

Guideline for Managing Occupational Health and Safety in an Influenza Pandemic

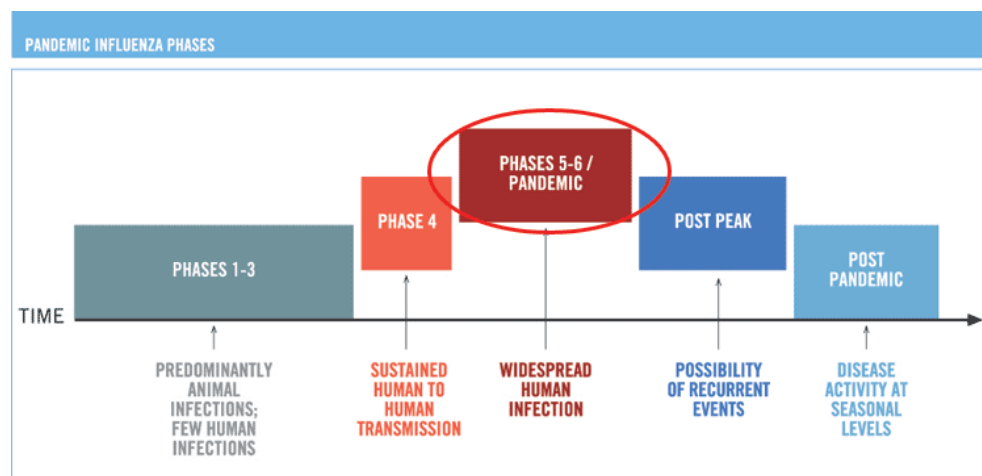
The aim of the guideline is to provide guidance and information from an Occupational Health and Safety perspective to the University community in the event of a pandemic. This Guideline links to the UQ Crisis Management Plan which aims to protect and support students, staff and the general public in crisis situations

<http://www.uq.edu.au/ohs/index.html?page=34989&pid=29593> and to the Managing OHS in an Influenza Pandemic Policy.

Definition --A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges and, because there is little or no immunity in the human population, it spreads rapidly from person-to-person over a wide geographical area causing serious illness in a significant proportion of those infected. This contrasts with seasonal influenza which, for most sufferers, is a self-limiting though unpleasant illness that does not endanger life.

World Health Organisation (WHO) Pandemic Alert Levels

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html



Experts at the WHO believe that we are now closer to a Pandemic than we have been since the last global Pandemic in 1968.

Probable effect on University of Queensland (UQ)

An influenza pandemic would affect many essential industries and utilities such as energy, education, transport, health, food supply, finance and communications. An influenza pandemic could occur over a prolonged period (over a year) and in several ways. There is expected to be rolling outbreaks of disease and periods where the disease is quiescent. Its effects could be catastrophic causing geographically widespread death and illness (nationally and internationally) and temporary changes in many areas of society. It is likely that some people would be under extreme stress and financial hardship because of the economic ramifications of the pandemic.

In response to an influenza pandemic, governments may take actions such as closing schools, universities and child-care centres as well as suspending public transport, cancelling flights, postponing public events and advising people to stock up on food and household supplies in case they need to go into home quarantine. This will have a major impact on business operations.

While an influenza pandemic would have no direct effect on physical infrastructure and assets, it would have a wide range of impacts on organisations including disruptions to business operations, increased staff absenteeism and changed workplace functions. There may be problems with fuel and power supplies as well as with supplies of goods and services.

Influenza disease information

Signs and Symptoms of Pandemic Influenza

Symptoms are similar to ordinary influenza but may be more severe: characteristically sudden onset of symptoms including fever (temperature $>38^{\circ}\text{C}$), headache, severe weakness, fatigue, muscle aches and respiratory symptoms such as a sore throat, and nasal and chest congestion. Complications include bronchitis and pneumonia. Deaths may occur.

Infectious Period

Infected people can spread influenza virus from one day before symptoms appear until up to 7 days after the onset of illness. Young children may remain infectious for as long as three weeks while people with lowered immunity may be infectious even longer.

Treatment

The mainstays of treatment for uncomplicated pandemic influenza will be rest, adequate fluid intake and nutrition, as well as medications such as paracetamol to help with fever and pain. Those who are severely affected may need hospitalisation, supplemental oxygen therapy, or respiratory support through artificial ventilation.

