PILBARA PORTS

# INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE GUIDELINE

A821089

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## ANNEXURES

# 1. PURPOSE OF THIS DOCUMENT

## 1.1 Scope

This guideline is primarily aimed at managing impacts associated with the health and wellbeing of personnel associated with significant infectious disease outbreaks, such as pandemics. The occurrence of a significant infectious disease outbreak is likely to result in broad reaching business implications that need to be considered in business continuity, emergency and crisis planning.

When a significant infectious disease outbreak occurs, an event specific Infectious Disease Management Plan will need to be developed. This document will need to be regularly updated as the outbreak unfolds and knowledge about the nature of the disease and recommendations on controls improves. The event specific plan may draw upon recommendations in this guideline and from other sources to create controls to be implemented for the duration of the outbreak.

This guideline is also intended to meet the requirements of an “Infectious Diseases Management Plan” as may be mandated from time to time by a government health and safety regulatory agency.

## 1.2 Limitations

This document has been developed with reference to the United States Department of Labour Occupational Safety and Health Administration (OSHA) Guidance on Preparing Workplaces for an Influenza Pandemic (OSHA 2007). It provides general information relevant to contagious disease outbreaks where the mode of transmission includes:

- Direct contact with infected individuals.
- Contact with contaminated objects; and
- Inhalation of virus-laden aerosols.

Where a transmissible disease has potential to impact upon port operations and has a different mode of transmission, disease specific response plans will need to be developed.

Even within the same classification of virus, different strains can vary in their characteristics. As such, additional guidance may be needed as an actual outbreak unfolds and more is known about its characteristics including the virulence of the virus, disease transmissibility, clinical manifestation, drug susceptibility, and risks to different age groups and subpopulations.

# 2. INTRODUCTION

## 2.1 What is a Significant Infectious Disease

A significant infectious disease is one which has potential to have broad reaching impacts on the operation of Pilbara Ports  port facilities. These diseases may include:

- Diseases classified as a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).
- Diseases classified as a pandemic by WHO; and
- Diseases classified as a "listed human disease" under the *Biosecurity Act 2015* by the Commonwealth Government.

### 2.2 What is a Pandemic

A pandemic is a global disease outbreak. A pandemic occurs when a new virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. A pandemic may have a major effect on the global economy, including travel, trade, tourism, food, consumption and investment and financial markets.

### 2.3 Significant Infectious Disease Planning and Response

A brief summary of response plans at an international, Commonwealth and State level are provided in Annexure A. The Australian Commonwealth and State response plans are written at a very broad level and do not provide specific response actions suitable for planning at a business level. As such to the United States Department of Labour Occupational Safety and Health Administration (OSHA) Guidance on Preparing Workplaces for an Influenza Pandemic (OSHA 2009) was used as a reference for development of this guideline.

### 2.4 What is Influenza

Influenza (the flu) is one of the diseases generally considered most likely to cause pandemics. It is a contagious disease of the respiratory tract caused by influenza viruses.

Seasonal influenza is an annual occurrence, typically in the winter months, where strains of the virus to which the community has some pre-existing immunity cause outbreaks of disease. The pre-existing immunity means that for most people they suffer only a self-limiting illness, lasting from a few days to several weeks. Seasonal influenza is still a potentially life-threatening illness. Influenza can lead to complications and for some people including the elderly, people with poor immune systems and people with pre-existing respiratory, cardiac and endocrine disease, influenza can be a significant disease and cause death. It can also cause the death of healthy adults and children.

Three different types of influenza viruses infect humans - types A, B and C. Only influenza A and B cause major outbreaks and severe disease. They are included in seasonal influenza vaccines. Influenza C causes a common cold-like illness in children. Only influenza A is known to have been responsible for influenza pandemics.

Influenza pandemics occur when a new strain of the virus emerges to which the community has little or no pre-existing immunity.

## 2.5 Potential Impacts of a Pandemic and Significant Infectious Disease Outbreaks on Port Operations

OSHA (2009) describes the effects of pandemics, which may also be relevant during a significant infectious disease outbreak which has not been declared as a pandemic. The effects are likely to be widespread impacting multiple geographic locations at the same time. They are also likely to be an extended event, with multiple waves of outbreaks in the same geographic area with each outbreak potentially lasting from 6 to 8 weeks. Waves of outbreaks may occur over a year or more. Potential direct impacts on the workplace include:

- Absenteeism – A severe pandemic could potentially affect as many as 40 percent of the workforce during periods of peak illness. Employees could be absent due to direct or indirect impacts of illness, closure of schools or day care centres, bereavement or employee fear of coming to work and potential exposure.
- Travel restrictions and quarantines – may impact upon staff movements or impact upon operational activities at the port.
- Change in patterns of commerce – consumer demand for items related to infection control is likely to increase dramatically and may result in shortages of these items while customer demand for some products may decline; and
- Interrupted supply/delivery – shipments from areas severely affected by the pandemic may be delayed or cancelled and inloading and outloading may be impacted by business impacts and illness in port users or logistic providers.

