

MFE5	Facilities &	Pandemic Influenza Emergency
MILED	Equipment	Management Plan

What this policy aims to do	Make sure MASS staff act responsibly and take accountability for the management of Pandemic Influenza to best enable business continuity while providing a safe work environment which minimizes risk of infection to staff and clients
Who this policy applies to	All employees of MASS, service users, their families and advocates
Who is responsible for carrying out this policy	All MASS staff, contractors & volunteers
What words used in this policy mean	'Pandemic' a disease prevalent throughout an entire country, continent or the whole world.
Legislation this policy is based on	The Victorian State Government Education and Training Department Pandemic Influenza Incident Response Plan 2017
	Emergency Management Victoria, Victorian Action Plan for Influenza Pandemic 2015
	DSC – Covid-19 Disability Accommodation Guidelines for the Prevention Control and Public Health Management of Influenza outbreaks in Residential Care Facilities in Australia (RCF Guidelines)
Other relevant policies	MFE1 Emergency Management MS12 Workplace Health & Safety

Version	Date	Author/Editor	Approved by	Notes
1.0	08/04/2020	C Trenfield		
1.1	20/02/2022	C Trenfield	S. Reeves	Annual review, no change
1.2	24/08/2023	C Trenfield	S. Reeves	Annual review template update



Introduction

Mansfield Autism Statewide Services (MASS has developed this Pandemic Influenza Plan) as part of its emergency management planning. While the likelihood of an influenza pandemic is low, the impact on clients and services in such an event could be devastating.

The Swine Flu (H1N1) Pandemic 2009 in Australia has provided a live and extensive test of Australia's capability and planning framework during an actual pandemic. Following this event a number of federal and state government plans were implemented in how to deal with future pandemics. This document is based off such plans including The Victorian State Government Education and Training Department Pandemic Influenza Incident Response Plan 2017 and Emergency Management Victoria, Victorian Action Plan for Influenza Pandemic 2015.

This Pandemic Influenza Plan will be implemented in accordance with MASS legislative roles and responsibilities. Community resilience is an important aspect in the event of a pandemic occurring and MASS is keen to support this resilience whilst ensuring an appropriate level of functioning continues of essential services to our clients and their families.

All relevant business units have provided their assistance to the development of this plan and their continued support will occur to aid the efforts of personnel involved in influenza pandemic planning, and activation in the event of a pandemic outbreak.

Purpose

The purpose of this document is to outline MASS's response and provide key strategies and resources when preparing for and responding to an influenza pandemic. This Plan is relevant to all MASS services including residential care, respite, in home practitioner services, office, schools, outreach and adult program.

MASS will work in conjunction with all State and Federal Government advice during a pandemic along with departments that our services are provide under, inclusive of Independent Schools Victoria, Department of Health and Human Services, and the National Disability Insurance Scheme.

MASS Senior Leadership Team in conjunction with the Board is responsible for updating and implementing this Plan.

Scope of the Emergency Management plan

This Plan sets out MASS preparedness and emergency response to an influenza pandemic caused by a new novel strain of virus to which the human population has not developed any immunity.

It includes actions that the MASS Residential Care, Respite, in home Practitioner Services, Office, Schools, Outreach and Adult Day Program services would take to minimise morbidity and mortality and protect public health and safety.

Pandemic Influenza Characteristics

Pandemic influenza occurs when:

- a new subtype of influenza virus emerges in humans which most people have not been previously exposed to and are, therefore, highly susceptible
- the virus has potential to cause disease in humans
- the virus is easily and rapidly spread between humans, infecting large numbers of people worldwide with the potential to cause many deaths.

It is not possible to predict when the next pandemic will occur, how severe it will be or how long it will last, however the potential for widespread human infection, accompanied by severe illness and death, cannot be dismissed.

While influenza is the most likely virus to cause a pandemic, the aim of this Plan is to be adaptable to any biological agent threatening to cause a pandemic within the community.

Impact on schools

The spread of influenza in schools can be significant. Once influenza is in the service environment it can spread quickly impacting children, staff, families and the community. Therefore, schools play a major role in pandemic influenza preparedness and management.

