COVID-19 Safety Plan

January 2023

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Premises details	
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Completion date:	August 2020
Workers and their representatives were consulted in relation to the development of this plan?	Team Members
Approved by:	Barbara Luka
Who is responsible for reviewing and updating this plan?	Director / Admin Manager
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1. Managing risk: duty of care

Management of Living Strength Care (**the Organisation**) will do everything reasonably practicable to ensure you can undertake your work in a healthy and safe manner.

The purpose of this COVID-19 Safety Plan (**Plan**) is to provide an overarching strategy for the implementation and management of procedures by the Organisation to support our workers and all personnel at our workplace.

For the purpose of this Plan, the term worker includes employees, and others at the workplace including, but not limited to contractors, visitors and volunteers.

The arrangements set out in this Plan are intended to prevent the transmission of COVID-19 among colleagues, participants, volunteers, visitors, families and the broader community. This Plan will help every person in the workplace to identify exactly what actions we will need to take to put in place suitable and effective controls to manage COVID-19 in the workplace.

Under the health and safety legislation as a business, we understand that we have a duty of care to manage the risks of COVID-19 entering or spreading in our workplace. We understand that we may not be able to eliminate the risk completely, instead we will consider other ways to reduce the risk as far as reasonably practicable. This may involve the use of substitution, isolation, engineering or administrative controls. Reducing the risk by using personal protective equipment (**PPE**) is the lowest level of control.

At all times the Plan is subject to all regulations, minimum standards, guidelines and directions of jurisdictional Government and public health authorities. This Plan will be updated in accordance with any changes to public health directions.

We will also maintain and regularly review our control measures to ensure they remain effective. We will complete a risk assessment to help identify what changes we need to make to manage them and we will consult with our workers and/or their health and safety representatives throughout the risk assessment process.

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2. Physical distancing

One way to slow the spread of COVID-19 is physical distancing. The more space between you and others, the harder it is for the virus to spread.

The Organisation will implement the below measures to minimise the risk of infection:

- maintain and encourage others to maintain the physical distancing principle of at least 1.5 metres separation, where possible which includes:
    - between groups within each room and
    - at entry and exit points
- avoid handshakes or other contact
- consider venue layout and move tables and seating to comply with physical distancing (1.5 metres separation)
- dedicate separate bathroom facilities for each separate room or area of a venue, where possible. Install signage to make members of the public aware of which bathroom to use
- dedicate separate entry and exit doors from separate rooms, and pathways to encourage “one-way traffic” where possible
- minimise mixing between separate rooms or groups of people as much as possible
- display signage at the venue entrance to instruct members of the public (and workers) not to enter if they are unwell or have COVID-19 symptoms
- encourage contactless payments to be used where possible
- encourage online bookings, reservations and pre-ordering where practical eg a time-based booking system
- consider using physical barriers, such as plexiglass screens, in areas that involve high volume interactions (eg point of sale)
- consider placing floor or wall markings or signs to identify 1.5 metres distance between people, particularly for queues and waiting areas
- monitor compliance with physical distancing requirements, with particular regard to areas where members of the public might congregate
- limit the duration of the activity to two hours or less where possible
- limit non-essential contact during the day as much as possible, for example by limiting any direct contact with documents or equipment at client sites, and by bringing your own lunch
- use telephone or video platforms for essential meetings where practical

- use flexible working arrangements where possible eg stagger start times and breaks for workers, early and late shifts to reduce peak periods
- assign workers to specific workstations if practical
- move as many group activities, seated service, meetings, etc as possible to outside if practical
- consider signage near lifts, directing customers and workers to maintain physical distancing wherever practical
- where suitable, only private or company vehicles to be used for transport. Avoid using any public transport, or travelling in a vehicle with anyone who does not reside in your household and

3. Hygiene

The Organisation is committed to observing appropriate hygiene measures to minimise the risk of exposure to, contracting or spreading COVID-19 within the workplace. This procedure includes how to address the hand cleaning by workers and other people in the workplace.

Good hygiene requires everyone to wash their hands regularly with soap and water for at least 20 seconds and dry them completely, preferably with clean, single-use paper towels. If paper towels are unavailable, other methods such as electric hand dryers can be used, however, hands will still need to be dried completely.

Everyone must wash and dry their hands:

- before and after eating
- after coughing or sneezing
- after going to the toilet and
- when changing tasks and after touching potentially contaminated surfaces.

An alcohol-based hand sanitiser with at least 60% ethanol or 70% isopropanol as the active ingredient must be used as per the manufacturer's instructions when it is not possible to wash and dry hands. Hand sanitisers will be located at the entry and exit of the premises when required.

