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| COVID Safe plan  |
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*Guidance on how to prepare your COVID Safe plan is available here.*

**Our COVID Safe Plan**

Business name: X

Site location: X

Contact person: X

Contact person phone: X

Date prepared X

| **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.  | * Where possible, use a separate door for entry and exit. If this is not possible, use designated lanes for entry and exit, allowing distancing of people entering.
* Administrative staff to ensure the maximum limit for people entering is not exceeded, to allow for 4 square metre rules.
* Hand sanitiser stations are located at single point entry and exit of the clinic. All people entering are required to use sanitiser prior to entering the facility. Front reception staff to promote use if people entering haven’t used sanitiser, prior to taking their temperature.
* Additional Hand sanitiser stations are located throughout the clinic- on the desk of each clinician in each working area, including staff kitchen.
* Hand sanitiser is supplied for each company vehicle when utilised for staff travelling to visiting sites.
* Washing hands with hand soap is encouraged for all staff, and adequate liquid hand soap, paper towels and bins are available at all sinks. This applies to all clinical rooms, bathrooms and staff kitchen.
* Clinical staff are instructed to wash hands with soap before seeing every client.
* Department of Health online Hand Hygiene Training & COVID-19 Infection Control module has been undertaken by all staff.
* Department of Health posters are displayed at the clinic entry, on noticeboard in waiting room and in all clinical rooms.
* Handwashing instructions outlining how to wash and sanitise hands correctly are displayed at all hand washing stations, staff communal areas and in staff and client toilets.
* Signage at entry and exit point outlining COVID safe practices
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| Where possible: enhance airflow by opening windows and adjusting air conditioning.  | * Windows and air conditioning are set for optimum airflow at the beginning of each workday. Doors are opened in office spaces periodically, where possible. Staff currently monitor this.
* During use of company vehicles, staff have received education around ensuring windows and air conditioning are set for optimum airflow: windows cracked for duration of vehicle use, airflow control set on ‘outside’.
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| 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.  | * Administrative staff are required to wear level 1 disposable facemasks during their workday. Clinical staff are required to wear level 2 clinical masks and protective eye masks or face shields during close face-to-face client time. Each mask is to be discarded after 4 hours of wear, or earlier if soiled or damp/wet. Clinical masks are to be disposed of at the end of the workday, at the workplace in a bin. During stage 3 restrictions and higher, or when otherwise recommended by health officials, staff are required to wear personal masks during non-work hours.
* Education regarding how to wear and remove facemasks has been provided to all Staff. Facemasks are provided in the workplace place, relative to need and purpose enabling staff to comply with legislation and Infection Control requirements as well as clinical purpose.
* Correct use of face masks is monitored by fellow colleagues and management.
* Facemasks are stored in monitored secure stores area.
* Ordering replacement stock of such items requires is done by Business Operations Manager.
* Clients/patients should enter the clinic wearing their personal mask. Administrative staff may provide a level 1 surgical mask if they don’t have one to enable appointment to proceed.
* Nobody is permitted entry to the clinic without a mask during stage 3 or higher restrictions.
* Staff are to eat lunch in their office and may socialise in staff room, wearing masks.
* Department of Health permits removal of face masks when communicating with hearing-impaired people. This is only allowed in the clinic when staff are 1.5 metres away from the client/patient.
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| 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). | * Management are to regularly assess current Level Restrictions and comply with recommendations. Consider: Should you use outside reception if possible? Is it appropriate to allow people to enter the clinic? Should it be only urgent cases? Non-routine cases? People with appointments? How will repairs and battery provision be handled? Ensure all staff are kept abreast of these restrictions and requirements.
* Mandatory online hand hygiene and education has been provided to staff re hand and cough hygiene, including how to wash and sanitise their hands correctly. This has been delivered via staff meetings and other DHHS & Department of Health COVID-19 specific promotional materials.
* Ongoing communication to staff via social and print media, email, staff bulletins, newsletters and staff meetings reinforcing the importance of not attending work if unwell.
* Staff policy- not to wear rings, which would impede adequate hand washing. Permitted jewellery includes wristwatch, Medic-alert bracelet and discrete earrings.
