Acknowledgements

This resource has been developed as part of a broader project (see Appendix 1). It aims to consolidate existing information and provide practical advice to disability service providers in preparing and responding to a pandemic situation. NDS WA would like to acknowledge the project steering committee including:

- Wendy Cox – Disability Services Commission
- Gail Palmer – Hills Community Support Group
- Janet Wagland - Brightwater Care Group

NDS acknowledges the Disability Services Commission for providing a Service Improvement Grant which contributed to the development of this resource.

NDS would like to acknowledge the contribution of Associate Professor Paul Van Buynder, Director Communicable Disease Control Directorate (CDCD) Department of Health WA, who kindly presented at a breakfast forum on Preparing for a Contagious Disease Outbreak (presentation attached as Appendix 3). NDS also thanks Eleanor Sullivan, Pandemic Planning (CDCD) for her advice throughout the project and review of final document.

Further Information:
For information about this information resource contact - Monique Williamson or Mary Butterworth at National Disability Services WA
Phone: (08) 92089802
monique.williamson@nds.org.au or mary.butterworth@nds.org.au
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1. Introduction

This resource has been developed as part of a broader project (see Appendix 1). It aims to consolidate existing information and provide practical advice to disability service providers in preparing and responding to a pandemic situation.

There is much that disability service providers and individuals can do to protect themselves and others and to help stop an influenza pandemic from spreading throughout the community. Should an influenza pandemic spread to Australia, more information and support tools will quickly be made available, including through daily newspapers and television and radio bulletins, to help the community to deal with the situation at hand. However it is important for organisations to consider the material in this resource to ensure they are prepared for a pandemic or similar situation if it occurs.

The resource has three key objectives to:

1. collate existing information into a central resource for disability service providers including;
   a. develop practical resources that disability service providers can use for educating staff and other stakeholders;
   b. provide information that can be used to guide business planning in an event of a pandemic; and
   c. provide information on useful templates for pandemic planning.

2. identify opportunities and strategies to promote sector wide collaboration and resource sharing in the event of a pandemic; and

3. to identify specific information in relation to people with a disability in an event of a pandemic.
2. Checklist - Precautions and Preparedness

CHECKLIST
Summary of Practical Strategies for Disability Services

1. Infection Control
   We provide compulsory and regular Infection Control Training for all staff.
   We ensure Infection Control Policies and Procedures are put into practice.

2. Flu Vaccination Policy and Practice
   All staff and service users are strongly encouraged to have Annual Flu Vaccination.

3. Teaching hygiene practices to people with a disability
   Service users are taught and encouraged to maintain good hygiene practices.

4. Arrangements with General Practitioners
   All service users have pre consent arrangements for public health treatment.

5. Early Identification of Influenza Outbreak
   Key staff know the importance of responding immediately, in terms of who to contact
   and what actions to take, should they identify a staff member, service user or visitor
   with signs and symptoms of pandemic influenza.

6. Business Continuity Plan
   We have a Pandemic Business Continuity Plan.
   We have a pandemic planning team or Influenza Manager for our service.
   We have developed contingency plans for continuation of critical business processes.
   We have standard operating procedures so everyone knows how to do different tasks.
   We capture and store all critical information where it can be easily accessed.
   We have updated employee’s personal and contact information.
   Staff are aware of our preparedness planning.
   We have reviewed insurance coverage for a pandemic situation.
   We have developed a comprehensive Communication Strategy.
   We have a map of accommodation service settings for our agency.
   We have an action plan detailing what we will do in the event pandemic influenza
   occurs in a residential care setting.
3. Relevant Government Pandemic Plans

Australian National Plans

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

1. National Action Plan for Human Influenza Pandemic

The National Action Plan for Human Influenza Pandemic outlines how Commonwealth, state, territory and local governments will work together to protect Australia against the threat of an influenza pandemic and support the Australian community should one occur. Supporting this plan are plans that cover in more detail how individual agencies and state and territory governments are working together to prepare for, and respond to, an influenza pandemic.