Where operations rely on critical skills and experience and limited redundancy in staffing is available, absenteeism may potentially have significant operational impacts.

There could also be indirect impacts on a business, such as loss of revenue, increased expenditure or reduced dividends, and others which affect the ability of the business to continue ordinary operations.

## 2.6 Exposure Risk Categories

OSHA (2009) generally rates the occupational risk from an influenza pandemic, and therefore the appropriate protective measures that should be implemented for personnel, based on potential for exposure with the following risk categories (noting that the risk rating system can be applied more broadly than just to influenza pandemics):

- *Very high exposure risk* occupations are those with high potential exposure to high concentrations of known or suspected sources of pandemic influenza during specific medical or laboratory procedures.

- *High exposure risk* occupations are those with high potential for exposure to known or suspected sources of pandemic influenza virus.
- *Medium exposure risk* occupations include jobs that require frequent, close contact (within 2 metres) exposures to known or suspected sources of pandemic influenza virus such as co-workers, the general public, outpatients, school children or other such individuals or groups.
- *Lower exposure risk (caution)* occupations are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 2 metres) with the public. Even at lower risk levels, however, employers should be cautious and develop preparedness plans to minimise employee infections.

The higher the risk category, the more the protective measures that should be afforded to personnel. Consideration should also be given to upgrading protective measures for personnel with critical functions.

Based on these classifications, in the early phases of an outbreak, most port workers would fall in the lower to medium exposure risk categories. Higher risk category controls may be considered for critical operational employees, particularly where there is a lack of redundancy in the organisation with an employee's particular skills and experience.

### 2.7 Vulnerable Workers

In addition to the exposure risk categories listed in Section 2.6, appropriate protective measures should also be considered if personnel exhibit any of the following personal risk factors so as to make them vulnerable:

- Immunocompromised personnel.
- Elderly personnel.
- Pregnant personnel; and
- Personnel who have suffered and are recovering from a recent illness.

The nature of a particular virus may create vulnerabilities for specific sub-populations (i.e., genetic groupings). During an outbreak, public health communications should be monitored to identify any additional groups of workers who may be vulnerable.

### 2.8 Transmission Risk Factors

Personnel who have frequent contact with other people or who have frequent indirect or direct hand contact who may contaminate objects other workers touch are at a higher risk of spreading disease around the workforce if infected. Examples which may be relevant to the port include but are not limited to:

- Cleaners.
- Office maintenance.
- Security personnel; and

- Couriers and delivery personnel.

## 3. MANAGEMENT OF SIGNIFICANT INFECTIOUS DISEASES

### 3.1 Preparedness

The best way to minimise the impacts of a significant infectious disease on port operations is to put strategies in place that reduce the risk of employees being exposed to infectious diseases and to increase their resilience and resistance to infection. Changes in behavior can take time to achieve and as such it is recommended that general strategies are always put in place, not only implemented during an outbreak. This also has the added benefit of working to reduce absenteeism associated with seasonal influenza and other transmissible illnesses.

#### 3.1.1 Department of Health

Regard should primarily be had to the advice provided by the Commonwealth Government's lead agency for managing any significant infectious disease or pandemic – currently the Department of Health – in order to identify general strategies and hygiene practices to reduce the potential spread of disease and management of containment of any disease.

#### 3.1.2 General Hygiene Practices to Prevent Disease Transmission

The following general strategies and hygiene practices should always be encouraged to reduce potential spread of disease:

- Encourage sick employees to stay at home to prevent transmission of disease to co-workers.
- Encourage employees to wash their hands frequently with soap and water and with hand sanitizer.
- Encourage employees to avoid habits such as touching their noses, mouths and eyes which may result in infection if contamination of their hands has occurred.
- Encourage employees to cover their coughs and sneezes with a tissue, or to cough and sneeze into their upper sleeves if tissues are not available. All employees should wash their hands or use a hand sanitiser after they cough, sneeze or blow their noses.
- Provide people accessing port facilities and buildings with tissues and trash receptacles, and with a place to wash or disinfect their hands.
- Keep work surfaces, telephones, computer equipment and other frequently touched surfaces and office equipment clean and disinfected.
- Where possible use designs that avoid people having to touch objects which can be spread contamination to other persons hands (i.e., no-touch trash cans and sensor operated doors); and

- Discourage personnel from using other employees' phones, desks, offices or other work tools and equipment.

