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1. Introduction

This guide provides information to employers on managing the occupational health and safety (OHS) risks associated with an infectious disease pandemic.

This guide outlines a framework using risk management principles and has general advice on workplace health and safety issues. It is recommended that OHS risk control measures are incorporated into the organisation’s business continuity plan.

This guide is not intended to provide public health information. Neither is it intended to cover all risks or to describe all possible control measures that may be applicable. It is designed to provide basic information to help employers and employees fulfil their duties under the Occupational Health and Safety Act 2004 (OHS Act).

This guide applies to all employers and employees covered by the OHS Act.

1.1 Other relevant material and guidance

WorkSafe and the Victorian Department of Health and Human Services (DHHS) have a Memorandum of Understanding with a schedule covering influenza pandemic planning and response.

Emergency Management Victoria (EMV) has developed a guide for workplaces on how to respond to an influenza pandemic, and many of the principles are applicable to any type of respiratory illness.

Employers are advised to regularly consult the Department of Health and Human Services website as the key Victorian agency for pandemic and health-related information.
2. What is a pandemic?

A pandemic is the worldwide spread of a new disease. Outbreaks of new infectious diseases can cause more severe illness than other diseases already circulating in the population due to a lack of immunity to the new disease. This lack of immunity may also increase the pandemic potential of the new disease.

The Federal Department of Health’s Chief Medical Officer can declare that a pandemic is affecting Australia and decide which of the disease frameworks the health sector will use to contain and manage the spread of the pandemic.

As with any infectious illness, standard health and safety risk assessment and controls should be applied. General advice should be given to employees, such as staying at home if they are sick, covering their coughs and sneezes, and washing their hands regularly. Any unwell employees with compatible symptoms (to those of the declared pandemic disease) should be sent home and advised to seek medical review for testing. Workers should not return to the workplace whilst awaiting their results.

2.1 Community impact of a pandemic

In the event of Australia experiencing a pandemic, and depending on the severity and transmissibility of the pathogen, large scale community, social and business disruption may occur.

The Australian and State Governments may initiate social and business restrictions, as well as specific directives, to slow the spread of the disease in Victoria. These will be communicated via the DHHS website.

Large workplaces and all critical infrastructure providers should have a pandemic plan in place, guided by Emergency Management Victoria’s Victorian Action Plan.

2.2 Workplace impact of a pandemic

A pandemic may cause significant absenteeism across all workforces, due to employees being ill, or needing to take leave to look after sick family members. Some staff may also not wish to come to work simply out of fear of becoming ill. Some staff may also be advised to stay at home for a period of time if they are at particular risk of developing the infection e.g. if they have been in close contact with another person who has tested positive to the infection (a ‘confirmed case’).

Depending on the type of restrictions the government has put in place, businesses may be temporarily unable to operate and employees may be required to either work from home or not attend work.

This represents a significant threat to the usual conduct of business and will demand prioritising essential services, and adjusting work practices and staffing arrangements to maintain business continuity.

Factors affecting attendance may include:

- personal illness or caring for family
- fear and anxiety
- self-isolation if a close contact of a confirmed case
- stringent infection control measures (government restrictions) in both the community and the workplace
- reduced transport
- impact of possible deaths and serious illness among families, friends and work colleagues

It is not possible to predict the timing of the onset of a pandemic so it is imperative that employers prepare beforehand by developing pandemic business continuity plans.
3. Employer and employee obligations for health and safety

3.1 Employer’s duty of care

Under the OHS Act, employers are required to take all reasonably practicable steps to protect the health and safety at work of their employees.

Measures to ensure the health and safety of employees at work should be incorporated into an organisation’s business continuity planning for pandemic.

3.2 Consultation with employees

Employers must consult with their employees when assessing a risk to the health and safety of employees at any workplace under the employer’s control.

Consultation is also required in the selection and application of control measures. In assessing the risks posed by a pandemic, employers should consult widely using existing workplace arrangements.

The involvement of health and safety representatives (HSRs) and the health and safety committee is central to a consultative approach to risk management.

3.3 Duties of employees

Employees also have duties under the OHS Act. Employees must co-operate with their employer in implementing risk control measures. They must take all reasonably practicable steps to ensure they do not do anything that creates or increases a risk to the health and safety of themselves or others.

In a pandemic situation it is reasonable to expect that these obligations placed on the employee and employer will include complying with public health advice and any emergency measures.
4. Good OHS practice in pandemic planning

An organisation's business continuity plan is a contingency plan of action to manage the business risk of a particular event.

