Workplace Infection Management Plan

Duties of PCBUs and Employers

Facts about Infectious Diseases

Workplace Infection Management and Control

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WORKPLACE INFECTION MANAGEMENT PLAN

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1   Duties of PCBUs and Employers

In this section:

1.1 What are the legal duties of PCBUs and employers?

Health and safety laws require PCBUs and employers in all states and territories to ensure, as far as reasonably practicable, the health and safety of workers and other persons at the workplace. This includes the need to provide and maintain a workplace that is without risks to health and safety of any person.

All businesses must identify health and safety risks at the workplace, including exposure to infectious diseases. Businesses should also plan a response to cases of COVID-19 at work in line with advice provided by health authorities. This requires all PCBUs and employers to review their existing policies and procedures which should be updated to ensure that they cover duty of care requirements placed on them in the current pandemic situation.

The question of whether a control measure is reasonably practicable involves consideration of what is able to be done to manage a risk, and whether it is reasonable in the circumstances for the business to do so. The likelihood of the risk event occurring, the degree of harm that might result, and the availability and suitability of a control measure are key considerations in determining what measures are reasonable to implement in the particular circumstances.

1.2 What must PCBUs and employers do?

All PCBUs and employers have a legal duty to protect their workers and employees from risk of infectious diseases in the workplace as far as is reasonably practicable. All businesses must adopt and implement policies and procedures to eliminate the risk, or if it is not reasonably practicable to eliminate the risk, to minimise the risk to the lowest practicable level.

PCBUs and employers should follow advice provided by public health authorities to reduce risks of spread of infectious diseases in their workplaces. Exposure to infection is a potential hazard for all employees and in particular, those with a high interaction with the public (retail, customer service) and specific advice from health authorities should be followed.

All PCBUs and employers (particularly those in higher-risk sectors, e.g., education, health and aged care sectors and the travel industry) should follow specific advice provided for their particular industry sector to

reduce risks of spread of infectious diseases in their workplaces. Exposure to infectious diseases could be a potential hazard for vulnerable persons (e.g., patients in health facilities, persons in aged care, airline and airport workers, etc.) where specific advice from health authorities should be followed.

1.3 Duties of workers and employees

Workers and employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others. Workers should always practise good hygiene and other measures to protect against infections by:
- washing hands often using soap and water, or carrying hand sanitiser and using it as needed
- covering their mouth when coughing or sneezing, and
- seeing a health care professional if they start to feel unwell.

1.4 What actions should a PCBU or employer take?

To comply with health and safety laws, *PCBUs* and employers must identify *hazards* at the workplace and the associated *risks*, and do what is reasonably practicable to eliminate those *risks*, or where this is not reasonably practicable, to minimise those *risks*.

Depending on the workplace, an appropriate range of control measures could include:
- monitoring official sources
- reviewing and promoting policies and procedures on infection control
- ensuring workers are aware of Government advice on isolation or quarantine periods and when not to attend work, and
- providing clear advice to workers on what steps they should take if they become unwell or think they might have symptoms of coronavirus in accordance with advice from health authorities.

Workers have WHS duties that extend to practising good hygiene and other measures to protect themselves and others against infection.

1.5 Legal liability

PCBUs and employers have a legal duty to provide a work environment that is without risks to health of any person. A worker or employee who contracts an infectious disease may lodge a claim if they believe that their employment contributed to their contracting the disease, and it can be demonstrated that their employment put them at greater risk of contracting the virus. Similarly, a client or customer who contracts an infectious disease may make a claim against a business where it can be alleged that it failed to reasonably manage risks of exposure to infection.

Having up-to-date policies and procedures in place to minimise the risk of infection of workers and other persons is essential to reduce risks of claims against a PCBU or employer by a person (including a member of the public) who has contracted (or been exposed to) an infectious disease.

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2   Facts about Infectious Diseases

In this section:

2.1   Infectious diseases

Infectious diseases are widespread throughout communities worldwide. While some are often localised, others may spread across many countries and in some cases, continents.

Workplace infection control aims to prevent pathogens from coming into contact with a person in the first place. Employers are obliged to provide a safe workplace for their employees, including the provision of adequate infection control procedures and the right equipment and training.

Epidemic

Epidemic is a term that is often broadly used to describe any problem that has grown out of control. An epidemic is defined as 'an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.'

An epidemic is an event in which a disease is *actively* spreading, and the term is often used to describe a problem that has grown out of control.

Pandemic

In contrast, the term *pandemic* relates to geographic spread and is used to describe a disease that affects a whole country or the entire world.

Understanding the differences between these two terms is important when considering outbreaks of a disease. Additionally, these terms can direct a better public health response to an outbreak of a disease.

Notable pandemics in history include:
- Bubonic plague (541 AD)   25-50 million deaths
- Black plague (1347-51)   75 million deaths
- Spanish flu (1918)   50 million deaths
- Smallpox (20th century)   300-500 million deaths
- HIV/AIDS (2005-12)   36 million deaths

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2.2   Causes of infection

Infection can be either viral or bacterial.

Examples of viral infections include:
- common cold and influenzas
- Coronaviruses

Examples of bacterial infections include:
- Bubonic plague; Black plague
- Tuberculosis
- Pneumonia.

2.3   Spread of infection

Infection is caused by pathogens (such as bacteria, viruses, protozoa or fungi) getting into or onto the body. It can take some time before the pathogens multiply enough to trigger symptoms of illness, which means an infected person may unwittingly be spreading the disease during this incubation period.

