**Latrobe City**

**Mass Vaccination**

**Sub Plan**

## Version Control

The Latrobe City Municipal Emergency Management Mass Vaccination Sub Plan is a sub plan of the Municipal Emergency Management Plan. Major changes to this plan must be approved and authorised by the Municipal Emergency Management Planning Committee (MEMPC).

This document will be reviewed by the MEMP Committee annually or after an event. Any changes to the document will be forwarded to the MEMPC for adoption.

The record below is to be completed by the person making the amendment(s). Each new page will have a revision number and date of issue printed on it.

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## Acknowledgements

This publication was developed in accordance to, and with the assistance of, the resources produced by the Victorian Department of Health and Human Services on the topic of planning for Pandemics. The information contained within these publications assisted in the development of a structured plan that addresses the major areas of concern associated with the operation of a Mass Vaccination Centre.

The Department of Health and Human Services is currently identified as the control agency for human disease/epidemics, food/drinking water contamination and incidents involving radiological substances and intentional biological releases.

* Through the State Health Emergency Response Plan, co-ordinate the on-site provision of extended health care including the deployment of Medical Assistance Teams.
* Access additional health professionals for the provision of casualty care during an emergency with major health consequences.
* Direct the strategic health response during an emergency with major health consequences.
* Co-ordinate the deployment of suitably-qualified health professionals in response to an interstate or Commonwealth request.
* Through the State Health Emergency Response Plan, co-ordinate the on-site provision of primary care including the deployment of Field Primary Care Clinics.

Latrobe City acknowledges these responsibilities and will provide support where appropriate.

## Framework

The following list identifies the plans that are in place at national, state and local government levels and where they stand in the response to a pandemic situation.

### Commonwealth Plans

*National Action Plan for Human Influenza Pandemic – Council of Australian Governments July 2007.*

*Australian Health Management Plan for Pandemic Influenza – Australian Government Department of Health and Human Services and Ageing May 2006*.

### State Plans

*Victorian Human Influenza Pandemic Plan – Victorian Government April 2007.*

*Community Support and Recovery Sub Plan – Victorian Department of Health and Human Services March 2008.*

*Victorian Health Management Plan for Pandemic Influenza – Victorian Department of Health and Human Services July 2007.*

### Local Government Plans

*Latrobe City Council Municipal Emergency Management Plan*

*Latrobe City Council Municipal Public Health and Wellbeing Plan*

*Latrobe City Council Pandemic Management Sub Plan*

*Latrobe City Council Mass Vaccination Sub Plan*

## Introduction

Vaccine for a virus can only be developed after the appearance of a viral strain. The Australian Government has contracts in place with vaccine manufacturers to expedite the development and supply of a vaccine as soon as the pandemic strain emerges. This process can take from 6-8 months.

The distribution of vaccine is detailed in the Victorian Health Management Plan for Pandemic Influenza and will first be made available to people at high risk of exposure (frontline health care workers) and then those people most vulnerable to severe illness, with the rest of the community being provided with the vaccine after these groups. The groups identified for vaccination at any given time are to be strictly adhered to.

The Department of Health & Human Services (DHHS) is responsible for the sourcing and distribution of the vaccines and equipment, with the Chief Health Officer obtaining the authorisation from the Chief Medical Officer.

Local Government are responsible for:

* Providing immunisation services including the coordination and operation of Mass Vaccination Centres, according to DHHS guidelines.

The aim of Mass Vaccination Centres is to have rapid throughput to deliver a pandemic vaccine to the community (likely to consist of two doses), to undertake data collection and ensure the wellbeing of the public.

For community groups unable to attend Mass Vaccination Centres, such as patients in aged care, disability or prison facilities, it is intended that their existing health care provider will provide the vaccine.

## Background

### History:

A pandemic situation occurs when a new strain of a particular pathogen emerges in a population to which there is little or no immunity. It is able to be effectively transferred between humans and results in infection in a high proportion of those exposed. New strains of pathogens are associated with high morbidity, excess mortality and social and economic disruption on a global scale.

Incubation periods vary among pathogens; the longer the incubation period, the further the microbe is able to be geographically spread. An example of a pathogen that is readily distributed among populations is influenza. The incubation period for influenza is typically one to three days. Adults have shed the virus from one day before developing the associated symptoms, and up to seven days after the onset of illness (this can be longer in young children). The influenza virus remains infectious in aerosols for hours and is potentially infectious on hard surfaces for one to two days.

