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**National Disability Insurance Agency  
Pandemic Plan**

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**V1.0 – Final**

**Document Version Control**

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# 1 Introduction

## 1.1 Context

A human influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, is easily and rapidly spread between people and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can rapidly spread across the globe, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

The World Health Organisation (WHO) has studied the development of previous pandemics and had developed a model of the phases of pandemic development to describe the global situation (phases 1-6). These phases can be grouped into three broad periods:

- In the early or 'interpandemic' period (phases 0-2), a new form of the influenza virus emerges in animals and risk of transmission to humans increases.
- In the intermediate or 'pandemic alert' period (phases 3-5), the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- In the 'pandemic' period (phase 6), the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

While Australia uses the same numbering system as the WHO, the six Australian phases describe where the virus is: whether in overseas countries (OS) or in Australia (AUS). The Australian phases have been developed to guide Australia's response and to enable actions to be taken in Australia before a change of phase is declared by the WHO.

Pandemic influenza is a potentially global threat that all countries must prepare for. Well planned and practical contingency measures can greatly reduce the impact of a pandemic which by definition is associated with wide spread infection, extreme morbidity, and mortality rates much higher than during those outbreaks of influenza we experience seasonally from year to year.

Refer to the Appendices for further details regarding pandemic influenza.

## 1.2 Objectives and Guiding Principles

The Pandemic Plan for the National Disability Insurance Agency (NDIA) outlines the responsibilities, processes and actions to ensure that the organisation is able to continue to deliver services. This forms part of the overall Business Continuity Plan (BCP) Framework.

The emergence of a pandemic would create significant challenges for the NDIA in continuing to deliver its services and requires planning to ensure our business continuity and emergency capability is able to meet such a challenge. Planning for an influenza pandemic is different than the more familiar emergencies of bushfires, floods and cyclones as it is an emerging risk, something that we have not previously encountered and therefore do not know the full extent of the consequences. A pandemic will present difficulties to manage and a number of planning assumptions have been made:

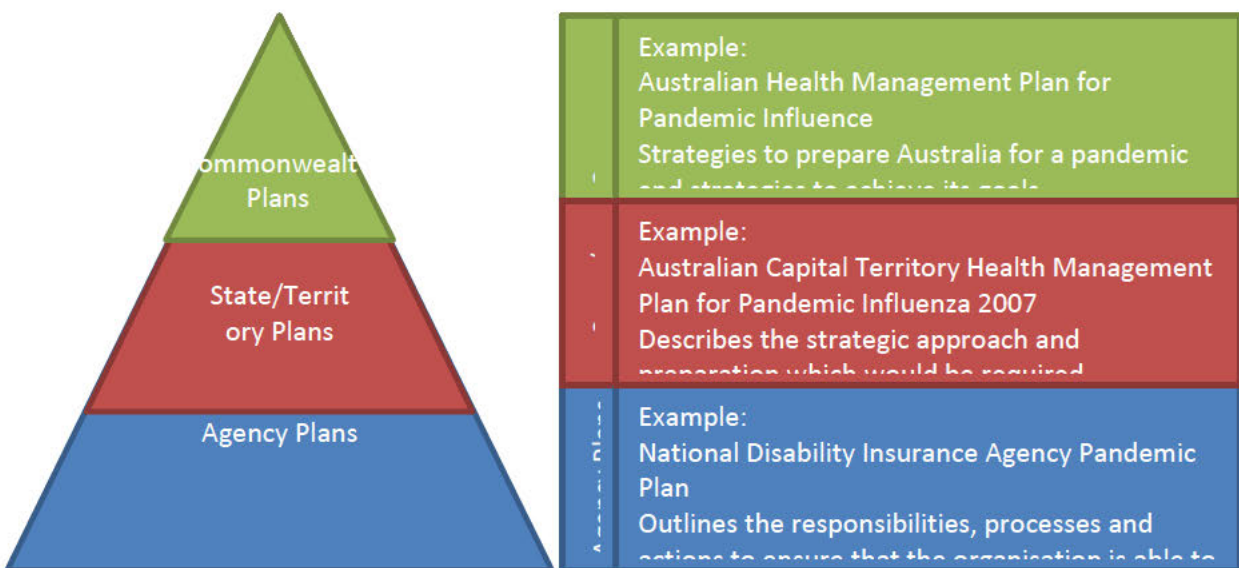
- it will arise rapidly, spread quickly and will not behave in a predictable way;
- there is the likelihood of numerous outbreaks across the country, simultaneously;
- the impact on our work force will be significant, [s47E\(d\) - certain operations of agencies, s47C - deliberative content](#) ; and
- there may be a number of 'waves', each lasting 6 – 8 weeks.

The Business Continuity Plans (BCP) for National Office and Trial Sites will underpin this Pandemic Plan. The pandemic project aim is to provide a framework to identify the critical actions in relation to a pandemic, at each of the phases, and ensure BCPs take into account these factors.

### 1.3 Planning Hierarchy

The Australian Government has management strategies in place for a human pandemic which include the Australian Health Management Plan for Pandemic Influenza and the National plan for Human Influenza Pandemic.

Consistent with the Commonwealth Plan, the NDIA has prepared plans for pandemic influenza. The hierarchy of the Government plans is shown below:



### 1.4 Phases of Pandemic Influenza

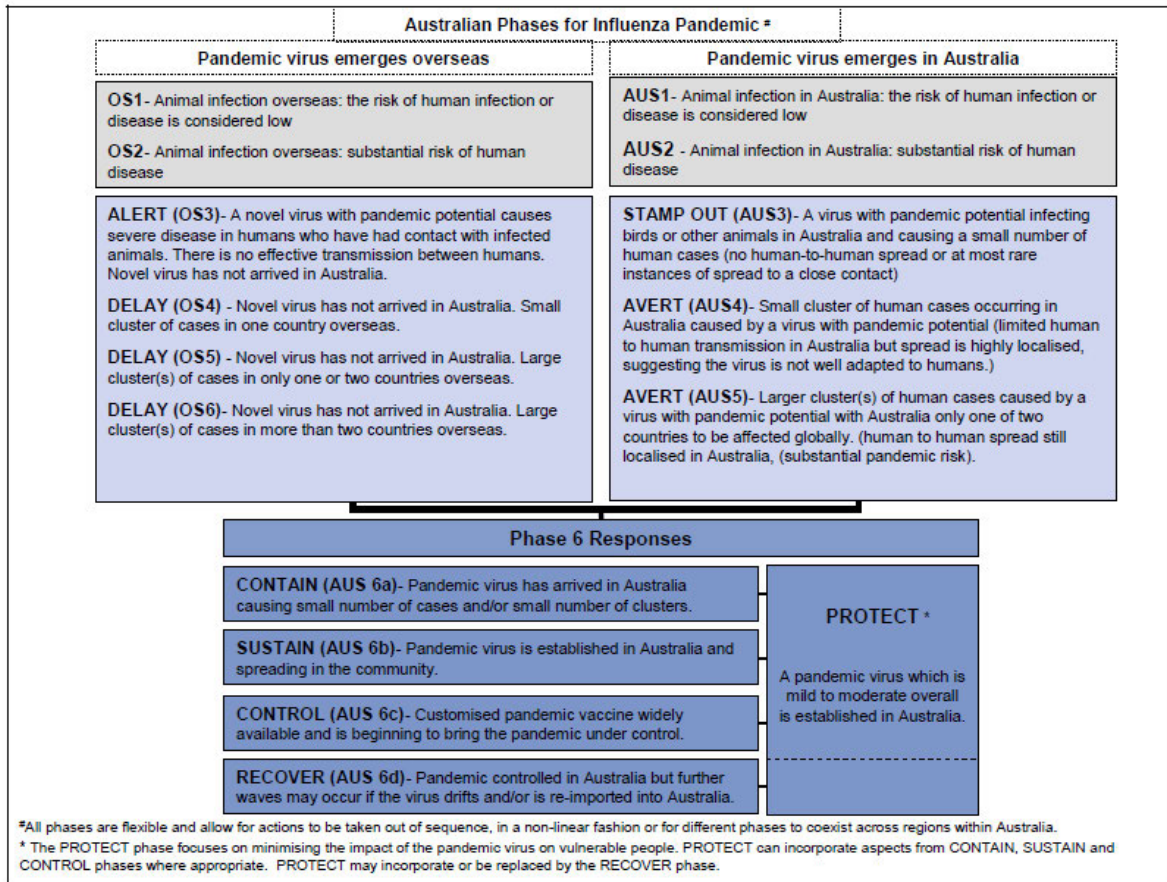
The Australian Government pandemic planning process utilises the pandemic influenza work of the WHO, in particular the global phases for pandemic influenza. To reflect the possible circumstances of an influenza pandemic in Australia, a complementary set of Australian Pandemic Phases has also been developed (see Figure 2). An explanation of both phases is provided below, in Figure 1. The phases are intended to provide a common guide for describing the situation overseas and in Australia at any given time. They are seen as a guide for actions to be undertaken in the event of human to human infection overseas and in Australia.

Figure 1: Pandemic Phases

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		Global phase	Australian phase	Description of phase	AHMPPI 2008	
<b>RECOVERY</b>	<b>PREVENTION AND PREPAREDNESS</b>	AUS 0		No circulating animal influenza subtypes in Australia that have caused human disease		<b>Australian phases</b>
		1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low		
			AUS 1	Animal infection in Australia: the risk of human infection or disease is considered low		
		2	Overseas 2	Animal infection overseas: substantial risk of human disease		
			AUS 2	Animal infection in Australia: substantial risk of human disease		
		3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact		ALERT
	AUS 3		Human infection in Australia with new subtype/s but no human to human spread or at most rare instances of spread to a close contact			
	<b>RESPONSE</b>	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans	DELAY	
			AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans		
		5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)	DELAY	
			AUS 5	Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		
		6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population	DELAY	<b>PROTECT</b>
			AUS 6a	Pandemic in Australia: localised (one area of country)	CONTAIN	
	AUS 6b		Pandemic in Australia: widespread	SUSTAIN		
AUS 6b alt	Pandemic in Australia: widespread, however is mild in most cases, severe in some and moderate overall		PROTECT			
	AUS 6c	Pandemic in Australia: subsiding	CONTROL			
<b>RECOVER</b>		AUS 6d	Pandemic in Australia: next wave	RECOVER		
<b>RECOVERY</b>						

Figure 2: Australian Pandemic Phases

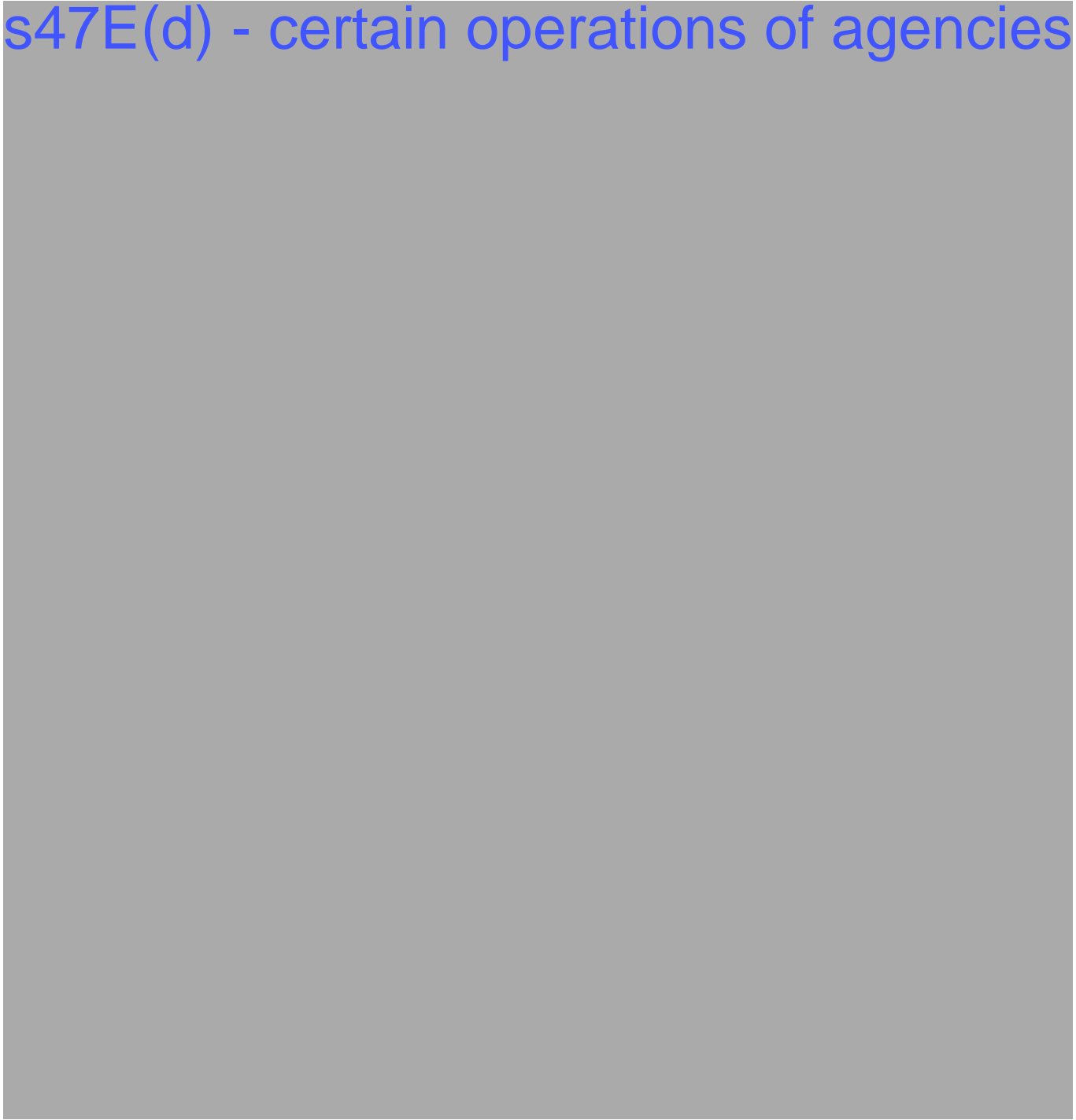


In June 2009, the Australia Government announced a new response phase called PROTECT. This phase recognises that the infection/pandemic is mild in most cases, severe in some and moderate overall. PROTECT sits alongside CONTAIN and SUSTAIN phases with a greater focus on the vulnerable or people in whom the disease may be severe.