Good hygiene also requires everyone at the workplace to, at all times:

- cover their coughs and sneezes with their elbow or a clean tissue (and no spitting)
- avoid touching their face, eyes, nose and mouth
- dispose of tissues and cigarette butts hygienically, eg in closed bins
- wash and dry their hands completely before and after smoking a cigarette
- clean and disinfect shared equipment and plant after use
- wash body, hair (including facial hair) and clothes thoroughly every day and
- have no intentional physical contact, for example, shaking hands and patting backs.

The Organisation will also consider implementing the following:

- installing signage on hand hygiene and cough etiquette
- the use of face masks if the risk of community transmission and physical distance is difficult to maintain (if they are not already mandatory in accordance with a public health order).

3.1 FACE COVERINGS IN THE WORKPLACE

The use of face masks will be considered if the risk of community transmission and physical distance is difficult to maintain. However, where specifically mandated, the Organisation will ensure that such orders are complied with.

Where the work or tasks requires the use of specific types of face coverings in the workplace, these will be provided by the Organisation.

Should a worker seek to provide and use their own face covering at work, an employer must ensure that it is meeting its obligations, so far as is reasonably practicable, by providing and maintaining a working environment that is safe and without risks to health. This includes undertaking a risk assessment, ensuring that the face covering is safe and suitable for the workplace and work activities being performed, providing policies and procedures in relation to the use of face coverings in the workplace and that the worker or independent contractor has received information, instruction and training in the safe use of face coverings within the workplace.

Where face coverings are required to be worn at the workplace, the Organisation will:

- consult, so far as is reasonably practicable, with workers and/or their representatives regarding the policies and procedures related to face coverings. Consultation with individual workers may be required to identify whether wearing a face covering is appropriate for them, taking into account any health conditions they may have

- take all reasonable steps to ensure that workers wear a face covering at all times

- ensure where respiratory protection (**RPE**) is already mandatory or is worn in the workplace due to the potential task related risks that a risk assessment is undertaken to ensure that such RPE provides sufficient control over the work-related risks and the risk of exposure to COVID-19

- assess the benefit of the wearing of face shields in cases where it may be easier to wear for some individuals who have a limited ability to wear other types of face coverings or masks. If face shields are used, the Organisation will ensure they are properly designed to cover the sides of the face and below the chin. Reusable face shields will be cleaned and disinfected after each use and disposable face shields should only be worn for single use

- provide appropriate hygiene amenities for workers to safely put on and remove face coverings, such as hand washing facilities or alcohol-based hand sanitiser and

- ensure that all persons required to wear face coverings are appropriately informed and trained in the correct use, maintenance, cleaning and storage of face coverings and that suitable supervision is provided to ensure such coverings are being worn.

4. Cleaning

The Organisation will prepare, implement and maintain a schedule for cleaning, and where appropriate disinfecting, that ensures the workplace is routinely cleaned. This must include furniture, equipment and other items. The cleaning schedule should be in writing so everyone is aware of the requirements. The schedule should take into account the level of risk of exposure to, contracting or spreading COVID-19 within the workplace. This schedule is to set out both the frequency and method that cleaning and disinfecting is to be done.

The Organisation will provide all the supplies and equipment necessary to ensure that the cleaning schedule and hygiene procedure implemented for the workplace can be complied with. Auditing of cleaning schedule will be undertaken, and cleaning log will be displayed to ensure the risk of exposure to COVID-19 within the workplace is prevented or minimised.

The Organisation will also print posters and signs on good hygiene and hand washing practices to display in bathrooms, kitchens and break rooms.

When cleaning, attention will be given to frequently touched surfaces. Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables, desks and countertops
- doorknobs and handles
- light switches
- phones
- keyboards
- toilets
- faucets and sinks
- touch screens
- EFTPOS machines and
- TV remotes.

The Organisation will assess the different surfaces and objects that are frequently touched by multiple people and appropriately disinfect these surfaces and objects. The Organisation will also assess the need for items to be kept out on display that may be frequently touched (eg books, pamphlets).

Surfaces and fittings will be cleaned more frequently when:

- visibly soiled
- used repeatedly by a number of people and

- after any spillage.

The following steps to clean an environment will be followed:

- wear gloves when cleaning. Gloves should be discarded after each clean. If it is necessary to use reusable gloves, gloves should only be used for COVID-19 related cleaning and should not be used for other purposes or shared between workers. Wash reusable gloves with detergent and water after use and leave to dry. Clean hands immediately after removing gloves using soap and water or hand sanitiser

- thoroughly clean surfaces using detergent and water. Always clean from the cleanest surfaces to the dirtiest surfaces. This stops the transfer of germs to cleaner surfaces and allows you to physically remove and dispose of the largest possible amount of germs

- if you need to use a disinfectant, clean the surface first using detergent then apply a disinfectant or use a combined detergent and disinfectant. A disinfectant will not kill germs if the surface has not been cleaned first. Apply disinfectant to surfaces using disposable paper towel or a disposable cloth. If non-disposable cloths are used, ensure they are laundered and dried before reusing and

- allow the disinfectant to remain on the surface for the period of time required to kill the virus (contact time) as specified by the manufacturer. If no time is specified, leave for 10 minutes.

