



Merri-bek
City Council

Pandemic Complimentary Plan

Merri-bek City Council

2026 – 2029

Version 3.2



Contents

Acknowledgement of Country	3
Abbreviations.....	4
Pandemic Sub-Plan	5
Amendment Record	5
Amendment Authorisations	5
Endorsement of the plan	5
Introduction	6
Background	6
Aims and Objectives	6
Scope.....	6
Exercising and Evaluation	6
History.....	6
Governance.....	7
Objectives of Pandemic Planning Group	7
Membership	7
Pandemic Business Continuity Plan.....	7
Authorising Environment	7
Pandemic Declaration.....	8
Phases of a Pandemic.....	8
Consequences.....	9
Emergency Management Arrangements.....	9
Implementation and activation of the plan	10
Mitigation and Preparedness	11
Roles and responsibilities	11
Key Priorities in Response	14
Vaccine Hesitancy.....	14
Age structure	15
Need for assistance	15
Ethnicity/Place of birth	16
Language spoken at home	16
Immunisation Statistics	16
Covid 19 Vaccinations	16
Influenza.....	16

Childhood Vaccination/Immunisation	16
At Risk Groups	16
Identified At Risk Groups	16
Emerging At Risk Groups	17
Future Work	18
Appendix One:	19
Consequence Management Plan – Council Functions	19
Consequence Management Plan – Community.....	22
Appendix Two:.....	25
Related Plans and Documents	25
Guides	25
Contact Lists	25
Planning Documents.....	25
References	25

Acknowledgement of Country

Merri-bek City Council acknowledges the Wurundjeri Woi-wurrung people as the Traditional Custodians of the lands and waterways in the area now known as Merri-bek. We pay respect to their Elders past, present, and emerging, as well as to all First Nations communities, who significantly contribute to the life of the area.

Abbreviations

Abbreviation	Description
ACCHO	Aboriginal Community Controlled Health Organisation
AHPC	Australian Health Protection Committee
AUSMAT	Australian Medical Assistance Team
BCP	Business Continuity Plan
CHO	Chief Health Officer
COVID-19	Coronavirus disease 2019
DFFH	Department Families, Fairness and Housing
DH	Victorian Government Department of Health
EM Act	Emergency Management Act (1986 & 2013)
EMC	Emergency Management Commissioner
EMJPIC	Emergency Management Joint Public Information Committee
EMV	Emergency Management Victoria
GP	General Practitioners
HESP	State Emergency Management Plan: Health Emergencies Sub-Plan
IPC	Infection Prevention and Control
LGV	Local Government Victoria
LPHU	Local public health unit
MAV	Municipal Association of Victoria
MEMO	Municipal Emergency Management Officer
MEMP	Municipal Emergency Management Plan
MRM	Municipal Recovery Manager
NGO	Non-government organisation
PHW Act	Public Health and Wellbeing Act 2008
PPE	Personal Protective Equipment
REMP	Regional Emergency Management Plan
SCRC	State Crisis and Resilience Council
SEMP	State Emergency Management Plan
TTQI	Test, Trace, Isolate and Quarantine
VPF	Victorian Preparedness Framework
WHO	World Health Organisation

Pandemic Sub-Plan Amendment Record

Version number	Date of issue	Amendment	Amended by
1.0	August 2019	New document	Zoe Smith
2.0	February 2023	Full update in line with State reviews	Martha Martin Stephen Meloury
3.0	January 2026	Full review and update	Martha Martin Leo Manca
3.1	February 2026	Further review and updates	Pandemic Planning Committee
3.2	April 2026	Final review and updates	Pandemic Planning Committee

Amendment Authorisations

Name	Position
Leo Manca	Unit Manager Environmental Health
Barry Hahn	Municipal Recovery Manager
Catherine Dear	Municipal Emergency Management Officer
Martha Martin	Coordinator Emergency Management

Endorsement of the plan

This document has been adopted by the members of the Merri-bek City Council Municipal Emergency Management Planning Committee as representatives and with authority of their agencies on the:

12 May 2026

The signature below indicates that this document has been approved for release under the delegation of the Unit Manager Environmental Health on behalf of the Municipal Emergency Management Planning Committee



Leo Manca
Unit Manager Environmental Health

Introduction

The Merri-bek City Council Pandemic Sub-Plan is a subordinate plan of the Merri-bek Municipal Emergency Management Plan. This plan will be implemented in accordance with the legislative roles and responsibilities guided by the State Pandemic Sub-Plan and the State Emergency Management Plan.

Background

The World Health Organisation (WHO) define a pandemic as the worldwide spread of a new disease. A pandemic occurs when the spread of endemic disease (a disease which is constantly present with predictable levels) in a population or area and may spread across several countries. The disease pathogen may be identifiable, be a new strain of a known pathogen or can be transmitted via various mechanisms.

The control agency for human disease is the Victorian Department of Health (DH), however state and local government, businesses and non-government organisations also have a key role in preparing for, mitigating risk, responding to and supporting relief and recovery from the impacts and consequences of a pandemic. The plan will detail municipal arrangement for coordination across all phases of a pandemic emergency.

Aims and Objectives

The plan will provide both strategic and operational information in relation to preparedness, mitigation, response and recovery arrangements at a municipal level for viral respiratory pandemics.

Scope

This document provides a framework and guidance for pandemic management for stakeholders of the municipality, to appropriately plan for, respond to and recover from an event. The sub-plan is not intended to provide details in relation to individual agency operational plans but provide the necessary arrangements to ensure operational activities within the municipality are undertaken collaboratively.

Exercising and Evaluation

The plan will be updated and reviewed every three years or sooner if it is applied in an emergency event or exercise, if there are changes to relevant legislation, state emergency management plans or arrangements.

History

There have been a number of pandemics over the past century as detailed below:

Event Period	Virus	Fatalities	Symptomatic infection rates
1918 - 1919	H1N1	40 – 50 million deaths worldwide	Est. 20 – 60% in most countries – highest proportions among children and young adults.
1957	H2N2	2 – 3 million excess deaths worldwide	Highest outbreaks in school aged children
1968 - 1969	H3N2	1 million deaths	Across all age groups
2009 - 2010	H1N1	200,000 deaths	People under 60 years of age
2020 – 2023	COVID - 19	7.1million deaths (January 2026)	Across all age groups – people with health and vulnerabilities more prone to infection and adverse effects of the disease.

Note: On 20 October 2023, the Australian Government determined that the COVID-19 pandemic was no longer a Communicable Disease Incident of National Significance (CDINS). COVID-19 is now managed like other common communicable disease.

Governance

This sub plan has been developed by the Merri-bek Pandemic Planning Group. The Pandemic Planning Group consists of relevant internal personnel and external stakeholders and agencies where each plays a key role in planning and responding to a pandemic event.