### 1.5 Pandemic Risks

Table 1 below shows the key risks present at each of the various pandemic phases. The attached Pandemic Action Plans aim to mitigate these risks.

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## 2 Scope

The scope of the Pandemic Plan is limited to key actions at each phase of a declared pandemic. The Pandemic Plan covers NDIA sites and NDIA staff and contractors. Considerations have been included in dealings with the public and participants.

### 2.1 Structure of the Pandemic Plan

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### 2.2 NECC Considerations

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### 3 Roles and Responsibilities

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#### 4 Action Plans

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## Appendix A – The Nature of an Influenza Pandemic

An influenza pandemic occurs when a new strain of influenza virus emerges, spreading around the globe and infecting many people at once. An influenza virus capable of causing a pandemic is one that people have no natural immunity to, can easily spread from person to person, and is capable of causing severe disease and death in humans.

Influenza is a respiratory infectious disease associated with significant morbidity and mortality. Following exposure to influenza, an individual typically remains asymptomatic for approximately 2 days. This is the incubation period, and may range from 1-7 days. The infectious period, or the time during which an individual infected with influenza may spread the infection, begins one day prior to the onset of symptoms and extends until 7-10 days following resolution of the associated fever.

Most influenza symptoms last for 2-3 days, though the fever may occasionally last longer. In some individuals, a dry, non-productive and non-infectious cough may persist for 6-12 weeks. Influenza is characterised by rapid onset of respiratory and generalised signs and symptoms including: a high fever, headaches, muscle aches and pains, fatigue, cough, sore throat, or a runny nose.

The symptoms differ from those of the common cold as outlined below:

SYMPTOMS	INFLUENZA (FLU)	COMMON COLD
Secretary	Usual, sudden onset 38-40 degrees and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhoea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
Fatalities	Can occur	Not reported

**Websites**

[www.flupandemic.gov.au](http://www.flupandemic.gov.au) is a dedicated website, developed by the Commonwealth Department of Health, to provide a single portal to access information on pandemic influenza. It provides links to Commonwealth, State and Territory Government information sources, including many of those listed below.

**National plans**

Australia's national plans for an influenza pandemic outline the responsibilities, authorities and mechanisms to prevent and manage an influenza pandemic and its consequences in Australia. These plans provide detail on Australia's health response and the broader actions the Commonwealth, State and Territory Governments would take should a pandemic eventuate.

[National Action Plan for Human Influenza Pandemic \(NAPHIP\)](#)

[Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](#)

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## Appendix B – Prevention and Control

If human to human infection is present in Australia, NDIA will implement a number of prevention measures including increased work place cleaning, routine personal hygiene practises, and increased social distancing.

### Reducing the Risk: Basic Principles for Preventing the Spread of Influenza

Short of a vaccine, there are many simple ways people can substantially reduce the risk of being infected by or spreading the influenza virus. These include:

- Frequent hand washing (hand hygiene), particularly after coming into contact with people who might be infected.
- Cough and sneeze etiquette.
- In the event of a pandemic, wearing a simple surgical mask or other covering for the nose and mouth (PPE).
- Maintaining a physical distance from people who might be infected.
- Household and workplace hygiene.
- Staying home from work when unwell, and encouraging colleagues to do so.

### Hand Hygiene

Hand hygiene is crucial to reducing the transmission of infectious agents. It is possibly the most important means of infection control. Hand hygiene includes washing hands with soap and water or cleaning hands with alcohol-based products (gels, rinses, foams) that can be used without water.

- If your hands are visibly soiled with respiratory secretions (phlegm, spit), you need to wash them with soap (plain or antimicrobial) and water. Wash with soap and water, scrubbing your wrists, palms, fingers and nails for 10-15 seconds. Rinse, and dry with a clean, dry towel.
- If there is no visible soiling, you might prefer alcohol-based products with an emollient. They dry the skin less and can be more convenient.
- Always wash your hands after contact with other people and after removing a mask or gloves, if you have been wearing them.
- In general, try to keep your hands away from your face.
- When arriving at work.
- Before, during and after food preparation.
- After touching the eyes, nose or mouth.
- Following sneezing.
- After touching potentially contaminated surfaces, including other people.

### Cough and Sneeze

If you must cough or sneeze, you should:

- Cover your nose and mouth.
- Use disposable tissues rather than your hands or a handkerchief (which could store the virus).
- Dispose of used tissues in the nearest waste receptacle, not in your pocket or handbag.
- Tissues should be placed into the bin. It is important not to throw tissues in the bin as throwing causes air to pass through the pores of the tissue and thus may transfer any trapped virus from the tissue and into the inspirable air.
- Wash your hands afterwards, or after touching used tissues

**Basic Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) consists of tissues and masks (or mouth and nose coverings) to prevent the spread of infection to others. Wearing a mask is particularly important for people who are coughing.

**Physical Distance**

A very simple way of reducing the chance of being infected or passing on infection is to stand or sit back from other people in public or the work place. You should try to maintain a distance of one meter, where possible. In a pandemic, you should try to avoid crowded gatherings, especially in enclosed spaces. If you need to use public transport, it will be sensible to wear a surgical mask or other PPE.

**Workplace Hygiene**

Individuals will be responsible for the cleanliness and hygiene of themselves and their workstations. Common surfaces such as taps, doorknobs and tables should be disinfected (once or twice daily). People should not share cups or utensils.

In the workplace:

- have a supply of tissues available.
- consider having conveniently located dispensers of alcohol-based hand rub.
- provide pump pack soap and disposable towels near sinks for hand washing.

Do not visit people who have the flu, unless it is absolutely necessary.

**Employee Health**

An employee who suspects they have influenza should NOT present to work. The employee should notify a designated person or supervisor by telephone of their suspected or actual diagnosis of influenza. Influenza illness and leave will be managed as any other sickness.

**Surface decontamination**

- The AHMPPI outlines the recommended agents for use to disinfect workplace surfaces, so as to help minimise the transmission of influenza. The agents recommended include the following:

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Disinfectants	Recommended Use	Precautions
Sodium hypochlorite: 1,000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.	Disinfection of material contaminated with blood and body fluids	Should be used in well ventilated areas. Protective clothing required while handling and using undiluted bleach. Do not mix with string acids and avoid release of chlorine gas. Corrosive to metals
Granular Chlorine: e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturers instructions	May be used in place of liquid bleach, if it is unavailable	Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids and avoid release of chlorine gas. Corrosive to metals
Alcohol: e.g. isopropyl 70%, ethyl alcohol 60%	Smooth metal surfaces, tabletops and other surfaces on which bleach can not be used	Flammable and toxic. To be used in well ventilated areas. Avoid inhalation. Keep away from heat sources, electrical equipment, flames and hot surfaces. Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.

Cleaning and disinfecting of workplace surfaces is critical in minimising the transmission of pandemic influenza. Cleaning surfaces with standard agents (e.g. moping or wiping) minimises the quantity of viruses on the surface, while disinfection ensures that any remaining influenza virus is inactivated. Therefore, employees and customers touching surfaces within NDIA offices will be less likely to transmit influenza virus from surfaces to their skin and subsequently become infected by touching their eyes, nose or mouth regions.

Persons or contractors responsible for the general cleaning of NDIA offices should be informed that the cleaning must focus on disinfection of such surface that influenza transmission is minimised.

- The contractors should be informed that agents capable of inactivating/ killing influenza virus should be used when routinely cleaning NDIA offices during the pandemic
- The contractors should inform NDIA of the agent that they are using to clean and disinfect the workplace – This must be visually confirmed by Site Management teams.
- The cleaning contractor may be used as a resource about what agents are available and/or appropriate for different surfaces (e.g. keyboard vs. a work bench)
- NDIA should consider an education session for employees focusing on the factors relating to the use of disinfectants.
- As a general rule, surfaces commonly touched by employees and/or customers (e.g. customer counter) should be cleaned at least once daily.

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## Appendix C – Social Distancing & Quarantine

### Social distancing

Social distancing is the separation of people, designed to minimise the close contact which is required for direct person to person transmission of the influenza virus between:

- Staff and others during travel to and from work;
- Among customers;
- Between staff and customers; and
- Among staff at work.

### Distancing customers from staff

Protecting the health of staff by distancing them from customers is an important, yet difficult component of a pandemic influenza management plan. In addition to minimising the number of customers presenting to Departmental offices and process for dealing with symptomatic customers, further protection can be ensured to staff from customers by considering the following:

- Staff at counters should be positioned at least one meter away from the customer whom they are attending to.
- If necessary, the customer may need to stand further away from the counter (e.g. by having in place an additional barrier if there is a need to achieve a minimum separation of one meter), rather than the Department needing to move their chair further back from the workstation/ counter. This would minimise the potential for the precipitation or aggravation of musculoskeletal injuries arising among staff as a result of non-ergonomically sound computer work (i.e. arising from the incorrect positioning of seating too far from the work station in an attempt to increase their distance from the standing customer at the counter).
- If the counters are not wide enough to ensure at least one meter barrier between staff and customers, and the customers are thus forced to stand further away from the counter, a number of confounding issues may arise. In particular, hearing impaired people may not be able to discriminate the Department speech, and/or confidentiality may be breached by the need to speak louder.
- If private rooms are available, they should be utilised in preference to counter work, as one may arrange the seating so as to ensure barrier of at least one meter. Furthermore, the use of private rooms would reduce the breaching of confidentiality posed in the above point.
- The installation of temporary Perspex barriers (e.g. barriers used in banks) should be considered, especially in locations where a one meter buffer cannot be guaranteed between the employee and the customer.
- Alternatively, if a one meter buffer is not present, and Perspex barriers are not practical, then it may be necessary to provide all customers at the counter with a surgical face mask to minimise aerosol spread of respiratory secretions.

### Distancing between staff

Minimising close contact between staff is necessary to reduce the potential for person-to-person spread of influenza at work. Such contact should be minimised while undertaking the normal work duties, as well as during breaks.

In order to minimise person to person spread of influenza at work, the following should be considered:

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- The distance between staff sitting at adjacent desks should be a minimum of one meter. This barrier will minimise aerosol transmission of influenza from one staff member to another.
- Furthermore, the distance between a seated staff member and the desk of an adjacent staff member should also be one meter. This will help minimise the potential of a staff member transmitting influenza virus to the surface of an adjacent colleague's desk if he/she happen to sneeze or cough. If this is allowed to occur, then transmission of influenza may occur as a result of a staff member touching the surface of their desk (or equipment on it) on which the influenza virus has been deposited by an infected adjacently seated asymptomatic (yet infectious) colleague.
- Ensuring at least a one meter distance between adjacent desks and in particular between staff should be achieved without the need to necessarily physically move such workstations. That is, staff absences should be taken advantage of, with temporarily unoccupied desks been used to increase the distance between staff in attendance.
- Should the desk of an absent staff member be used so in this way the desk should be adequately cleaned and decontaminated.
- When employees return to work following confirmed influenza, they should be seated at workstations interspersed between uninfected staff. That is, uninfected individuals should be separated as far from each other as possible, by seating immune staff in workstations between them, as the later cannot be reinfected and are also less likely to be able to spread the disease. This process will aid in increasing the distance between susceptible (non-immune) staff.
- NDIA offices are typically designed with pods containing 4 or more work stations. A barrier wall exists between adjacent pods to ensure privacy and to minimise noise. This wall should be at least 30-40cm in height, so as to act as a barrier to aerosol transmissions between staff in different but opposing workstations.
- As the influenza virus can survive on surfaces for 24-48 hours, staff should be encouraged to not share physical equipment such as computers, keyboards, mouse or telephones. These should be decontaminated before they are assigned to another employee.
- Similarly, staff should not share stationery. This is also recommended for customers. They should be provided with a pen or pencil and asked to discard it or take it with them when they finished with it. Alternatively, to minimise cost, used stationery can be placed in a separate container. As the influenza virus only survives on such surfaces for about 48 hours, the stationery can be re-issued to the public after this time has elapsed.
- During the influenza pandemic, face-to-face staff interaction should be kept to a minimum. Staff should aim to communicate with each other only via the use of email or telephone.
- Training that necessitates small or large groups of attendance in the same room should be suspended or avoided.
- Important meetings should be conducted via teleconferencing rather than in person. If face-to-face meetings are unavoidable consider having them outside in the open air and try to keep one meter from one another.
- Develop guidelines and capability for business communication, written procedures and information sheets for effective business and personal communication strategies covering; meetings, teleconferencing, social events, staff amenity rooms, etc

During scheduled and non-scheduled breaks, employees should:

- Avoid gatherings. This includes within the kitchen, breakout area or amenities rooms
- Employees should sit as far from each other as possible

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- Employees should refrain from equipment which may harbour the virus. They should consider decontamination of these items before each use.
- Staff should not share utensils. Always wash utensils before and after use and store where others may not use them.
- Beware of control taps at drinking fountains as an infected individual may have touched the surface. Ensure it is decontaminated before use.

