



The University of Sydney
AUSTRALIA

INFLUENZA PANDEMIC PLANNING GUIDE

Version 2

May 2009

1. Introduction

Acknowledgment is made to the University of Western Australia Draft Influenza Pandemic Planning Guide (May 2006) for the format and much of the contents of this guide.

The World Health Organisation (WHO) has warned that the current risk from H1N1 Human Swine Influenza becoming the next human influenza pandemic is significant. The Australian Management Plan for Pandemic Influenza (June 2005) is leading government-wide work to prepare for a possible pandemic in Australia.

This Planning Guide sets out a range of information to assist the University in planning for the impact of a possible influenza pandemic on our employees, students and business.

This Planning Guide:

- Briefly describes the Australian Government's actions to manage any future pandemic
- Contains some strategies to manage these impacts, including ideas about how to: maintain essential activities and contain / minimise the spread of infection in the education organisation/workplace

Primary sources of information include:

- University of Sydney OHS News page, includes summary of swine flu situation and links to NSW Health and other resources:
<http://www.usyd.edu.au/ohs/news.shtml>
- Australian Government Plans for influenza pandemic are available online from:
<http://www.flupandemic.gov.au/internet/panflu/publishing.nsf>
- Australian Government situational updates on H1N1 Human Swine Influenza 09:
http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/health-swine_influenza-index.htm

Background

Influenza pandemics have occurred at irregular intervals throughout history, three in the last century: in 1918 ('Spanish flu'), 1957 ('Asian' flu) and 1968 ('Hong Kong' flu). Each of these events was associated with illness, deaths and general societal disruption far in excess of that experienced in a 'normal' winter. The 1918/19 pandemic, for instance, is estimated to have caused between 20 million and 40 million deaths world-wide with 1, 500 deaths in Australia. A further pandemic is thought to be inevitable. There may not be much warning and therefore advanced planning is essential for a smooth response

Nature and scale of a flu pandemic

The **outbreaks** or **epidemics** of influenza, which occur most winters, affect some 5 to 10% of the population. The vast majority will have an unpleasant but self-limiting illness or even no symptoms, with less than 0.05% consulting their GP. Those most at risk of serious illness or death (the elderly, and those with chronic underlying diseases) are offered annual vaccination. Death from flu is usually due to complications such as secondary bacterial infections, e.g. pneumonia, or exacerbation of an underlying disease, rather than the direct effects of the influenza virus itself.

An influenza **pandemic** arises when an entirely new strain of influenza virus emerges to which most people are susceptible. Thus it is able to spread widely. Some important features of influenza pandemics are:

- they are unpredictable
- they may occur at any time of year
- they are most likely to start in Asia, or at least outside Australia, and gradually spread; this spread has been divided into phases allowing an escalating response according to the scale and geographic spread of the pandemic
- spread to Australia may take several months, but may be shorter
- once established in Australia, the disease is likely to spread rapidly over 2-3 weeks and then gradually decline over the next 4-6 weeks; a second wave of illness may occur 6-9 months later
- some 20 to 30% of the population or even more may be affected over a 1-2 year period, including children and normally fit young adults, and
- a far greater proportion of people are likely to require hospitalisation or die than for seasonal flu.

Confirming a Flu Pandemic

The World Health Organisation (WHO) monitors influenza across the world. Once a new influenza virus has been identified and shown to have pandemic potential, the WHO will announce the various phases of a pandemic and inform national Governments.

How is the Australian Government preparing for an Influenza Pandemic?

The Australian government has prepared the National Action Plan for Human Influenza Pandemic (April 2009), which will be put into action in the event of a pandemic. The plan includes initiatives to improve our preparedness now, before a pandemic occurs.

