Pandemic Response Toolkit

for SA Aboriginal Community Controlled Health Services

Version 1.0 | January 2026

Aboriginal Health Council
of South Australia Ltd.

Acknowledgement of Country

The Aboriginal Health Council of South Australia (AHCSA) acknowledges that we operate and function on the lands of the Kaurna people and we respect their spiritual relationship with their country. We acknowledge the Kaurna people as the custodians of the Adelaide region. We pay our respects to Kaurna elders, both past and present, and all generations of Kaurna people, now and into the future. We also acknowledge the traditional owners of the lands throughout South Australia on which our partner organisations are operating. Their sovereignty and lands were never ceded.

AHCSA acknowledges that this resource has been adapted, with permission, from an existing pandemic toolkit resource developed by the Aboriginal Health and Medical Research Council (AH&MRC). We gratefully recognise the work of AH&MRC, as well as their member services and other stakeholders who contributed in creating these resources.

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Contents

Introduction

Other Acknowledgements

This Toolkit was adapted from one produced by the Aboriginal Health and Medical Research Council of NSW, in collaboration with their member services. That document was developed with input from the Winnunga Nimmityjah Aboriginal Health Service Influenza Pandemic Plan (2015); the Royal Australasian College of General Practitioners Pandemic Influenza Preparedness Toolkit (2014); the NSW Health Influenza Pandemic Plan (2016) and Professor James Ward.

This ACCHO Pandemic Response Toolkit (the Toolkit) may be useful for Member Services in planning and responding to pandemic.

The Toolkit should be used in conjunction with:

1. AHCSA's Emergency Activation Framework for SA Aboriginal Community Controlled Health Services
2. Advice from SA and Commonwealth pandemic response teams, including with reference to the Australian Health Management Plan for Pandemic Influenza and the SA Health Viral Respiratory Disease Pandemic Response Plan
3. Local Health Networks' pandemic response teams, including with reference to local emergency plans

Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
AEFI	Adverse events following immunisation
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHCSA	Aboriginal Health Council of SA
AHP	Aboriginal & Torres Strait Islander Health Practitioner
AHPC	Australian Health Protection Committee
AHW	Aboriginal & Torres Strait Islander Health Worker
CDCB	Communicable Disease Control Branch (SA Health)
DHDA	Department of Health, Disability and Ageing (Commonwealth)
GP	General Practitioner
PPE	Personal Protective Equipment
PPRR	Prevention, Preparedness, Response, Recovery framework
RACGP	Royal Australian College of General Practitioners
SC-H	State Controller – Health (SA Health)

Background

What is a pandemic?

A pandemic is the worldwide spread of a new disease that triggers a public health emergency. Viral respiratory diseases, such as those caused by a new influenza virus or the coronavirus are the most likely to turn into a pandemic.

In a pandemic, a large number of people are infected because populations have little or no immunity, causing large numbers of deaths even where the case-fatality rate is low. To mitigate the risk of a pandemic, it is important to have a pandemic plan in place.

What is a pandemic plan?

A pandemic plan provides guidance to organisations in the event of a pandemic.

The Australian Health Protection Committee (AHPC) comprises of the Chief Health Officers from each jurisdiction and is responsible for announcing pandemic responses and enacting pandemic plans at the National level.

Member Services should develop and/or review their own pandemic plans.

Services should link in with the Local Health Network, state, and national-level responses and include actions for each stage of the pandemic response as per the table below.

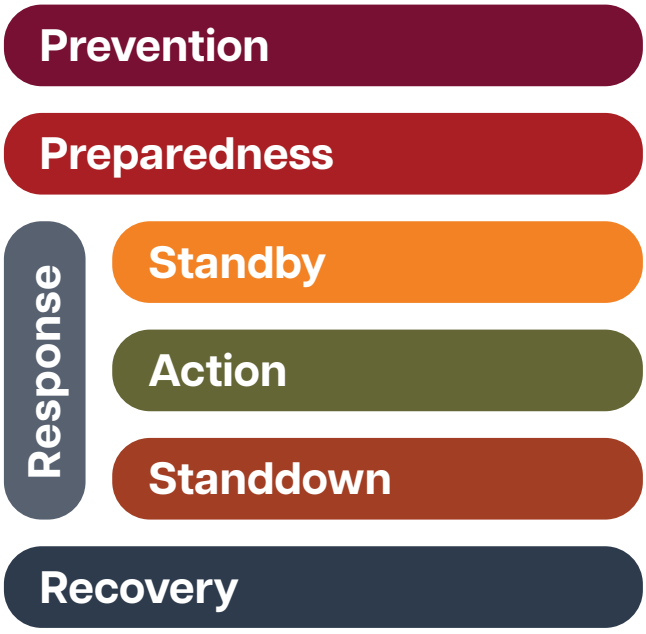
PPRR framework approach

This toolkit supports the development of a response plan for individual ACCHO's which takes an emergency management approach as its framework. The toolkit acknowledges the importance of managing pandemics as any other hazard, within an ongoing cycle of activities that include:

- Prevention
- Preparedness
- Response and
- Recovery

This methodology is consistent with the SA Health Disaster Management Branch approach, the Commonwealth Department of Health, Disability and Ageing's (DHDA) Australian Health Management Plan for Pandemic Influenza, and the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19). Following this methodology will ensure each ACCHO's pandemic plan is compatible with the response across Australia.