* All staff visiting Residential Aged Care Facilities are to provide evidence of their annual flu vaccination to enable provision of a service at these venues.
* Clinical staff are to use a video otoscope when possible to enable otoscopy at arm’s length from the client.
* Clients will only be permitted to be accompanied by one carer/relative during their appointment and whilst in waiting room.
* Business to provide COVID-Safe plan to visiting sites when requested.
* Contactless invoicing in place and encouraged to be used.
* Staggered lunch and tea breaks occur to reduce shared time staff is spending in communal areas.
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| Replace high-touch communal items with alternatives. | * Staff remaining at the worksite have a designated workspace and equipment, avoiding the sharing of stationery and/or items required to complete their work tasks.
* Staff using shared coffee, teabags and sugar are requested to wash their hands prior to using these items. Staff bring their own mug and only use these.
* Minimum-touch amenities such as taps, rubbish bins and soap dispensers are in use throughout the service areas.
* Excess seating in waiting areas, clinical rooms and staff room has been removed. Remaining chairs are at least 1.5m apart and cleaned by staff with detergent/alcohol wipes or Glen-20 All Purpose spray in between each appointment, along with high touch areas such as light switches, door handles, EFTPOS machine etc.
* Magazines and other reading material have been removed from the waiting room.
* Follow the concessions made by the Hearing Services Program. Clients can provide verbal consent, rather than signing registration forms, hearing aid quotes and Maintenance Agree Forms.
* No pens to be shared with others.
* Contactless invoicing in place and encouraged to be used and EFTPOS machine to be wiped after each use.
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| **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). | * High touch surfaces such as light switches, bench/tabletops, door and cupboard handles are cleaned at commencement and conclusion of the working day with detergent/alcohol wipes, in line with current infection control directions. Cleaning guidelines are in- place for all staff.
* Bins are emptied daily by admin staff. Twice-daily disinfectant clean conducted by clinical staff.
* Where desk and related items are shared, detergent cleaning being conducted in between staff use.
* Cleaning schedule in place. DHHS cleaning guidance has been provided to all staff and is available in shared folder on intranet.
* Clinicians are to wipe audiometer, headphones, bone conductor, tympanometer, chairs and all other surfaces touched by patient/client. This is to be done after every client. Single-use otoscope tips are to be used and discarded after use. Visual Reinforcement Audiometry distractors, books, Kendall Toy Test and Play Audiometry toys must be solid and able to be wiped down or sprayed. No soft/plush toys to be used.
* Workers are to clean personal items used in the workplace, such as glasses and mobile phones regularly using alcohol wipes.
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| Ensure adequate supplies of cleaning products, including detergent and disinfectant. | * Adequate supplies of cleaning products have been provided. Replacement of stock is ensured prior to being exhausted. Stock stored in cupboard in secure stores is also sufficient at this time.
* Stocks monitored frequently by Administration Manager and replenished as required.
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| **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.**  | * Ensure compliance with current Government Permitted Worker Permits, Travel Permits and Border Crossing Permits, where/when applicable.
* Identify the roles that are required to be performed from home or can be adapted to be performed from home
* Regularly assess staff in attendance at the workplace to determine whether they are required to be there.
* Roles able to be performed at home have been identified, and staff considered ‘at risk’ and/or vulnerable have been supported with IT resources such as laptops, phones, stationery etc to continue to perform work related tasks, ‘at home’.
* Employment matters advice being used to support staff with relevant leave entitlements and with working from home arrangements, maternity leave etc.
* Work arrangements have been adapted to suit staff, i.e.remote synchronous supervision of Audiologist interns during their clinical internship year.
* Staff encouraged to take leave entitlements.
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| **Establish a system that ensures staff members are not working across multiple settings/work sites.** | * Adjust rosters and developing procedures to minimise staff working across multiple sites.
* In the case of Stage 4 restrictions, ensure staff don’t work across multiple sites.
* When clinical staff are due to attend a visiting site (hospital, medical clinic or other site), admin staff are to confirm with site that visiting clinicians are still permitted to attend their premises. This should be done in advance of the scheduled visit.
* Provide ‘Letter of Employment’ to staff living across the border to facilitate entry back to their home state, where applicable.

