Procedure
Outbreak Management Plan

Endorsed by:	CEO	Document Owner:	Organisational Management

Section 1: Objective

The purpose of this plan is to provide a clear, step-by-step procedure for managing infectious disease outbreaks within Goulburn Options (GO) services**.** The plan ensures the safety and wellbeing of all People (participants, staff, volunteers, students, contractors, and visitors) and complies with legislative and regulatory requirements. **Please Note:** This is a general Outbreak Management Plan and not specific to any one illness. Where need is identified Goulburn Options will continually add sections to the end of this document outlining key requirements for specific outbreak types (e.g. COVID.)

This procedure must be read in conjunction with the following:
- Infection Prevention and Control Policy
- Infection Prevention and Control Procedure
- Health and Safety Policy
- PPE Stocktake Procedure

Department of Health (VIC)
- Infectious Diseases Guidelines and Advice: https://www.health.vic.gov.au/public-health/infectious-diseases-guidelines-and-advice
- Notification Procedures for Infectious Diseases: https://www.health.vic.gov.au/infectious-diseases/notification-procedures-for-infectious-diseases

WorkSafe Victoria
- Infectious Diseases: https://www.worksafe.vic.gov.au/infectious-diseases

Section 2: Scope

This plan applies to all GO People across all GO Service environments. This procedure is to be enacted primarily by a member of the GO Organisational Management Team (CEO, General Manager, Business Manager) in close collaboration with Team Leaders and other delegated staff, both when an outbreak is suspected and/or confirmed.

Section 3: Procedure

The key principles of outbreak management are:
- To protect the health and wellbeing of all People

- Contain and reduce the transmission of infectious diseases across all GO sites and services
- Ensure compliance with legislative and regulatory requirements
- Maintain continuity of essential services and minimise disruption to participants' daily lives
- Provide clarity and reassurance to all stakeholders through consistent communication
- Capture learnings for continuous improvement in infection prevention and organisational resilience

3.1 Key Terms to Know

Term	Definition
Outbreak	Two or more linked cases of the same infectious disease at a GO site, or as otherwise declared by an external body
Case	Any confirmed infection in a participant, staff member, volunteer, student or contractor
Close Contact	Any individual meeting the exposure criteria for the specific disease/illness
Isolation	Physical separation of an infected person form non-infected individuals to prevent spread
Quarantine	Restriction of movement of exposed but not yet symptomatic individuals
IPC	Infection Prevention and Control = Coordinated activities and resources used to prevent and control the spread of infection
OMT	Outbreak Management Team = A temporary group formed to oversee outbreak response and ensure actions are coordinated
PPE	Personal Protective Equipment = Items such as masks, gloves, face shields and other barriers used to reduce transmission risk

3.2 Outbreak Identification and Establishing Outbreak Management Team

First Case

Identification/suspicion of a single case of infectious disease should be handled in line with **Infection Prevention and Control Procedure**, including:

- Isolation, use of PPE, cleaning etc.
- Incident Reporting
- Escalation to relevant Team Leader (who will escalate to Organisational Management)

Start precautionary containment to prevent spread.

- Temporarily restrict/reduce visitors to site/program
- Reinforce PPE use for all staff Increase cleaning in shared spaces immediately
- Inform relevant staff at the site – maintaining privacy of infected individual – and begin preparing communications using 'potential exposure' wording.
- Research relevant external reporting obligations for the specific type of infection

With a single case, act as if an outbreak could occur, but do not formally declare an outbreak until you receive external notification or there are multiple linked cases.

Following confirmation of the first case, diligently monitor the workforce and participants for symptoms and/or positive case reports, and watch for external health alerts of linked cases.

Second Case

Convene Outbreak Management Team (OMT) within **2 hours** of confirmed second case. OMT should be led by a member of the Organisational Management team for oversight, decision making and communication with external bodies. Additional members:

- General Manager (mandatory)
- Support Services Team Leaders (mandatory)
- Practice Leaders (mandatory)
- Outcomes Team Leader (mandatory)
- OHS Officer/s (mandatory)
- HR Officer (optional)
- DSW Representative (optional)
- Board Representative (optional)

OMT briefings (via Teams) must be held daily until outbreak is closed. All meetings must be minuted with allocated responsibilities for actions.

Initial OMT meeting must:

- Use GO's **Outbreak Management Checklist** to ensure all elements of the outbreak are accounted for
- Establish an **Outbreak Management Running Sheet** to be used for the duration of the outbreak to record all details of the outbreak response for the purposes of record-keeping, incident reporting and organisational learning.
- Confirm applicable external reporting requirements. (OMT Lead is responsible for all external reporting.)
- Confirm any specific management or containment tasks prescribed for the specific illness by relevant external bodies. (e.g. the management of blood-borne disease will differ from the management of a respiratory disease.) The OMT must adjust general GO procedures to adequately manage the specific illness at hand where necessary.
- Establish roles and responsibilities of OMT members in line with specific procedures, policies and contingency plans (all members must competent and confident in enacting their delegated tasks). These tasks will include things like overseeing PPE, sending communications, on-site supervision of infection control etc.
- Identify high-risk/vulnerable persons, including:
  - People with pre-existing or underlying conditions which increases their risk of an adverse health outcome should they become infected
  - People who may need additional support to comprehend and/or participate in infection control procedures
  - People who may exhibit behaviours of concern, or other emotional/psychological distress as a result of outbreak management activities/tasks
  - People who are fully dependent on others to manage their risk of infection