Employers are encouraged to prepare a business continuity plan for a pandemic event, and this should include consideration of OHS issues.

More information on developing business continuity plans is available from business.gov.au and the Department of Industry, Science, Energy and Resources.

Good OHS practice in planning for a pandemic requires the employer to:

1. keep informed and up-to-date on pandemic information
2. ensure compliance with any restrictions or directions issued by the Australian and/or Victorian Government
3. educate and keep employees up to date
4. undertake OHS risk management by managing the direct and indirect risks
5. incorporate OHS preparations and risk control measures into a business continuity plan
6. review and evaluate risk control measures
7. plan and manage the recovery phase of a pandemic

Each item is discussed below.

4.1 Keep informed and up-to-date on pandemic information

Information on pandemic issues is readily available and regularly updated.

It is important to regularly review pandemic information and use it to update your business continuity plan.

Assigning responsibility to an individual(s) for monitoring pandemic information is a good way to ensure the organisation has the most up-to-date information.

This person should also be involved in the overall pandemic and business continuity planning.

Those with management responsibility for OHS should be kept informed and up to date, as should HSRs and the health and safety committee.

Key sources of information are listed in Appendix B.

4.2 Keep employees up-to-date

All employees will need accurate and current information on the workplace risks associated with a pandemic, as well as clear advice and education on how these risks will be controlled or minimised.

Employees should be provided with information on the nature of the disease, where they can get information, and actions they can take in the workplace to help control risks.

Employees will also need to be reminded not to come to work whilst sick and should be sent home or for medical review if they do attend work while unwell, or become unwell whilst at work.

Employees will also need to be informed on how they will be consulted and advised on the issues of work attendance and work arrangements. An individual’s judgement about their safety at work and associated anxiety will be influenced by the quality of information they receive from their employer on how well risks will be assessed and controlled.

Good communication strategies will need to be established, both at the workplace and for when employees are at home.

4.3 Undertake OHS risk management

As part of planning and preparedness, risk management should be applied to pandemic health and safety risks. This involves identifying and assessing the likely risks at the workplace and those risks associated with the way work is performed. Risk control measures to eliminate or
minimise risks need to be determined. Risk management should be done in consultation with employees and call on expert advice when needed. Depending on the level of restrictions in place, this may include employee’s undertaking a self-assessment of their home as a place from which to work.

The OHS risks during a pandemic can be loosely categorised as the direct risks of infection and the indirect risks arising from changes to usual work arrangements.

Effective development and implementation of risk control measures will depend on good consultation and communication with employees.

### 4.3.1 Manage the direct risks of infection

Workplace measures to minimise disease transmission and prevent infection are based on an understanding of how the disease is transmitted from person to person. In the event of a pandemic, refer to the Department of Health and Human Services (DHHS) website for up to date information.

#### Physical distancing

A primary transmission control measure is physical distancing, that is reducing and restricting physical contact and proximity. Physical distancing may be legally enforceable and should be promoted through measures such as:

- allowing only identified, essential employees to attend the workplace (if your workplace is permitted to remain open)
- using alternative work options including work from home (this may be mandatory, depending on the level of restrictions in place)
- allowing workers to travel to and from work at staggered times to reduce congestion on public transport where possible
- ceasing handshaking, kissing and other physical contact in the workplace for the duration of the pandemic
- maintaining a minimum distance of 1.5 metres between employees in the workplace (person-to-person droplet transmission is very unlikely beyond this distance)
- ensuring the number of persons is limited to 4 square metres per person, where possible
- ceasing close contact meetings and social gatherings at work
- using telephone and video conferencing in place of face to face meetings
- closing service counters or installing Perspex infection control barriers.

#### Hygiene and use of personal protective equipment

Transmission can be reduced by undertaking additional cleaning at the workplace and supporting good personal hygiene. More information on hygiene and cleaning, including some specific guidelines, is provided in Appendix A.

Employers should provide information and resources to employees to reinforce and support good personal hygiene. Hand and respiratory hygiene training should also be provided.

Unwell employees with pandemic-like symptoms should not be at work. If an employee develops symptoms while at work, they should be advised to go home. Specific actions that may be required in the event of an unwell worker who may have the disease responsible for the pandemic and will be communicated via the DHHS website.

#### Appoint a pandemic disease manager

As part of planning for pandemic diseases, employers should consider appointing a pandemic diseases manager (and backup managers) to direct the preparation activities and manage the implementation of risk control systems.