There is no single method of transmission of many infections, and many infections are transmitted by multiple routes or agents. Multiple routes or agents will greatly increase the likelihood of transmission, and make control of spread more difficult to control.

Infectious agents can be spread in a variety of ways, including:
- breathing in airborne germs – coughs or sneezes release airborne pathogens, which are then inhaled by others
- touching contaminated objects or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects, if their hands are dirty
- skin-to-skin contact – the transfer of some pathogens can occur through touch, or by sharing personal items, clothing or objects
- contact with body fluids – pathogens in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions, or through the mucus membranes of the mouth and eyes.

2.4   Routes of transmission

Most infections are transmitted by people when they have symptoms, although there are many cases where transmission can be made by a carrier who does not exhibit symptoms. Health authority advice should be taken into account when determining measures to prevent transmission.

Contact transmission

Contact is the most common mode of transmission, and usually involves transmission by touch or via contact with blood or body substances. Contact may be direct or indirect:
- *Direct transmission* occurs when infectious agents are transferred from one person to another (e.g., a patient's blood entering a healthcare worker's body through an unprotected cut in the skin)

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- *Indirect transmission* involves the transfer of an infectious agent through a contaminated intermediate object or person (e.g., coming into contact with materials contaminated by a person infected by the virus).

Airborne transmission

Airborne transmission may occur via particles containing infectious agents that remain infective over time and distance. Small-particle aerosols (often smaller than 5 microns) are created during breathing, talking, coughing or sneezing and secondarily by evaporation of larger droplets in conditions of low humidity.

Aerosols containing infectious agents can be dispersed over long distances by air currents (e.g. ventilation or air conditioning systems) and inhaled by susceptible individuals who have not had any contact with the infectious person. These small particles can transmit infection into small airways of the respiratory tract.

Droplet transmission

Droplet transmission can occur when an infected person coughs, sneezes or talks, and during certain procedures. Droplets are infectious particles larger than 5 microns in size. Respiratory droplets transmit infection when they travel directly from the respiratory tract of the infected person to susceptible mucosal surfaces (nasal, conjunctival or oral) of another person, generally over short distances. Droplet distribution is limited by the force of expulsion and gravity and is usually no more than 1 metre.

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3   Managing Risks of Infectious Diseases

In this section:

3.1   Legal duties of PCBUs and employers to manage risk

Health and safety laws require PCBUs and employers in all states and territories to provide and maintain a workplace that is without risks to health and safety of any person. This requires all businesses to identify health and safety risks at the workplace, including risk of exposure to infectious diseases. Businesses should also plan a response to impacts of an infectious disease at work in line with advice provided by health authorities.

All PCBUs and employers must regularly review their existing policies and procedures which should be updated to ensure that they cover duty of care requirements placed on them in an epidemic or pandemic situation.

3.2   What PCBUs and employers must do to manage risk

PCBUs and employers must eliminate risks arising from the work environment and facilities, or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable.

PCBUs and employers must:
- provide and maintain work environments that are without risks to health and safety
- provide information and instruction needed to protect all persons from health risks that may arise from the work carried out by the business or undertaking, and
- monitor the health of workers and the conditions of the workplace for the purpose of preventing illness.

Persons who have management or control of a workplace must ensure, so far as is reasonably practicable, that the workplace and anything arising from the workplace are without risks to the health and safety of any person.

This means that the duty to provide and maintain a safe work environment and adequate facilities may be shared between duty holders. For example, a PCBU renting their workplace will share duties with the landlord

or property manager. Duty holders in these situations must, so far as is reasonably practicable, consult, cooperate and coordinate activities with each other to maintain a safe work environment.

3.3 Monitoring and maintaining the work environment and facilities

PCBUs must monitor the conditions of the work environment, including facilities, to ensure the health and safety of workers. The conditions of the workplace should be monitored on a regular basis, particularly when there are changes to the type of work being done or to the workforce composition.

The work environment must be maintained so that it remains in a clean and safe condition. Facilities must be clean, safe, accessible and in good working order. Consumable items, including soap and toilet paper, should be replenished regularly.

Workplaces and facilities should be cleaned regularly taking into account the type of work performed, the likelihood of contamination, the number of workers using them (including during shiftwork), and the type of facility, such as eating areas, toilets, handbasins and showers.

3.4 Provision of information, instruction and training

PCBUs and employers must inform workers and other persons of hazards associated with infectious agents in the workplace, instruct them in the control measures that must be implemented, and train them in the correct selection and use of equipment (including protective clothing and PPE), and safe use of chemicals (including cleaners and disinfectants, etc.).

Information should be based on authoritative information from reputable sources, and be presented in manner that is easily comprehended and understood by recipients (e.g., posters, etc.).

Instruction must be presented that allows recipients to clearly understand the subject matter, and be backed up by visual reminders (such as posters) placed in conspicuous locations in relevant parts of the workplace.

Training should be structured and designed by a competent person to ensure that the goals of the training are achieved. A means of assessing the understanding of the training by recipients should be established to ensure that the subject matter is understood and can be put into practice.

3.5 Preventing exposure to infectious pathogens

PCBUs and employers must eliminate risks of exposure to infectious disease, or if that is not reasonably practicable, minimise the risks of exposure so far as is reasonably practicable.