### Isolation Vs Quarantine

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness.

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Both isolation and quarantine are public health strategies that have proven effective in stopping the spread of infectious diseases.

### Quarantine

Quarantine refers to the separation and restriction of movement of asymptomatic contacts who may develop an infectious disease (e.g. influenza), while isolation refers to the separation of cases of infectious disease (of influenza) from healthy people and the restriction of their movement to stop the spread of the disease.

The nature of quarantine will depend on the Overseas and Australian Pandemic Phases. Quarantine may be voluntary or mandatory and may be in a Hospital, other designated facility or at home. During the Australian pandemic phases 3-5, quarantine and isolation is likely to be very prescriptive.

If the individual has been at work, NDIA will be contacted and the close work and non-work contacts (i.e. within one meter) will most probably be directed to leave work and quarantine themselves at home until the incubation period of influenza (i.e. 7-10 days) is over. It should be noted that when pandemic influenza is initially identified in Australia, and the number of cases are few, it would not be unusual for workplaces to be ordered to close for one week.

### Duration of absence

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Staff absences can be expected for many reasons:

- Illness/incapacity (suspected/actual/post-infectious);
- Some may need to stay at home to care for ill family members;
- Others may need to stay at home to look after children (as schools/child care centres are likely to be closed);
- People may feel safer at home (e.g. to keep away from crowded places such as public transport); and
- Some people may be fulfilling other voluntary roles in the community

Complications from influenza (e.g. pneumonia, ear infections, renal disease, myelitis, polyneuritis, etc) would increase the duration of work absence, the duration of which cannot be accurately predicted. Furthermore, recovery from influenza may be more prolonged among employees with chronic medical

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conditions (e.g. cardiac illnesses, respiratory illnesses – Asthma & Emphysema, Diabetes, etc) and/or with compromised immune system (e.g. HIV infection, Cancer, Drug Induced – Staff taking prescribed corticosteroid medication, etc)

## Appendix D – Personal Protective Equipment

Respiratory protection using face masks is only one component of an overall plan to minimise transmission of influenza within the workplace during a pandemic. It is critical that NDIA employees understand the benefits and limitations of face masks, and in particular that the other control measures described previously (e.g. social distancing, hand washing, surface decontamination, etc) are just as important.

### Face Masks

Employees who develop symptoms at work should be given a mask to wear. This may prevent suspected virus transmission. Masks must be removed and disposed of safely when they become moist or after coughing or sneezing. So as not to spread infection it is important that masks are correctly applied, not touched or handled when worn and are correctly disposed of.

Surgical masks are designed to minimise the spread of respiratory secretions or droplets from the person wearing the face mask to the surrounding environment. The masks do not significantly protect the wearer from influenza containing aerosolised secretions transmitted by others in their vicinity.

Respirators are designed to filter the air being breathed in by the wearer. P2 particulate respirators when used according to the manufacturer's guidelines, are at least 95% effective in filtering inspired air, and are the class of respiratory protection deemed by the WHO to adequately filter influenza virus. P3 particulate respirators are deemed to be even more effective, and can therefore be considered for use in the event that P2 masks are unavailable. If available, First Aid officers should be supplied with multiple P3 masks.

### Tissues and Bins

Pedal bins are recommended in the event of a pandemic as they reduce the potential transmission of the influenza virus when disposing of tissues. Tissues should always be placed into the bin and not thrown as air that passes through the tissue can release any trapped virus.

### Thermometers

Thermometers should be used by First Aid officers to check the temperature of an employee who isn't feeling well

### Alcohol Wipes

Alcohol wipes should be used for telephone and keyboard cleaning

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## Appendix E – Glossary

**Absenteeism:** Absenteeism is when people are absent from work. b47E(d) - certain operations of agencies, s47C - deliberative content

**AHMPPPI:** Australian Health Management Plan for Pandemic Influenza

**Antiviral:** A type of drug used to help prevent or treat illnesses caused by some viruses, including influenza.

**Community transmission:** Community transmission is the passing of a disease from an infected individual to another individual outside of a known group of contacts, and outside health care settings.

**Contain:** The process of stopping spread of illness beyond a confined area. Key containment measures for an influenza pandemic include border measures, quarantine or isolation, social distancing, infection control, contact tracing and use of antivirals.

**Cough and sneeze etiquette:** Measures individuals can take when we cough, sneeze or blow our nose, to reduce the chance of spreading the virus. This is sometimes referred to as respiratory hygiene.

**Epidemic:** A sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area

**Pandemic:** Epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemic.

**Flu clinic:** Flu clinics are specially planned facilities that will be set up during a pandemic for safe medical assessment and management of people with suspected pandemic influenza.

**Hand hygiene:** A general term referring to any action of hand cleansing for example, hand washing, antiseptic hand wash, antiseptic hand rub.

**Influenza (the flu):** The flu is a highly contagious disease of the respiratory tract, caused by influenza viruses.

**Influenza Type A:** Type A influenza is a influenza virus that occurs in humans and animals.

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**Influenza Type B:** Type B influenza is a influenza virus that occurs only in humans.

**Isolation:** Separation of infected persons (cases) from other people for the period they are likely to be infectious, in order to prevent or limit the direct or indirect transmission of the virus.

**NAPHIP:** National Action Plan for Human Influenza Pandemic

**Personal protective equipment (PPE):** PPE is equipment that can be worn by an individual to protect them or others from infection.

**Preparedness:** Undertaking measures to ensure that the health sector is adequately prepared for the event of an influenza pandemic.

**Social Distancing:** A community level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Social distancing measures include school closures, workplace measures, cancellation of mass gatherings, changing public transport arrangements and movement restrictions.

**Quarantine (see also Isolation):** The limitation of freedom of movement for a period of time of well persons who are likely to have been exposed to the virus (contact) to prevent their contact with people who have not been exposed.

**WHO:** World Health Organisation

**Vaccine:** Vaccine is a medication that stimulates the production of antibodies to protect against a specific disease.

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# National Disability Insurance Agency Pandemic Plan

April 2018

### Document Version Control

Version	Date	Author	Description of Change
1.0	April 2014	s22(1)(a)(i) - irrelevant material	Initial Draft
1.0	April 2015	s22(1)(a)(ii) - irrelevant material	Review and Update
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### Reviewers

Version	Date	Reviewer
2.0	April 2018	Tammy Venturoni – Branch Manager - Risk

### Approvals

Version	Date	Name	Signature
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### Distribution List

Name	Position	Organisation
ART	Agency Recovery Team	NDIA

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# 1. Introduction

## 1.1. Context

A human influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, is easily and rapidly spread between people and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can rapidly spread across the globe, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

The World Health Organisation (WHO) has studied the development of previous pandemics and had developed a model of the phases of pandemic development to describe the global situation (phases 1-6). These phases can be grouped into three broad periods:

- In the early or 'interpandemic' period (phases 0-2), a new form of the influenza virus emerges in animals and risk of transmission to humans increases.
- In the intermediate or 'pandemic alert' period (phases 3-5), the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- In the 'pandemic' period (phase 6), the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

While Australia uses the same numbering system as the WHO, the six Australian phases describe where the virus is: whether in overseas countries (OS) or in Australia (AUS). The Australian phases have been developed to guide Australia's response and to enable actions to be taken in Australia before a change of phase is declared by the WHO.

Pandemic influenza is a potentially global threat that all countries must prepare for. Well planned and practical contingency measures can greatly reduce the impact of a pandemic which by definition is associated with wide spread infection, extreme morbidity, and mortality rates much higher than during those outbreaks of influenza we experience seasonally from year to year.

Refer to the Appendices for further details regarding pandemic influenza.

## 1.2. Objectives and Guiding Principles

The Pandemic Plan for the National Disability Insurance Agency (NDIA) outlines the responsibilities, processes and actions to ensure that the organisation is able to continue to deliver services. This forms part of the overall Business Continuity Management (BCM) Framework.

The emergence of a pandemic would create significant challenges for the NDIA in continuing to deliver its services and requires planning to ensure our business continuity and emergency capability is able to meet such a challenge. Planning for an influenza pandemic is different

than the more familiar emergencies of bushfires, floods and cyclones as it is an emerging risk, something that we have not previously encountered and therefore do not know the full extent of the consequences. A pandemic will present difficulties to manage and a number of planning assumptions have been made:

- it will arise rapidly, spread quickly and will not behave in a predictable way;
- there is the likelihood of numerous outbreaks across the country, simultaneously;
- the impact on our work force will be significant, s47E(d) - certain operations of agencies, s47C - deliberative content  

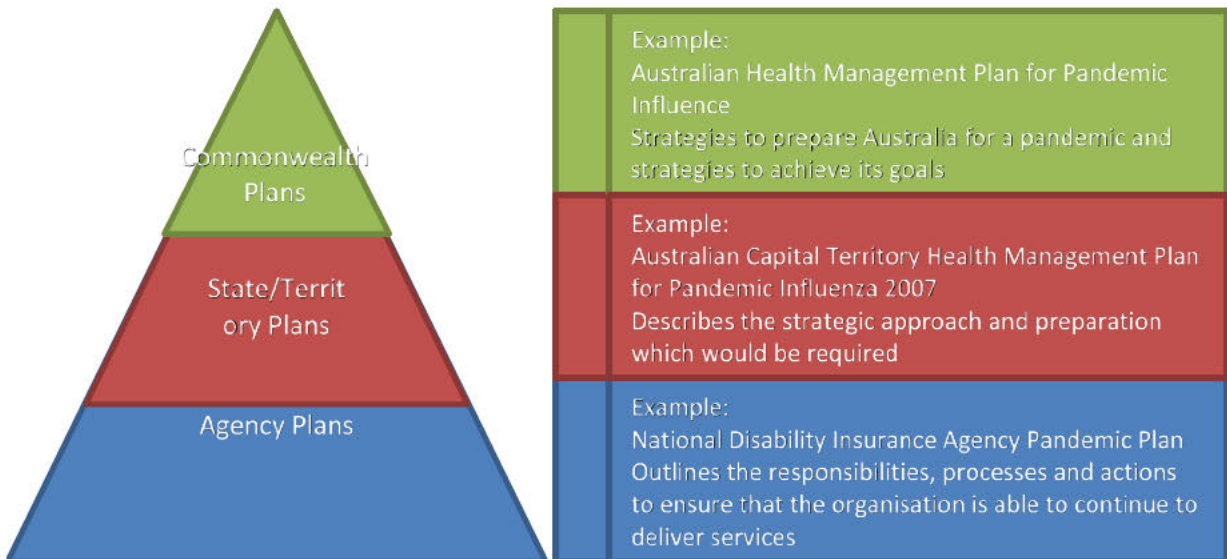
 ; and
- there may be a number of 'waves', each lasting 6 – 8 weeks.

The Business Continuity Plans (BCP) for National Office and Regions will underpin this Pandemic Plan. The pandemic project aim is to provide a framework to identify the critical actions in relation to a pandemic, at each of the phases, and ensure BCPs take into account these factors.

### 1.3. Planning Hierarchy

The Australian Government has management strategies in place for a human pandemic which include the Australian Health Management Plan for Pandemic Influenza and the National plan for Human Influenza Pandemic.

Consistent with the Commonwealth Plan, the NDIA has prepared plans for pandemic influenza. The hierarchy of the Government plans is shown below:



### 1.4. Phases of Pandemic Influenza

The Australian Government pandemic planning process utilises the pandemic influenza work of the WHO, in particular the global phases for pandemic influenza. To reflect the possible circumstances of an influenza pandemic in Australia, a complementary set of Australian Pandemic Phases has also been developed (see Figure 2). An explanation of both phases is provided below, in Figure 1. The phases are intended to provide a common guide for describing the situation overseas and in Australia at any given time. They are seen as a guide for actions to be undertaken in the event of human to human infection overseas and in Australia.

