

ORGANISATIONAL PANDEMIC MANAGEMENT PLAN

Version: 1.0

Date Prepared: 24:04:2020

Last Reviewed: 07:05:2020

Table of Contents

Introduction	3
Purpose	3
Assumptions	3
Pandemic Response Team	4
Business Impact Analysis	5
Stakeholders and Major Service Providers	5
Education and Communication Program	5
Testing and Maintaining the Plan	7
Resources	8
Strategies & Response Arrangements	8
Table1: Pandemic Management Operational Plan	10
Appendix 1 – Business Impact Analysis Summary	14
Appendix 2 – Major Supplier Letter Template	17
Appendix 3 – Social Distancing Techniques & Guidelines	18
Appendix 4 – Staff Screening & Monitoring Practices	19
Chart 1: Pandemic Influenza Flu Screening	20
Appendix 5 – Staff Segregation	21
Appendix 6 – Prevention & Precautions	23
Appendix 7 – How To Wash And Dry Hands	24
Appendix 8 – How To Clean Hands Using Alcohol Based Rubs	25
Appendix 9 – How To Fit A Surgical Mask	26
Appendix 10 – Cough Etiquette	27

Introduction

The Shire of Perenjori has developed this Pandemic Management Plan as part of its Business Continuity Planning process. Although this plan has been prompted by the COVID19 pandemic, it is general in nature and could be easily adapted to other events that threaten the functionality of the organisation.

The aim of this plan is to address two equally critical aspects of pandemic management. Firstly, strategies and actions are identified to prevent and limit the contagion and spread of the disease. Secondly, should the pandemic affect the organization to the extent that its critical activities are threatened, contingencies and actions are identified to limit the impact and allow the continuance of critical services.

Timely access to accurate and concise information is crucial to managing a pandemic situation, as is strong and effective leadership. Responsibility for the overall engagement of the plan and implementation of the various strategies has been identified so that those staff have certainty in their role during pandemic management.

Purpose

The purpose of this plan is to enable the organisation to prepare, respond and recover from a pandemic and demonstrate how it will;

- Protect the health and safety of staff;
- Monitor the risk of a pandemic and identify key authorities to rely on for accurate information:
- Reduce the impact of a pandemic by creating a culture of infection control and reinforcing this during the annual influenza season in order to minimise contagion and infection transmission:
- Maintain critical activities and services in an environment of significantly reduced staffing levels for sustained periods of time;
- Identify, understand and protect our relationships with key stakeholders, service providers and other organisations on which we rely to sustain our business; and
- Act following a pandemic to resume normal or near-normal operations.

Assumptions

The resistance to treatment, rate of spread and ultimately global and local impacts of a pandemic cannot be precisely predicted. Consequently, the following assumptions are made:

- Every person will be susceptible to a pandemic, influenza-type, virus;
- Some people will become infected but not develop significant symptoms, possibly transmitting the infection and developing immunity to subsequent infection;
- Depending on the severity of the pandemic, absenteeism due to illness, the need to care
 for others and fear of infection, may reach 50% of the workforce during the peak time of an
 outbreak. Lower rates of absenteeism are expected during the weeks before and after the
 peak;

- Certain public health measures and behavioural restrictions imposed by the State and/or Federal governments such as closing schools and quarantining the households of infected individuals are likely to increase rates of absenteeism;
- The incubation period (*interval between infection and onset of symptoms*) is approximately 14 days, based on the COVID19 pandemic in 2020;
- Infected people will transmit infection to multiple people;
- On average, infected people will be absent from work for approximately 3 weeks;
- Multiple outbreaks or waves of illness could occur with each wave lasting up to 12 weeks.
 Typically, the largest waves of general flu illness have occurred in autumn and winter, however the seasonality of a pandemic cannot be predicted with certainty;
- While a pandemic will not affect the physical stability of buildings and other infrastructure, there could be significant disruption of public and privately-owned critical infrastructure including transport, commerce, utilities, public safety, agriculture and communications due to the absence of critical staff; and
- Suitable leadership will be available in order to invoke and progress this plan.

Pandemic Response Team

The Chief Executive Officer will determine when to activate the organisation's pandemic management plan and, in conjunction with the Pandemic Response Coordinator, convene the Pandemic Response Team. The team will then meet and, according to the situation, determine the frequency of meetings and protocols for communication.

The Deputy Chief Executive Officer shall assume the role of Pandemic Response Coordinator and will be responsible for:

- Monitoring issues and information related to pandemics in order to keep this plan up to date and respond as necessary;
- Recommending changes to this plan as required:
- Providing information to the Pandemic Response Team
- Conducting or arranging staff training;
- Keeping informed of specific pandemic outbreaks; and
- Implementing this plan with the assistance of the Pandemic Response Team should the need arise.