PCBUs and employers will need to:
- identify potential sources of infection from within and from outside of the workplace
- determine the likely consequences of infection, and potential harm to infected persons
- assess the likelihood of exposure to any worker or employee while at the workplace, and
- identify and implement the means of eliminating exposure or, if exposure cannot reasonably be prevented, minimising the risk of exposure to infection to any person.

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3.6   Determination of control measures

Control measures must be adequate for the degree of risk of infectious disease in the workplace. Controls must be selected in accordance with the hierarchy of risk controls. Higher level controls must be implemented where practicable, with lower level controls implemented only where it is not reasonably practicable to implement higher level controls, or in addition to higher ranked controls where a risk still exists after their implementation.

Avoidance (Level 1 control)

Avoidance of risk by preventing exposure to an infectious disease is best practice, but can be disruptive by requiring workers and employees to work from a remote or alternative location or by not attending work.

Depending on the type of employment, a worker or employee who has been instructed to not attend work but who has not been stood down may be entitled to be paid during this period of forced absence. However, a person who voluntarily refrains from attending work will not be entitled to payment, but may need to take annual or other paid leave or personal/carer's leave in extenuating circumstances.

In cases where it is impractical for the business to continue operations due to lack of staff or resources and the decision is made to suspend operations, the business may stand down affected workers and employees in accordance with provision included in awards or agreements in accordance with the Fair Work Act.

Vaccination (Level 2 control)

Vaccination plays an important part in the control of occupational exposure to zoonoses (e.g., brucellosis, Q-fever, leptospirosis, etc.) and non-occupational seasonal infections (e.g., influenza). Vaccination against occupational diseases is generally prescribed by Regulations, while vaccination against seasonal infections is voluntary but recommended to prevent widespread absenteeism during a seasonal epidemic.

Mandatory vaccination against epidemic and pandemic diseases may be prescribed by health authorities to prevent the spread of infection to the community at large.

Workplace hygiene (Level 2 control)

Workplace hygiene is essential to prevent the spread of infection by contact. PCBUs and employers should:
- make sure that workplaces are clean and hygienic
- ensure that surfaces (e.g., desks and tables) and objects (e.g., telephones, keyboards, etc.) are wiped with disinfectant regularly.

Personal hygiene (Level 3 control)

Personal hygiene includes procedures such as hand hygiene (hand washing, sanitising) which is a proven control measure for protection from a wide variety of infectious diseases spread by contact transmission.

Cough etiquette is a control measure for prevention of spread of infection from infected persons via droplet and/or airborne transmission.

Information and instruction in personal hygiene practices is essential to ensure that all persons are aware of the procedures and their importance in the prevention of the spread of infection.

Protective clothing and equipment

Protective clothing and personal protective equipment (PPE) is essential for protection of persons who may come into contact with infected surfaces and objects in the workplace. Training in the correct selection, use, care and maintenance of PPE must be provided to users, and adequate supplies of PPE must be available to replace items that have been contaminated or damaged during work activities.

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4　Workplace Infection Management

In this section:

4.1　Duty to manage risks

PCBUs and employers have duties to protect their workforce and others who may be impacted by their business and must actively consider their management plans and strategies to manage risks of infectious diseases in their workplaces. All businesses need to create a workplace hygiene plan that sets out how the health of workers and other persons at the workplace will be protected.

Assumption of risk

The basis of good infection control in the workplace during an outbreak is to assume that everyone and everything is potentially infectious. Every workplace should have an infection control plan that includes hygiene controls and workplace cleaning procedures to prevent spread of infection. Proper hygiene and cleaning procedures have to be followed at all times.

The frequency and methods of cleaning will be determined by the likelihood of exposure within the particular area, and the virulence of the pathogens present in the area.

4.2　Routine management

Transmission of infectious agents from the environment to workers and others may occur through direct contact with contaminated surfaces or objects, or indirectly via hands that are in contact with contaminated equipment or the environment and then touch a route of entry (e.g., eyes, nose, mouth) of the person.

Environmental surfaces can be safely decontaminated using less rigorous methods than those used in higher-risk (e.g., health care, food preparation, etc.) areas. The level of cleaning required depends on the objects involved and the risk of contamination—for example, surfaces that are more likely to be contaminated with infectious agents require cleaning between uses, which is more often than for general surfaces and fittings.

It is good practice to routinely clean surfaces as follows:
- Clean frequently touched surfaces with detergent solution at least daily, when visibly soiled and after every known contamination.

- Clean general surfaces and fittings regularly and when visibly soiled.

4.3   Workplace infection control

Infection control procedures relating to workplace cleanliness include:
- regular washing of floors, washrooms and toilets, and surfaces (e.g., tables, benchtops) with hot water and detergent
- periodic washing of walls and ceilings
- thorough washing and drying of mops, brushes and cleaning cloths after every use (drying on mops and cloths is particularly important as many pathogens rely on moisture to thrive
- using disinfectants to clean up spills of biological matter, and
- spot cleaning where necessary.

Ensure correct disposal of contaminated PPE (gloves, disposable aprons, etc.) and cleaning materials (single-use cleaning cloths and wipes, etc.) by providing closed bins with sealable liner bags. Dispose of contaminated waste in accordance with local authority or health authority requirements.

Always follow infection control precautions (including protective clothing and PPE requirements) when carrying out cleaning of infected workplaces and premises.

