

Infectious Diseases Procedure

Section 1 - Governing Policy

(1) This Procedure is governed by the [Work, Health, Safety and Wellbeing Policy](#) and the [Critical Incident Management Policy](#).

Section 2 - Purpose

(2) This Procedure supports ACU to minimise exposure risks of the University community to infectious diseases and to reduce transmission risks within the University community.

Section 3 - Scope

(3) The Procedure applies to all staff, students, volunteers, visitors, and contractors that are participating in ACU activities within Australia and overseas. It applies to all activities the University manages and influences.

Section 4 - Definitions

Term	Definition
Epidemic	Occurs when the incident rate (i.e. new cases in each human population, during a given period) of a certain disease substantially exceeds what is 'expected', based on recent experience.
Infectious Disease	Infectious diseases (also known as communicable diseases) are caused by infectious agents that can be passed from one person or animal to another. Transmission can occur directly (through contact with bodily discharge), indirectly (e.g. by sharing a drinking glass) or by means of vectors (such as mosquitoes).
Influenza Pandemic	Occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses. Some aspects of influenza pandemics can appear similar to seasonal influenza while other characteristics may be quite different.
Pandemic	An epidemic of an infectious disease that spreads through human populations across a large region, like a continent.
Zoonotic Disease	Can be passed between animals and humans. Zoonotic diseases can be caused by viruses, bacteria, parasites, and fungi. These diseases are very common. The WHO states that approximately 60% of communicable diseases are zoonotic.

Section 5 - Roles and Responsibilities

(4) Everyone has a role to play in contributing to the safety and wellbeing of ACU's campuses.

(5) Members of the ACU community:

- a. maintain high levels of hygiene, including regularly sanitising hands, to reduce infection risks; and

- b. are aware of our health status and don't attend campus when presenting with cold or flu-like symptoms.

Table 1: Other Responsibilities

Role	Contribution
Staff	<ul style="list-style-type: none"> • Do not attend campus if presenting with cold and flu-like symptoms; • contribute to the identification of infection risks and WHS risk assessment and consultation processes; • comply with ACU's processes and protocols for managing transmission risks, including any physical distancing requirements; • influence and communicate with others about treatments (risk controls) that have been developed to reduce transmission risks; • participate in the University's annual influenza vaccination program to reduce the risk of contracting the flu and contacting multiple viruses; • wear appropriate Personal Protective Equipment (PPE) to reduce transmission risks whenever they are required to; • comply with applicable public health orders; and report ^[1] any exposure or incidents related to infectious diseases; and • only return to work after receiving medical clearance.
Nominated Supervisors	<ul style="list-style-type: none"> • Lead WHS risk assessment and control processes within their work area; • ensure that team members comply with infectious disease reporting requirements, public health orders and ACU treatments for managing risk; • engage staff about their perceptions of safety during health emergencies; • apply critical incident management processes; and • consult and engage with staff, students, and others about processes to minimise transmission risks.
Students	<ul style="list-style-type: none"> • Do not attend campus, placements, or university activities while presenting with cold and flu-like symptoms; • comply with applicable public health orders; • Comply with the University's processes for managing transmission risks, including any physical distancing, and reporting requirements; • are aware of their health and status and actively protect their own and others' health; • wear Personal Protective Equipment (PPE); and • notify the University if they are diagnosed with an infectious disease and only return to campus, a placement or community engagement activity once they have obtained a medical clearance.
Contractors	<ul style="list-style-type: none"> • Actively assess and manage infection risks; • collaborate with ACU to ensure they report any cases of infectious diseases to relevant health and / or WHS authorities; • fill in contractor logs, including scanning in with a QR Code whenever it is a requirement; and • comply with public health orders.
Members of the Executive	<ul style="list-style-type: none"> • Consider infectious disease threats whenever organisational unit / portfolio risks are assessed and reviewed; • ensure that WHS risk assessments and / or well-established protocols inform the way that work and learning activities, which ACU manages and influences, are conducted; • influence senior managers and nominated supervisors to ensure that treatments (risk controls) developed to manage health risks are well understood, applied, and monitored; • collaborate with significant internal and external stakeholders about transmission risks and protocols to manage health risks; and • influence and consult with staff and others about health threats, procedures, and protocols to manage transmission risks.