Objectives of Pandemic Planning Group

- Determine and maintain pandemic policies and plans consistent with the role of local government and complementing Victorian and Australian policies and plans.
- Support national and state response and recovery by representing the diverse needs of the local community and contributing to their continuing viability.
- Plan for a pandemic incident in a manner that coordinates activities across agencies encompassing Preparedness, Prevention, Response and Recovery.
- Share knowledge and create an environment of continuous improvement.

Membership

The current membership of the Pandemic Planning Group includes:

- Unit Manager Environmental Health
- Municipal Emergency Management Officer
- Municipal Recovery Manager
- Coordinator Emergency Management
- Merri-bek City Council Marketing and Communications
- Department of Health representative
- Western Public Health Unit
- Department of Families, Fairness and Housing
- Ambulance Victoria
- Local health services
- Northern Hospital Emergency Management

In the event of a pandemic, further members of the MEMPC Pandemic Planning Group may be invited to assist in the response and reporting lines from municipality to state.

Pandemic Business Continuity Plan

The Merri-bek City Council Pandemic Business Continuity Plan has been developed to be used in the event of a prolonged pandemic event to reduce the impact on Council's ability to deliver critical functions and business objectives. The Pandemic Business Continuity Plan will be run in unison with the MEMPC Pandemic Sub Plan.

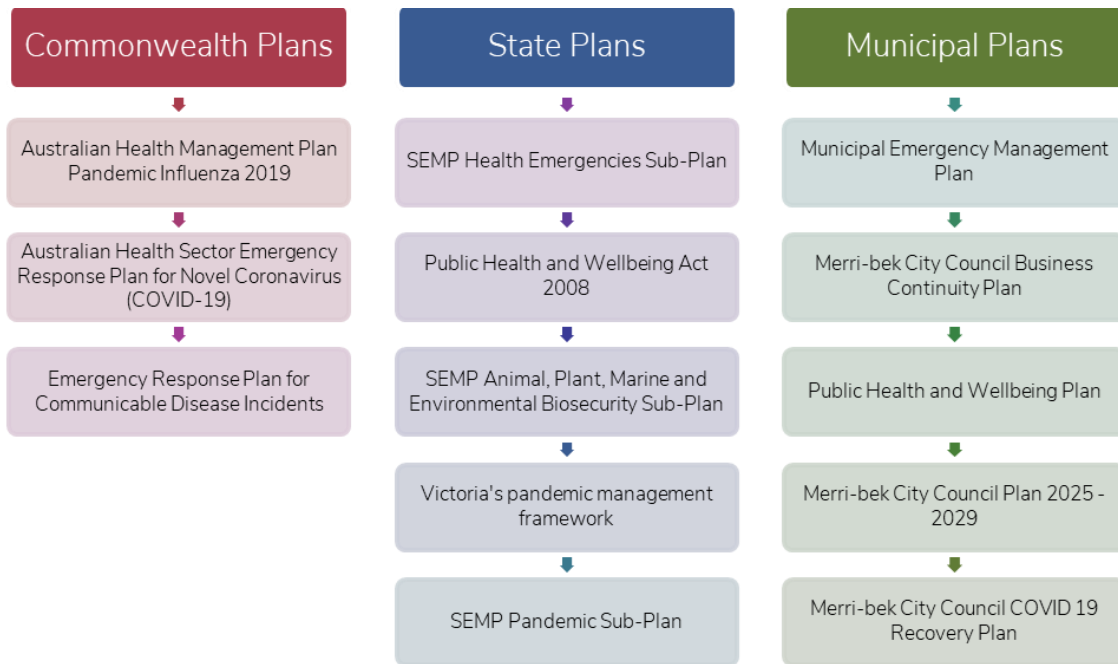
Authorising Environment

The Emergency Management Act 1986 and 2013 is the empowering legislation for the management of emergencies in Victoria.

The State Emergency Management Plan (SEMP) 2020 contains policy and planning documents and provides details of the roles and responsibilities different organisations play in arrangements.

The State Emergency Management Plan – Pandemic Sub-Plan outlines the arrangements for managing the consequences of a pandemic.

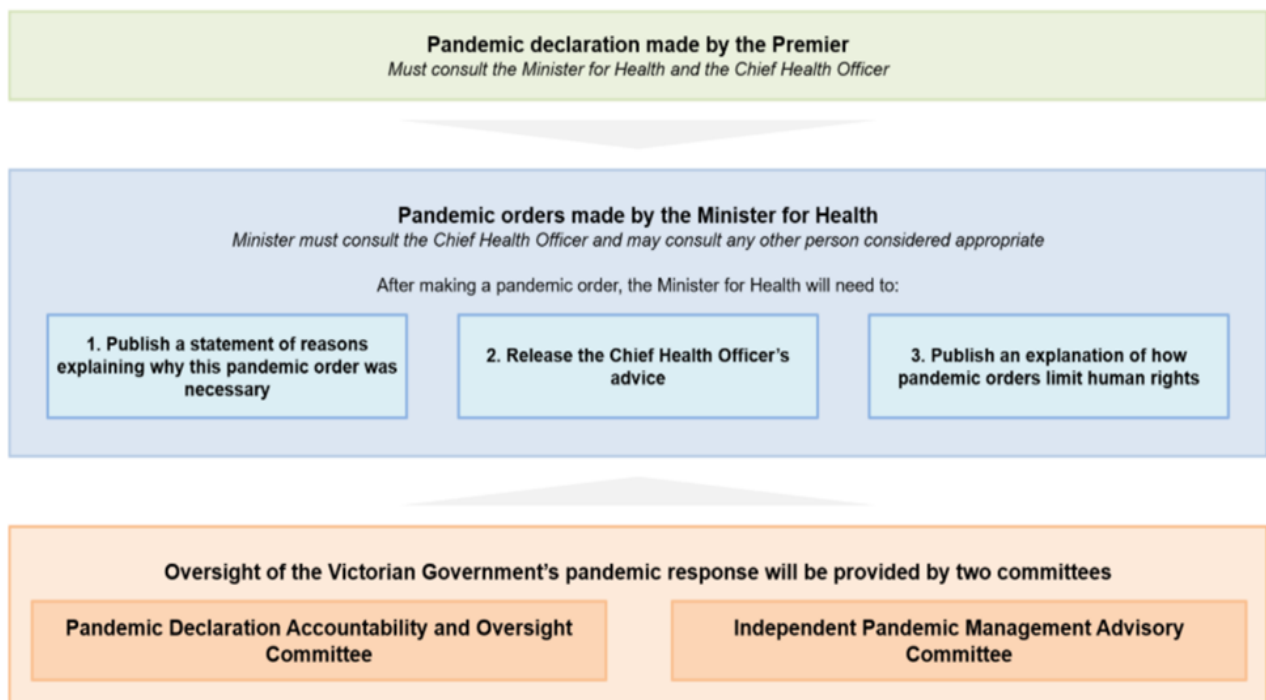
This plan will be activated in conjunction with the SEMP Health Emergencies Sub-Plan (HESP) and addresses the roles, responsibilities, capacity and capabilities of Merri-bek City Council.