4.4   Routine workplace cleaning

General surface cleaning requirements can be divided into two groups – minimally touched surfaces and frequently touched surfaces.

Minimally touched surfaces include floors, walls, ceilings, windows, blinds and curtains, etc.

Frequently touched surfaces include doors, door knobs and handles, stair rails, desks, tables and work benches, etc.

Always wear protective clothing and gloves when cleaning surfaces and when using disinfectant and other chemicals. Always follow manufacturer's instructions for use of cleaning chemicals and disinfectants.

4.5   Routine surface cleaning

Follow these procedures for routine surface cleaning:
- prepare all cleaning solutions immediately before use
- damp wipe down all work surfaces with a neutral detergent and warm water solution, rinse with clean damp wipe (or disinfectant if required) and dry before and after each work session
- follow manufacturer's safety precautions and recommendations for use of disinfectants where required for surface cleaning
- empty buckets after use, wash with detergent and warm water, rinse with hot water, and turned upside down and stored dry
- launder or clean mops in detergent and warm water after use, rinse in hot water and store dry. Mop heads should be detachable or stored with the mop head up.

5   Infection Control

In this section:

5.1   Standard precautions

The basis of good infection control in the workplace is to assume that everything is potentially infectious. Every workplace should have an infection control plan that includes cleaning procedures to prevent spread of infection. Proper procedures have to be followed at all times.

Standard precautions are the work practices required to achieve a basic level of infection prevention and control. The use of standard precautions aims to minimise, and where possible, eliminate the risk of transmission of infection.

Standard precautions consist of the following practices:
- hand hygiene before and after all contact with potentially infected surfaces, items and   materials
- respiratory hygiene
- use of personal protective clothing and equipment including coveralls, gloves, aprons, face masks, eye protection and face shields
- cleaning and sanitising of reusable cleaning equipment
- routine workplace environmental cleaning, and
- waste management.

5.2   Personal hygiene practices

Hand hygiene

Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. Hand hygiene is a general term that refers to any action of hand cleansing, such as hand washing or hand sanitising.

Hand washing - Hands should be washed with soap and water when visibly soiled and after using the toilet.

Hand sanitising - Hand sanitising with an alcohol-based hand sanitiser is an effective method for hand cleansing in when hands are not visibly soiled and hand washing facilities are not readily available. Hand sanitisers are more effective against most bacteria and many viruses than either medicated or non-

medicated soaps. Hand sanitisers are also less drying on hands than washing hands with soap and water, and consequently cause less irritation to the skin. Hand sanitisers should be applied to hands when dry.

5.3   Personal protective equipment

Personal protective equipment (PPE) protects the worker form exposure to pathogens and chemicals used for cleaning purposes. PPE that complies with relevant Australian Standards (or equivalent overseas Standards) should be readily available and accessible for workers.

Gloves

The use of gloves should not be considered as an alternative to performing hand hygiene. Hands must be washed with soap and water before putting on and after removing gloves. Instruct and train personnel in the correct selection, use and disposal of gloves as an infection barrier.

Wear single-use non-sterile gloves when there a potential risk of contact with contaminated surfaces or materials. Dispose of gloves immediately after use and wash hands with soap and water. Dispose of used gloves as contaminated waste.

Coveralls

Disposable coveralls should be worn when cleaning infected areas where contamination of clothing is likely and when using potentially hazardous cleaning and disinfecting products. Closures and hoods should be fully closed to provide full protection to the wearer.

Remove coveralls after use and roll up carefully and dispose of as contaminated waste.

Aprons

Disposable liquid-proof aprons may be suitable for tasks where contamination of clothing is unlikely while carrying out cleaning tasks (e.g., light cleaning of surfaces using wipes, etc.).

Remove aprons after use and roll up carefully and dispose of as contaminated waste.

Gloves

The use of gloves should not be considered as an alternative to performing hand hygiene. Hands must be washed with soap and water before putting on and after removing gloves.

Wear single-use non-sterile gloves when there a potential risk of contact with contaminated surfaces or materials. Dispose of gloves immediately after use and wash hands with soap and water. Dispose of used gloves as contaminated waste.

Face masks

Refer to Transmission-based Precautions table to select appropriate types of face masks for tasks to be carried out and infection risks encountered.

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Face masks must be correctly worn and fit checks carried out before entering into an infected area. Good facial fit and seal is critical, and users should be close shaven (no beards or stubble) when face masks.

Persons using face masks must be trained in the correct selection, use and care of the equipment.

Eye and face protection

Eye protection (close-fitting safety glasses) or chemical-proof goggles must be worn where there is a risk of splash or contact of chemicals or infected materials to the eyes.

Face shields provide protection to the eyes and face for splashes of chemicals or infected materials. Face shields are not to be used as a primary means of eye protection, but worn over safety glasses.

Eye and face protection should be washed and sanitised after use, and allowed to dry before re-use.

5.4   Transmission-based Precautions

Infection control measure	Route of transmission		
	Airborne	**Droplet**	**Contact**
Coveralls	Yes	Yes	Use where high risk of contact with potentially contaminated surfaces or hazardous chemicals
Aprons	N/A	N/A	Use where low risk of contact with potentially contaminated surfaces or cleaning chemicals
Gloves*	Yes	Yes	Yes
P2 Respirator	Yes	No	N/A
Surgical mask	No (use P2/N95)	Yes	Yes
Safety glasses/goggles*	Yes	Yes	Yes
Face shield*	No	No	Use over eye protection when using hazardous cleaning chemicals

* Refer to SDS for cleaning chemicals and disinfectants for PPE recommendations.

