

Tablelands Regional Council



Pandemic Plan V3.0 April 2023

Tablelands Regional Council acknowledges the Traditional Custodians of the Tablelands region and recognise their continuing connection to country. We pay respect to Elders past, present and future.





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Version Control

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1. OVERVIEW OF PLAN

1.1 Aim

A pandemic is a global outbreak of a new disease. This includes (but is not limited to), influenza and other newly identified viral infections such as COVID-19.

This Pandemic Plan provides a strategic framework for Tablelands Regional Council (TRC) to prepare for, respond to and recover from a pandemic. Key to TRC's strategy is the objective to reduce the number of staff who become ill and to ensure critical functions delivered by TRC are maintained to an acceptable level.

The impact of a pandemic on TRC will be the reduction in personnel. This will be from staff who become ill or who are needed to care for ill family members or dependents. Keeping as many staff as possible working will help meet the aim of maintaining business as usual, as far as possible throughout the pandemic.

If staff absenteeism rates rise significantly and/or staff numbers fall critically low, then a decision will be made to focus solely on critical business functions. At this point, all other non-essential functions may be suspended to facilitate the delivery of critical business functions. This may involve the temporary redeployment of staff. It is anticipated that this would likely only occur for short periods of time (i.e. a few weeks) during a pandemic wave. There are many internal and external influences, decisions and variables that will impact on TRC's ability to deliver services and this will largely depend on the nature of the pandemic threat.

1.2 Objectives


The key objectives of the plan are to:

- ensure critical business functions are maintained and changes to service levels are communicated to the community.
- provide accurate and timely information to staff and Councillors to ensure they are well informed and have adequate health advice to take measures to protect themselves and minimise transmission.

1.3 Context & Assumptions


1.3.1 A pandemic is the outbreak of a disease on a worldwide scale. A pandemic occurs when a new strain of disease emerges for which there is little or no immunity in the population, and is readily transferred between humans to produce infection in a high proportion of those exposed.

1.3.2 A pandemic differs from most other disasters in several ways. It attacks the social and economic environments rather than the built and natural environments. It is likely to be prolonged and could cause widespread anxiety, concern and uncertainty in the community. Although many people may succumb or become unwell, most will survive.

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- 1.3.3 There have been regular but repeated occurrences of pandemics in the past — three in the 20th century: 1918 (Spanish Influenza 40–50 million deaths), 1957 (Asian Influenza one million deaths) and 1968 (Hong Kong Influenza one million deaths). In recent years, SARS-CoV (2003), H1N1 Swine Flu (2009) and H5N1 Avian Influenza (2010) have demonstrated repeated, while irregular, occurrences of pandemics occurring in the 21st century. The latest pandemic is COVID-19 and others may arise due to an increasingly mobile population. This demonstrates the need for ongoing planning and preparedness.
- 1.3.4 How any pandemic will manifest is unknown. However, the following characteristics should be considered for planning purposes. A pandemic may:
- last for an extended time, including several years
 - occur in waves, of weeks or months, sometimes as a result of new variants developing over time.
- 1.3.5 A pandemic is likely to cause significant rates of staff absenteeism, either due to illness, the need to care for those that are ill, or because physical distancing leads to the closure of schools, cancellation of mass gatherings such as sporting events and major disruptions to services and community lifelines. Staff who are confirmed cases or close contacts of infected people may need to isolate or quarantine and may be unable to work for days or weeks.
- 1.3.6 Given the high standards of human and animal health and hygiene in Australia, it is unlikely that sustained animal-to-human transmission will occur. Therefore, this plan assumes that a virus would first emerge overseas and be primarily transmitted by humans. This has been true of previous events.
- 1.3.7 This gives Australia some advantages in planning and responding. The emergence and spread of any new virus overseas can be monitored and early measures taken to delay its entry into Australia. Should a pandemic occur, measures to delay and contain the spread will minimise the impact prior to a vaccine becoming available.
- 1.3.8 It is assumed that the implementation of strategies to initially contain and then to minimise the spread of disease will be effective at least in the short term.
- 1.3.9 Vaccines take time to develop and test. This plan assumes that a vaccination will not be immediately available but will eventually be developed and distributed.

1.4 COVID-19 Disease Description/Threat

- 1.4.1 Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans.
- 1.4.2 Common signs of infection include mild respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death.