Table 1: Adopted from the Australian Health Management Plan for Pandemic Influenza



Prevention

ACCHO pre-pandemic preventative activities may include, but are not limited to:

- Contribute to routine disease surveillance through reporting notifiable diseases, and alert CDCB in SA Health early for suspected outbreaks,
- Optimise vaccination coverage in the community,
- Maintain excellent infection prevention and control practices,
- Best practice chronic disease management, which helps to reduce the risk of death from infectious diseases.

Preparedness

ACCHO's preparation is ongoing and integrated into business as usual but may be escalated when there is a requirement to respond to a pandemic. Activities include:

- Development and maintenance of pandemic plans;
- Ensuring that resources are available to support a response; and
- Monitoring the emergence of diseases with pandemic potential in areas where staff and patients travel to and/or operate from.

Response

In South Australia the State Controller – Health (SC-H) is the advisory point for any changes in the stages of a pandemic. Any actions that may require the ACCHO to transition from Preparedness to Standby will be done so following their advice.

There are three stages to the response phase of a pandemic which includes,

- Standby
- Action
- Stand-down

A pandemic response should include the use of an Incident Management System (IMS). An incident management system provides guidance on how to organise and respond to an incident and processes to manage the response through its successive stages. An IMS structure should be organised into four functions, under the guidance of the Controller:

- Controller: Defines the goals and operational period objectives
  a. Planning: Prepares and delivers strategies and plans to manage the incident.
  b. Operations: Manage the operational response to accomplish the goals and objective of Controller.
  c. Logistics: Supports the Controller and Operations in the use of personnel, supplies and equipment.
  d. Additional Functions: Support with safety, intelligence, investigation, communication, public information, operational recovery, and administrative tasks, as required for the emergency.

Standby

The duration of the standby stage may vary and is dependent upon the progress of the pandemic. In some instances, the standby stage may be skipped, and the government may transition immediately to the Action stage.

During Standby, the ACCHOs response activities will focus upon:

- Preparing to commence any enhanced arrangements that include:
  - Identify and develop a succession plan for key personnel. The plan should anticipate workforce loss of 25-50%, and identify teams that will be significantly impacted by this loss; identified teams should be prepared to remain separated to reduce transmission of disease.
  - Identify counselling support arrangements and resources.
  - Prepare to implement screening and monitoring processes for visitors and staff.
  - Prepare to implement workplace restrictions. This should include flexible work arrangements such as working from home and/ or flexible work hours to reduce the number of employees at the service.
  - Identify Personal Protective Equipment (PPE) and status of available stock. It is likely that staff or patients will request protective items such as face masks and hand sanitiser while at the health service.
  - Identify the availability of vaccines and staff able to administer vaccines to run a vaccine program (as relevant).
  - Prepare to limit access to workplace areas and minimise movement between clinical and non-clinical areas.
- Implementing communication measures to raise awareness.
- Recommend people to seek medical advice or stay at home if they feel unwell based on current guidelines from SA Health.

Action (Initial and targeted)

During the action phase, specific measures are required to ensure both containment and continuity of services. At this stage ACCHOs will have to prepare for a reduction in staff or closure. Other factors for consideration include restriction in staff travel, screening workers and managing employees who become ill or are exposed to the infectious disease may be necessary.

At the initial action stage, the following measures should be considered for implementation:

- Engagement with external organisations to enable ongoing monitoring of the external environment and activities conducted by DHDA and SA Health,
- Encourage staff to stay home if unwell or living with someone who is unwell,
- Clean and disinfect common working areas,
- Discourage social gatherings,
- Suspend community services programs,
- Move towards telehealth to reduce face to face clinic time,
- Non-clinical staff to work from home.

The targeted action stage begins when there is enough information available to require an adjustment in the current measures. Change in the actions include the following options:

- Modify current measures (including scaled up and down) or,
- Wind down and cease.

The decision on which action to take will be guided by information received by the SC-H.

As all pandemics differ, ACCHOs need to be sure that the implementation of any measures will be proportional to what is known about the current pandemic and the level of risk.

Standdown

On the SC-H's advice, ACCHOs will move to stand-down phase and transition back to normal seasonal processes.

Activities should include:

- Monitoring for a second wave of the outbreak,
- Education for the health service community to support the return from pandemic to normal business services,
- Evaluating and reviewing plans and procedures,
- Communication to reassure the community that the situation is controlled,
- Ensure that the health service community understands that the disease is still circulating and will need to continue to be aware of the measures to protect themselves at an individual level.

Recovery

The recovery stage and a return to normal services can be planned for and incrementally occur as soon as possible. The recovery process within the health service will be coordinated by an internal critical incident team and supported by AHCSA. In achieving a full recovery, it is essential to re-establish critical business functions, particularly if a closure has occurred. To support these actions, various programmes and services will need to be implemented to support return to business continuity as usual.

Checklist Template – Members Services' Pandemic Toolkit

1. Prevention Phase

- Almost all activities to prevent a new pandemic disease occur beyond the scope of an individual Member Service.
- At the primary care level, Member Services can contribute to prevention activities by:
  - Contributing to disease surveillance
  - Maintaining infection prevention and control standards
  - Encouraging high rates of vaccination against respiratory illnesses in their community
  - Best practice chronic disease management.