Pandemic Declaration

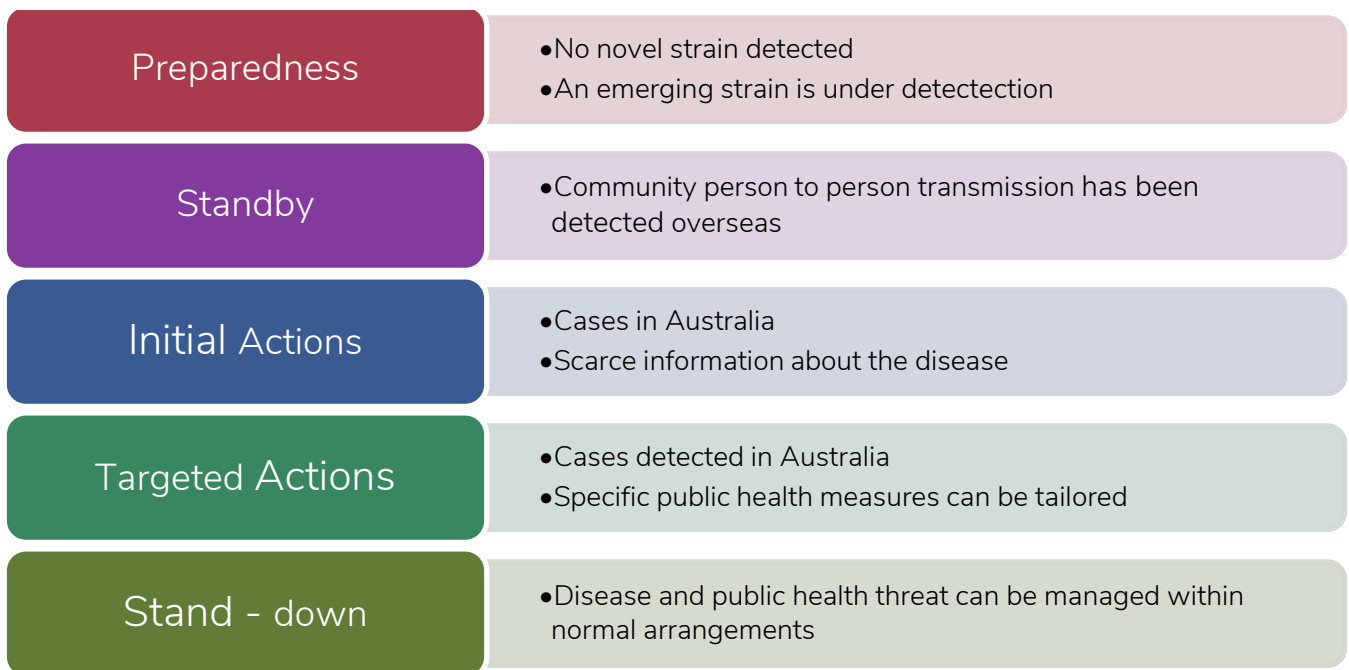
Pandemic declarations are made by the Premier of Victoria in consultation with the Chief Health Officer (CHO) and the Victorian Minister for Health.

The below table outlines the process for pandemic declarations.



Phases of a Pandemic

This plan will outline actions associated with each phase of a pandemic. The State Plan outlines five key phases in responding to a pandemic or potential pandemic:



Consequences

The level of impact of a pandemic on the municipality is dependent on:

- Clinical severity of the diseases
- The transmissibility of the virus between humans
- The capacity of the health system
- The effectiveness of interventions
- The vulnerability of the population

The impact of the pandemic will not be able to be predetermined however the Department of Health’s Chief Health Officer will provide an estimate of the clinical severity during the response, based on the available evidence and emerging epidemiology.

Refer to Appendix One for Consequence Management Plan.

Emergency Management Arrangements

Merri-bek City Council will implement a staged process when managing the consequences and impacts of a pandemic. The team will work collaboratively with all responsible agencies and the community with a focus on risk mitigation and response.

The below table outlines the stages of a pandemic and initial actions undertaken at each stage.

Stage and sub-stage	Description/Activities
Preparedness	<p>No pandemic detected (or emerging pandemic under detection)</p> <ul style="list-style-type: none"> • Establish pre-agreed arrangements • Research specific pandemic management strategies • Monitor the emergency of diseases • Investigate outbreaks if they occur
Response	<p>Standby</p> <p>Sustained community person – person transmission detected overseas</p> <ul style="list-style-type: none"> • Prepare to commence enhanced arrangements • Identify and characterise the nature of the disease

Stage and sub-stage	Description/Activities	
		<ul style="list-style-type: none"> • Communicate to raise awareness and confirm arrangements
	Initial Action	<p>Cases detected in Australia – information about the disease is scarce</p> <ul style="list-style-type: none"> • Manage initial cases • Identify and characterise the nature of the disease • Provide information to support health care, empower the community and responders to manage their own risks. • Support effective government • Preparation within the health system
	Targeted Action	<p>Cases detected in Australia – enough is known about the disease to tailor measures to specific needs</p> <ul style="list-style-type: none"> • Support and maintain quality care • Ensure a proportionate response • Communicate to engage, empower and build confidence within the community • Provide a coordinated and consistent approach
	Stand-down	<p>Public health threat can be managed within normal arrangements. Monitoring for change is in place.</p> <ul style="list-style-type: none"> • Support and maintain quality care • Cease activities that are no longer needed • Begin transition to recovery planning • Monitor for further outbreaks (second waves) • Communication with the community to support normal business services • Evaluate systems and revise plans and procedures
Recovery	Starts at the response stage and includes relief activities to support the community and businesses	

Implementation and activation of the plan

This Plan will be activated following notification from the Department of Health (DH) via advice from the Australian Government Department of Health via the Australian Health Protection Committee (AHPC), who in turn refer to the World Health Organisation as they determine each pandemic phase.

Following advice from DH, the Municipal Emergency Management Officer (MEMO) will alert Council executive. The MEMO will consult the pandemic coordinator activate the Pandemic Planning Group (PPG) and the pandemic plan.

Mitigation and Preparedness

The mitigation and preparedness activities are initially based on the knowledge drawn from previous outbreaks, epidemics and pandemics. Planning and preparedness must be agile and scalable to adapt and be responsive as new information emerges.

Merri-bek MEMPC will review the Pandemic Subplan via:

- Three yearly full reviews of the plan
- Community Emergency Risk Assessment review three yearly or as required
- Annual updates of the plan as required
- Following an outbreak conduct an after-action review
- Exercising of the plan within its life cycle (every three years)
- Review of internal protocols, contacts and procedures as required
- Consequence management planning

Roles and responsibilities

This section will identify five areas pertaining to the following:

- Public health control measures
- Public health communications to the community
- Provision of relief and other services to the community (including businesses)
- Any special interventions which may be necessary
- Recovery activities

The activities will be categorised into what Council must, should and could do, taking into account needs and considerations in performing these tasks. The list is a guide and there may be further activities required which is dependent on the type and extent of the pandemic.

