SA Health Hazard Leader for Human Disease

(including Pandemic Influenza)
SA Health

> Hazard Leader for Human Disease
  • Includes Pandemic Influenza

> Control agency for:
  • epidemic; and
  • food and drinking water contamination

> Functions under the
  • Emergency Management Act 2004
  • SA Public Health Act 2011
  • State Emergency Management Plan (SEMP)
SA Health Plans

Hazard Plan for Human Disease 2012

> support plans:
  
  - Pandemic Influenza Support Plan 2012 (aligned to AHMPPI) both under revision
    - Pandemic annexes
  - Food borne Disease Support Plan outbreak annex (under development)
  - Drinking water contamination Support Plan (under development)

> SA Health Operational Plan for Pandemic Influenza 2011 (under revision)
  - includes topic specific Pandemic Influenza Annexes (14 in total)
  - refer to www.sahealth.gov.au
Other SA Health Plans

- Public Health Emergency Management Plan (PHERMP) under development – aligns to State Public Health Plan 2011

- Extreme Heat Health Plan and Action Plans

- SA Trauma/Mass Casualty and Burns Plan

- Regional and hospital disaster plans

- Health and Medical Functional Service Plan - aligns to the State emergency Management Plan (SEMP)
Pandemic Influenza Planning

Achieved by:

> Whole of Government planning –
  • State Human Disease Committee
  • Business Continuity Plans

> SA Health:
  • Emergency Management Unit
  • Communicable Disease Control Branch
  • Some Local Health Network Emergency Management Committees

> Individual agencies and organisations
  • General Practices
  • Local Government Councils
  • Nursing Agency South Australia (NASANSB)
  • Royal District Nursing Service (RDNS)
Commonwealth Pandemic Plans

National Action Plan April 2010
- provides overarching governance for how Commonwealth, State Territory and Local Governments will work together to protect Australia against the threat of a pandemic
- latest version updated in light of lessons learned from pandemic (H1N1) 2009

Australian Health Management Plan for Pandemic Influenza (under revision)
- national health plan for responding to a pandemic based on international best practice and evidence
- A total rewrite in light of lessons learned from pandemic (H1N1) 2009
Human Disease - Risk Assessment

- National Emergency Risk Assessment Process
- Developing a Risk Register for Human disease
  - focus primarily on Pandemic
    - most likely to be influenza
    - history of 3 each century for last 300 years
    - some mild - 2009
    - some catastrophic - 1918
Communicable human Diseases of primary concern - in the aged and/or vulnerable

- Influenza
- Diarrhoea and vomiting
- Elderly, the young and those with known health problems likely to be vulnerable

Information to assist you:
- Communicable Disease Network (CDNA) Guidelines – available on the web
Influenza

Seasonal
• Each season the virus will be slightly different
• Highly infectious therefore immunisation very important

Pandemic
• not necessarily a disease of great severity but refers to the geography of the disease
• an epidemic characterised by global geographical spread, affecting humans
• new influenza subtype (novel virus) to which community has little or no immunity – no vaccine initially
• illness can vary from mild to severe disease
• may have a high death rate dependent on severity of disease
• elderly, young & those with chronic disease may be more vulnerable
Impact of a Pandemic

- Stressful to the community
- Will disrupt community services
- May affect continuation of business
  - business continuity planning essential
  - need to exercise plans
- Cause stress to hospital and medical care facilities
- Large numbers of staff may be unavailable
  - sick with flu, in quarantine, caring for sick family members, or fearful of getting sick
- Need to address staff leave entitlements
- Staff fatigue/overload, need for ‘time off’
- Pandemic Influenza outbreak may last from 5 -10 months
- Plan to start recovery at first sign of a pandemic
Diarrhoea and vomiting

multiple causes

• Viral gastroenteritis – rotavirus
• Bacterial infection
• Contaminated food – Salmonella
• Contaminated water source

people living in close proximity increase the risk

> elderly vulnerable
Action required for human disease outbreaks

> Have a plan prepared well in advance
  • Think about how to manage multiple ill residents – hospitals may be at capacity

> Ensure staff know what to do – test plans

> Ensure good hygiene and infection control practices at all times

> Have current advice/information available
  • Fact sheets
  • Advice
  • Wash wipe cover
  • Infection Control Management of Infectious Diseases (SA health website)
Infection Control Advice for Staff

- Identify staff who may be considered vulnerable e.g. those with a medical condition (asthma, heart disease) pregnant women,
- Monitor staff for illness and instruct not to come to work if they develop an influenza like illness (ILI)
- “Wash Wipe Cover – don’t infect another”
- Provide hand hygiene products for staff to use
- Provide a surgical mask for sick staff to wear when leaving work to go home
- Install barrier control in customer service areas – use of perspex screens or barrier to maintain distance >1 metre from persons
- Access the SA Health website for information on pandemic influenza
Pandemic Influenza

- information, Annexes & resources
  PI fact sheets

Infection Control

- ‘Wash, Wipe, Cover – don’t infect another’
  infection control resources available from SA Health website:

> Aboriginal posters on hand hygiene adapted from ‘Wash Wipe Cover’
  ‘Good health starts with clean hands’