Figure 1: Pandemic

		Global phase	Australian phase	Description of phase	AHMPPI 2008	Australian phases
RECOVERY	PREVENTION AND PREPAREDNESS	AUS 0		No circulating animal influenza subtypes in Australia that have caused human disease		
		1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low		
			AUS 1	Animal infection in Australia: the risk of human infection or disease is considered low		
		2	Overseas 2	Animal infection overseas: substantial risk of human disease		
			AUS 2	Animal infection in Australia: substantial risk of human disease		
		3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact		ALERT
	AUS 3		Human infection in Australia with new subtype/s but no human to human spread or at most rare instances of spread to a close contact			
	RESPONSE	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans		DELAY
			AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans		
		5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		DELAY
			AUS 5	Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		
		6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population		DELAY
			AUS 6a	Pandemic in Australia: localised (one area of country)		CONTAIN
			AUS 6b	Pandemic in Australia: widespread		SUSTAIN
AUS 6b alt			Pandemic in Australia: widespread, however is mild in most cases, severe in some and moderate overall		PROTECT	
AUS 6c	Pandemic in Australia: subsiding		CONTROL			
					PROTECT	

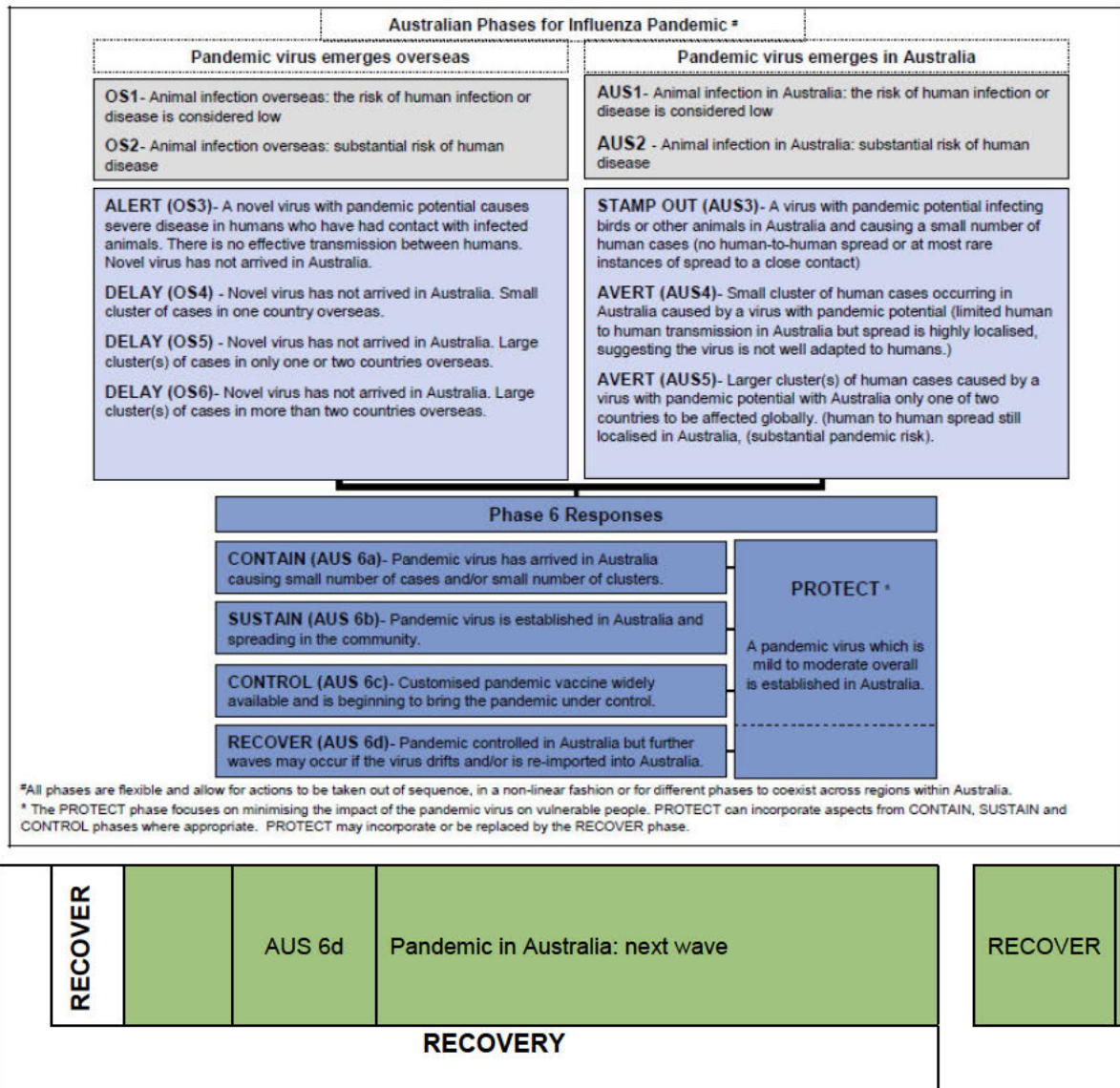


Figure 2: Australian Pandemic Phases

In June 2009, the Australia Government announced a new response phase called PROTECT. This phase recognises that the infection/pandemic is mild in most cases, severe in some and moderate overall. PROTECT sits alongside CONTAIN and SUSTAIN phases with a greater focus on the vulnerable or people in whom the disease may be severe.

**1.5. Pandemic Risks**

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## 2. Scope

The scope of the Pandemic Plan is limited to key actions at each phase of a declared pandemic. The Pandemic Plan covers NDIA regions, NDIA staff and contractors. Considerations have been included in dealings with the public and participants.

### 2.1. Structure of the Pandemic Plan

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### 2.2. NECC Considerations

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### 3. Roles and Responsibilities

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## 4. Action plans

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## Appendix A – The Nature of an Influenza Pandemic

An influenza pandemic occurs when a new strain of influenza virus emerges, spreading around the globe and infecting many people at once. An influenza virus capable of causing a pandemic is one that people have no natural immunity to, can easily spread from person to person, and is capable of causing severe disease and death in humans.

Influenza is a respiratory infectious disease associated with significant morbidity and mortality. Following exposure to influenza, an individual typically remains asymptomatic for approximately 2 days. This is the incubation period, and may range from 1-7 days. The infectious period, or the time during which an individual infected with influenza may spread the infection, begins one day prior to the onset of symptoms and extends until 7-10 days following resolution of the associated fever.

Most influenza symptoms last for 2-3 days, though the fever may occasionally last longer. In some individuals, a dry, non-productive and non-infectious cough may persist for 6-12 weeks. Influenza is characterised by rapid onset of respiratory and generalised signs and symptoms including: a high fever, headaches, muscle aches and pains, fatigue, cough, sore throat, or a runny nose.

The symptoms differ from those of the common cold as outlined below:

SYMPTOMS	INFLUENZA (FLU)	COMMON COLD
Secretary	Usual, sudden onset 38-40 degrees and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhoea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual

SYMPTOMS	INFLUENZA (FLU)	COMMON COLD
<b>Chest discomfort</b>	Usual and can be severe	Sometimes, but mild to moderate
<b>Complications</b>	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
<b>Fatalities</b>	Can occur	Not reported

### Websites

[www.flupandemic.gov.au](http://www.flupandemic.gov.au) is a dedicated website, developed by the Commonwealth Department of Health, to provide a single portal to access information on pandemic influenza. It provides links to Commonwealth, State and Territory Government information sources, including many of those listed below.

### National plans

Australia's national plans for an influenza pandemic outline the responsibilities, authorities and mechanisms to prevent and manage an influenza pandemic and its consequences in Australia. These plans provide detail on Australia's health response and the broader actions the Commonwealth, State and Territory Governments would take should a pandemic eventuate.

[National Action Plan for Human Influenza Pandemic \(NAPHIP\)](#)

[Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](#)

## Appendix B – Prevention and Control

If human to human infection is present in Australia, NDIA will implement a number of prevention measures including increased work place cleaning, routine personal hygiene practices, and increased social distancing.

### Reducing the Risk: Basic Principles for Preventing the Spread of Influenza

Short of a vaccine, there are many simple ways people can substantially reduce the risk of being infected by or spreading the influenza virus. These include:

- Frequent hand washing (hand hygiene), particularly after coming into contact with people who might be infected.
- Cough and sneeze etiquette.
- In the event of a pandemic, wearing a simple surgical mask or other covering for the nose and mouth (PPE).
- Maintaining a physical distance from people who might be infected.
- Household and workplace hygiene.
- Staying home from work when unwell, and encouraging colleagues to do so.

### Hand Hygiene

Hand hygiene is crucial to reducing the transmission of infectious agents. It is possibly the most important means of infection control. Hand hygiene includes washing hands with soap and water or cleaning hands with alcohol-based products (gels, rinses, foams) that can be used without water.

- If your hands are visibly soiled with respiratory secretions (phlegm, spit), you need to wash them with soap (plain or antimicrobial) and water. Wash with soap and water, scrubbing your wrists, palms, fingers and nails for 10-15 seconds. Rinse, and dry with a clean, dry towel.
- If there is no visible soiling, you might prefer alcohol-based products with an emollient. They dry the skin less and can be more convenient.
- Always wash your hands after contact with other people and after removing a mask or gloves, if you have been wearing them.
- In general, try to keep your hands away from your face.
- When arriving at work.
- Before, during and after food preparation.
- After touching the eyes, nose or mouth.
- Following sneezing.
- After touching potentially contaminated surfaces, including other people.

### Cough and Sneeze

If you must cough or sneeze, you should:

- Cover your nose and mouth.
- Use disposable tissues rather than your hands or a handkerchief (which could store the virus).
- Dispose of used tissues in the nearest waste receptacle, not in your pocket or handbag.

- Tissues should be placed into the bin. It is important not to throw tissues in the bin as throwing causes air to pass through the pores of the tissue and thus may transfer any trapped virus from the tissue and into the inspirable air.
- Wash your hands afterwards, or after touching used tissues

### **Basic Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) consists of tissues and masks (or mouth and nose coverings) to prevent the spread of infection to others. Wearing a mask is particularly important for people who are coughing.

### **Physical Distance**

A very simple way of reducing the chance of being infected or passing on infection is to stand or sit back from other people in public or the work place. You should try to maintain a distance of one meter, where possible. In a pandemic, you should try to avoid crowded gatherings, especially in enclosed spaces. If you need to use public transport, it will be sensible to wear a surgical mask or other PPE.

### **Workplace Hygiene**

Individuals will be responsible for the cleanliness and hygiene of themselves and their workstations. Common surfaces such as taps, doorknobs and tables should be disinfected (once or twice daily). People should not share cups or utensils.

In the workplace:

- have a supply of tissues available.
- consider having conveniently located dispensers of alcohol-based hand rub.
- provide pump pack soap and disposable towels near sinks for hand washing.

Do not visit people who have the flu, unless it is absolutely necessary.

### **Employee Health**

An employee who suspects they have influenza should NOT present to work. The employee should notify a designated person or supervisor by telephone of their suspected or actual diagnosis of influenza. Influenza illness and leave will be managed as any other sickness.

### **Surface decontamination**

- The AHMPPI outlines the recommended agents for use to disinfect workplace surfaces, so as to help minimise the transmission of influenza. The agents recommended include the following:

Disinfectants	Recommended Use	Precautions
Sodium hypochlorite: 1,000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.	Disinfection of material contaminated with blood and body fluids	Should be used in well ventilated areas. Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids and avoid release of chlorine gas. Corrosive to metals
Granular Chlorine: e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturers instructions	May be used in place of liquid bleach, if it is unavailable	Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids and avoid release of chlorine gas. Corrosive to metals
Alcohol: e.g. isopropyl 70%, ethyl alcohol 60%	Smooth metal surfaces, tabletops and other surfaces on which bleach can not be used	Flammable and toxic. To be used in well ventilated areas. Avoid inhalation. Keep away from heat sources, electrical equipment, flames and hot surfaces. Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.

Cleaning and disinfecting of workplace surfaces is critical in minimising the transmission of pandemic influenza. Cleaning surfaces with standard agents (e.g. mopping or wiping) minimises the quantity of viruses on the surface, while disinfection ensures that any remaining influenza virus is inactivated. Therefore, employees and customers touching surfaces within NDIA offices will be less likely to transmit influenza virus from surfaces to their skin and subsequently become infected by touching their eyes, nose or mouth regions.

Persons or contractors responsible for the general cleaning of NDIA offices should be informed that the cleaning must focus on disinfection of such surface that influenza transmission is minimised.

- The contractors should be informed that agents capable of inactivating/ killing influenza virus should be used when routinely cleaning NDIA offices during the pandemic
- The contractors should inform NDIA of the agent that they are using to clean and disinfect the workplace – This must be visually confirmed by Regional Management teams.
- The cleaning contractor may be used as a resource about what agents are available and/or appropriate for different surfaces (e.g. keyboard vs. a work bench)
- NDIA should consider an education session for employees focusing on the factors relating to the use of disinfectants.
- As a general rule, surfaces commonly touched by employees and/or customers (e.g. customer counter) should be cleaned at least once daily.

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## Appendix C – Social Distancing & Quarantine

### Social distancing

Social distancing is the separation of people, designed to minimise the close contact which is required for direct person to person transmission of the influenza virus between:

- Staff and others during travel to and from work;
- Among customers;
- Between staff and customers; and
- Among staff at work.