Note: Funding and cost recovery will need to be taken into consideration when committing to some activities listed.

Role: Public health control measures	
Must	<ul style="list-style-type: none"> • Work with DH and agencies to respond to community outbreaks. • Provide council facilities for vaccination, testing, or public health activities. • Share public health directions with local businesses. • Support food and regulated businesses to meet hygiene and infection control requirements. • Provide logistical support for public health initiatives as requested. • Give clear guidance on PPE use. • Ensure council services follow public health guidance and regulations. • Deploy EHOs to advise businesses on hygiene and infection control. • Promote infection prevention in council facilities (e.g., hygiene, distancing, mask use). • Share PPE guidance with businesses and community groups.
Should	<ul style="list-style-type: none"> • Assist in the coordination of PPE access for community services or vulnerable groups. • Work with local health providers to improve vaccination and testing access. • Support outbreak response in high-risk settings.
Could	<ul style="list-style-type: none"> • Distribute PPE to the community during high transmission or shortages. • Support infection prevention education, including PPE use. • Provide temporary infrastructure for vaccination/testing (signage, barriers, sanitation, traffic).
Needs	<ul style="list-style-type: none"> • DH guidance and operational direction. • Reliable PPE supply. • Partnerships with health services and community organisations.

Role: Public health control measures	
	<ul style="list-style-type: none"> • Communication channels for public health and PPE guidance. • EHO capacity for regulated businesses. • Staff to maintain response and BAU.
Considerations	<ul style="list-style-type: none"> • Prioritise PPE for essential workers and vulnerable groups. • Ensure accessibility for CALD communities, people with disabilities, older persons, and First Nations communities. • Storage, logistics, and stock management for PPE. • Alignment with state PPE guidance.

Role: Public health communication to the community	
Must	<ul style="list-style-type: none"> • Share official public health information. • Use accessible formats for people with vision/hearing impairments or low literacy (e.g., videos, audio, online sessions). • Translate materials into key local languages. • Work with community leaders to identify best communication channels. • Use social media and coordinate with health services and community organisations. • Engage businesses to support information distribution. • Use Community Connectors to reach priority groups. • Collaborate with internal departments to address needs of young people, LGBTQIA+, interfaith networks, older adults, and people with disabilities. • Work with Aboriginal elders and Aboriginal health services for culturally appropriate messaging.
Should	<ul style="list-style-type: none"> • Monitor community feedback and adjust messages. • Ensure messages are culturally safe and inclusive. • Coordinate communication across council services.
Could	<ul style="list-style-type: none"> • Assist agencies with translation services. • Conduct letterbox or mail-outs where digital access is limited.
Needs	<ul style="list-style-type: none"> • Accessible public health information for CALD communities, people with disabilities, older persons, and First Nations communities.
Considerations	<ul style="list-style-type: none"> • Use multiple and plain language. • Provide accessible formats (audio, captions, large text, screen-reader compatible).

Role: Support the delivery and coordination of relief services to meet the immediate and basic needs of the community during a pandemic.	
Must	<ul style="list-style-type: none"> • Identify relief services and key contacts. • Refer residents to counselling, advocacy, or in-home support. • Provide basic needs support (food, hygiene items) in partnership with relief services. • Facilitate psychosocial and mental health support. • Activate recovery or information centres. • Deliver community education on online ordering, preparedness, health protection, and PPE.
Should	<ul style="list-style-type: none"> • Provide community development and resilience services. • Assist in the coordination of volunteers.

Role: Support the delivery and coordination of relief services to meet the immediate and basic needs of the community during a pandemic.	
	<ul style="list-style-type: none"> • Support food delivery for isolating residents. • Extend meals programs to vulnerable individuals. • Offer online ordering education.
Could	<ul style="list-style-type: none"> • Assist in the coordination of temporary accommodation. • Assist in the management of public appeals.
Needs	<ul style="list-style-type: none"> • Clear referral pathways to services. • Partnerships with community organisations and volunteer networks. • Delivery logistics and communication systems for vulnerable residents.
Considerations	<ul style="list-style-type: none"> • Cost recovery arrangements associated with the provision of relief services. • Staffing capacity and workforce planning to deliver relief programs. • Coordination with state government emergency relief arrangements. • Ensuring support reaches vulnerable and isolated community members.

Role: Special interventions	
Must	<ul style="list-style-type: none"> • Assess and address urgent community needs or service gaps. • Advocate for funding for essential services. • Work with agencies and community organisations to identify resource needs. • Seek external grants and funding opportunities.
Should	<ul style="list-style-type: none"> • Coordinate resource sharing between organisations and local community initiatives. • Support community resilience and recovery programs that assist vulnerable groups.
Could	<ul style="list-style-type: none"> • Provide in-kind or financial support to community organisations. • Consider financial relief for businesses (fees, permits, grants) and residents (rates, fines). • Establish temporary grant programs or emergency funding.
Needs	<ul style="list-style-type: none"> • Access to emergency funding programs. • Staff capacity to manage grants. • Partnerships with service providers.
Considerations	<ul style="list-style-type: none"> • Equity in resource allocation. • Budget impacts and financial sustainability. • Alignment with state and federal funding programs.

Role: Recovery activities	
Must	<ul style="list-style-type: none"> • Work with government and health services to identify recovery needs. • Undertake post-impact assessments (impacts, community risk, at-risk groups). • Lead municipal/community recovery committees. • Develop recovery plans inclusive of business and economic recovery. • Support psychosocial recovery.
Should	<ul style="list-style-type: none"> • Support community wellbeing and social recovery initiatives. • Work with local business networks to support economic recovery.
Could	<ul style="list-style-type: none"> • Facilitate community recovery events and engagement activities. • Support community-led recovery initiatives.

Role: Recovery activities	
Needs	<ul style="list-style-type: none"> • Access to recovery funding programs. • Partnerships with businesses, community organisations and government agencies. • Staff capacity to coordinate recovery activities.
Considerations	<ul style="list-style-type: none"> • Long-term mental health impacts. • Economic impacts on businesses. • Ongoing monitoring of community recovery needs.

Key Priorities in Response

The following table outlines the key priorities in the first two weeks of a pandemic. These priorities may change/differ depending on the scale or type of pandemic that has been declared.

Priority	Action
Public Health Control Measures	<ul style="list-style-type: none"> • Activate Pandemic Response Team • Confirm outbreak protocols • Assess vaccination/testing sites (Refer to document: D22/570704 for predetermined testing sites) • Deploy EHOs • Secure PPE stockpiles • Communicate infection control measures to businesses and council services
Public Health Communication	<ul style="list-style-type: none"> • Issue early public health messaging (as per official messaging) • Activate community connectors • Distribute messages in multiple formats • Monitor community feedback
Relief Services	<ul style="list-style-type: none"> • Identify public need. • Develop referral pathways • Identify and put volunteers on standby • Identify hubs and have activation plans enabled. • Discuss funding arrangements.
Internal Services	<ul style="list-style-type: none"> • Organisational readiness activities – activate BCP • Contingency plans for service provision activated • Work from home options implemented • Refresher training in PPE, infection control to be undertaken • Review of work practises and infection control guidelines • Information dissemination to staff

Vaccine Hesitancy

Vaccine hesitancy or refusal can occur due to a variety of reasons. The most common concerns are:

- Safety, effectiveness and long-term effects of vaccines
- The research and quick development of vaccines during a pandemic
- Mistrust in government or conspiracy theories

There could also be some practical limitations and challenges around vaccination, including accessing appointments/clinics and navigating information to organise or book appointments.