2. Preparedness Phase

2A Planning

Action **Training for clinical staff**

When Within 2 weeks and then monthly **Who**

- Ensure staff training in infection control and pandemic protocols are up-to-date; undertake refresher courses, mini-drills, and 'dry runs' if necessary.

Action **Allocate pandemic leadership roles**

When **Who**

Pandemic coordinator

Roles may include:

- Develop the Service's pandemic plan and integrate it into the Service's overall business continuity plan,
- Undertake appropriate education or training to fulfil the role and review relevant and current state and national pandemic guidelines and material,
- Monitor latest developments and advice through communication with SA Health, DHDA and RACGP,
- Manage stockpiles for clinical and non-clinical equipment (including PPE),
- Establish and maintain infection control measures and principles,
- Hold regular practice team meetings to discuss pandemic planning and management, including identifying barriers to an effective response such as through a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis,
- Identify key stakeholders, initiate contact, and maintain relationships (see 'Partnerships' below)
- Identify and establish processes for communicating with the public and at-risk patient groups,
- Provide the practice team with ongoing training regarding the pandemic plan.

Partnerships to establish may include:

- Elders, Land Councils, social support groups, local champions
- AHCSA
- Other ACCHOs in the region
- CDCB, SA Health
- Local hospitals and emergency departments, GPs, pharmacies, community nursing teams
- Local diagnostics and pathology services
- Primary Health Network
- Clinical and non-clinical supplies companies

Action	**Education to minimise spread of infection**

When **Who**

Staff

- Educate all staff on:
- Clinical features of the pandemic disease and features of the Service's pandemic plan
- Hand hygiene procedures
- Personal Protective Equipment (PPE).
  - Standard precautions when dealing with all patients, including when exposed to blood, body fluids, non-intact skin and mucous membranes.
  - Transmission-based precautions when presence of a pathogen is suspected or confirmed, including:
    - Contact: Gloves, gowns, disposable plastic aprons
    - Droplet: Contact precautions plus surgical masks, protective eyewear (goggles, face shield)
    - Airborne: Contact precautions plus P2/N95 masks, protective eyewear, minimising exposure to other patients by variable scheduling, avoidance of aerosolising procedures
    - Correct usage and disposal of PPE.
- Biohazard waste management
- Decontamination and cleaning of clinical areas and equipment, including dedicating a staff member to clean frequently used services daily and remind people of the importance of infection control practices,
- Quarantine and isolation protocol for the Service during a pandemic,
- Notification and referral pathways for unwell patients,
- Knowledge of where to find information with regards to infection control and the Service's pandemic plan,
- Latest advice on seasonal flu, covid, and other relevant vaccinations and adverse event reporting.

Patients

Educate patients using:

- Posters around the practice regarding:
  - Breathing and respiratory hygiene, cough etiquette, and hand hygiene
  - Encouraging uptake of seasonal flu, covid, and other relevant vaccination
  - Ways they can practise infection control in their own home environments.
- Email or text messages to existing patients, and broader media for community regarding:
  - Symptoms to monitor for and when to seek medical attention,
  - How to book an appointment when symptomatic (e.g. phoning ahead)
  - Check-in processes to expect at the practice.

Community

Promote awareness and key messages to Community wherever possible (see Response Phase for more information)

- Regular updates to and consultation with the Board regarding status and approach,
- Share key messages on social media,
- Posters at entrance to service / in waiting room – ensure patients who feel unwell know what to do, where to go, how to care for themselves and others,
- Consider other options for communication - Community radio, schools, and sporting networks.

Action **Developing and maintaining a staff immunisation register**

When **Who**

- The pandemic coordinator should keep a register of staff immunisation.

Action **Triage system for pandemics**

When **Who**

- Develop treatment algorithm or checklist, including for early recognition by patients and reception staff

Action **Provision for isolation and quarantining of symptomatic patients**

When **Who**

- Arrange a separate, designated reception area for symptomatic patients during a pandemic,
- Create appropriate posters and signage directing patients to appropriate isolation areas,
- Designate rooms for managing patients with pandemic symptoms,
- Designate staff for managing infected patients during a pandemic,
- Ensure staff assigned to these duties have appropriate training in use of PPE and cleaning requirements.

Action **Identification and management of at-risk patients with co-morbidities**

When **Who**

- Identify at-risk patients and develop strategies to prevent infection and manage concurrent illnesses,
- Ensure adequate supply of all medications for patients with co-morbidities,
- Provide phone consultations with specialist services to ensure continuity of care (e.g. telehealth)

Action **Mental health & psychosocial support**

When **Who**

- Consider avenues for access to mental health and psychosocial support for at-risk groups, including staff, in the event of a pandemic.

2B Resources

Action **Establish and review stockpiles of healthcare consumables**

When Quarterly (Jan, Apr, Jul, Oct) **Who**

- Have four weeks' supply of hand hygiene products, tissues, PPE, and testing products (e.g. PCR swabs, rapid antigen tests, point of care testing reagents),
- Conduct regular expiry date checks (e.g. P2/N95 masks, pathology supplies),
- Liaise with SA Health to ensure adequate supplies.

