

PANDEMIC PLAN



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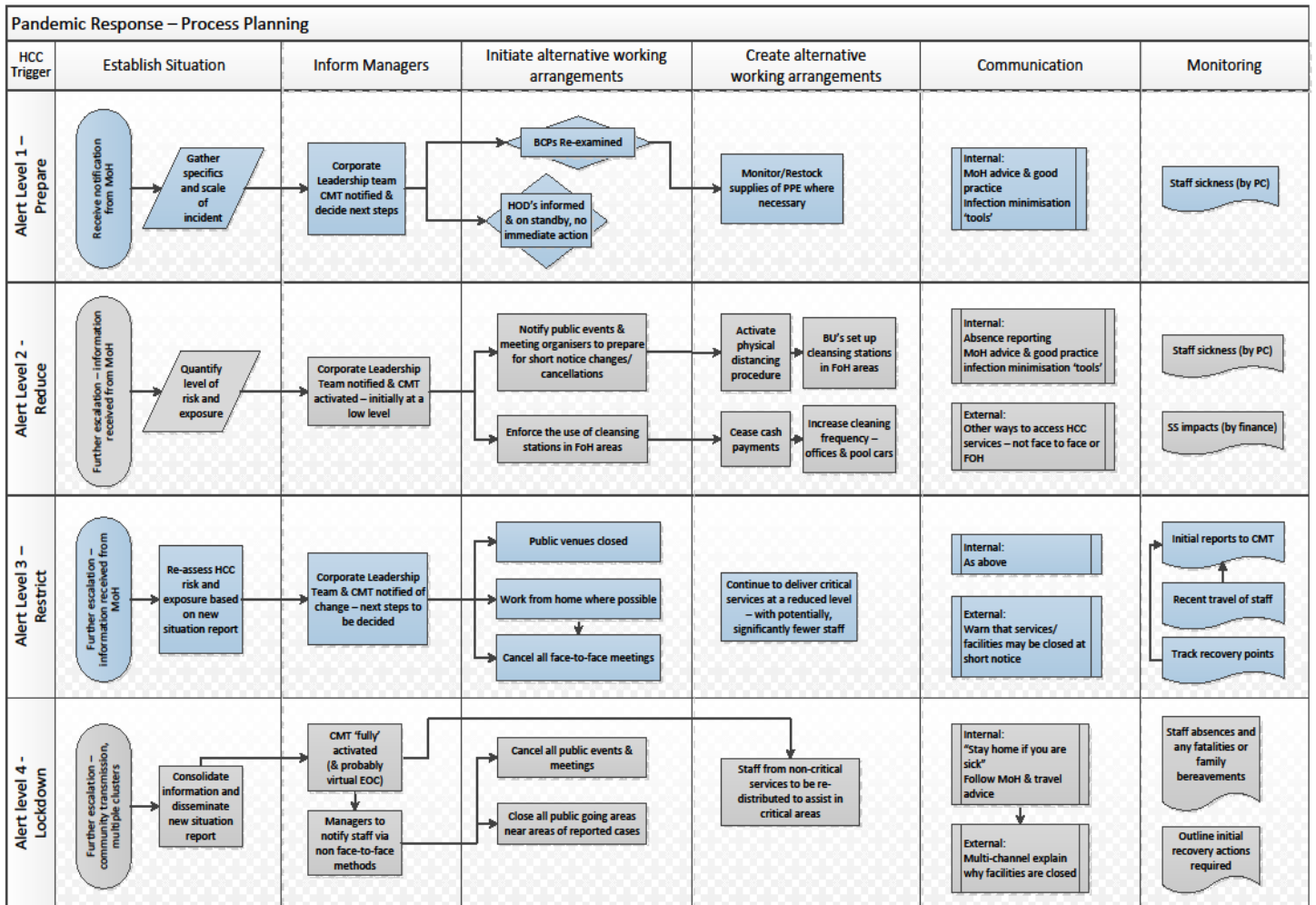
This plan will be reviewed and updated:

- Annually
- Following exercises, or
- After use

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1. PANDEMIC RESPONSE – PROCESS PLANNING



2. OVERVIEW

Context

The Ministry of Health (MoH) leads the Government's response to a pandemic in New Zealand. Their framework for action sets out a six-phase strategy, and following COVID19, has 4 associated Alert levels.

Pandemics are characterised by "the global spread of a novel type of virus that may cause unusually high morbidity and mortality rates for an extended period."*

The scale of pandemics can vary greatly, but MoH advocate planning for a severe-level event, which could result in 40% of the population becoming ill over an eight-week period and assumes a fatality rate of 2%. This is not a prediction but allows all sectors to plan for a very large event impacting all aspects of society.

Purpose

This plan provides a flexible framework of action, outlining Hutt City Council's (HCC) response steps, tailored to the specifics, severity and phase of the pandemic event.

HCC's:

- Phases and triggers are informed by the MoH's phases – which in turn are informed by the WHO phases.
- Alert levels apply our local triggers specific for HCC.

This ensures our planning reflects the local situation and services, whilst giving effect to for national and international terminology and warning levels.

HCC along with other agencies must plan for and respond to a pandemic within our sector for the benefit of staff and our communities.

Scope

This plan covers the HCC response to a pandemic. It outlines the action that will be taken internally, to ensure that the critical services HCC delivers continue throughout the event.

This plan excludes the 'external' response that will be led by Public Health, District Health Board or National Emergency Management Agency mechanisms.

Using this plan

The actions within this plan are laid out depending on the declared level of alert from the MoH, with added elements to reflect HCC local variations.

Actions are focused on providing a timely and effective response, protecting the health safety and wellbeing of staff, minimising the spread of the infection, continuing to deliver critical services/minimise disruption, maintaining public confidence in HCC and helping HCC to recover quickly from the pandemic impacts.