The Pandemic Response Team is comprised of the following positions:

- Chief Executive Officer
- Deputy Chief Executive Officer
- Manager Infrastructure Services
- Community Development Officer

Pandemic Response Team members should identify other staff members who are able to assume their role on the team in the case of their own illness.

The responsibilities of the Pandemic Response Team include:

- Maintaining awareness of global developments in a pandemic;
- Consulting with key external sources and stakeholders (e.g.; Police, Dep't Health, DFES)
- Coordinating and controlling actions in this plan during the various phases of a pandemic;
- Briefing elected members and staff;
- Providing training and awareness materials for the organisation; and
- Reviewing and testing the plan.

Business Impact Analysis

A Business Impact Analysis was carried out to identify the effect of internal and external impacts on various parts of the organisation in times of crisis. This involved identifying:

- our critical functions;
- business impact of function loss;
- penalties for non-delivery
- functional interdependencies
- · current resources, premises, equipment, staff
- minimum resources required in the event of a disruption; and
- alternative or work around solution

The results of the Business Impact Analysis are summarised in Appendix 1. It should be noted that the Business Impact Analysis has application beyond planning for a pandemic outbreak and is incorporated into the organisation's Business Continuity Plan.

Stakeholders and Major Service Providers

The nature of organisation's business makes it impractical to list all stakeholders and major service providers in this plan without it being outdated immediately. Consequently, four key stakeholder groups have been identified below. Responsibility for maintaining accurate contact details for each stakeholder group is already vested in various staff, as shown.

Stakeholder Group	Responsible Position
Neighbouring/Regional Local Governments	CEO
Health Agencies/Providers/Doctor	DCEO
Community Groups/CRC	CDO
Police and Emergency Services	DCEO

Appendix 2 contains a template of a letter which can be sent to those major stakeholders (*primarily service providers and suppliers*) as deemed appropriate.

Education and Communication Program

Employee education and communication is crucial to managing all stages of a pandemic. This Pandemic Education & Communication Program is designed to outline how the organisation will educate employees on the following issues:

- The nature of the pandemic;
- How staff can protect themselves and their families; and
- Council's strategies and response arrangements.

The Pandemic Education & Communication Program has been developed in line with the Australian Pandemic Alert phases, with the types of education and communication methods identified to match each phase.

Many of the precautions and advice regarding a Pandemic Influenza-type virus (such as COVID19) are similar to those for normal seasonal influenza. This Pandemic Education & Communication Program focuses primarily on education and communication after Australian Pandemic Alert Phase 3 – ALERT has been reached.

The table below outlines the various methods of communication that may be used to educate employees and at which pandemic phase it would be appropriate to use them.

Method of Communication	Example	Pandemic Phase Appropriate
Staff meetings / sessions	 Training / Session on Pandemic Flu Rep from Health Authority Information on our strategies Pandemic Response Team 	Interpandemic (AUS1 & 2) Alert (AUS3) Delay (AUS 4 & 5) Contain (AUS6a)
Email	Alert different phases / implications (CEO / DCEO)	Interpandemic (AUS1 & 2) Alert (AUS3) Delay (AUS 4 & 5) Contain (AUS6a) Sustain (AUS6b)
Information System	 Electronic Resources Pandemic Management Plan Social Distancing Guidelines Hygiene 	Interpandemic (AUS1 & 2) Alert (AUS3) Delay (AUS 4 & 5) Contain (AUS6a) Sustain (AUS6b)
Posters / Brochures / Notice Boards	Health Information Posters	Interpandemic (AUS1 & 2) Alert (AUS3) Delay (AUS 4 & 5) Contain (AUS6a) Sustain (AUS6b)

It will be critical to maintain an accurate and up to date staff contact list during a pandemic, particularly where the rate of staff absences is mounting. The responsibility for ensuring that staff contact details are current shall lie with the **Executive Assistant**, together with the assistance of the **Accounts Officer** as part of their payroll processing functions.

The Employee Education and Communication Program has been structured to align with the Australian pandemic phases, with the corresponding education and communication tools to be used as follows:

Interpandemic Phase

- Health & Wellbeing (Staff meetings; Email)
 - Staff kept informed about general health issues
 - Flu Vaccinations
 - Posters & Brochures (Notice Boards)
 - Support Services (EAP)
- Hygiene Products
 - Hand Sanitiser,
 - o PPE

• Pandemic Management Plan available on the records system

Alert Phase (AUS3)

- Same as for Interpandemic phase
- Alert staff to specific strategies, i.e. where they can find the Pandemic Management Plan and associated electronic resources (*Synergy Soft; T-Drive*)

Delay Phase (AUS4/AUS5)

- Educate staff about specific pandemic (e.g. Swine Flu)
- Staff meeting: guest speaker from Health Department, to discuss: (or DVD)
 - o Information specific to this pandemic (*likelihood of risk etc*)
 - o How staff can protect themselves including: social distancing; PPE;
 - What to do if they get sick
 - Where to find more information
- Staff Meeting: Pandemic Response Team will briefly outline specific guidelines and "The Pandemic Management Plan"