Examples of disinfectants and sanitisers for infection control cleaning

Disinfectant	Recommended use	Precautions
Sodium hypochlorite: 1,000 ppm of available chlorine (10%)	Disinfection of material contaminated with blood and body fluids	Use only in well-ventilated areas. Wear eye, hand protection and apron when handling bleach. Do not mix with strong acids. Corrosive to metals.
Alcohol: e.g., Isopropyl 70%; ethyl alcohol (methylated spirits) 60%	Smooth metal surfaces, bench and table tops, other surfaces where bleach cannot be used	Flammable and toxic. Use in well-ventilated areas only. Avoid inhalation. Keep away from heat sources, electrical equipment, flames and hot surfaces. Allow to dry completely.

6   Workplace Contingency Plans

In this section:

6.1   Contingency planning

All businesses must identify health and safety risks at the workplace, including exposure to risks of infectious diseases. Businesses should also plan a response to cases of infection at work in line with advice provided by health authorities.

PCBUs and employers may be faced with high levels of absenteeism due to workers having contracted a disease, workers who have been in close contact with a confirmed case, carers and people in isolation or quarantine. Businesses need to develop contingency plans to limit disruptions to business and lessen the impact of an outbreak on business continuity.

Businesses will need to identify areas of their business which will be more heavily impacted by an outbreak of an infectious disease. Depending on the size of the business, they may need to establish a planning team to minimise the effects of an outbreak. Planning teams should:
- identify critical business processes, and rank them in order of importance
- identify essential physical, human and financial resources necessary to continue these critical processes
- identify any interdependencies that the business might have on others (e.g., suppliers, distributors, service providers, contractors, etc)
- establish a policy for visitors, etc, that would become operational during an outbreak, and
- develop contingency plans for the continuation of identified critical business processes.

External factors that may impact on a business could include –
- exposure of workers to risk of infection during travel on public transport, etc
- lack of child-care arrangements in the event of shutdown of child care centres
- effects of illness on family members of staff and workers.

Develop contingency plans

PCBUs and employers need to plan for a situation where they might lose a high number of staff and workers at the peak of an outbreak, and prepare for a second and possibly third wave of absenteeism. In most cases, people may also be absent for a period of isolation following an exposure to a confirmed case.

Contingency plans could include –
- training workers in alternative roles
- making arrangements for staff to work from home
- arranging alternative suppliers or stockpiling essential inputs
- developing standard operating procedures so that everyone knows how to carry out different tasks, and
- capturing and storing all critical information where it can be easily accessed.

Where employees are placed into another role to cope with staff shortages, it is essential that they are familiar with the responsibilities and duties of the role that they will be required to carry out, and informed and trained the hazards and risks associated with the role and the applicable safety measures.

6.2 Business continuity plans

PCBUs and employers will need to be prepared for the unexpected to occur. They may be able to cover what may occur in their business, but cannot predict what will happen to those businesses that interact with theirs, whether upstream (e.g., suppliers, service providers) or downstream (clients or customers).

Identify risks to the business

Businesses will need to identify what are the probable effects of the outbreak on the business and its operations. In particular, they need to identify effects on:
- supply of goods and services (effects on suppliers, service providers, contractors)
- productivity (reduced output and delays due to reduced workforce)
- customers (delayed or partial delivery of goods or services)
- cash flow (reduced income due to orders not being fulfilled, etc).

Preparedness planning should be disseminated to all staff and workers and to other key stakeholders where applicable. Companies should test their planning for contingencies to ensure that their business is able to cope with the effects of an outbreak before the plan needs to be put into place when the outbreak occurs.

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7   Administrative Controls

In this section:

7.1   Keeping workers safe

Infection is caused by pathogens (such as bacteria, viruses, protozoa or fungi) getting into or onto the body. It can take some time before the pathogens multiply enough to trigger symptoms of illness, which means an infected person may unwittingly be spreading the disease during this incubation period.

There is no single method of transmission of many infections, and many infections are transmitted by multiple routes or agents. Multiple routes or agents greatly increase the likelihood of transmission, and make control of spread more difficult to control.

7.2   Infection prevention and control

Good outbreak control relies on applying a package of interventions including surveillance, education and engagement. Raising awareness of risk factors for infection and protective measures that individuals can take is an effective way to reduce transmission.

PCBUs and employers should take the following steps:
1.   Plan for any potential impact of an infectious disease on their business.
2.   Plan for the impact of an outbreak on workers and customers.
3.   Establish policies to be implemented during an outbreak (or potential outbreak.
4.   Allocate resources to protect workers and customers during an outbreak.
5.   Communicate with and educate their workers.

Risk reduction messaging should focus on several factors:

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Reducing the risk of human-to-human transmission from direct or close contact with people with symptoms. Isolation and monitoring of persons who may have been exposed to the pathogen is essential to preventing spread of the disease.

Outbreak containment measures including:
- prompt identification of people who may have been in contact with someone infected with the disease
- monitoring the health of contacts
- the importance of separating healthy persons from the sick to prevent further spread
- the importance of good hygiene, and
- maintaining a clean environment.

7.3   Personal hygiene

This simple step is vital in the prevention of an infectious disease spreading.