### 3.1.3 A Healthy Workforce

A person's overall health impacts their body's immune system and can affect their ability to fight off, or recover from, an infectious disease. Strategies should be in place to promote healthy lifestyles including:

- Good nutrition.
- Exercise.
- Stress management
- Smoking cessation; and
- Reduced consumption of alcohol.

Ensuring that personnel are aware of and can easily access the Employee Assistance Program (EAP) may assist in maintaining general mental and physical health of the workforce.

Personnel should also be encouraged to take seasonal flu vaccines as, while these will not offer protection from a significant infectious disease virus strain, they minimise the risk of personnel becoming sick with seasonal flu which could compromise their immune system, creating greater risk of infection with a significant infectious disease strain.

### 3.1.4 Workforce Redundancies – Critical Skills and Experience

With pandemics (and presumably other significant infectious disease outbreaks) having the potential to impact up to 40 percent of the workforce, it is recommended to:

- create a register to identify business-essential positions and people required to sustain business-necessary functions and operations; and
- Cross-train personnel in these roles or develop ways to function in the absence of these positions.

OSHA 2007 recommends that employers train at least three employees to be able to sustain business-necessary functions and operations and communicate the expectation for available employees to perform these functions if needed during a pandemic or other significant infectious disease outbreak.

### 3.1.5 Response Planning

Having pre-prepared response plans in place will improve the ability of the organisation to cope with a significant infectious disease. Plans should be considered to deal with:

- Operations with a reduced workforce.

- Scaling down operations during periods of significant market disruption.
- Establishing a roster regime whereby some workers work from home while others work from the normal workplace, and that this is rotated on a regular basis; and
- Capabilities to implement social distancing strategies (i.e., ability of employees to work from home and resources and training to set up video link meetings with external parties).

### 3.1.6 Health and Hygiene Promotion and Communication

A communications plan should be developed which outlines (among other things) the strategies to be put in place to communicate and promote staff attitudes and behaviors which reduce the vulnerability of the organisation to significant infectious disease outbreaks including:

- Encouraging effective management of their general health and wellbeing.
- Promoting good general hygiene practices; and
- Strategies to reduce non-occupational risk factors for exposure to transmissible diseases.

Communication strategies may include health and wellbeing information in bulletins, brochures for communal areas, toolboxes and other presentations as well as training materials and other incentive programs.

Multiple communication mediums should be used, including intranet, email and social media.

### 3.1.7 Barriers to disease transmission

Provide signage and resources to encourage visitors to Pilbara Ports sites to take precautions to prevent spread of transmissible diseases to port personnel. Resources include:

- Provision of sanitiser and/or hand wash stations and signage to encourage visitors to wash hands when entering Pilbara Ports sites; and
- Provision of surgical masks and signage at service counters to encourage visitors who are unwell and/or coughing to wear masks to prevent transmission to port personnel.

### 3.1.8 Infection Control Supplies

Increased global demand for items used for control of infection can spike significantly during the emergence of a significant infectious disease outbreak. As such it is recommended that items required for control of an outbreak are identified with stock levels set at and maintained at a level to ensure capacity to deal with increased demand and restricted supply in the

event of a significant infectious disease outbreak. Product shelf life and storage and management also need to be taken into consideration when planning appropriate stock levels.

### 3.2 Response

Pilbara Ports Chief Executive Officer (CEO) will trigger the response to the outbreak of an infectious disease when:

- A disease is declared as either a Public Health Emergency of International Concern (PHEIC) or as a pandemic.
- Advised to do so by any Australian Commonwealth or State agency; or
- A disease is identified as having potential to have significant impacts on the operation of Pilbara Ports port facilities.

As soon as practicable after the response is triggered, an Infectious Disease Response Committee (the Committee) will be formed consisting of the Health and Safety Manager, Executive General Manager Safety, People and Environment (who will chair the Committee meetings), People and Capability Manager, , Executive General Manager Corporate Affairs, and Executive General Manager Terminal Operations will be convened and it will continue to meet on an as needs basis. This committee is to be responsible for monitoring the outbreak, coordinating the development of an event specific disease management plan, providing support in the delivery of control actions and reporting to Pilbara Ports Executive. They should be relieved of normal duties if required and provided with appropriate resources to deliver the responsibilities of this role.

The committee will review a checklist of issues as outlined in Addendum B.

#### 3.2.1 Infectious Diseases Manager

The Infectious Disease Response Committee will appoint one of its members as the Infectious Diseases Manager who will be responsible for the overall coordination of Pilbara Ports response.