Health Department assumptions for influenza pandemic planning

Based on previous pandemics and current internationally agreed arrangements coordinated by the WHO, Australian Health Departments have agreed the following planning assumptions

1. Spread from the source country to Australia will take no more than one to two months. Following arrival in Australia it will take a further 2-3 weeks until cases are occurring across the whole country. Our aims are to slow its spread, at least in the short term, in order to buy time and spread the load on health and other services, and to reduce its impact.
2. Most people will be susceptible to the new virus, although not all will necessarily develop clinical illness. All ages will be affected, but children and otherwise fit adults could be at relatively greater risk should elderly people have some residual immunity from exposure to a similar virus earlier in their lifetime.
3. Influenza is mainly spread by the respiratory route, through droplets of infected respiratory secretions produced when an infected person talks, coughs or sneezes; it may also be spread by hand/face contact after touching a person or surface contaminated with infectious respiratory droplets. Finer respiratory aerosols (which stay in the air for longer and are therefore more effective at spreading infection) may occur in some circumstances.
4. Vaccine will not be available in the early stages. A pandemic vaccine cannot be stockpiled in advance: it must be produced specifically for the virus concerned so development cannot start until the virus is known. Everything will be done to produce a vaccine as quickly as possible, but it is likely to take at least 6 months.
5. As vaccine becomes available it will be given according to nationally agreed priorities, starting with health care and other essential workers. Beyond that, the final decisions will be based on early information about the age groups being affected most severely. When vaccine supplies become more widely available, vaccination will be offered to the general population.
6. Antiviral drugs are available for treating influenza, but even with a national stockpile, there will not be an unlimited supply. They may be used initially to try to contain small outbreaks. Later they will be used to treat certain narrowly-defined priority groups according to agreed guidelines in order to achieve the maximum health benefits.
7. Planning should be based on a cumulative total of 25% of workers taking some time off – possibly 5-8 working days – over a period of 3 months. This first wave is likely to be followed by a second wave of similar duration. The interval between each wave could be several weeks or months. Absenteeism may be more than this either due to a higher rate of illness, the need to care for sick family members or fear of exposure to infection. Past pandemic experience indicates that between 10-35% of the workforce may be absent from work. The absentee rate is expected to peak for 1-2 weeks at the height of the outbreak (around weeks 8 to 9).
8. Slowing down the spread and reducing the number that will be affected early in the first wave may be achieved by implementation of:
 - robust public health advice [e.g., stay at home if ill, or think you may be ill; wash hands frequently (particularly after contact with people who are ill, cover mouth and nose with a tissue while sneezing or coughing); avoid unnecessary travel; avoid crowds where possible.]

- treatment of those who are ill (with antiviral drugs within 24 to 48 hours of onset of symptoms)
- the use of face masks by medical staff in contact with infected people (to reduce droplet spread)
- travel advisories seeking to reduce international travel to or from affected areas
- In addition, the following measures may be considered as public health interventions during a pandemic. Decisions on their implementation would be made once the nature of the pandemic virus and its effects were understood, and on the basis of scientific advice on potential benefits and on potential social and economic disbenefits. Response measures would be proportionate, particularly where social restrictions might be imposed:
 - i. voluntary home isolation of cases
 - ii. voluntary quarantine of contacts of known cases (with potential impacts on work teams if all contacts of a case in a work team are asked to remain in voluntary quarantine; staff rostering would be needed to minimise business impacts in these circumstances)
 - iii. additional measures at Australian ports, such as strengthening current port health arrangements
 - iv. robust additional public health advice to reduce non-essential travel and social/leisure gatherings
 - v. advice on school closures (recognising the impact this will have on maintaining the workforce in other sectors).

These measures are being kept under review as public health interventions during a pandemic, and clear guidance will be issued by Health Departments, based on the advice of the Chief Medical Officer or guidance from the WHO or real time modeling as the evidence evolves or as need arises. Some of these measures may be required as a result of staff absence or the general disruption, or may occur by default because of public concern or other considerations, such as concerns about possible exposure to infection when using public transport. Voluntary cooperation with recommended measures would be sought. Mandatory quarantine and curfews are generally not considered necessary and are not currently covered by public health legislation.