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- 1.4.3 Some people, such as the very young and elderly, First Nations people and those with pre-existing conditions, are at a higher risk of serious complications and hospitalisation.
- 1.4.4 The incubation period for COVID-19 is estimated to be 2–14 days with the average around five days. As a direct result, the available data of confirmed cases is 10–14 days behind the likely actual prevalence in the community. This is important to consider in terms of decision making to mitigate and manage the arrival of COVID-19.
- 1.4.5 Transmission of the COVID-19 virus through the community will be via two main pathways — respiratory and physical contact.
- Respiratory — when an infected person exhales or sneezes their droplets can infect the eyes, nose and mouth of an uninfected person
 - Contact — an uninfected person infects themselves by touching their eyes, nose and/or mouth with contaminated hands. Hands can be contaminated by touching contaminated surfaces or objects.

1.5 Scope

- 1.5.1 This plan covers the internal functions of TRC. A separate plan outlines the Tablelands Local Disaster Management Group's (LDMG's) and subgroups' roles and responsibilities to manage pandemic impacts in the community.
- 1.5.2 This plan applies to TRC staff, volunteers, contractors and their families.

1.6 Review

- 1.6.1 The plan will be reviewed regularly throughout the course of a pandemic and updated on at least an annual basis.
- 1.6.2 The plan will be exercised at the discretion of TRC.

1.7 Useful References

- [Queensland Government](#)
 - [Queensland Health](#)
 - [QH Pandemic Influenza Plan 2018](#)
 - [Queensland Health Pandemic Guidance documents](#)
 - [Business Queensland information](#)
 - [Queensland Whole of Government Pandemic Plan March 2020](#)
 - [Business Pandemic Risk Management](#)
 - [WorkSafe](#)
- [World Health Organisation](#) (WHO)
- [Smartraveller](#) travel and border advice
- [Australian Department of Health](#)



2. ACTIVATION, CONTROL & COORDINATION

Queensland Health (QH) is the lead agency for control of incidents involving human illnesses and epidemics. QH will provide overall direction and ensure adequate planning and logistics are in place to support the community response. The department will also ensure agencies are tasked to support the response.

2.1 Activation

TRC will follow the advice and direction of QH. Triggers that guide the activation and escalation of the TRC Pandemic Plan include:

Alert

- Threat of a global pandemic event.

Lean forward

- A pandemic is declared / Australian government begins implementing its plans or suggests a pandemic will arrive in Australia.
- Measures implemented by Queensland or Australian governments or other bodies impose changes that affect the way the business operates (e.g. ceasing non-essential services, implementing social distancing measures, additional hygiene measures, etc).

Stand up

- Stand up measures implemented by Queensland or Australian governments or other bodies that impose further and significant changes to the way the business operates.
- Staff absenteeism rates impact on ability to deliver critical business functions/ overall staff absenteeism 20% or more.
- TRC Continuity Leadership Team (CLT) decides to prioritise delivering critical business functions.

Stand down


- The threat is no longer present or is manageable with day-to-day resources.
- Recovery of non-critical business functions.
- Transition to business as usual (BAU).

2.2 Control and Coordination

2.1.1 The Continuity Leadership Team (CLT) is a structure established under TRC's Corporate Business Continuity Framework and the Corporate Business Continuity Plan (BCP) to manage organisation-wide disruptive events.

2.1.2 The intent of the business continuity framework is to ensure BAU is maintained as far as possible. A range of internal and external factors will impact on TRC's ability to deliver BAU.

2.1.3 The CLT will take the lead role in implementing the Pandemic Plan as the focus of TRC's response is on maintaining essential business functions.

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- 2.1.4 The CLT is chaired by the Chief Executive Officer (CEO). If the CEO is absent, a General Manager will deputise for the Chair.
 - 2.1.5 The CLT has overall responsibility for ensuring TRC's critical functions are maintained.
 - 2.1.6 Each business unit may be required to implement their section level BCP during a pandemic to maintain critical functions, especially if staffing levels are threatened putting critical business functions at risk.
 - 2.1.7 Each business unit is required to update their BCP on at least an annual basis.
 - 2.1.6 If required, the Local Disaster Management Plan (LDMP) and the LDMP Pandemic Plan will be activated to support QH in implementing community mitigation and response measures.

3. STRATEGIC PLANNING FRAMEWORK & ROLES OF GOVERNMENT

Activities to support our community during a pandemic involve state and territory governments, the Australian Government and many health sector parties. Coordination and communication at a national level will be particularly important during the active response.