### Distancing customers from staff

Protecting the health of staff by distancing them from customers is an important, yet difficult component of a pandemic influenza management plan. In addition to minimising the number of customers presenting to Departmental offices and process for dealing with symptomatic customers, further protection can be ensured to staff from customers by considering the following:

- Staff at counters should be positioned at least one meter away from the customer whom they are attending to.
- If necessary, the customer may need to stand further away from the counter (e.g. by having in place an additional barrier if there is a need to achieve a minimum separation of one meter), rather than the Department needing to move their chair further back from the workstation/ counter. This would minimise the potential for the precipitation or aggravation of musculoskeletal injuries arising among staff as a result of non-ergonomically sound computer work (i.e. arising from the incorrect positioning of seating too far from the work station in an attempt to increase their distance from the standing customer at the counter).
- If the counters are not wide enough to ensure at least one meter barrier between staff and customers, and the customers are thus forced to stand further away from the counter, a number of confounding issues may arise. In particular, hearing impaired people may not be able to discriminate the Department speech, and/or confidentiality may be breached by the need to speak louder.
- If private rooms are available, they should be utilised in preference to counter work, as one may arrange the seating so as to ensure barrier of at least one meter. Furthermore, the use of private rooms would reduce the breaching of confidentiality posed in the above point.
- The installation of temporary Perspex barriers (e.g. barriers used in banks) should be considered, especially in locations where a one meter buffer cannot be guaranteed between the employee and the customer.

Alternatively, if a one meter buffer is not present, and Perspex barriers are not practical, then it may be necessary to provide all customers at the counter with a surgical face mask to minimise aerosol spread of respiratory secretions.

### Distancing between staff

Minimising close contact between staff is necessary to reduce the potential for person-to-person spread of influenza at work. Such contact should be minimised while undertaking the normal work duties, as well as during breaks.

In order to minimise person to person spread of influenza at work, the following should be considered:

- The distance between staff sitting at adjacent desks should be a minimum of one meter. This barrier will minimise aerosol transmission of influenza from one staff member to another.
- Furthermore, the distance between a seated staff member and the desk of an adjacent staff member should also be one meter. This will help minimise the potential of a staff member transmitting influenza virus to the surface of an adjacent colleague's desk if he/she happen to sneeze or cough. If this is allowed to occur, then transmission of influenza may occur as a result of a staff member touching the surface of their desk (or equipment on it) on which the influenza virus has been deposited by an infected adjacently seated asymptomatic (yet infectious) colleague.
- Ensuring at least a one meter distance between adjacent desks and in particular between staff should be achieved without the need to necessarily physically move such workstations. That is, staff absences should be taken advantage of, with temporarily unoccupied desks been used to increase the distance between staff in attendance.
- Should the desk of an absent staff member be used so in this way the desk should be adequately cleaned and decontaminated.
- When employees return to work following confirmed influenza, they should be seated at workstations interspersed between uninfected staff. That is, uninfected individuals should be separated as far from each other as possible, by seating immune staff in workstations between them, as the later cannot be reinfected and are also less likely to be able to spread the disease. This process will aid in increasing the distance between susceptible (non-immune) staff.
- NDIA offices are typically designed with pods containing 4 or more work stations. A barrier wall exists between adjacent pods to ensure privacy and to minimise noise. This wall should be at least 30-40cm in height, so as to act as a barrier to aerosol transmissions between staff in different but opposing workstations.
- As the influenza virus can survive on surfaces for 24-48 hours, staff should be encouraged to not share physical equipment such as computers, keyboards, mouse or telephones. These should be decontaminated before they are assigned to another employee.
- Similarly, staff should not share stationery. This is also recommended for customers. They should be provided with a pen or pencil and asked to discard it or take it with them when they finished with it. Alternatively, to minimise cost, used stationery can be placed in a separate container. As the influenza virus only survives on such surfaces for about 48 hours, the stationery can be re-issued to the public after this time has elapsed.
- During the influenza pandemic, face-to-face staff interaction should be kept to a minimum. Staff should aim to communicate with each other only via the use of email or telephone.
- Training that necessitates small or large groups of attendance in the same room should be suspended or avoided.
- Important meetings should be conducted via teleconferencing rather than in person. If face-to-face meetings are unavoidable consider having them outside in the open air and try to keep one meter from one another.
- Develop guidelines and capability for business communication, written procedures and information sheets for effective business and personal communication strategies covering; meetings, teleconferencing, social events, staff amenity rooms, etc

During scheduled and non-scheduled breaks, employees should:

- Avoid gatherings. This includes within the kitchen, breakout area or amenities rooms
- Employees should sit as far from each other as possible

- Employees should refrain from equipment which may harbour the virus. They should consider decontamination of these items before each use.
- Staff should not share utensils. Always wash utensils before and after use and store where others may not use them.
- Beware of control taps at drinking fountains as an infected individual may have touched the surface. Ensure it is decontaminated before use.

### **Isolation Vs Quarantine**

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness.

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Both isolation and quarantine are public health strategies that have proven effective in stopping the spread of infectious diseases.

### **Quarantine**

Quarantine refers to the separation and restriction of movement of asymptomatic contacts who may develop an infectious disease (e.g. influenza), while isolation refers to the separation of cases of infectious disease (of influenza) from healthy people and the restriction of their movement to stop the spread of the disease.

The nature of quarantine will depend on the Overseas and Australian Pandemic Phases. Quarantine may be voluntary or mandatory and may be in a Hospital, other designated facility or at home. During the Australian pandemic phases 3-5, quarantine and isolation is likely to be very prescriptive.

If the individual has been at work, NDIA will be contacted and the close work and non-work contacts (i.e. within one meter) will most probably be directed to leave work and quarantine themselves at home until the incubation period of influenza (i.e. 7-10 days) is over. It should be noted that when pandemic influenza is initially identified in Australia, and the number of cases are few, it would not be unusual for workplaces to be ordered to close for one week.

### **Duration of absence**

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Staff absences can be expected for many reasons:

- Illness/incapacity (suspected/actual/post-infectious);
- Some may need to stay at home to care for ill family members;
- Others may need to stay at home to look after children (as schools/child care centres are likely to be closed);

- People may feel safer at home (e.g. to keep away from crowded places such as public transport); and
- Some people may be fulfilling other voluntary roles in the community

Complications from influenza (e.g. pneumonia, ear infections, renal disease, myelitis, polyneuritis, etc) would increase the duration of work absence, the duration of which cannot be accurately predicted. Furthermore, recovery from influenza may be more prolonged among employees with chronic medical conditions (e.g. cardiac illnesses, respiratory illnesses – Asthma & Emphysema, Diabetes, etc) and/or with compromised immune system (e.g. HIV infection, Cancer, Drug Induced – Staff taking prescribed corticosteroid medication, etc)

## Appendix D – Personal Protective Equipment

Respiratory protection using face masks is only one component of an overall plan to minimise transmission of influenza within the workplace during a pandemic. It is critical that NDIA employees understand the benefits and limitations of face masks, and in particular that the other control measures described previously (e.g. social distancing, hand washing, surface decontamination, etc) are just as important.

### Face Masks

Employees who develop symptoms at work should be given a mask to wear. This may prevent suspected virus transmission. Masks must be removed and disposed of safely when they become moist or after coughing or sneezing. So as not to spread infection it is important that masks are correctly applied, not touched or handled when worn and are correctly disposed of.

Surgical masks are designed to minimise the spread of respiratory secretions or droplets from the person wearing the face mask to the surrounding environment. The masks do not significantly protect the wearer from influenza containing aerosolised secretions transmitted by others in their vicinity.

Respirators are designed to filter the air being breathed in by the wearer. P2 particulate respirators when used according to the manufacturer's guidelines, are at least 95% effective in filtering inspired air, and are the class of respiratory protection deemed by the WHO to adequately filter influenza virus. P3 particulate respirators are deemed to be even more effective, and can therefore be considered for use in the event that P2 masks are unavailable. If available, First Aid officers should be supplied with multiple P3 masks.

### Tissues and Bins

Pedal bins are recommended in the event of a pandemic as they reduce the potential transmission of the influenza virus when disposing of tissues. Tissues should always be placed into the bin and not thrown as air that passes through the tissue can release any trapped virus.

### Thermometers

Thermometers should be used by First Aid officers to check the temperature of an employee who isn't feeling well

### Alcohol Wipes

Alcohol wipes should be used for telephone and keyboard cleaning

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## Appendix E – Glossary

**Absenteeism:** Absenteeism is when people are absent from work

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**AHMPPPI:** Australian Health Management Plan for Pandemic Influenza

**Antiviral:** A type of drug used to help prevent or treat illnesses caused by some viruses, including influenza.

**Community transmission:** Community transmission is the passing of a disease from an infected individual to another individual outside of a known group of contacts, and outside health care settings.

**Contain:** The process of stopping spread of illness beyond a confined area. Key containment measures for an influenza pandemic include border measures, quarantine or isolation, social distancing, infection control, contact tracing and use of antivirals.

**Cough and sneeze etiquette:** Measures individuals can take when we cough, sneeze or blow our nose, to reduce the chance of spreading the virus. This is sometimes referred to as respiratory hygiene.

**Epidemic:** A sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area

**Pandemic:** Epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemic.

**Flu clinic:** Flu clinics are specially planned facilities that will be set up during a pandemic for safe medical assessment and management of people with suspected pandemic influenza.

**Hand hygiene:** A general term referring to any action of hand cleansing for example, hand washing, antiseptic hand wash, antiseptic hand rub.

**Influenza (the flu):** The flu is a highly contagious disease of the respiratory tract, caused by influenza viruses.

**Influenza Type A:** Type A influenza is an influenza virus that occurs in humans and animals.

**Influenza Type B:** Type B influenza is an influenza virus that occurs only in humans.

**Isolation:** Separation of infected persons (cases) from other people for the period they are likely to be infectious, in order to prevent or limit the direct or indirect transmission of the virus.

**NAPHIP:** National Action Plan for Human Influenza Pandemic

**Personal protective equipment (PPE):** PPE is equipment that can be worn by an individual to protect them or others from infection.

**Preparedness:** Undertaking measures to ensure that the health sector is adequately prepared for the event of an influenza pandemic.

**Social Distancing:** A community level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Social distancing measures include school closures, workplace measures, cancellation of mass gatherings, changing public transport arrangements and movement restrictions.

**Quarantine (see also Isolation):** The limitation of freedom of movement for a period of time of well persons who are likely to have been exposed to the virus (contact) to prevent their contact with people who have not been exposed.

**WHO:** World Health Organisation

**Vaccine:** Vaccine is a medication that stimulates the production of antibodies to protect against a specific disease.



# National Disability Insurance Agency Pandemic Plan

November 2018

Version 2.2

## Document Version Control

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1.0	April 2014	s22(1)(a)(i) - irrelevant material	Initial Draft
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## Reviewers

Version	Date	Reviewer
2.0	May 2018	Tammy Venturoni – Branch Manager - Risk

## Approvals

Version	Date	Name	Signature
2.0	ELT Risk Committee		

## Distribution List

Name	Position	Organisation
ART	Agency Recovery Team	NDIA

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# 1. Introduction

## 1.1. Context

A human influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, is easily and rapidly spread between people and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can rapidly spread across the globe, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

The World Health Organisation (WHO) has studied the development of previous pandemics and had developed a model of the phases of pandemic development to describe the global situation (phases 1-6). These phases can be grouped into three broad periods:

- In the early or 'interpandemic' period (phases 0-2), a new form of the influenza virus emerges in animals and risk of transmission to humans increases.
- In the intermediate or 'pandemic alert' period (phases 3-5), the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- In the 'pandemic' period (phase 6), the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

While Australia uses the same numbering system as the WHO, the six Australian phases describe where the virus is: whether in overseas countries (OS) or in Australia (AUS). The Australian phases have been developed to guide Australia's response and to enable actions to be taken in Australia before a change of phase is declared by the WHO.

Pandemic influenza is a potentially global threat that all countries must prepare for. Well planned and practical contingency measures can greatly reduce the impact of a pandemic which by definition is associated with wide spread infection, extreme morbidity, and mortality rates much higher than during those outbreaks of influenza we experience seasonally from year to year.

Refer to the Appendices for further details regarding pandemic influenza.

## 1.2. Objectives and Guiding Principles

The Pandemic Plan for the National Disability Insurance Agency (NDIA) outlines the responsibilities, processes and actions to ensure that the organisation is able to continue to deliver services. This forms part of the overall Business Continuity Management (BCM) Framework.