Department of Health particular advice to educational establishments

The pandemic virus may spread readily in schools and other education establishments (attack rates of up to 90% were reported in some boarding schools in previous pandemics). If this is confirmed as a characteristic of the virus, Health Departments will inform Education Departments to advise local education authorities and the education sector about measures to be taken to slow down spread of the virus. This advice would particularly apply to younger children, childcare settings and education establishments and may include closing down for a short period, and management of pupils/students travelling within, to and from Australia. Education Departments will assist in disseminating the advice to the various education sectors. The decision on such closures will normally remain for local determination having regard for the possibility that such establishments may have insufficient staff and/or pupils/students to remain open and for the possible implications for increased work absence because of workers' child-care responsibilities.

The Australian Pandemic Influenza Contingency Plan

The prime objectives are to save lives, reduce the health impact of a pandemic and minimise disruption to health and other essential services, while maintaining business continuity as far as is possible and reducing the general disruption to society that is likely to ensue, serious though this will be.

Strong leadership, organisation and co-ordination and clear lines of accountability and communication will be key to preparing for, and responding to a pandemic. The Department of Health and Ageing is the lead Government Department. The Department of Health will:

- co-ordinate the Australian health response
- procure appropriate antiviral drugs and develop strategies for their optimal use
- facilitate the development, manufacture and supply of an effective vaccine and develop strategies for its use
- lead work with the devolved administrations to secure consistent public health and health service responses across Australia
- lead the public health and health service responses (the State administration Health Departments will undertake this role as required)
- provide information and input to other Government Departments and other services and organisations to assist them in their response arrangements, particularly those implementing control measures and for maintaining essential services
- provide information for the media and public.

The combined education sectors directly involve a large proportion of the Australian population. Since a key response to pandemic influenza will be to minimise social compression and maximise social distancing, education providers need to be prepared for limited activity and voluntary isolation of staff and students. Education environments – especially those dealing with young people – provide a very fertile ground for viruses and their dissemination, therefore, education providers need to contribute to cultural change around good personal hygiene practices (cough and sneeze etiquette, hand washing and drying etc).

The University will need to work with the State Government Health Department to ensure that higher education closures, where necessary are coordinated such that they achieve the protection of the population, without impacting on the ability of other essential services (such as the health service) to continuing operating.

The University needs to assess its own “critical” functions (i.e. those functions that must be maintained through any emergency) and plan for the maintenance of essential services to others. There is a need to plan for circumstances where non-critical functions may be dispersed or temporarily halted. WA higher education establishments will be central to social recovery after the passage of an influenza pandemic and planning should anticipate psychosocial pressures at this stage.

Pandemic Characteristics and Impact

The Phases of an Influenza Pandemic

The 1999 World Health Organisation (WHO) Influenza Pandemic Plan defined phases of influenza pandemic progression that could be expected following human infection with a new human influenza virus and outlined measures that should be undertaken during each phase. The WHO reviewed this plan in April 2005 and redefined the pandemic phases. The new phases are based on the need for changes in public health action and provide greater focus on early phases when rapid intervention may contain or delay the spread of a novel influenza virus in humans.

New WHO International Pandemic Phases

Inter-pandemic period	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk ¹ of human infection or disease is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk ^a of human disease.
Pandemic alert period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most, rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans ²
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). ^b
Pandemic period	Phase 6	Pandemic phase: increased and sustained transmission in general population. ^b
Post pandemic Period		Return to inter-pandemic period

¹ The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and/or other scientific information

² The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information.

Implications for Australia

Once a pandemic has been declared (Phase 6), four Australia-specific phases have been developed:

Phase 6a	Pandemic localised to one area of Australia
Phase 6b	Pandemic widespread within Australia
Phase 6c	Pandemic subsided
Phase 6d	Pandemic re emerges (next wave)

A move to a higher alert level may be triggered, after assessing the risk, if influenza due to a pandemic strain is affecting another country geographically close to the Australia, although technically it is still 'outside of Australia'.