Previous influenza pandemics have shown that children, and the environments in which they tend to gather, contribute uniquely to the spread of influenza in the community for the following reasons:

- Children typically have higher rates of infection than adults. Children with no preexisting immunity to circulating influenza virus are more susceptible than adults to novel strains
- Children are typically infectious for longer than adults
- Children are less likely to comply with hygiene measure than adults
- Children are often in close proximity with other children for long periods of time.

Impact on residential care services including Supported Independent Living (SIL) and respite care

People residing in shared-living environments are particularly vulnerable in the case of a COVID-19 outbreak. Many people that live in Residential Care Services and SIL will have

disabilities with related health conditions that compromise their immune system. The nature of Residential Care Services and SIL environments mean that many vulnerable people are living in close proximity and sharing staff that provide personal supports. People without strong informal supports or contingency arrangements for support and housing, are even more at risk.

Impact on outreach work

Clients accessing and staff delivering Outreach Programs will need to take additional measures to remain as safe as possible during a pandemic. Impacts will include the cancellation of group sessions and limitations on Community Access. Additional safety measures, including regular vehicle cleaning, hand hygiene will need to be put in place.

Impact on day programs

Where there is not the option to close day programs as clients have nowhere else to go and it is deemed a risk for self-isolation to take place in only one setting, for example SIL, measures will have to be taken to ensure the highest possible safety of clients and staff. Day programs will need to restrict community access and cease sessional 'specialists' from working with clients. Day programs will have to ensure that all steps to reduce the spread of the virus are being taken, this includes putting in place 'social distancing measures', introducing staggered meal times, increasing cleaning schedules, decreasing 'non- essential' travel and educating staff and clients in the best ways to limit the spread of the virus.

Pandemic Planning

National context

Australia's plan for managing pandemic influenza and minimising its impact is outlined in the Australian Health Management Plan for Pandemic Influenza (AHMPPI). The AHMPII outlines the Australian Government's role to coordinate national pandemic measures and allocate available national health resources to ensure an effective national response.

The Australian Government and state and territory governments will consider surveillance, resource and political information to determine whether and when a national response is required, including thresholds for escalation.

Victorian Action Plan for Pandemic Influenza

The Victorian Action Plan for Pandemic Influenza (VAP) is a subordinate plan to the State Emergency Response Plan (SERP) and complements and is consistent with the Victorian Health Management Plan for Pandemic Influenza (VHMPPI). The Plan describes the Whole of Victorian Government governance arrangements and strategies to prepare for, respond to and recover from an influenza pandemic in Victoria.

This Plan is consistent with the Victorian Action Plan for Pandemic Influenza. It is scalable depending on the circumstances of the contagion and the rate of spread and morbidity. Strategies are flexible enough to operate in a dynamic and changeable environment.

Please note that the stages identified within this Plan and Victorian pandemic stages may differ to the stage or stages in other states and territories and under other global jurisdictions. The Commonwealth Department of Health and the Victorian Department of Families, Fairness and Housing (DFFH), in coordination with the World Health Organisation (WHO) will designate Australia and Victoria's pandemic stages.

Department/Agency Responsibilities

Emergency Management Commissioner

Pandemic influenza is a Class 2 emergency in which the Emergency Management Commissioner has legislated responsibilities. The Emergency Management Commissioner's responsibilities include response coordination, ensuring effective control arrangements are established, consequence management and recovery coordination.

Department of Health and Human Services – Control Agency

The Victorian Department of Families, Fairness and Housing (DFFH) is the control agency for the State's pandemic influenza response. In this role, DFFH will communicate directly with other states and coordinate activities across organisations. DFFH will work closely with emergency management organisations in coordinating the public health and medical response.

The Chief Health Officer who assumes the role of State Controller with authority to activate the VHMPPI, including the response and each of the sub-stages of the response, outlined in this document, including the preparedness, initial and targeted action and stand-down stages.

Municipalities – Local focus

Local government is the closest level of government to the community and is often the first point of contact for assistance, advice and information. It will play a key role in community preparedness, particularly for the continued provision of essential community services such as water, waste water, and waste management.

MASS responsibilities

If a pandemic occurs, MASS will be responsible for managing the impact on the business's workplaces, schools and services. MASS will liaise with relevant government departments and Independent Schools Victoria to ensure MASS response and recovery arrangements align.