*NZ Influenza Pandemic Plan – framework for action

3. MOST AT RISK SERVICES AND STAFF

Front of House (FoH) services and staff will have the highest risk of exposure in the event of a pandemic:

- Administration Building (30 Laings Road)
- Libraries (War Memorial Library, Stokes Valley, Taita, Naenae, Wainuiomata, Eastbourne, Petone and Moera libraries)
- Community hubs (Walter Nash Centre, Koraunui Stokes Valley, Wainuiomata Community Hub)
- The Dowse Art Museum, Petone Settlers Museum
- Parks and Recreation (including Huia pool and fitness centre, Stokes Valley Pool and fitness centre, and summer pools: Wainuiomata, McKenzie Baths, Eastbourne)
- Pelorus Trust Sports House
- Security guards (contractor relations) and Safe City Ambassadors
- Animal Services – Seaview and Moa Point
- Parking Officers – on-the-street contact with public
- Event teams including community events organisers
- Consenting functions - building, and resource consent officers
- Environmental health officers and noise control
- Tradewaste officers
- Silverstream Landfill and Wainuiomata Cleanfill

Each FoH service is to review and insert an additional action plan within their BCP's.

NB: The lease agreements for Naenae Bowls Centre and Fraser Park Sportsville/Ricoh Sports Centre include these facilities being as mass temporary accommodation sites in a civil defence emergency.

Other:

- Sportsfields, playgrounds, skate parks
- Wharf, jetties and boat ramps
- Parks and trails
- HCC public toilets
- HCC Public artisan water supply taps – Buick Street Petone, outside The Dowse and at Riverside Drive Waiwhetu
- Kerbside collection of rubbish and recycling
- Community recycling centres – Kelson, Alicetown, Naenae
- Community Halls and the Little Theatre
- The Pavilion, Lower Hutt Emergency Operations Centre
- Seaview Marina
- Urban Plus – social housing

Council tenants

- The Lower Hutt Events Centre
- Community Houses and Hutt Minoh Friendship House
- Fellow Café, Little Theatre
- BellBird, The Dowse
- Tutaki, The Events Centre
- Other lease and sub-lease arrangements (see Facilities Manager)

4. CRITICAL SERVICES DURING A PANDEMIC

Whilst front facing services are most at risk, other services must continue to be delivered throughout the response to a pandemic event. These are highlighted below:

Priority 1: Critical essential services/functions of Council. Disruption would have significant impact to community, potential Council brand damage and/or financial loss. Target: Within half to one day

Contact Centre	Information Services	Website
Mayors Office, Chief Executive, Leadership Team	Front Counter Customer Services	Communications
General Counsel	Emergency Incident Management	Facilities team

Priority 2: Important to restore quickly but the Community has less/no visibility of the function. Target: 1-3 days, up to one week

Democratic Services	Corporate Online Transfers	Monitoring and Enforcement
Transport	Debt Management	Resource Consents and Inspections
People and Capability	Payroll	Environmental Inspections / Enforcement
Rates	Building Inspections	
Debtors	Land Information Memorandum (LIMs)	Building and Resource Consents

Priority 3: All other services delivered by Council have high level of tolerance for delay or disruption.

5. BEFORE A PANDEMIC EVENT

Prior to an event being declared there is a BAU level – termed as ‘White’ by the MoH.

As this is a Tactical Continuity Plan, the actions required under BAU or ‘White’ are not included in the main body of this plan but can be found in Appendix 1.

6. DURING A PANDEMIC EVENT

Activation

This plan can be activated with the HCC Pandemic Crisis Team or as directed by the Chief Executive or nominated alternative.

The following conditions would make the use of this plan necessary:

- The MoH declares a pandemic alert – range from Yellow to Red.
- This HCC Plan will be activated depending on the specifics of the case; our alert levels range from Level 1 to Level 4
- If the first declaration of the pandemic event is anything other than Yellow: HCC will review and activate at the equivalent level. In this case, all preceding actions outlined under other alert phases will also need to be completed

Stand-down

MoH declares they are moving into Recovery Phase (Code Green) or return to BAU (Code White).

Prior to re-opening of sites and alongside staff returning to BAU, specific provisions should be made to ensure that Māori cultural considerations, such as tapu and noa, are implemented.

Assumptions

The following assumptions have been made in the development of this plan:

- A pandemic is imminent
 - HCC sites will remain open for as long as safely practical
 - The CDEM (EOC and DHB) response is separate from the CMT pandemic response
 - A cluster is defined (by the MoH) as >1 linked cases of the outbreak
-

7. RELATED DOCUMENTS

Pandemic plan to be read in conjunction with the below documents:

- Council services and operations through alert levels 2, 3 and 4
- Resurgence Action Plan

8. DETAILED ACTION PLANS AS DETERMINED BY ALERT LEVEL

Respond to an emerging pandemic event	
Triggers	MoH announces <u>Alert Level 1 in NZ (AL1)</u> , disease is controlled in NZ but uncontrolled overseas
HCC objectives	Minimise staff exposed to the virus, prepare for potential site closures, meeting restrictions and ensure services continue to be delivered
Who	AL1 Action
Emergency and Continuity Manager/Team	Based on MoH advice, brief CMT and Corporate Leadership Team (CLT) –with specifics of illness
CMT / CLT	Authorise, in light of situation specifics: <ul style="list-style-type: none"> ▪ Plan and prepare additional cleaning regimes
Information Technology	Evaluate remote access capability and arrangements –increase where possible. Check facilities identified in community plans – link with Facilities – for alternate sites
People and Capability	Issue reminders to staff of infection control Issue reminders of leave arrangements and process for reporting absence. Inform managers to start reporting sickness numbers and any concerns or staff shortages related to the pandemic Plan for internal signage and additional sanitation supplies for staff
Facilities	Plan for additional cleaning arrangements: <ul style="list-style-type: none"> ▪ Include ‘high-touch’ surfaces and areas such as pool cars, lift key pads, handrails ▪ Determine any other additional cleaning measures, based on situational specifics ▪ Increase frequency