The illness associated with a pandemic occurs in waves. Each wave has the potential to last from 6 to 12 weeks. Pandemics have, in the past, been greater than 12 months in duration and have resulted in numerous deaths around the world.

There were three pandemics in the 20th century: 1918 (Spanish Influenza caused 40-50 million deaths), 1957 (Asian Influenza caused 1 million deaths) and 1968 (Hong Kong Influenza caused 1 million deaths).The past instances of pandemic events demonstrate the need for flexible contingency plans that are able to be adapted to a given pandemic situation.

## Purpose

The purpose of this Mass Vaccination Sub-Plan is to document the procedures to be followed in the event of an outbreak of disease on a large scale within the population of Latrobe City. The procedures contained in this plan intend to guide the response of Latrobe City Council staff in the event of a large portion of the population being affected by an outbreak of communicable disease.

### Aims:

* To have a professional and timely means of delivering pandemic vaccine to all identified residents of Latrobe City working in partnership with the Department of Health and Human Services (DHHS).
* To undertake and maintain data collection in relation to vaccinations whilst ensuring the wellbeing of the public.
* To coordinate and concentrate the efforts of Latrobe City Council staff on preventing the spread of a communicable disease in the population of Latrobe City.
* To conduct mass vaccination operations in a safe and secure working environment for both residents and staff.

### Objectives:

* Create a safe and suitable, accessible mechanism for the delivery of appropriate vaccine to identified persons.
* To vaccinate the identified population cohort, where appropriate.
* To inform the community of their ability to access vaccine.

To develop and utilise communication links in order to distribute messages to the community, in line with those distributed by the state government as per the Latrobe City Communications Sub Plan. This intends to inform the community of information pertaining to Mass Vaccination Centres.

This sub-plan is to be used in conjunction with, and as a supplement to, existing emergency management plans in place within Latrobe City Council and the wider community.

### Who Will Be Immunised?

Key LCC staff include:

* Manager Community Health and Wellbeing
* Environmental health & technical officers
* Nurse immunisers
* Emergency Management Executive Team – name and job role
* MVC staff
* Relief/Immunisation Centre Manager
* Security officers to be used at the MVC
* MERO
* Deputy MEROs
* MRM
* CEO
* Communication Coordinator
* Deputy MRM
* Manager Child and Family Services
* OH&S Coordinator
* Coordinator Information Technology
* Payroll – Finance Officer
* HACC services team
* Contract Cleaners

Note: The number of doses required for effective protection for a pandemic infectious agent will be determined by state and federal government agencies.

The staff in the positions associated with the MVC must receive the first dose of the specific vaccine at least 5 - 7 days prior to their involvement in an immunisation clinic.

## Procedures for Plan Activation

The activation of the Latrobe City Council Mass Vaccination Sub-Plan will be dependent upon direction from the Department of Health and Human Services (DHHS), which is the designated control agency for incidents involving human illness/epidemics. DHHS will notify Council of the need to activate the Mass Vaccination Sub-Plan; however, should the possibility of a pandemic situation arise, precautionary steps are to be taken in preparation for such an event.

### Steps Involved In Plan Activation:

1. Concern over growing pandemic threat.
2. WHO raises Global Pandemic Alert Phase.
3. Australian Pandemic Alert Phase raised.
4. DHHS Representative of Pandemic situation and is advised to activate the municipal Pandemic Management Plan.
5. Pandemic Coordinator activates the Pandemic Management Plan.
6. Infection control measures put in place.
7. Direction from DHHS to initiate Mass Vaccination efforts.
8. Community education and support plans implemented.
9. Mass Vaccination Centres established.
10. Mass Vaccination Centres Operational.

In a pandemic situation, the roles and responsibilities of local government lie in six key areas. These are described in

*Preparing for an influenza pandemic: A tool kit for local government* (2008, p.5), and are as follows:

Preparedness – have arrangements in place to reduce the impact of an influenza pandemic.

Containment – assist with the prevention of transmission, implement infection control measures, provide support services to people who are isolated or quarantined. The Department of Health and Human Services will be responsible for coordinating the management of containment.

Maintenance of essential municipal services – make provisions for business continuity within local government in the face of increased absenteeism and changes in demand on local government services within the municipality.

Provision of mass vaccination – assist in providing vaccination services to the community, if a pandemic vaccine becomes available.