This section documents the role and responsibilities of each tier of the Australian Government in relation to a pandemic and outlines the strategic framework to manage consequences that may arise.

3.1 Commonwealth Government Framework & Role

- [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](#) provides authoritative advice for all Australians regarding the likely nature of a pandemic and how the health sector will respond. It is based on international evidence and best practice, and forms the basis for pandemic planning in all Australian states and territories.
- [Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements \(National CD Plan / NCDP\)](#) outlines how agencies across Australian, and state, territory and local governments will work together to protect Australia from the threat of a major communicable disease.
- [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#) outlines how the Australian Government will coordinate national pandemic measures, allocate national health resources and support the health response in any jurisdiction if jurisdictional capacity becomes overwhelmed. The response model is depicted in Figure 1.

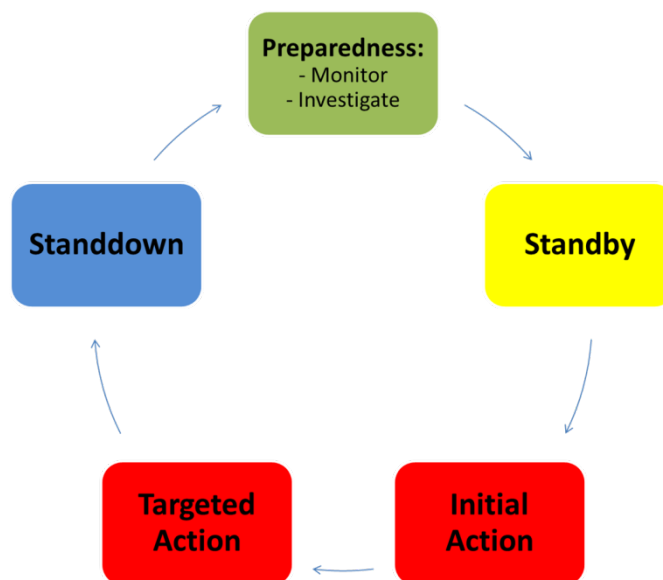


Figure 1: Australian Government response model for pandemic

The Prime Minister (or delegated Minister) will:

- lead the national response, as required by the severity of the pandemic
- consult with the leaders of affected states and territories to ensure a coordinated national response.

The Commonwealth Government will:

- determine and maintain national policy and broad national strategies, including national legislation, in close consultation with state and territory governments
- maintain the AHMPPI through Council of Australian Government leaders
- take appropriate actions as outlined in the AHMPPI
- determine Australian Government prevention strategies and responses to a pandemic through an interdepartmental committee chaired by the Department of the Prime Minister and Cabinet
- work with state, territory and local governments in reporting outbreaks, and responding to, and recovering from, a pandemic situation in their jurisdictions
- assist nation-states affected by pandemics through bilateral and multilateral relationships, with a particular focus on the Asia-Pacific Region
- maintain and provide national capabilities to deal with pandemics
- maintain cooperative relationships with owners and operators of critical infrastructure regarding industry preparedness, continued operation and recovery from a pandemic, while understanding the likely impacts pandemic control measures may have on the ability of owners and operators to continue providing essential goods and services to the community
- maintain business continuity plans to enable delivery of Australian Government essential services
- administer the *Quarantine Act 1908* and border control measures
- administer the *National Health Security Act 2007*

- coordinate the management of national public health surveillance data and technical advice
- work with business and the community
- inform the public of planning and preparation under way and provide information to the public during response and recovery
- work with state and territory governments and Australian Local Government Association (LGAQ) to develop public education material.

3.2 Queensland Government Framework & Role

The [Queensland Health Pandemic Influenza Plan \(QHPIP\)](#) builds on the AHMPPI and aims to minimise the morbidity and mortality associated with an influenza pandemic, as well as its impacts on the Queensland community, health care system and economy. It presents strategies and activities to identify the necessary planning and preparedness actions to support the control of an influenza pandemic in Queensland.

Figure 2 depicts how the various activation stages of the AHMPPI link to the activation stages of the Queensland Disaster Management Arrangements.

