



Coronavirus (COVID-19) Best practice approaches for safe staff amenities for health services

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Background

Health services staff must have access to safe facilities to take meal breaks, use bathrooms, access training and other necessary activities, without compromising physical distancing and infection prevention control (IPC) measures.

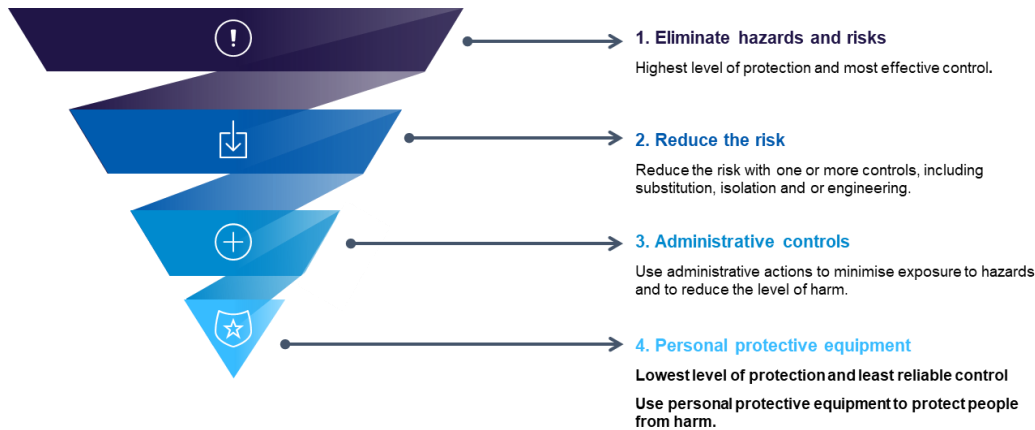
On 3 September 2020, health services were requested to self-assess their facilities against minimum physical distancing standards by 18 September 2020. Where health services identify staff amenities which do not meet physical distancing standards, they are required to identify alternative solutions including the establishment of temporary structures. The Department of Health and Human Services (the department) and the Victorian Health and Human Services Building Standards Authority (VHHBSA) will assist health services in the implementation of alternative solutions to meet physical distancing standards.

Best practice approaches

Where a risk to health, including psychological health, is identified at a workplace, employers must, so far as is reasonably practicable, eliminate the risk. Where it isn't possible to eliminate the risk, it must be controlled, so far as is reasonably practicable.

Employers have a duty to consult with employees and health and safety representatives on health or safety matters. This includes consultation on identifying hazards or risks and decisions about how to control risks associated with coronavirus (COVID-19) and ability to escalate issues as required. Further information on the responsibilities of employers under the OHS Act and Regulations can be found at www.worksafe.vic.gov.au. Employers and employees should also refer to the Workplace Directions to check their responsibilities regarding coronavirus (COVID-19) in the workplace. These can be accessed at: <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>.

The *COVID-19 Best practice approaches for safe staff amenities for health services* best practice approach (best practice approach) is designed to guide health services in the development of safe staff communal spaces (including handover areas) which go beyond the minimum physical distancing standards. The best practice approach has been developed by the [Healthcare Worker Infection Prevention and Wellbeing Taskforce](#) and its Infection Control subgroup and is based on the WorkSafe Victoria hierarchy of controls. This best practice approach is **not** designed for primary care and residential aged care settings. The department will discuss tailoring the approach for general practice and aged care facilities with the Commonwealth government.



Staff amenities for the purposes of this best practice approach include:

- meal areas
- bathroom facilities (showers and toilets)
- break and rest areas (including sleeping quarters)
- communal areas within the facility (nursing station/drug room/offices/equipment/outpatient clinics and storage rooms)
- other designated common areas within the facilities used by staff including meeting rooms, training areas, libraries, computer rooms, offices, outpatient clinics and other clinical areas outside of a ward setting.