5. Restrictions on entry to the workplace

The Organisation will take all reasonable steps to ensure that a worker or others do not enter or attend the workplace if they display symptoms associated with COVID-19 or the worker/other has been required to isolate or quarantine. This may include asking workers entering the workplace for a formal declaration at the start of their shift if they have travelled, been in contact with any confirmed cases of COVID-19 or if they have flu-like symptoms and have not been directed to isolate.

This may also include displaying signs at the front of our premises/workplace telling people not to enter if they have COVID-19 symptoms, cold/flu symptoms or have been in close contact with confirmed cases.

To ensure person-to-person contact is minimised, screening of workers and others such as independent contractors should be done over the phone or by other non-contact methods.

Where required, the Organisation will issue an authorisation document to their workers such as a work permit, to allow workers to undertake a permitted work activity.

5.1 CORONAVIRUS DIAGNOSIS OR EXPOSURE

i) If you contract the virus

If you begin to display symptoms of the virus, you must follow Government guidance to find out what to do next. You must seek medical attention and notify your manager at the earliest opportunity.

In order to protect your fellow colleagues, you are required to remain absent from the workplace on personal leave and provide us with a medical certificate. You are required to provide a negative COVID test prior to returning to the workplace.

ii) If you have contact with a confirmed case of the coronavirus

If you have been in contact with someone who has a confirmed case of the coronavirus, you are required to notify management immediately.

In order to protect your fellow colleagues, we ask you to seek medical attention and remain absent from the workplace on personal leave and provide us with evidence of a positive test. You are required to provide a negative COVID test prior to returning to the workplace.

iii) If you have contact with a suspected case of the coronavirus

If you have been in contact with someone who has a suspected case of the coronavirus, you are required to notify management immediately.

Even if you are not displaying any symptoms, we may take the decision to send you home and require you not to attend work as a safety precaution.

5.2 SELF-ISOLATION

You must not attend the workplace during any self-isolation period that the Government, medical authority or medical practitioner requires you to undertake.

If you are unwell during this self-isolation period, you should follow the usual sickness procedure to notify the Organisation that you require personal leave and obtain a medical certificate in support of your leave. You are required to provide a negative COVID test prior to returning to the workplace.

If you are well during this period of isolation, the Organisation will consider any available type of leave that may be taken to cover the absence.

If there are no forms of accrued paid leave available, the absence will be unpaid, unless your applicable award, enterprise agreement or contract states otherwise.

6. Training and education

The Organisation will provide each worker at the workplace with information, training and instruction on:

- the risks in relation to COVID-19 and
- the control measures implemented in the workplace to mitigate those risks, in relation to COVID-19.

The Organisation will also provide adequate supervision to ensure control measures are implemented in the workplace in relation to COVID-19. The Organisation will also ensure that information and instruction is provided to other people in the workplace about the control measures in place to mitigate the risks of COVID-19, and the requirements of those people to apply the control measures as they are reasonably able.

The information and instructions will be in a format that is reasonable to the circumstances, including the use of plain English. This may also include the use of pictures and being provided in languages other than English.

The Organisation will ensure that a record of any training provided to each worker at the workplace is maintained and be available upon request.

7. Record keeping and contact tracing

In the event of a case of COVID-19 being detected at the workplace, it will be important to be able to trace people who have been at the workplace.

Contact tracing is a way of slowing the spread of infections by identifying people who have been in contact with an infected person.

Therefore, the Organisation will adopt record keeping and contact tracing requirements that complies with the relevant Government or public health order.

A contact tracing register will record details for all workers, visitors and patrons who enter the business and must include:

- date and time of entry
- full name
- phone number
- email address and
- address.

Records are only to be used for tracing COVID-19 infections and must be stored confidentially and securely. The information must be made available to public health officials on request.

Consider how records are kept on people in the workplace each day to support contact tracing if there is a positive case in your workplace (eg after 24 hours make them electronic in the event where the health authority require the information).

7.1 WORKPLACE MAPPING

Where workplace mapping is required, the Organisation will ensure that records of the work schedules and work locations for workers are maintained and are sufficient to enable tracing of those who have come into contact with any confirmed case.

The record should include:

- day and time work were undertaken
- members of teams that worked together
- specific work area at the workplace on the workplace or work site and
- any breaks taken, including time and location.

Movement between sites, or areas within large sites, should be minimised as much as possible.

Where attending multiple sites is necessary (eg for health and safety representatives (HSRs), first aid officers, emergency wardens) movement between sites should be recorded in the workplace mapping.