#### 3.2.2 Coordination with other Management Plans

Pilbara Ports Crisis Management Plan may be implemented during an infectious disease outbreak. Where a Crisis Management Team (CMT) has been formed the Committee will act as an advisory body to the CMT.

Pilbara Ports Business Continuity Management Plan may be implemented at the discretion of the Committee.

#### 3.2.3 Pilbara Ports Health Provider

Sonic Health*Plus* is Pilbara Ports health provider. The Infectious Diseases Manager or their delegate may liaise with Sonic Health*Plus* for medical advice matters relating to any outbreak.

### 3.2.4 Monitoring a Disease Outbreak

The characteristics of individual viral strains can vary markedly in terms of virulence, disease transmissibility, clinical manifestation, drug susceptibility and risks to different age groups and subpopulations. During the occurrence of an outbreak the following actions should be undertaken:

- Early establishment of a system to monitor information on the outbreak.
- Risk assessments and controls to be regularly reviewed with regard to the specific characteristics of the disease and nature of the outbreak; and
- Action and communication plans to be developed to ensure all personnel are aware of control actions.

Information sources to be monitored should include but not be limited to:

- Australian Government Department of Health notifications such as the Series of National Guidelines (SoNGs)[1];
- Western Australia Department of Health publications.
- Other national and local public health organisations.
- Department of Home Affairs travel restrictions and quarantine requirements.
- The Matraville website.
- European Centre for Disease Prevention and Control.
- The Disease Daily news website.
- World Health Organization Publications.
- Guidelines and information from foreign government agencies; and
- Scientific and medical journals and publications.

### 3.2.5 Development of Event Specific Disease Management Plan

A specific Infectious Disease Management Plan is to be developed any time an outbreak of a significant infectious disease occurs which may impact upon port operations. Event specific management plans should be attached as Annexures to this document for future reference if a disease outbreak with similar properties occur.

Event specific management plans should:

- Include a detailed description of the disease including the strain of virus, properties of the virus, origin of the virus and geographic spread.

[1] The SoNGs is regularly updated during the incidents of a pandemic. I.e., the Coronavirus Disease 2019 guideline was updated 17 times between 23 Jan and 4 March 2020 with updates often occurring on a daily basis.

- Outline the various industry and inter-agency working groups that have been established in connection with the significant infectious disease outbreak and identify:
  - Whether Pilbara Ports is to be represented on any of these working groups (for example, Ports Australia); and
  - How information from these working groups is to be communicated to the committee.
- Contain a personnel management sub-plan that addresses at least the following matters:
  - Provide details of any isolation requirements and travel restrictions.
  - How absenteeism is addressed under Pilbara Ports leave policy; and
  - Managing the ability of personnel to work if family members are unable to attend educational facilities or if they are ill.
- Contain a communications sub-plan that outlines strategies to ensure that appropriate information is communicated to the workforce (including employees who are offsite due to isolation requirements or illness), key third parties and customers and other stakeholders (such as government, the media and community). The sub-plan should also outline:
  - Responsibility and authority for communications and communications templates.
  - Monitoring official information sources associated with the disease (see Section 3.2.4) and disseminating key information to other personnel involved in the response.
  - Include strategies to avoid misinformation and panic about the disease and organisations response; and
  - Strategies to monitor and respond to media and social media posts about the Pilbara Ports .
- Contain a commercial sub-plan that includes:
  - strategies to work with key contractors to ensure they have appropriate management strategies in place.
  - Strategies for engagement with customers; and
  - Strategies for engagement with key suppliers to understand in advance potential impacts on supplies.
- Contain an occupational health and safety management sub-plan that includes:
  - Risk assessments of potential impacts associated with the disease.
  - Details the control and response actions which will apply.
  - Include registers of and plans to mitigate any risks associated with:
    - At risk and vulnerable personnel (see Section 2.7).

- Critical job roles, especially where there is a lack of redundancy.
- Personnel and job roles that create a higher risk of transmission of disease if infected (see Section 2.8); and

- Strategies to minimise psychosocial hazards associated with the disease or through stress related to high levels of absenteeism.

While it is important to ensure an appropriate reaction is put in place, it is equally important to avoid over reactions and to minimise panic associated with misinformation or stakeholders relying on external information sources which may be sensationalized, poorly interpreted or inaccurate.

### 3.2.6 Quarantine and Border Control

Liaise with state and national government agencies to ensure appropriate quarantine controls are in place to:

- Protect port related workers from potential exposures; and
- Protect the community from exposures associated with potential or known infections of ship's crew.