Who	AL1 Action
Communications and Marketing (to be issued)	<ul style="list-style-type: none"> ▪ Disseminate MoH FAQs and localise if required ▪ Follow travel advice on Ministry of Foreign Affairs and Trade website ▪ Alert staff to international / domestic areas that are at risk – any recommend self-imposed travel restrictions ▪ “Stay home when sick” ie self-isolate and follow MoH guidelines and on-going good hygiene practice reminders – additional to BAU ▪ Initiate contact tracing signage across all facilities ▪ Remind public about other ‘channels’ rather than face-to-face, and encourage use of them
ALL HoDs/team leaders	<ul style="list-style-type: none"> ▪ Disseminate People and Capability advice ▪ Check contact details for all team and key stakeholders ▪ Run a BCP familiarisation exercise with team members ▪ Brief staff members providing critical services (page 6) to prepare to work remotely if event escalates eg take laptops and chargers home each day
High risk HoDs (additional to above)	Re-examine BCP in light of situational specifics and activate where appropriate.
FoH BU’s	<ul style="list-style-type: none"> ▪ Set up cleansing stations for public and staff (see Appendix 2) ▪ Provide additional sanitiser products at all stairwells, kitchens, and public facing counters. ▪ Allocate, conduct supply monitoring, and restock where necessary of PPE – based on situational specifics ▪ Refer to response to suspected / confirmed case process (Appendix 9)

Respond to an emerging pandemic event	
Triggers	MoH announces Alert Level 2 (AL2) , single or isolated cluster outbreaks, but none in or near Hutt City
HCC objectives	Minimise staff exposed to the virus, prepare for potential site closures, meeting restrictions and ensure services continue to be delivered.
Who	AL2 Action
Emergency & Crisis Management Team	Based on MoH advice, brief CMT and Corporate Leadership Team (CLT) –with specifics of illness
CMT / CLT	<p>Authorise, in light of situation specifics:</p> <ul style="list-style-type: none"> ▪ Additional cleaning regime ▪ Meeting restrictions (e.g. reduce face-to-face, more use of Teams) ▪ Advise facilities of operating requirements (e.g. opening hours, staffing levels etc.)
Information Technology	<p>Encourage use of Teams and working from home capability. Check facilities identified in BCP– for alternate sites if required.</p>
People and Capability	<p>Issue reminders to staff of infection control. Issue reminders of leave arrangements & process for reporting absence. Issue notification to all staff of face-to-face meeting restrictions. Start monitoring staff sickness numbers and any concern or staff shortages in critical service areas.</p>
Facilities	<p>Initiate additional cleaning arrangements:</p> <ul style="list-style-type: none"> ▪ Include ‘high-touch’ surfaces & areas such as pool cars. ▪ Determine any other additional cleaning measures, based on situational specifics. ▪ Increase frequency.
Communications & Marketing (to be issued)	<ul style="list-style-type: none"> ▪ Disseminate MoH FAQs and localise if required. ▪ Follow travel advice on Ministry of Foreign Affairs and Trade website. ▪ Alert staff to international/domestic areas that are at risk – any recommended self-imposed travel restrictions. ▪ “Stay home when sick” and on-going good hygiene practice reminders – additional to BAU. ▪ Remind public about other ‘channels’ rather than face-to-face, and encourage use of them.
ALL HoDs / Team Leaders	<ul style="list-style-type: none"> ▪ Disseminate HR advice. ▪ Check contact details for all team and key stakeholders. ▪ Run a BCP familiarisation exercise with team members. ▪ Brief staff members on ability to work remotely, remind them to take Laptops home every day.

Who	AL2 Action
High risk HoDs (Additional to above)	<ul style="list-style-type: none"> ▪ Re-examine BCP in light of situational specifics and activate where appropriate.
FoH TL's	<ul style="list-style-type: none"> ▪ Set up cleansing stations for public and staff (see Appendix 2). ▪ Allocate, conduct supply monitoring, & restock where necessary of PPE – based on situational specifics.

Respond to an emerging pandemic event	
Triggers	MoH announces <u>Alert Level 3 (AL3)</u> for Hutt City/Region
HCC alerts and objectives	Implement physical distancing, expect short notice site closures, prepare for escalation, and ensure critical services continue to be delivered – although in an altered or scaled down way.
Roles/people/who	AL3 Action
Emergency and Crisis Management Teams	<ul style="list-style-type: none"> ▪ Brief and activate CMT and Corporate Leadership Team (CLT) – with new information from MoH ▪ Brief FoH / High risk BU's
CMT/CLT/Heads of Departments	<ul style="list-style-type: none"> ▪ Emphasise to HoDs and T/L's a consistent approach to pay and leave must be applied across HCC ▪ Staff providing critical service roles, who have been identified as being able to work from home, can be advised to do so, if managers or CMT determine this is necessary ▪ Initiate additional meeting protocols (eg no face-to-face meetings, physical distancing (see Appendix 7) ▪ Identify possible recovery requirements
Information Technology/Chief Digital Officer	<ul style="list-style-type: none"> ▪ Reassess (in light of the current situational specifics) the remote access capacity and ensure sufficient ongoing and increased capacity for critical service delivery if situation worsens ▪ Ensure ALL alternate HCC facilities' (within community plans) hardware and software is operational
People and Capability	<ul style="list-style-type: none"> ▪ Communicate leave arrangements – “Stay home when sick” and on-going good hygiene practice reminders – additional to BAU ▪ Report initial staff absence monitoring data – including incidents of fatalities and critical service staffing levels – see Appendix 4 and 4a ▪ Monitor planned/recent domestic and international travel of staff
Facilities/Hubs and community networks	<ul style="list-style-type: none"> ▪ On-going, increased frequency of cleaning arrangements ▪ Continue to minimise opportunities for cross-contamination eg pool car and other council vehicles
Communications and Marketing (to	<ul style="list-style-type: none"> ▪ Revise/re-distribute MoH FAQs and amend as necessary for HCC applicability

