

# COVID Safe plan

## Our COVID Safe Plan

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Guidance	Action to mitigate the introduction and spread of COVID-19
<b>Hygiene</b>	
<b>Provide and promote hand sanitiser stations for use on entering building and other locations in the worksite and ensure adequate supplies of hand soap and paper towels are available for staff.</b>	<i>Hand sanitiser stations located throughout entire facility inclusive of clinical, non-clinical areas, corridors and entry/exit points Mandatory requirement for NH staff to complete hand Hygiene. Organisational Compliance &gt;90%</i>
<b>Where possible: enhance airflow by opening windows and adjusting air conditioning.</b>	<i>NH engineering monitor electronically the air-conditioning 24/7 and physically inspect plant and Air Handling Units a minimum of twice daily Monday to Friday to ensure correct operation. When staff attend site on weekends for any reason, they check it again.</i>
<b>In areas or workplaces where it is required, ensure all staff wear a face covering and/or required PPE, unless a lawful exception applies. Ensure adequate face coverings and PPE are available to staff that do not have their own.</b>	<i>NH procedure PPE Guidelines in line with DH guidance and Commonwealth requirements All clinical staff with direct patient contact: as per NH PPE guidelines in line with NH roadmap, DH guidance and commonwealth requirements All staff must wear a medical grade mask onsite Daily review of PPE stock levels are monitored and reported in Supply.</i>



Guidance	Action to mitigate the introduction and spread of COVID-19
<p><b>Provide training to staff on the correct use and disposal of face coverings and PPE, and on good hygiene practices and slowing the spread of coronavirus (COVID-19).</b></p>	<p><i>All clinical/non clinical staff received PPE training  PPE donning/doffing "How to" video on NH intranet COVID page  Face to face donning/doffing education  NH intranet COVID page has dedicated to PPE resources, information &amp; training  Frequent delivery of All Staff COVID emails, reinforcing PPE, with links to training and resources  DH COVID-19 online training packages for staff  IPS lead at Bundoora Centre overseas IBRC</i></p>
<p><b>Replace high-touch communal items with alternatives.</b></p>	<p><i>Clinell wipes for all benchtop/desk wipe down in both clinical and non-clinical areas  Clinell wipes for all communal patient equipment  Directive not to share communal food  All PPE single use &amp; staff issued with own faceshield or goggles  Staff strongly advised not to car pool &amp; if car pooling masks to be worn if not from same household</i></p>

Guidance	Action to mitigate the introduction and spread of COVID-19
<b>Cleaning</b>	
<p><b>Increase environmental cleaning (including between changes of staff), ensure high touch surfaces are cleaned and disinfected regularly (at least twice daily).</b></p>	<p><i>Increased cleaning commenced in March 2020.  High touch general communal areas frequently cleaned minimum twice daily  Clinical areas - increased cleaning schedule introduced</i></p>
<p><b>Ensure adequate supplies of cleaning products, including detergent and disinfectant.</b></p>	<p><i>NUM of facility maintains and monitors stock levels and submits weekly orders</i></p>

Guidance	Action to mitigate the introduction and spread of COVID-19
<b>Physical distancing and limiting workplace attendance</b>	
<p><b>Ensure that all staff that can work from home, do work from home.</b></p>	<p><i>Managers have access to: Leading your people through COVID 19 Managers Toolkit which is regularly updated with new DH directives</i></p>
<p><b>Establish a system that ensures staff members are not working across multiple settings/work sites.</b></p>	<p><i>Managers have access to: Leading your people through COVID 19 Managers Toolkit which is regularly updated with new DHHS directives</i></p> <p><i>NH All staff COVID email update – Commonwealth Guidelines implemented: RACF staff choose only one RACF to work within, this was implemented at IBRC for COVID Active and COVID Peak</i></p> <p><i>No NH staff to work in other areas if working in IBRC or other high risk areas wards/units at NH</i></p>
<p><b>Establish a system to screen employees and visitors before accessing the workplace. Employers cannot require employees to work when unwell.</b></p>	<p><i>NH screening and attestation process for visitors, staff Employees attestation for symptoms</i></p> <p><i>Employees sent immediately to fever clinic and then home if symptoms develop during shift</i></p> <p><i>NH All Staff COVID email notification that staff are not to attend work if symptomatic</i></p> <p><i>Leave provisions available to staff if unwell or in self isolation</i></p> <p><i>HCW prioritised swab results</i></p> <p><i>HCW offered asymptomatic swabs</i></p> <p><i>HCW mandated surveillance screening program if in contact with +ve case</i></p>
<p><b>Configure communal work areas so that there is no more than one worker per four square meters of enclosed workspace, and employees are spaced at least 1.5m apart. Also consider installing screens or barriers.</b></p>	<p><i>Physical distancing review completed for all sites by People &amp; Culture</i></p> <p><i>COVID Safe audits weekly</i></p>
<p><b>Use floor markings to provide minimum physical distancing guides between workstations or areas that are likely to create a congregation of staff.</b></p>	<p><i>Signage in all shared office, meeting rooms and workstation area stating max. number of people in area allowed</i></p>
<p><b>Modify the alignment of workstations so that employees do not face one another.</b></p>	<p><i>Masks and face shields or goggles issued to all staff</i></p> <p><i>Offices do not have employee desks facing each other</i></p>
<p><b>Minimise the build up of employees waiting to enter and exit the workplace.</b></p>	<p><i>Shift times staggered for non-clinical staff</i></p> <p><i>Easy entry at IBRC, no build up of employees queuing</i></p>