In the preparation phase this could include ensuring supply of recommended personal protective equipment, tissues and cleaning products.

In the event of a pandemic, the manager(s) would be responsible for control of entry to the workplace and managing the situation when employees become ill at work.
Good OHS practice in pandemic planning

**Control entry to the workplace**
Guidelines should be developed for restricting entry to the workplace to reduce the risk of transmission and ensure social distancing measures can be observed.

Based on medical advice, employers and employees should comply with isolation periods for employees who are exposed to the infectious disease, show symptoms, are ill or have returned from travel to pandemic-affected areas. This may include taking an employee’s temperature prior to allowing them entry to the workplace and keeping accurate sign-in and sign-out records to assist with contact tracing, if required.

**Manage the situation when employees become ill at work**
Employers should put systems in place for managing the situation when people become ill at work.

Employees who report or show compatible symptoms should be:
• isolated from others and referred to a medical practitioner for medical assessment, and
• given a disposable surgical-style face mask to wear as an interim measure before they leave the workplace. It is essential the mask is worn correctly and disposed of as soon as it becomes moist or after coughing or sneezing.

Arrangements should be made for their transport either to a doctor or to their home, which does not include the use of public transport.

A record should be kept of those who become ill and leave the workplace and the people they have had contact with.

When a person with suspected infection has left the workplace, employers should ensure that the person’s workstation, work area and communal areas have been thoroughly cleaned and disinfected.

The worker should not return to work until they have been cleared of the suspected infection by their doctor or DHHS.

**Ventilation and air conditioning**
As part of preparedness employers should seek confirmation from their building owner that the air conditioning system is properly designed and maintained.


All internal spaces should be well ventilated and outdoor air intake should be increased.

Avoid using recirculated air.

Keep systems running longer hours, 24/7, to enhance fresh air and dilution.

For office and similar environments there is no recommendation to install special air filters to air conditioning systems.

**4.3.2 Manage the indirect risks arising from changes to usual work arrangements**
A pandemic will demand significant changes to work arrangements, and these new arrangements may introduce health and safety risks for employees.

Examples of these indirect risks and their controls that can be anticipated and planned for include the following:

**Employees adapting to work from home**
Control measures may include:
• ensuring employees conduct an OHS assessment of their home office before commencing work
• provision of adequate resources, including technology and furniture, to support working from home
• regular catchups online to ensure employees remain socially connected

**Anxiety among employees**
Control measures may include:
• providing employees with definitive advice about the relevant pandemic disease, and the risks and control measures in place to address the risks at the workplace
Good OHS practice in pandemic planning

- providing counselling through an employee assistance program
- promoting a supportive workplace

**Employees not being aware of current arrangements**

Employees should be kept informed on the pandemic situation and changed work arrangements while at work and at home. Effective communication strategies might include:

- holding regular briefings
- providing authoritative advice from credible sources via the company intranet
- providing links to the DHHS information and contact details for any dedicated hotlines
- ensuring employee's home phone and email contacts are collected and kept securely, particularly in the case of a confirmed case of the disease being identified in the workplace.

**Unfamiliar work and higher workloads**

Employees may need to be reassigned to priority tasks that are unfamiliar to them. These employees may be particularly susceptible to injury while adjusting to the new work, particularly psychological injury and body stressing injury (for example, manual handling sprain/strain and occupational overuse injury).

Control measures for these risks could include:

- consultation with affected employees
- training
- clear performance expectations
- close supervision and support employee counselling through an employee assistance program as above

**4.4 Incorporate OHS risk control measures into a business continuity plan**

The identified risks and control measures should be incorporated into your organisation's business continuity plan. This will ensure OHS measures are reviewed along with other parts of the plan and their implementation is coordinated with other pandemic management measures.

**4.5 Review and evaluate control measures**

OHS risk control measures should be regularly reviewed and updated as required. A good way to do this is to practice, test and evaluate intervention measures during the preparation phase. For example, practice physical distancing measures and evaluate their implementation.

If practical exercises and scenarios are used to test elements of pandemic preparedness, efforts should be made to include testing and evaluating of OHS measures.

**4.6 Manage the recovery phase of a pandemic**

Recovery should be a planned process to normalise work activities. As the pandemic subsides, the local risk control measures should be progressively downgraded on a schedule compatible with the suspension of the broader public health measures.