Roles/people/who	AL3 Action
be issued)	<ul style="list-style-type: none"> ▪ Remind staff to follow the travel advice on the Ministry of Foreign Affairs and Trade website ▪ Display signs all 'public-accessible' areas, facilities and alternate working locations to warn they may be closed and events and meetings may be cancelled at short notice ▪ Change cleansing stations signs to more firm words, to ensure they are used prior to approaching staff ▪ Notify the public (again) that services are available without coming into HCC facilities and encourage them to use them – to minimise waiting times and spreading risk
ALL HoDs/team leaders	<ul style="list-style-type: none"> ▪ Reassure staff regarding pay and leave arrangements to ensure a consistent approach is applied across HCC ▪ Remind staff the process for reporting illnesses / absence from work (see Appendix 4) ▪ Complete staff absence monitoring spreadsheet and return to P&C each day (see Appendix 4a.) ▪ “Stay home when sick” and on-going good hygiene practice reminders ▪ HoDs can allow some staff to work from home
High risk (FoH) HoDs – (additional to above)	<ul style="list-style-type: none"> ▪ Re-visit BCP in light of new situational specifics and activate where appropriate ▪ Activate physical distancing approach (see Appendix 7) ▪ Cease cash payments or card payments where the terminal is shared – encourage other ways to receive payment eg online ▪ Any staff providing critical services to be put-on-notice that they may need to work from alternate locations, should the situation worsen
FoH BU's	<ul style="list-style-type: none"> ▪ On-site reception staff require public use of cleansing stations prior to approaching staff (see Appendix 2) ▪ Distribute, continue to monitor stocks and restock when necessary the following items – tissues, gloves, sanitisers and masks ▪ Depending on specific event – identify, purchase and distribute other personal protective equipment as required

Respond to a pandemic	
Triggers	MoH announces Alert Level 4 (AL4) for Hutt City/Region
Objectives	Protect staff and minimise the potential spread of the pandemic, close/cancel public areas and events.
Roles/people/who	AL4 Action
Emergency and Crisis Management Teams	<ul style="list-style-type: none"> ▪ Activate CMT (via teleconference) and liaise with EOC – brief with latest information from MoH ▪ Identify possible recovery requirements
CMT/CLT/Heads of Departments	<ul style="list-style-type: none"> ▪ Initiate remote working arrangements ▪ All essential staff that can safely get to their normal place of work (driving themselves) can continue to do so – if they are well and able to (as approved by CE) – unless they are notified by their managers that they are not to come to work. Staff who take public transport should follow Metlink/MOH advice ▪ Authorise closure of all public-going areas ▪ Instruct all non-critical staff to stand down and await further instruction – depending on IT remote access capability some may be able to work from home etc
Information Technology/Chief Digital Officer	<ul style="list-style-type: none"> ▪ Ensure on-going remote access has sufficient capacity for critical service delivery (should situation worsen)
People and Capability	<ul style="list-style-type: none"> ▪ Prepare, assist and monitor teams with high incidence of absence or any incidents of fatalities ▪ Report numbers and location of staff absences and incidents of staff affected by fatalities ▪ Reminder of the availability of EAP ▪ Identify critical service staffing gaps and necessary secondments from other non-critical units ▪ Communicate wellbeing and working from home best practice messaging ▪ Support BU's/TL's with staff casualties and grief

Roles/people/who	AL4 Action
Facilities/Hubs/community networks	<ul style="list-style-type: none"> ▪ Close all public-going areas – eg libraries, recreation centres, service centres depots and community centres ▪ Maintain increased frequency of cleaning arrangements – e.g. in offices and pool vehicles etc
Communications and Marketing (to be issued)	<ul style="list-style-type: none"> ▪ Cancel or postpone all face-to-face meetings, use Teams/Zoom or phone call ▪ Emphasise the importance of good hygiene practices, especially if using shared facilities or resources ▪ Issue 'how to keep safe when travelling' (eg wear mask and/or gloves) messages ▪ Issue any updated FAQs from MoH ▪ Reminder to follow the travel advice on the Ministry of Foreign Affairs and Trade website, including any travel restrictions / quarantine requirements that may have been implemented ▪ Display signs at all HCC sites that public have access to, to explain why they are closed ▪ Notifications to be sent out via all media channels, and all channels to be updated
ALL HoD/team leaders	<ul style="list-style-type: none"> ▪ Communicate (via non-face-to-face methods) leave and absence stance “if you are ill, stay home” – make use of H&S and MoH advice ▪ Communicate frequently (via phone, teams/zoom or email) with individual staff and teams delivering services remotely
High risk (FoH) HoDs – (additional to above)	<ul style="list-style-type: none"> ▪ Any staff providing non-critical services to be stood down, from public-facing elements of their role or redeployed ▪ Monitor and restock (if necessary) required PPE
Critical service providing BU’s	<ul style="list-style-type: none"> ▪ Activate alternate HCC facilities, where staff can be located to provide critical services
Non-critical service providing BU’s	<ul style="list-style-type: none"> ▪ Staff stand down – do not come to work ▪ Managers to keep in close contact with team to monitor incidents of illness ▪ Report to CMT/EOC with possible staff reinforcements/secondments for critical services