Action **Vaccination supplies**

When Monthly or per legal requirement **Who**

- Have seasonal vaccine stock for staff and vulnerable patients,
- Conduct expiry date and vaccination fridge temperature check,
- Ensure adequate storage space and storage conditions,
- Determine the protocol for obtaining the pandemic vaccine from SA Health when available.

Action **Treatment supplies**

When Monthly **Who**

- Consider pre-ordering antivirals/antibiotics (as relevant to the disease) from DHDA or via the Medicines and Technology Programs branch in SA Health,
- Determine protocol for prescription and use in accordance with current state and national guidelines,
- Liaise with SA Health to ensure adequate supplies.

Action **Hand sanitiser**

When Monthly **Who**

- Convenient location of hand sanitiser dispensers e.g. workstations, reception and patient waiting areas, consultation and treatment rooms, staff meeting rooms.

Action **Community resources**

When Ongoing **Who**

- Collaborate with other health care providers to ensure continuity of care and sufficient equipment in the event of a shortage during a pandemic,
- Maintain relationship with pharmacies for additional prescriptions as required,
- Communicate with pathology services in the event of increased load during a pandemic.

2C Identification

Action **Preparation for patients with infectious disease**

When Ongoing **Who**

- Ensure timely receipt of the SA Health or Commonwealth control guidelines, including the pandemic case definition, diagnostic criteria, and clinical management,
- Review and optimise collection and referral processes for pathology laboratories,
- Consider point-of-care testing if viable, and conducting the necessary training,
- Consider creating a policy regarding safe delivery of vaccines from a multi-dose vial based on guidelines released by SA Health and RACGP, and conduct training if appropriate.

Action **Data collection**

When As required by SA Health **Who**

- Establish and maintain systems to collect pandemic infection data within your Service, including a case register,
- Educate other clinicians and staff about processes in place to collect data,
- During the pandemic 'standby' phase, recommend the creation of de-identified weekly reports,
- Establish case reporting processes to central authorities such as CDCB,
- Understand how to access information about local, state and national spread of the disease.

2D Communication

Action **Communication strategy**

When Annually **Who**

- Develop a strategy for establishing and maintaining communication with staff, patients, and external stakeholders (see 3C Communication below),
- Standardise the format of communication, including for example: what we know; what we don't know; what we're doing; when the next update will be released; time and date.

Action **Contact lists of other healthcare providers in multiple formats**

When Ongoing **Who**

- Maintain up-to-date contact lists in multiple formats (electronic and hard copy) of key stakeholders.

2E Governance and Business Continuity

Action **Integration into the system**

When Ongoing **Who**

- Maintain contact with AHCSA and SA Health for advice regarding planning, laws and regulations, and data collection during a pandemic,
- Understand the roles and responsibilities that the different agencies and organisation play with regards to governance and management during a pandemic,
- Ensure that the Service's plan correlates with national and state guidelines,
- Review and update the Service's plan,
- Evaluation by AHW/AHP to ensure interventions are acceptable to the Aboriginal community,
- Identify local pandemic response committees and governance structures and ensure ACCHS sector engaged.

Action **Human resources**

When **Who**

- If able, train staff in alternative roles to prevent interruption to service delivery due to staff absenteeism,
- Establish policies for employee compensation and sick leave absences,
- Manage staff exposed to the pandemic and develop policies regarding return to work for previously infected staff members,
- Identify services that can be downsized or closed if required during a pandemic that will minimise service disruption or postpone non-essential / routine consultations,
- Incorporate flexible hours and staggered shifts during pandemic,
- Identify additional potential staff for pandemic surge (e.g. local hospital casual staff, recently retired GPs and nurses).

3. Standby (Response Phase)

3A Governance and Business Continuity

Action Await trigger of this phase by SA Health

When Ongoing **Who**

- This phase is triggered when warning of a pandemic has been received and is communicated by SA Health.

Action Monitoring changes in disease

When Within 1 week and ongoing **Who**

- Monitor appropriate communication networks regarding Australian pandemic alerts (e.g. SA Health, RACGP health alerts, DHDA website),
- Obtain regular advice from the SA government regarding the management of pandemics.

Action Practice meeting

When Immediately and then weekly **Who**

- Review the pandemic plan, obtaining feedback and discussing pertinent issues with staff,
- Reinforce the need for future staff meetings to review the pandemic status and provide updates on progress.

Action Check resources

When Immediately and then ongoing **Who**

- Re-check the stockpiles of equipment (see 2B Resources), and order if required,
- Become familiar with the protocol for obtaining pandemic vaccine and treatment (if available).

Action Training for clinical staff

When Within 2 weeks and then monthly **Who**

- Ensure staff training in infection control and pandemic protocols are up-to-date; undertake refresher courses, mini-drills, and 'dry runs' if necessary.

Action Triaging system and quarantining

When Within 1 week **Who**

- Prepare arrangements for triaging system, including allocation of staff, rooms and resources.

Action Patient transfer

When Within 1 week **Who**

- Set-up patient transfer teams with equipment appropriate for pandemic,
- Allocate vehicles and resources to use for transporting pandemic patients only.

3B Identification

Action At-risk patients

When Within 2 weeks and ongoing **Who**

- Identify people at highest risk of infection to contact in the event of escalation to the 'action' phase. Depending on the pandemic infection, this may include community members with other co-morbidities.