Guidance	Action to mitigate the introduction and spread of COVID-19
<p><b>Provide training to staff on physical distancing expectations while working and socialising (e.g. during lunchbreaks).</b></p>	<p><i>Education and frequent messaging via NH All Staff COVID emails Overhead announcements twice per day reminding staff to physically distance and PPE</i></p>
<p><b>Review delivery protocols to limit contact between delivery drivers and staff.</b></p>	<p><i>Non-contact delivery of stock orders from external contractors</i></p>
<p><b>Review and update work rosters and timetables where possible to ensure temporal as well as physical distancing.</b></p>	<p><i>Shift times staggered for non-clinical staff All other clinical staff arrive for designated shift start at slightly different times. Not all clinical staff arrive at same time</i></p>
<p><b>Where relevant, ensure clear and visible signage in areas that are open to the general public that specifies maximum occupancy of that space, as determined by the <a href="#">‘four square metre’ rule</a>.</b></p>	<p><i>Visitor restrictions are in place within facility Signage is present throughout facility for max. occupancy of spaces/rooms/offices</i></p>

Guidance	Action to ensure effective record keeping
<b>Record keeping</b>	
<p><b>Establish a process to record the attendance of customers, clients, visitors and workplace inspectors, delivery drivers. This information will assist employers to identify close contacts.</b></p>	<p><i>Visitor log in use and records: name, resident to visit, check in/out time Visitor attestation (via mobile device) Influenza evidence of all visitors obtained and filed Attestation upon entry( paper as well as electronic attestation) to facility along with temperature check Contractor sign in/out register</i></p>
<p><b>Provide guidance to staff on the effective use of the workplace OHS reporting system (where available).</b></p>	<p><i>VHIMS OH&amp;S report VHIMS COVID incident reporting – daily and weekly</i></p>

Guidance	Action to prepare for your response
<b>Preparing your response to a suspected or confirmed COVID-19 case</b>	
<p><b>Prepare or update your business continuity plan to consider the impacts of an outbreak and potential closure of the workplace.</b></p>	<p><i>NH COVID Response Escalation Plan &amp; Executive Summary</i>  <i>NH BCP</i>  <i>Model of care documents for outbreak management established</i>  <i>Pandemic plan</i></p>
<p><b>Prepare to assist DHHS with contact tracing and providing staff and visitor records to support contact tracing.</b></p>	<p><i>Contact tracing performed by DH (NEPHU) or by NH if directed to do so by DH (NEPHU)</i></p>
<p><b>Prepare to undertake cleaning and disinfection at your business premises. Assess whether the workplace or parts of the workplace must be closed.</b></p>	<p><i>Process in place for contact names/numbers for urgent cleans</i>  <i>Double clean/terminal 2 clean provided by ISS</i>  <i>'room closed' signage placed in an area after-hours if cleaning is to commence early am</i>  <i>IMT/POAC will advise CEO/COO if facility closure or reduction in services is required</i></p>
<p><b>Prepare for how you will manage a suspected or confirmed case in an employee during work hours.</b></p>	<p><i><u>NH procedure for staff positives:</u></i>  <i>Staff notification via NH lab or DHHS</i></p> <ul style="list-style-type: none"> <li>• <i>ID Reg (Periop Reg after-hours) contacts employee and IP (or Exec on call afterhours)</i></li> <li>• <i>Contact tracing is conducted by IP team or delegated team</i></li> <li>• <i>Hospital coordinator organises room closure/deep clean if required (if notification occurs afterhours)</i></li> </ul> <p><i><u>NH procedures for patients:</u></i></p> <ul style="list-style-type: none"> <li>• <i>COVID – Patient Management: suspected/ confirmed COVID-19</i></li> <li>• <i>COVID – AGP</i></li> <li>• <i>COVID – Medication Management</i></li> <li>• <i>COVID – Daily Nursing Care: Suspected/confirmed COVID-19</i></li> <li>• <i>COVID – Caring for patients with delirium/dementia</i></li> </ul> <p><i>All residents Advanced Care Plans up to date with current goals of care</i></p>
<p><b>Prepare to notify workforce and site visitors of a confirmed or suspected case.</b></p>	<p><i>All close contacts identified (from a positive staff result or patient) via contact tracing are advised by ID/IP team or DHHS to self-isolate for 14 days. A Day 11 swab is required prior to return</i>  <i>Staff members director notified of result to adjust rosters/backfill</i>  <i>Staff member is supported in self-isolation by manager and People and Culture WellBeing team and/or DHHS</i>  <i>Residents families to be contacted and informed of confirmed case</i></p>
<p><b>Prepare to immediately notify WorkSafe Victoria on 13 23 60 if you have a confirmed COVID-19 case at your workplace.</b></p>	<p><i>Notification of all staff positives to Exec Director People and Culture and Director OH&amp;S and Wellbeing</i></p>

Guidance	Action to prepare for your response
<p><b>Confirm that your workplace can safely re-open and workers can return to work.</b></p>	<p><i>DH (NEPHU) to advise when facility cleared to reopen to admissions</i></p> <p><i>IP, DH (NEPHU) and People and Culture work collaboratively to return staff to work after positive or close contact exposure</i></p>