Relationship of Australia alert levels to WHO Pandemic Influenza Phases

International Phases		Significance for Australia
Inter-pandemic Period		
1	No new influenza virus subtypes detected in humans	Australia not affected
2	Animal influenza virus subtype poses substantial risk	Australia has strong travel / trade connections with affected country Australia affected
Pandemic Alert Period		
3	Human infections with new subtype, but no new human-to-human spread to a close contact	Australia not affected
4	Small clusters with limited human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to human	Australia has strong travel / trade connections with affected country
5	Large clusters but human to human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	Australia affected
Pandemic Period		
6	Increased and sustained transmission in general population	Australia Phase levels: 6. Virus/cases only outside Australia 6a. Localised to one area of Australia 6b. Widespread within Australia 6c. Pandemic subsided 6d. Pandemic re emerges (next wave)
Post Pandemic Period		
End of pandemic. Return to inter-pandemic period		

A pandemic will not be like a physical disaster. A pandemic has unique characteristics when compared with a more "typical" disaster. For example:

- **Widespread impact:**
The impact of a pandemic would likely be widespread, not localised to a single area; therefore there may be little outside assistance. Many business continuity plans (BCPs) assume some part of an organisation is unaffected and can take up the required capacity.

- **Not a physical disaster:**

A pandemic is not a physical disaster. It has some unique characteristics that require implementation of activities to limit contact such as restriction of movement, isolation, and banning of public gatherings.

- **Duration:**

A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase. Many BCPs assume the event is short/sharp and that recovery can start immediately. A pandemic emergency may last several months.

- **Notice:**

It is quite likely that there will be some advance warning from the development of the pandemic overseas, but it is always possible that any warning period may be very short. Should pandemic influenza spread within Australia it will probably be some weeks before the full impact on workforce will be felt, although there may be some early impacts resulting from containment measures.

- **Primary effect is on staffing levels:**

Unlike natural disasters, where any disruption to education and infrastructure service provision is likely to be hardware-related, disruptions to education and infrastructure service provision in the event of a pandemic is anticipated to be mainly human-resource oriented. The University should plan for up to 25% staff absences for periods of about 5 – 8 working days over a period of 3 – 4 months.

Staff absences can be expected for many reasons:

- illness / incapacity;
- some employees may need to stay at home to care for the ill;
- people may feel safer at home (e.g. to keep out of crowded places such as public transport); and
- some people may be fulfilling other voluntary roles in the community.

A pandemic may have other impacts on providers, for example:

- supplies of materials needed for ongoing activity may be disrupted;
- similarly, availability of services from sub-contractors may be impacted (this may affect maintenance of key equipment, and is an area that merits close planning attention);
- demand for infrastructure services may be impacted – demand for some services may increase (internet access is a possible example); while demand for others may fall (e.g. certain types of travel activity may reduce); and

Business continuity plans may need to be reviewed to ensure that they are robust to significant staff absences and other pandemic-related risks.

Short, Medium and Long-Term Planning

It is not possible to predict how long a pandemic may last. There could be more than one wave of infection during a pandemic period. Each wave could typically last about 15 weeks, building to a peak in week 7 before abating again. The University should plan for up to 25% staff absences for periods of about two weeks at the height of a pandemic wave and lower levels of staff absence for a few weeks either side of the peak.

To ensure business continuity in a pandemic, short term planning, with a health focus, is paramount. Back-up planning (in the event of staff absence during the pandemic) is also essential. Emergency management and overall national recovery is greatly facilitated if essential services are available without significant interruption.

The University's business continuity planning for a pandemic should include:

- Identification of essential activities (and the core people and skills to keep them running), and ensuring that these are backed-up with alternative arrangements;
- Mitigation of business / economic disruptions, including possible shortages of supplies; and
- Minimising illness in workers and students.

Each of these items is addressed in a separate section following.

Influenza Management

A Pandemic Planning Team (PPT) will provide direction for influenza management, including:

- Setting up a system to monitor staff who are ill or suspected to be ill in the event of a pandemic, including contacting staff who are unexpectedly absent from work – has their GP been notified of their illness? Have “contact” issues been addressed? Is someone able to care for them?
- Setting up a process to facilitate / encourage the return of staff to work once they are better or at the end of an illness period; and
- Ensuring that there are adequate supplies of tissues, hand hygiene products, cleaning supplies and masks for people who become ill at work or for those who must continue at work. It may be difficult to purchase such products once a pandemic begins. For guidance on personal protective equipment (PPE) see the Australian Government Plans for Pandemic Influenza.