Contain Phase (AUS6A)

- Staff Meeting: Pandemic Response Team will discuss in detail specific guidelines and "The Pandemic Management Plan", including various strategies (what to do and when)
- Alert staff to change of status (CEO/DCEO)
- Same as DELAY

Sustain Phase (AUS6B)

Pandemic There (Rest of AUS)

- Alert staff to change of status (CEO/DCEO)
- Staff Meeting: Pandemic Response Team will discuss in detail specific guidelines and "The Pandemic Management Plan", including various strategies
- Same as DELAY

Pandemic Here (WA)

- Alert staff to change of status (CEO/DCEO)
- Advise staff of changes to operating procedures if applicable (Staff Segregation)
- Advise employees when various strategies and response arrangements come into effect (CEO/DCEO as per Pandemic Management Operational Plan see table)

Refer Table 1: Pandemic Management Operational Plan.

The Deputy Chief Executive Officer will assume responsibility for ensuring that the Employee Education and Communication Program is observed.

Testing and Maintaining the Plan

Whilst it is not practical to formally test this plan by "manufacturing" a pandemic, it is possible to do a desktop review to ensure the plan is accurate, up to date and that the actions and strategies outlined in this plan remain relevant. The following maintenance schedule shall be followed:

Item	Interval	Responsibility
Maintaining Staff Contact	Minimum 6 monthly	Executive Assistant & Senior
Details		Accounts Officer
Maintaining Key Stakeholder	Daily	As identified in Stakeholders &
Information		Major Service Providers section
General Plan Review	Yearly	DCEO

Resources

Organisation		Contact Information
World Health	General Information	http://www.who.int/en/
Organisation		
Commonwealth	National Action Plan for	https://www1.health.gov.au/internet/main/publ
Department of Health	Human Influenza	ishing.nsf/Content/ohp-ahmppi.htm
	Pandemic	
Commonwealth	Emergency Health	https://www.health.gov.au/health-
Department of Health	Management	topics/emergency-health-management
Commonwealth	Influenza Resources	https://www.health.gov.au/health-topics/flu-
Department of Health		<u>influenza</u>
WA Department of	General Information	https://ww2.health.wa.gov.au/
Health		

Strategies & Response Arrangements

On the advice of the relevant State or Commonwealth body that <u>Pandemic Alert Phase AUS3</u> has been declared, the Chief Executive Officer may activate the Pandemic Management Plan. The invoking of actions in this plan will be triggered according to Australian pandemic phases.

The World Health Organisation (WHO) has a set of pandemic phases used to describe the global situation (phases 1–6). Australia uses the same numbering system as WHO to describe each phase, however the Australian pandemic phases are designed to describe the situation in Australia. The Australian phases describe whether the virus is overseas (OS) or in Australia (AUS). Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the WHO.

Officers with responsibilities under this plan will immediately move to undertake the actions outlined in the table that follows and any other actions deemed necessary. Depending on the nature of the pandemic or other event affecting the organisation's staffing levels, other actions may be implemented at the direction of the Chief Executive Officer.

Our key pandemic management strategies and response arrangements can be summarised as follows:

- Maintaining a culture of infection control by maintaining stocks of PPE & anti-bacterial supplies (Appendix 6)
- Maintaining communication with key stakeholders and service providers;
- Pandemic Education & Communication Program, ensuring that staff are educated and informed:
- Social Distancing Guidelines (Appendix 3);
- Staff Screening & Monitoring Practices (Appendix 4);
- Staff Segregation procedures (Appendix 5);

Table 1 (following) is provided as the organisation's Pandemic Management Operational Plan. It details the strategies and response arrangements, key action items and timeframes and assigns them to the Australian pandemic phases or trigger points. It also indicates the person or team responsible for ensuring the actions are carried out.

Abbreviations in titles are defined as follows:

CEO - Chief Executive Officer
DCEO - Deputy Chief Executive Officer
CDO - Community Development Officer
MIS - Manager Infrastructure Services
Acct – Accountant
HC – Head Cleaner

Further information on specific strategies can be found in the appendices that follow.