Key principles

- Staff should have access to safe and appropriate break areas when they are working.
- Amenities must be large enough to enable staff members to access them while maintaining physical distancing. The existing requirement of physical distancing (no more than one person per four square metres of space (2m x 2m)) must be strictly observed in any staff/common areas.
- *A guide for employers: preparing for a pandemic* provides information to employers on managing the occupational health and safety risks associated with an infectious disease pandemic, including guidance on ventilation and air condition. This can be accessed at:
<https://content.api.worksafe.vic.gov.au/sites/default/files/2020-05/ISBN-Preparing-pandemic-guide-employers-2020-05.pdf>
- Clear signage advising of Personal Protective Equipment (PPE) requirements should be displayed across all communal spaces. This includes advice regarding removing and disposing of PPE items. Replacement PPE should be available for staff as close as possible to communal areas.
- The most recent guidance on PPE and donning and doffing should be followed including:
 - Guidance on PPE can be found on the DHHS website: <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>
 - Instructions on how to correctly don and doff masks can be found in *WorkSafe guidance Managing coronavirus (COVID-19) risks: Healthcare and social assistance industry – Respiratory Protective*

Equipment (RPE) at: <https://www.worksafe.vic.gov.au/managing-coronavirus-covid-19-risks-healthcare-and-social-assistance-industry-respiratory>.

- Appropriate PPE needs to be worn at all times including in meal areas. Deployment of PPE spotters and other supports (for example, a buddy system) to assist staff in following correct doffing/donning procedure should be considered.
- Health services are encouraged to support access to nutritious, varied options for food for purchase on site and after hours. Communal sharing of food is not supported.
- Health services should provide options for hydration.
- Disability access requirements must be maintained as per Australian Standard - AS1428.1 (2001). Health services should consider allocating or prioritising access to designated services for workers with disabilities.

Meal areas

Physical distancing

- Clear signage on communal tables advising of the number of staff allowed per table. Chairs should be allocated to specific tables. Tables and their allocated chairs should be a minimum of 1.5 metres apart. Floor markings should be used to ensure that spacings are maintained. No furniture is to be moved from the marked location. Health services should consider use of perspex barriers for larger communal tables to maintain physical distancing.
- Signage at the entrance to all meal areas should outline the maximum number of people in each room/area and should be strictly adhered to. Signage should also include a guide to who to contact to propose improvements and could also include messaging to encourage staff to minimise time spent in communal areas.
- Ambulation paths to/from chairs should also be considered and factored into space requirements to enable safe entry and exit of spaces.
- Staff food preparation or routine break areas should be separate from staff nap/rest areas where possible.
- Clear signage to be displayed discouraging staff from using multiple break/communal areas. Staff should choose a single break area where possible and be discouraged from visiting break areas of other wards.

Other administrative controls

- Clear signage should encourage staff to wear masks when talking to others.
- A tracing log may be considered for communal break areas to support contact tracing. Automated systems of contactless sign-in, such as Quick Response codes, may be considered. Alternatively, a hard copy tracing log can be used to document name, mobile number (if not a regular staff member) and time of entry and exit. Staff should be encouraged to use their own pen and alcohol-based hand sanitiser should be provided where there is a shared pen and hard copy tracing log.
- Health services should establish a system of random audits of staff breakout areas to ensure that physical distancing rules are being followed. These audits should also be undertaken during shift changeover times to minimise any breaches of physical distancing rules.
- The numbers of breaks in a shift may be increased to stagger breaks times to reduce congestion in meal areas or external areas at key times.
- To minimise time spent in common areas, alternative areas for rest when not having meals should be considered.
- Sharing of meals or food is not to be permitted. All shared condiments are to be removed. Food that is provided should be individually wrapped.

- Ensure separation of areas used for storage of belongings or food. If multiple fridges are in use, allocate staff to specific fridges to reduce risk of cross contamination.
- Tables and other frequently touched surfaces should be made of non-porous material that can be cleaned using a neutral detergent and/or a disinfectant solution. Detergent/disinfectant solution should be available for staff to use before and after sitting.
- Chair seats and backs should be made from waterproof fabric that is able to be spot cleaned using a neutral detergent/disinfectant and or steam cleaned if required. If chairs have arm rests (another frequently touched surface), these should be made of non-porous materials that can be cleaned after use with a detergent/disinfectant.
- Fabric upholstery chairs and couches which cannot be spot cleaned should be removed from communal areas. Alternatively, health services may consider installing plastic covers on fabric upholstery chairs/couches.

