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

Our COVID Safe Plan

Business name:

Alfred Health

Site location:

The Alfred

Contact person:

Maria Logan

Contact person phone:

Date prepared:

07th August 2020

Guidance	Action to mitigate the introduction and spread of COVID-19
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.	 Alcohol based hand rub stations available across all sites, clinical areas and public spaces including entry points and lift/stair wells. Hand soap and paper towels available. Schedule for checking and re-stocking in place to ensure adequate levels are maintained. Communication strategy in place to support staff/visitors in correct hand hygiene – posters, screen savers. Hand hygiene coordinator appointed. Hand hygiene audits undertaken in accordance with ACSQHC. Audits of high touch point cleaning are undertaken.
Where possible: enhance airflow by opening windows and adjusting air conditioning.	 As far as practicable air flow has been adjusted to full fresh air mode. throughout the hospital. Economy damper has been changed to full outdoor mode with large separation between fresh air in and exhaust out. Negative Ventilation rooms available. Single rooms utilised for aerosol generating procedure. Dedicated ICU areas with positive pressure relative to surrounding areas.
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.	 Infection prevention guidelines in place consistent with DHHS guidelines including PPE required in different settings - clinical and non-clinical. Guidelines available to all staff and comprehensive communication strategy in place. PPE provided to all Alfred Health staff in accordance with designated roles and patient care requirements. Minimising transmission through clothing guideline in place.



Guidance	Action to mitigate the introduction and spread of COVID-19
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).	 Printed and digital training material provided to staff: On hand and cough hygiene; Physical distancing; Effective use of PPE; Stay at home if unwell messaging; Staff screening process if symptomatic. Clinical and Non-Clinical Managers Checklists provide guidance on infection prevention and slowing spread of CoVid. Face to face education has been provided and PPE Spotters are available in the clinical areas.
Replace high-touch communal items with alternatives.	 Single use condiments available in communal areas. Provision for staff to work from home to reduce traffic in communal areas e.g kitchens, bathrooms. Checklist for managers and staff to promote avoidance of sharing equipment including hot desks and to ensure cleaning between use. When patients are isolated in high risk in clinical areas, equipment is dedicated to individual patients to minimise sharing equipment between patients. Where this is not possible, cleaning occurs in between use.

Guidance	Action to mitigate the introduction and spread of COVID-19
Cleaning	
Increase environmental cleaning (including between changes of staff), ensure high touch surfaces are cleaned and disinfected regularly (at least twice daily).	 Staff are encouraged to clean high touch points in shared spaces, e.g. phone, desk, computer mouse. In the clinical areas, a bleach based product is used for cleaning. In CoVid designated areas, increased frequency of cleaning to twice daily of high touch points. High touch point cleaning audits undertaken. Guidelines in place to support safe transfer of CoVid positive or suspected patients between areas. Established cleaning schedule for all work areas.
Ensure adequate supplies of cleaning products, including detergent and disinfectant.	 Hospital grade cleaning products in use across the health service. Cleaning products for use in clinical areas is provided by Supply Service largely on the Imprest Service Stock levels maintained in accordance with contractual agreement with Spotless

Guidance	Action to mitigate the introduction and spread of COVID-19
Physical distancing and limiting workpl	ace attendance
Ensure that all staff that can work from home, do work from home.	Systems in place to support staff working from home: Remote access, MicroSoft Teams; OHS assessments; Staff wellbeing strategy; Roles suitable to be undertaken from home have been identified. Over 600 staff now working from home; IT equipment provided; Managers directed to arrange rosters that limit on site presence wherever possible.
Establish a system that ensures staff members are not working across multiple settings/work sites.	 Policy is in place stipulating staff are not to travel across site. Rosters and workflows adjusted to support this policy. Staff are required to notify of any work undertaken at other health services.
Establish a system to screen employees and visitors before accessing the workplace. Employers cannot require employees to work when unwell.	 Health status questionnaire and temperature checking processes are in place at all entry points of the health service. Staff/visitors identified as potentially unwell are not permitted entry and are requested to undertake CoVid-19 screening and stay at home. Special leave allowances in place. Health status screening app in use. Allocated points for entry and exit pathways for staff and visitors.
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.	 Communal work areas have been assessed to determine maximum number of people to occupy the space at a time. Signs have been placed on communal areas indicating the maximum number of people allowed to occupy the space at any one time. Tables and chairs packed away to discourage sitting or congregating. Decals on floors marking 1.5m distancing in areas where queuing occurs. QR Codes in place for communal staff areas such as tea rooms for staff to register use of the space and to monitor number of occupants.
Use floor markings to provide minimum physical distancing guides between workstations or areas that are likely to create a congregation of staff.	Decals on floors marking appropriate distancing in waiting areas, reception, lifts etc. Work stations/desks cordoned off to ensure minimum physical distance requirements are met. In waiting areas, seat are marked to ensure distancing.
Modify the alignment of workstations so that employees do not face one another.	 One person per 4sqm rule implemented in all areas. All staff required to wear a face mask in clinical and non-clinical areas. Reviews undertaken of administrative and office working areas to modify work stations and layout to meet requirements.
Minimise the build up of employees waiting to enter and exit the workplace.	 Allocated points for entry and exit pathways. Floor decals in place to ensure appropriate physical distancing. Concierge established at main reception and to high risk wards including ICU and designated CoVid wards. Strategy implemented to reduce the number of personal attending site during double shift times.