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| **Establish a system to screen employees and visitors before accessing the workplace. Employers cannot require employees to work when unwell.**  | * Where possible, use a separate door for entry and exit. If this is not possible, use designated lanes for entry and exit, allowing distancing of people entering.
* Temperature checking occurs at the entry point of the site. All staff and patients are tested prior to entry to the clinic. Anyone with a temperature above 37.5 C is not permitted to enter. Temperature of each client and the name and temperature of their accompanying carer is taken and recorded on the client’s clinical notes for that date. (This will enable their carer to be contacted should the need arise.)
* Screening questions are asked of staff each day upon entry into the facility.
* Screening questions are asked of all clients/patients each day when confirming their appointment for the following day, and again upon entry to the clinic.
* Staff have been made aware they need to stay home if unwell.
* Staff with symptoms consistent with COVID-19 are urged to have a COVID-19 test. They will be permitted back to the workplace if they receive a negative result.
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| **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.** | * Minimal staff onsite. One clinician per clinical working space where possible. If testing requires more than one clinician (e.g. VRA) they need to obey distancing requirements.
* Promote COVID-19 safe use of shared spaces in relation in density requirements (in existing directions) and behaviours (e.g. bringing your own cutlery or utensils, not passing items between each other, using appropriate approaches to PPE, and practice good hygiene around high risk facilities such as vending machines, water fountains etc.) Relevant risk mitigation strategies have been applied.
* Hand towels in the staff kitchen have been replaced with disposable paper towels.
* Rearrange, remove or cordon off furniture in common areas to ensure physical distancing, stagger seating so staff are not facing one another in staff room.
* Comply with relevant density quotient and signage requirements in the Workplace Directions. The number of people allowed in shared staff spaces (such as lunchrooms) is limited to no more than density quotient allows (one person per four square meters).
* Remove magazines from waiting area.
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| **Use floor markings to provide minimum physical distancing guides between workstations or areas that are likely to create a congregation of staff.** | * Identify areas that require floor marking, such as waiting room, kitchen area, printer collection areas.
* Provide density posters and floor stickers in these areas.
* Chair removals have occurred and spaced to prevent overcrowding and sustain directions of physical distancing as per Department of Health guidelines
* Stickers or barriers placed at front reception desk. Clients requested to stand behind these.
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| **Modify the alignment of workstations so that employees do not face one another.** | * Identify which workstations need to be modified.
* Reconfigure workstations so that workers do not face one another
* Ensure workstations are adequately spaced from each other, including the implementation of shields or barriers where appropriate
* There are minimal numbers of staff on site, ratio 1: 1 workspace/office where possible.
* All staff members have been allocated own resources, i.e. desk, computer, phone, stationery etc. Where resources are shared between staff, frequent cleaning measures are in place and monitored during the shift.
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| **Minimise the build-up of employees waiting to enter and exit the workplace.** | * One nominated staff member manages pedestrian traffic flow during the workday.
* Entry/exit point is contactless- automatic doors where possible. Where this is not possible, corridor door are propped open, but only if this complies with fire hazard guidelines.
* Every person entering the building is required to hand-sanitise prior to entry.
* Floor markings are in place, indicating safe physical distancing requirements/expectations.
* Hand sanitiser station is located to support controlling staff movement.
* Seating has been removed from waiting room and office spaces, in line with physical distancing directions.
* Minimal staff on site; working from home arrangements have been maximised to reduce staff flow.
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| **Provide training to staff on physical distancing expectations while working and socialising (e.g. during lunchbreaks).** | * Staff have supported movement of furniture and developed understanding re physical distancing requirements.
* Staff are reminded via staff meetings which enforces messaging around physical distancing.
* DHHS posters are displayed throughout clinic educating staff ‘Do the 3’, ‘Staying apart keeps us together’.
* Conventional and social media enforce physical distancing messages daily and weekly.
* Staff leadership enables informal accountability- all staff looking out for each other and calling out behaviours which are unsafe.
* Once maximum numbers of people permitted in waiting area is reached, patients/clients will be requested to wait outside/ in their car.
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| **Administer safe protocols when carrying out outdoor appointments in the car park, in clients’ car or in company van.**  | * Inform clients by telephone the day prior to their appointment that they will be seen in the van.
* Complete COVID-19 questionnaire regarding health and travel on this call. Park the van in a safe space with parking availability beside it.
* Utilise witches’ hats and signage to indicate client parking, ensuring that this is also a safe space.
* Ensure that client is parked correctly in the allocated space.
* Take and notate client’s temperature whist they remain in their car.
* Complete COVID-19 questionnaire regarding health and travel before seeing them at the appointed time.
* Clinician to carry out appointment from van with client in car, as much as is possible.
* Where it is necessary to seat the client in the van for a full hearing assessment, ensure that the period in the van is at a minimum. Furthermore, ensure that the partition within the van is open for the shortest possible time to provide instruction. Ensure the windows are partially open to facilitate air flow from outside.
* Ensure that clients are kept in their vehicle prior to their appointment.
* Clean/disinfect all equipment and seating that the client has encountered client before engaging with the next client.
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| Review delivery protocols to limit contact between delivery drivers and staff. | * Allocate a safe drop off point for delivery of parcels and post, ensuring minimal cross over of people, reducing potential for close contact to occur.
* Contactless delivery confirmation and invoicing in place.
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| Review and update work rosters and timetables where possible to ensure temporal as well as physical distancing. | * Stagger staff break times, to reduce usage of common areas at the same time.
* Encourage staff to minimise time on breaks in shared facilities with others.
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| 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)  | * Staff educated on the maximum occupancy of areas that are open to the general public, and information about signage
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| **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.**  | * Workplaces are to establish and maintain a register of attendance for all workers, subcontractors, customers, clients and visitors (including workplace inspectors) to the worksite, who are present for 15 minutes or longer.
* At entry point of site, contactless temperature testing is performed on everyone entering clinic.
* Screening questions provide record of attendance of clients, carers and other visitors. Records kept in client database.
* All clients/patients asked COVID-questionnaire the day before and again prior to appointment.
* People with any symptoms will not be permitted to enter clinic.
* Staff attendance monitored by payroll system.
* Records are only to be used for tracing COVID-19 infections and must be stored confidentially and securely. A record is kept of where staff are working across multiple sites (where this is unavoidable).
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| **Provide guidance to staff on the effective use of the workplace OHS reporting system (where available).** | * Staff have access to, and are educated around, incident reporting.
* Business Operations Manager will monitor adherence to COVID-19 Safe requirements. Staff with any concerns around adherence to the plan should contact this staff member.
* OH&S procedure on display in Policy & Procedure manual on intranet.
* Staff have open access to Management re support with OH&S queries or matters.
* Mandatory online training completed by staff. Staff aware of employer and employee obligations around OH&S. Reinforced at regular staff meetings.

