential household items to people in home isolation or quarantine who have no means of accessing these goods independently

NSW Police Force

- Plans and implements security of the National Medical Stockpile and State Medical Stockpile in cooperation with NSW Health

- Develops culturally-appropriate strategies, policy and processes for the management of pandemic mass fatalities if service providers have exceeded their capacity to do so

Transport for NSW (including Transport Services Functional Area)

- Implements arrangements to protect staff and passengers by limiting spread of disease through its infection control procedures and public announcements

Exercise management

37. NSW agencies are strongly encouraged to participate in exercises designed to test aspects of a pandemic response (eg: activation of business continuity or surge plans) at local, state and federal levels. Plans are revised as necessary following exercise debriefing sessions.

Financial arrangements

38. Expenditure of funds by agencies during emergency response or recovery operations will be met in the first instance by existing operating budgets or arrangements with NSW Treasury. Should the expenditure be of such a magnitude as to prevent the providing agencies from continuing their normal operations for the remainder of the financial year, Treasury may provide supplementation, however agencies cannot be guaranteed that funding will be provided.

Section 4 – Response

39. The NSW Government and its agencies are responsible for the whole-of-government operational response to a pandemic within NSW. The NSW Government will work with the Australian Government and other jurisdictions to coordinate information sharing, decision making and communication strategies as described in the *National Communicable Disease Plan*.

Operational arrangements

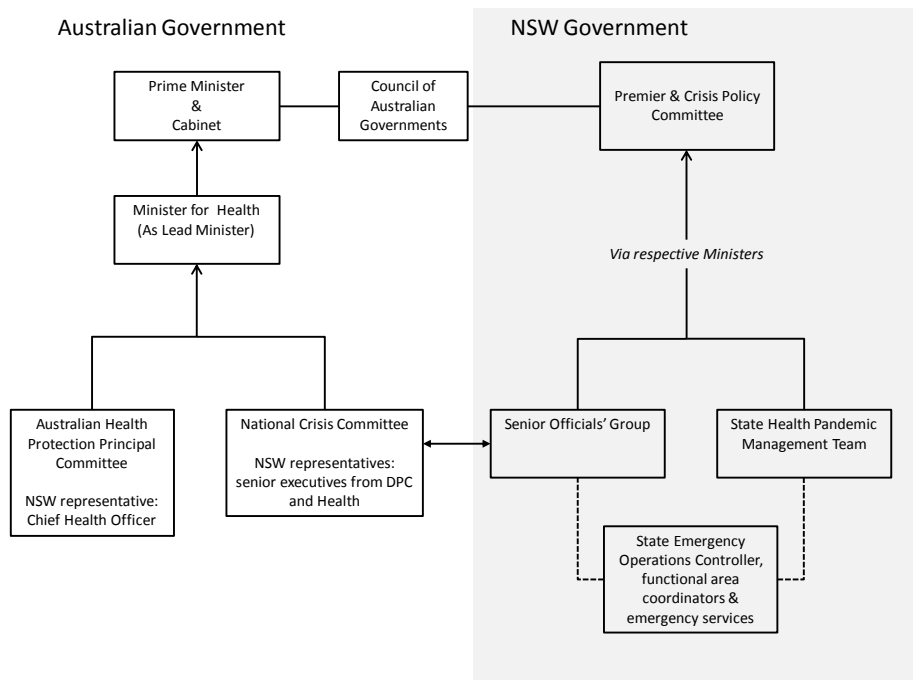
National

40. The National Crisis Committee supports information sharing and coordination of the national response between Australian Government agencies and state and territory government agencies.
41. During a pandemic, senior executives from the Department of Premier and Cabinet and NSW Health will represent NSW on the National Crisis Committee.
42. The Australian Health Protection Principal Committee coordinates the national health sector response. Technical aspects of the response are adopted by NSW for national consistency.
43. The Chief Health Officer represents NSW on the Australian Health Protection Principal Committee.

NSW

44. The State Health Pandemic Management Team, chaired by the Health Secretary, leads the NSW Health response to a pandemic. Its function and membership are described in the *NSW Health Influenza Pandemic Plan*.
45. The whole-of-government pandemic response will be coordinated using the emergency management framework, with Ministers being supported in making cross-agency policy decisions by Secretaries and senior officials as required (see paragraph 50).