### 3.2.7 Interactions with 3rd Party Organisations

The operation of port facilities involves interaction between Pilbara Ports employees with a wide range of third-party organisations including labour hire, contractors, customers and licensees. Consultation should occur with these organisations to ensure that:

- They have systems in place to manage risks associated with infectious disease; and
- Potential exposure of Pilbara Ports employees associated with third party activities is minimised.

### 3.2.8 Heightened General Response Strategies and Reinforcing Hygiene Practices

During the occurrence of an outbreak, strategies should be put in place to reinforce and confirm that personnel are following good general hygiene practices as listed in Section 3.1.2. This may include toolboxes and bulletins to reinforce these practices as well as inspections and audits to confirm compliance.

While it is always highly recommended that sick employees take leave and remain offsite until they recover, during an outbreak this is even more critical as:

- Spreading illnesses creates additional absenteeism and strain on the organisation; and

- Compromised immune systems due to recent illnesses may increase susceptibility to the outbreak virus strain.

If sick personnel do not self-manage and are identified at Pilbara Ports work sites, then control strategies must be put in place to manage potential spread of disease to other workers. These strategies may include but are not limited to:

- Enforced personal or sick leave.
- Modified work duties.
- Isolate the worker from contact with healthy workers; and
- Consideration of options to work from home.

Where an employee is ill with symptoms of the infectious disease outbreak, they are to be encouraged, or in certain circumstances required, to remain offsite until they have been tested for the disease and that test shows a negative result.

A person who has been in direct contact with other another person who is found to have been infected at the time of contact are to be encouraged, or may in certain circumstances be required, to stay home for a minimum recommended period.

Job roles that require frequent close contact with other workers or who enter other workers office areas (such as cleaning and office maintenance roles) pose a higher risk of spreading illness if attending work while sick. It is important that this is highlighted, and strategies are put in place to ensure any sick personnel in these high contact roles are managed closely during an outbreak.

### 3.2.9 Additional General Controls During an Outbreak of a Significant Infectious Disease

The following additional general controls may be implemented during an outbreak. The Infectious Disease Management Plan for the disease should specify which controls are in place. Additional controls may include but are not limited to:

- Increased cleaning services with consideration to potentially increasing the frequency, improved cleaning methodology or stronger disinfecting cleaning agents.
- Strategies to manage impacts of higher workloads, changed duties and fatigue that may result due to isolation or absenteeism.
- Installation of transparent plastic sneeze barriers at service counters where personnel have contact with members of the public.
- Employees should avoid close contact with their co-workers and customers (maintain a separation of at least two metres). They should

avoid shaking hands and always wash their hands after direct or indirect contact with others.

- Even if employees wear gloves, they should wash their hands upon removal of the gloves in case their hand(s) became contaminated during the removal process.
- Minimise situations where groups of people are crowded together, such as in a meeting. Use non-direct contact such as e-mail, phones and video conferencing to communicate with each other. When meetings are necessary, avoid close contact by keeping a separation of at least two metres where possible, and assure that there is proper ventilation in the meeting room.
- Reducing or eliminating unnecessary social interactions can be very effective in controlling the spread of infectious diseases. Reconsider all situations that permit or require people to enter the workplace (e.g., consultants working from Pilbara Ports offices).
- Aid employees in managing additional stressors related to the outbreak. This may include toolboxes, presentations, information resources and promoting awareness of the EAP and encouraging employees to make use of this service as needed.
- Encourage all personnel to take flu vaccines to minimise the risk of additional absenteeism from seasonal influenza strains during the outbreak as well as potentially increased risks associated with compromised immune systems.
- Discontinuation of non-essential business travel to locations with high illness transmission rates; and
- Quarantine processes for personnel upon return from personal or business travel to locations with high illness transmission rates.

### 3.2.10 Additional Controls for Employees with Low Exposure Risk

The following additional general controls may be implemented for low exposure risk employees during an outbreak. The Infectious Disease Management Plan for the disease should specify which controls are in place. Additional controls may include but are not limited to:

- Instructing employees to avoid close contact (within 2 metres) with other persons. This reduces the potential for disease transmission by physical contact or large droplets from people talking, coughing or sneezing.
- Expand remote communication systems to avoid face to face interactions where possible.
- Consider adjustments to delivery of items to avoid contractors entering workers offices; and
- Provide information on medical screening and other health resources.