Communication – develop media and communication messages to inform the community and staff of any changes to normal municipal service delivery.

**As per the Latrobe City Emergency Communications Sub-Plan.**

Community support and recovery – ensure there is a comprehensive approach to emergency recovery planning in the MEMP, with specific focus on the issues associated with a pandemic. In particular, focus on the priority tasks recommended in the Community Support and Recovery Sub-Plan of the Victorian Human Influenza Pandemic Plan.

## Section 1: Mass Vaccination Centres

### 1. 1 Mass Vaccination Centres

The prioritisation of vaccine administration will be at the discretion of the Department of Health and Human Services. Those who are identified as being a priority to vaccinate by the Department of Health and Human Services will be strongly encouraged to receive the vaccination. The vaccine will first be allocated to those personnel that are at a high risk of exposure to the pathogen (frontline healthcare workers) and people most vulnerable to severe illness or death from infection (eg. the immuno-compromised).

Upon completion of vaccination of high priority persons, the vaccine will then become available to the rest of the community.

It is recognised that the most effective means of delivering mass immunisation is through existing local government services, with General Practitioners (GP’s) providing support services. This will relieve the pressure on local health services and enable them to continue to manage the ill.

It is likely that two doses of vaccine will be required to provide a level of immunity to the pathogen. This means that a second round of mass vaccination will be required after a designated period from the date of the first injection.

### 1. 2 Mass Vaccination Centre Requirements:

The Mass Vaccination Centres need to be able to accommodate for the large number of people that are anticipated to attend. Below are the venue options for the towns within Latrobe City. Venue maps and the layout of the workflow can be found in the Mass Vaccination Implementation Resources.

### 1. 2. 1 Morwell

Kernot Hall would be the ideal venue for mass vaccination activities in this town. It is a fairly large facility with a large hall area in which people can wait after vaccination and a relatively large foyer for pre-immunisation waiting with enough room for at least two reception desks. The car park can accommodate a large number of cars and there is a bus stop close by. There are also adequate toilet facilities. The facility is owned by Latrobe City Council, so there would be relatively little difficulty in obtaining permission to use the building.

This venue could accommodate at least 250 people at any one time. Depending on the number of people that attend, the turnaround could be very rapid, providing that the people did not have to wait too long between registration and vaccination. It is also within ten minutes of the nearest designated hospital.

The Latrobe City Leisure Centre (located in Morwell) where current infant immunisation sessions are held is another potential venue. The aerobics/cardio room would be a suitable immunisation area with a post vaccination waiting area being set-up in the basketball stadium. An administration area would be established in the crèche area should this facility be activated. Advantages to using this facility are as follows – it is a known location to the community, the facility is easily cleaned and is in the control of Latrobe City.

### 1. 2. 2 Moe:

The Moe Town Hall is one of the most likely venues for mass vaccination, as it is already used for routine immunisation sessions by Latrobe City Council. It has toilet and hand-washing facilities and is close to the Moe CBD, and therefore, public transport. It is also close to the Moe offices of Latrobe City Council from which supplies can be easily obtained if any resources are exhausted during the session.

A secondary venue could potentially be established at Lowanna Secondary College. At this venue, a combination of multi-purpose rooms and classrooms will be used in the delivery of vaccine to the public.

### 1. 2. 3 Traralgon:

The Traralgon Town Hall would be the Vaccination Centre for the residents of the Latrobe City – according to the ABS 2006 stats over 49% of Latrobe City residents would have Traralgon as their closest immunisation location. Therefore the venue size and number of sessions would need to reflect this.

The distance that people have to travel to reach a Mass Vaccination Centre must be taken into account. The further people have to travel, the greater the potential for the spread of infection to a wider population base. Therefore, the intention of this Protocol would be to minimise the distance for people to travel to get to a Mass Vaccination Centre.

In the event that Mass Vaccination Centres need to be in a location that is different to the regular session venues or not at Latrobe City Council offices, Engel portable refrigerators will be used to transport and store vaccine.