3.3 General Procedure

1. Contain and Isolate

If on-site, immediately isolate confirmed cases (e.g. to a specific program space, or in accommodation, dedicate a specific bathroom/bedroom if possible). Establish "bubbles" to separate positive, negative and symptomatic-but-untested individuals. Limit staff movement between bubbles and/or sites. Ensure staff were appropriate PPE at all changes and change between bubbles.

2. Notifications

Contact relevant external bodies for outbreak declaration and guidance. Notify NDIS Commission within required reporting timeframe (if required). Inform families and participants with clear, transparent notification. Provide accessible information to participants. Communicate directly with high risk persons and suggest they remain home (if advisable) to avoid risk of adverse health outcomes for the duration of the outbreak. Save all external communications with time, date and method.

3. Testing and Screening

Initiate any relevant testing for all People, or as directed by external body. Re-test according to relevant timeframes. (e.g. daily, every 48hrs etc.) Keep a daily register of test results. Screen all persons entering a site. (e.g. temperature, symptom questionnaire.)

4. Staffing and Workforce Management

Implement outbreak-specific rosters that minimise cross-site working. Deploy relief staff as needed; avoid fatigue and burnout by enforcing reasonable work hours. Provide routine wellbeing check in and access to counselling if needed. Maintain clear records of staffing allocations for contact tracing.

At any handover of the on-call phone during an outbreak, a formal written handover must be provided from one person to the next which includes the content of calls received. The person on call must be aware of the current status of all unwell persons in order to provide contemporary advice and information for any potential calls.

5. Environmental Controls

Increase frequency of cleaning to minimum twice daily (more for high-touch surfaces). Bathrooms cleaned between each use. Ensure adequate ventilation wherever possible. Stockpile and monitor PPE, antibacterial wipes, 3-in-1 surface spray, disposable cutlery and plates. Dishwasher used on highest temperature setting. Double bag contaminated waste and dispose of according to infection control guidelines.

6. Communication

Provide daily outbreak updates to all People on a schedule predetermined by the OMT. One person should be delegated to all communications to ensure staff, participants and families do not receive an overwhelming influx of information form

several different sources. Ensure consistent messaging, use template letters and FAQs to reduce confusion. Place signage at entrances to restrict access and inform of outbreak status. Communicate openly about what measures are in place and what support is available.

7. Ongoing Monitoring

Record and review new cases daily. OMT must meet daily via Teams, but a group Teams Chat should also be used for all communication regarding actions taken to manage the outbreak. Reduce phone/email usage wherever possible to ensure that all members of the OMT are across all actions at the same time. Track outbreak spread using contact tracing records. Adjust control in line with external advice and outbreak developments. Hold minimum weekly outbreak debrief with all staff via Teams.

8. Stand Down and Recovery

External body will formally declare outbreak over where applicable. Alternatively, GO will stand the outbreak down after 7 - 10 consecutive days without a new case. Resume normal operations in a staged manner (e.g. reopening shared areas, lifting visitor restrictions) Conduct debrief with staff, participants, and families to acknowledge impact and capture feedback. Complete Case Review and Root Cause analysis – submit to Management and Board. Restock PPE and outbreak kits to pre-outbreak levels. Update policies and procedures where improvements are identified.

9. Documentation

The OMT Lead must ensure that the following records are completed and stored securely:

- Outbreak Management Running Sheet
- Daily Testing Registers
- Cleaning logs and waste disposal logs
- Communication records
- Rosters and staff allocation notes/instructions
- Incident reports
- Case Review
- Root Cause Analysis

3.4 Specific Requirements

3.4.1 COVID-19

Topic	Details	Notes/Resources
External Notification/ Managing Body	Goulburn Valley Public Health Unit • Requires notification of 2 or more cases	www.gvhealth.org.au/public-health-unit/ Email: PHU@gvhealth.org.au Phone: 1800 313 070
Symptoms	• cough	https://www.health.vic.gov.au/infectious-diseases/covid-19-coronavirus-disease-2019