Medical Advice

The University has access to the University Health Service (UHS), local GPs and Hospitals. The UHS should be the initial contact for advice.

Activation of Pandemic Continuity Plan

The Chief Medical Officer via the Department of Health and Ageing will widely publicise any changes to the “alert level” which are designed to alert government agencies to action, and may signify the need to activate business continuity plans. A table is being developed to summarise guidance as to how the University might proceed as different stages of a pandemic are reached.

Communication with Students, Parents and Staff

It is likely there will be anxiety regarding a pandemic and this is likely to contribute to increased study or work absence and/or increased distress to staff, students and parents. The suggested ways to manage this include:

- Communicate the possibility of a pandemic – and the University’s preparedness to manage it – very early to staff, students and parents. Helpful to this purpose are documents published by the Australian Government – Department of Health and Ageing.
- Discuss with staff possible health and safety issues, potential for stand down, and leave arrangements if they are ill or need to look after those who are or who have been isolated;
- Have a comprehensive communications management plan in place, which is clearly communicated to staff, students and parents. Ensure that communications management during the pandemic is part of the plan. It will be important to have systems in place to allow the University to communicate in a pandemic;
- In activating the plan, it is essential that clear, timely and pro-active communications to staff, students and parents are made to ensure them that the University is handling the situation; and
- It may be helpful to establish a “communications tree” so that people can keep in touch.

How will Essential Business Activities be Maintained?

In the event of a pandemic, it is important that core people and core skills are available to keep essential parts of the University operating. The following are designed to assist plan for this.

Identification of Core People and Core Skills

Issues we may wish to consider include:

- What are the “essential” parts of the business?
- Who are the core people required to keep the essential parts of the business running?
- What are the core skills required to keep business running?
- Are there sufficient back ups for people and skills if there is a high level of absence? Are there other resources (e.g. volunteers, retirees) that could be drawn on if necessary? Is it possible to co-ordinate / operate the University through a “virtual war-room” – that is, remotely, using telephone and email?
- Who are the core people required to manage the pandemic contingency plan?
- Do we have any systems which rely on periodic physical intervention by key individuals to keep them going? How long would the system last without attention?

Once the core people and skills are identified, ensure that they are aware of their position and how they will be managed in the event of a pandemic. Consider strategies for minimising the possibility that they become ill with influenza: e.g. working from home even in very early stages of a pandemic, or other social distancing measures.

If working from home is not a well-established practice in an area of the University, we may wish to encourage staff to “give it a go”, say once a fortnight, to aid familiarity and to “iron out” any computer connection / technological issues.

We may wish to have non-essential staff “stand down” (with appropriate pay arrangements) in the Alert level 4 phase to help minimise the number of staff who may be exposed to the influenza virus.

Business Planning for Absence

Issues we may wish to consider include

- What are critical staff numbers and skills required to keep essential sectors of the University running – at what level does business stop? What arrangements need to be made to minimise risk to staff?
- Who should make the decision to shut an activity down when absence rates threaten safe business continuity?
- Could some, or all, of our business operations shift to having most staff work from home with little warning?

Not all countries have the means to cope with a pandemic. Employees and staff contracted outside of Australia may have increased rates of illness and absence.

Knowledge Management

Key operating and emergency management information will need to be stored in known, accessible and shared locations.

Communications

Consider communication needs and how they might be maintained with:

- key constituents (e.g., staff, students, parents)
- other business units within the University;
- government agencies;
- other higher education providers (Universities, TAFE colleges)
- key suppliers; and
- key contractors.

How Might Shortages of Supplies Affect Operations?

Shortages of supplies may occur because of increased demand during the pandemic (i.e. cleaning supplies, home based services). Pandemic planning should consider the need for ensuring adequate availability of essential supplies.

Shortages may also occur because of disruptions in transportation systems or inability of suppliers to meet demands because of their own staff shortages. Absences of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies. Supply lines may also be affected by mandated or self-imposed travel restrictions (e.g. transporters unwilling to travel through or to infected areas). We should discuss with key suppliers a plan for regular shipments in the event of shortages or disruptions in transportation systems.