The effectiveness of antiviral medications in the treatment of pandemic influenza is unclear. Current data relating to seasonal influenza indicate that antiviral medications are only effective if commenced within 48 hours of the onset of symptoms. The Australian Government has developed a large stockpile of antiviral medications which can be used for prevention and treatment of people exposed to pandemic influenza. More information on the use of this stockpile in a pandemic is available in the Australian Health Management Plan for Pandemic Influenza, available from www.health.gov.au. For more information on first aid for people suffering from influenza in a pandemic, see Appendix 2.

Health Outcomes

As there will be little natural resistance to a new pandemic strain of influenza, it is likely to be more severe, affect more people and cause more deaths than seasonal influenza. Whereas seasonal influenza usually affects the very young and the elderly more severely, it is unknown which age group is likely to be the most affected by the next influenza pandemic. Death rates and the age groups most affected have differed widely in previous pandemics. Serious complications such as pneumonia may be more common in a pandemic due to widespread susceptibility of the community. . Some staff and students will also have personal risk factors that should be considered by the university in planning how the organization will respond to a pandemic. These individual risk factors would include compromised immunity, pregnancy and chronic illnesses particularly chronic cardiac and respiratory conditions

Prevention

A vaccine against the avian influenza (H5N1) strain of influenza has been developed by CSL and approved by the Therapeutic Goods Administration for use if the WHO advises that a human avian influenza pandemic is occurring (probably at levels 5-6 of the WHO global warning levels). When a pandemic occurs, it would take some months to produce and distribute the vaccine widely.

However, if the pandemic is not avian influenza existing treatments will need to be relied upon until a vaccine can be developed. The seasonal influenza vaccine will not protect against pandemic influenza. The composition of a vaccine for pandemic influenza will depend on the pandemic virus strain, which cannot be determined in advance. When a pandemic occurs, it will take some months to develop and distribute vaccine. As vaccine becomes available, priority groups for vaccination will be determined by the Australian Government. In the inter-pandemic period, it is important to vaccinate high risk groups against seasonal influenza. Pneumococcal vaccine is a must for people over 65 and other high risk groups as it can prevent secondary bacterial pneumonia. :

Encourage staff and students to obtain a seasonal influenza vaccine (this helps to prevent illness from seasonal influenza strains that may continue to circulate). For staff, seasonal influenza vaccination is available through the Staff Influenza Program and for students through the University Health Service or their general practitioner.

Promote healthy lifestyles, including good nutrition, exercise, and smoking cessation. A person's overall health impacts their body's immune system and can affect their ability to fight off, or recover from, an infectious disease.

Occupational Health and Safety

Risk Assessment

Individuals are at risk from pandemic influenza if they are in close contact with someone who has influenza or with objects that have been contaminated by infectious material. Where direct contact is foreseeable a risk assessment should be carried out which includes control measures as appropriate. Occupational health and safety legislation is not applicable to situations where staff and students are exposed to a disease which is in general circulation and may happen to be in the workplace as well. If there is a pandemic, it will result in occupational health and safety consequences. The level of absenteeism due to sickness or fear of infection at work is expected to be high particularly in the initial stages of a pandemic. Staff shortages may result in the redeployment of staff to unfamiliar tasks or to staff working alone or remotely from another location such as from their home. These changes will create new OHS risks. A pandemic can be expected to increase demand on remaining staff members.

It is likely that the workforce will be depleted. It is important to ensure that appropriate training is given to any remaining workers who may be required to carry out unfamiliar tasks. Risk assessments will need to be reviewed and new controls will be needed to take account of the reduced workforce and the change in the skills available. Pregnant workers in particular should not be substituted into inappropriate work. Some extra controls might be needed if staff who normally work in groups are required to work alone or in a remote area. This will be difficult in most areas but may affect the research areas of the university in particular.