AHMPPI Stages ¹	AHMPPI Sub-stages ¹	Characteristics of the disease that inform key activities (See AHMPPI ¹ for key activities in each stage)	Queensland response arrangements
Prevention	Prevention*	No novel strain detected or emerging strain under initial investigation	Prevention
Preparedness	Preparedness	No novel strain detected or emerging strain under initial investigation	Preparedness
Response	Standby	Sustained community person-to-person transmission overseas	Alert Lean Forward
	Initial Action	Cases detected in Australia Initial	Stand up
		Targeted	
	Targeted Action	• when information about the disease is scarce • when enough is known about the disease to tailor measures to specific needs	
Stand Down	Virus no longer presents a major public health threat	Stand Down	
Recovery	Recovery*	Virus no longer presents a major public health threat	Recovery

Figure 2: Activation stages of AHMPPI vs QLD Disaster Management Arrangements

Queensland Government will:

- determine and maintain pandemic related policies, legislation and plans within their jurisdictions
- work with the Australian Government and other jurisdictions, reporting outbreaks of pandemics and actions taken
- maintain pandemic response and recovery capability, in line with the NCDP and the AHMPPI

- have primary operational responsibility for public and animal health monitoring, surveillance and response within their boundaries
- have primary operational responsibility to respond to and recover from an outbreak of a pandemic in their jurisdictions
- implement agreed preparedness and prevention strategies in line with the NCDP and the AHMPPI
- seek assistance from, or provide assistance to, other jurisdictions if required
- contribute to the national strategy for response and recovery
- maintain business continuity plans to enable the delivery of state essential services
- maintain cooperative relationships with the owners and operators of critical infrastructure regarding industry preparedness, continued operation and recovery from a pandemic, while understanding the likely impacts pandemic control measures may have on the ability of owners and operators to continue providing essential goods and services to the community
- administer emergency management arrangements within their own jurisdictions
- work collaboratively with neighbouring jurisdictions on cross-border issues
- work with local government, businesses and the community to respond to, and recover from, a pandemic
- inform the public of planning and preparation under way and provide information to the public during response and recovery
- work with the Australian Government and local governments to develop public education material.

3.3 LDMG Framework & Role

The Tablelands LDMG is responsible for coordinating disaster operations in the TRC local government area. The LDMG has a multi-agency hazard-specific Pandemic Plan that focuses on the role of the LDMG in providing support to the lead agency. This is in addition to the Local Disaster Management Plan and eight sub-plans that have been developed to respond to disasters in the TRC region.

3.4 TRC Framework & Role

This plan links directly with:

- TRC Business Continuity Management Framework
- TRC Business Impact Analysis
- TRC Corporate Business Continuity Plan
- TRC Service Level Business Continuity Plans.

It integrates with the LDMP and sub-plans that have been developed to respond to disaster events affecting the Tablelands Region, including the Tablelands LDMG Emergency Contact List. The LDMP also provides community profile information e.g. population, health services, vulnerable populations, etc.

TRC will

- determine and maintain pandemic policies and plans consistent with the role of local government and complementing relevant state and national policies and plans

- maintain business continuity plans to enable the delivery of local government essential services
- support national and state response and recovery by representing the needs of local communities and contributing to their continuing viability
- support state emergency management frameworks
- provide leadership, advice and support to work effectively with business and the community
- in partnership with state government, inform the public of planning and preparation under way and maintain information to the public during response and recovery
- implement the Prevention, Preparedness, Response and Recovery (PPRR) Actions as per Appendix 1
- implement the human resource (HR) guidelines as per Appendix 2
- implement the Communications Plan as per Appendix 3.

4. Concept of Operations — Response Strategies

Strategies to ensure the aim and objectives of this plan are met include:

4.1 Internal Communication

It will be important to ensure timely information is provided to TRC staff throughout the pandemic.

Clear two-way communication between QH and TRC will be established and maintained to facilitate the timely distribution of information.

Information and updates will be provided via the CLT across using a range of internal communications tools. All communication must be linked to, and be consistent with, messages issued by the Australian Government, QH and other Queensland Government departments. Communication products should not be developed specifically for TRC unless a QH or similar product is not available. TRC communication tools should not interpret or recreate existing QH products.

Key messages may include:

- what TRC is doing to prepare for the pandemic including accurate situational information
- contingencies in place to support staff and maintain services
- WHS information and procedures
- hygiene measures
- travel advice
- official sources of advice and local support services
- [self-quarantine strategies](#) for staff who have travelled to high risk destinations, or been exposed
- measures to reduce transmission including physical distancing, hygiene, etc.
- encouraging routine influenza, pneumococcal and Covid 19 vaccinations
- date, time and location of vaccination opportunities.