Action Case notification and tracing

When Immediately and then ongoing **Who**

- Prepare to notify CDCB of notifiable cases – know your key local contacts,
- Prepare to support CDCB with contact tracing in Community, which may include establishing a check-in system for all visitors to your practice.

Action Surveillance

When Within 4 weeks **Who**

- Undertake surveillance in the practice, screening for symptoms of disease in patients,
- Monitor the interstate, national and international status of the pandemic.

Action Managing patients at home

When **Who**

- Set up a system for contacting sick patients who are at home, including a computerised record of details, with referral to community nurses

Action Mental Health

When **Who**

Consider mental health support for both patients and staff, especially in dealing with anxiety and stress and including issues around quarantine or home isolation.

- Prepare to institute a system once a pandemic has been confirmed and the action phase commences,
- Encourage self-reporting of mental health concerns,
- Set up mental health support clinics consisting of a psychologist and mental health nurse,
- Identify groups (including staff) that may need psychosocial support and refer them to support organisations that could assist (e.g. Elderly and food support agencies, community nurse service)
- Using online resources including Australian Psychological Society (APS) tip sheets for information about how to psychologically prepare for a disaster (see Appendix 3 Summary of Key Resources).

3C Communication

Action Communication to patients and community

When **Who**

Topics of communication

- Recognising symptoms
- Infection prevention advice
- Differentiating when it is appropriate for an appointment at the Service or when to present to the Emergency Department
- Quarantine and home isolation advice
- Team approach with staff and patients

Maintain systems for communication (considering cultural backgrounds, language, any sensory impairments, level of literacy and numeracy, and technological capabilities). Consider:

- Posters and signs
- Fact sheets
- Email and mailing systems
- Website or social media bulletins

3D Governance and Business Continuity

Action Human resources

When Within 2 weeks **Who**

- Review 2E Governance and Business Continuity
- Dedicate a staff member to oversee work rosters, obtain staff availability in the event of escalation to 'action', and manage risks to staff health and wellbeing,
- Ascertain the best time to schedule staff meetings to ensure maximum attendance.

Action Staff roster

When Within 2 weeks **Who**

- Ensure adequate staffing and allow for absenteeism of staff who are sick or have sick relatives.

Action Services

When Within 2 weeks **Who**

- Prioritise available services and consider cutting back non-essential services to deal with increased demand.

Action Financial management

When Within 2 weeks **Who**

- Develop a weekly financial report and seek support from AHCSA or SA Health if required.

4. Initial Action

4A Preparing and Supporting Initial Patients

Action **Await trigger of this phase by SA Health**

When Ongoing **Who**

- This phase is triggered when warning of a pandemic has been received and is given by SA Health.

Action **Triaging**

When Immediately **Who**

- Activate triaging of patients,
- Consider triaging outside or in cars to assess and reduce risk of cross-infection,
- Introduce phone and reception triaging and display this information to patients. See Appendix 1 Triage Algorithm: Aboriginal Community Controlled Health Organisation (All Phases).

4B Identification

Action **At-risk patients**

When Immediately **Who**

- Confirm list of vulnerable patients and ensure they receive information about pandemic symptoms and what action to take if unwell,
- Screen these patients for symptoms.

Action **Data collection and case register**

When Immediately and ongoing **Who**

- Commence collection of relevant pandemic data within the practice,
- Update case register created in 'Preparedness' with new and suspected cases.

Action **Contact tracing**

When Immediately and ongoing **Who**

- Commence contact tracing and reporting of pandemic cases as per instruction from SA Health,
- Identify persons who have been in close contact with the person diagnosed with infection,
- Act depending on 'case definition' and 'contact definition' issued from SA Health.
- Action may include:
  - Patient education of hand hygiene and symptoms to look out for,
  - Post-exposure prophylaxis for contacts, with vaccine or antivirals/antibiotics,
  - Quarantine of contacts at home for a defined period,
  - GP follow up for vulnerable patients,
  - Possible referral to hospital

4C Communication

Action **Maintaining up to date information**

When Weekly **Who**

- Continue maintaining relationships with key external stakeholders,
- Receive alerts and updates from SA Health,
- Regular communication and collaboration with AHWs/AHPs,
- Obtain information regarding Service patients that have been diagnosed,
- Talk with Elders in the community about pandemic stage and likely course of pandemic.
- Staff
  - Regular meetings to discuss updates and to ensure all staff are aware of the pandemic stage,
  - Acknowledge efforts of staff,
  - Identify challenges or areas for improvement or staff reallocation.
- Patients
  - Delay non-urgent or routine appointments,
  - Reassure and support patients to reduce anxiety,
  - Continue and update communication through avenues listed in 2D Communication.
- Identify and engage with local pandemic committees and governance structures.

4D Governance and Business Continuity

Action **Staff allocation**

When Immediately **Who**

- Appoint one GP and one nurse or AHW/AHP to solely manage suspected cases,
- When appointing staff for this position consider the following questions:
  - Do you or your immediate family have health restrictions that may affect your ability to work during the pandemic while being exposed to suspected and confirmed pandemic cases?
  - Are you prepared to be exposed to suspected pandemic cases?