Recover from a pandemic	
Triggers	MoH notifies stand-down of response – GREEN Population protected by vaccination and/or pandemic abated in NZ
HCC alerts and objectives	Commence recovery; return to BAU and provide support for staff
Roles/people/who	Action
Crisis Management Team/ Corporate Leadership Team/ Heads of Departments (CMT stand down)	<p>Develop and implement recovery plan:</p> <ul style="list-style-type: none"> ▪ Determine actions required for recovery to BAU ▪ Sites to be cleaned /sanitised before staff return ▪ Assess priorities for resumption ▪ Analyse interventions and any restrictions still in place from previous alert phases ▪ Assess longer term staff absences – start with critical services, identify gaps and secondments required ▪ Cultural considerations actioned eg lifting Noa/tapu <p>Arrange debrief with staff involved in the response phase and any other affected staff:</p> <ul style="list-style-type: none"> ▪ Evaluate the success of the pandemic plan ▪ Review cleaning protocols, policies, practices and supplies ▪ Make necessary modifications <p>Ongoing monitoring, assessment and review – lessons learned:</p> <ul style="list-style-type: none"> ▪ Watch for symptoms of grief and trauma (may surface a number of weeks after returning to work) ▪ Review protocols for managing staff who become ill at work ▪ Revisit, review and revise BCPs and other plans accordingly
People and Capability	<p>Arrange trauma and/or counselling as necessary, for individuals and teams</p> <p>Acknowledge casualties and arrange ceremonies for colleagues, these should take account of the range of cultural protocols to be observed – see Appendix 4 for further information</p> <p>Employ temporary staff, appoint new staff, or redeploy staff with necessary skill sets to cover shortages</p> <p>Arrange Pastoral care from managers, CLT, CE etc</p>
High risk (FoH) HoDs and teams	Replenish supplies of PPE etc

APPENDIX 1 | WHITE ACTIVITY

i.e. business as usual

Roles/people/who	Action – reduction and readiness
<p>Emergency and Crisis Management Teams</p>	<ul style="list-style-type: none"> ▪ Conduct a Continuity Resource Analysis to inventory and inform the purchase of sufficient stocks of the following items: Tissues, Hand sanitiser, Gloves, Masks, wipes ▪ Identify, purchase and distribute other (predictable) personal protective equipment ▪ Liaise with CMT/CLT and confirm who/what teams/services to prioritise – and advise IT and Facilities staff ▪ Define strategy for physical distancing, how it would be implemented and train staff accordingly ▪ Confirm what level of responsibility HCC has for 'service users' eg tenants
<p>Information Technology/Chief Digital Officer</p>	<p>Assess remote access capacity, requirements and increase where possible, including work from home.</p> <p>Network identified alternative locations where critical staff could work from.</p>
<p>People and Capability</p>	<ul style="list-style-type: none"> ▪ Determine necessary (and existing) support on how to manage trauma ▪ Provide necessary training / education to people leaders ▪ Introduce physical distancing protocol (see Appendix 7) with FoH staff
<p>Facilities/Hubs/community networks</p>	<p>Determine critical business units / functions which could be sited across multiple locations, identify facilities eg Emergency Relocation Plan</p> <p>Set arrangements, with cleaning contractors, for short term alterations to our cleaning procedures, eg increase frequency of cleaning.</p> <p>Identify alternate locations where critical staff could work from.</p>
<p>ALL HoD/team leaders</p>	<p>Use health and safety advice and guidelines to remind staff about the process for reporting illnesses / absence from work. The welfare of your staff is paramount</p> <p>Identify critical staff and possible alternate locations of work – eg work from home.</p> <p>Ascertain likely effect of a 'pandemic' on our stakeholders</p> <p>Identify opportunities for cross-contamination eg book returns.</p> <p>Review contact details held for staff and key stakeholders in call trees, email distribution lists, next of kin, BCPs and update where needed</p>

Roles/people/who	Action – reduction and readiness
<p>High risk (FoH) HoDs – (additional to above)</p>	<p>Acquire cleansing stations equipment and resources.</p> <p>Audit supplies of relevant PPE – gloves, hand sanitiser etc.</p> <p>Purchase additional supplies based on need.</p> <ul style="list-style-type: none"> ▪ Confirm and resource alternate ways of delivering critical services ▪ Have up-to-date contact details for all team members – especially those who work remotely/off-site frequently ▪ Acquire resources for cleansing stations and train staff on how to set them up

APPENDIX 2 | EXAMPLE OF CLEANSING STATION SET UP

What should a cleansing station include?

- Hand sanitiser
- Signage – Situational specific

Where should they be positioned?

- Positioned at main entrance and egress of buildings

Who are they for?

- Available to public and staff

www.handhygiene.org.nz

The example provides an indication of what a cleansing station could look like.

Source – entrance to Toronto General Hospital.



APPENDIX 3 | EXAMPLES OF EDUCATION MATERIAL

EFFECTIVE HYGIENE PRACTICES

Viruses like influenza are largely spread through droplets from an infected person (coughing or sneezing) being inhaled by another person, or through contact with contaminated objects.

- 'Hand hygiene most important means of preventing spread of infection... in non-healthcare settings more crucial than wearing gloves'
- 'Hand-to-face contact such as eating presents high risk because of potential for 'germs' to be transmitted from contaminated surfaces'
- Hands should be washed before any hand-to-face contact activities and immediately after communal items (eg money) are touched

Any staff or public who visit our facilities and are coughing or sneezing, should be encouraged to avoid close contact with other people – for Yellow this can be subtle but needs to be strongly enforced at Orange.