International air movements may be disrupted in a pandemic, and this may impact on imported goods.

How Can We Protect Staff, Students and Visitors From Getting Sick?

After identifying the core people and skills to keep the essential parts of your business operating, the pandemic plan should consider how to minimise illness among staff, students and visitors. The main strategies include:

- Restrict education workplace entry of people with influenza symptoms;
- Practice good personal hygiene and workplace cleaning habits;
- Increase social distancing (e.g. enable tele-working, avoid face-to-face contact);
- Manage staff and students who become ill at work; and
- Manage staff and students who travel overseas (international students need special consideration here).

This section identifies some issues we may want to take into account in our plan as well as offering guidance as to how to address them. In addition, examples of notices, fact sheets, etc. are provided.

Summary of Influenza Protection Measures

Protection measure	Where applicable
Hand hygiene, cough etiquette, ventilation	Everyone, all the time
Organisational policies	Every organisation, all the time
Social distancing	Everyone, whenever practical
Protective barriers	In situations where regular work practice requires unavoidable, relatively close contact with the public (includes lecturer's contact with students)
Disposable surgical mask	Workers in any community or health care setting who are caring for the sick (this includes first responders)

Disposable particulate respirator masks, eye protection, gloves, gowns / aprons	Health care workers participating directly in close contact patient care when there is a high risk of contact with respiratory secretions, particularly via aerosols (mostly hospital in-patient settings).
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Restrict Workplace Entry of People with Influenza Symptoms

On declaration of Alert level 4, the University should consider putting up notices at all workplace / facility entry points, advising staff and visitors not to enter if they have influenza symptoms. **Employees should be advised not to come to work when they are feeling unwell**, particularly if they are exhibiting any influenza symptoms. It may be helpful to inform staff of the differences in symptoms between influenza and a common cold. Unwell employees should also be advised to see a doctor. Workers who are ill should stay at home until symptoms resolve.

Use normal communication methods to ensure that all staff, students and parents receive the notice. At the same time, we may wish to provide them with further information about how to stay well during an influenza pandemic, e.g. by distributing the relevant fact sheet.

In our pandemic planning, set up a process for ensuring that ill students and employees have completed any required isolation period and *are healthy* before allowing them to return to education or work.

Note that students and staff who have recovered from the pandemic influenza are unlikely to be re-infected (they will have natural immunity) and should be encouraged to return to education or work as soon as they are well.

Personal Hygiene

This is an area where, the University can make a major contribution, now, to national preparedness and safety. Basic personal hygiene measures should be reinforced and all people young and old should be encouraged to practice them to minimise potential influenza transmission:

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue);
- Immediately dispose of used tissues;
- Adopt good handwashing / hand hygiene practices, particularly after coughing, sneezing or using tissues; and
- Keep hands away from the mucous membranes of the eyes, mouth, and nose.

Ensure that adequate supplies of hand hygiene products are available. This is a high planning priority as there may be interruption to the supply or shortages of soap and hand towels.

Communicate hand and personal hygiene information to staff and visitors:

- Hygiene notices should be posted in all workplace entrances, washrooms, hand washing stations and public areas; and

- Use brochures, newsletters, global emails, notice boards, and published information, to inform employees of the importance of hand hygiene and environmental cleaning during a pandemic.

Workplace Cleaning

During a pandemic, we will need to implement additional measures to minimise the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Influenza viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. Infection control guidance is available in Australian Management Plan for Pandemic Influenza (June 2005, 130).

Staff should be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water after use.

Remove all magazines / papers from waiting rooms and common areas (such as tea rooms, kitchens).

When a person with suspected influenza is identified and has left the workplace, it is important that their work area / office, along with any other known places they have been, are thoroughly cleaned and disinfected.

Among other things, planning should identify the basic hygiene practices (including hand hygiene) to be followed by cleaners, and methods for waste disposal.

Air Conditioning

There is scientific and medical evidence that influenza can spread in inadequately ventilated internal spaces. It is recommended that all internal spaces should be well ventilated, preferably by fresh air via opening windows, or otherwise by properly designed and maintained air-conditioning systems.