5. Targeted Action

5A Continuation of Response

Action **Await trigger**

When Immediately **Who**

- This phase may be triggered when enough is known about the disease to tailor measures to specific needs. Targeted action is a proportionate response based on pandemic severity.

  Pandemic severity

  Low: Mild to moderate clinical features;

  Moderate: People in high risk groups may experience severe illness;

  High: Widespread severe illness will challenge the capacity of health sector.

- Liaise closely with SA Health; targeted actions may include specialty clinics, mass vaccination exercises, pre- and post-exposure prophylaxis and treatment with antivirals/antibiotics, or pandemic-specific immunisation.

5B Communication

Action **Feedback**

When Regularly **Who**

- Source feedback from staff, patients, external stakeholders
- Update patients through communication avenues utilised in the Initial Plan

5C Governance and Continuity

Action **Analysis of response**

When Regularly **Who**

- Review pandemic plan, obtain and discuss feedback – are the measures appropriate to the level of response required? Should they be scaled up or down?
- Consider: triage, physical layout of clinic and patient flow, staffing PPE, stockpiles, clinical management, and communication strategies.

6. Standdown

6A Transitioning

Action Await trigger

When Regularly **Who**

- There is an SA Health decision that the pandemic can be managed under usual arrangements.
- Stand-down activities focus on: supporting and maintaining quality care, ceasing activities that are no longer needed, monitoring for a second wave of the outbreak, evaluating systems, and revising plans and procedures

Action Triage, quarantine, and infrastructure

When Within 2 weeks **Who**

- Transition triage system and practice set-up to non-pandemic arrangement; cease quarantine if appropriate

Action Patient transfer

When Within 2 weeks **Who**

- Transition patient transfer to routine processes

6B Resources

Action Resources

When Within 2 weeks **Who**

- Assess the status of resource stockpiles and replenish as appropriate

Action Vaccination

When Within 2 weeks **Who**

- Transition from pandemic to seasonal vaccination program

6C Identification

Action **Surveillance and case notification**

When For at least 1 month **Who**

- Monitor for a second wave, pathogen mutation or resistance to treatments, and continue case notification system if there is a second wave,
- Attempt to identify any pandemic patients that have missed follow-up due to strain on resources.

Action **At-risk patients**

When Immediately **Who**

- Endeavour to contact patients at higher risk to inform of state of pandemic and encourage reporting of any new relevant symptoms

Action **Contact tracing**

When Within 1 month **Who**

- Complete any unfinished contact tracing on advice of SA Health

Action **Affected patients**

When Within 1 month **Who**

- Follow up any diagnosed patients and review current symptoms and management.

6D Communication

Action **Communication with staff**

When Immediately **Who**

- Advise the transition to normal non-pandemic arrangements,
- Thank staff for their engagement in the response.

Action **Communication with patients**

When Immediately **Who**

- Notify the community that services will transition to normal arrangement,
- Thank community for their understanding and engagement in the response,
- Ensure the community understands the disease is still circulating and they should continue personal protective measures,
- Communicate through avenues previously utilised in pandemic,
- Remove posters and signage.

Action **Mental health support**

When At least 3 months **Who**

- Continue mental health support

Action **Social Health Team support**

When At least 1 month **Who**

- Continue social worker support for the community

6E Governance and Business Continuity

Action **Staff roster**

When Weekly **Who**

- Reduce staff load to seasonal arrangement and allow staff to take leave when appropriate

Action **Business continuity**

When Within 1 week **Who**

- Resume non-urgent work, and non-essential services that were cut back

Action **Financial report**

When Within 1 week **Who**

- Generate financial report and review expenditure during the pandemic.

7. Recovery Phase

7A Resumption of Non-Pandemic Services

Action **Await trigger**

When Weekly **Who**

- SA Health will notify of de-escalation from the response phase.
- Note the 'Recovery Phase' begins at the beginning of the pandemic – that is, each Service should consider the aspects of recovery throughout each phase of the pandemic response.

Action **Services**

When Immediately **Who**

- Recommence community programs, outreaches or involvements that were put on hold during the pandemic

Action **Affected patients**

When Immediately **Who**

- Continue follow-up with affected patients and families with regards to mental and physical health
- Screen for potential complications of infection

Action **Staff**

When Within 1 week **Who**

- Ensure optimal physical and mental health of staff before returning to normal work routines, or have return-to-work plans available for those with ongoing impacts from the pandemic
- Consider offering services, compensation, or time in lieu to staff greatly affected from dealing with the pandemic

7B Resources

Action **Infection control**

When Immediately **Who**

- Continue assessing PPE stock levels (should have four weeks of stock)

Action **Vaccination**

When Immediately **Who**

- Promote vaccination to all patients still yet to receive seasonal and/or pandemic vaccine, particularly high-risk groups,
- Advise SA Health about any adverse events following immunisation (AEFI). In South Australia it is mandatory for all health professionals authorised to administer vaccines to report any AEFI, except common or very common known adverse events.

7C Communication

Action **Communication to patients**

When Immediately **Who**

- Resumption of non-pandemic services,
- Communicate through previously used avenues.