Social Distancing and Hygiene advice

- Stay home when unwell with influenza-like symptoms. This applies to people at all levels of the organisation, no matter how important or how critical their job is.
- Send home any staff or student, who is displaying flu like symptoms at the earliest opportunity. Retaining staff and students in the confines of the workplace will increase the likelihood of further spread of disease in the workforce.
- Wash hands frequently with soap and water or use an alcohol based hand gel.
- Wash hands or apply alcohol gel to hands prior to touching your eyes, nose and mouth.
- When coughing or sneezing, cover mouth and nose with disposable tissues which should be disposed of immediately.
- Cough into bent elbow or upper arm.
- Use knuckles to activate traffic lights, lifts etc.
- Do not shake hands.
- Don't share items such as cigarettes, glasses, cups, lipstick, toys or anything else that could be contaminated with respiratory secretions.
- Consult a health care provider if you have a cough and fever and follow their instructions, including taking medicine as prescribed.
- If attending a medical practice, alert the receptionist of your symptoms so you can be seated away from others and be given a surgical mask to wear.
- Keep at least a 1-2 metre distance from everyone that you come in contact with.
- Stockpile items such as soap, tissue, alcohol hand sanitizer, alcohol wipes, cleaning supplies and recommended personal protective equipment. When stockpiling items, be aware of each product's shelf life and storage conditions (e.g. avoid areas that are damp or have temperature extremes) and incorporate product rotation (e.g., consume oldest supplies first) into the stockpile management program.

Administrative Controls

- Adopt a common sense approach to the pandemic. If a person is feeling unwell with flu-like symptoms including coughing and sneezing, they should be strongly encouraged to stay at home. This will help to prevent the disease being passed on to colleagues and also fellow passengers on the way to and from work if travelling by public transport.
- Consider practices to minimize face-to-face contact between staff and students such as e-mail, websites and teleconferences. Where possible, encourage flexible work arrangements such as telecommuting or flexible work hours to reduce the number of your staff and students who must be at work at one time or in one specific location
- Control staff and students' exposure by scheduling their work tasks in ways that minimize their exposure levels.
- It is important that supervisors strictly observe the social distancing and hygiene advice in this Guideline and act as role models in the workplace.
- Discourage staff and students from using others phones, desks, offices or other work tools and equipment.

- Staff and students who can safely work from home should be identified and encouraged to do so. Opting for the videoconferencing or teleconferencing where possible instead of holding face to face meetings as a sensible precaution.
- Minimize situations where groups of people are crowded together, such as in a meeting. Use e-mail, phones and text messages to communicate with each other. When meetings are necessary, avoid close contact by keeping a separation of at least 2 metres, where possible, and assure that there is proper ventilation in the meeting room.
- A Pandemic Planning Checklist is attached at Appendix A and a First Aid Fact Sheet at Appendix B to assist in planning and managing an influenza pandemic.

Mental Health

Assist staff and students in managing additional stressors related to the pandemic. These are likely to include distress related to personal or family illness, life disruption, grief related to loss of family, friends or co-workers, loss of routine support systems, and similar challenges. Assuring timely and accurate communication will also be important throughout the duration of the pandemic in decreasing fear or worry. Employers should provide opportunities for support, counselling, and mental health assessment and referral should these be necessary. The Staff Assistance Scheme for staff and Student Services for students provides assistance and guidance on mental health and resiliency.

Training

Provide training, education and informational material about business-essential job functions and health and safety, including proper hygiene practices and the use of any personal protective equipment to be used in the workplace. Be sure that informational material is available in a usable format for individuals with sensory disabilities and/or limited English proficiency.

Engineering and design controls:

Installing physical barriers, such as clear plastic sneeze guards at reception desks. In limited healthcare settings, for aerosol generating procedures, specialized negative pressure ventilation may be indicated.

Personal Protective Equipment (PPE)

While administrative and engineering controls and proper work practices are considered to be more effective in minimizing exposure to the influenza virus, the use of PPE may also be indicated during certain exposures. Examples of PPE are gloves, goggles, face shields, surgical masks, and respirators (for example, P2 / N-95). It is important that personal protective equipment be:

- Selected based upon the hazard to the person;
- Properly fitted and some must be periodically refitted (e.g., respirators);
- Conscientiously and properly worn;
- Regularly maintained and replaced, as necessary;
- Properly removed and disposed of to avoid contamination of self, others or the environment.

Masks- Surgical and P2

If someone is sick with influenza or thinks that they may be ill, they should stay at home. This will assist in maintaining a healthy workforce and therefore it should not be necessary to wear a mask at most workplaces.

A risk assessment should be performed to gauge the need for masks. The duration and frequency of contact with members of the public will determine the need for a mask. If it is reasonably foreseeable that workers may come into close contact (typically about a metre) with symptomatic members of the public during the course of their work, then masks should be worn.