4.2 Protect Staff & Customers

Staff will be required to remain at home if they have symptoms and if required by Queensland Health advice so the spread of the disease does not affect co-workers and the community.

Personal protective equipment (PPE) will be provided to frontline staff as required by the circumstances of the event (i.e. face masks, tissues, gloves, alcohol wipes etc.). Changes to customer interfaces may also be triggered to reduce face-to-face contact.

Additional cleaning of work surfaces, equipment, fleet and public areas will be instigated at the lean forward phase.

4.3 Ensure Critical Business Functions Are Maintained

If staff numbers drop below that required for BAU, remaining staff will focus on TRC's critical business functions.

This Pandemic Plan links directly to TRC's [Corporate Business Continuity Plan \(BCP\)](#). The Corporate BCP contains information for the response to wide-ranging corporate disruptive incidents. The plan also contains TRC's critical functions list that identifies the services and activities that must be maintained or recovered within defined timescales and service level plans.

Section level business continuity plans provide information regarding key personnel, skills and core business functions. These plans assist with maintaining critical functions with reduced staff numbers by ensuring they have identified and considered:

- the critical business functions and essential services to be maintained
- all non-essential services that could be reduced or suspended
- staffing / core skill requirements to maintain essential business functions
- staff who may be redeployed if critical staff members are affected
- multi-skill training for relevant staff
- volunteers who could assist in service delivery
- documentation of critical business function processes
- supply chain and procurement implications
- external contractors who provide critical functions or essential services and contingencies for the continuation of the service if the contractor is no longer available.

Staff shortages will have a large impact on all business areas and the community. It may be possible to source additional staffing through labour hire agencies, via the [Local Government Memorandum of Understanding — Emergency Management](#) or the LGAQ's Council 2 Council program. It is a key risk that additional external staff may not be available, limiting TRC to providing services within staffing and financial constraints.

The change of services will be communicated to the community across a range of channels.

APPENDIX 1: CONTINUITY LEADERSHIP TEAM ACTIVATION CHECKLIST

Alert Phase

This phase will likely be characterised by sustained person-to-person transmission overseas with some cases reported throughout Australia. TRC's response is BAU but the situation is closely monitored. The TRC Pandemic Plan and Corporate Business Continuity Plan are reviewed and updated. Initial actions will be undertaken to ensure an operational state of readiness and pandemic exercises may be conducted to test arrangements prior to the onset of the pandemic.

BCP PHASE	TRC Actions
ALERT	<ul style="list-style-type: none"> • Familiarise yourself with TRC Pandemic Plan. • Maintain Corporate and service level BCPs. Review critical functions and prioritise for pandemic. • Consideration of specific training and exercises to address planning and preparedness for the threat. • Monitor pandemic threat through WHO/QH and promote lead agency messaging. • Check supplies of P2 (respirator) masks, disposable face masks, hand sanitiser, tissues, safety glasses and that all consumables have an expiry date longer than 12 months. • Disseminate information/key messages to staff and community.

Lean Forward Phase

TRC's response is heightened vigilance. This phase will likely be characterised by sustained community transmission in Queensland.

BCP Stage	TRC Actions
LEAN FORWARD	<ul style="list-style-type: none"> • Monitor pandemic threat through WHO/QH and promote lead agency key messages. • Implement corporate planning for pandemic impact and be ready to action BCPs. • Provide coordination and leadership to ensure critical business functions are adequately resourced. • Engage with WHS on PPE requirements including for pool vehicles, depots, etc. • Disseminate information/key messages from CLT meetings to staff and community. • Confirm which HR policies will be applied during pandemic. Clarify leave entitlements/arrangements with all staff.

	<ul style="list-style-type: none"> • Implement HR measures as required i.e. isolation of staff who have travelled to moderate- or high-risk areas, physical distancing, limiting/stopping staff travel, etc. • Implement system to manage absenteeism. Conduct a skills audit of staff and identify what skills may be of advantage to other areas. • Planning and implementation of strategies to protect critical functions. • Consider staff working from home. Assess access availability for staff to be able to work from home (working from home safety checklists, register of all equipment removed from office, purchase and configure additional hardware and software, etc.). • Limit face-to-face interactions within the workplace and community. • Encourage staff to regularly disinfect their workstations, work areas, vehicles, etc. • Encourage physical distancing within the work environment, including vehicles and plant. Redistribute or provide additional vehicles if required. • Support staff to have vaccinations (once available).
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Stand Up Phase

This phase will likely be characterised by sustained person-to-person transmission within the TRC region where significant measures are required to maintain critical business functions and a coordinated and consistent approach applied to service delivery is needed. This phase may see 25% or more of the workforce unavailable. Non-essential business functions may be suspended to facilitate the delivery of critical functions.