Table1: Pandemic Management Operational Plan

Australian Pandemic Alert Phase	Description	Strategies & Response Arrangements	Responsibility	Employee Education & Communication Program
Inter- Pandemic AUS1/AUS2 OS1/OS2	No circulating animal influenza subtypes in Australia that have caused human disease. Animal infection overseas - the risk of human infection or disease is considered low. Animal infection in Australia - the risk of human infection or disease is considered low Animal infection or disease is considered low Animal infection overseas - substantial risk of human disease. Animal infection in Australia - substantial risk of human disease.	 Maintain normal operations between pandemic events Maintain Business Continuity Plan and Pandemic Management Plan Maintain ongoing Prevention Programme - Air conditioning maintenance; office cleaning; antibacterial office and personal hygiene supplies (Appendix 6) Maintain stocks of hygiene and antibacterial materials above agreed minimum levels and maintain stocks of ready-use Personal Protection Equipment (PPE) (Appendix 6) Maintain financial reserves and liquidity Maintain a watching brief on announcements by global Federal and State authorities in regard to outbreak level Ongoing Flu vaccination programme Information posters etc displayed in bathrooms Staff are sent home if ill Waterless antibacterial handwash dispensers in all bathrooms and kitchen Waterless antibacterial handwash dispensers strategically placed around the office for casual/frequent use (1 dispenser for every 4 staff) Antibacterial soap in dispensers in bathrooms and toilets. Dispensers are re-filled by the cleaners Antibacterial wipes are strategically placed around the office for staff to wipe hard surfaces (workstations, phones, keyboards, etc). 	 All Staff DCEO MIS & HC HC CEO & Acct DCEO DCEO DCEO HC HC HC HC HC 	Health & Wellbeing Program (Staff meetings; Email) Staff kept informed about general health issues (incl flu) Flu Vaccinations Posters & Brochures (Notice Boards) Support Services (EAP) Pandemic Management Plan available via records system.

Australian Pandemic Alert Phase	Description	Strategies & Response Arrangements	Responsibility	Employee Education & Communication Program
Alert AUS3 OS3	A virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Virus has not arrived in Australia	 Activate Pandemic Management Plan Reinforce prevention and precautions activities (Appendix 6) Increase stocks of PPE and antibacterial supplies (Appendix 6) 	1. CEO 2. DCEO 3. HC	Same as for Interpandemic phase, AND Alert staff to specific strategies, i.e. where they can find the Pandemic Management Plan and associated resources (records system).
Delay AUS4/AUS5 OS4/OS5/OS6	OS4 Small cluster of cases in one country overseas. OS5 Large cluster(s) of cases in only one or two countries overseas. OS6 Large cluster(s) of cases in more than two countries overseas. Virus has not arrived in Australia.	Contact major service providers and suppliers to ensure they have plans in place to deal with a pandemic. Use letter template at Appendix 2	1. DCEO	Educate employees about the specific pandemic (e.g. Swine Flu) Staff meeting, guest speaker from Health Department, to discuss: (or DVD) Information specific to this pandemic (likelihood of risk, etc) How staff can protect themselves including: social distancing; PPE; What to do if they get sick Where to find more information Staff Meeting: Pandemic Response Team will discuss specific guidelines relevant to this phase

Australian Pandemic Alert Phase	Description	Strategies & Response Arrangements	Responsibility	Employee Education & Communication Program
Contain AUS 6a	Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.	 Primarily communicate with other people and organisations using methods which do not require physical proximity or contact such as email, telephone, fax and videoconferencing. Provide information to residents and stakeholders through digital platforms such as email, video conferencing, teleconferencing, etc. or traditional mailbox drops. Provide updates on the website about any changes to service provision or operations. Consider implementing Social Distancing and Staff Segregation Practices (Appendices 4 and 7) 	 All Staff All Staff DCEO DCEO 	 Same as Delay phase , AND Alert staff to change of status (<i>CEO/DCEO</i>) Staff Meeting, Pandemic Response Team will discuss specific guidelines relevant to this phase
Sustain AUS 6b	Pandemic virus is established in Australia and spreading in the community.	 As per AUS 6a plus Replace face-to-face meetings in favour of non-contact methods of communication (i.e. teleconferencing, videoconferencing or email) Implement Staff Screening & Monitoring Practices (Appendix 4) Implement Social Distancing and Staff Segregation Practices (Appendices 4 and 5) 	 All Staff DCEO All Staff 	 Pandemic elsewhere in Australia Alert staff to change of status (CEO/DCEO) Reinforce Contain messages Alert staff to likelihood of pandemic reaching Perenjori, and timeframe etc (CEO/DCEO) Staff Meeting: Pandemic Response Team will discuss in detail specific guidelines relevant to this phase, including various strategies (what to do and when) Pandemic Here (Perenjori, WA) Alert staff to change of status (CEO/DCEO) Reinforce Contain messages Advise staff of changes to operating procedures if applicable Advise employees when various strategies and response arrangements come into effect (CEO/DCEO)

Australian Pandemic Alert Phase	Description	Strategies & Response Arrangements	Responsibility	Employee Education & Communication Program
Control AUS 6c	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.	Maintain strategies to deal with pandemic and adjust as required	As above	Alert staff to change of status (CEO/DCEO)
Recover AUS 6d	Pandemic controlled in Australia, but further waves may occur if the virus drifts and/or is reimported into Australia.	Normalisation of operations and cancellation of Pandemic Response. Inter-pandemic provisions reinstated	CEO	Alert staff to change of status (CEO/DCEO)