Council is often seen as a trusted and reliable source of information for the community. Merri-bek City Council will work with local health services and State authorities to:

- Seek input and feedback from the community about vaccination
- Ensure information is accessible, reliable and tailored to the needs of the community
- Highlight the benefits of vaccination
- Address misinformation
- Assist community to navigate systems

The [Vaccine Misinfo Guide](#) from UNICEF is a practical guidance to address and assist with vaccine hesitancy.

Community Profile

Merri-bek City Council has a population of 186,534 (ABS ERP 2024) people and is located 4 -14 kilometres from Melbourne's CBD. The below community data is most relevant to this plan and further information can be located in the MEMP.

The demographic information below is data from the 2021 Census via Profile id ([Home | City of Merri-bek | Community profile](#))

Age structure

Service age group (years)	Number	%
Babies and pre-schoolers (0 to 4)	9,731	5.7
Primary schoolers (5 to 11)	12,169	7.1
Secondary schoolers (12 to 17)	8,813	5.1
Tertiary education and independence (18 to 24)	15,424	9.0
Young workforce (25 to 34)	37,163	21.7
Parents and homebuilders (35 to 49)	39,364	23.0
Older workers and pre-retirees (50 to 59)	18,588	10.8
Empty nesters and retirees (60 to 69)	12,957	7.6
Seniors (70 to 84)	12,460	7.3
Elderly aged (85 and over)	4,682	2.7

Need for assistance

It is important to be aware of the number of people with disabilities and those who need assistance with daily living activities, as they can be susceptible to a pandemic event for health, financial and psychological wellbeing.

In 2021, there were 11,065 people with a need for assistance, living in the City of Merri-bek. Need for assistance via the Census data refers to people who require assistance with self-care, body movement or communication activities. Of this, the highest proportion were those 85 years and older.

Ethnicity/Place of birth

Ethnicity/Birthplace	Number	%
Aboriginal and Torres Strait Islander	1,084	1.7
Total overseas born	56,427	31.2
Australia	107,728	62.9
Not stated	7,203	4.2

Language spoken at home

There are 86 languages other than English spoken at home. The top five languages are Italian, Arabic, Greek, Urdu and Nepali.

Language summary	Number	%
Speaks English only	104,555	61.0
Non-English total	59,120	34.5
Not stated	7,682	4.5

Immunisation Statistics

Covid 19 Vaccinations

It is estimated that 82.9% of Merri-bek City Council residents are vaccinated against Covid 19. From April 2025 – April 2026, 15,061 people had received a Covid 19 vaccination. (Dept. Health, Disability and Aging)

Influenza

Municipality data is not recorded for the number of people vaccinated yearly for influenza. It was however, noted that within Australia there was a suboptimal uptake of the influenza vaccination with the most significant drop in 6 months to 4-year age groups. In 2025 there were 85,000 lab confirmed influenza cases which was a 13,000 increase in disease compared to 2024.

Childhood Vaccination/Immunisation

Statistics from 2025, show 93.17% of children in Merri-bek have completed the full immunisation schedule required by five years of age.

At Risk Groups

At risk groups may face complex challenges. Groups may already be identified as being part of a 'vulnerable' cohort, however there can be an emergence of people who may be vulnerable during a pandemic. Planning and appropriate communication needs to be undertaken to address the needs of all residents with consideration to those who may require specialised support.

Identified At Risk Groups

At risk group	Issues
Young families, especially single-parent families	May need to manage a range of demands with minimum support.

At risk group	Issues
Older people, living alone without support	Isolation could cause deterioration in health and ability to function.
Socially isolated	Lack of family and friends to provide personal or physical support. Lack of information could lead to anxiety.
Physically isolated	Reduced ability to call on assistance from other members of the community, or from agencies.
People who are unemployed	Lack of financial and physical resources may result in higher levels of disadvantage.
People relying on external help	Existing support, such as home support, may be compromised
People living in residential care settings	More exposed to the spread of disease, due to close living arrangements and sharing of facilities.
People with existing disability, physical or mental illness	Existing support may be compromised. Higher risk of exposure to infection and psychological stressors.
Substance dependent	Increased vulnerability if medical and other care arrangements are disrupted.
Aboriginal and Torres Strait residents	Limited access to health care and the impact of a range of social, cultural and geographic consequences.
Culturally and linguistically diverse communities (CALD)/ new arrivals	Reduced understanding of potential risks and difficulty gaining access to information and resources
People experiencing homelessness	Lack of access to information and support. Higher levels of exposure to infection.
Financially disadvantaged, individuals and families on low incomes and/or high debt levels	May have limited access to goods and services. May not be able to stockpile, due to diminished supply and potential rising costs.
People already affected by an emergency	Challenges regarding recovery within communities including social cohesion and effects of trauma and recovery. Also relates to messaging regarding health and community connection
Those in the community who are vaccine hesitant or anti-vaxxers	Unvaccinated people are more likely to contract the disease and have adverse effects which may make them more likely to be hospitalised and have ongoing health issues.

Emerging At Risk Groups

At risk group	Issues
People confined to their homes because of illness or quarantine	Lack of family and friends to provide adequate levels of care. Mental health may be at risk of being affected.
Children whose parents become ill, particularly where there is no alternative care.	Heightened levels of grief, anxiety, stress and trauma.

At risk group	Issues
Families where bereavement has taken place due to the pandemic	Heightened levels of grief, anxiety, stress and trauma.
People whose caregiver is sick and unable to care for them	Lack of alternative support could lead to general deterioration of health and wellbeing.
People who have become unemployed, due to business closure or economic downturn	Lack of financial and physical resources and high debt levels, with minimum savings in reserve.
People on low incomes or otherwise economically vulnerable	Lack of financial and physical resources to manage consequences over an extended period.
Families	Increased risk of family violence and breakdown of family unit, due to a shift in household dynamics. Children will lack social interaction, following school closures. Further pressure on parents to home school children as well as managing home and work duties.
Small business owners	Significant reduction in demand in some sectors. Lack of resources to maintain financial viability during a downturn in the economy and/or unable to function due to absence of

Future Work

To ensure the Merri-bek Pandemic Plan remains up to date with information, protocols and functions, the planning committee will:

- Meet on a yearly basis or as required to review and update the plan
- Ensure the plan is in line with relevant legislative and regulatory changes
- Review the plan as per the CERA review outcomes
- Exercise the plan at least once during the three-year lifecycle of the plan.