Business continuity

While it is impossible to predict the timing or severity of a human influenza pandemic, it is certainly possible to be prepared and have appropriate management plans in place to minimise the impact of, and expedite recovery from, a pandemic.

MASS business continuity planning identifies critical services required in the event of an emergency or major disruption to service. In the event of a pandemic, it is predicted that up to 40% of the population could be affected¹.

The Senior Management Team, CEO and Board are responsible for coordinating development and maintenance of business continuity plans for critical functions performed by the business to enable the continued delivery of identified critical services.

¹ Australian Health Management Plan for Pandemic Influenza 2009

Importantly, business continuity plans include response strategies and contingency arrangements for situations where personnel may be unavailable such as in the case of a pandemic.

Communications

Throughout all stages of a pandemic, MASS will provide up-to-date and timely pandemic information to its workforce, clients, carers and legislative bodies.

At times, communications may focus on hygiene and containment activities that need to be undertaken in the event of a pandemic.

During the Response stage, national announcements or messages pertaining to the national approach may need to be made. These will be made by the Prime Minister (or delegate), following consultation with states and territories and relevant Commonwealth agencies.

Containment

As part of MASS's responsibility to ensure workplace safety, it will follow the advice of DFFH if containment activities (for example, social distancing in the form of closures) need to be implemented at the school, services or workplace level.

Pandemic Stages

National Context

It is likely that the development of a pandemic will move through a number of different stages as the virus becomes more adept at infecting humans, spreads around the globe, and throughout Australia.

As each of these stages requires a different set of actions, identifying the stage is useful to guide decision-making and to ensure the most appropriate actions are being taken. It is important to consider that the situation could move very quickly between stages or that certain stages may not be detected in time for the actions specific to that stage to occur.

Once in Australia different response strategies may be used simultaneously and different stages may coexist across Australia, due to variations in the local stage of a pandemic. A geographical area may be in one stage, while nearby a different stage appropriate to that area is being used. Having an Australian system means that actions can be flexibly applied in Australia before a change of stage is declared by the WHO.

(Australian Health Management Plan for Pandemic Influenza 2009)

Victorian Context

This Plan adopts the five stages of pandemic preparedness and response as outlined in the VAP: Preparedness, Standby Response, Initial Action Response, Targeted Action Response and Standdown Response.

	Victorian Action Plan				
	Stage	Description			
Preparedness		No novel strain detected (or emerging strain under initial detection)			
Response	Standby	Sustained community person-to-person transmission detected overseas			
	Initial Action	Cases detected in Australia – information about the disease is scarce			
	Targeted Action	Cases detected in Australia – enough is known about the disease to tailor measures to specific needs			
	Standdown	The public health threat can be managed within normal arrangements and monitoring for change is in place.			

MASS Pandemic Influenza Stages with Key Actions

PREPAREDNESS STAGE	The scale and nature of preparedness activities is the same			
Description - No novel stra	ain detected (or emerging strain under initial detection)	for all possible levels of clinical		
Category	Key Actions	severity		
Review Emergency Management Plan	 Review your Emergency Management Plan (EMP), including: pandemic planning arrangements contact lists of staff, students, families, local services and DFFH regional emergency management coordinators communication tree (key staff). 	Preparedness should be incorporated into business as usual activities.		
Influenza prevention	 Promote basic hygiene measures by: providing students and staff with information about the importance of hand hygiene (more information is available at Better Health) providing convenient access to water and liquid soap and alcoholbased hand sanitiser educating staff and students about covering their cough with a tissue or their inner elbow to prevent the spread of germs ensuring careful disposal of used tissues. Exercise appropriate home-based exclusion from school among staff and students with flu-like illness. 	This includes incorporating a comprehensive risk management strategy that takes an 'all hazards' approach and includes influenza pandemic as a specific hazard that needs to be considered. Regularly review, exercise and update plans.		
Communications	 Encourage staff to seek immunisation for seasonal influenza. Communicate personal hygiene messages to staff and students. Convey seasonal influenza messages. 	_		
Travel advisories	 Encourage staff and parents/carers to access the <u>smartraveller</u> website prior to international travel being undertaken by the school and incorporate this advice into travel risk assessment and mitigation strategies for pandemic. 	Communicate pandemic plans with staff.		
Business continuity	 Ensure currency of business continuity plan which: identifies minimum requirements and key staff for continued operations (including planning for the absence of the CEO and Board) considers workforce strategies to enable continued operations, if pandemic affects a portion of the workforce. 			