Role	Contribution
University	<ul style="list-style-type: none"> • Ensures the risks associated with infectious disease threats are assessed and managed; • ensures the lessons identified from health emergencies informs future risk management practices; • provides staff with an annual flu vaccination program on Australian campuses prior to the winter influenza season; • influences and consult with staff members and students about health threats; • provides the knowledge and resources to support staff, students, and others to engage in appropriate hygiene practices to reduce potential transmission risks; • applies ACU critical incident management and recovery management processes to manage significant infectious diseases risks, and develops ACU-wide plans to manage the risks associated with pandemics and other significant health threats; • collaborates with health and / or WHS authorities whenever a member of an ACU campus community contact an infectious disease; • develops robust processes to record the presence of staff, students, visitors, volunteers, and contractors, on its campuses, to support contact tracing; and • complies with its mandatory reporting obligations, which are associated with infectious diseases, including for example the reporting requirements effective during the COVID-19 pandemic i.e. scanning in with a QR code, and reporting positive cases that impact staff, students, volunteers, visitors, and contractors are reported to WHS and health authorities to assist with contact tracing.

^[1] The University developed a COVID-19 reporting tool, for staff and students, to report likely exposures of the pandemic.

Section 6 - Infection Control Procedures

(6) The University's infection control procedures are informed by the assumption that everyone is potentially infectious. Staff, students, and others should apply the personal hygiene procedures outlined below.

Personal Hygiene Procedures

Apply high standards of personal hygiene by:	Actions
Washing your hands to limit the spread of pathogens	<ul style="list-style-type: none"> • Wash your hands with soap and water for at least twenty seconds prior to preparing food, after touching other people or surfaces; and • dry your hands with disposable paper towels.
Regularly sanitising	<ul style="list-style-type: none"> • Regularly sanitise your hands whenever there are significant infectious disease risks within the community.
Covering broken skin	<ul style="list-style-type: none"> • Cover any cuts or abrasions with a waterproof dressing.
Wearing gloves to reduce infection risks	<ul style="list-style-type: none"> • Wear gloves whenever you are handling body fluids or equipment that contains body fluids, someone else's broken skin or mucus membrane, or performing any other invasive procedure.
Limiting health risks that can be associated with preparing and consuming food	<ul style="list-style-type: none"> • Thoroughly wash your hands before and after handling food; • avoid sharing utensils with other staff and students, whenever significant health risks are present in the community; • avoid touching your hair, nose, or mouth; • keep hot food hot and cold food cold; • wash all utensils and preparation surfaces thoroughly with hot water and detergent after use; and • use separate storage, utensils, and preparation surfaces for cooked and uncooked foods.

ACU Infection Control Processes

(7) State Facilities Managers and their nominees manage ACU's cleaning contractor/s to ensure that floors, bathrooms, and surfaces are regularly cleaned with hot water and detergent.

(8) Whenever, there are significant health risks within the community, the Critical Incident Response Group or Recovery Management Team (RMT) ^[2] will determine whether to increase the frequency of these cleaning activities and determine whether to regularly sanitise touch surfaces to reduce potential transmission risks.

(9) When there are significant infectious disease threats in the community, Facilities Management staff will also ensure that work and learning spaces are provisioned with resources such as hand sanitiser and masks.

^[2] Once the University has operationalised the management of a significant health threat, the University will move into a recovery phase and will form a Recovery Management Team.

Section 7 - WHS Risk Assessments Informing Treatments

WHS Risk Assessments

(10) WHS risk assessments (see [WHS Risk Management Procedure](#)) will inform treatments to manage health and safety risks arising from work and learning activities in the context of infectious disease risks. These assessments should be conducted by senior managers, nominated supervisors and others, whenever:

- a. it is not immediately clear what hazards, associated risks and solutions are associated with the activity or 'thing'; and
- b. there are not established ways to manage specific risks.

(11) The assessments should evaluate the specific aspects of work and learning activities which present higher levels of risk and will be aligned with specific plans developed by ACU e.g. COVID Safe Plans. WHS risk assessments should also consider the full range of hazards and associated risks arising from the activity e.g. health and other safety issues, such as manual handling.

