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| EXAMPLE Dr No Medical Group COVID Safe plan |
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Our COVID Safe Plan

Business name:

Site location:

Contact person:

Contact person phone:

Date prepared: X/X/2020

| Guidance | Action to mitigate the introduction and spread of COVID-19 |
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| Hygiene | |
| 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. | Hand sanitiser stations located at all entries and:   1. Each consultation room 2. Treatment room 3. Reception 4. Staff room / kitchen     Stock ordered regularly and kept in the storage area.  Hand soap and sink in bathrooms, kitchen and consulting rooms.  “How to wash your hands posters” next to all sinks.  Policy and Procedures up to date with hand hygiene. |
| Where possible: enhance airflow by opening windows and adjusting air conditioning. | All windows that can open and have insect screens, during business hours are kept open enough to promote airflow but not enough to allow entry by persons. |
| 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. | All staff and people entering building must wear face mask/covering.  Patients provided with a surgical mask if they do not have a face mask/covering before entry.  Clear signage at entries and reception. |
| 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). | COVID PPE and infection control Policy and Procedure accessible via intranet and emailed to all staff.  How to correctly put on and take off PPE posters placed in consultation rooms and staff room.  All staff trained on how to use PPE correctly at staff meeting.  All staff <https://covid-19training.gov.au/login> |
| Replace high-touch communal items with alternatives. | Staff directed to:   1. Avoid sharing of equipment. 2. Wash own dishes/cups and mugs by hand 3. No shared communal items allowed. |

| Guidance | Action to mitigate the introduction and spread of COVID-19 |
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| Cleaning | |
| Increase environmental cleaning (including between changes of staff), ensure high touch surfaces are cleaned and disinfected regularly (at least twice daily). | Cleaners daily after closing.  Medical grade wipes available in all consulting and treatment rooms.  Clinical staff directed to clean and disinfect equipment/furniture used between patients.  Reception staff directed to clean workstations before and at the end of their shift. Any shared equipment (e.g printer) must be wiped down after use. |
| Ensure adequate supplies of cleaning products, including detergent and disinfectant. | Cleaners use their own hospital grade supplies.  Nurses monitor PPE, sanitizer, wipes and disinfectant spray in consultation rooms.  Admin staff reorder as needed. |

| Guidance | Action to mitigate the introduction and spread of COVID-19 | |
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| Physical distancing and limiting workplace attendance | | |
| Ensure that all staff that can work from home, do work from home. | | Practice Manger works from home.  All clinical staff set up to work from home as needed.  Telehealth for majority of consultations with face to face as clinically indicated and triaged.  Admin team divided into 2 teams and 1 team at a time work from home dependent on task allocations. |
| Establish a system that ensures staff members are not working across multiple settings/work sites. | | All Admin and Nursing staff work only at this clinic.    Doctors must disclose and record dates, times and sites they work or visits (e.g. Residential Aged care) daily with Practice Manager. |
| Establish a system to screen employees and visitors before accessing the workplace. Employers cannot require employees to work when unwell. | | All staff must have temperature check before entry at start of shift.  Allocated Nurse maintains record of staff temperature checks.  All patients/visitors must have temperature check before entry.  All patients are asked COVID screening questions at start of telehealth or face to face appointments  All staff or patients who have a fever or symptoms identified COVID-19 screen told to have a COVID-19 swab and self-isolate until result known. If positive DHHS guidelines followed. |
| **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.** | | Reception and entry area limited to seating 1.5m or greater apart.  2 people maximum allowed in Admin workspace in reception  All staff encouraged to use instant messaging system or phone to limit people in shared admin and meeting spaces.  Consulting and treatment rooms limited to 3 people maximum.  Staff/kitchen area limited to 4 people maximum at any given time.  All staff meetings now held by zoom. |
| **Use floor markings to provide minimum physical distancing guides between workstations or areas that are likely to create a congregation of staff.** | | Social distancing floor signs and posters located:   1. At entries 2. Reception waiting area 3. Treatment room 4. Kitchen 5. Reception work area |
| **Modify the alignment of workstations so that employees do not face one another.** | | Shared Admin workspace reconfigured so workstations face away from each other and are 2 meters apart.  Large shields installed between Admin in reception and patients/visitors. |
| **Minimise the build up of employees waiting to enter and exit the workplace.** | | Admin divided into 2 teams.  All clinical staff arrive at staggered times (10 minutes apart). |
| **Provide training to staff on physical distancing expectations while working and socialising (e.g. during lunchbreaks).** | | All staff have completed <https://covid-19training.gov.au/login>.  COVID-19 Policy and Procedures cover social distancing. |
| Review delivery protocols to limit contact between delivery drivers and staff. | | Contactless delivers encouraged.  All delivery drivers sign an attendance record including date, time, name, contact number.  All that enter the building must have a temperature check and be masked. |
| Review and update work rosters and timetables where possible to ensure temporal as well as physical distancing. | | Admin divided into 2 teams.  All clinical staff arrive at staggered times (10 minutes apart).  Break times staggered. |
| 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 ‘[four square metre’ rule.](https://www.dhhs.vic.gov.au/preventing-infection-workplace-covid-19#what-is-the-four-square-metre-rule) | | Clear signage and messaging at:   1. Entries to building 2. Entry to consultation and treatment rooms 3. Kitchen 4. Reception Area |