As part of their workplace health and safety monitoring, employers should gain assurance from the owner of any air-conditioned building they occupy that air conditioning systems are maintained regularly and to the appropriate standard.

Increase Social Distancing

Another strategy to protect staff is minimising their contact with others. Crowded places and large gatherings of people should be avoided, whether in internal or external spaces.

A distance of at least one metre should be maintained between persons wherever practical. Larger distances are more effective.

Visiting or other contact with unwell people should be avoided wherever practicable.

Suggestions on how to minimise contact include:

- Avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible – even when participants are in the same building;

- Avoid any unnecessary travel and cancel or postpone non-essential meetings / gatherings / workshops / training sessions;
- If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace;
- Practice “ghost” shift changes wherever possible, with the shift going off duty leaving the workplace before the new shift enters. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.
- Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
- Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced;
- Do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area;
- If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one meter away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air;
- Set up systems where clients / customers can pre-order / request information via phone / email / fax and have order / information ready for fast pick-up or delivery; and
- Encourage staff to avoid recreational or other leisure classes / meetings etc. where they might come into contact with infectious people.

Managing Staff and Students Who Become Ill

Our pandemic plan should indicate how we would manage staff and students who become ill in education or at work. A possible process is outlined below:

If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza in education or at work, they are to contact the person(s) designated by the PPT **by telephone** if at all possible.

The designated contact person should:

1. Avoid visiting this person if it can be avoided – manage the process over the phone;
2. Check if the employee or student has any of the symptoms suggestive of influenza;
3. Advise that if the employee or student does not have any symptoms like those listed, they are very unlikely to have influenza, and should be reassured but advised to see their GP if they are still concerned;
4. Advise that if the employee or student does have symptoms that match some of those listed, they should be treated as a “suspect case.” It may be helpful to have a staff influenza notification form completed, including details of any staff, students and/or visitors they have been in contact with. This information will permit the PPT to identify recent movements and monitor well-being during the pandemic;

5. The employee or student should leave work and immediately contact a health professional in the manner advised by NSW Health at that time. This may involve phoning the person's normal doctor or nurse, NSW Health direct, or a specially designated centre to seek further advice. The employee's manager or the student's teacher should be informed that they have left the education workplace;
6. The employee or student, should, if at all possible, avoid public transport when leaving the education workplace.
7. Contact management – it is helpful for the University to:
 - identify contacts (once an employee or student is suspected to be infected);
 - advise contacts in person that they have been in contact with a person suspected of having influenza;
8. The employee's or student's workstation should be cleaned and disinfected, as indicated in the infection control guidance.
9. The PPT will need to set up a system to manage the absence and return to work of the employee and their contacts. Some issues to consider include:
 - Advice to the employee or student on how long to stay away from work / education, advice which will be developed once the characteristics of a pandemic are known;
 - Decisions on the leave and cover arrangements;
 - Set up a process for ensuring that the employee or student is healthy before allowing them to return to work / education; and that they are encouraged to return to work or education once they are well.

Staff Travel

The Department of Foreign Affairs and Trade, in conjunction with the Department of Health and Ageing, will publish appropriate travel advisories for Australian residents traveling to other countries infected by the pandemic. They will also provide advice for management of Australian citizens returning to Australia from affected areas.

It is likely that international travel restrictions and exit screening from affected areas, may be imposed once a pandemic is recognised.

If University staff or students travel overseas for business reasons, our plan will need to include consideration of their management in the event of a pandemic. Similarly, international students returning to Australia for education will need consideration in the event of a pandemic. For example, on declaration of a pandemic, if any staff or students had recently (within the last 4-5 days) travelled to countries known to be affected by the disease, the University should:

- Advise the employee or student not to report for work or education for the duration specified by Department of Health and Ageing for the disease. Ask them to follow instructions on Department of Health and Ageing websites for self-checking for influenza symptoms, which may include advice to telephone (rather than visit) their medical centre to seek advice immediately if symptoms occur. They should report their travel history to the treating doctor.
- Check on the staff member or student during his/her absence; and

- Set up a process for ensuring that the employee or student has completed the time duration and is healthy before allowing them to return to work or education.