Because we can learn a lot about the spread of disease during a pandemic, some public health recommendations that have proven effective may remain in place even after the recovery phase of the pandemic. This is to ensure that workplace risks from infectious diseases continue to be minimised. These lasting recommendations should be incorporated into workplaces’ OHS/ business continuity plans.

It is likely some employees will suffer psychological consequences and access to work-based counselling and support services should be available. Employees who are affected by the death of friends or family will need support. At work, counselling may be appropriate where work colleagues have died.

For some time after the pandemic, the normalising process may involve re-tasking employees to priority areas. Skills, training needs and workloads should be considered and consulted on before employees are moved to new work.
5. Summary and conclusion

A pandemic will be accompanied by considerable social disruption within the community and by major workplace changes.

Potential for infection at work and changed workplace arrangements, including significant disruption to business operations, will present health and safety risks. An employer’s duty of care under the OHS Act is to actively identify these risks and be prepared to implement control measures to eliminate or minimise them.

The onset of a pandemic may happen quickly, so employers should develop their business continuity plan, addressing the anticipated business risks of a pandemic and ensure it addresses OHS issues.

Employers should keep up to date with pandemic advice and regularly review their business continuity plans in line with updated and new information.
Regular and effective hand hygiene
Frequent hand hygiene is one of the most useful ways to prevent infection. Hand hygiene is particularly important after coughing or sneezing, after going to the toilet, after contact with other people and before eating.

Hand hygiene can be either washing your hands with soap and water or using an alcohol-based hand sanitiser.

An effective hand washing technique involves using soap and water, scrubbing all parts of the hand and wrist including nails and between fingers for at least 20 seconds, rinsing and then drying with paper towel or a hand dryer.

Employers should provide sinks with hot and cold running water, soap, clean disposable towels or a hand dryer, and a ‘hands free’ bin for disposal.

Alcohol-based hand sanitisers (with at least 60% alcohol) can be used when hands are not visibly dirty. If hands are visibly dirty, they should be washed with soap and water. Hand sanitisers come in the form of gels, foams or rubs and do not require running water or towels. These products usually have a three-year shelf life and should not be exposed to heat or direct sunlight.

Hand sanitisers should not be provided as the only hand hygiene option as there are times when soap and water should be used instead, for example when hands are visibly dirty or after going to the toilet.

Coughing and sneezing etiquette
When coughing or sneezing, the nose and mouth should be covered with a disposable tissue or the upper arm or elbow. Tissues must be used only once and then disposed of into a bin. Hands should be washed (or use a hand sanitiser) after coughing or sneezing or touching used tissues.

Employers will need to provide plenty of tissues and a ‘hands free’ waste receptacle.

Signs on correct coughing and sneezing etiquette should be put up in the workplace to reinforce this message. Further information on infection control is available from the Department of Health and Human Services.

Personal protective equipment
Health authorities recommend employees who develop symptoms at work be given a disposable surgical-style face mask to wear to reduce the risk of disease transmission on their journey home or to seek medical review.

Masks should be removed and disposed of safely when they become moist or after coughing and sneezing. So as not to spread infection, it is important masks are correctly applied, not touched or handled when worn, and are correctly disposed of. Other masks that are designed to filter airborne particles may be recommended for people who have a greater risk of exposure to the disease such as healthcare and quarantine workers.

Additional workplace cleaning
Employers should implement additional regular cleaning (ideally at least twice per day or as often as expert advice recommends, after any spills or if the area is visibly soiled) for workstations, telephones, frequently touched surfaces, such as door handles, and the cleaning and disinfection of any workstations of employees who become ill at work. Areas where there is public access will also require frequent additional cleaning and disinfection.

If DHHS publish guidance on cleaning and disinfection, all cleaning should be undertaken in accordance with that guidance.

Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Follow the instructions of the products regarding dilution and use. Alcohol wipes could be provided for use on small surfaces, such as telephones.
Appendix B – Further sources of information

Victorian Government

- Department of Health and Human Services for up-to-date information on any emerging or current pandemics.
- Emergency Management Victoria’s Victorian action plan for pandemic influenza.

Australian Government

- Department of Health
- Communicable disease information, Australian Government, The Department of Health
- Emergency Response Plan for Communicable Disease Incidents of National Significance (2016), Communicable Diseases Network Australia (CDNA)
- Department of Foreign Affairs and Trade at www.smartraveller.gov.au, which provides advice for overseas travellers.

Other references

- World Health Organization information on managing epidemics and pandemics, in particular “Managing epidemics: key facts about major deadly diseases”, 2018.
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**Advisory service**

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