Appendix 1 – Business Impact Analysis Summary

Asset Services

Road Access & Serviceability

Business Impact Analysis			
Business Impact of Function Loss	Penalties for Non-Delivery	Functional Interdependencies	
 Inability to commute between two townships Inability to transport staff and plant 	 Inability to deploy/ or mobilise staff & plant Non-delivery of community expectations 	Lead response agencyDEFES	
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around	
2 way radios	2 way radios	 Detour where applicable 	
 Mobile phones 	 1 pc with internet connection 		
 Human resources/ staff 	 Hazard signage 		
 Plant resources 			

Airport

Business Impact Analysis			
Business Impact of Function Loss	Penalties for Non-Delivery	Functional Interdependencies	
RFDS responseFlyin/Flyout	community expectationsMining operations	CASAATSDEFESLead agency	
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around	
2 unsealed runwaysLighting on taxi wayWindsock	 Runway lighting (emergency) Wind sock 1 operational runway 	Alternative air strip (possibly Karara)	

CWMS

Business Impact Analysis			
Business Impact of Function Loss	Penalties for Non-Delivery	Functional Interdependencies	
Environmental/ public health	Community expectationsDER finesPublic health implications	EPAWA health	
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around	
Mobile phonesContract EHO	Contract sewerage removalist	■ Diesel power pumps	

Finance

Payment & Creditors

Business Impact Analysis		
Business Impact of Function Loss	Penalties for Non-Delivery	Functional Interdependencies
 Possible loss of credit ratings 	Late payment feesAccounts restrictedATO fines	 Financial reports not up to date Possible loss of supply/ resources
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around
 IT access & equipment (Synergy, internet banking, ATO access) Creditor officer (and their procedures) Accountant 	 1 PC – could be laptop remotely via VPN Internet to lodge payment 	Contract out to other Shire
 Invoices/ Purchase orders 		

Community & Marketing Records Management

Business Impact Analysis		
Business Impact of Function Loss	Penalties for Non Delivery	Functional Interdependencies
 Loss of original records Loss of original records not held on Synergy Records loss which SOPJ are required to have 	Loss of informationIncorrect information	 Synergy records management system Physical records Strong Room, Records room, Depot records room, Data bank offsite, HR-Personnel Files, Development Services
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around
■ 1 PC	■ 1 PTE	Records management procedures
 internet connection 	■ 1 PC	 Access to Records File Record Master
 synergy records management system 	 Access to Synergy 	 Access to list of vital records required by SOPJ (list accessed through BCP reports)
• 1 PTE	Management system	(could work from depot or aquatic centre)
 Records management policy and procedure 	 Access to records file master 	

Customer Service

Business Impact Analysis			
Business Impact of Function Loss	Penalties for Non Delivery	Functional Interdependencies	
 loss of information between staff and community money not receipted 	 no information provided to community no money receipted 	 Synergy modules Receipting Dogs & cats Infringements Customer service procedures	
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around	

■ 1 PC's	■ 1 PC	Telephone – after hours service
 Internet connection 	Internet	Manual receipting
Synergy	Synergy	 Information website
• 1 PTE	• 1 PTE	Liaison officers
Customer service procedures	 Customer service procedures 	Could work from depot/CRC/Pavilion

Human Resources & Risk

Payroll

Business Impact Analysis		
Business Impact of Function Loss	Penalties for Non-Delivery	Functional Interdependencies
Disgruntled employees	 Industrial unrest 	 financial reporting nit up to date statutory requirements not met i.e. superannuation taxation
Current Resources Premises/ Equipment/ Staff	Minimum Resources Required	Alternate Manual Process or Work Around
 IT access & equipment (Synergy, internet banking, emails) Payroll officer & payroll manual Timesheet 	 1 PC – could be laptop remotely via VPN Internet on Tuesday 	Refer to emergency payroll procedure i.e. run standard pay

Appendix 2 – Major Supplier Letter Template

Business Continuity Preparations for a Pandemic

The Shire of Perenjori is currently undertaking business continuity preparations and is seeking assurances from our key suppliers and service providers of their preparedness in case of a pandemic.

In order to assist us with the process, it would be appreciated if you could forward us comments on the plans you have in place for dealing with extended periods of staff absences or reduced productivity which may affect your service delivery.

If you have any enquiries about the process, please contact our Deputy CEO, on telephone 9973 0100 or email admin@perenjori.wa.gov.au

Thank you for your assistance.

Yours sincerely

Chief Executive Officer

Appendix 3 – Social Distancing Techniques & Guidelines

One strategy to protect yourself against a pandemic virus is Social Distancing. This is a technique used to minimise close contact among persons in public places, such as work sites and public areas. It involves keeping people at least 1.5 metres apart.