There is limited information on the use of surgical masks for the control of a pandemic in settings where there is no identified source of infection. There is no information on respirator use since modern respirators did not exist during the last pandemic. Respirators are routinely used to protect staff and students against occupational hazards, including biological hazards such as tuberculosis, anthrax, and hantavirus. The effectiveness of surgical masks and respirators has been inferred on the basis of the mode of influenza transmission, particle size, and professional judgment.

To offer protection, both surgical masks and respirators must be worn correctly and consistently throughout the time they are being used. If used properly, surgical masks and respirators both have a role in preventing different types of exposures. During an influenza pandemic, surgical masks and respirators should be used in conjunction with interventions that are known to prevent the spread of infection, such as respiratory etiquette, hand hygiene, and avoidance of large gatherings.

Staff and students, travelling or living abroad for work and / or coursework

Adopt Health Department and WHO recommendations for travel during an influenza pandemic which may support voluntary and mandatory movement restrictions. Recommendations may include restricting to travel to and from affected domestic and international areas, recalling non-essential staff and students working in or near such areas when an outbreak begins, and distributing health information to persons returning from affected areas.

Students and staff travelling and living abroad should note that other geographic areas have different influenza seasons and will likely be affected by a pandemic at different times than in Australia. More information on travel health for staff and students living and travelling abroad can be found at the Department of Foreign Affairs and Trade (DFAT) website:

www.Smartraveler.gov.au.

Discontinue non-essential travel to locations with high illness transmission rates (use web site above to check current conditions).

Web sites

Australian government pandemic plan: <http://www.health.gov.au/pandemic>
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-ahmppi-toc.htm~ohp-pandemic-ahmppi-04.htm~ohp-pandemic-ahmppi-4.3.htm>

Australian anti-viral stockpile:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-ahmppi-toc.htm~ohp-pandemic-ahmppi-app01.htm>

College of GPs resources for pandemic management:
<http://www.racgp.org.au/pandemicresources>

Home care advice <http://www.pandemic.net.au/newsletters/18March08.html#home>
<http://www.fluwikie.com/pmwiki.php?n=Consequences.SocialDistancing>

Intending travellers should register at: <http://www.smarttraveler.gov.au/index.html>
Information on CSL's avian flu vaccine:
<http://www.abc.net.au/pm/content/2008/s2277697.htm>

Queensland Pandemic information:
<http://access.health.qld.gov.au/hid/InfectionsandParasites/ViralInfections/pandemicInfluenza/fs.asp>

'Pandemic planning in the workplace ' Qld Gov, 2007
http://www.qld.gov.au/services_for_queenslanders/health_and_communities/avian/pdf/action_plan.pdf

Qld government Pandemic plan <http://www.qld.gov.au/about/health-and-communities/avian-influenza/pandemic-planning.html>

US sites: <http://www.pandemicflu.gov/>
http://www.osha.gov/Publications/influenza_pandemic.html
<http://www.cdc.gov/germstopper/work.htm>
<http://www.cdc.gov/flu/protect/covercough.htm>

US CDC Pandemic planning checklists
<http://www.pandemicflu.gov/plan/checklists.html>

World health organisation <http://www.who.int/csr/en/>
<http://www.pandemicflu.gov/vaccine/mask.html>

Appendix 1:

University of Queensland Pandemic Influenza Planning Checklist

In the event of an influenza pandemic, the University of Queensland will play an integral role in protecting the health and safety of students, staff and their families. The following checklist has been developed to assist.

(Adapted from the CDC's Colleges /Universities Checklist

<http://www.pandemicflu.gov/plan/school/collegeschecklist.html>)

Completed	In Progress	Not Started	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Planning and Coordination: Identify a pandemic coordinator and response team (including University Health Service, OHS and mental health staff, student housing personnel, security, communications staff, property and facilities staff, academic staff and student representatives) with defined roles and responsibilities for preparedness, response, and recovery planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic plan scenarios that address university functioning based upon having various levels of illness in students and staff and different types of community containment interventions. Plan for different outbreak scenarios including variations in severity of illness, mode of transmission, and rates of infection in the community. Issues to consider include: <ul style="list-style-type: none"> • cancellation of classes, sporting events and/or other public events; • closure of campus, student housing, and/or public transportation; • assessment of the suitability of student housing for quarantine of exposed and/or ill students (See www.hhs.gov/pandemicflu/plan/sup8.html) • contingency plans for students who depend on student housing and food services (e.g., international students or students who live too far away to travel home); • contingency plans for maintaining research laboratories, particularly those using animals; and stockpiling non-perishable food and equipment that may be needed in the case of an influenza pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with state public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the university. Identify and review UQ's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and staff, isolation, movement restriction, and provision of healthcare on campus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that pandemic influenza planning is consistent with the UQ Crisis plan and is coordinated with the state and Australian pandemic plans.