	- runny nose - breathing difficulty - sore throat - chills and/or sweats - fever (≥37.5°C) can occur but is less common in the elderly. Other symptoms may include: - headache, muscle aches, fatigue, nausea, vomiting, diarrhoea, loss of smell and taste, loss of appetite - In the elderly, other symptoms to consider include new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying illness.	
Confirmed Case	Identified via a positive RAT (Rapid Antigen Test)	GO should maintain both nasal and saliva RAT tests to support participants who do not wish to test via the nose
Mode of Transmission	- inhalation of aerosolised particles - inhalation of respiratory droplets, deposits of respiratory droplets and particles on mucous membranes (mouth, nose, eyes), or touching of mucous membranes with hands directly contaminated with virus-containing respiratory fluids - fomite transmission through indirectly touching surfaces contaminated with virus-containing respiratory fluids.	https://www.health.vic.gov.au/infectious-diseases/covid-19-coronavirus-disease-2019
Period of communicability	- In general, a person who tests positive for COVID-19 may be infectious for up to 10 days but are most infectious in the 2 days just before their symptoms start, and while they have acute symptoms (runny nose, sore throat, cough, and fever). Most people infected with COVID-19 are still infectious after 5 days. - Individuals with severe illness or who are significantly immunocompromised may have prolonged infectious periods.	N/A
Period of Exclusion	Exclude for at least 5 days from the date of the positive test and until the person is free of acute symptoms (fever, sore throat, cough, runny nose).	The OMT may decide that a positive staff member can work in-home (isolated) with a positive participant if they so choose. This must

		be communicated to other staff members on site to ensure they have a full understanding the of the risks involved. This should only be used as a 'last resort' option.
Close Contacts	Close contacts are people who: • Live in the same household as the positive case • Have spent more than 4 hours in the same residential setting • Have spent more than 2 hours in an indoor space • Had 15 minutes of face-to-face contact • Isolation of close contacts is not required • Close contacts must wear an N95 respirator mask for 7 days after the exposure • Close contacts should undertake RAT testing 24 hours apart for 5 out of 7 days after being identified as a close contact, with additional tests when symptomatic	GO must conduct internal 'contact tracing' and ensure that all staff/participants who are identified as close contacts (even prior to an outbreak) increase preventative measures.
PPE Requirements	• Gloves • RAT Tests • Masks -- N95 Respirators only during outbreak period, surgical masks can be used as a precaution prior to outbreak (when just one positive case is confirmed) and as a precaution in the days/weeks following an outbreak standdown • Eye protection • Aprons • Sleeve covers • Additional cleaning products (wipes, spray, single use cloths) • Disposable high use items (e.g. plates, cutlery, cups)	Refer to PPE Stocktake Procedure
Additional Control Measures	• Social/physical distancing – People to remain 1.5m from each other wherever possible (not always possible in disability setting) • Ventilation – increase fresh air by opening windows and doors, consider use of portable filtration units such as HEPA filters	N/A
Medication	• Antivirals may be prescribed for people with increased risk of negative health outcomes from COVID	GO needs to review suitability on a case by case basis for relevant participants.

Vaccination	• All People should be encouraged and supported wherever possible to stay up to date with COVID vaccinations. • In specific high-risk environments/ in the case of high risk participants (specifically in accommodation and living setting) COVID vaccination status should be consistently maintained by the relevant Team Leader	A vaccination drive and/or education campaign should begin PRIOR to high risk COVID seasons.

Section 5: Roles

Role	Responsibilities and Accountabilities
Board	• Provide governance oversight and assurance that GO is prepared for, and effectively manages, infectious disease outbreaks • Review outbreak reports and root cause analyses • Endorse resourcing for prevention and response.
Organisational Management	• Act as lead authority for outbreak response • Convene and chair the Outbreak Management Team (OMT) from the second confirmed case • Ensure external reporting to PHU, NDIS Commission, and other bodies • Provide organisational direction, ensure adequate resources (PPE, staffing, cleaning) • Approve and oversee communications to stakeholders.
Team Leaders	• Act as Incident Controller at the service site • Manage initial case response (isolation, cleaning, notification) • Escalate single and subsequent cases to Organisational Management • Implement OMT decisions on-site • Maintain outbreak logs, staff rosters, and communication with families/participants • Identify and support vulnerable/high-risk individuals.
Workforce *(Admin, DSW, Students, Volunteers)*	• Follow IPC and outbreak procedures • Report symptoms or exposures • Support participants to follow isolation and testing protocols • Accurately complete records (testing, cleaning, incident reports) • Participate in outbreak debriefs and improvement activities.
Participants	• Engage with outbreak safety measures as able (testing, isolation, PPE use) • Communicate needs and provide feedback with support • Participate in debriefs post-outbreak to share experience and suggestions

Section 6: Related Documentation

Document Name	Document Type
Infection Prevention and Control	Policy
Infection Prevention and Control	Procedure
Code of Conduct	Policy
Health and Safety	Policy
PPE Stocktake	Procedure
Outbreak Management Running Sheet	Form
PPE Stocktake Procedure	Procedure
Daily Cleaning Tasks	Information Sheet
Privacy	Policy
Incident Management	Procedure
Case Review and Root Cause Analysis	Procedure
Risk Management	Policy
Continuous Improvement	Policy
Health Management	Policy
Key Elements of Participant Safety and Wellbeing	Policy
Medical Emergency	Policy
Training and Development	Policy
Waste Management	Policy
Workplace Injury and Illness	Policy
Outbreak Management Checklist	Form

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