Engaging and Consulting About Treatments

(12) Relevant work areas also ensure that staff, students, and others are appropriately briefed and engaged about treatments (risk controls) that have been developed to manage risk. These briefings should be both verbal and written. Relevant nominated supervisors should also be present and available to help apply these treatments to manage transmission and other risks.

Section 8 - Managing Travel Risks

Staff and Students

(13) Staff and students ensure their travel decisions are informed by ACU policy directives, recent travel advisories that are issued by the [Department of Foreign Affairs and Trade](#) (DFAT), [International SOS](#) ^[3] and other services. They should also comply with 'do not travel' warnings that are published by DFAT and register for smartraveller updates.

[3] ACU subscribes to [International SOS](#). The provider supports University staff, students and others by providing travel advisories and assessments about medical and security risks in specific countries, including regions within developing and developed countries. [International SOS](#) also provides tailored briefings for tour organisers and reviews medical treatment options, including the facilities available for people with complex health conditions, in developing and developing countries. ACU staff, students and

others who participate in overseas travel opportunities should register for the alerts and download the [International SOS](#) Assistance app.

(14) Staff and students also:

- a. influence anyone with a complex health condition to contact the [International SOS](#) Assistance Centre to obtain tailored medical advice about the location they are proposing to visit;
- b. download the [International SOS](#) Assistance app (enter ACU's membership number 12AYCA080047);
- c. comply with DFAT's 'do not travel' warnings and obtain Senior Executive approval for any travel to locations that DFAT advises to 'reconsider your need to travel'; and
- d. ensure they protect themselves and others from infectious disease threats by being aware of their health status.

Nominated Supervisors

(15) Nominated supervisors and relevant staff should seek information and advice from DFAT and [International SOS](#) whenever they are assessing the overseas travel plans of staff, students, volunteers and contractors that they are supervising or overseeing. They should also participate in applicable [International SOS](#) briefings prior to finalising travel plans and assess and manage the risks associated with the overseas travel.

(16) They also:

- a. subscribe to the [International SOS](#) advisory service and monitor Commonwealth and State health directives and advice, and assess and manage the risks that are identified in these communications;
- b. consider the treatment options that are available within developing countries for staff, students and others who have complex health issues;
- c. monitor and comply with DFAT's 'do not travel' warnings and significantly restrict travel to destinations where DFAT advises to 'reconsider your need to travel';
- d. comply with current guidelines for minimising its exposure to infectious diseases, such as the [Communicable Diseases Network Australia](#) Infection Control Guidelines; and
- e. make every effort to ensure that all international travellers who book through [FCM Travel Platform](#), are attendees of ACU-sponsored overseas events and recipients of international study grants are subscribers to the [International SOS](#) service to provide travellers with medical and security alerts.

Members of the Executive

(17) Members of the Executive should ensure that risks associated with overseas travel are assessed and managed. Their approval of travel requests will be informed by a consideration of safety, health, and security issues. They should also consider alternatives to travel whenever there are significant risks to the health and wellbeing of travellers.

Section 9 - Maintaining Logs

(18) Visitor, volunteer, and contractor logs should be maintained for all people entering ACU sites.

(19) Whenever ACU is impacted by significant infectious disease risks, logs should be maintained for students. These records will be maintained by the relevant School or other area such as Global and Education Pathways, and Executive Education.

(20) The University will also comply with relevant state-specific requirements that are associated with registering site visitors and using a QR Code (matrix barcode) which will support ACU to collaborate with relevant state health

authorities undertaking contact tracing.

Section 10 - Notify About Infectious Diseases Threats

COVID-19 Exposures

(21) Staff and students should notify of potential COVID-19 exposures, including any associated requirements for self-isolation, by using the relevant [reporting form](#) on the ACU website.

Other Infectious Disease Exposures

(22) Relevant staff should notify the ACU National Security Centre on 1300 729 452 whenever they are aware of an exposure to an infectious disease that presents a health risk to other members of the ACU community. A [Riskware](#) report should also be logged about the health threat.