Cleaning procedures

- Meal rooms with a dishwasher should use cycles that wash using a detergent. Single use crockery/cutlery is only to be used if the workplace does not have access to a dishwasher. Alternatively, staff may bring their own crockery/cutlery.
- Regular scheduled cleaning with a visible record of completion should be prominently displayed.
- In addition to cleaning undertaken as per daily and weekly schedules, staff should wipe down the tables, taps, fridge door handles and other kitchen appliances or high touch points with detergent/disinfectant wipes before and after each use. Disinfectant wipes used in kitchen and eating areas should be compliant with food safety requirements.
- Health services may consider having a nominated person per shift responsible for ensuring cleaning is undertaken.
- Alcohol-based hand sanitiser and hand washing facilities with soap dispensers and paper hand towels should be available throughout the meal area for staff to perform hand hygiene before and after breaks as they enter and exit break rooms.

Personal Protective Equipment

- Gowns and gloves should be removed before exiting a ward/patient facing area and hand hygiene performed.
- Single use PPE is to be removed and discarded and hand hygiene performed before eating or drinking and replaced as soon as practicable to ensure adequate protection for all.
- Face coverings are required to be worn at all times and should only be removed while actually eating or drinking (placing food or drink in the mouth). Face coverings must be worn when talking but not eating or drinking.
- Reusable eye protection (including face shields, prescription glasses and goggles) should be managed according to healthcare service risk assessment protocols (which differentiate between the use of reusable equipment in COVID-19 wards and other areas of the hospital) and reusable equipment cleaning protocols and not be kept or stored in communal areas. Local health service guidance on disinfecting single use face shields should be followed.
- Bins for masks/eye protection and replacement eye protection/mask stock should be available at entrances to rest/meal rooms or at each seated area (EPA waste management guidance) and scheduled emptying should occur.
- Non touch bins should be available at entrances.
- Staff are required to remove and dispose of all PPE items before going to the break room/meals area and replaced before resuming work. Deployment of PPE spotters should be considered to support staff in following correct doffing/donning procedure.

Bathrooms (toilets and shower facilities)

Physical distancing

- The number of staff permitted within a communal toilet facility should be clearly signed on entry to the room in compliance with the 4 square metre quotient.
- Prominent display of posters and repeated messaging in toilet and shower facilities emphasising the need for physical distancing.
- Spotters of the appropriate gender to be considered during peak changeover times to support physical distancing requirements.

Other administrative controls

- All soap and paper towel dispensers should be hospital compliant (i.e. other soap products and fabric towels should not be in use). Communal items (such as hair dryers) should be removed.
- Any excess furniture or items stored within toilet and shower facilities should be removed (e.g. additional chairs and miscellaneous storage of items).

Cleaning procedures

- Cleaning schedules should be in place and based on identified level of risk (i.e. location, number of users and frequency of contact with surface).
- Regular scheduled cleaning with a visible record of completion should be prominently displayed.

Personal Protective Equipment

- Staff are required to remove and dispose of all PPE items (other than face shields) before going to the toilet and replace these before resuming work.
- Replacement PPE should be available for staff as close as possible to toilet/shower areas.
- Toilet and shower facilities should include appropriate bins with lids for PPE and mask removal.

Break and rest/nap areas

Physical distancing

- Clear signage to be displayed regarding the number of staff permitted in a rest area in compliance with the 4 square metre quotient. This should include when the area is fully occupied to ensure that excess staff do not enter the area. A booking system could be considered allowing staff to pre-book rest areas.
- Breaks could be rostered to ensure physical distancing.

Cleaning procedures

- Alcohol based hand sanitiser and/or hand washing facilities should be available throughout the rest area for staff to perform hand hygiene before and after they enter and exit the rest area.
- Bed linen should be changed after each use and blankets used in rest areas should not be shared between staff.
- Staff are required to place bed linen in marked linen skips prior to leaving a rest area. Clear signage reminding staff to strip their own beds should be clearly displayed.
- Hospital cleaning rosters should include a schedule for cleaning of rest areas. Clear signage indicating when the rest area was last cleaned should be prominently displayed.

