

Infectious Outbreak - Infection Control Procedure and Business Continuity Plan

Background to the control procedure and business continuity plan

An infectious outbreak (gastroenteritis, influenza or any other infection) could have serious health, social and economic impacts. The following procedure outlines steps that can be taken to minimize the impacts of an influenza or gastroenteritis outbreak on the operations of the Taillem Bend Community Centre (TBCC) Murray Mallee Community Passenger Network (MMCPN)

General information on influenza and gastroenteritis

The difference between seasonal flu and a pandemic flu.

Influenza (flu) is caused by a virus and is generally spread from person to person when an infected person coughs or sneezes. Pandemic flu is different from ordinary flu as it occurs when a new flu virus emerges into the human population and spreads readily and rapidly from person to person worldwide. This occurs because no one has any immunity to the virus. In comparison with seasonal flu, many more people could become severely ill, and many more could die.

What are influenza symptoms?

- ♦ Chills, shivering and fever (temperature over 38 degrees Celsius)
- ♦ Muscle aches and pains
- ♦ Sore throat
- ♦ Stuffy or runny nose
- ♦ Dry cough

What are gastroenteritis symptoms?

- ♦ Nausea and vomiting
- ♦ Abdominal pain
- ♦ Loss of appetite
- ♦ Fever
- ♦ Headaches
- ♦ General weakness

How long is a person with the flu virus infectious?

Adults may be able to infect others from 1 day prior to becoming sick to 5 days after they first develop symptoms. In children, the virus remains infectious for fourteen to twenty-one days after first developing symptoms.

How long is a person with the gastroenteritis infectious?

People are infectious whilst experiencing symptoms and for forty-eight hours after their last episode of symptoms.

How is flu spread?

Flu virus is commonly spread when an infected person sneezes or coughs directly onto another person, or when someone touches respiratory secretions on another person or surface and then touches their own mouth, nose or eyes.

How is gastroenteritis spread?

Viral gastroenteritis is highly infectious and can be transmitted from person to person by skin or respiratory contact with contaminated body fluids.

Vulnerable groups

The following groups are at increased risk of severe complications from flu or gastro and should seek medical advice when they first develop symptoms:

- Pregnant women
- Elderly people
- The very overweight
- People with chronic illnesses such as heart disease, renal disease, respiratory diseases, asthma requiring ongoing treatment, and diabetes.
- People who are taking medication or having treatment which reduces their immunity to infection.

Infection control practices

Simple steps to follow to minimise the risk of contracting influenza and / or gastroenteritis include:¹

- ♦ Avoid being in the presence of persons with suspected or confirmed cases of the flu or gastro, and where practicable, maintain a 1.5 metres separation from that person.
- ♦ Maintain good hand hygiene practice, wash hands after sneezing, coughing and touching commonly used items.
- ♦ Cover a cough or sneeze with a tissue or arm, not with hands. This avoids getting germs on hands, reducing the spread of infection.
- ♦ Wipe down all frequently touched surfaces regularly.
- ♦ In the event that a MMCPN vehicle becomes affected by body fluid where gastroenteritis is suspected the vehicle must be isolated immediately. The volunteer driver must inform the CEO or MMCPN Coordinator so alternative transport can be organized for consumers within the affected vehicle. The vehicle must be cleaned professionally to ensure no residual fluids are left before the vehicle can be used again to transport consumers.
- ♦ If a volunteer driver is feeling unwell at any point within a trip, they are to contact the TBCC CEO or MMCPN Coordinator so alternative arrangements can be made for any consumers travelling with the volunteer.

Alcohol based hand rub and antibacterial wipes will be provided for staff and volunteers and in vehicles for the use of drivers and passengers. Hard surfaces in the office and vehicles will be cleaned regularly with suitable alcohol-based cleaners or antibacterial wipes. Staff and volunteers will have easy access to tissues, paper towels and soap.

Volunteers will be provided with information and training on relevant infection control procedures.

Annual influenza vaccinations will be encouraged as extra protection.