Advice to Employees

While the organization cannot force employees to practice Social Distancing techniques, in the event of a pandemic, employees are strongly encouraged to observe the following general Social Distancing techniques:

- Avoid crowded places and large gatherings of people;
- Maintain a distance of 1.5 metres from other people (where possible);
- Avoid visiting or making physical contact with people who have been unwell;
- Avoid shaking hands or hugging;
- Do not congregate in areas where people socialise;
- Do not share your work equipment with others, especially items such as telephones, keyboards and pens;
- Avoid meeting people face to face—use the telephone, video conferencing and the internet to conduct business as much as possible—even when participants are in the office.

When do I begin social distancing?

The first cases of a pandemic virus in Western Australia would prompt more formal social distancing procedures, and the CEO will advise employees if, and when, they should start practicing social distancing (most likely at Australian Pandemic Alert Phase 6a).

Further Information

Depending on the severity of the pandemic, formal procedures to enforce social distancing may be introduced (*refer to Appendix 5 - Staff Segregation*), including:

- Suspending all work-related travel to pandemic affected areas
- Replacing face-to-face meetings with the use technology solutions to conduct business, including telephones, video conferencing, and the Internet.
- Encouraging (and potentially enforcing) staggered start/finish times or working from home.
- Cancel all internal face-to-face staff meetings
- Cancellation or postponement of non-essential meetings /workshops/training sessions.

Appendix 4 – Staff Screening & Monitoring Practices

As part of the Pandemic Management Plan some basic Staff Screening and Monitoring practices have been developed to manage staff who report symptoms or become ill at work.

Influenza vs Common Cold

It is important to know the difference between influenza symptoms and a common cold. Because colds and the flu share many symptoms it can be difficult to tell the difference between them based on symptoms alone.

In general, the flu is worse than the common cold and symptoms such as <u>fever</u>, <u>body aches</u>, <u>extreme tiredness</u>, <u>and dry cough</u> are more common and intense. Colds are usually milder than the flu. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems such as pneumonia, bacterial infections or hospitalisations.

Employee's who present with influenza symptoms, as above, are most likely 'unfit for work' (due to the nature of the illness) and are also likely to be infectious to other employees. As such, our current practice is to advise all employees exhibiting flu like symptoms to stay at home and see a doctor. In addition, those employees who exhibit symptoms of influenza and are present at work are to be sent home.

Pandemic Influenza: Staff Screening & Monitoring

The following staff screening and monitoring practices only apply to Pandemic Influenza and will only be implemented once Australian Pandemic Alert Phase 6a or 6b has been reached, AND there has been sustained human to human transmission within the community.

The Deputy CEO is the best organizational contact point for advice of such illness.

- If the employee does have symptoms that match some of those listed above, they should be treated as a 'suspect case.'
- The employee should be informed where they can find a surgical mask and instructed to wear it immediately. This is to help protect other staff.
- The employee should leave work and immediately contact a health professional by telephone in the first instance. The employee's Manager should be informed that the person has left work
- The employee's workstation should be cleaned and disinfected by cleaning staff.
- Any person the affected person has been in direct contact with should be identified.
- Those people should be advised they have been in contact with a person suspected of having the pandemic influenza.
- Those people may be asked to go home and self-isolate until advised otherwise.
- People who are unwell should not return to work until they have fully recovered and have received medical advice that they can safely return to work.

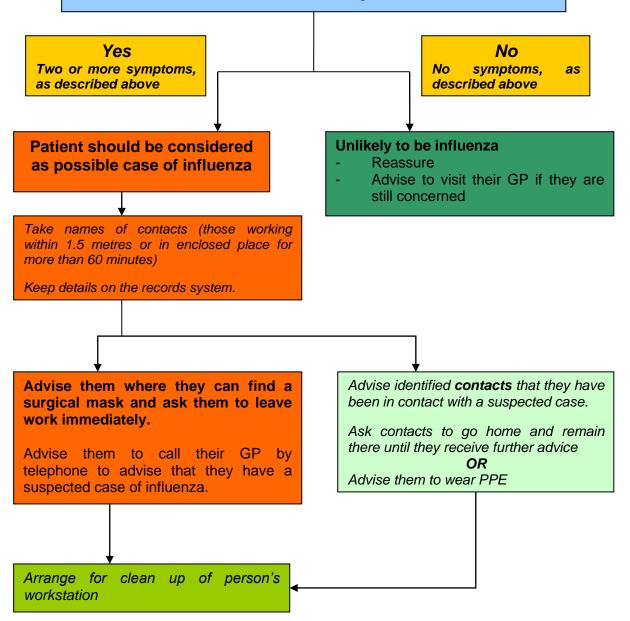
The Deputy CEO will develop a system to manage the absence and return to work of employees. Some issues to consider include:

- Advising the employee how long to stay away from work;
- Checking on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc, if they become ill;
- Ensuring the employee is healthy before allowing them to return to work; and
- Encouraging staff to return to work once they are well.