Follow simple measures to reduce the transmission of a virus:

- Cover your nose and mouth when coughing or sneezing ideally with a tissue
- Do not spit in public
- Use disposable tissues rather than handkerchiefs, and dispose of them immediately in a rubbish bin
- Wash and dry hands thoroughly after coughing and sneezing

ADEQUATE VENTILATION

- Viruses can spread in inadequately ventilated internal spaces
- Advised that air handling units do not re-circulate air and vented to the outside to the maximum extent possible
- Windows should be openable – where otherwise safe

(CDC 2003) and <https://www.otago.ac.nz/administration/pandemic/otago001433>

OTHER INFORMATION

- In the case of influenza, the incubation period can range from 1-7 days but is commonly 1-3 days. (Source <http://www.immune.org.nz/taxonomy/term/125>)
- Evidence has shown that adults are infectious for half day – 1 day before most symptoms start and until about day 5 of the illness. (Source <http://www.immune.org.nz/taxonomy/term/125>)
- Children generally remain infectious for up to 7 days after symptoms start but may be infectious for up to 21 days. (Source <http://www.immune.org.nz/taxonomy/term/125>)
- Have a 'flu jab' each year – it won't necessarily protect you from a pandemic of a novel virus, the more people that are protected against known viruses the less chance a virus has to mutate into a strain that could cause a pandemic
(Source <https://www.otago.ac.nz/administration/pandemic/otago001433>)

APPENDIX 4 | LEAVE POLICY

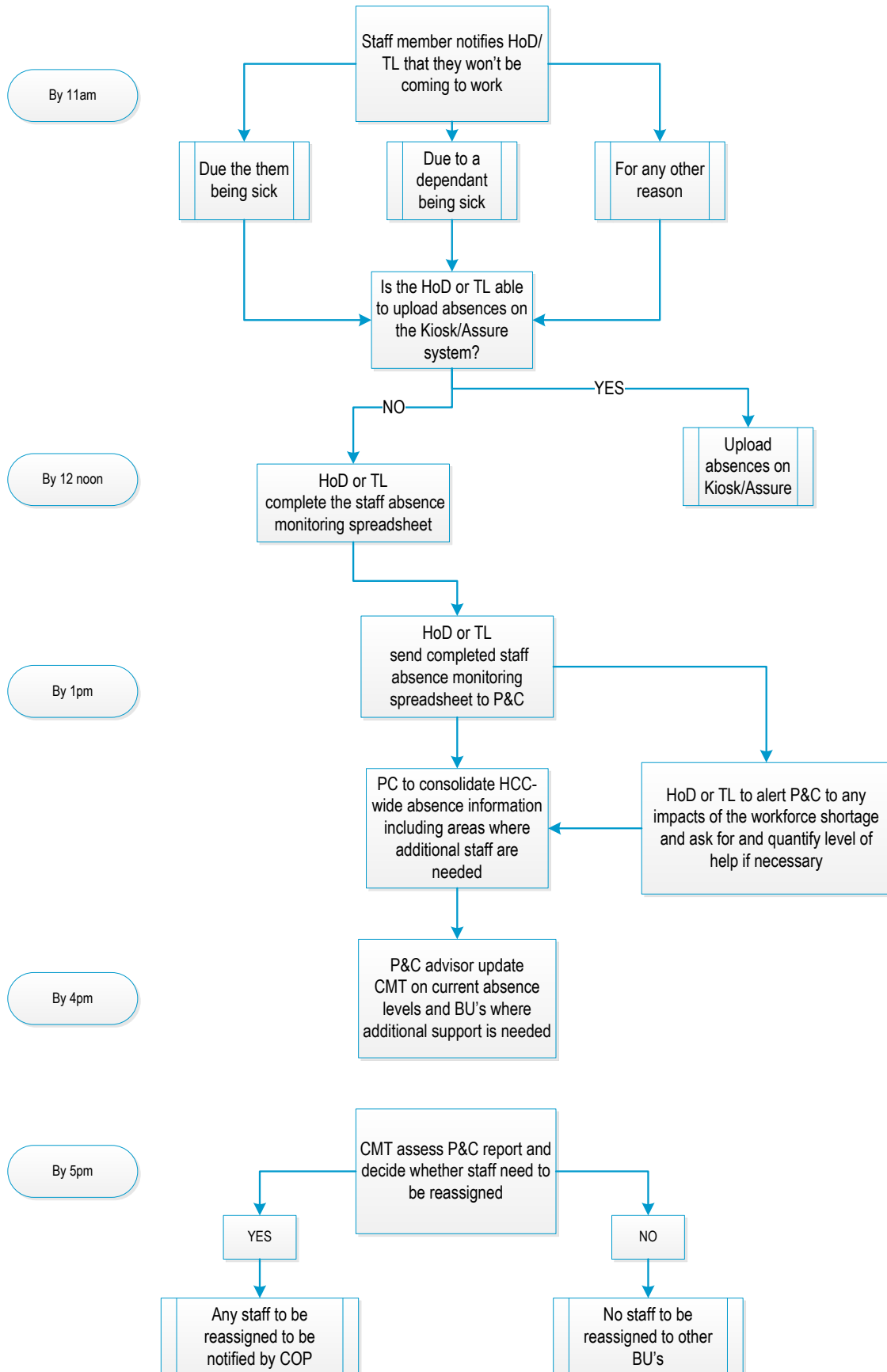
The process for staff to report their absence remains broadly the same – staff will contact their line manager in the first instance, prior to normal start time and explain why they are not able to come to work.

During a Pandemic event – this information needs to be gathered and reported to P&C on a daily basis to enable daily updates of staffing levels. This will ensure any risk to service interruption due to staff shortages can be reacted to, in as close to real-time as possible. If team leaders and managers are able to, absences should be entered, as normal, into the Kiosk/Assure system. Where/when this is not possible – as outlined in Level 2 phase – P&C to initially send the staff absence monitoring spreadsheet (excerpt below) to all Heads of Department and Team Leaders, and they must complete and return every day, as per the process in 4a.

P&C has developed a Discretionary Leave Policy and Process to be used in the event of a Pandemic. This is available via OurSpace/HCC Docs.

- This leave is designated for pandemic related sick or carers leave and should be applied consistently to all staff
- Guidelines have been developed by P&C
- Return to work policy – in less severe cases (early on in the pandemic event) a doctor's certificate could be required certifying that the employee is well enough to return to work. This is dependent on the situational specifics, based on incubation period etc and therefore would be determined at the time an event was declared

APPENDIX 4A | PROCESS FOR REPORTING ABSENCES



APPENDIX 5 | CLEANING

Facilities Manager has confirmed with HCC's cleaning contractor that the current contract has flexibility to alter the frequency of cleaning especially of high touch surfaces, and address any further needs through a Pandemic.