Staff Requirements

If a staff member is infected or showing symptoms of influenza or gastroenteritis, they must contact their supervisor and advise they are unable to work, see their doctor and obtain a sick certificate. They must not come into the office at the risk of infecting fellow staff members, volunteers and consumers. Staff should remain home for seven days (or as recommended by SA Health) if they have pandemic influenza or 48 hours after their last episode of symptoms if they have gastroenteritis.

Volunteer Requirements

Volunteers should not make themselves available to drive if they are feeling “unwell”. If a volunteer is infected or showing symptoms of influenza or gastroenteritis, they must phone the office and advise they

are unable to undertake their volunteering duties. It is important they do not enter into the office or vehicles at the risk of staff, fellow volunteers and consumers. They must wait until all symptoms have gone or 48 hours after their last episode of symptoms if they have gastroenteritis before volunteering again.

Consumer Requirements

All consumers must advise the office by phone if they have any influenza or gastroenteritis symptoms if planning to travel. If consumers have non-essential medical appointments, they must be re-scheduled, or make alternative transport arrangements until all symptoms have gone. The Community shopping bus run must not be used by consumers who have flu or gastro like symptoms.

In the event that a volunteer driver is aware that a passenger has flu or gastro like symptoms, and is concerned about the risk to other passengers, then they should contact the office and seek advice from staff on the appropriateness of transporting the person.

When appointments are essential i.e. radiotherapy, chemotherapy, dialysis, or surgery, consumers will need to advise the hospital or medical centre, and confirm their appointment, and their appropriateness to travel. Transport may be provided, depending on the risk to volunteers, staff and other passengers. If transport is provided the infected consumer must wear a provided safety mask and utilise the medicated wipes before entering or exiting the vehicles. Where possible no other consumers will be placed in a vehicle.

Consumers will be advised of the above requirements when making or confirming bookings. General information will be provided through regular newsletters. Information on infection control practices will also be placed in vehicles.

Australian Health Sector Emergency Response Plan

Communication and consultation

The management of a pandemic response will require governments, health sector industry and the community to work together.

Communication will be a priority, to ensure responders are provided with timely, accurate and comprehensive clinical information and advice in order to effectively manage consumers; implement control measures and minimise their own risk of exposure.

Consultation with responders and with the public will be essential to inform decision-making. Public communication will be used to provide an opportunity both to address any public concern of outbreak and to engage the public in strategies to manage the impact of pandemic disease.

Information about the implementation of activities and arrangements will be used to build public confidence in the capacity of health services to manage the response.

Australia will approach this novel coronavirus outbreak by undertaking activities to:

- monitor and investigate outbreaks as they occur;
- identify and characterise the nature of the virus and the clinical severity of the disease;
- research respiratory disease-specific management strategies;
- respond promptly and effectively to minimise the novel coronavirus outbreak impact;
- undertake strategies to minimise the risk of further disease transmission; and
- contribute to the rapid and confident recovery of individuals, communities and services.

The activities required to support our community during this novel coronavirus outbreak will involve state and territory governments, the Australian Government and many other health sector parties. Coordination and communication at the national level will be particularly important during our current active response.

Response stages

To clearly show how the approach will change over the course of responding to a novel coronavirus outbreak, the COVID-19 Plan is divided into several stages.

COVID-19	ACTIVITIES
<p>Action</p>	<p>Action is divided into two groups of activities:</p> <p>Initial (when information about the disease is scarce)</p> <ul style="list-style-type: none"> • Minimise transmission; • Prepare and support health system needs; • Manage initial cases and contacts; • Identify and characterise the nature of the disease within the Australian context; • Provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and • Confirm and support effective governance arrangements. <p>Targeted (when enough is known about the disease to tailor measures to specific needs)</p> <ul style="list-style-type: none"> • Ensure a proportionate response; • Support and maintain quality care; • • Communicate to engage, empower and build confidence in the community; and • Provide a coordinated and consistent approach.
<p>Standdown</p>	<ul style="list-style-type: none"> • Support and maintain quality care; • Cease activities that are no longer needed, and transition activities to normal business or interim arrangements; • Monitor for a second wave of the outbreak; • Monitor for the development of resistance to any pharmaceutical measures (if being used); • Communicate to support the return from emergency response to normal business services; and • • Evaluate systems and revise plans and procedures.