Chart 1: Pandemic Influenza Screening

Ask the person if they have any of the following symptoms:

- High fever (or feel feverish and hot)
- Headache
- Fatigue & weakness
- Sore throat, cough, chest discomfort, difficulty breathing
- Muscle aches & pains
- Been overseas recently
- Been in contact with someone diagnosed with influenza



Appendix 5 – Staff Segregation

Staff segregation refers to the physical separation of employees from one another, and may include implementing work from home arrangements, enforcing certain social distancing techniques and potentially closing the office (albeit temporarily).

Depending on the severity of the pandemic, formal Staff Segregation procedures may be introduced to reduce the risk of infection, including:

- Suspending all work-related travel to pandemic affected areas
- Discouraging or cancelling all face-to-face meetings and utilizing technology-based solutions to conduct business, including telephones, video conferencing, and the Internet.
- Encouraging and potentially enforcing staggered start/finish times
- Cancel all internal face-to-face staff meetings
- Cancellation or postponement of non-essential meetings /workshops/training sessions;
- Asking employees who have travelled to affected areas to NOT return to work for at least 14 days (they may be asked to produce a medical clearance before returning to work)
- Implement remote working or work from home arrangements.
- Staff screening and monitoring (to ensure that sick employees do not come to work).

The following table outlines recommended staff segregation practices, to be introduced at each stage of an influenza pandemic.

Phase	Staff Segregation Practices
Interpandemic AUS1/2	No formal procedures, however: Normal Influenza season precautions
Alert AUS3	No formal procedures, however: Normal Influenza season precautions
Delay AUS4/5	 Observe standard precautions, and: Restrict all work-related travel to affected areas (Overseas Only) Employee's travelling to affected areas on holidays should advise the DCEO before they leave. You may be asked to NOT come to the office for 14 days, depending on where you have been.
Contain AUS6A	 Observe standard precautions, and: Restrict all work-related travel to affected areas (Australia & Overseas) Employees travelling to affected areas on holidays should advise the DCEO before they leave. You may be asked to NOT come to the office for i4 days, depending on where you have been.
Sustain AUS6B	Pandemic elsewhere in Australia Observe standard precautions, and: Restrict all work-related travel to affected areas (Australia & Overseas) Employee's travelling to affected areas on holidays should advise the DCEO before they leave. You may be asked to NOT come to the office for 14 days, depending on where you have been.

Sustain AUS6B	Pandemic Here (WA)
	Office / Work Arrangements
	Minimise face-to-face meetings
	Minimise external meetings
	Encourage visitors not to come to the office. Use other technology to communicate with them.
	Staff screening & monitoring practices (DCEO)
	Staff Actions
	- Closely observe precautionary measures
	- Begin practicing social distancing techniques (refer to guidelines)
Sustain AUS6B	Pandemic Here (Perenjori)
710002	Office / Work Arrangements
	Work off-site or at home may be implemented for applicable positions.
	Replace all face-to-face meetings with teleconferences, consider:
	No visitors
	Office may be closed.
	Staff not involved in delivering critical business activities may be
	requested to stay home
	Staff Actions
	Wear PPE always Continue prosticing a social distancing to short a social disease)
	Continue practicing social distancing techniques (refer to guidelines)
	High alert on precautionary measures

Appendix 6 – Prevention & Precautions

Prevention is better than a cure. The first person responsible for your health and safety is YOU. If people and organisations followed a few simple steps, the risk of either succumbing to a virus, or of passing it on, would be minimised. These simple steps include:

PERSONAL PRECAUTIONS:

PRACTICE GOOD PERSONAL HYGIENE – this includes proper hand washing, immediate disposal of soiled tissues, keeping hands away from eyes, nose and mouth, use of antibacterial hand sanitiser. Cover your nose and mouth when coughing and sneezing. Wipe down your own workspace and equipment with the antibacterial wipes provided. Read the posters and other information displayed on staff notice boards.

ORGANISATIONAL PRECAUTIONS:

ANTIBACTERIAL SUPPLIES: will be provided, including appropriate antibacterial wipes, gels and other materials for staff use on an ongoing basis, not only in pandemic situations. Supplies will be distributed around the office and in toilet facilities for use by staff as required, including wipes for desk tops, telephones and other equipment. Stock levels of these items will be maintained to the minimum required for three months normal supply requirements. Until demand and usage stabilise, this usage will be estimated.

BLOOD SUGAR LEVEL TEST KIT: Testing blood sugar levels may indicate whether a person who develops symptoms at the office is actually unwell and may be a factor in determining whether a person should be sent home. A blood test kit for this purpose will be kept by the DCEO for this purpose. The kit is only to be used on the authority of the DCEO.