The emergence of a pandemic would create significant challenges for the NDIA in continuing to deliver its services and requires planning to ensure our business continuity and emergency capability is able to meet such a challenge. Planning for an influenza pandemic is different

than the more familiar emergencies of bushfires, floods and cyclones as it is an emerging risk, something that we have not previously encountered and therefore do not know the full extent of the consequences. A pandemic will present difficulties to manage and a number of planning assumptions have been made:

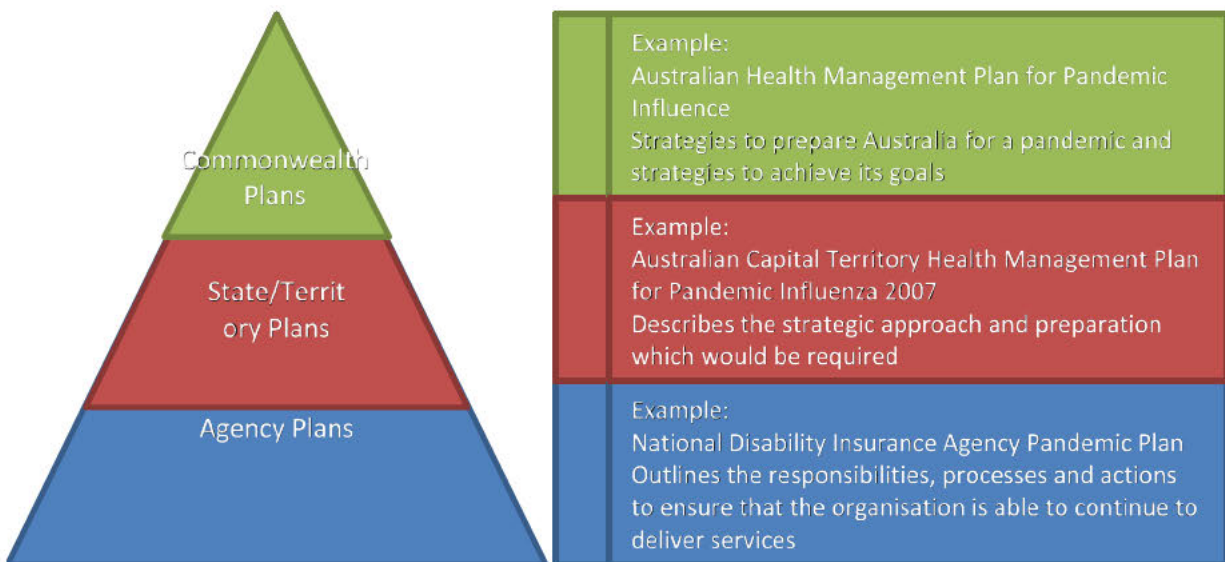
- it will arise rapidly, spread quickly and will not behave in a predictable way;
- there is the likelihood of numerous outbreaks across the country, simultaneously;
- s47E(d) - certain operations of agencies, s47C - deliberative content ; and
- there may be a number of 'waves', each lasting 6 – 8 weeks.

The Business Continuity Plans (BCP) for National Office and State and other Sites will underpin this Pandemic Plan. The pandemic project aim is to provide a framework to identify the critical actions in relation to a pandemic, at each of the phases, and ensure BCPs take into account these factors.

### 1.3. Planning Hierarchy

The Australian Government has management strategies in place for a human pandemic which include the Australian Health Management Plan for Pandemic Influenza and the National plan for Human Influenza Pandemic.

Consistent with the Commonwealth Plan, the NDIA has prepared plans for pandemic influenza. The hierarchy of the Government plans is shown below:



## 1.4. Phases of Pandemic Influenza

The Australian Government pandemic planning process utilises the pandemic influenza work of the WHO, in particular the global phases for pandemic influenza. To reflect the possible circumstances of an influenza pandemic in Australia, a complementary set of Australian Pandemic Phases has also been developed (see Figure 2). An explanation of both phases is provided below, in Figure 1. The phases are intended to provide a common guide for describing the situation overseas and in Australia at any given time. They are seen as a guide for actions to be undertaken in the event of human to human infection overseas and in Australia.

Figure 1: Pandemic

		Global phase	Australian phase	Description of phase	AHMPPI 2008		
RECOVERY	PREVENTION AND PREPAREDNESS	AUS 0		No circulating animal influenza subtypes in Australia that have caused human disease			
		1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low			
			AUS 1	Animal infection in Australia: the risk of human infection or disease is considered low			
		2	Overseas 2	Animal infection overseas: substantial risk of human disease			
			AUS 2	Animal infection in Australia: substantial risk of human disease			
		3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact		ALERT	
	AUS 3		Human infection in Australia with new subtype/s but no human to human spread or at most rare instances of spread to a close contact				
	RESPONSE	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans		DELAY	
			AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans			
		5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		DELAY	
			AUS 5	Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)			
		6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population		DELAY	
			AUS 6a	Pandemic in Australia: localised (one area of country)		CONTAIN	PROTECT
			AUS 6b	Pandemic in Australia: widespread		SUSTAIN	
AUS 6b alt			Pandemic in Australia: widespread, however is mild in most cases, severe in some and moderate overall		PROTECT		
AUS 6c	Pandemic in Australia: subsiding			CONTROL			

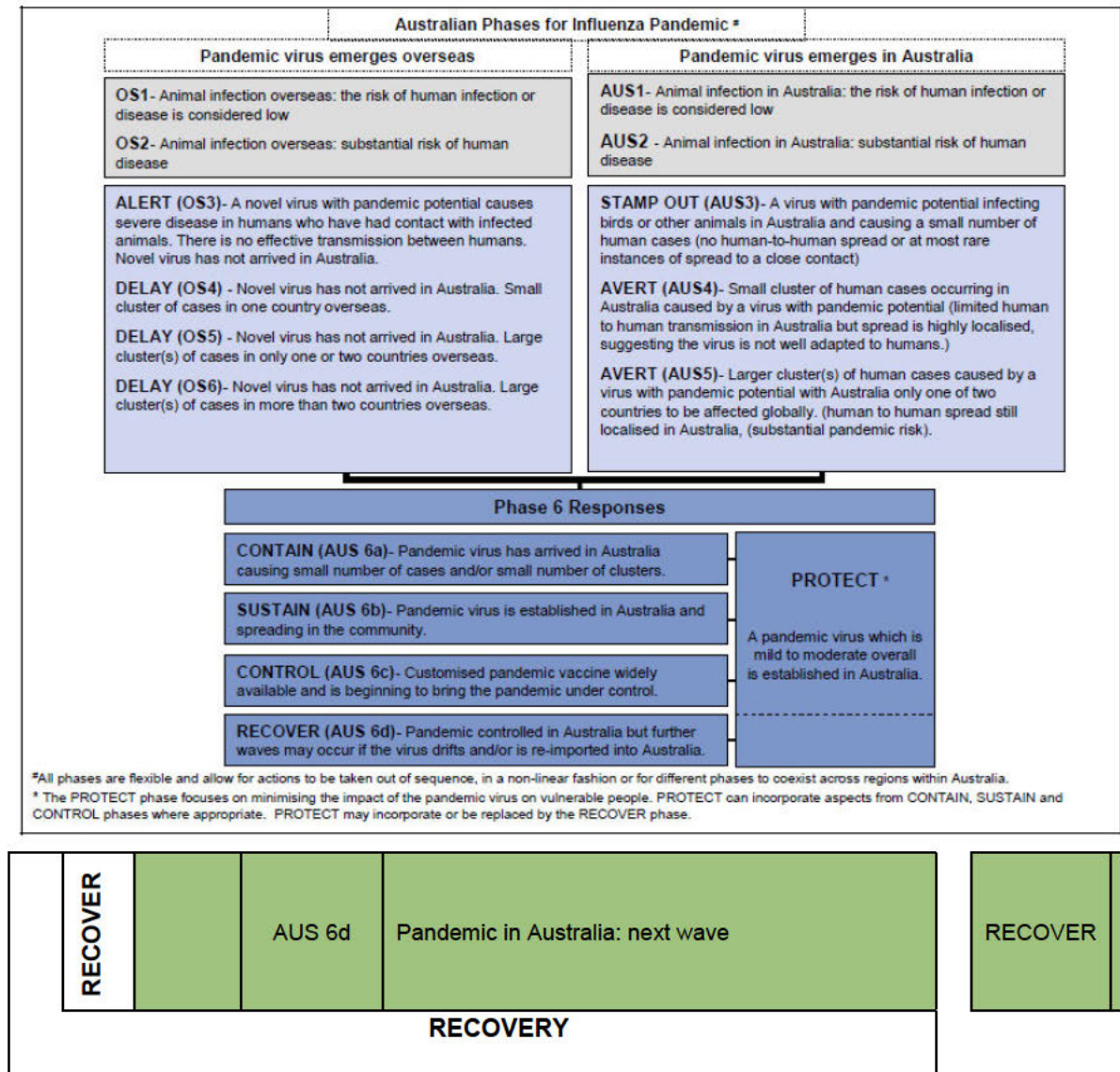


Figure 2: Australian Pandemic Phases

In June 2009, the Australia Government announced a new response phase called PROTECT. This phase recognises that the infection/pandemic is mild in most cases, severe in some and moderate overall. PROTECT sits alongside CONTAIN and SUSTAIN phases with a greater focus on the vulnerable or people in whom the disease may be severe.

**1.5. Pandemic Risks**

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## 2. Scope

The scope of the Pandemic Plan is limited to key actions at each phase of a declared pandemic. The Pandemic Plan covers NDIA States, NDIA staff and contractors. Considerations have been included in dealings with the public and participants.

### 2.1. Structure of the Pandemic Plan

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### 2.2. NECC Considerations

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### 3. Roles and Responsibilities

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#### 4. Action plans

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## Appendix A – The Nature of an Influenza Pandemic

An influenza pandemic occurs when a new strain of influenza virus emerges, spreading around the globe and infecting many people at once. An influenza virus capable of causing a pandemic is one that people have no natural immunity to, can easily spread from person to person, and is capable of causing severe disease and death in humans.

Influenza is a respiratory infectious disease associated with significant morbidity and mortality. Following exposure to influenza, an individual typically remains asymptomatic for approximately 2 days. This is the incubation period, and may range from 1-7 days. The infectious period, or the time during which an individual infected with influenza may spread the infection, begins one day prior to the onset of symptoms and extends until 7-10 days following resolution of the associated fever.

Most influenza symptoms last for 2-3 days, though the fever may occasionally last longer. In some individuals, a dry, non-productive and non-infectious cough may persist for 6-12 weeks. Influenza is characterised by rapid onset of respiratory and generalised signs and symptoms including: a high fever, headaches, muscle aches and pains, fatigue, cough, sore throat, or a runny nose.

The symptoms differ from those of the common cold as outlined below:

<b>SYMPTOMS</b>	<b>INFLUENZA (FLU)</b>	<b>COMMON COLD</b>
<b>Secretary</b>	Usual, sudden onset 38-40 degrees and lasts 3-4 days	Rare
<b>Headache</b>	Usual and can be severe	Rare
<b>Aches and pains</b>	Usual and can be severe	Rare
<b>Fatigue and weakness</b>	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
<b>Debilitating fatigue</b>	Usual, early onset can be severe	Rare
<b>Nausea, vomiting, diarrhoea</b>	In children < 5 years old	Rare
<b>Watering of the eyes</b>	Rare	Usual
<b>Runny, stuffy nose</b>	Rare	Usual
<b>Sneezing</b>	Rare in early stages	Usual
<b>Sore throat</b>	Usual	Usual

SYMPTOMS	INFLUENZA (FLU)	COMMON COLD
<b>Chest discomfort</b>	Usual and can be severe	Sometimes, but mild to moderate
<b>Complications</b>	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
<b>Fatalities</b>	Can occur	Not reported

### Websites

[www.flupandemic.gov.au](http://www.flupandemic.gov.au) is a dedicated website, developed by the Commonwealth Department of Health, to provide a single portal to access information on pandemic influenza. It provides links to Commonwealth, State and Territory Government information sources, including many of those listed below.

### National plans

Australia's national plans for an influenza pandemic outline the responsibilities, authorities and mechanisms to prevent and manage an influenza pandemic and its consequences in Australia. These plans provide detail on Australia's health response and the broader actions the Commonwealth, State and Territory Governments would take should a pandemic eventuate.

[National Action Plan for Human Influenza Pandemic \(NAPHIP\)](#)

[Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](#)

## Appendix B – Prevention and Control

If human to human infection is present in Australia, NDIA will implement a number of prevention measures including increased work place cleaning, routine personal hygiene practices, and increased social distancing.

### Reducing the Risk: Basic Principles for Preventing the Spread of Influenza

Short of a vaccine, there are many simple ways people can substantially reduce the risk of being infected by or spreading the influenza virus. These include:

- Frequent hand washing (hand hygiene), particularly after coming into contact with people who might be infected.
- Cough and sneeze etiquette.
- In the event of a pandemic, wearing a simple surgical mask or other covering for the nose and mouth (PPE).
- Maintaining a physical distance from people who might be infected.
- Household and workplace hygiene.
- Staying home from work when unwell, and encouraging colleagues to do so.

### Hand Hygiene

Hand hygiene is crucial to reducing the transmission of infectious agents. It is possibly the most important means of infection control. Hand hygiene includes washing hands with soap and water or cleaning hands with alcohol-based products (gels, rinses, foams) that can be used without water.