Once response activities are completed arrangements will return to the Preparedness stage, to monitor for any future novel coronavirus outbreaks; maintain plans and response agreements; research novel coronavirus-specific management strategies; and ensure resources are available and ready for a rapid response.

Business continuity plan

What if staff are infectious?

In the event of a staff shortage, staff will prioritize the day to day coordination of services, and other essential tasks only. When necessary, services will be prioritized, with services such as radiotherapy, chemotherapy, dialysis, or surgery receiving the highest priority.

If circumstances are suitable and staff are available to work remotely provisions will be made to accommodate this. An off site go pack will be actioned to limit disruption of service. Transferring keys, parking permits, fuel cards and receipt books with drivers will take place via TBCC post box refer to 'go pack' check list and procedure. For procedural details refer to the *2020-22 MMCPN Business Continuity Plan*, located in the TBCC Dropbox.

In the event that all staff are infectious, all services will need to cease. Consumers with prior bookings will be advised of the cessation of services. If available, a suitably trained volunteer will staff the office, answer the phones and advise consumers of the situation. In the event that a volunteer is not available, Council staff will be advised of the cessation of services, and a message placed on the answering machine.

What if all volunteers have influenza?


In the event that there is a shortage of volunteer drivers, services will be prioritized, with services such as radiotherapy, chemotherapy, dialysis, or surgery receiving the highest priority. Consumers with other types of appointments will be asked to reschedule their appointments or make other arrangements.

In a situation where no volunteers are able to drive, transport would be brokered out to local commercial operators. If commercial operators are unable to transport consumers due to their own infection control policies, consumers will be responsible for their own alternative arrangements.

¹ Reference should also be made to the “Wash, Wipe and Cover” Program and other useful information at www.flu.sa.gov.au

Australian Health Sector Emergency Response Plan

https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf

Date first formulated	20 March 2020	
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Related Documents	Australian Institute of Company Directors Board of Management Kit - Volunteer Pack Business Continuity Policy Delegation of Authority Feedback and Complaints Policy Finance Policy Human Resources Management Policy Privacy and Confidentiality Policy Risk Assessment Matrix Risk Management Procedures Work Health and Safety Policy JASI Global BNG DHS Privacy and Confidentiality Policy Information Sharing Guidelines (ISG) Appendix TBCC Information Sharing Guidelines and Consent form User Rights and responsibilities Complaints Policy & Procedure Child safe Policy Diversity and Social Inclusion Policy Aged care Charter of rights	
Standards	Legal Services Commission National Employment Standards Unions Australia Human Rights Commission Equal Opportunity Commission Children and Young People (Safety) Regulations 2017 (SA) National Principles for Child Safe Organisations Child safe environments Rights of every child Department Human Service DHS Critical Client Incidents Policy Coronial Overview of child protection legislation across state and territory jurisdictions Australian Institute of Family Studies Information Sharing Guidelines Unicef – know your rights and responsibilities Children’s rights and responsibilities flyer Department Human Services DHS Critical Incidents	
Legislation	Public Interest Disclosure Act 2018 (SA) Work Health and Safety Act Work Health and Safety Regulations 2012 Codes of Practice Safework SA Return to Work SA Aged Care Quality and Safety Commission Act 2018 Aged Care Act 1997 Competition and Consumer Act 2010 Associations Incorporation Act 2009 Sex and Age Discrimination Legislation Amendment Act 2011 Woman Working Centre Australian Human Rights Commission Act 1986 Children’s Protection Act 1993 (SA) Volunteers Protection Act 2001 (SA) Family Law Act 1975 Equal Opportunity Act 1984 Children and Young People (Safety) Act 2017 Commonwealth Privacy Act 1988 State Records Act 1997 Guardianship and Administration Act 1993 Australian Human Rights Commission Act 1986 (Federal) Crimes Act 1914 (Federal) Fairwork Act 2009 Federal Law Fair work Act 1994 State Law	
Signed on behalf of TBCC Board of Management by: Name: Jack Hunt Position held: Chairperson Signature:  20 March 2020		