### 3.2.11 Additional Controls for Employees with Moderate Exposure Risk

The following additional general controls may be implemented for medium exposure risk employees during an outbreak. The Infectious Disease Management Plan for the disease should specify which controls are in place. Additional controls may include but are not limited to:

- Consider use of PPE for employees who have high-frequency, close contact with other people that cannot be eliminated using administrative or engineering controls.
- Ensure employees have adequate access to hand and surface hygiene supplies and are instructed in good hygiene practices.
- Use signs to keep customers informed about symptoms of illness and ask sick customers to minimise contact with employees until they are well.
- Consider limiting or restricting access to the worksite by non-employees; and
- Set up notice boards to communicate important information about the disease outbreak.

### 3.2.12 Additional Controls for Vulnerable Personnel, Key Personnel, Critical Roles and Personnel with High Risk of Transmitting Disease

Additional controls that may be implemented for vulnerable personnel (see Section 2.7), key personnel, critical roles and personnel who have a high risk of transmitting disease throughout the workforce if infected (see Section 2.8). The Infectious Disease Management Plan for the disease should specify which controls are in place. Examples of controls to be considered include:

- Higher PPE requirements and training.
- Additional controls to reduce close interactions with other personnel, even for asymptomatic people.
- Additional controls to reduce potential for contamination of work area; and
- Health monitoring for signs and symptoms of infection.

### 3.2.13 Personal Protective Equipment

While administrative and engineering controls and proper work practices are more effective in minimising exposure to viruses, the use of PPE may also be beneficial to manage certain exposure pathways. Protective equipment that may be considered include but are not limited to:

- Gloves – where there is potential for contact with objects contaminated by potentially infected personnel.

- Goggles – typically not required for pandemic influenza but may be considered if the particular virus is known to cause infection through droplets or aerosols contacting the eyes.
- Face Shields – typically not required for pandemic influenza but may be considered if the particular virus is known to cause infection through droplets or aerosols contacting the eyes.
- Surgical masks – primarily where there is a risk that a person is infected to reduce exposure of others; and
- Respirators – to reduce the risk of inhaling contaminated particles or aerosols.

Employees who have high-frequency, close contact with the general population that cannot be eliminated using administrative or engineering controls, and where contact with symptomatic ill persons is not expected should use personal protective equipment to prevent sprays of potentially infected liquid droplets (from talking, coughing, or sneezing) from contacting their nose or mouth. A surgical mask will provide such barrier protection. In the event of a shortage of surgical masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission.

Use of a respirator may be considered if there is an expectation of close contact with persons who have symptomatic infection or there is a potential risk of airborne transmission. It should be noted that wearing a respirator may be physically burdensome to employees, particularly when the use of PPE is not common practice for the work task.

Eye protection generally is not recommended to prevent influenza infection although there are limited examples where strains of influenza have caused eye infection (conjunctivitis). At the time of an outbreak, health officials will assess whether risk of conjunctival infection or transmission exists for the specific viral strain.

Employees should wash hands frequently with soap or sanitising solutions to prevent hands from transferring potentially infectious material from surfaces to their mouths or noses. While employers and employees may choose to wear gloves, the exposure of concern is touching the mouth and nose with a contaminated hand and not exposure to the virus through non-intact skin (for example, cuts or scrapes). While the use of gloves may make employees more aware of potential hand contamination, there is no difference between intentional or unintentional touching of the mouth, nose, or eyes with either a contaminated glove or a contaminated hand. If an employee does wear gloves, they should always wash their hands with soap or sanitising solution immediately after removal to ensure that they did not contaminate their hand(s) while removing them.

When selecting PPE, consider factors such as function, fit, ability to be decontaminated, disposal, and cost. Sometimes, when a piece of PPE will have to be used repeatedly for an extended period of time, a more expensive and durable piece of PPE may be less expensive in the long run than a disposable piece of PPE. For example, in the event of an outbreak, there may be shortages of surgical masks. A reusable face shield that can be decontaminated may become the preferred method of protecting against droplet transmission.

It should be noted that barrier protection, such as a surgical mask or face shield, will protect against droplet transmission of an infectious disease but will not protect against airborne transmission, to the extent that the disease may be spread in that manner. Selection of PPE for each job role should be based on a risk assessment of that job function. It should also be noted that wearing PPE may be physically burdensome to employees, particularly when the use of PPE is not common practice for the work task.

PPE that is not worn, fitted and maintained correctly may offer limited or no protection against infection. As such all employees using PPE should be:

- Trained in its proper use including putting the PPE on and taking it off in a manner as to avoid inadvertent self-contamination.
- Trained in the care and maintenance of reusable PPE; and
- Fit tested to ensure that the PPE offers them effective protection.

During an outbreak, recommendations for PPE use in particular occupations may change, depending on geographic proximity to active cases, updated risk assessments for particular employees, and information on PPE effectiveness in preventing the spread of the virus.