| Guidance | Action to ensure effective record keeping |
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| Record keeping | |
| **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.** | All staff and visitors are required to sign an attendance record including date, time, name, contact number each time the enter the building.  Patient attendance record is available from the clinical information system to protect privacy. |
| **Provide guidance to staff on the effective use of the workplace OHS reporting system (where available).** | All staff have yearly update on risk management reporting and OHS.  Online risk reporting system used. |

| Guidance | Action to prepare for your response |
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| Preparing your response to a suspected or confirmed COVID-19 case | |
| **Prepare or update your business continuity plan to consider the impacts of an outbreak and potential closure of the workplace.** | Practice Owner, Principals and Practice Manager currently review Pandemic Plan and Business Continuity plan monthly or as needed with changes to COVID-19 rates, restrictions or guidance. This includes specific COVID19 roles and responsibilities.  The practice will be able to continue to deliver essential services by splitting the practice team into 2 separate teams, working alternative days to minimise risk to the practice through absenteeism, illness and those staff need to quarantine or self isolate.  The practice will utilise Telehealth (video call) and face to face consultations where safe and appropriate to do so.  We will notify all appropriate organisations the practice deals with and supplying them with a copy of the plan.  The practice has updated relevant communication methods including onhold telephone message, website, patient information sheet, SMS broadcasts and appropriate messaging in the clinic, to notify all persons interacting with our clinic, ie patients, suppliers, third parties etc, should there be a COVID positive case.  The practice will follow the Strive for 5 recommendations to ensure management of vaccines and contingencies have been put in place to manage all perishable stock. |
| **Prepare to assist DHHS with contact tracing and providing staff and visitor records to support contact tracing.** | The Practice Manager will prepare records from the period of 48 hours prior to the onset of symptoms in the suspected case that include all rosters and employee details, along with customers, clients, visitors and workplace inspectors.  The practice has implemented a register to record all attendance by visitors and staff at the clinic; everyone will be required to sign in upon entry to the clinic and will be temperature checked.  This will assist in contact tracing should a visitor or a staff member test positive or be a close contact of a positive case.  The Practice Manager in consultation with the Practice Principal will be responsible for engaging with DHHS regarding contact tracing. |
| **Prepare to undertake cleaning and disinfection at your business premises. Assess whether the workplace or parts of the workplace must be closed.** | Our practice follows the DHHS guidelines in relation to infection control and cleaning.  Staff position descriptions reflect responsibility for infection control processes.  Where a case is confirmed to have been in the workplace, cleaning must be undertaken in accordance with DHHS guidance.  After a risk assessment is undertaken, and it is deemed necessary by the Infection Control lead and Practice Principal, the practice will be vacated as per DHHS guidelines.  Where a suspected case is present at the workplace in the 48 hours prior to the onset of symptoms or while symptomatic, our practice will take all practicable steps to manage the risks posed by the suspected case, including cleaning the affected workspace, areas where they attended and high-touch surfaces. |
| **Prepare for how you will manage a suspected or confirmed case in an employee during work hours.** | If an employee is suspected to have COVID-19, they will be supported to travel home and/or to undergo a COVID-19 test. immediately.  Our practice will contact the employee’s family/emergency contact/next of kin to organise travel arrangements home if necessary.  Until the employee can safely leave the practice, they will be required to isolate in an empty consulting room and wear a mask and physically distance from all other persons within the clinic. As per DHHS guidelines, our practice will request any employee with a suspected case will be required to undergo a COVID-19 test and self-isolate.  All suspected cases will be documented in the risk register. |
| Prepare to notify workforce and site visitors of a confirmed or suspected case. | For a confirmed case (as defined by the DHHS), the practice will inform staff, customers, clients, visitors and workplace inspectors who are close contacts (as per the practice attendance register) and direct them to stay in self-isolation.  For a suspected case (as defined by the DHHS), the practice will inform all staff at the workplace to be alert to the onset of COVID-19 symptoms, and get tested as soon as possible, in addition to notifying the Practice Manager/Practice Principal.  The Practice Manager is responsible for notifying all employees if there is a confirmed COVID-19 case. The employee contact list has been updated accordingly with current contact information.  A daily designated staff member will use a mobile or an email address from the workplace register to quickly communicate with all visitors to the practice outlining the process to follow. |
| **Prepare to immediately notify WorkSafe Victoria on 13 23 60 if you have a confirmed COVID-19 case at your workplace.** | The Practice Manager/Practice Principal must immediately notify WorkSafe of a confirmed case by calling the mandatory incident notification hotline, and providing formal written notification within 48 hours. |
| **Confirm that your workplace can safely re-open and workers can return to work.** | The practice may reopen the worksite once they have assessed that all required measures within the directions have been completed (unless in a high-risk workplace setting). Prior to a suspected or confirmed employee returning to work, they need to provide evidence of 2 negative COVID-19 tests and have self isolated for the appropriate timeframe within the DHHS guidelines.  The Practice Manager will notify DHHS and Worksafe that the practice will be re-opening, and undertake any activity required of the practice before doing so. |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement: I understand my responsibilities and have implemented this COVID Safe plan in the workplace.