OFFICE CLEANING SERVICES: Additional cleaning measures will be undertaken in the event of a pandemic. Staff will be requested to clean their own workstations and equipment surfaces with appropriate products supplied by the organisation.

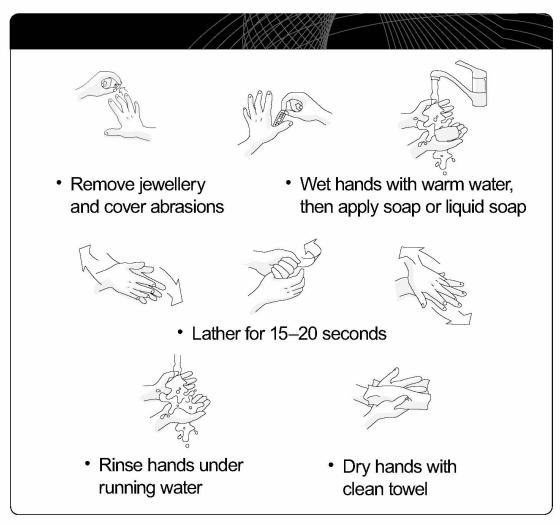
PERSONAL PROTECTIVE EQUIPMENT (PPE): In certain situations, staff may be issued with, and be required to wear, personal protective equipment. These situations are likely to include one where staff develop symptoms at work or are working in situations deemed a higher risk. PPE includes surgical masks, gloves and protective barriers. Where this equipment is required it will be supplied by the organisation. Bearing in mind that the primary responsibility for individual health and welfare is the individual, staff will not be discouraged from supplying and wearing their own PPE.

The organisation will maintain a ready use supply of PPE. This will comprise surgical masks, surgical gloves and protective glasses. The safety glasses are re-usable, if cleaned, but other items are single use only and disposable.

Additional stocks of PPE will be acquired as needed.

Appendix 7 – How to Wash and Dry Hands

How to wash and dry hands with soap and water



During the lather, pay particular attention to the backs of hands and fingers, fingernails, fingertips and the webbing between fingers.

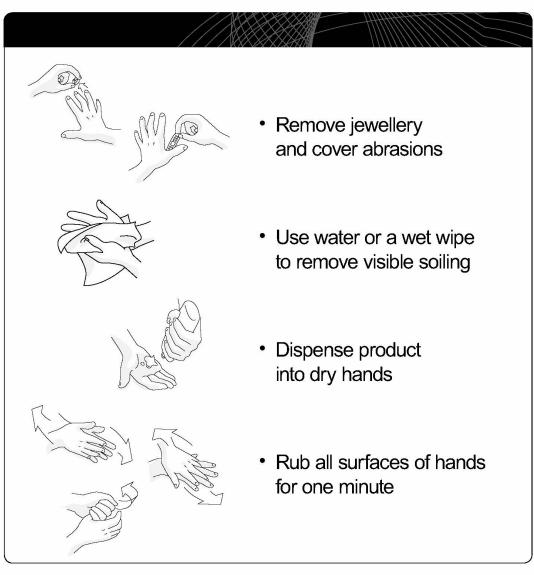
Hand hygiene is crucial in reducing transmission of infections. It includes both hand washing with plain or antimicrobial soap and water, and use of alcohol-based products (gels, rinses, foams) containing an emollient that do not require the use of water.

If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either non-antimicrobial or antimicrobial) and water.

In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection may be used. Ensure you have facilities for hand washing (i.e. sinks with warm and cold running water, plain or antimicrobial soap, and disposable paper towels) and hand disinfection (i.e. alcohol-based products) readily accessible.



How to clean hands using an alcohol-based liquid or hand rub



When rubbing, pay particular attention to the backs of hands and fingers, fingernails, fingertips and the webbing between fingers.



Appendix 9 – How to Fit A Surgical Mask

How to fit and remove a surgical mask





 Position mask over mouth and nose



 Fasten ties or tapes above and below ears at back of head

Removing and disposing of mask



untie or break ties at back of head



• With clean hands, • Remove mask by only handling at the ties, then discard in appropriate waste



Wash hands

When worn by a sick person, surgical masks limit the spread of droplets produced through talking, coughing or sneezing



Appendix 10 – Cough Etiquette

Cough etiquette and respiratory hygiene

Cover your cough



- When coughing or sneezing, use a tissue to cover your nose and mouth
- Dispose of the tissue afterwards
- Wear a surgical mask, if possible

Wash your hands



- After coughing, sneezing or blowing your nose, wash your hands with soap and water
- Use alcohol-based liquids, gels or wipes if you do not have access to soap and water

Remember hand washing is the single most effective way to reduce the spread of germs that cause respiratory disease.

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should be instructed to cover their nose/mouth when coughing or sneezing, use tissues to contain respiratory secretions; dispose of tissues in the nearest waste receptacle after use; and wash their hands afterwards.