Action **Debrief with staff**

When Within 4 weeks **Who**

- Service staff meeting to discuss the move into the recovery phase, and analyse pandemic planning and response,
- Incorporate suggestions to improve pandemic planning and response,
- Discuss cases that occurred during the pandemic that require further support (medical, psychological, or social) and how they can be assisted in their recovery,
- Ensure staff have access to appropriate psychological support as required.

Action **Data and statistics**

When Within 6 weeks **Who**

- Record pandemic influenza statistics to enable pandemic plan analysis and evaluation, and contribute to research and policies,
- Report statistics to SA Health as required.

Action **Reporting to government**

When Within 6 weeks **Who**

- Report to AHCSA and SA Health and other relevant government bodies regarding the impact of the pandemic on the Service to adapt pandemic guidelines and improve resource distribution in the future,
- Contact the State Recovery Coordinator, who has the responsibility of coordinating community recovery from a pandemic.

7D Governance and Business Continuity

Action **Business model**

When Within 6 weeks **Who**

- Finalise financial report concerning the impact of the pandemic on service finances and future options to improve business continuity plans and resource consumption during a pandemic

Action **Analysis of response**

When Within 4 weeks **Who**

- Review pandemic plan, obtaining and discussing feedback,
- Consider triage, physical layout of clinic and patient flow, staffing PPE, stockpiles, clinical management and communication strategies.

Appendix 1: Triage Algorithm

Part A: Initial Screening by Receptionist, Practice Manager or other Administrative staff

Step 1: Determine if patient is considered to meet case criteria

- Receptionist to ask ALL patients on arrival to clinic (or on telephone when making appointment) whether they have experienced pandemic symptoms in the previous 48 hours.

If yes, consider patient as potentially infectious

If no, normal management of patient

Patient Management

Step 2: Decide where patient will recieve further assessment

If GP surgery is a designated pandemic service, or if pandemic clinic not available in local area

Arrange for patient to be assessed by GP, Nurse or AHP (see Part B: Assessment algorithm)

If surgery **NOT designated as pandemic service,** and pandemic clinic locally available

Instruct patient to go to nearest pandemic clinic for further assessment (unless too ill to travel - if acutely unwell seek advice from practitioner regarding need for inpatient care)

Infection control

When dealing with the patient

- Ask patient to put on a surgical mask and then wash their hands. Remind patient regarding cough and sneeze etiquette (keep mask in place if possible)
- Receptionist, Practice Manager or other administrative staff to wear surgical mask, if possible keep 1m distance
- Separate the patient physically from others
- Follow standard and droplet precautions
- Avoid touching face or eyes

After dealing with the patient

- Wipe surfaces in areas where patient was seen
- Wash hands
- Remove and discard PPE
- Wash hands again

Appendix 2: Clinician Assessment Algorithm

Part B: Assessment by Practitioner in a Pandemic Service of person with compatible symptoms

Patient Management

Step 1: GP, Nurse or AHP to examine patient

A: assess exposure:

In last 7 days has the patient had contact with someone with a compatible illness?

B: assess symptom profile

If YES to the exposure question and symptom profile is consistent with pandemic, consider patient as under investigation

Step 2: Check phase-specific protocols from SA Health

- Current case definition
- Need for diagnostic testing
- Hospitalisation
- Isolation and quarantine arrangements in the home

Report to SA Health if patient fits case definition

Step 3: Investigate for pandemic pathogen

- Collect specimens as per protocol
- Contact laboratory and arrange specimen collection via courier; or perform point-of-care testing if available and within guidelines

If positive, state and territory authorities will undertake contact tracing and advise patients and contacts of isolation and quarantine arrangements, including use of antivirals/ antibiotics

Step 4: Assess clinical indicators and co morbidities to determine need for in-patient care

If NO, send home with advice on self care and infection control, and a plan for if symptoms worsen

Infection control

Follow standard and droplet precautions

- if within 1 metre of patient: staff to wear PPE surgical mask (if patient wearing surgical mask) or P2 mask (if patient not wearing surgical mask), goggles/face shield, gloves, gown
- P2 mask required if aerosol generating procedures are undertaken
- Practice good hand hygiene and avoid touching mouth or eyes
- Patient to continue to wear surgical mask
- If possible, undertake examination in single room that is adequately ventilated

If NO,

- Return to routine infection control measures
- Maintain level of suspicion
- Advise patient to monitor their health, and call ahead if returning to surgery

Infection control measures

Consult current protocols from Health authorities:

- Duration of isolation
- Duration of quarantine
- Modes of transmission in the home

Infection control for swab taking: practitioner to wear P2 mask, goggles, gloves and gown and undertake appropriate hand hygiene

After dealing with the patient

- Wipe surfaces in areas where patient was seen
- Wash hands
- Remove and discard PPE
- Wash hands again as per protocol

In patient requires transport to hospital:

- Patient to wear surgical mask
- Advise ambulance and hospital prior to transfer of possible case of pandemic infection

Appendix 3: Summary of Key Resources

The Australian Health Management Plan for Pandemic Influenza (AHMPPI)

The AHMPPI is a national plan for the health sector and is based on international best practice and evidence for responding to an influenza pandemic. It is recommended that the pandemic coordinator be familiar with the AHMPPI to ensure that they are able to effectively respond in the event of a pandemic.

The Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements (National CD Plan)

This whole of government plan focuses on assisting non-health agencies to anticipate the activities of the health sector and clarifying the expectations of agencies across government in supporting the health response and maintaining essential services. It identifies governance and communications coordination mechanisms, roles and responsibilities.