An influenza pandemic could have a major impact on Australia’s economy. Appropriate business planning and preparation will underpin our ability to recover quickly.


2. The Australian Health Management Plan for Pandemic Influenza (AHMPPPI)

The Australian Health Management Plan for Pandemic Influenza is divided into four parts:

• Part 1 provides important background information on the nature of influenza and pandemics.
• Part 2 describes what the Commonwealth Government is doing to prepare for a possible pandemic, from a health perspective.
• Part 3 describes how a pandemic might play out and the actions that would be needed to respond to it.
• Part 4 provides practical information about what groups and individuals can do to prepare for a pandemic, to manage during it, and to recover from it.


Western Australia Plans

1. Western Australian Management Plan for Pandemic Influenza (WAMPPPI) - November 2005

The Western Australian Management Plan for Pandemic Influenza (WAMPPPI) - November 2005 was developed by the Department of Health (DoH) under the auspices of the Western Australian Influenza Pandemic Advisory Committee (WAIPAC).

WAMPPPI is an operational plan underlying Westplan - Human Epidemic – the State human epidemic emergency plan. WAMPPPI is based on the Australian Management Plan for Pandemic Influenza (AMPPPI) - June 2005, which was developed by the Australian Government’s Department of Health and Ageing (DoHA).

WAMPPPI - November 2005 replaces the first version, WAMPPPI - August 2005, and will continue to be revised in accordance with AMPPI and to produce guidelines and information materials to assist stakeholders with planning and preparation for an influenza pandemic.

4. Practical Preparedness for WA Disability Services

The advice gathered and literature reviewed during this project suggests the following practical strategies that disability service providers can implement to prepare for pandemic or similar situations.

If (experts say ‘when’) a pandemic does occur in Western Australia it is likely to happen quickly. The more thought and preparations service providers carry out the more likely they can effectively manage the situation.

It is recommended as a minimum disability service providers consider and apply the following strategies.

4.1 Compulsory Infection Control Training for Staff
All staff should undergo regular and comprehensive infection control training. Conscientious use of standard infection control precautions will minimise the risk of workers acquiring infections and transferring infections between persons. Standard precautions include:

- regular correct handwashing;
- handwashing after any contamination of hands;
- protection of damaged skin by covering with a waterproof dressing or by gloves;
- good hygiene practices to prevent most infections;
- the use of personal protective equipment; and
- containment of all blood and body fluids, i.e. confining spills, splashes and contamination of the environment and workers to the smallest amount possible.

It is recommended that all new staff are trained in infection control at orientation and refresher training on a regular basis.

4.2 Infection Control Policies and Procedures
Policies and procedures should be developed to ensure infection Control Practices are maintained within service settings. Procedures should include:

- strategy to ensure infection control practices are at the highest standards such as management monitoring of practices.
- the organisation providing equipment to maintain adequate levels of infection control practice such as gloves, face masks, safety glasses, aprons and gowns and training on how to correctly store and use it; and
- the organisations commitment to providing regular training for employees.

4.3 Teaching hygiene practices to people with a disability
Where appropriate start teaching service users now to wash their hands and to practice good respiratory hygiene.

4.4 Encouraging Flu Vaccination annually for all staff and service users.
All staff and service users should be strongly encouraged to have annual flu vaccinations. Current practice for some organisation include funding the costs of such vaccinations and arranging clinics at the workplace by qualified practitioners so vaccinations can be given conveniently.
Department of Health and Ageing recommend¹:
- the optimal time for influenza vaccination is February to April each year
- prior to or upon admission and then annually each resident should be assessed regarding their vaccination status
- prior to or upon employment and then annually, each staff member should be assessed regarding their vaccination status
- administrative staff should keep an annually updated list of staff and resident vaccination status

4.5 Pre consent to treatment arrangements with General Practitioners
It is recommended that a pre-consent form/letter and supporting information about antiviral medication is sent to guardians for signing at the time the Health Department places service providers on Alert. A copy of the letter will be provided to the GP and the original kept in the person’s secure medical file. The Health Department will provide notice to Disability Services concerning the availability of a pandemic influenza vaccine and a similar process of obtaining consent from guardians will be undertaken.