BCP Phase	TRC Actions
STAND UP	<ul style="list-style-type: none"> • Maintain critical business functions. • Suspension of non-essential business functions as required. • Planning to recover non-essential business functions. • Senior staff to regularly contact absent staff to provide support. • HR to implement a system to monitor sick leave. • Ensure staff delivering critical business functions have appropriate PPE and other resources. Re-supply PPE where required. • Disseminate information from CLT meetings, including current state of operations, to staff, community and LDMG. • Consider redirection of staff from non-essential services to maintain critical functions. • Provide information regarding what stage employees should return to work. • Promote Employee Assistance Program.

	<ul style="list-style-type: none"> • HR to establish a register of staff that have been infected with / exposed to the virus, and/or required to isolate.
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Stand Down Phase

Activities that were initiated will be ceased and there will be a transition back to BAU supported by appropriate communication. It is important to remain vigilant for future pandemic waves.

BCP Phase	TRC Actions
STAND DOWN	<ul style="list-style-type: none"> • Recover non-essential functions. • Transition to BAU. • Evaluate, debriefing and identify lessons learnt.

APPENDIX 2: HR & OTHER GUIDELINES

1. TRC Pandemic/Epidemic Workforce Arrangements Policy

The policy covers:

- leave management
- staff redeployment
- vaccinations

2. Management of Absenteeism

The People and Culture Team will monitor absenteeism and provide statistics to the CLT to consider the effects these levels are having or are projected to have on the business.

Illness

Employees who display or have been in contact with someone who displays signs/symptoms of the pandemic condition should follow any self-isolation requirements in accordance with Queensland Health advice. A [Risk Assessment](#) may need to be conducted to determine the appropriate course of action in line with the recommendations from QH, and a Return to Work Checklist may also be required before returning to the workplace..

If an employee who is working from home reports they are unfit for duty due to illness, the relevant supervisor/Leadership Team member is required to:

1. instruct the employee not to attend work.
2. advise the employee to seek medical advice and advise of outcome
3. identify recent close contacts of the employee at workplace if applicable
4. advise employee to isolate and communicate results in if required by QH directions current at that time
5. provide information to People and Culture for the Impact & Isolation Register if required
6. arrange cleaning of employee's work area if applicable.

If an employee reports they are unfit for duty due to illness while at work or prior to reporting for work, the relevant supervisor/Leadership Team member is required to:

- instruct the employee not to attend work.
- advise the employee to seek medical advice and advise of outcome
- identify recent close contacts of the employee at workplace if applicable
- advise employee to isolate and communicate results in if required by QH directions current at that time
- provide information to People and Culture for the Impact & Isolation Register if required
- arrange cleaning of employee's work area if applicable.

Remain in Contact

Supervisors/Coordinators should regularly contact employees at home to provide support and ascertain when they can return to work.

3. Hygiene

Cleaning & Disinfection

Additional workplace cleaning by contractors and staff will be undertaken as required. Cleaning products will be available in each section.

The recommended schedule of workplace cleaning during a pandemic/epidemic should include:

Area	Frequency	Who
Workstations	Daily	Officer
TRC fleet	Daily	Drivers or nominated by coordinator if pool car
Main entry doors	Daily	Contracted cleaner
Counters	Daily	Nominated officer/contracted cleaner
Kitchens	Daily	Nominated officer/contracted cleaner
Railings, steps, and walkways	Daily	Contracted cleaner
Toilet doors	Daily	Contracted cleaner
Elevators	Daily	Contracted cleaner

Employees have a responsibility to ensure the workplace is kept clean to reduce the spread of any illness. If there is any doubt whether an area has been cleaned, clean it again.

Surfaces should be cleaned with either water and disinfectant or a spray and wipe type product. Surfaces suspected or known to be contaminated should be disinfected with an alcohol or chlorine-based chemical including:

- 1:50 dilution of 5% liquid bleach
- anti-bacterial office wipes
- hospital grade disinfectant.