Figure 1: Pandemic response governance arrangements



46. Following identification of an emerging pandemic threat, NSW Health, as the lead agency for a pandemic, can request that the Premier convene the Crisis Policy Committee.
47. The Crisis Policy Committee will provide overarching strategic policy leadership and make decisions to address the implications and manage the risks of a pandemic, and determine the whole-of-government public communications strategy.
 - This could include, for example, determining whether or not to temporarily close schools or to implement significant changes to public transportation services to prevent further spread of the disease.
 - Chaired by the Premier, the Crisis Policy Committee’s membership includes Ministerial representatives of key relevant portfolios, plus relevant Commissioners and Secretaries as required and invited by their Ministers. The proposed membership for a pandemic response is included at Appendix 2.
48. The severity of the pandemic will determine the Crisis Policy Committee’s level of activity. The group may meet on an ad hoc basis, as required by major shifts in the pandemic response (eg: the first case in NSW or the start of a second pandemic wave), or more regularly (eg: weekly or daily) if needed.
49. The decisions of the Crisis Policy Committee may be informed by options and recommendations prepared by the Senior Officials’ Group or by the State Emergency Operations Controller.

50. The Senior Officials' Group coordinates the management of the NSW Government response to a pandemic. The Senior Officials' Group will escalate complex and significant policy matters to the Crisis Policy Committee and provide advice on these matters.
- This could include, for example, preparing recommendations for the Crisis Policy Committee on major decisions such as temporarily closing schools or reducing crowding on public transport by analysing the risks, benefits and unintended consequences of various options.
 - The Senior Officials' Group also monitors cross-agency system performance, and advises how best to apply the principles guiding a pandemic response (see paragraph 17) to operational arrangements to minimise the impact of the pandemic and preserve essential services to the greatest extent possible.
 - Membership includes Cluster Secretaries as well as the State Emergency Operations Controller, Chief Health Officer, State Health Services Functional Area Coordinator, the State Emergency Recovery Controller and others as required.
 - Depending on the phase of the pandemic, the Senior Officials' Group may determine that attendance can be delegated to Deputy Secretaries; seniority, decision-making authority and continuity of participation will remain crucial.
51. The Premier may convene a joint session of the Crisis Policy Committee and Senior Officials' Group as needed.
52. The Health Secretary (or delegate) can request the State Emergency Operations Controller's assistance with discrete consequence management aspects of a pandemic response, particularly at the operational level where multi-agency resource coordination is required.
- This could include, for example, tasking functional areas (through the State Emergency Operations Controller) with assisting the minority of people in home quarantine or isolation who are unable to access groceries or essential supplies through family, friends or other support networks, or arranging mass transport and accommodation for people disembarking from a cruise ship who have been exposed to suspected pandemic influenza.
53. Secretaries must ensure their agencies' pandemic responses are appropriately resourced by identified teams within each agency.
- As a pandemic response will be prolonged, the tempo of activity across agencies will vary significantly during the response.
 - Depending on requirements at the time, identified teams may work independently to support their agency's response, may convene virtually to share information between agencies at officer level, or may form a standing multi-agency working group if activity

levels are high.

- The Senior Officials' Group will determine the most appropriate approach; this approach is likely to change as the pandemic evolves.

54. To ensure the continuity of government services during a pandemic, the NSW Government has a Memorandum of Understanding with Unions NSW. The Memorandum of Understanding sets out the conditions which will apply during a pandemic including attendance, salary payments, the ability to require staff to provide wider support (by undertaking additional duties that are not in the employee's role description) and approaches to take if NSW Health closes a workplace.
55. The Premier and the Secretary of the Department of Premier and Cabinet (in the role of Industrial Relations Secretary), in consultation with the Senior Officials' Group, may issue Premier's memoranda and circulars to NSW Government agencies and state owned corporations in relation to workplace measures to aid in the continued delivery of services.

Response strategies and actions

56. The *National Communicable Disease Plan* identifies four key responsibilities for all state governments:
 - Work with local government to ensure good communication, integration and support
 - Work with other jurisdictions and the Australian Government to support an integrated health response
 - Work with the Australian Government to maintain essential services and continued functioning of civil society
 - As far as possible, maintain government services
57. Where there is evidence of an emerging pandemic overseas, NSW Health works with the Australian Government to implement measures to delay entry of the virus to Australia or between Australian states and territories. Border activities, quarantine measures and exclusion strategies may be considered.
58. Once cases are identified in NSW, government agencies may implement a number of strategies and actions in support of the health response. The timing and extent to which these options are implemented will differ depending on the severity, extent and location of the pandemic at a particular point.
59. Decisions relating to measures implemented are not taken lightly and consideration is given to the social and economic impacts of these measures.