4.6 Identification of early outbreaks
It is important that all Disability Service staff know the importance of responding immediately, in terms of who to contact and what actions to take, should they identify a staff member, service user or visitor with signs and symptoms of pandemic influenza.

Signs and symptoms of influenza include fever >38°C, cough, fatigue, headache, sore throat, runny nose, and muscular aches and pains.

4.7 Business Continuity Planning
In the event of a pandemic outbreak things will not be “business as usual”. Due to social isolation measures and public panic only essential services are likely to continue. It is likely schools and some workplaces will close, fever clinics will be established and public transport will be limited. There is likely to be considerable confusion and media attention. Due to these expected social changes it is recommended that organisations undertake Business Continuity Planning with a view to minimising disruptions and ensuring essential services are maintained.

The Department of Innovations, Industry, Science and Research recommend² business continuity planning should include:
- Establish a pandemic planning team or Influenza Manager for your service to coordinate and monitor influenza pandemic issues and to advise you on relevant developments.
- Identify your critical business processes and rank them in order of importance.
- Identify your essential physical, human, and financial resources needed to continue these critical business processes and any interdependencies you have on others (e.g. suppliers and distributors, etc).

• Address how pandemic influenza cases will be managed and what actions will be taken to minimise the risk of transmission to other residents, staff and visitors.

• Develop contingency plans for continuation of critical business processes, at less than full capacity. In doing this, agencies should plan for a situation where you might lose 30–50% of your staff at the peak of the pandemic and prepare for a 2nd and 3rd wave of absenteeism.

• Contingency plans might include training staff in alternative roles, and making arrangements for staff to work from home.

• Consider alternative suppliers or stockpiling essential inputs.

• Develop standard operating procedures so everyone knows how to do different tasks.

• Capture and store all critical information where it can be easily accessed.

• As part of developing your Business Continuity Plan consider the following:
  o a possible change in the level of demand of your services during a pandemic;
  o purchasing personal protective equipment and developing a plan for their distribution;
  o measures to contain the spread of the virus by reducing workers contact with others (use of mini bus or car pooling rather than crowded public transport);
  o alternative child care arrangements for essential staff (given child care centres may close); and
  o tapping into a health information telephone service.

• Update employee’s personal and contact information, including emergency contact phone numbers and next of kin.

• Establish policies for employee leave, compensation, evacuating employees in and near infected areas, how to deal with those exposed to pandemic influenza and those who become ill (e.g. immediate mandatory sick leave).

• Communicate your preparedness planning to your staff and develop protocols for communications with staff during each phase.

• Prepare to disseminate personnel health information that might reduce the risk of the spread of the virus (hand washing, sneezing/coughing etiquette, and use of cleaning products).

• Develop a visitor’s policy that would become operational during a pandemic.

• Undertake other preparations—review and service air conditioning systems to ensure the workplace is well ventilated, enhance IT networks (if required) to ensure they are capable of supporting your contingency plans such as working from home, and establish mechanisms for staff communication such as web pages and hotlines.

• Arrange access to staff counselling services.

• Review insurance coverage for a pandemic—are you adequately covered for business cessation, voluntary closure, mandatory closure, loss of income, or liability for spread of disease amongst staff? If not, are there alternative insurance providers for this type of coverage?

• Plan for temporary business closure if your service is not essential.

• Check what health services will be available in your area and note the DoHA hotline number 1800 004599 and website for updated information www.health.gov.au/pandemic
5. Proposed Strategies Cross Sector Collaboration

In the event of a pandemic situation disability service providers (as well as other community organisations and services) will have an opportunity to collaborate and share resources to ensure best outcomes for people. It is likely that the structure of community goods and services will dramatically change for a short period therefore some services such as schools, movies, some shops and recreational activities will close for a period. Similarly some disability services that are considered non essential such as business services, employment services and social participation services are likely to also experience some closures. To minimise the impact of pandemic on disability services it is recommended that organisations consider the following opportunities for collaboration:

- **Sharing Resources**
  - **Human Resources**
    Due to staff shortages, likely to be associated with pandemic, organisations may be able to share staff as required. For example some non essential services such as social participation may have staff willing to work within accommodation services. Similarly strategies to harness volunteers may be required. *If pandemic influenza is present in one facility it will be important that staff working there do not work elsewhere because of the risk of spreading infection to other sites.* It will be important to also institute a system to screen staff prior to relocation and upon entry into disability service facilities. It is recommended that a centralised strategy (potentially coordinated through DSC and/or National Disability Services WA) be used to track and negotiate staff resources between organisations.
  - **Other Resources**
    Organisations may be able to share other resources such as unused buildings, housing, information resources and other physical resources, if required. Again a centralised strategy to manage such resource distribution may be required.
  - **Map/List of Accommodation Services**
    To ensure the effectiveness of each of these strategies for sharing resources it is recommended that each agency develop a map of accommodation service settings e.g. register of homes, which can be provided to relevant authorities, as required.

- **Communication Strategy**
  In the event of a pandemic, communication will be a critical component to keep staff informed and services open. It is recommended that communication pathways be established with Department of Health, Local Government and Local Emergency Services as well as Disability Service Commission. A centralised communication strategy (potentially coordinated through the Disability Service Commission and/or National Disability Services WA) could help to keep organisations and staff informed.
6. Resources and Further Information

General Resources

Pandemic Influenza Preparedness Resources
This website contains resources from the 'Prepared and Protected' interactive DVD including a transcript of the DVD and factsheets on minimising health risks during a pandemic. It includes:

Guidelines
- Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings (June 2006)
- National Pandemic Influenza Clinical Guidelines (June 2006)

Further Resources
- Infection Control and Personal Protective Equipment for Respiratory Diseases - Transcript of video (PDF file 155KB)
- Infection Control and Personal Protective Equipment for Respiratory Diseases - Transcript of video (RTF file 143KB)
- Safe Use of Personal Protective Equipment (PPE) - Transcript of video
- Safe Use of Personal Protective Equipment (PPE) - DVD
- The "Prepared and Protected" Video Home page
- The Pandemic Influenza Home page
- The Infection Control Guidelines January 2004
- The Pandemic Plan
- Frequently Asked Questions
- Protecting Australia from Communicable Diseases: Everybody's business
- Bird Flu Brochure: Important information for all Australians
- Flu and You brochure and posters

Fact Sheets
- How to fit and remove protective gloves (PDF file 140KB)
- How to fit and remove a protective gown (PDF file 171KB)
- How to fit and remove a surgical mask (PDF file 160KB)
- How to fit and remove a P2 (N95) respirator (PDF file 171KB)
- How to fit and remove protective eyewear (PDF file 158KB)
- Correct order to fit and remove personal protective equipment (PDF file 140KB)
- How to wash and dry hands (PDF file 142KB)
- How to clean hands using an alcohol-based liquid or hand rub (PDF file 155KB)
- Cough etiquette and respiratory hygiene (PDF file 159KB)
- Travel health - Have you recently returned from overseas? (PDF file 106KB)
- Staff Influenza Notice (PDF file 107 KB)
- Avian influenza (PDF file 60KB)
- Seasonal and pandemic influenza (PDF file 60KB)
- Transmission of respiratory diseases and managing the risk (PDF file 60KB)
- Infection control precautions for severe respiratory diseases (PDF file 60KB)

Fact sheets for the Indigenous Community
- When Cooking Our Birds
- Stay Away From Dead Birds

**Guidelines for the prevention and control of influenza outbreaks in residential care facilities for Public Health Units in Australia**

The purpose of these guidelines is to provide national best practice guidelines for staff of public health units for preventing, defining and managing outbreaks of influenza in Residential Care Facilities in Australia during interpandemic periods.

NB: See Appendix 2 for the index for this resource.


**Pandemic Planning in the Workplace**

This resource aims to assist employers and employees to consider some of the possible impacts of a human influenza pandemic on their workplace and prepare in advance. It has been developed by the Commonwealth, state, and territory governments and the Australian Local Government Association (ALGA), and supplements the *National Action Plan for Human Influenza Pandemic*.