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| **Guidance** | **Action to prepare for your response** |
| **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.** | **\* Update as required- based on communiques from Government.**If the person with a confirmed case of coronavirus (COVID-19) is deemed to have attended work whilst infectious, or could possibly have acquired coronavirus at work, the following steps should be undertaken: 1. Determine what areas of the workplace were visited or used by the confirmed case by referring to records of staff attendance at the workplace. The more accurate these details are and the more readily available, the more confident DHHS can be about which areas of the workplace need to be closed and for how long.2. Consult with DHHS on whether the workplace or part of the workplace is required to close for a short period to facilitate cleaning and enable contact tracing. DHHS will determine whether to assign an outbreak management team and deploy DHHS staff to attend the workplace to perform a risk assessment and provide advice. 3. Work with DHHS to provide details that will assist in contact tracing such as records of staff attendance and up-to-date contact details for staff should they be required. DHHS will contact anyone who is identified as a close contact of the case. In some circumstances, DHHS will ask the company to make first contact with relevant staff members with agreed messages.4. Open outside doors and windows to increase air circulation and close off the affected area before commencing cleaning and disinfection. 5. Organise for the cleaning and disinfecting of all areas that were used by the confirmed case. The workplace or part of the workplace as determined by DHHS should remain closed until this is completed.6. Wider cleaning and disinfection of the site, paying particular attention to high-touch areas as may be advised by DHHS.7. Any staff member who tests positive for coronavirus (COVID-19) should remain at home in self-isolation until they have been notified by DHHS that they have met the criteria for release. The staff member should follow DHHS guidance and their employer’s policy with regards to return to work. 8. Ensure staff who are identified to be close contacts of a person with coronavirus (COVID-19) by DHHS do not come to work for 14 days after their last close contact with the positive case, as they must self-quarantine for this period. During self-quarantine, the staff member should watch for symptoms and seek medical assessment and testing if they develop symptoms such as fever, sore throat, runny nose, shortness of breath or a loss of their sense of taste or smell. 9. If the case or cases are deemed an outbreak, DHHS will maintain active involvement throughout the course of the outbreak including providing advice on when the workplace can re-open or when the outbreak is considered resolved.10. The workplace should work with DHHS to ensure that all appropriate preventative measures have been taken prior to reopening the business.11. Following a coronavirus (COVID-19) case at a workplace, risk management controls and infection prevention measures should be reviewed in order to reduce risk of further coronavirus (COVID-19) exposures. |
| **Prepare to assist DHHS with contact tracing and providing staff and visitor records to support contact tracing.** | * Director/s to provide DHHS with list of all staff, clients and their carers who have been in contact with infected staff member to assist with contact tracing.
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| **Prepare to undertake cleaning and disinfection at your business premises. Assess whether the workplace or parts of the workplace must be closed.** | * \* **Update as required- based on communiques from Government.**
* If you have a case of COVID-19 in the workplace, your state or territory health authority should provide you with advice on what you need to do in your workplace. Follow their instructions.
* Your workplace will need to be thoroughly cleaned and disinfected before people can return to the workplace.
* A member of the DHHS outbreak team will undertake an onsite assessment and, following discussions with the facility manager, establish which areas are required to be cleaned and disinfected (e.g. areas within the facility/workplace used/visited by the case, such as offices, bathrooms and common areas).
* The area(s) will need to be closed to prevent ambulant traffic prior to and during cleaning and disinfection. When cleaning and disinfection begins, if possible, outside doors and windows should be opened to increase air circulation.