Appendix One:

Consequence Management Plan – Council Functions

Service	Function	Consequence	Mitigation
Internal Council Services Provision			
External Communications	Information dissemination - Community	Community information - people are not informed - further spread of the disease into the community. Reputational management.	Clear messaging that has been approved by the lead agency - DH. Utilisation of social media, community leaders and website to disseminate information.
Internal Communications	Information Dissemination - Staff	Staff are not informed of what is happening resulting in stress and uncertainty. Risk of misunderstanding messaging and bringing infection into the workplace.	Internal Communications Plan Support programs have been put in place to assist staff with psychological well being
Customer Service	Customer enquiries and closure of customer service centres	Customers are not receiving information. Invoices e.g. rates, infringements etc. unable to be paid.	Customers are encouraged to utilise online services and via phone calls. Information disseminated through social media and websites.
Rates	Rate and property payments	Residents unable to pay for rates due to financial hardship.	Discussion to take place around wavering interest on unpaid rates and fines and/or deferment of payments.
Economic Development	Assistance to businesses within Merri-bek, employment and training	Loss of businesses, jobs etc. impacting the economic stability of the area and creating financial hardship for residents.	Business Concierge program has been put in place to assist businesses with compliance and information.
Maternal and Child Health Services	MCH nurses monitor the growth and development of children from 0-6years and supports parenting and family wellbeing.	<ul style="list-style-type: none"> Significantly reduced service provision. Closure of services and service provision such as new parent and information groups and enhanced home visiting services. Reduced capacity to provide face to face support for families and their children. Unable to identify children at risk or monitor those who are vulnerable due to not being able to undertake physical assessments of children and home visits 	<p>Provide telephone consultations as per Key Age and Stage Framework. Prioritisation of high-risk clients including those less than eight weeks of age, children of aboriginal background and those with complex needs including enhanced MCH clients.</p> <p>Provide short 15-minute consultations for those identified as priority clients as per MCH recommendations.</p> <p>Provide written resources via email, post, websites and digital technology forums where available</p>
Community Centres	<ul style="list-style-type: none"> Childcare services Parent Programs Playgroups Community gatherings Meals for vulnerable groups Adult learning classes/programs Social activities/gatherings etc. 	<ul style="list-style-type: none"> Social groups unable to meet due to closures increasing issues around social isolation. Childcare services, parent programs and playgroups cancelled. Cancellation of community programs, events and activities – social isolation. Loss of income from bookings Disruption with adult learning programs e.g. EAL Impact on small business e.g. Yoga and Dance Schools having to close 	<p>Follow guidelines in relation to group activities. Reporting of confirmed cases of disease, extra cleaning, protocols to be followed in relation to contact with affected people.</p> <p>Increase pre-assessment screening, increase phone assessments and postpone as required. Utilise other platforms to engage with community groups via email, Facebook, social media and website.</p>

Service	Function	Consequence	Mitigation
Internal Council Services Provision			
Children's Services	<ul style="list-style-type: none"> • Childcare services • Parent Programs • Home visiting support Early Years Services • Support Playgroups Indigenous programs • Early childhood literacy programs • School holiday programs 	<p>Preschools programs closed throughout the lockdown period affecting the following:</p> <ul style="list-style-type: none"> • Social and emotional growth of children • Developmental delays and issues not identified early • Educational needs not met therefore children may be behind when attending school • Parents under stress and unable to seek support through programs 	<p>Reporting of concerns to DFFH/CP Ongoing communications – Communicating through emails, website, social media platforms and telephone consultations.</p> <p>Programs and support groups to be conducted online.</p>
Aged Services	Assessment & Community Support - assessment for services and programs aimed at reducing social isolation	<ul style="list-style-type: none"> • Client referrals and assessment - no assessments taking place putting older people at risk who require services • Program Activity Groups cancelled increasing social isolation of vulnerable people. 	<ul style="list-style-type: none"> • Follow guidelines in relation to group activities. Reporting of confirmed cases of disease, extra cleaning, protocols to be followed in relation to contact with affected people. • Increase pre-assessment screening, increase phone assessments and postpone assessments for people who do not require immediate services. • Enhanced program in place with staff trained specifically to assist persons in isolation and at risk of disease
Aged Services	Home Support Services - personal care, respite care, shopping assistance and domestic assistance for residents who are aged.	<ul style="list-style-type: none"> • In home care, respite and shopping services are cancelled therefore affecting the health, hygiene and psychological wellbeing of vulnerable residents. • Food security issues may arise if shopping assistance is no longer available. 	<ul style="list-style-type: none"> • Ensure staff are informed of hygiene standards and follow relevant protocols. Increase screening prior to services to ensure residents are not affected. • Phone check ins and undertaking of essential services only if there is a work force reduction. • Food delivery services remain in place.
Immunisation Services	Immunisation for communicable diseases	<ul style="list-style-type: none"> • Lowered immunisation rates putting public at risk. • Risk to children attending childcare, preschool etc. due to not having full immunisations. • Unable to meet the demand for Flu Vaccinations over the coming months. • Unable to meet the demand of routine vaccinations 	<ul style="list-style-type: none"> • Planning around attendance at immunisation sessions. E.g. People wait in their cars, minimal people in the centre at one time etc. • Encourage residents to utilise other services such as GP's or chemists to receive flu and other vaccinations.
Population Health	Health Planning	Not planning for appropriate management of pandemics for the community and workplace. People at risk from the disease.	Pandemic planning and consequence management planning. Whole organisation approach to mitigation.
Animal Management	Animal Management, infringements and investigations	<ul style="list-style-type: none"> • Unable to manage the call outs to dog attacks, lost animals etc. • Unable to present appropriate information at court proceedings. <p>Increase in animals being abandoned or surrendered due to misinformation and/or owners unable to maintain appropriate care and nutrition</p>	<ul style="list-style-type: none"> • Ensuring staff are able to follow up on urgent and emergency incidents, managing information appropriately for issues which are proceeding to court. • Staff to follow guidelines in relation to infection control management. • Link into the RSPCA for information on pandemics and animals. • Identify services able to assist with nutrition and care • Education and information for pet owners about caring for their animals during a pandemic.