60. Social distancing is a broad term used to describe actions intended to limit people's exposure to the pandemic virus by reducing activities involving social mixing. Social distancing strategies may be implemented to differing degrees during a pandemic depending on the situation at the time.

Examples of social distancing actions include:

- Quarantine – people who have been exposed to an infected person may be asked to stay at home in quarantine for a specified period of time
- Home isolation – people who have contracted the disease may be asked to stay at home in isolation for a specified period of time
- Exclusions – in some situations, people may be asked to exclude themselves/their children from child care, school, educational facilities, workplaces and other activities (eg: attending religious services or sporting activities)
- Temporary school closures – decisions may be made to temporarily close individual schools, those in a specific region/area, or more broadly across NSW, for a specified period of time

61. Where possible, social distancing measures will be voluntary. If necessary, powers to ensure adherence are available under the Public Health Act 2010.

62. Processes will be implemented to provide appropriate support to:

- Vulnerable groups
- People who would not normally require government support but whose regular support structures are not available due to the pandemic
- Management and residents of communal living establishments such as residential care facilities

63. When a severe pandemic causes widespread disruption other strategies to support social and economic well-being may be considered including, but not limited to, assistance with:

- Food supply
- Medical supplies
- Continuity of community lifelines such as energy and utilities, petrol and essential transport
- Accommodation
- Finances – for individuals, business, industry sectors
- Management of mass fatalities
- Continuation of food and care for companion animals and animals in large holdings such as zoos, intensive industries or pet care facilities

Public information

64. Providing the public with relevant and current information is a key priority for the NSW Government during a pandemic. Effective public information will aid in limiting the spread of disease and the potential for elevated anxiety levels within the community.
65. As the lead agency for a pandemic, NSW Health will develop a public information campaign. This will include regular updates on the current situation and evolving strategies relating to:
 - changes to pandemic phases
 - infection control measures (eg: personal hygiene)
 - social distancing measures
 - appropriate personal protective equipment
 - information regarding accessing appropriate health care
66. NSW Health will liaise regularly with relevant Australian Government agencies to ensure national and state messaging is consistent.
67. Public information from NSW Government agencies which contains health messaging must be cleared by NSW Health. If agencies are unsure if messaging has health implications they must seek advice from NSW Health.
68. NSW Health will maintain a website (accessed from www.health.nsw.gov.au) with current and detailed information. NSW agencies will link to this website.
69. The primary spokesperson during a pandemic is likely to be the NSW Chief Health Officer or nominated representative. Other NSW Government spokespersons may speak within their area of responsibility.
70. Depending on the scale and scope of the campaign required, NSW Health may request support from the Public Information Functional Area Coordinator, through the State Emergency Operations Controller, with coordinating public information.
71. There are a range of contact centre and advice line capabilities at both the national and state level. Activation of any additional services will be determined according to the situation.

Section 5 - Recovery operations

72. The arrangements for recovery operations in NSW are outlined in the *NSW State Emergency Management Plan* and further described in the *NSW Recovery Plan*.
73. A recovery operation may be initiated where the consequences and cumulative impacts of a pandemic require a coordinated approach for community recovery.
74. The nature of a pandemic suggests that recovery efforts are likely to be focused on supporting economic, psycho-social and health aspects. The recovery process will likely be complex and prolonged, requiring integrated and sustained coordination.
75. Successful recovery requires a planned, coordinated and adaptive approach between community and partner agencies, based on continuing assessment of impacts and needs (refer to the *National Principles for Disaster Recovery*).

Roles and responsibilities

76. The *NSW Recovery Plan* (www.emergency.nsw.gov.au) outlines the strategic intent, responsibilities, authorities and mechanisms for disaster recovery in NSW.
77. During a pandemic, the State Emergency Operations Controller will liaise with the State Emergency Recovery Controller to discuss the need for recovery arrangements as detailed in the *NSW Recovery Plan*.
78. The NSW State Emergency Recovery Controller will provide expert recovery input to the Senior Officials' Group and the Crisis Policy Committee.

Appendix 1: Proposed Crisis Policy Committee membership for a pandemic

Proposed membership:

- Premier (Chair)
- Deputy Premier
- Treasurer
- Attorney-General
- Minister for Health
- Minister for Education
- Minister for Transport
- Minister for Emergency Services
- Minister for Police
- Department of Premier and Cabinet Secretary
- Health Secretary
- NSW representatives on the National Crisis Committee (senior officials from Department of Premier and Cabinet and Health)

Other Ministers and senior government officials may be invited at the request of the Premier.