RESPONSE STAGE – ST		Clinical severity		
•	ed community person-to-person transmission detected overseas			
Category	Key Actions	Low	Med	High
Review Emergency Management Plan	 In April, (or at the time of the overseas detection, if earlier): ensure EMP (including emergency numbers and key contacts) are up to date and pandemic planning arrangements are included ensure contact lists of staff, students, families, local services, and DFFH Emergency Management Coordinators are up-to-date ensure communication tree (key staff) is circulated to nominated business Incident Management Team (IMT) members. 	Apply	Apply	Apply
Incident response	 In April, (or at the time of the overseas detection if earlier), prepare to enact pandemic response section of your EMP with stakeholders and prepare to activate IMT. 	Apply	Apply	Apply
Hygiene measures	 Reinforce basic hygiene measures including: provide clients and staff with information about the importance of hand hygiene (more information is available at <u>Better Health</u>) provide convenient access to water and liquid soap and alcoholbased hand sanitiser educate staff and clients about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. 	Apply	Apply	Apply
	• Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones etc.	Apply	Apply	Apply
Communications	 In May, (or at the time of the overseas detection, if earlier), ensure hygiene information/posters are communicated/ displayed. In late May, (or at the time of the overseas detection, if earlier), consider providing information sessions for staff and parents/carers to communicate: the status of the situation the risk of influenza and how to identify pandemic influenza symptoms and cases of possible influenza based on the current, upto-date case definition by the Chief Health Officer, DFFH best practice hygiene measures measures for vulnerable students. 	Apply Apply	Apply Apply	Apply Apply
	 Access and follow Chief Health Officer, DFFH/Principal Medical Advisor advice and distribute consistent messaging to staff, clients and parents/carers. Encourage staff and parents/carers to obtain seasonal flu vaccination as appropriate (especially those people/families at a greater risk of infection). Prepare sample letters for parents/carers for the next stage (if required). 	Apply As required Apply as	Apply Apply Apply as	Apply Apply Apply as
Travel advisories	 Encourage staff and parents/carers to access the <u>smartraveller</u> website 	required Apply	required Apply	required Apply
	 prior to international travel. Where appropriate, consider implementing procedures to repatriate staff and students who are overseas on a business trip if there is a risk of travel restrictions and overseas border closures, or risk of pandemic in a nearby country. 	Not suggeste d	Apply	Apply
Business continuity	 Ensure currency of business continuity plan which: identifies minimum requirements and key staff for continued operations (including planning for the absence of the CEO) 	Apply	Apply	Apply

O considers workforce strategies to enable continued operations, if		
pandemic affects a portion of the workforce.		

RESPONSE STAGE - INITIAL ACTION		Clinical severity		
Description – Cases of	letected in Australia – information about the disease is scarce			
Category	Key Actions	Low	Med	High
Review Emergency Management Plan	 In April, (or at the time of the overseas detection if earlier): ensure your EMP (including emergency numbers and key contacts) are up to date and pandemic planning arrangements are included ensure contact lists of clients, staff, families, local services and DFFH Emergency Management Coordinators are up to date. Ensure communication tree (key staff) is circulated to nominated 	Apply	Apply	Apply
	business Incident Management Team (IMT) members.	Apply	Apply	Apply
Incident response	 Enact your EMP. Activate business Incident Management Team (IMT) to implement the business's response as appropriate. 	Apply Apply	Apply Apply	Apply Apply
Hygiene measures	 Reinforce basic hygiene measures including: provide students and staff with information about the importance of hand hygiene (more information is available at <u>Better Health</u>) provide convenient access to water and liquid soap and alcoholbased hand sanitiser educate staff and students about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. 	Apply	Apply	Apply
	 Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones. 	Not suggested	Apply	Apply
Communications	 Follow and distribute information and advice in accordance with instructions, including information about: the local status personal hygiene measures containment measures, including any plans for closure if applicable to staff, parents/carers using templates. Communicate the risk of influenza and how to identify cases of possible pandemic influenza based on current, up-to-date case definition by the Chief Health Officer, DFFH. 	Apply	Арріу Арріу	Apply
Containment		Not	Seek advice	Apply
Containment strategies	• The appropriate containment strategy will vary depending upon the level of clinical severity as determined by the DFFH.	suggested		
	Encourage staff who develop flu-like symptoms to:	Apply	Apply	Apply
	O Leave school immediately and seek medical attention			<i>C</i> , 1, 1
	 Stay away from school until completely well. 			
	Follow the advice of the DFFH and VIT regarding service closures and exclusion periods for infectious diseases.	N/A	Apply	Apply
	• If required, schools may be closed on advice of the Chief Health Officer, DFFH. In these circumstances:	N/A	Apply	Apply