This booklet should be read in conjunction with *Being Prepared for a Human Influenza Pandemic – A Business Continuity Guide for Australian Business* and its accompanying *Kit For Small Business*, both available at [www.industry.gov.au](http://www.industry.gov.au). A guide to other resources is at Attachment A.


**Pandemic Resources at Public Health WA**

Pandemic influenza resources may also be available at: [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

**Immunization**

**Immunise Australia Website - Information on immunisation.**


**Business Continuity Planning**

**Business Continuity Guide for Australian Businesses**

The Australian Government has developed business continuity guides to assist Australian businesses in their own pandemic planning.

This guide provides Australian businesses and other organisations with a range of tools and information to help them prepare for a human influenza pandemic in Australia including:

- Booklet: *Being prepared for an influenza pandemic*
- Reference sheets including a pandemic planning checklist
- Health posters (produced in black and white for you to photocopy and display in your workplace)

The guide has been developed to help Australian businesses consider what impact a human influenza pandemic might have on their business, and to help businesses take appropriate actions to prepare themselves as best they can. Although the Government can assist in providing access to information and planning tools, it is up to businesses themselves to prepare and ensure they are in the best position to manage the effects of a pandemic, and to recover as quickly as possible.

Managing Emergencies within a Business Continuity Model for Aged Care
The aim of this manual is to provide strategies and tools for local integration and co-
ordination of emergency management across the aged care organizations and a framework
to guide organisations and managers to develop continuity plans in the event of a disaster or
emergency including Pandemic.
http://www.acswa.org.au/gemac/

Infection Control Guidelines

Infection control guidelines for the prevention of transmission of infectious diseases
in the health care setting
This document outlines the principles involved in, and the procedures necessary for, the
prevention of the transmission of infectious diseases in the health care setting, referred to as
infection control or infection control procedures.

Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and
Community Settings
This document contains guidance primarily for health professionals regarding infection
control for healthcare and community settings, in the management of pandemic influenza
patients, agreed by experts from an infection control working group of the National Influenza
Pandemic Action Committee.

Education Resources – Infection Control
Preparing for an Influenza Pandemic - Practical Information for Health Care Workers
This information kit was developed in response to the increasing threat of an influenza
pandemic arising from avian influenza in bird flu-endemic countries and to raise awareness
of other severe and emerging respiratory diseases, such as SARS. The kit for health care
workers, such as pharmacists, pathologists and ambulance paramedics is intended for
professionals in the health care sector who might come into contact with a person who has
acquired a severe or emerging respiratory disease, such as SARS, avian influenza or
pandemic influenza. The letter from the Chief Medical Officer describes the background to
the kits and how the information can be used in more detail.

The kit contents are available for download (PDF 138 KB &HTML version) below:
  • Health care workers’ kit folder cover
  • Introductory letter from the Chief Medical Officer to health care workers
  • Fact sheet on influenza for members of the public
  • Fact Sheet on infection control for health care workers
  • Poster for the public on respiratory health awareness following travel
  • Poster for health care workers on respiratory hygiene and infection control
  • Travel Health Vigilance magnet
  • Think Tell Test magnet
healthcare.htm

Worksafe Smart Move – online training and testing on basic infection control
WorkSafe Smart Move is a safety and health resource package for years 10, 11 and 12 high
school students going on work experience and work placements however has some relevant
online resources for staff. Under Industry Specific - Community Services - Transmisstion of
Disease
The flu and you - Help stop the spread at home, work and school. (Brochure)
The 'flu and you' brochure and poster series is a reminder of hygiene practices that should be adopted to reduce the spread of the highly contagious respiratory illness. Help stop the spread.
Includes posters
• Cover your mouth and nose when you cough or sneeze (PDF 230K)
• Help stop the spread. Wash your hands properly and regularly (PDF 230KB)
• Help stop the spread. Dispose of used tissues in the bin (PDF 230KB)

Appendix 1: Example Pandemic Emergency Care Plan

Photo identification attached

This Emergency Care Plan is a draft example of information that may be useful when transferring a care recipient to another home service or to hospital in case of an extreme emergency situation such as a pandemic influenza pandemic. This Emergency Care Plan is **not** intended to be used for a care recipient’s usual care needs.