Personal Protective Equipment

- Staff are required to remove and dispose of PPE items (other than face shields) appropriately in sleeping areas and replace before resuming work. Face shields need to be stored safely in a plastic container or bag whilst a staff member is taking a nap to avoid contamination.
- When awake, face masks and eye protection should be worn.

Training areas/meeting rooms/libraries/computer rooms

Physical distancing

- Online training should be provided including the use of webinars or teleconferencing. Face-to-face training should be minimised where possible and the number of attendees limited as far as possible. If staff are required to attend face-to-face training, they must wear appropriate PPE including face masks.
- Meetings should be held via online platforms where possible. Face-to-face meetings should be minimised where possible and the number of attendees limited as far as possible. If staff are required to attend face-to-face meetings, they must wear appropriate PPE including face masks.
- If essential to enter a training room, signage at the entrance to all training rooms should outline the maximum numbers in each room and should be strictly adhered to. Employees must be kept at least 1.5 metres apart and with at least 4 square metres of space per person.
- Outdoor spaces should be utilised where practicable for meetings/training, to the extent that it does not compromise patient confidentiality.
- In a lecture theatre seating arrangement, staff are to ensure that they are seated at minimum of 1.5 metres apart (i.e. every second seat and row).
- Tables/chairs must be a minimum of 1.5 metres apart with floor markings to ensure that spacings are maintained. No furniture is to be moved from the marked location.
- Fixed seating should be labelled to indicate those seats available for use. Seats that cannot be used should be marked.
- Ambulation paths to/from chairs should also be considered and factored into space requirements to enable safe entry and exit of spaces.

Other administrative controls

- A table (frequently touched surface) should be made of non-porous material that is cleanable using a neutral detergent and/or a disinfectant solution. Chair seats/back should be made from waterproof fabric that is able to be spot cleaned using a neutral detergent/disinfectant and or stream cleaned if required. If chairs have arm rests (another frequently touched surface), these should be made of non-porous material that can be cleaned after use with a detergent/disinfectant.
- Alcohol-based hand sanitiser should be available throughout the area for staff to perform hand hygiene before and after they enter and exit the rest area.
- Food should not be consumed in training areas.

Cleaning procedures

- Regular scheduled cleaning with a visible record of completion. Cleaning scheduled to be reviewed based on activity and should include cleaning of high touch surfaces.
- Cleaning staff should wipe down tables, chairs and other equipment in training rooms with detergent/disinfectant wipes.
- Regular scheduled cleaning with a visible record of completion should be prominently displayed.

Personal Protective Equipment

- Staff are required to remove and dispose of all PPE items when moving from patient areas to training areas.
- Staff are required to wear surgical masks during training sessions. Please refer to the PPE guidance on the DHHS website for updated advice: <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.

Communal areas

- These areas include the nursing station, medication room, equipment, stock and storage rooms, meeting rooms, outpatient clinics and offices.

Physical distancing

- Signage should indicate maximum number who can enter a shared space, and this should be strictly adhered to.

Administrative controls

- Hand hygiene should be performed before entering these areas.
- Regular schedule of cleaning for all communal equipment (including phones, computers, tablets, clinical equipment and computers on wheels) to be put in place. Staff to be provided with disinfectant wipes and clear signage requiring staff to wipe down communal equipment after use should be displayed.
- Where possible, staff should be assigned their own desk and be responsible for cleaning it.
- Regular scheduled cleaning of communal areas with a visible record of completion should be prominently displayed.

Personal Protective Equipment

- Hand hygiene should be performed before entering these areas.
- Appropriate PPE to be worn based on the setting. Please refer to PPE Guidance on the DHHS website: <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.

To find out more information about coronavirus and how to stay safe visit

[DHHS.vic – coronavirus disease \(COVID-19\) -](https://www.dhhs.vic.gov.au/coronavirus)

<https://www.dhhs.vic.gov.au/coronavirus>

If you need an interpreter, call TIS National on 131 450

For information in other languages, scan the QR code or visit

[DHHS.vic –Translated resources - coronavirus \(COVID-19\) -](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)

<https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>



For any questions

Coronavirus hotline 1800 675 398 (24 hours)

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