Employees and visitors will be notified of hygiene protocols through various communication tools.

Hand Washing

Hand washing is crucial to reducing the transmission of infectious agents. Wash hands after coughing, sneezing or using tissues. Use soap and warm water and paper towel for drying.

[How to Wash Your Hands \(Queensland Health Guide\)](#)

Hand Sanitiser Gel & Alcohol Based Hand Rub (ABHR)

Gels and ABHRs should not replace washing hands. They should be used:

- in between washing hands when hands are not visibly soiled
- after touching surfaces that may be contaminated i.e. benches, keyboards, mouse, phone, door handles, common use surfaces, etc
- frequently during the day when there is a pandemic.

Tissues

Should be used when sneezing or coughing and thrown in the bin after use. Used tissues have the potential to contaminate clothing and hands.

4. Physical Distancing

Physical distancing reduces personal interactions and the risk of disease transmission. Employees:

- have a WHS obligation and a duty of care to ensure their fellow employees can operate in a safe environment
- may be required to avoid face-to-face meetings and interactions and use telephones, video conferencing and electronic communication
- may be required to minimise meeting time, select a large or outdoor meeting space and distance attendees if face-to-face cannot be avoided
- should avoid shaking hands and other physical contact
- may be required to avoid unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops, and training
- may be required to avoid congregating in lunchrooms and kitchens, and instead eat at their desk, outdoors or away from others
- may be required to wear suitable masks if physical distancing is not possible.

TRC:

- may reduce employee density across all areas to ensure physical distancing can be maintained
- may provide [additional vehicles](#) to meet physical distancing requirements
- may require employees to work in altered conditions including:
 - within the workplace
 - at another workplace
 - at home
 - variable work hours.
- may limit or suspend public access to the business and identify other means by which to deliver services or provide information
- may deny workplace access to people with symptoms, and notices to this effect will be placed on all entries to all buildings.

Business Continuity Plans must contain:

- information on the appropriate physical distancing solutions if required for:
 - employees working in the workplace
 - clients attending an office
 - customer enquiry counters/interface.
- information to employ alternative means to provide contactless service e.g.:
 - online systems where the community can obtain information, request a service, place orders, pay bills, etc.
 - methods for safe and efficient pick-up or delivery of orders
 - barriers for protection e.g. perspex screens.

Further Information

The above information is a guide and further information is available from:

- [WHS WP 3.4.1 Infection Control](#)
- [Queensland Health](#)

5. Remote Working

Consideration will be given to staff working remotely or from home if their roles allow. A [Working from Home \(WFH\)](#) guide assists staff and managers with managing WFH

arrangements. Employees are required to complete a [Home-Based Office Hazard Inspection](#) prior to commencing working from home.

6. Vehicles

To ensure services are provided for as long as possible vehicle measures may be applied to meet physical distancing requirements (in order of preference):

- reallocation of TRC vehicles from indoor and non-critical functions to the outdoor workforce. This might involve:
 - reallocation of spare and pool vehicles
 - reallocation of new vehicles
 - deferring the disposal of replaced vehicles
 - reallocation of vehicles from officers providing non-essential services
 - reallocation of supervisors' vehicles.
- hiring vehicles
- use of employees' private vehicles
- requesting additional vehicles through the Queensland Disaster Management Arrangements via the Tablelands Regional Council Local Disaster Management Group (LDMG).

Vehicles will be allocated to staff performing critical functions when the CLT is at Stand Up or when absenteeism triggers the prioritisation of critical functions. TRC has enough vehicles to ensure physical distancing of employees performing critical functions with minimal reallocation.

Reallocation of vehicles is subject to CLT endorsement with the deciding vote resting with the CLT chair.

TRC vehicles are a workspace and the [cleaning and disinfection requirements](#) apply. All contact points including door handles, steering wheel, gear stick, etc. will need to be thoroughly cleaned and disinfected at the start and end of each workday and at handover to a different user.

APPENDIX 3: PANDEMIC COMMUNICATION PLAN

Pandemic Communication Plan

Project Officer

Strategic Communication Advisor (SCA) on behalf of the Continuity Leadership Team

Scope of project

Communications for a pandemic event.

Aim and objectives

Providing regular, accurate and consistent pandemic communication to our internal and external audiences, using a variety of channels.