For BUs that are responsible for the cleaning of their sites they will be briefed of the increase cleansing required as part of the roll-out of this plan.

Staff will be asked throughout any activation of this plan, to make sure they empty their personal bins to ensure that cleaning staff are not put at any risk that may be associated with tissue disposal etc.

APPENDIX 6 | RESOURCES

BUs must conduct a check of current stocks of PPE (using the table below or something similar) and identify any other required for a Pandemic. This should be conducted as soon as possible and then periodically (every 3-6 months, and immediately at an increase in MoH alert code).

The level of PPE stocks during a declared pandemic will be reported to and closely monitored by CMT. BUs are responsible for purchasing their team's PPE. Should there be any issues with sourcing PPE, the request should be escalated first to CMT, then the EOC and ECC if necessary.

Resource/item	Current stock	Predicted level of required stock number of people attending [facility] per day multiplied by 8 weeks (predicted max timeframe)	Expiration dates	Supplier (primary and secondary)
Hand-sanitiser/alcohol gel		eg one refill = 800 doses ¹		
Auto (non-touch) hand sanitiser dispenser		Minimum of 2 per cleansing station recommended.		
Surface spray/antibacterial				
Surgical face masks				
Paper towels				
Lined rubbish bins (no lids)				

¹<http://hygienesystems.co.nz/sanitex-sanitiser/>

<http://www.dol.govt.nz/initiatives/workplace/pandemic/backstop.asp>

APPENDIX 7 | PHYSICAL DISTANCING PROCEDURE

The key message of physical distancing is to 'avoid unnecessary contact with others'.

For staff such as parking wardens, local hosts, service centre staff, this includes:

- Implementing / observing a one metre distance between yourself and other people, especially when speaking to members of the public
- Avoid physical contact with other people
- Where and when possible turning to the side, rather than directly face-to-face

In communication messages:

- The public should be encouraged to avoid crowded spaces, large gatherings and curtail activities such as shopping etc
- If at all symptomatic ie coughing and or sneezing (in an influenza scenario) avoid mixing with other people

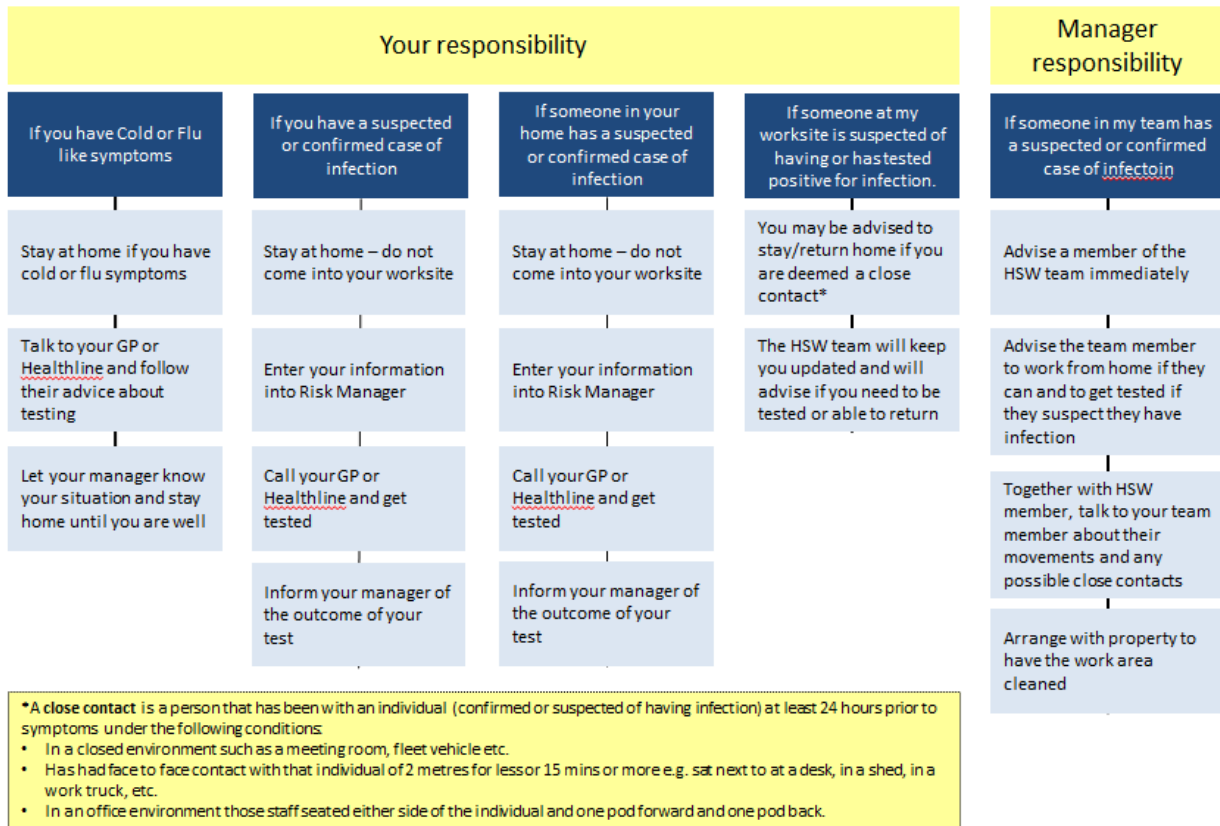
APPENDIX 8 | CURRENT ARRANGEMENTS AND AREAS FOR FURTHER WORK

- Annual flu shot campaign
- Keeping yourself safe campaigns
- Civil Defence PPE stocks and checks