Service	Function	Consequence	Mitigation
Internal Council Services Provision			
Youth	Engagement and programs targeted at youth, mental health support	Youth become disengaged and there is an increase in mental health and wellbeing concerns.	<ul style="list-style-type: none"> Engagement through online programs and social media. Pandemic Specific Programs to be developed and put in place Ensure youth has engagement and a voice during pandemics
Leisure	Leisure Centres - Gym, aquatic centres (swimming lessons), community group meetings and health and wellbeing programs.	<ul style="list-style-type: none"> Disengagement in exercise programs for health benefits Mental health issues arising from inability to attend wellbeing programs. 	<ul style="list-style-type: none"> Online exercise programs Online wellness and health programs
Public Health	Health inspections of food premises, boarding houses etc. Pandemic Plan - EHO functions	Inspections not undertaken putting the community at risk of disease and illness.	Essential inspections undertaken ensuring staff follow guidelines in relation to infection control management.
Information Technology	Information Technology - access to IS services, systems and equipment	Staff are unable to access Information Services therefore putting operations and services at risk.	Connectivity & ensuring staff have access to systems, equipment and supply. E.g. Working from home options etc.
Customer Service	Customer service centres across the municipality as well as at leisure centres, libraries, community centres and hubs.	Reputational management - residents not receiving adequate information. Frontline staff managing the public more at risk of infection.	<ul style="list-style-type: none"> Ensuring social distancing for staff, cleaning and infection control of all public areas on a regular basis. Information to be disseminated through other channels, encourage residents to utilise the phone or internet instead of coming into facilities.
Building Maintenance	Maintenance of facilities across the municipality including sanitisation and cleaning.	Essential maintenance is not undertaken causing OH&S issues. Sanitation of buildings not adequate in relation to Pandemics therefore causing further spread of the disease to staff and patrons.	<ul style="list-style-type: none"> Ensuring all essential maintenance is undertaken as required. List of different contractors that can be engaged to clean and sanitise building if required.
Environmental Services	Litter management, street cleaning/sweeping, cleansing	Public places are not cleaned and create an unhygienic environment which could cause further issues with disease, vermin etc.	Develop a plan in relation to the minimal requirement of cleaning to ensure public health.
Waste	Waste Collection	Bins are not collected causing a build-up of household waste and affecting public health. Landfill services closed.	Develop workforce plan and identify contractors who could assist if staff are unable to work.
Activation of Relief and Recovery	<ul style="list-style-type: none"> Staff activation to assist with community need including: Phone calls to affected people Delivery of care packages. Planning for parallel emergencies Relief Centre management and planning 	<ul style="list-style-type: none"> Unable to adequately maintain these services due to staff absences and self-isolation. NWMR Collaboration may not have resources due to the incident being nationwide. Cannot relocate people to ERC due to unknown health status of community members Community members cannot stay with family and friends due to infection and restrictions Hotels/Motels are not operating during this period Hotels/Motels unable to meet the required hygiene practices 	<ul style="list-style-type: none"> Activation of the NWMR Collaboration if required and share resources as much as possible. ERC planning for operating during a pandemic DFFH support from a state level required due to the restrictions in place if local level do not have the capacity to manage many displaced persons.
Community Capacity Building	Diversity, inclusivity and social connection engagement and programs targeted at community	Social isolation through loss of programs and activities, including volunteer program	Engagement through online programs and social media.
Community Safety	Community safety initiatives including prevention of violence against women, driver safety and safety in the home	<ul style="list-style-type: none"> Risk of higher family violence incidents due to the pandemic Increased child protection issues Social isolation and disconnection may lead to reductions in perceived safety outside of the home / fears of lawlessness 	<ul style="list-style-type: none"> Communication and engagement through online programs and social media. Continued connection with safety agencies and liaison with VicPol via virtual methods to understand evolving context and implement

Service	Function	Consequence	Mitigation
Internal Council Services Provision			
		<ul style="list-style-type: none"> Increased home-based activity increases risks of home-based injuries 	measures to address safety concerns for the community during a pandemic

Consequence Management Plan – Community

Area	Consequence	Mitigation
Primary and Public Health	<ul style="list-style-type: none"> Potential impact on health services including hospitals and ambulance services such as an increase in cases and a lowered workforce which may be infected. General Practitioner services maybe overwhelmed Increase of demand on other health services. Residents who require home based care will not receive services. Risk of exacerbation of other medical conditions for vulnerable community members. Cancellation of non-urgent surgeries and hospital care therefore increasing longer waiting times and extending possible health issues as well as causing mental health issues. At risk communities/individuals not known Public not being aware of or understanding public health messages and not following guidelines. Residents not understanding warnings due to English as an Additional Language or disabilities. 	<ul style="list-style-type: none"> Utilise DH messaging and information and advertise this through our websites. Work with local health services to deliver messages and communicate with the community Ensure residents/families are informed of service provision and alternatives are arranged if possible. Utilise other services within the municipality to determine people at risk in the community who may need assistance. Utilise information that is translated or staff who speak a language other than English to inform residents about health messaging. Information to be sent to all community groups, hubs and services in relation to the pandemic and in line with DH messaging.
Hospital Services	<ul style="list-style-type: none"> Increase of disease and outbreaks in wards restricting hospital admissions and non-urgent/elective surgeries 	<ul style="list-style-type: none"> Ongoing testing prior to admission Isolation of known cases Increase in hospital preventative and hygiene practises Communication from hospitals to be shared with communities
Mental Health	<ul style="list-style-type: none"> Potential trauma related to the incident. Increase rate of Family Violence due to stress on families – Family breakdown Potential use of online gambling sites increasing financial and emotional strain on families PTSD from previous events. Exacerbation of mental health conditions including self-harm and suicide. Higher level of occupational violence and aggression towards staff including emergency and relief services, health services and government (including local government) staff. 	<ul style="list-style-type: none"> Informed and updated community via clear and concise messaging Engage local health services to assist with trauma and mental health Gamblers Helpline referrals - https://gamblershelp.com.au/ - 1800 858 858 Clear information in relation to referral agencies - contained in the Relief Plan Referral to psychosocial supports (DFFH) Psychosocial services and support for emergencies - DFFH Service Providers Reporting any aggressive behaviour and occupational violence incidents via incident reports and police intervention. Zero tolerance to aggression and communication to the community regarding this.
Homelessness Services	<ul style="list-style-type: none"> Rough sleepers contracting the virus and unable to access medical care Rough sleepers and those experiencing homelessness unable to isolate. Homelessness or risk of homelessness increasing due to financial strains and family violence. 	<ul style="list-style-type: none"> Work with Merri-bek's Principal Advisor Social and Affordable Housing to develop plans around people sleeping rough and at risk of homelessness. Engage with local homelessness providers to facilitate referrals and information. Information to be available and accessible to those experiencing homelessness regarding medical assistance and isolation options. Information can be made available via Merri-bek facilities (leisure centres, libraries etc)
Food Security	<ul style="list-style-type: none"> Dietary needs are not met therefore increasing the risk of health issues associated with poor or lack of nutrition. Inability to access supermarkets due to disability or service provision being reduced, social isolation or mandatory isolation. Families leaving quarantine to access food supplies whilst unwell increasing the spread of the virus to other community members. 	<ul style="list-style-type: none"> Essential food delivery to those who are quarantine or isolating – this may be done in collaboration with state government agencies, emergency relief providers and local government. Educational programs to assist people to use online ordering Extend the delivered meals program for those who are too unwell to cook/shop for themselves