<table>
<thead>
<tr>
<th>Name of care recipient:</th>
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<tbody>
<tr>
<td>Address of care recipient:</td>
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<tr>
<td>Date of birth:</td>
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</tr>
<tr>
<td>Next of kin</td>
<td></td>
</tr>
<tr>
<td>Name and contact details of guardian or next of kin:</td>
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<tr>
<td>Name of general practitioner and contact details of general practitioner:</td>
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<td>Enduring power of attorney/guardian: Yes ☐ No ☐ Details:</td>
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<tr>
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<tr>
<td>Religion:</td>
<td></td>
</tr>
<tr>
<td>Pre consent for public health measures obtained? Yes ☐ No ☐ Details:</td>
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</tr>
<tr>
<td>♦ pandemic influenza vaccine</td>
<td></td>
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<tr>
<td>♦ antivirals</td>
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<td>Care recipient/ relative wishes regarding resuscitation</td>
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## CARE RECIPIENT Care needs

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<td>If Yes List all details of medication (including dosage and frequency):</td>
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<td>Confused □</td>
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<td>Requires secure environment □</td>
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<td>If assisted state how details of assistance:</td>
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<td>Normal diet □</td>
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<td>Incontinent of bowels □</td>
<td>Soft □</td>
</tr>
<tr>
<td>Bed bound □</td>
<td>Colostomy □</td>
<td>Puree □</td>
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<td>Mobile with walker □</td>
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<td>Enteral □</td>
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<td></td>
<td>State what Details of special assistance is required:</td>
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<td></td>
<td>State any Details of special dietary needs:</td>
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<td>Normal diet □</td>
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Pandemic Preparedness for Western Australian Disability Services
An Information Resource
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<th>OTHER NEEDS?</th>
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<td>☐</td>
<td></td>
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<tr>
<td>Dentures</td>
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Other comments:

Completed by: (Name and designation)  
Date:
Appendix 2: NDS Project - Pandemic Preparedness

About National Disability Services
National Disability Services is the peak industry body for disability services. Its purpose is to promote and advance services for people with disability. It represents a membership of over 600 not-for-profit organisations, located across Australia. NDS’s members support people with all forms of disability – including physical, intellectual, sensory and psychiatric. NDS is the only organisation that represents the full spectrum of disability services – employment, accommodation, respite, children’s services and more – at national and state/territory levels.

About this Project
This project was coordinated through NDS Western Australia Accommodation Subcommittee. This committee consists of representatives from disability accommodation service providers who provide services to around 3500 West Australians with a disability.

The project has three key objectives:
1. Develop a coordinated approach and opportunities for sector wide collaboration and resource sharing in the event of a pandemic;
2. Provide guidance for disability services in best practice planning, preparation and management of pandemics; and
3. Identify or develop practical resources that disability service providers can use for educating staff and other stakeholders.

Proposed Methodology
It is proposed that the project achieves these three key objectives through the following methodologies:
Objective 1:
Develop a coordinated approach and opportunities for sector wide collaboration and resource sharing in the event of a pandemic.
The project will include development of an information resource that includes:
- Information on how to access the Australian Government, Western Australian Government and relevant Local Government Pandemic Plans and how these will interface with the ‘Coordinated Western Australian Disability Services Pandemic Management Plan’;
- Proposed framework for the collaboration and coordination of disability services in the event of a pandemic such as resource mapping; central coordination of resources such as accommodation, staff and equipment and proposed protocols for communication during pandemic.

Objective 2:
Provide guidance for disability services in best practice planning, preparation and management of pandemics. The project included a workshop that provided guidance for disability services in best practice planning, preparation and management of pandemics. A breakfast forum was presented by Associate Professor Paul Van Buynder, Director Communicable Disease Control Directorate, Department of Health WA in September 07.