- If your hands are visibly soiled with respiratory secretions (phlegm, spit), you need to wash them with soap (plain or antimicrobial) and water. Wash with soap and water, scrubbing your wrists, palms, fingers and nails for 10-15 seconds. Rinse, and dry with a clean, dry towel.
- If there is no visible soiling, you might prefer alcohol-based products with an emollient. They dry the skin less and can be more convenient.
- Always wash your hands after contact with other people and after removing a mask or gloves, if you have been wearing them.
- In general, try to keep your hands away from your face.
- When arriving at work.
- Before, during and after food preparation.
- After touching the eyes, nose or mouth.
- Following sneezing.
- After touching potentially contaminated surfaces, including other people.

### Cough and Sneeze

If you must cough or sneeze, you should:

- Cover your nose and mouth.
- Use disposable tissues rather than your hands or a handkerchief (which could store the virus).
- Dispose of used tissues in the nearest waste receptacle, not in your pocket or handbag.

- Tissues should be placed into the bin. It is important not to throw tissues in the bin as throwing causes air to pass through the pores of the tissue and thus may transfer any trapped virus from the tissue and into the inspirable air.
- Wash your hands afterwards, or after touching used tissues

### **Basic Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) consists of tissues and masks (or mouth and nose coverings) to prevent the spread of infection to others. Wearing a mask is particularly important for people who are coughing.

### **Physical Distance**

A very simple way of reducing the chance of being infected or passing on infection is to stand or sit back from other people in public or the work place. You should try to maintain a distance of one meter, where possible. In a pandemic, you should try to avoid crowded gatherings, especially in enclosed spaces. If you need to use public transport, it will be sensible to wear a surgical mask or other PPE.

### **Workplace Hygiene**

Individuals will be responsible for the cleanliness and hygiene of themselves and their workstations. Common surfaces such as taps, doorknobs and tables should be disinfected (once or twice daily). People should not share cups or utensils.

In the workplace:

- have a supply of tissues available.
- consider having conveniently located dispensers of alcohol-based hand rub.
- provide pump pack soap and disposable towels near sinks for hand washing.

Do not visit people who have the flu, unless it is absolutely necessary.

### **Employee Health**

An employee who suspects they have influenza should NOT present to work. The employee should notify a designated person or supervisor by telephone of their suspected or actual diagnosis of influenza. Influenza illness and leave will be managed as any other sickness.

### **Surface decontamination**

- The AHMPPI outlines the recommended agents for use to disinfect workplace surfaces, so as to help minimise the transmission of influenza. The agents recommended include the following:

Disinfectants	Recommended Use	Precautions
Sodium hypochlorite: 1,000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.	Disinfection of material contaminated with blood and body fluids	Should be used in well ventilated areas. Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids and avoid release of chlorine gas. Corrosive to metals
Granular Chlorine: e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturers instructions	May be used in place of liquid bleach, if it is unavailable	Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids and avoid release of chlorine gas. Corrosive to metals
Alcohol: e.g. isopropyl 70%, ethyl alcohol 60%	Smooth metal surfaces, tabletops and other surfaces on which bleach can not be used	Flammable and toxic. To be used in well ventilated areas. Avoid inhalation. Keep away from heat sources, electrical equipment, flames and hot surfaces. Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.

Cleaning and disinfecting of workplace surfaces is critical in minimising the transmission of pandemic influenza. Cleaning surfaces with standard agents (e.g. mopping or wiping) minimises the quantity of viruses on the surface, while disinfection ensures that any remaining influenza virus is inactivated. Therefore, employees and customers touching surfaces within NDIA offices will be less likely to transmit influenza virus from surfaces to their skin and subsequently become infected by touching their eyes, nose or mouth regions.

Persons or contractors responsible for the general cleaning of NDIA offices should be informed that the cleaning must focus on disinfection of such surface that influenza transmission is minimised.

- The contractors should be informed that agents capable of inactivating/ killing influenza virus should be used when routinely cleaning NDIA offices during the pandemic
- The contractors should inform NDIA of the agent that they are using to clean and disinfect the workplace – This must be visually confirmed by State Management teams.
- The cleaning contractor may be used as a resource about what agents are available and/or appropriate for different surfaces (e.g. keyboard vs. a work bench)
- NDIA should consider an education session for employees focusing on the factors relating to the use of disinfectants.
- As a general rule, surfaces commonly touched by employees and/or customers (e.g. customer counter) should be cleaned at least once daily.

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## Appendix C – Social Distancing & Quarantine

### Social distancing

Social distancing is the separation of people, designed to minimise the close contact which is required for direct person to person transmission of the influenza virus between:

- Staff and others during travel to and from work;
- Among customers;
- Between staff and customers; and
- Among staff at work.

### Distancing customers from staff

Protecting the health of staff by distancing them from customers is an important, yet difficult component of a pandemic influenza management plan. In addition to minimising the number of customers presenting to Departmental offices and process for dealing with symptomatic customers, further protection can be ensured to staff from customers by considering the following:

- Staff at counters should be positioned at least one meter away from the customer whom they are attending to.
- If necessary, the customer may need to stand further away from the counter (e.g. by having in place an additional barrier if there is a need to achieve a minimum separation of one meter), rather than the Department needing to move their chair further back from the workstation/ counter. This would minimise the potential for the precipitation or aggravation of musculoskeletal injuries arising among staff as a result of non-ergonomically sound computer work (i.e. arising from the incorrect positioning of seating too far from the work station in an attempt to increase their distance from the standing customer at the counter).
- If the counters are not wide enough to ensure at least one meter barrier between staff and customers, and the customers are thus forced to stand further away from the counter, a number of confounding issues may arise. In particular, hearing impaired people may not be able to discriminate the Department speech, and/or confidentiality may be breached by the need to speak louder.
- If private rooms are available, they should be utilised in preference to counter work, as one may arrange the seating so as to ensure barrier of at least one meter. Furthermore, the use of private rooms would reduce the breaching of confidentiality posed in the above point.
- The installation of temporary Perspex barriers (e.g. barriers used in banks) should be considered, especially in locations where a one meter buffer cannot be guaranteed between the employee and the customer.

Alternatively, if a one meter buffer is not present, and Perspex barriers are not practical, then it may be necessary to provide all customers at the counter with a surgical face mask to minimise aerosol spread of respiratory secretions.

### Distancing between staff

Minimising close contact between staff is necessary to reduce the potential for person-to-person spread of influenza at work. Such contact should be minimised while undertaking the normal work duties, as well as during breaks.

In order to minimise person to person spread of influenza at work, the following should be considered:

- The distance between staff sitting at adjacent desks should be a minimum of one meter. This barrier will minimise aerosol transmission of influenza from one staff member to another.
- Furthermore, the distance between a seated staff member and the desk of an adjacent staff member should also be one meter. This will help minimise the potential of a staff member transmitting influenza virus to the surface of an adjacent colleague's desk if he/she happen to sneeze or cough. If this is allowed to occur, then transmission of influenza may occur as a result of a staff member touching the surface of their desk (or equipment on it) on which the influenza virus has been deposited by an infected adjacently seated asymptomatic (yet infectious) colleague.
- Ensuring at least a one meter distance between adjacent desks and in particular between staff should be achieved without the need to necessarily physically move such workstations. That is, staff absences should be taken advantage of, with temporarily unoccupied desks been used to increase the distance between staff in attendance.
- Should the desk of an absent staff member be used so in this way the desk should be adequately cleaned and decontaminated.
- When employees return to work following confirmed influenza, they should be seated at workstations interspersed between uninfected staff. That is, uninfected individuals should be separated as far from each other as possible, by seating immune staff in workstations between them, as the later cannot be reinfected and are also less likely to be able to spread the disease. This process will aid in increasing the distance between susceptible (non-immune) staff.
- NDIA offices are typically designed with pods containing 4 or more work stations. A barrier wall exists between adjacent pods to ensure privacy and to minimise noise. This wall should be at least 30-40cm in height, so as to act as a barrier to aerosol transmissions between staff in different but opposing workstations.
- As the influenza virus can survive on surfaces for 24-48 hours, staff should be encouraged to not share physical equipment such as computers, keyboards, mouse or telephones. These should be decontaminated before they are assigned to another employee.
- Similarly, staff should not share stationery. This is also recommended for customers. They should be provided with a pen or pencil and asked to discard it or take it with them when they finished with it. Alternatively, to minimise cost, used stationery can be placed in a separate container. As the influenza virus only survives on such surfaces for about 48 hours, the stationery can be re-issued to the public after this time has elapsed.
- During the influenza pandemic, face-to-face staff interaction should be kept to a minimum. Staff should aim to communicate with each other only via the use of email or telephone.
- Training that necessitates small or large groups of attendance in the same room should be suspended or avoided.
- Important meetings should be conducted via teleconferencing rather than in person. If face-to-face meetings are unavoidable consider having them outside in the open air and try to keep one meter from one another.
- Develop guidelines and capability for business communication, written procedures and information sheets for effective business and personal communication strategies covering; meetings, teleconferencing, social events, staff amenity rooms, etc

During scheduled and non-scheduled breaks, employees should:

- Avoid gatherings. This includes within the kitchen, breakout area or amenities rooms
- Employees should sit as far from each other as possible

- Employees should refrain from equipment which may harbour the virus. They should consider decontamination of these items before each use.
- Staff should not share utensils. Always wash utensils before and after use and store where others may not use them.
- Beware of control taps at drinking fountains as an infected individual may have touched the surface. Ensure it is decontaminated before use.

### **Isolation Vs Quarantine**

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness.

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Both isolation and quarantine are public health strategies that have proven effective in stopping the spread of infectious diseases.

### **Quarantine**

Quarantine refers to the separation and restriction of movement of asymptomatic contacts who may develop an infectious disease (e.g. influenza), while isolation refers to the separation of cases of infectious disease (of influenza) from healthy people and the restriction of their movement to stop the spread of the disease.

The nature of quarantine will depend on the Overseas and Australian Pandemic Phases. Quarantine may be voluntary or mandatory and may be in a Hospital, other designated facility or at home. During the Australian pandemic phases 3-5, quarantine and isolation is likely to be very prescriptive.

If the individual has been at work, NDIA will be contacted and the close work and non-work contacts (i.e. within one meter) will most probably be directed to leave work and quarantine themselves at home until the incubation period of influenza (i.e. 7-10 days) is over. It should be noted that when pandemic influenza is initially identified in Australia, and the number of cases are few, it would not be unusual for workplaces to be ordered to close for one week.

### **Duration of absence**

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Staff absences can be expected for many reasons:

- Illness/incapacity (suspected/actual/post-infectious);
- Some may need to stay at home to care for ill family members;
- Others may need to stay at home to look after children (as schools/child care centres are likely to be closed);

- People may feel safer at home (e.g. to keep away from crowded places such as public transport); and
- Some people may be fulfilling other voluntary roles in the community

Complications from influenza (e.g. pneumonia, ear infections, renal disease, myelitis, polyneuritis, etc) would increase the duration of work absence, the duration of which cannot be accurately predicted. Furthermore, recovery from influenza may be more prolonged among employees with chronic medical conditions (e.g. cardiac illnesses, respiratory illnesses – Asthma & Emphysema, Diabetes, etc) and/or with compromised immune system (e.g. HIV infection, Cancer, Drug Induced – Staff taking prescribed corticosteroid medication, etc)

## Appendix D – Personal Protective Equipment

Respiratory protection using face masks is only one component of an overall plan to minimise transmission of influenza within the workplace during a pandemic. It is critical that NDIA employees understand the benefits and limitations of face masks, and in particular that the other control measures described previously (e.g. social distancing, hand washing, surface decontamination, etc) are just as important.

### Face Masks

Employees who develop symptoms at work should be given a mask to wear. This may prevent suspected virus transmission. Masks must be removed and disposed of safely when they become moist or after coughing or sneezing. So as not to spread infection it is important that masks are correctly applied, not touched or handled when worn and are correctly disposed of.

Surgical masks are designed to minimise the spread of respiratory secretions or droplets from the person wearing the face mask to the surrounding environment. The masks do not significantly protect the wearer from influenza containing aerosolised secretions transmitted by others in their vicinity.

Respirators are designed to filter the air being breathed in by the wearer. P2 particulate respirators when used according to the manufacturer's guidelines, are at least 95% effective in filtering inspired air, and are the class of respiratory protection deemed by the WHO to adequately filter influenza virus. P3 particulate respirators are deemed to be even more effective, and can therefore be considered for use in the event that P2 masks are unavailable. If available, First Aid officers should be supplied with multiple P3 masks.

### Tissues and Bins

Pedal bins are recommended in the event of a pandemic as they reduce the potential transmission of the influenza virus when disposing of tissues. Tissues should always be placed into the bin and not thrown as air that passes through the tissue can release any trapped virus.

### Thermometers

Thermometers should be used by First Aid officers to check the temperature of an employee who isn't feeling well

### Alcohol Wipes

Alcohol wipes should be used for telephone and keyboard cleaning

s47E(d) - certain operations of agencies, s47C - deliberative content



## Appendix E – Glossary

**Absenteeism:** Absenteeism is when people are absent from work. b47E(1) - certain operations of agencies, s47C - deliberative content

**AHMPPPI:** Australian Health Management Plan for Pandemic Influenza

**Antiviral:** A type of drug used to help prevent or treat illnesses caused by some viruses, including influenza.

**Community transmission:** Community transmission is the passing of a disease from an infected individual to another individual outside of a known group of contacts, and outside health care settings.