Area	Consequence	Mitigation
	<ul style="list-style-type: none"> Closures of warehouses and shops due to staff being unwell Lack of staff to work in supermarkets due to lockdowns and exposures Financial issues Emergency Relief providers unable to keep up with demand on services due to lower volunteer base Unable to use or access online ordering 	<ul style="list-style-type: none"> Encourage planning and preparedness activities such as extra grocery supplies if there is a threat of a pandemic.
Public Order and Community Safety	<ul style="list-style-type: none"> The public not adhering to mandatory requirements enforced by government bodies. Hoarding behaviours and anti-social behaviours observed in shopping centres. Rise in crime due to financial issues. Rise in family violence due to family stress. 	<ul style="list-style-type: none"> Work in collaboration with Victoria Police and agencies in relation to criminal behaviour. Report non-compliance with restrictions as required Referral to police and agencies for family support. Work with partners to identify ways in which to inform and educate the community about family violence support services.
Public Transport	<p>Closure of public transport limiting peoples' access to:</p> <ul style="list-style-type: none"> Services Health care Work Family <p>People unable to utilise taxi or uber services therefore reducing their capacity to get to essential services.</p>	<ul style="list-style-type: none"> Encourage people to use online resources and services (if possible) to assist with service provision. Communication with the community in relation to public transport availability and operations. Encourage people to plan their trips and travel
Business Impacts	Compounding effects of economy and closure of businesses due to the pandemic (retail, food etc)	<ul style="list-style-type: none"> Dissemination of information to support small businesses Referral and support to those who have suffered psychological impacts due to loss of income, businesses and jobs. Referral to Services Australia for information and support Council to work with DJSIR to support local businesses
Unemployment	<ul style="list-style-type: none"> Estimated unemployment figures may rise above 15% with over 2 million Australians out of work due to loss of businesses and industries. Psychological impact to the community in relation to financial hardship and loss of income and work. 	<ul style="list-style-type: none"> Employment advice and information to those who have been stood down suffered job losses Information in relation to Services Australia benefits Quick and succinct response in the recovery phase of the incident to assist people in employment options.
Tourism	<ul style="list-style-type: none"> Closure of tourism sites and attractions therefore affecting local businesses and economy. Lack of patronage at motels and hotels Caravan parks - Permanent residents at caravan parks may be affected and at risk of homelessness if the park is no longer financially viable 	<ul style="list-style-type: none"> Information dissemination to all tourist areas Advertise the use of local produce throughout the incident. Use local services in the recovery phase Disseminate information through business networks and social media.
Community Connection	<ul style="list-style-type: none"> Community confused about messaging and information Isolation of at-risk communities Unknown at-risk communities/people Community feel they are not engaged and part of the planning process. Closure of community centres, loss of social networks etc. 	<ul style="list-style-type: none"> Utilise different social media platforms to reach people and keep them engaged in their homes. Engage with all agencies in relation to identify at risk communities Contact with Seniors Groups for information Provision of fact sheets from agencies. Dissemination of information to CALD groups. Activation of relief activities including phone calls, welfare checks and referrals.
Multicultural Communities	<p>People who are under VISA conditions</p> <ul style="list-style-type: none"> Students Asylum seekers Not permanent residents or citizens Increased risk of transmission due to shared accommodation and rooms with an inability to effectively isolate. <p>This includes access to food, finances and supports therefore putting them at both a physical and psychological risk.</p> <ul style="list-style-type: none"> Loss of employment for this cohort resulting in financial stress. Information not being received by groups who have limited English and social networks. 	<ul style="list-style-type: none"> Engage support agencies who can assist people who are currently on VISA's and not entitled to services or Services Australia Alternative sources of translated information – E.g. local ethnic radio Engage Community Connectors to assist with information and support. Work with support services, community health LPHU and DH to assist with isolation and quarantine measures as outlined in the Pandemic Orders.

Area	Consequence	Mitigation
	<ul style="list-style-type: none"> Loss of social networks due to the closure of faith-based services and cultural centres putting people at risk of feeling isolated 	
Volunteers	<ul style="list-style-type: none"> Volunteers unable to assist services including Emergency Services and community aid due to illness and vulnerability. Impact Emergency response to incidents Impact to services such as food and material relief and critical help lines 	<ul style="list-style-type: none"> Information to be sent out via communications about hygiene and self-isolation for volunteers working within Council. Work with local relief agencies to identify how they can share resources in relation to volunteers.
Animals	<ul style="list-style-type: none"> Abandonment of animals due to cost of food and veterinary care Burden on shelters and rescue agencies, and they may not have the capacity to take in animals. Increase of adoption over the quarantine period then issues surrounding abandonment once things resume as normal 	<ul style="list-style-type: none"> Work with local shelters and agencies to assist people to care for their animals Communications re: 'A Pet is for Life' not just for quarantine
Vaccination	<p>Vaccine hesitancy due to:</p> <ul style="list-style-type: none"> Misinformation Fear of side effects including long term effects of the vaccine Unable to access vaccines due to transport issues, disability etc 	<ul style="list-style-type: none"> Information disseminated through socials and communications team. Work with the department in establishing accessible vaccination hubs throughout the municipality Create a vaccine champions program to assist in advocating for vaccination

Appendix Two: Related Plans and Documents

Guides

Document Name	Link
Municipal Emergency Management Plan	Municipal Emergency Management Plan
Merri-bek Relief and Recovery Plan	Merri-bek City Council Relief and Recovery Plan 2026 - 2029

Contact Lists

Not available in the Public Plan

Planning Documents

Planning documents are specific to internal operations and are not available in the Public Plan.

References

- Australian Health Management Plan for Pandemic Influenza 2019 - [Australian Health Management Plan Pandemic Influenza 2019](#)
- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#) | [Australian Government Department of Health and Aged Care](#)
- Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements 2018. [Emergency Response Plan for Communicable Disease Incidents](#)
- SEMP – Pandemic Sub-Plan - [SEMP Viral \(Viral\) Respiratory Sub-Plan](#)
- State Emergency Management Plan (SEMP) Health Emergencies Sub-Plan - [SEMP HESP](#)
- Pandemic Management Framework - [Victoria's pandemic management framework | health.vic.gov.au](#)
- SEMP Animal Plant Environmental Marine Biosecurity Sub-Plan - [Animal Plant Environmental Marine Biosecurity Sub-Plan](#)
- Public Health and Wellbeing Act 2008 - [Public Health and Wellbeing Act 2008](#)
- Business Continuity Plan [D25/256811](#)
- COVID-19 Response Documentation (C20/208)
- Pandemic Business Continuity Plan (D22/308582)
- Department of Health Disability and Aging. COVID 19 Data 2025 - 2026 <https://www.health.gov.au/resources/collections/covid-19-vaccination-geographic-vaccination-rates-lga-0>
- <https://mvec.mcri.edu.au/wp-content/uploads/2016/06/vaccine-education-center-vaccine-safety-eng.pdf>
- Melbourne Vaccine Education Centre: [Vaccine confidence - The Melbourne Vaccine Education Centre \(MVEC\)](#)
- UNICEF Vaccine Misinformation Guide: [Vaccine Misinfo Guide](#)