Objective 3:
Identify or develop practical resources for educating staff and other stakeholders.
The project will include the development of an information resource (this document) that directs disability service providers to existing resources for educating staff and other stakeholders.

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Phone: (08) 92089802
monique.williamson@nds.org.au
PREPARING FOR A CONTAGIOUS DISEASE OUTBREAK

Associate Professor
Paul Van Buynder
Director
CDCD

OVERVIEW

• The worst case scenario
  – Influenza and pandemics
    • What does it mean
    • What happens in disability services
      – Surveillance
      – Infection control
      – Treatment, vaccine …
      – Recommendations

• Gastro Outbreaks
  – The gastro pack

• Better Practice Recommendations

Seasonal influenza

• Influenza A, B & C viruses cause seasonal influenza in winter/spring in humans each year

• Symptoms of influenza are non-specific and can be caused by many other viruses
  – fever, cough, lethargy, headache, runny nose, sore throat, and muscle aches
  – illness usually lasts 2 -7 days

Protection through natural immunity & annual vaccination

Classification of Influenza A virus

• Type A influenza has many subtypes.
  • These are named according to two main proteins located on the outside of the virus: haemagglutinin (H); and neuraminidase (N).

  • Up to 16 subtypes of the influenza virus are known to infect animals.

  • However, of the Type A viruses, only subtypes H1, H2 and H3 have so far transmitted easily between humans.

Antigenic Shift and Drift

• SHIFT denotes MAJOR changes in hemagglutinin and neuraminidase molecules resulting from reassortment of gene segments involving two different influenza viruses ➤ PANDEMIC STRAIN

• DRIFT denotes MINOR changes in the amino acid sequence of hemagglutinin and neuraminidase molecules resulting from mutation of the RNA segments

Avian influenza: situation report

• Widespread and spreading prevalence in migratory birds; broad host range

• Continued outbreaks among domestic poultry

• Mammalian infection (cats, pigs, etc.) lethal

• Virus is evolving

• Sporadic human cases (320 reports to date)
  – most in young and healthy
  – case-fatality 60%
  – rare person-to-person transmission

• Sustained and rapid person-to-person transmission
Estimates for next pandemic

<table>
<thead>
<tr>
<th></th>
<th>Australia</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack Rate of 25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over a 6-8 week period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>13,000 – 44,000</td>
<td>1,300 – 4,400</td>
</tr>
<tr>
<td>Hospitalisations</td>
<td>57,900 – 148,000</td>
<td>5,790 – 14,800</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>2.6 – 7.5 million</td>
<td>260,000 – 750,000</td>
</tr>
</tbody>
</table>

Meltzer, CDC 2003

Stockpile

- Antivirals
- Masks – P2 and surgical
- Negative Pressure Units
- Personal Isolation Containment Tent
- Other Equipment
  - Ventilators
  - Monitoring Equipment
- Pharmaceuticals
  - Antivirals $300 M – more to come – 8 Million courses
  - Antibiotics

All health activity designed to minimise cases and deaths until such time as a vaccine has been developed

Not “business as usual”

Fever clinics, changed registration and activity, flu hospitals
**Border control and quarantine**

**Containment phase**
- assisting Commonwealth border control agencies in screening and assessment of incoming passengers at air & sea ports
- aircraft / ships / buses from & to affected countries/areas may be disallowed or quarantined
- health declaration cards with contact details from arriving passengers
- establishment of appropriate quarantine facilities (e.g. for arriving passengers and crew who have been exposed overseas)

**Social distancing measures**

**Maintenance phase**
consideration of how, where and when social distancing measures might be instituted
- closure of schools
- limiting public transport
- limiting mass gatherings (e.g. cancellation of concerts, closure of cinemas)
- travel & tourism severely curtailed
- fear, loss of confidence
- government restrictions

**Communications**
- extreme media interest
- significant public concern
- considerable confusion

And in disability services??