Completed	Progress	Not Started	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of the university and community during and after a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communication plan and revise regularly. This plan should identify key contacts with state public health officials as well as the state's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between UQ's Crisis Management System and the Crisis Management Systems of the state health department.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community's pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other universities to improve community response efforts.
			2. Continuity of Student Learning and Operations:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and disseminate alternative procedures to assure continuity of instruction and of operations (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, and assure the ability for staff and students to work/ study from home) in the event of university closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for maintaining the essential operations of the university including pay; ongoing communication with staff, students and families; security; maintenance; as well as housekeeping and food service for colleges.
			3. Infection Control Policies and Procedures:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect staff and students from many infectious diseases such as influenza. Encourage students and staff to get annual influenza vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol based hand hygiene products, tissues and receptacles for their disposal).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish a policy for employee and student sick leave absences unique to pandemic influenza (unlimited sick leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for staff and students suspected to be ill or become ill on campus. Staff and students with known or suspected pandemic influenza should not remain on campus and should return only after their symptoms resolve and they are physically ready to return to campus.

Completed	In Progress	Not Started	3. Infection Control Policies and Procedures (Contd)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings (http://www.racgp.org.au/pandemicresources). Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adopt DFAT travel recommendations (http://www.smarttraveler.gov.au/index.html) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential staff working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.
4. Communications Planning:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See State Gov http://www.qld.gov.au/about/health-and-communities/avian-influenza/pandemic-planning.html . and Australian Gov. Site http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-ahmppi-toc.htm~ohp-pandemic-ahmppi-04.htm~ohp-pandemic-ahmppi-4.3.htm).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including a lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, facilities for staff and students to work / study from home, and co-operation with local radio or television) for communicating university response and actions to staff, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise staff and students where to find up-to-date and reliable pandemic information from federal and state public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on Colleges, and the contingency plans for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the Australian Health Management Plan for Pandemic Influenza for Individuals and Families at http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-pandemic-ahmpipi-toc.htm~ohp-pandemic-ahmpipi-04.htm~ohp-pandemic-ahmpipi-4.3.htm), and the at-home care of ill people.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate and plan communications to address the potential fear and anxiety of staff, students and families that may result from rumours or misinformation.

Appendix 2: FACT SHEET FOR FIRST AID PERSONNEL

PROVIDING FIRST AID DURING AN INFLUENZA PANDEMIC

This fact sheet provides information to assist in providing safe care when administering first aid to a person with symptoms of influenza during an influenza pandemic.

What are the symptoms of pandemic influenza?

The symptoms of pandemic influenza are similar to seasonal influenza and include:

- **Fever**
- **Headache**
- **Muscle pain**
- **Tiredness**
- **Cough**
- **Sore throat**
- **Runny or stuffy nose**
- **Gastrointestinal illness (particularly in children and the elderly)**

Influenza is often confused with the common cold, however a cold generally comes on slowly, rarely causes fever or muscle pain and is generally milder. People with influenza usually feel very sick and want to stay in bed, whereas people with the cold can usually carry on with their normal activities.

How is pandemic influenza spread?

Influenza is most commonly spread in community settings by:

- Touching contaminated surfaces and items (e.g. door handles, tissues) and then touching your eyes, nose or mouth
- Having close contact (about <1 metre) with an infected person, particularly when they are coughing, sneezing and talking.

How to manage someone with symptoms of pandemic influenza

If someone develops symptoms of pandemic influenza at work:

- Provide the person a mask from the office pandemic influenza kit. This is a surgical or procedural type mask and is worn by the sick person to contain their coughs and sneezes. The person should continue to wear the mask until they are sent home. Masks should be changed if they become wet from sneezing and coughing. If you run out of masks, get the person to cover their coughs and sneezes with a disposable tissue.
- Provide the person with disposable tissues, alcohol hand rub and a plastic waste bag. Ask the person to dispose of their soiled tissues in the plastic bag after each use and to apply alcohol hand rub to their hands after coughing and sneezing. They should apply 1-2 pumps of hand rub (equivalent to the size of a 50 cent coin) and rub it over all the surfaces of the hands until the hands are dry. The rub does not need water to work; the alcohol in it kills the germs on your hands.
- Separate the person from others to prevent the spread of infection, e.g. take the person to a first-aid room, family room or another area that is separate from others. Take their personal belongings with them so that they don't have to return to their work area before going home.