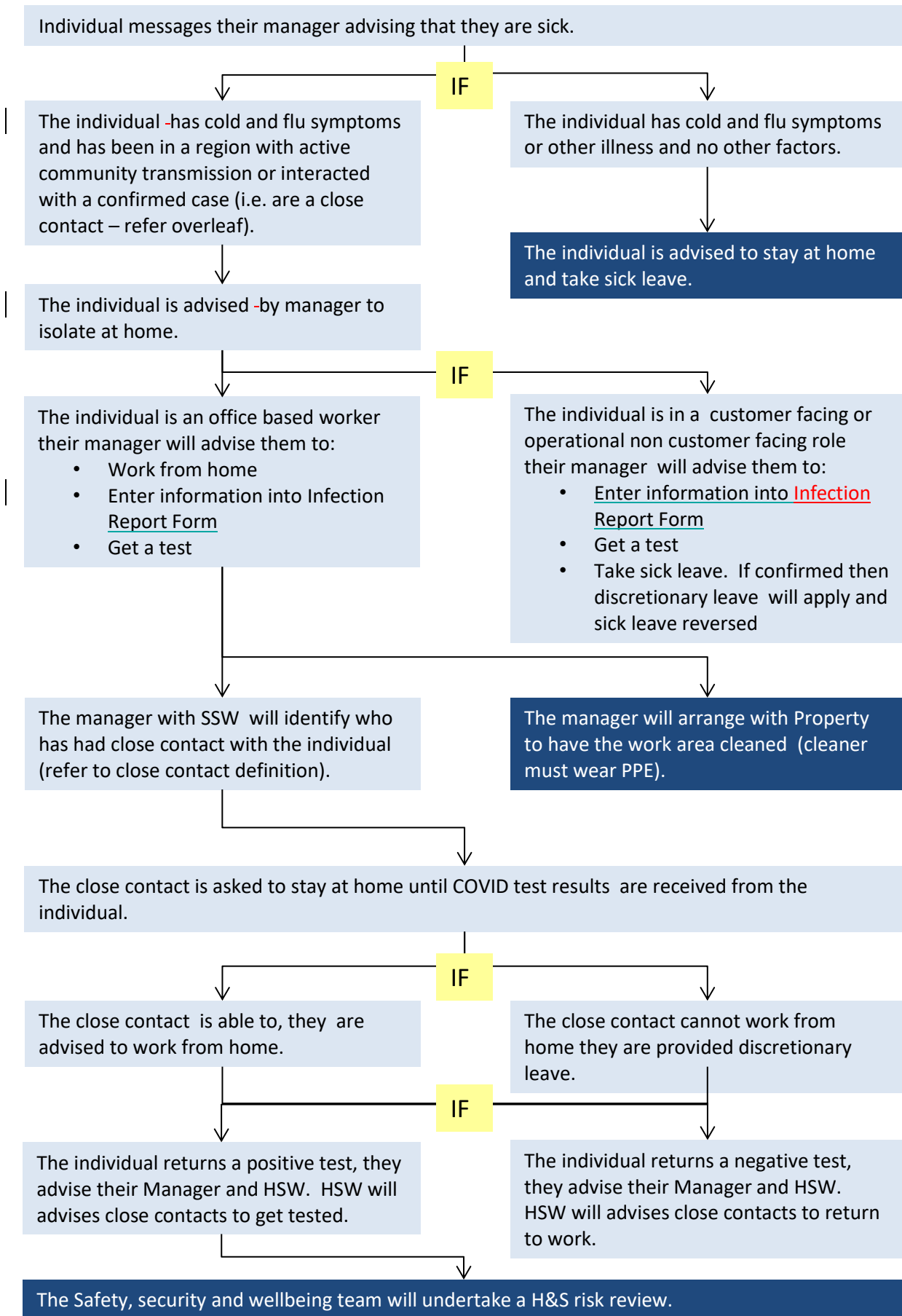
Arrangements that require development:

- Monitoring of sick leave and the link to increased cleaning practices
- Remote access capability / capacity
- P&C to monitor sick leave rates to define when increased cleaning may be required
- Discussions will be had with:
 - HCC Waste Management team, to establish if there any additional protocols they require to keep them safe and determine at what point collection would be ceased etc
 - Parks and Recreation Manager to liaise with Cemetery Manager – regarding additional action plan to be included in their BCP review process
 - Facilities Manager to determine their response in terms of our tenants to be incorporated in their BCP review process

APPENDIX 9 | RESPONSE TO A SUSPECTED OR CONFIRMED CONTACT OF INFECTION



APPENDIX 10 | SCENARIO FOR SUSPECTED OR CONFIRMED CASE OF INFECTION



DEFINITIONS

Type of contact	Definition
Close contact	<p>A close contact is a person that has been with an individual (confirmed or suspected of having the infection) at least 24 hours prior to symptoms under the following conditions:</p> <ul style="list-style-type: none"> ▪ In a closed environment such as a meeting room, work truck etc. ▪ Has had face to face contact with that individual of 2 metres for less or 15 mins or more e.g. sat next to at a desk, in a shed, in a work truck, etc. ▪ In an office environment those staff seated either side of the individual and one pod forward and one pod back.
Casual contact	<p>A casual contact is a person that has been in the vicinity of a confirmed case e.g. someone on that floor, someone in the lunch room, visitor to that office or worksite (e.g. library, shed, pool, recreation facility) that does not meet the criteria of a close contact.</p> <p>Casual contacts are not required not isolate at home, but if becomes symptomatic they follow other the flow chart of the previous page.</p>

Leave	Definition
Sick leave	If an individual is tested for the infection and returns a positive result, they are required to take sick leave. If this is exhausted they are able to access up to 10 day discretionary leave with this reviewed at the end of this period.
Discretionary leave	All discretionary leave is up to 10 days and then reviewed.