	 o inform teachers of their obligations during school closures o for students at home, provide access to educational materials including online learning. 	Apply	Apply	Apply
	 Identify a designated area to keep sick students quarantined from the general school population until they can be taken home by parents/carers. 			
Travel advisories	 Encourage staff and parents/carers to access the <u>smartraveller</u> website prior to international travel being undertaken by the school and incorporate this advice into travel risk assessment and mitigation strategies for pandemic. 	Apply	Apply	Apply
Business continuity	 Implement business continuity plan to promote adequate workforce supply and capacity to continue service, by: 	Apply	Apply	Apply
	 prioritising work functions to ensure adequate workforce availability to deliver education 			
	 implementing contingency strategy, which may include employing replacement staff and/or modifying programs. 			
Governance and reporting obligations	Report confirmed incidents of influenza.You will be advised of any additional reporting requirements by DFFH.	Apply Apply	Apply Apply	Apply Apply

RESPONSE STAGE – TARGETTED ACTION		Clinical se	verity	
Description – Cases d specific needs	etected in Australia – enough is known about the disease to tailor measures to			
Category	Key Actions	Low	Med	High
Incident response	 Enact your EMP. Activate your Business Incident Management Team to implement the school's response as appropriate to advice from Government. 	Apply Apply	Apply Apply	Apply Apply
Hygiene measures	 Reinforce basic hygiene measures including: provide clients and staff with information about the importance of hand hygiene (more information is available at <u>Better Health</u>) provide convenient access to water and liquid soap and alcoholbased hand sanitiser educate staff and clients about covering their cough with tissue or inner elbow to prevent the spread of germs careful disposal of used tissues. Ensure germicidal wipes are available in stationary supplies for staff to clean staff administrative area, telephones. 	Apply Not suggested	Apply	Apply
Communications	 Follow and distribute information and advice from VIT DFFH in accordance with instructions, including information about: the local status personal hygiene measures containment measures, including any plans for closure if applicable to staff, parents/carers using templates. 	Apply	Apply	Apply

	• Communicate the risk of influenza and how to identify cases of possible pandemic influenza based on current, up-to-date case definition by the Chief Health Officer, DFFH.	Apply	Apply	Apply
Containment strategies	The appropriate containment strategy will vary depending upon the level of clinical severity as determined by the DFFH.	Apply	Apply	Apply
0	Encourage staff who develop flu-like symptoms during a pandemic to:	Apply	Apply	Apply
	 leave work immediately and seek medical attention 			
	O stay away from work until completely well.			
	• Follow the advice of DFFH regarding containment activities and exclusion periods for infectious diseases.	Apply	Apply	Apply
	• Help lower risk of exposure by reducing non-essential school interactions and minimising attendance at mass gatherings such as sports days and school fetes.	Not suggested	Apply	Apply
	• If required, identify a designated area to keep sick clients quarantined from the general students / residents population until they can be taken home by parents/carers.	Apply	Apply	Apply
	If required, schools may be closed on advice of the Chief Health Officer, DFFH. In these circumstances:	N/A	Seek advice	Apply
	 inform teachers of their obligations during school closures 			
	 for students at home, provide access to educational materials including online learning. 			
Travel advisories	• Encourage staff and parents/carers to access the <u>smartraveller</u> website prior to international travel.	Apply	Apply	Apply
	• Where appropriate, implement procedures to repatriate staff and students who are overseas on a school trip if there is a risk of travel restrictions and overseas border closures, or risk of pandemic in a nearby country.	Not suggested	Apply	Apply
	• For international students studying in Australia, provide advice to students and their parents/carers that in the event of an increased influenza pandemic risk, students may be sent home and, if travel restrictions apply, how the school will meet its duty-of-care obligations etc.	Not suggested	Apply	Apply
Business continuity	Implement business continuity plan to promote adequate workforce supply and capacity to continue service, by:	Apply	Apply	Apply
	 prioritising work functions to ensure adequate workforce availability to deliver education implementing contingency strategy, which may include employing replacement staff and/or modifying programs. 			
Governance and	Report confirmed incidents of influenza.	Apply	Apply	Apply
reporting obligations	 You will be advised of any additional reporting requirements by the DFFH. 	As required	As	As