Hand hygiene is a general term that refers to any action of hand cleansing, such as hand washing or hand sanitising. Many pathogens can survive on hard surfaces for a few hours or up to several days. and can easily spread through contact between people's hands. Hands should be washed with soap and warm water (if available) for at least 20 seconds after handling potentially infected surfaces or objects, before eating, drinking or touching the eyes, nose or mouth, and after using the toilet. Hand sanitiser is useful if hand washing is impractical.

7.4   Social distancing

Infections can spread easily from an infected person even before they realise that they have contracted the disease themselves. Limiting exposure to risk by reducing time spent in public areas or on public transport can significantly reduce risk of contracting and spreading of infection.

Avoid close contact with other persons when in a public place during an outbreak. (Health authorities recommend keeping at least 1 m or more away from a person who is sick or is suspected of being infected).

7.5   Alternative working arrangements

PCBUs and employers have an obligation to protect the health and safety of all of their workers, employees and other persons who may be affected by activates carried out at the workplace. This obligation extends to any communicable disease or illness, and means that they should be considered as a workplace health and safety issue. Businesses must plan and implement a procedure to deal with such cases as they arise. The steps that a business must take will be governed by the degree of risk that is associated with any possible illness.

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Option 1 – Isolation or quarantine

A business may direct a worker who may be suspected of being infected by the illness not to attend work until the specified isolation period for the illness has elapsed. This would apply to persons who have been to a known "danger area" where infection is known to be occurring, and also to workers where a member of their household has fallen ill or is suspected of possible infection. (This option would require consultation with a medical practitioner to verify that the worker should be isolated and not attend work).

Option 2 – Working from home

Any work from home arrangement should follow existing working from home arrangements in force (excepting attendance at the workplace), and must meet the needs of employees subject to any isolation or quarantine arrangements.

A PCBU or employer must ensure that persons who work from home are not exposed to risk of injury or illness, by ensuring that the home-based workplace is safe and without risks to the worker's health. Assessments of workplaces should be carried out by an appropriately trained person, and should be restricted to only the part of the home that will be used as a workplace.

7.6   Stand downs

Permanent employees (full-time and part-time)

A stand down period does not break the continuity of service of the affected employee.

Stand down means placing an employee in a position in which, for the time being, their rights and duties as an employee and the rights and duties of the employer to them are suspended. Stand downs should only be considered when other working arrangements are not reasonably practicable and the employee cannot be usefully employed. Note: An employee is not 'usefully employed' when the performance of work would harm the business, e.g. the cost of wages when an employee is unable to perform their work.

Stand downs can only apply when work cannot usefully be performed by the employee for reasons beyond the control of the employer. Standing down of employees can only occur when rights to do so are covered by provisions of an employment contract, a modern award or enterprise agreement, or the *Fair Work Act*.

Steps that must be followed by a PCBU or employer when standing down employees are:
1. **Identify the right to stand down employees.** PCBUs and employers will need to comply with stand down provisions in a modern award enterprise or employment agreement, or as provided for under the Fair Work Act.
2. **Verify that conditions exist to exercise the right to stand down employees.** PCBUs and employers must be able to produce evidence to show that cessation of work was done due to reasons outside of the control of the business.

3. **Identify those employees who are to be stood down.** PCBUs and employers who are not shutting down their business completely will need to identify employees who cannot be usefully employed due to the circumstances initiating the stand down.

4. **Notify employees of the stand down in writing.** The notice must include the reason for the stand down, when the stand down will commence, the expected duration of the stand down, and a notice stating that the stand down does not break the continuity of their service, but that the stand down period is not counted for accrual purposes.

Note: An employee who has been stood down may be able to work for another employer for the period of the stand down without affecting their employment with the PCBU or employer. The employee must obtain agreement from their PCBU or employer before commencing work for another business.

Other employees

Persons who are engaged on terms that enable the employer to cease the employment with short notice (e.g., contractors, labour-hire workers and casual employees) may be laid off instead of being stood down.

Labour Hire Workers

PCBUs and employers should check whether the labour supply agreement with the labour hire agency may require them to give minimum periods of notice to labour hire personnel before laying them off.

7.7   Shut downs

A shut down occurs when a business cease to operate in any significant way rather than at a reduced capacity. The retention of a skeleton workforce does not prevent a business from being considered to be shut down.

A PCBU or employer may ask employees to volunteer to take paid leave at short notice as an alternative to being stood down with no pay.

8   Tools, Forms and Checklists

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In this section:

8.1   Business Continuity Risk Assessment

Step 1   Identify the risk

Identify what are the probable effects of the outbreak of an infectious disease on the business and its operations. In particular, identify effects on:

- supply of goods and services (effects on suppliers, service providers, contractors)
- productivity (reduced output and delays due to reduced workforce)
- customers (delayed or partial delivery of goods or services)
- cash flow (reduced income due to reduced demand, orders not being fulfilled, etc).

Step 2   Assess the risk

Assess the risks to business operations based on the following questions:

1.   What are the likely consequences of the outbreak on identified risk areas?

2.   What is the probability that the consequences will actually occur?

Assess risks using the Risk Calculator to accurately identify the level of risk that threatens the business.