### 3.2.14 Waste Management – Potentially Contaminated PPE and Materials

Waste materials such as surgical masks and gloves used to prevent exposure or tissues used by potentially infected people can potentially be a source of infection. These waste materials need to be managed in such a way that people are not exposed during their handling, storage and offsite disposal.

Control actions include:

- Potentially contaminated waste is to be disposed of in clearly marked appropriate waste receptacles that have a lid to prevent the escape of waste that can be operated without requiring the user to touch the lid.
- Waste to be contained in durable bags which are labeled to indicate the waste category as “Type 2 Special Waste – waste containing

certain types of biomedical/clinical waste which is regarded as hazardous; however, may be disposed of safely;

- Personnel handling waste and emptying bins are to wear gloves to prevent exposure; and
- Waste to be clearly marked as biohazardous and disposed of by specialised waste contractors as “Type 2 Special Waste – waste containing certain types of biomedical/clinical waste which is regarded as hazardous; however, may be disposed of safely”.

## 4. REVIEW

A review of this procedure and the organisations response should be undertaken at the end of any outbreak.

## 5. REFERENCES

OSHA 2009 Guidance on Preparing Workplaces for an Influenza Pandemic

WHO 2020 Getting your workplace ready for COVID-19

## 6. PROCESS OWNER

The Health and Safety Manager is responsible for this guideline.

## ANNEXURE A – RELEVANT LEGISLATION AND GUIDELINES

**Table 1: Relevant Legislation and Guidelines**

| DOCUMENT | RELEVANCE |
|---|---|
| *Biosecurity Act 2015* | Commonwealth legislation under which the Australian Government may declare a pandemic virus as a "listed human disease". Under this act government officials can impose "human biosecurity control orders" on particular people which can restrict their movement or confine them to isolation. They can also declare "human health response zones" so that certain classes of people cannot enter particular areas, including specific premises such as workplaces or schools. |
| Pandemic Influenza Risk Management (World Health Organisation 2017) | This is the World Health Organization (WHO) global response plan for influenza pandemics. |
| Emergency Response Plan for Communicable Disease Incidents of National Significance (Australian Government Department of Health 2016) | This is the Australian Government's management plan for a pandemic outbreak.<br><br>The aim of this plan is to establish agreed national coordination and communication arrangements for the management of communicable disease incidents of national significance (CDINS), consistent with the high-level crisis management arrangements outlined in the Australian Government Crisis Management Framework (AGCMF).<br><br>This plan is used where there is not a disease specific plan relevant to the cause of the pandemic. |
| Australian Health Management Plan for Pandemic Influenza (Australian Government Department of Health 2019) | Australian Governments Plan for Management of an influenza pandemic.<br><br>This disease specific plan is used in place of the Emergency Response Plan for Communicable Disease Incidents of National Significance for an outbreak of Pandemic Influenza. |
| State Hazard Plan for Human Biosecurity (State Emergency Management Committee 2025) | This is the State Government's management plan for a pandemic outbreak.<br><br>Provides for arrangements at a state level for response to the management of a human pandemic including information on prevention, preparedness, response and initial recovery. The plan is activated when a human epidemic when an infectious or transmissible disease occurrence or threat will require resources that exceed the capability of existing health services. |
| Infectious Disease Emergency Management Plan, WA health system (Government of Western Australia Department of Health 2017) | This is the WA Health Systems management plan for a pandemic outbreak.<br><br>Outlines how the WA health system will prepare for and respond to any declared infectious disease emergency within WA.<br><br>The strategies include liaising with seaports regarding border control and quarantine arrangements as advised by the national government. |

| DOCUMENT | RELEVANCE |
|---|---|
| Australian Government Department of Health Communicable Diseases Network Australia (CDNA) Series of National Guidelines (SoNGs) | The Series of National Guidelines (SoNGs) are developed in consultation with the Communicable Diseases Network Australia (CDNA) and endorsed by the Australian Health Protection Principal Committee (AHPPC). Individual guidelines are developed and updated frequently during notifiable disease events to provide nationally consistent advice and guidance. |
| Guidance on Preparing Workplaces for an Influenza Pandemic (US Department of Labour Occupational Safety and Health Administration (OSHA) 2009) | Provides detailed guidance on preparing for a pandemic at a business level. Material from this document has been used heavily in the development of this guideline. |
| National Action Plan for Human Pandemic Influenza (Commonwealth of Australia 2009) | The National Action Plan outlines the responsibilities, authorities and mechanisms to prevent and manage a human influenza pandemic and its consequences in Australia. It also describes how Commonwealth, State, Territory and local governments, and their departments and agencies, will work together on prevention and preparedness, response and recovery. |

## ANNEXURE B – BUSINESS INFECTIOUS DISEASE OUTBREAK PLANNING CHECKLIST

Table 2 provides a checklist of items to be considered when planning a response to the outbreak of a significant infectious disease. It is adapted from the Business Pandemic Planning Checklist Version 3.2 (November 2019) developed by Complete Crisis Solutions.