In the event that a directive is given to administer vaccinations to age group(s) across the whole municipality vaccination clinics would be held in the three or possibly four major towns. For isolated outbreaks clinics would be held in smaller towns if required.

|  |  |  |
| --- | --- | --- |
| **Town** | **Venue** | **Alternate venue** |
| Morwell | Kernot Hall | Kurnai College |
| Moe | Moe Town Hall | Lowanna College |
| Traralgon | Performing Arts Centre | Traralgon Sports Stadium |
| Boolarra | Boolarra Town Hall |  |
| Churchill | Churchill Hub | Latrobe Leisure Centre Churchill |
| Yinnar | Yinnar Primary School Gymnasium |  |
| Glengarry | Glengarry Public Hall |  |
| Tyers | Tyers Community Hall |  |
| Yallourn North | Yallourn North Community Hall | Historical Society Hall |
| Toongabbie |  |  |

*Table 1.1: This table is a summary of potential venues that could be used in the event that Mass Vaccination is to occur in the outlying towns.*

## Section 2: The National Medical Stockpile:

The National Medical Stockpile contains items for use in a national health emergency, such as a pandemic situation. The stockpile includes equipment for vaccination and personal protection, antiviral medication and antibiotics. The stockpile will be used only in the event that the State has exhausted its existing resources.

These resources will be sourced and distributed by the Chief Health Officer of the Department of Health and Human Services, obtaining authorisation from the Chief Medical Officer from the Department of Health and Human Services and Ageing. The resources will be used to carry out critical business continuity actions and functions, such as mass vaccination, dealing with the community

## Section 3: Staff Safety and Guidelines:

### 3. 1 Staff Safety:

Staff involved in working at Mass Vaccination Centres will be provided with a safe working environment through providing not less than the following:

* Personal Protective Equipment (PPE), including masks, hand sanitiser, gloves etc.
* Access to pandemic vaccines and/or antivirals.
* Additional support in security personnel.
* Appropriate training for personnel in their key areas of responsibility.

### 3. 2 Security:

Security at Mass Vaccination Centres may be required to maintain order and ensure vaccine security.

Latrobe City Council intends to develop a security plan in conjunction with Victoria Police

Latrobe City Council Intends to review security arrangements to reduce risk of break-ins or internal theft.

To reduce risk of mass theft of vaccine while stored on local council property, vaccines will be provided on a regular basis rather than bulk amounts upfront.

### 3. 3 Guidelines:

We will not be immunising those members of the public that exhibit hostile behaviours or resistance to the administration of the vaccine. Persons not receiving vaccine will not be permitted in the vaccination area.

Vaccinations will not take place without the availability of the following:

* Australian Standards approved sharps disposal containers.
* Appropriate resuscitation equipment.
* Adequate and appropriate staff (nurses, administration, security, cleaners).
* Appropriate venues (space, lighting, furniture, facilities and amenities, car parking, accessibility and workflow).
* Vehicles for transportation of equipment, personnel and resources.
* Portable refrigerators (Engels).

An extensive list of required supplies and equipment is given in the Mass Vaccination Implementation Resources.

It would be Latrobe City’s intention to put all vaccinations given onto the existing electronic software database (Winvaccs) in order to monitor the distribution and delivery of vaccine within the community.

Those that are outside the age boundaries of the target group by even one day will not be vaccinated at the Mass Vaccination Centre (eg. A person who is 30 years and one day will not be vaccinated if the target group is 18 to 30 year olds.

Vaccination efforts will be staggered using surname; if there are too many people present at any one time some will be given a tag telling them to return on another day. An alternative method of staggering vaccinations would be to use distinct ages within the target age group.

## Section 4: Ordering and Maintaining Vaccines

### 4. 1 Ordering

Pandemic vaccine will be provided free of charge by the Australian Government.

DHHS has existing arrangements to store, deliver and order vaccines and these arrangements will be used during a pandemic.

Enquiries regarding orders should be referred to DHHS on 1300 882 008.

### 4. 2 Maintaining Vaccines

Improved tracking mechanisms of vaccines are to be implemented.

Increased monitoring of vaccine administration will be required to ensure that priority group order is being observed and an appointment for a second dose is arranged.

Vaccine cold chain (2-8oC) must be maintained during storage and transportation.

## Section 5: Infection Control and Documentation

All infection control methods implemented at a routine immunisation session should be followed during the operation of a MVC. This includes the cleaning of the facility at the conclusion of the session. Further infection control procedures are documented in the Mass Vaccination Implementation Procedures.

### 5. 1 Infection Control – Multi - Dose Vials

Latrobe City Council intends to conduct refresher training for immunisation staff in the correct draw-up procedures for Multi-dose vial vaccine.