**Contain:** The process of stopping spread of illness beyond a confined area. Key containment measures for an influenza pandemic include border measures, quarantine or isolation, social distancing, infection control, contact tracing and use of antivirals.

**Cough and sneeze etiquette:** Measures individuals can take when we cough, sneeze or blow our nose, to reduce the chance of spreading the virus. This is sometimes referred to as respiratory hygiene.

**Epidemic:** A sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area

**Pandemic:** Epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemic.

**Flu clinic:** Flu clinics are specially planned facilities that will be set up during a pandemic for safe medical assessment and management of people with suspected pandemic influenza.

**Hand hygiene:** A general term referring to any action of hand cleansing for example, hand washing, antiseptic hand wash, antiseptic hand rub.

**Influenza (the flu):** The flu is a highly contagious disease of the respiratory tract, caused by influenza viruses.

**Influenza Type A:** Type A influenza is an influenza virus that occurs in humans and animals.

**Influenza Type B:** Type B influenza is an influenza virus that occurs only in humans.

**Isolation:** Separation of infected persons (cases) from other people for the period they are likely to be infectious, in order to prevent or limit the direct or indirect transmission of the virus.

**NAPHIP:** National Action Plan for Human Influenza Pandemic

**Personal protective equipment (PPE):** PPE is equipment that can be worn by an individual to protect them or others from infection.

**Preparedness:** Undertaking measures to ensure that the health sector is adequately prepared for the event of an influenza pandemic.

**Social Distancing:** A community level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Social distancing measures include school closures, workplace measures, cancellation of mass gatherings, changing public transport arrangements and movement restrictions.

**Quarantine (see also Isolation):** The limitation of freedom of movement for a period of time of well persons who are likely to have been exposed to the virus (contact) to prevent their contact with people who have not been exposed.

**WHO:** World Health Organisation

**Vaccine:** Vaccine is a medication that stimulates the production of antibodies to protect against a specific disease.



# National Disability Insurance Agency Pandemic Plan

March 2020

Version 3.0

## Document Version Control

Version	Date	Author	Description of Change
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1.0	April 2015	s22(1)(a)(ii) - irrelevant material	Review and Update
1.2	March 2018	s22(1)(a)(ii) - irrelevant material	Review
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## Distribution List

Name	Position	Organisation
ALL Staff	Via the Intranet	NDIA

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# 1. Introduction

## 1.1. Context

A human influenza pandemic occurs when a new or novel influenza virus subtype to which there is little or no immunity emerges, is easily and rapidly spread between people and is capable of causing severe disease in humans. In the absence of immunity, the novel virus can rapidly spread, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

Pandemic influenza is a potentially global threat for which all countries must prepare. Well planned and practical contingency measures can greatly reduce the impact of a pandemic which by definition is associated with wide spread infection, extreme morbidity and mortality rates much higher than during those outbreaks of influenza experienced seasonally from year to year.

## 1.2. Purpose

The purpose of the National Disability Insurance Agency (NDIA) Pandemic Plan (the Pandemic Plan) is to guide the delivery of a proportionate and coordinated response in the event of a declared pandemic in Australia.

The Pandemic Plan is flexible and outlines the Agency's responsibilities in line with the whole of government response. Recognising that it is not possible to pre-plan for all potential scenarios. The plan identifies the minimum critical actions to be undertaken at each stage of a pandemic. The Plan forms part of the overall Business Continuity Management (BCM) Framework and incorporates relevant elements of the Agency's hierarchy of business continuity plans (BCPs).

## 1.3. Scope

The Pandemic Plan references *the [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\) 2019](#)*. The plan can be applied to seasonal influenza or any other communicable disease that threatens the Agency's service delivery and critical business functions

The Pandemic Plan is designed to complement the AHMPPI and to define the Agency's role across the various stages of a pandemic.

### 1.3.1. Scope of NDIA pandemic planning activities

During a pandemic, the Agency's plan will:

- Seek to minimise staff and participant exposure to the disease.
- Ensure viability of critical infrastructure to ensure key supports and services can be continued.

- Provide a flexible range of response options for service delivery appropriate to the pandemic characteristics.
- Provide appropriate measures to ensure funding for participant plans is maintained along with key services and supports in line with whole of government requirements.
- Inform staff, participants and stakeholders of pandemic preparations during the response to and recovery from a pandemic.

### 1.3.2. Assumptions and Considerations

The Pandemic Plan is based on the following considerations:

- Pandemics will vary in their severity and impact on the community and essential services.
- There will be a time lag between the identification of a novel virus, its entry to Australia, and the declaration of a pandemic.
- Once the virus enters Australia, it is likely that it will progress at different rates in different communities.
- The transition between the preparedness stage and the response stages will depend on a range of variables which are difficult to predict and the stages will probably overlap.
- The Commonwealth Government is responsible for strategic coordination of pandemic influenza policy and the related response and recovery mechanisms.

## 2. Planning approach

### 2.1. Ethical Framework

The following values must be upheld as part of an ethical framework in planning and implementing all actions under this plan:

**Equity:** Recognising special needs, cultural values and religious beliefs of different members of the community. This is especially important when providing information and supports to vulnerable individuals, such as Aboriginal and Torres Strait Islander peoples and people who are culturally and linguistically diverse.

**Individual liberty:** Ensuring that the rights of the individual are upheld as much as possible

**Privacy and confidentiality of individuals:** Is important and should be protected. Under extraordinary conditions during a pandemic, it may be necessary for some elements to be overridden to protect others.

**Proportionality:** Ensuring that measures taken are proportional to the threat.

**Protection of the public:** Ensuring that the protection of the entire population remains a primary focus.

Stewardship and Trust: Ensuring leaders make good decisions based on best available evidence in a timely manner and that those decision are communicated effectively.

## 2.2. National approach

Australia's approach to influenza pandemic is defined in the AHMPPI. The stages of response outlined in the AHMPPI follow a strategic approach to emergency management with an ongoing cycle of activities, primarily:

- Prevention
- Preparedness
- Response
- Recovery

In order to reflect changes in priorities as a pandemic progresses, activities within the Response cycle are further divided in to three stages:

- Standby
- Initial Action and Targeted Action
- Standown

This plan aligns with the AHMPPI for an overview of the whole of Government priorities at each stage.

### 2.2.1. Roles and responsibility under the AHMPPI

The AHMPPI encourages decision makers to implement a tailored and proportionate response. The Commonwealth Government will maintain a National Health Plan and is responsible for:

- Developing and maintaining systems to monitor communicable disease activity domestically and internationally and for communicating relevant information.
- Ensuring the resources and systems required to mount an effective national response are readily available.
- National communication to the public and health sector and coordinate the national Health Emergency Media Response Network.
- Reporting to and liaison with World Health Organisation.
- Coordinating national pandemic measures and allocate available resources across the country
- Coordinating the stand down of the pandemic response.

States and Territories have primary responsibility for establishing and maintaining health service responses within their jurisdiction and are responsible for:

- Collecting influenza surveillance data to contribute to the national picture and to inform the jurisdictional public health response.

- Preparing consistent and comprehensive jurisdictional operational plans and resources that may be needed to manage a pandemic.
- Coordinating communication at state and local levels according to national guidance.

### 2.2.2. Communication

The Australian Government Department of Health (DoH) will provide the national health sector emergency operations centre and will coordinate communication between Australian Government Agencies via the National Incident Room (NIR).

During a pandemic the NIR will provide timely situation reports to relevant Australian Government Agencies, state and territory health authorities and other relevant stakeholders. DoH will also be responsible for the provision of consistent, comprehensive and timely public messaging.

The table on the following page indicates the key Government stakeholders in information sharing during a pandemic and their responsibilities.

<b>Key Government Information Sharing Responsibilities</b>	
Department of Health	Will coordinate information sharing across jurisdictional (state and territory) health departments and other identified stakeholders.
	<b>Will coordinate information sharing at a national level.</b> (Directly to Australian Government agencies and to state and territory governments through jurisdictional health departments.)
	Will liaise with the World Health Organization, relevant international health departments and organisations, and complete international reporting obligations.
Australian Government agencies	Will provide input to the Department of Health regarding activities undertaken by their agency or within their sector.
	Will share Whole of Government information materials within their agencies and with their ministerial offices.
State and territory governments	Will share information within their jurisdiction and with relevant local governments. State and territory health departments will act as the initial point of contact for national communication and will disseminate information to other agencies.
	Will provide input to the Department of Health regarding activities undertaken within their jurisdiction.
Local government	Will share information with the community.
	Will provide input to state and territory governments regarding activities undertaken within their local area.
Australian Government Crisis Coordination Centre (CCC)	Will assist the Department of Health to disseminate information to Australian Government stakeholders.
Department of Foreign Affairs and Trade	Will share information with posts and overseas stakeholders.

### 2.2.3. Legal Framework

Although Commonwealth biosecurity legislation and state and territory public health and emergency response laws provide a legislative framework to underpin actions that may be required, measures will rely on voluntary compliance rather than legal enforcement wherever possible. The principal areas of legislation available to support response actions are:

- *The Biosecurity Act 2015*
- *The National Health Security Act 2007*
- *Therapeutic Goods Act 1989*

States and territories have legislative powers that enable them to implement biosecurity arrangements within their borders and that complement Australian Government biosecurity arrangements. They also have a broad range of public health and emergency response powers available under public and emergency legislation for responding to public health emergencies.

## 3. Australian Pandemic Stages

The AHMPPI stages are independent of activation of whole-of-government or jurisdictional plans.

The objectives in all stages will be to:

- Minimise transmissibility, morbidity and mortality
- Minimise the burden on health systems
- Inform, engage and empower the public.

To clearly show how the national approach will change over the course of responding to a pandemic, the AHMPPI is divided into several stages.



The following table outlines the key activities in each stage (AHMPPI 2019)

STAGES		ACTIVITIES	Australian Health Protection Principal Committee (AHPPC)
<b>Preparedness</b>	<b>Preparedness</b> <i>No novel strain detected (or emerging strain under initial investigation)</i>	<ul style="list-style-type: none"> <li>Establish pre-agreed arrangements by developing and maintaining plans;</li> <li>research pandemic specific influenza management strategies;</li> <li>ensure resources are available and ready for rapid response;</li> <li>monitor the emergence of diseases with pandemic potential, and investigating outbreaks if they occur.</li> </ul>	
	<b>Standby</b> <i>Sustained community person to person transmission overseas</i>	<ul style="list-style-type: none"> <li>Prepare to commence enhanced arrangements;</li> <li>identify and characterise the nature of the disease (commenced in Preparedness); and</li> <li>communicate to raise awareness and confirm governance arrangements.</li> </ul>	
	<b>Action</b> <i>Cases detected in Australia</i>	<p><b>Action is divided into two groups of activities:</b></p> <p><i>Initial (when information about the disease is scarce)</i></p> <ul style="list-style-type: none"> <li>prepare and support health system needs;</li> <li>manage initial cases;</li> <li>identify and characterise the nature of the disease within the Australian context;</li> <li>provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and</li> <li>support effective governance.</li> </ul> <p><i>Targeted (when enough is known about the disease to tailor measures to specific needs.)</i></p> <ul style="list-style-type: none"> <li>support and maintain quality care;</li> <li>ensure a proportionate response;</li> <li>communicate to engage, empower and build confidence in the community; and</li> <li>Provide a coordinated and consistent approach.</li> </ul>	
<b>Stand-down</b> <i>The public health threat can be managed within normal arrangements and monitoring for change is in place.</i>	<ul style="list-style-type: none"> <li>Support and maintain quality care;</li> <li>cease activities that are no longer needed, and transitioning activities to seasonal or interim arrangements;</li> <li>monitor for a second wave of the outbreak;</li> <li>monitor for the development of antiviral resistance;</li> <li>communicate to support the return from pandemic to normal business services; and</li> <li>evaluate systems and revise plans and procedures.</li> </ul>		

### 3.1. Triggers

The AHMPPI is independent of the World Health Organisation (WHO) Pandemic Phases, as these give an overview of the global status of a pandemic but not a view of the situation within Australia.

The decision to formally escalate the AHMPPI through each of its stages will be made by the Chair of Australian Health Protection Principle Committee (AHPPC), in consultation with AHPPC members.

AHPPC will assess the need for enhanced arrangements and determine the appropriate AHMPPI stage.

The triggers that signal the need to consider escalation across the stages during a pandemic are:

- Declaration of a pandemic by WHO
- Advice from a credible source that sustained community transmission of a novel virus with pandemic potential has occurred
- Notification from a jurisdiction that assistance in responding to severe seasonal influenza may be required, including an explanation of why the need cannot be met from state/territory resources.

The decision to escalate at each stage is at the discretion of the Commonwealth Chief Medical Officer. Operationally, however, the Agency has the ability to enact its plans ahead of the Department of Health to meet critical business function needs and obligations to staff, participants, participants and stakeholders.





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