Guidance	Action to mitigate the introduction and spread of COVID-19
Provide training to staff on physical distancing expectations while working and socialising (e.g. during lunchbreaks).	Comprehensive communication strategy reinforcing the messages regarding physical distancing, working from home if possible and use of communal areas.
Review delivery protocols to limit contact between delivery drivers and staff.	 All invoicing is electronic. Receiving Dock has signage asking drivers not to disembark from their vehicles, Access into the warehouse is prohibited. There is one loading dock per campus other than those contractors approved access in the Visitors Guideline
Review and update work rosters and timetables where possible to ensure temporal as well as physical distancing.	 Visiting restrictions in place 24/7 with exception of special circumstances Option of shorter nursing shifts implemented to reduce overlap of staff Ward rounding and handover processes modified to support appropriate physical distancing Where possible, staff encourage to minimise time on breaks in shared facilities with others. Care models in place on dedicated CoVid wards to minimise number of staff entering the wards with team cohorting on the wards
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.	Signage in communal spaces and lifts stipulating maximum occupancy for the area as per communication strategy

Guidance	Action to ensure effective record keeping
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.	 Visitor attendance logs (including name and contact number) are maintained for all sites Concierge service (including attendance register) for CoVid dedicated ward Concierge service (including attendance register) at the main entrance Meetings scheduled via Microsoft Outlook provide register of attendance Staff contact details maintained in HRIS All Trade staff are required to enter via a Health and Temperature Checking station and register attendance (including contact details) at Engineering Reception. Capital staff are required to attend Health and Temperature Checking station and proceed directly to Project Construction Hub where they complete registration. All construction contractors are obligated to have a CoVid Safety Plan.
Provide guidance to staff on the effective use of the workplace OHS reporting system (where available).	 Incident management guideline in place stipulating OHS reporting requirements in accordance with DHHS, Worksafe and legislation All incidents including OHS reported in centralised VHIMS

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.	 Comprehensive Business Continuity Plan and Alfred Health Pandemic Plan in place. Dashboards in place to enable timely monitoring of Workforce and supply/stock levels Pandemic Workforce and Training Strategy in place Main ward block reconfiguration and patient flow guideline in place. Clearly established escalation criteria and pathways in place Contact tracing strategy implemented Comprehensive suite of CoVid specific guidelines available for staff
Prepare to assist DHHS with contact tracing and providing staff and visitor records to support contact tracing.	 Processes are in place to provide DHHS with then list of staff that have been identified as close contacts DHHS is also notified of patients and visitors that are identified as close contacts Process in place to undertake employer-led contact tracing
Prepare to undertake cleaning and disinfection at your business premises. Assess whether the workplace or parts of the workplace must be closed.	 Dedicated infection prevention team that provides recommendations of cleaning in the event of a confirmed case and inform a risk assessment to determine if area/site closure is required. Where a suspected case is present at the workplace in the 48 hours prior to the onset of symptoms or while symptomatic, contact tracing is undertaken and all practicable steps are completed to manage the risks posed by the suspected case, including cleaning the affected employee's workspace, areas where they attended and high-touch surfaces. Incident Management Guideline describes reporting requirements
Prepare for how you will manage a suspected or confirmed case in an employee during work hours.	CoVid-19 Infection Prevention Guidance for Clinical Staff Guideline and other supporting guidelines describe key processes. Following confirmation of a positive case the following is undertaken: • Escalation to Executive • DHHS notified and confirmed cases/close contacts reported to DHHS • In-depth interview of the confirmed case • Contact tracing of staff and patients are relevant • Environmental cleaning • Suspected cases are isolated at home while awaiting confirmation of results • Notification to Worksafe
Prepare to notify workforce and site visitors of a confirmed or suspected case.	As per above and contact tracing process
Prepare to immediately notify WorkSafe Victoria on 13 23 60 if you have a confirmed COVID-19 case at your workplace.	 Infection Prevention report a positive staff member to HR. HR reports to Worksafe Process described in the Incident Reporting Guideline.
Confirm that your workplace can safely re-open and workers can return to work.	 Prior to return to work, confirmed positive cases and close contacts must be provided clearance from DHHS and Infection Prevention prior to returning to work. Close liaison with DHHS throughout any CoVid outbreak. Service Outbreak policy in place

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

Professor Andrew Way AM

Name Chief Executive

Date 7/8/2020