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| **Prepare for how you will manage a suspected or confirmed case in an employee during work hours.** | * **\* Update as required- based on communiques from Government.**
* Isolate the person from others and request they continue to wear disposable surgical mask.
* Ring the national COVID-19 hotline (1800 020 080). Follow the advice of health officials.
* Ensure the person has transport to their home or to a medical facility.
* Clean the area where the person was working and all places they have been. This may mean evacuating those areas. Use PPE when cleaning.
* Identify who at the workplace had close contact with the infected person in the 24 hours before that infected person started showing symptoms. Send those people home to isolate. Allow employees to raise concerns.
* Clean the area where the close contact people were working and all common areas they have been. This may mean evacuating those areas. Use PPE when cleaning.
* Review risk management controls relating to COVID-19 and review whether work may need to change. Keep employees up to date on what is happening.
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| **Prepare to notify workforce and site visitors of a confirmed or suspected case.** | * **\* Update as required- based on communiques from Government.**
* DHHS document *“Preparing for a case of coronavirus (COVID-19) in your workplace. How to prepare and what to expect- 11 July 2020*” is available on staff intranet.
* Follow these guidelines if need to notify workforce and site visitors of a confirmed or suspected case.
* Notify any visiting sites/services worker has visited.
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| **Prepare to immediately notify WorkSafe Victoria on 13 23 60 if you have a confirmed COVID-19 case at your workplace.** | * Employers and self-employed persons, with management or control of a workplace must notify WorkSafe immediately after becoming aware that: an employee, independent contractor, employee of the independent contractor or self-employed person has received a confirmed diagnosis of coronavirus (COVID-19) and; the employee, independent contractor, employee of the independent contractor or self-employed person has attended the workplace within the relevant infection period.
* WorkSafe will then record details of your incident and send you an email with a unique link for you to complete the last stage of notifying us of the full details in writing. It is mandatory that you complete the full details in writing within 48 hours. If you are unsure of your obligations, contact WorkSafe on 13 23 60
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| **Confirm that your workplace can safely re-open and workers can return to work.** | * **\* Update as required- based on communiques from Government.**
* Follow “COVID-19 Pandemic plan for the Victorian Health Sector” on intranet.
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Signed:

Name:

Date:

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