The following precautions should be taken when drawing up the vaccine from the multi-dose vials:

* A new sterile disposable syringe must be used for each draw-up.
* A new sterile disposable needle for injection should be used to administer the vaccine.
* One sterile disposable drawing up needle is used for a multi-dose vial. On opening, all vaccine doses are withdrawn immediately.

### 5. 2 Documentation / Forms

Information sheets will be provided for medical personnel at the vaccination centres. These will outline the strategy and priority groups for pandemic influenza and pneumococcal vaccination.

Immunisation providers will be provided with:

* Vaccine
* An order from for doses of the influenza vaccine
* Consent forms for vaccination
* Pre-vaccination checklists
* Adverse event following immunisation form
* Time, date and venue for second dose

Forms and information sheets for the public will need to be available in different languages.

## Section 6: Communication

### 6. 1 Communicating With The Public

Will be in line with the MEMP Communications Sub Plan.

A webpage will be set up on the Latrobe City Council website, under the Health Services section of Council Services. This will detail the dates and times that the Mass Vaccination Centres will be running, updates on the situation, as well as guidance to the public on what they need to do to reduce the risk of contracting or transmitting the disease. Information on what this page will include is detailed in the Mass Vaccination Implementation Procedures.

Information hotlines are also a possibility so as to provide a source of information to those who do not have access to the internet. This will also give information on session times, dates and venues.

The major media sources that will be used in the event of Mass Vaccination will be as follows:

* Television
* Radio
* Newspapers

### 6. 2 Communication Tool:

A one paged add in the Local Paper will be taken out. Information on the Mass Vaccination Session (Dates, times, location) will be on one side and 4 consent cards on the other. This will encourage people to complete the consent cards prior to attending the session. Additional consent cards and information will be made available on the Council website.

Further documents pertaining to communication procedures and messages are included in the Mass Vaccination Implementation Procedures.

## Section 7: Staffing - Internal

The following internal staff will be required to operate a Mass Vaccination Centre:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Area | Role | Primary Contact |
| Immunisation Nurses | MVC | Undertake vaccine preparation and Vaccinations |  |
| Environmental Health Officers | Direct operations of the MVC | Co-ordinate set-up and operation of MVC under direction of Latrobe City Council Health Services Co-ordinator and provide any other assistance as required.  Oversee the administration staff. |  |
| Administration Officers | MVC | Assist in the operation of the registration area.  Distribute and assist with consent cards  Oversee and undertake data entry into computer system. |  |
| Assistant Administration Officers\*\* | MVC/Health Office | Registration and data entry into Winvaccs computer program |  |
| Customer Service Staff | MVC/Health Office | Information and assistance to public with completing consent cards |  |
| First Aid Officer/s or After Care Nurses | MVC After Care area | To provide required after care first aid to clients following vaccination. | First aid back up assistance to be confirmed at the time of event |
| Temperature checker | MVC | To check temperatures of people attending MVC and to ‘turn them away’ if temperature is febrile. | To be confirmed – may be EHO or assistant nurse. |

## Section 8: Staffing – External

The following people/groups have been identified in the community who can be trained quickly and easily to provide additional resources and assistance to the Mass Vaccination Centre.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation | Role/Skill | Contact |
| Additional nurses for Vaccinations or After care | To be determined | Additional nurses |  |
| Crowd Controllers/Security\* | To be determined | Provide Security Personnel to maintain order |  |
|  | Lions Club/ Rotary Club | General assistance in preparation of venues and with directing people traffic |  |
| School Nurses | Local Secondary Schools | Vaccination/Aftercare, Vaccine drawing up, Temperature checks |  |
| Cleaners | To be determined | Cleaning/Sanitising of venues before and after sessions |  |
| General Assistance | Depot Staff | Assist in the transportation of extra resources to venues. Eg extra chairs, tables, bins, misc. equipment form one venue to another. General assistance in preparation of venues and with people traffic | Council Depot Administration Officer |
| Temperature checker | MVC | To check temperatures of people attending MVC and to ‘turn them away’ if temperature is febrile. | To be confirmed – may be EHO or assistant nurse. |

## Section 9: Review and Exercise Schedule

To be prepared for a pandemic, it is important to regularly review and exercise this sub-plan (as part of the Municipal Emergency Management Plan) and make amendments as required.

The exercise format will be both virtual and practical in nature.