Target audiences

All staff including TRC volunteers
Contractors
Residents and ratepayers
Community groups
Local business
Visitors

Key messages

1. Most recent messages from the Australian Government and Queensland Health on the status of the pandemic and source of more information
2. Current hygiene messages from Queensland Health, how to apply these in the home, community and workplace, and source of more information
3. Latest updates regarding CLT and LDMG status, local support services and contact information
4. Disruption to TRC services and source of more information
5. Latest business support measures and sources of more information
6. Disruption to community events, activities and sessions
7. Return to normal for TRC services.

Job number

TBC

Stakeholders

The role of Federal, State and local agencies has been addressed in the document titled Australian Health Management Plan for Pandemic Influenza:

health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm

The role of State Government is described in more detail in the Queensland Health Pandemic Influenza Plan:

health.qld.gov.au/data/assets/pdf_file/0030/444684/influenza-pandemic-plan.pdf

The state government agencies that have significant roles include:

- Department of Premier and Cabinet.
- Queensland Health.
- Queensland Department of Agriculture and Fisheries.

- Queensland Fire & Emergency Services (QFES).
- Queensland Police Service; and
- State Health Emergency Co-ordination Centre (SHECC).

The Department of Premier and Cabinet will set up a Crisis Communication Network. Effectively, this model places all the communications arms of all state government agencies into one location. The role of this centre will include:

- Provide whole of government coordination of communications activities.
- Supporting the state disaster management group.
- Producing and transmitting media releases etc.
- Managing the Queensland Government website.
- Managing the Queensland Government hotline.
- Managing the media centre; and
- Monitoring the media.

Project funding

N/A at this stage but may become available in the future depending on the scale and impact.

Risks

- Diminished community confidence in Council
- Diminished employee confidence
- Rumours and incorrect information
- Drastic spread of pandemic

Media products/tools

Tool	Messages (numbers from list above)	Who	When
Media releases	1–7	SCA	Multiple, as required
News items on website	1–7	SCA	With media releases
Dashboard	1–7	Senior Advisory Emergency Management (SAEM) and SCA	With media releases and as required
Social media posts (3 platforms)	1–7	Digital communications officer (DCO)	With media releases and as required
Full page newspaper ad	1–7	SCA	Twice/month as required
Newspaper advertising	1–7	SCA	As/if required
Radio advertising	1–7	SCA	As/if required
School/community newsletters	1–7	SCA	As/if required
Local Matters	1–7	DCO	Monthly
Business Matters	1–7	DCO	Monthly
Talking Point	1–7	DCO	Monthly
CEO staff emails	1–7	Coordinator Communication & Engagement (CCE) and CEO	As required
Hub		CCE, SCA and work groups	Daily / as required
Toolbox talks / team meetings	1–7	All staff	Daily / as required
Flyers for staff (noticeboards, toilet doors etc)	2	SCA with relevant work group	As required
Customer service screens	1–7	DCO	As required
Letterbox drop	1–7	SAEM, CCE and SCA	As required

APPENDIX 4: PANDEMIC PPE

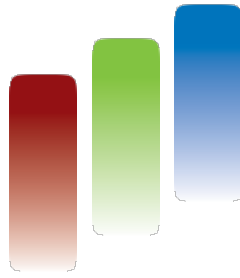
As of February 2022, TRC has these items in stock:

ITEMS	AGREED STOCK LEVELS
Hand gel	
Spray disinfectant	
Disinfectant wipes	
Bulk hospital grade disinfectant	
Tissues	
P2 masks	
Disposable face masks	6000
Rapid Antigen Tests	
Nitrile gloves	

Supply lines are being reviewed to ensure ongoing stocks.

APPENDIX 5: PLAN DISTRIBUTION LIST

CLT Position	Organisation Position Title	Alternate Position Title
Chairperson	Chief Executive Officer	Any General Manager
CLT Support / Minute taker	Executive Assistant to the CEO	Executive Assistant
Infrastructure & Planning	GM Infrastructure & Environment	Manager Water & Waste
Community & Corporate Services	GM Community & Corporate Services	Manager Community Services
Facilities	Manager Strategic Assets	Senior Advisor Facilities
Communications	Coordinator Communications & Engagement	Strategic Communications Advisor
Human Resources	Manager People & Culture	Senior Advisor Human Resources
Systems & Information	Manager Systems & Information	ICT Systems Engineer
Emergency Services / LDMG Liaison	Senior Advisor Emergency Management	Manager Environment & Natural Resources



Live, discover and invest in a Tablelands community



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