RISK CALCULATOR	**Consequences of event occurring**			
Probability of occurrence How likely is it that the event will occur?	Devastating impact on business	Major impact on business	Moderate impact on business	Minimal impact on business
Will definitely occur	**Extreme**	**Very High**	**High**	**High**
Strong chance of occurring	**Very High**	**High**	**High**	**Moderate**
May occur	**High**	**High**	**Moderate**	**Low**
Unlikely to occur	**Moderate**	**Moderate**	**Low**	**Low**

Step 3   Identify and decide on control measures

All businesses will have different survival needs, but the most common will be staff numbers, which may fall to below critical levels if an outbreak occurs. Supply of goods and services will also become problematic if service providers are unable to meet their customer's needs due to staff shortages. Select control measures to address each particular risk in conjunction with controls being implemented for other risks.

The hierarchy of risk control measures should be applied to each risk. These are –

1.   eliminate the risk where practicable, or, if not reasonably practicable,

2. substitute the risk with a lesser risk (this control may not be applicable for infection management)
3. isolate the hazard
4. minimise the risk by engineering means
5. apply suitable administrative measures to minimise exposure to the risk, and
6. use appropriate personal protective equipment if other control measures cannot be applied or fail to adequately control the risk.

Step 4   Monitor effectiveness of control measures

Monitor applied control measures to ensure that they are operating effectively. Prompt remedial action must be taken as soon as a problem is discerned to allow corrective actions to be applied before the problem escalates or gets out of control. Alternative solutions may be identified and should be listed in the case of a failure of a primary control measure.

Step 5   Review the plan

The purpose of the review is to determine –
- what worked well
- what didn't work well, and
- what should be done if a similar event occurs again.

Any changes to the plan should be documented, and an amended plan which incorporates the changes issued. The plan should also be reviewed if changes occur in company operations, structure or size, etc.

8.2   Chemical safety controls

PCBUs and employers must ensure the health and safety of persons using cleaning chemicals and disinfectants for infection control cleaning purposes. Control measures for the safe use of chemicals include:
- Obtain a current Safety Data Sheet (SDS or MSDS) for each chemical used
- Carry out a risk assessment for the chemical based on the method of use and risk of exposure
- Compile a Chemicals Register that contains SDSs, risk assessments and health and safety control measures (including protective clothing and PPE) for each chemical
- Instruct workers in the safe handling, use and disposal of chemicals
- Provide appropriate protective clothing and PPE to workers, and instruct them in the correct use, care and maintenance of the equipment
- Instruct workers in protocols for cleaning all areas of the workplace including exclusion of persons from areas where risks may be present during workplace cleaning.

8.3   Infection Control Action Plan

Step 1   Preliminary planning

Identify the personnel who will play key roles in the implementation of the plan, and ensure that they are familiar with the roles and duties that they will be required to carry out. It is essential that alternative persons are allocated to each of the roles to ensure that the functions will still be carried out even if key personnel are unavailable during an outbreak.

Example (use Worksheet 1 for this step):

Role or function	Person 1	Person 2 (alternative)
Management Team leader	*Arthur Wallace*	*Wally Arthurson*
Team member (s)	*Fred Bloggs*	*Peter Potter*
Liaison/communications	*Harold Ericsson*	*Joan Pollimott*

Identify operations, roles and functions that are critical to the running of the company to ensure that sufficient staff and resources are available to continue viable day to day running of the business. Less critical functions should be identified to ensure that staff (who may be in short supply) are not diverted away from more critical tasks. Prioritise each of the identified operations or functions to ensure that the more important operations or functions receive a higher priority.

Example (use Worksheet 2 for this step):

Critical operation/role/function	Priority	Minimum staffing level
Administration	1	*2*
Customer support/help desk	2	*1*
Accounts	3	*2*
Sales/call centre	4	*2*
IT, data and telecommunications	5	*1*
Facility management	6	*1*
Manufacturing	7	*5*
Maintenance	8	*1*

As well as identifying the critical operations and functions, it is essential to identify the key persons with core skills to fill those roles, especially where there may be only a limited number of persons with the required skills. All persons with the required skills should be identified for other roles that they can fill.

Example (use Worksheet 3 for this step):

Role/function	Core skill	Persons with core skills	
		Person1 (incumbent)	Person 2 (alternative)
Administration	*Switchboard, Outlook*	*Mary*	*Jane*
Customer support	*Product knowledge*	*Roger*	*Peter C.*
Accounts	*MYOB*	*George*	*Ruth*
Sales/call centre	*Inventory*	*Peter R.*	*John J.*
IT, data, telecom.	*Networking*	*Bill G.*	*Steve J.*
Facility mgmt.	*Building maintenance*	*Bob B.*	*None*
Manufacturing	*Tool setter*	*Tom T.*	*Bill S.*
Maintenance	*Electrical*	*Fred M.*	*None*

Step 2   Risk identification

Identify the adverse impacts on the business that may occur due to an outbreak. Consultation with staff and workers is essential to ensure that all potential risks to company operations and activities are identified and assessed. Consultation with customers and suppliers is also critical to determine the risks associated with delays in delivery of goods or service, and potential problems in the supply of essential plant and equipment, materials and goods and services.

Example (use Worksheet 4 for this step):

Risk No.	Identified risk	Impact(s) on business
1	*Inability to fill customer orders*	*Possible loss of existing customer*
2	*Lack of experienced sales staff*	*Possible loss of new business*
3	*Computer system crash*	*Loss of data, delays in accounting*

Step 3   Risk assessment

Assess the level of risk presented by each of the identified risks. Apply the risk calculator to the risks, and answer each question in turn on the matrix to assess the level of risk.