(23) Security staff will notify the relevant Incident Convenor, in accordance with the [Critical Incident Management Policy](#), whenever they are notified of a significant health threat.

Section 11 - University Responses to Notifications

Notifications About New Health Threats

(24) The Incident Convenor will, as relevant, notify Incident Leads about the notification. If an assessment is made that the likely response will be more than four hours, the incident will be classified as a critical incident which will be managed by the Critical Incident Convenor.

(25) The Incident / Critical Response Group can provide additional expertise and resources via local knowledge and skill to support the Incident / Critical incident Lead in managing an incident, including recovery processes and access to required resources. Relevant plans, actions and communications may also be initiated.

(26) Refer to the [Critical Incident Management Policy](#) for more information.

Notifications About Existing Health Threats

(27) Relevant Members of the Recovery Management Team will assess and respond to the notification, in collaboration with relevant health authorities and other stakeholders, including WHS authorities whenever it is relevant ^[4].

^[4] Relevant State-based WHS authorities need to be notified about COVID-19 cases that impact upon the University and its contractors, whenever the infection is likely to have occurred in the workplace and resulted in hospitalisation.

Assessments and Responses

(28) The Recovery Management Team / Critical Incident Convenor should assess potential exposures and risks to other people, including the broader community. This assessment may be informed by collaboration with the relevant health authority and external and internal medical, scientific or technical experts as appropriate, e.g. Chief Health Officers. Relevant state, Public Health Orders may also apply.

(29) The University's response to the notification should be influenced by considerations such as:

- a. potential exposure risks;
- b. an assessment of the need for contact tracing and health screening;
- c. advice from health authorities about any requirements that may be associated with cleaning surfaces and potential closures of facilities;
- d. the potential for other people to have been infected with the infectious disease, including those who have complex health conditions or present a higher risk from contracting the relevant illness.

(30) Refer to clauses (34) to (37) of the [WHSMS Health and Air Monitoring Procedure](#) and the [Critical Incident Management Policy](#) for more information. Infectious Disease threats will also be managed in accordance with the Health Issue / Disease Outbreak section of the [Critical Incident Management Procedure](#).

Contact Tracing

(31) In the event of a significant infectious disease threat, the Critical Incident Lead or Recovery Management Team and / or nominees will collaborate with relevant health authorities to identify contacts of potentially infected staff, students, visitors, volunteers, and contractors.

(32) Notifications will be sent to these impacted people that include details such as:

- a. Potential infection period;
- b. Location of potential exposures;
- c. Higher risk groups, such as people with complex health conditions; and
- d. Symptoms that are associated with the infectious disease.

(33) These communications may also inform relevant people to visit a medical centre to obtain a test for an infectious disease and / or self-isolate.

Section 12 - Revisions made to this Procedure

(34) The revision table includes revisions up until this document was migrated into the current policy platform. Any later changes will show in the Status and Details tab.

Date	Major, Minor or Editorial	Description
4 April 2022	Major	Converted from a policy and renamed the Infectious Diseases Procedure. The new procedure was also revised to account for the lessons from COVID-19 and the processes that ACU developed to minimise transmission risks.

(35) The University may make changes to this Procedure from time to time to improve the effectiveness of its operation. In this regard, any staff member who wishes to make any comments about this Procedure may forward their suggestions to People and Capability.

(36) Unless otherwise indicated, this Procedure will still apply beyond the review date.

Section 13 - Further Assistance

(37) Any staff member who requires assistance in understanding this Procedure should first consult their nominated supervisor who is responsible for the implementation and operation of these arrangements in their work area. Should further information or advice be required staff should visit [Service Central](#).

Section 14 - Additional Information

(38) For related legislation, policies, procedures and guidelines and any supporting resources please refer to the Associated Information tab.

Status and Details

Status	Current
Effective Date	1st February 2024
Review Date	3rd April 2025
Approval Authority	Vice-Chancellor and President
Approval Date	1st February 2024
Expiry Date	Not Applicable
Responsible Executive	Angelle Laurence Chief People Officer
Responsible Manager	Angelle Laurence Chief People Officer
Enquiries Contact	Bernardine Lynch ER and Safety Committees and Policy Officer <hr/> People and Capability