**Table 2: Business Continuity Plan Checklist for Significant Infectious Disease Response**

| ITEM | ACTION |
|---|---|
| **1** | **Plan for the impact of a significant infectious disease outbreak or pandemic on the business.** |
| 1.1 | Identify an infectious disease coordinator and/or team with defined roles and responsibilities for preparedness and response planning. |
| 1.2 | Identify essential employees and other critical inputs (e.g., raw materials, suppliers, subcontractor services/products and logistics) required to maintain business operations by location and function during an outbreak. |
| 1.3 | Train and prepare ancillary workforce (e.g., contractors, employees in other job titles/descriptions, retirees). (In house training). |
| 1.4 | Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during an outbreak. |
| 1.5 | Determine the potential impact of an outbreak on company business financials using multiple possible scenarios that affect different product lines and/or business sites. |
| 1.6 | Determine the potential impact of an outbreak on business-related domestic and international travel (e.g., quarantines, border closures). |
| 1.7 | Find up-to-date, reliable disease information from community public health, emergency management and other sources, and make sustainable links. |
| 1.8 | Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups) and chain of communications (including suppliers and customers). |
| 1.9 | Implement an exercise/drill to test your plan and revise periodically. |
| **2** | **Plan for the impact of an outbreak on your employees and customers.** |
| 2.1 | Forecast and allow for employee absences during an outbreak due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures and public transportation closures. |
| 2.2 | Implement guidelines to modify the frequency and type of face-to-face contact (e.g., handshaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers. |
| 2.3 | Evaluate employee access to and availability of healthcare services during an outbreak and improve services as needed. |
| 2.4 | Evaluate employee access to and availability of mental health and social services during an outbreak, including corporate, community and faith-based resources, and improve services as needed (if applicable). |

| ITEM | ACTION |
|---|---|
| 2.5 | Identify employees and key customers with special needs and incorporate the requirements of such persons into your preparedness plan (if applicable). |
| **3** | **Establish Policies to be implemented during an outbreak.** |
| 3.1 | Establish Plan Activation Guidelines. (Include thresholds based on Government guidelines). |
| 3.2 | Establish policies for employee compensation and sick-leave absences unique to an outbreak, including policies on when a previously ill person is no longer infectious and can return to work after illness. |
| 3.3 | Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts). |
| 3.4 | Establish policies for preventing the spread of illness at the worksite (e.g., promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with symptoms). |
| 3.5 | Establish policies for employees who have been exposed to the disease, are suspected to be ill or become ill at the worksite (e.g., infection control response, immediate mandatory sick leave). |
| 3.6 | Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins and guidance for employees returning from affected areas. |
| **4** | **Allocate resources to protect your employees and customers during an outbreak.** |
| 4.1 | Provide sufficient and accessible infection control supplies (e.g., hand-hygiene products, tissues and receptacles for their disposal, alcohol-based sanitizer in all staff areas including housekeeping storerooms) in all business locations. |
| 4.2 | Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access. |
| 4.3 | Ensure availability of medical consultation and advice for emergency response. |
| **5** | **Communicate and educate your employees.** |
| 5.1 | Develop and disseminate programs and materials covering outbreak fundamentals (e.g., signs and symptoms of the disease, mode of transmission), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans). |
| 5.2 | Anticipate employee fear and anxiety, rumours and misinformation, and plan communications accordingly. |
| 5.3 | Ensure that communications are culturally and linguistically appropriate (if applicable). |
| 5.4 | Disseminate information to employees about your infectious disease preparedness and response plan. |
| 5.5 | Provide information for the at-home care of ill employees and family members (consultation with local government, hospitals and doctors for current advice on taking care of ill patients). |
| 5.6 | Develop platforms (e.g., hotlines, dedicated websites) for communicating outbreak status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system. |
| **6** | **Coordinate with external organisations and help your community.** |

| ITEM | ACTION |
|---|---|
| 6.1 | Collaborate with insurers, health plans and local healthcare facilities to share your infections disease plans and understand their capabilities and plans. |
| 6.2 | Collaborate with federal, state and local public health agencies and/or emergency responders to participate in their planning processes, share your response plans, and understand their capabilities and plans. |
| 6.3 | Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community. |
| 6.4 | Share best practices with other businesses in your communities to improve community response efforts. |