**Residential Care and Influenza**

Business Continuity Planning

1. Prioritize critical functions
   - Life, Health, Safety
   - Identify functions that support life, health and safety actions
   - Identify functions that are critical to the mission of an agency

2. Identify staff needed to carry out critical functions

3. Identify functions that could be suspended

4. Build depth through cross training

5. Plan for alternative work schedules

6. Explore telecommuting capabilities – large scale

Core Changes to Current Activity

• Possible alterations
  – Compulsory training for infection control
  – “Compulsory” vaccination programs for staff
  – Improved identification of early outbreaks

• Treatment discussions
  – Pre-organised approvals?

• Vaccination Discussions

Core Changes to Future Activity

• Enhanced Surveillance in disability services
  – Register of homes
  – Daily assessment of patients
  – Phone-in process
  – Early testing via GPs involved or fever clinics
  – Enhanced social distancing and local quarantine
  – Liberal use of antivirals

Further information

Western Australian Department of Health
www.public.health.wa.gov.au

Australian Department of Health and Ageing

AHMPPI
Infection Control Guidelines
Clinical Care Guidelines

World Health Organization
www.who.int/csr/disease/influenza/en/

Gastro and Disability Services
Public Health Significance

- Vulnerable population
- Possible impact on hospitals
- Spread into wider community
- Re-infectivity
- Enormous resources to contain outbreak

Nationally and Internationally

- 2007 year to end August 964 outbreaks reported (all aetiologies) Australia-wide
  - RCFs accounted for 51% of OBs
- Increase in OB of GE in Aus, NZ, Asia, Europe 2006 and 2007
  - Attributable to co-circulation of two new variants of GII.4 (2006a and 2006b)

Epidemiology of outbreaks in RCFs in WA

<table>
<thead>
<tr>
<th>Year</th>
<th>No. Non-FB OBs</th>
<th>No. in RCFs</th>
<th>No. hospitals</th>
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</thead>
<tbody>
<tr>
<td>2003</td>
<td>26</td>
<td>20 (77%)</td>
<td>0</td>
</tr>
<tr>
<td>2004</td>
<td>59</td>
<td>52 (88%)</td>
<td>3</td>
</tr>
<tr>
<td>2005</td>
<td>32</td>
<td>24 (75%)</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>81</td>
<td>64 (79%)</td>
<td>8</td>
</tr>
<tr>
<td>2007 YTD</td>
<td>99</td>
<td>66 (67%)</td>
<td>25</td>
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</table>

Morbidity and mortality*

<table>
<thead>
<tr>
<th>Year</th>
<th>No. affected</th>
<th>No. hospitalised</th>
<th>No. deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>595</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>2004</td>
<td>1434</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>2005</td>
<td>481</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>2286</td>
<td>49</td>
<td>2</td>
</tr>
<tr>
<td>2007 YTD</td>
<td>1856</td>
<td>43</td>
<td>3</td>
</tr>
</tbody>
</table>

*Residential care facilities only

Guidelines for the management of gastroenteritis outbreaks in residential care facilities
The Gastro Pack – what is it?

- An outbreak management tool
  - Promote early recognition
  - Prompt, effective response
  - Easy to use, quick references
- Aimed at all staff members in RCFs
- Most States have similar guidelines for management of infectious gastroenteritis in institutional settings
- Big emphasis on infection control

The Gastro Pack - Contents

- Steps in outbreak identification and management
  - Flow chart
- Specimen collection – do’s and don’ts
- Infection control measures
  - Checklist
- Department of Health reporting requirements

The Gastro Pack - Appendices

- Gastroenteritis Fact Sheet
- Forms
  - Monitoring outbreaks
  - Reporting to DOH
  - Resident Transfer Form
- Signage/Handouts/Posters
  - Signage for staff and visitors
  - Handout for visitors
  - Handwashing poster
  - Removal of PPE poster

Core Changes to Current Activity

- Proposed alteration to licensing
  - Compulsory training for infection control
- “Compulsory” vaccination programs for staff
- Improved identification of early outbreaks
- Treatment discussions
  - Pre-organised approvals?
- Vaccination Discussions

???? how

- Too many
- Too hard
- No redundancy
- Cant get them now
- Basic training lacking..........................................................