RESPONSE STAGE – ST	AGE – STAND DOWN Clinical severity		everity	
Description – The pub for change is in place	lic health threat can be managed within normal arrangements and monitoring			
Category	Key Actions	Low	Med	High
Containment strategies	Be aware that multiple waves of the virus may occur.Replenish PPE (if required).	N/A N/A	Apply As required	Apply As required
Business continuity	 Implement business continuity plans for resumption of full business capacity which may involve: restoring workforce capacity following procedures for re-opening of service (if applicable) providing supports, including counselling (if required) monitoring cumulative effects of pandemic and identifying and supporting those who may need assistance. Chief Warden to de-activate Incident Management Team (IMT) and 	N/A N/A	Apply Apply	Apply Apply
	 conduct final debrief(s). Utilise template letters if they are prepared by DET to communicate status of situation to staff and parents/carers, including any available supports. Review effectiveness of EMP and update as appropriate – involving relevant staff and others (eg. school nurses) particularly as multiple waves of the virus may occur. 	As applicable Apply	Apply Apply	Apply Apply
Communications	 Communicate the updated status of situation to staff and parents/carers including supports that may be available. 	Apply	Apply	Apply
Travel	• Continue to encourage staff and parents/carers to access the <u>smartraveller</u> website prior to international travel.	Apply	Apply	Apply

Outbreak Checklist

Identify		
Identify if the facility has an outbreak using the RCF Guidelines		
Enact Emergency Management Plan / Pandemic Influenza Emergency Management Plan		
Implement Infection control measures		
Isolate ill residence in their bedrooms		
Implement contact and droplet precautions		
Ensure Personal Protective Equipment (PPE) is available for staff		
Ensure all staff providing support to the participant are trained in using PPE		
Display sign outside each room		
Exclude ill staff until symptom free (or if confirmed case of COVID-19, until they meet the release from isolation criteria		
Reinforce standard precautions (hand hygiene, cough etiquette) throughout the facility		
Display signs at entrances to the facility		
Increase the frequency of environmental cleaning (minimum twice daily)		
Organise Participant to access/transfer to hospital		
Notify management that appropriate PPE is not available. Organise the participant to access health supports at hospital		
Provide supportive essential documents about the participant to a hospital		
Notify		
The state/territory Department of Health and Human Services		
Contact the General Practitioners of ill residence for review		
Inform families and all staff of outbreak		
Restrict		
Restrict movement of staff between different accommodation services		
Restrict visitors where practical		
Cancel non-essential group activities during the outbreak period		
Monitor		

Monitor outbreak progress through increased observation of residence for fever and/or acute respiratory illness	
Work with health to identify if residence need to be transferred to hospital	
Declare	
Declare the outbreak over when there are no new cases 14 days from the date of isolation of the most recent case	
Review	
Review and evaluate outbreak management – amend outbreak management plan if needed	

Recommended Escalation Pathway – COVID-19

- If a client develops symptoms such as:
 - o Fever
 - Dry cough
 - o Sore throat
 - o Fatigue
- Keep them at home and isolate in their own bedroom
- If it is suspected that a participant has covid-19 follow further infection control including using PPE
- Seek medical advice promptly
- If the client has serious symptoms such as difficulty breathing call 000 immediately for urgent medical help
- Notify management or on call
- Complete appropriate documentation such as an incident report
- Follow procedure for contacting families
- In client is confirmed as having COVID-19, enact BCP and ensure appropriate steps are taken as per COVID-19 checklist
- Seek any additional health support/advice required through public health unit