SA Health Viral Respiratory Disease Pandemic Response Plan

This plan outlines the state government's and SA Health's response to a viral respiratory disease pandemic, with the aim of minimising impacts on the community, health system, and economy. It utilises the Preparedness, Response, and Recovery phases of the PPRR framework, and is flexible to respond to different types of viral respiratory disease.

State Emergency Management Plan (SEMP)

The SEMP describes the South Australian approach to management of any type of emergency, including the roles and responsibilities of government agencies and participating organisations. There is a focus on risk reduction, environmental protection and safeguarding people, with particular consideration given to First Nations people, people from culturally and linguistically diverse backgrounds, older people, and people living with a disability.

State Pandemic arrangement website

This SA Health webpage provides an overview of South Australia's pandemic responses, with links to related guidelines, legislation, and sub-plans (such as for mental health, and antiviral distribution) as they are developed.

Other resources:

First Nations Pandemic Research Preparedness Network (FIRST)

National COVID-19 Health Management Plan for 2023

Pandemic Preparedness and Response with Aboriginal Communities in NSW

Royal Australian College of GPs – Managing Pandemics in General Practice

World Health Organization: A checklist for respiratory pathogen pandemic preparedness planning

World Health Organization: Tool for Influenza Pandemic Risk Assessment

Appendix 4: Internal Outbreak Response Team Template

Customise the table below to suit your organisation and facility/site. Some roles may be performed by the same person; some roles may need two or more people, especially if your organisation provides 24/7 services. All roles/functions should be undertaken by people within your own organisation, with expertise and guidance sought from external stakeholders as needed.

Role/function	Person	Responsibilities
Emergency Management Coordinator	Generally undertaken by a person with authority to coordinate the response within the setting.	• Lead the Internal Outbreak Response Team. • Coordinate activities required within the setting to contain the outbreak. • Join the external, multi-agency Pandemic Response Team. • Liaise with key stakeholders. • Identify risks specific to the outbreak.
Infection prevention and control coordination		• Liaise with the Outbreak Management Coordination Team about infection prevention and control measures. • Ensure all infection control decisions are implemented, • Coordinate outbreak response activities required to contain and investigate outbreak • Ensure adequate supplies of PPE and cleaning products. • Ensure staff are trained in infection prevention and control precautions. • Ensure cleaning staff are kept informed about enhanced cleaning and infection prevention and control measures. • Oversee cleaning activities; hire additional cleaners as required. • Identify places to isolate or quarantine cases/contacts while they are onsite.
Information management		• Collect and collate data to help control the outbreak (eg number of people in the setting, number of symptomatic people, test results). • Provide daily reports for the Outbreak Management Coordination Team and other key stakeholders as requested.
Communications		• Liaise closely with Public Health Services/the Outbreak Management Coordination Team about: - Internal communications - Stakeholder communications - Media and public communications.
IT support		• Set up and organise equipment (eg computers, mobile devices, network access). • Resolve information technology issues.
Administration support		• Organise Internal Outbreak Response Team meetings. • Record and distribute minutes of meetings. • Monitor and maintain resources, eg hand sanitiser, disposable tissues and stationery. • Display outbreak signage.

Appendix 5: Cultural Considerations

We know how contagious certain infectious diseases such as influenza and COVID-19 are and that distancing from other people is a key way to reduce the risk of spreading viruses. This is often difficult in Aboriginal communities given the strong connection to family and social ways

of life. However, these family and social linkages are important assets and help build resilience so as health professionals we need to think of ways that keep this connection while also reducing the spread of diseases. Be conscious and respectful of the different family and community ways of doing things. Work with them to identify ways to reduce the risk of transmission.

A team in Wiradjuri Country worked with Aboriginal Communities to develop the following strategies for reducing the risk of influenza spread:

Strategies for Families to Reduce the Risk of Pandemic Influenza

Keeping families safe: ways that can help to reduce the risk of influenza for families

- Vaccination against flu is safe and will help to protect your family, go to your local health service or GP.
- Cough and sneeze into tissues and throw them out – Catch 'em, Bin 'em, Kill 'em.
- If you don't have tissues, cough or sneeze into your arm, this keeps your hands safer and protects the people around you.
- Washing hands with soap and water often will reduce the spread of flu and other germs.
- Hand sanitiser is for getting rid of germs from hands
- Keeping healthy helps to avoid the flu: eat plenty of fruit and veggies, and get some exercise
- If you get a fever and a cough or think that you have the flu:
  - don't hesitate, don't wait, get to the doctor and ask for a mask when you arrive to stop the spread
  - keep a couple of steps away from others
  - stay away from work and school until you feel better
  - get some rest; it's good for healing
  - drink plenty of water

If you are sick with the flu and have to go to an important family or community gathering, here are some things you can do to protect others:

- Stand back if you can, keep a couple of steps away from others, let elders know you are sick so that if you are standing back it is not seen as disrespectful
- If you cough or sneeze use a tissue or cough into your arm
- Where possible talk with people out in the open, on the verandah or in the fresh air
- Take plenty of tissues and some hand gel with you and use them often
- Less kissing, less hugs, less flu bugs can spread

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