- Arrange for the person to be sent home promptly. If they have pandemic influenza, they should remain at home for 7-10 days after becoming ill. If possible, the sick person should avoid going home by public transport. If they are very unwell, call an ambulance and tell the emergency services operator that the person may have pandemic influenza.
- While the person is waiting for transport home, make them comfortable with rest and fluids. If the person has their own supply of a simple analgesic (pain killer) such as paracetamol or ibuprofen they can take this as recommended on the packet to ease muscle pain and lower fever. They should not take an aspirin-containing analgesic because of the link between the potentially fatal Reye's syndrome and aspirin use during viral illnesses in young people.
- Where possible, arrange for a family member or friend to take care of the person once they get home, and advise the person to seek medical advice and to advise work of the outcome.
- After the person has gone home, arrange for their work station to be cleaned and disinfected using an alcohol-based product such as Glen 20 spray or an alcohol wipe.
- Arrange for the sick person's used cups, dishes and cutlery to be washed in a dish washer or by hand using warm, soapy water.
- Inform the person's manager that they may have pandemic influenza and to advise the person's recent close work contacts (within the previous 24 hours) of the situation. Depending on the government advice at the time of the pandemic, close contacts may also have to go home, monitor their health and seek medical advice if they begin to feel ill, or alternatively they may be able to continue at work if they remain well providing they ensure a minimum distance of one metre from co-workers for up seven days after their contact with the infected person.

How to protect yourself when caring for someone with symptoms of pandemic influenza

It is important to adopt a high level of infection control to protect yourself from infection. This includes doing all of the following:

- When you attend to a person during an influenza pandemic, ask if the person has symptoms of influenza. If they do, put on a mask and disposable gloves from the pandemic influenza kit before attending to the person.
- Continue to wear your mask and gloves when you:
 - have contact with the sick person;
 - have contact with contaminated items and surfaces, e.g. used tissues, gloves and masks;
 - clean contaminated surfaces after the person has been sent home, e.g. first aid bed, the person's workstation.
- Try to do as much of the first aid management over the phone as possible. Where you have to attend to the sick person, try to keep a distance of at least one metre from the person and minimise the time spent with the person.
- Take care not to touch your eyes, nose and mouth with contaminated hands or gloves.
- Make sure that the sick person is wearing a mask and is using disposable tissues and alcohol hand rub.
- After you have attended to the person, remove your gloves and mask carefully taking care not to contaminate yourself, dispose of the items and then perform hand hygiene by washing your hands thoroughly with soap and water or applying alcohol hand rub. Hand hygiene is the simplest, most effective way you can protect yourself and reduce the spread of infection.
- Dispose of soiled items such as used tissues, masks and gloves in a sealed plastic waste bag before placing in the regular garbage.

- Clean any surfaces that you may have touched with your contaminated gloves (e.g. telephone handset) using an alcohol-based product such as Gen 20 spray or an alcohol wipe.
- Restock the pandemic influenza kit after use as needed.

There are situations when a first aid officer should not provide assistance to persons with symptoms of pandemic influenza

You should not provide first aid care to persons with symptoms of pandemic influenza if **you meet/have any of the following influenza risk factors.**

- Aged 65 years and over
- For Aboriginal and Torres Strait Islander persons, aged 50 years and over
- Pregnancy
- Chronic disease, e.g. chronic lung, heart or kidney disease, asthma or diabetes
- Weakened immune system, e.g. cancer, cancer treatment, organ transplantation or taking high-dose steroid medication.

If you meet/have any of these risk factors, you should decline to provide first aid and arrange for alternative first aid care.

Can I be immunised against pandemic influenza?

A pandemic influenza vaccine may not be available at the start of a pandemic however you should seek vaccination once a vaccine becomes available. Vaccines do not always provide complete protection and so it is important to continue to follow infection control practices after vaccination.

(Qld Government Fact Sheet 2008)