Example (use Worksheet 5 for this step):

Risk No.	Probability of Occurrence	Consequences of event occurring	Risk level
1	*Strong chance*	*Major impact on business*	*High*
2	*Strong chance*	*Moderate impact on business*	*Moderate*
3	*May occur*	*Major impact on business*	*Moderate*

Step 4   Risk control measures

From the example above, it is evident that the inability to meet customer needs is the most critical risk, and should be given higher priority over other risks. In a pandemic or similar situation, loss of experienced or trained staff and workers will be the prime cause of the risk manifesting. The key areas will be identified by the risk assessment process, and all that is needed now is to decide on the appropriate measures to counter the risk.

Example (use Worksheet 6 for this step):

Risk No.	Identified risk	Risk control options	Preference
1	*Inability to fill customer orders*	*Reallocate staff from sales team*	*2*
		Source temporary staff from agency	*1*
		Wait until everyone is back on deck	*3*

Once possible risk controls have been identified, it is a simple matter to select the most appropriate control measure in the particular circumstances. The very nature of an outbreak means that there will be fewer people available for work both within and outside of the business. For this reason, it is critical to ensure that as much of the business can operate as usual.

Health and safety issues must also be addressed to ensure that the health and safety of re-allocated workers is not put at risk by their working in a different occupation or workplace. Induction and orientation must be provided where necessary.

8.4   Action Plan Worksheet templates

Worksheet 1 – Key Personnel

Workgroup or area: _____

Role or function	Person 1	Person 2 (alternative)
Management Team leader		

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Worksheet 2 – Critical operations/roles/functions

Critical operation/role/function	Priority	Minimum staffing level

Worksheet 3 – Persons with core skills

Role/function	Core skill	Persons with core skills	
		Person1 (incumbent)	Person 2 (alternative)

Worksheet 4 – Risk identification

Risk No.	Identified risk	Impact(s) on business

Worksheet 5 – Risk assessment

Risk No.	Probability of Occurrence	Consequences of event occurring	Risk level

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Worksheet 6 – Risk control options

Risk No.	Identified risk	Risk control options	Preference

8.5   Infection control measures

Protection measures

Protection measure	Where applicable
Hand washing,	Everyone, all of the time
Organisational policies	Every organisation, all of the time
Social distancing	At least 1 m (or as prescribed) from infected person when unprotected
Protective barriers	Isolate or quarantine Infected persons to prevent spread of infection.
Protective clothing	Disposable coveralls, disposable gloves, face mask, eye protection, other PPE as recommended by the health authority.

Disposable surgical mask	Workers in community or health care who are dealing with the sick (including first responders), also used as an adjunct to protective barriers.

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

Remove all magazines and newspapers from common areas (such as kitchens, meal rooms) and reception/waiting areas.

Preventative strategies

Have the following prevention strategies been put in place?	Yes	No
Hygiene strategy to prevent spread of disease, including adequate hand-washing facilities, supplies of anti-bacterial cleaners and paper towels?		
Education programmes to inform workers about preventative measures?		
Policies that require workers to advise when they or family members exhibit coronavirus-like symptoms?		
Procedures to prevent the spread of infection should a staff member become ill?		

A "NO" response means that you and your workers are at risk should an outbreak occur, or a risk of rapid spread of the disease should anyone become infected by it.

8.6   Workplace Infection Control Cleaning Checklist

Note: This list is not exhaustive, and other items or processes may be added to address local requirements.

WORKPLACE INFECTION CONTROL CLEANING CHECKLIST			
Company:		**Address:**	
Work location:		**Supervisor:**	**Date:**
Work to be carried out:			

EQUIPMENT AND TOOLS REQUIRED

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Site security	Y	N	Details and precautions
Portable barriers			Check condition, adequate for all locations
Easels			No Entry; Wet Floor; Quarantine zone, etc.
Other:			
Electrical appliances	Y	N	Details and precautions
Electrical equipment (other than cordless tools)			Visual inspection, leads, safety tag, before use
Cordless tools and equipment			Visual inspection before use
Other:			
Access equipment	Y	N	Details and precautions
Stepladders (use for one-handed work only)			Open fully, lock braces, do not use top 2 steps.
Step platforms			Open fully, lock braces, do not lean out to sides.
Other:			
Hand tools, etc.	Y	N	Details and precautions
Cleaning tools (mops, brushes, etc.)			Handles fitted correctly, not loose
Buckets, bins			Handles secure, lids close on bins
Cleaning cloths, disposable wipes			Separate bin for used cloths, closed bin for wipes
Other:			

PROTECTIVE CLOTHING AND PPE REQUIRED

Item	Type	Y	N	Details and precautions
Coveralls				
Apron				
Gloves				
Eye protection				
Face shield				
Respirator				Fit check for disposable types
Other:				

CLEANING CHEMICALS AND DISINFECTANTS (Chemicals Register with SDS and risk assessments to be provided)

Used for	Name of chemical	Risk level	Eye protect.	Gloves	Other
Floors, walls					
General surfaces					
Metal surfaces					
Glass					
Toilets					
Disinfectant					
Other:					

OTHER PRECAUTIONS, COMMENTS

INSTRUCTION OF WORKERS

Name	Signature	Name	Signature
Name of instructor		**Date carried out**	