Records are only to be used for tracing COVID-19 infections and must be stored confidentially and securely. The information must be made available to public health officials on request.

Consider how records are kept on people in the workplace each day to support contact tracing if there is a positive case in your workplace (eg after 24 hours make them electronic in the event where the health authority require the information).

8. Shared plant and equipment

The Organisation will take steps to ensure that plant and equipment are not shared amongst workers, including hand tools that may be used in the course of work.

Where it is not possible to eliminate shared use, the Organisation will:

- provide cleaning products (eg alcohol spray or solution) where communal tools, plant and equipment are located
- keep cleaning products with tools, plant and equipment as they move around the site
- ensure all operators thoroughly wash or sanitise their hands before and after every use and
- ensure all parts of tools, plant and equipment (eg including handles, handrails) are wiped down before and after use.

9. Response planning

The Organisation will prepare a COVID-19 emergency response plan for the workplace that outlines how they will respond if there is a suspected or confirmed case of COVID-19 associated with their business. This plan will:

- outline what actions to be taken if notified of a possible COVID-19 infection
- confirm who has what response responsibilities, eg notifying Public Health, health and safety regulator
- state how you will clearly communicate with workers and meet privacy obligations
- state how you will clean your workplace after an infection and
- outline how your business will continue to trade or reopen.

The Organisation and workers will have a basic understanding of how to respond to a case of COVID-19 at the workplace. A step-by-step summary of actions to take will be:

- keep others away from the confirmed or suspected case. Talk to and assess the person concerned; if they need urgent medical help, call 000 immediately
- if the person is at your premises when symptoms emerge, assess the situation and risks. Talk to the person about your concerns and next steps. Seek Government health advice
- if well enough, ask the person to go home, seek medical advice and testing for COVID-19 if they meet the requirements, and self-quarantine until a result is returned
- close the premises, ask all patrons and workers to leave and arrange for a full environmental and disinfection clean. Open doors and windows to increase airflow
- notify health authority so that they can trace any contacts of this person and contain the spread. They may ask for any attendance records you may have kept to assist with this and
- the health authority will assess whether other workers, patrons or contractors may have been exposed to COVID-19, and direct them to self-quarantine at home. As this may include the Organisation's workers; contingency plans will be in place.

The Organisation will regularly review the COVID-19 Safety Plan when required. Update it if needed, for example, if your place of doing business or the services you offer change.

9.1 THE CONTINUATION OF BUSINESS OPERATIONS

i) Attendance at work

It is our expectation that you attend work as normal during this time, unless:

- you are on a period of authorised leave (personal, annual or long service)

- you are not attending work due to a Government, medical authority or medical practitioner mandated self-isolation period
- you are not attending work under our specific instruction or
- there is a safety reason why you cannot be at work that has been discussed and agreed with your manager.

ii) Temporary business closure

As time progresses, it may become necessary for the business to temporarily reduce or cease operations, for example if someone in the workplace is diagnosed with coronavirus.

The Organisation will do everything possible to continue operating in these circumstances, however ultimately will take the action that is necessary to comply with Government advice and ensure safety within the workplace.

In the unlikely scenario of a shutdown, we may have no choice but to place you on an unpaid stand down. For clarity, this will only occur under specific circumstances in line with the Fair Work Act 2009, and all alternatives will be considered prior to taking this step.

iii) Working from another location

The Organisation will take all available steps to maintain normal business operations.

To maintain normal business operations, it may be necessary for us to require you to work from an alternative work location if, for example, instructions from a third party mean that entry into our current workplace is not permitted. Your flexibility in this regard will be required.

However, the Organisation will ensure that we will comply with any Government directions and advice regarding workers working across multiple sites.

If you work for multiple employers, you are required to notify management immediately.

10. Resources

- For specific industries and/or approved COVID-19 Safety Plans, please visit the following websites:
    - NSW: https://www.nsw.gov.au/covid-19/covid-safe-businesses
    - Vic: https://www.business.vic.gov.au/disputes-disasters-and-succession-planning/coronavirus-covid-19/coronavirus-business-support
    - Vic: (High Risk Plans) https://www.business.vic.gov.au/disputes-disasters-and-succession-planning/coronavirus-covid-19/coronavirus-business-support
    - Qld: https://www.covid19.qld.gov.au/government-actions/covid-safe-businesses
    - WA: https://www.wa.gov.au/government/covid-19-coronavirus
    - Tas: https://coronavirus.tas.gov.au/business-and-employees/covid-19-safe-workplaces-framework
    - SA: https://www.covid-19.sa.gov.au/
    - NT: https://coronavirus.nt.gov.au/
    - ACT: https://www.covid19.act.gov.au/business-and-work
- Assessment tool
- COVID-19 Safety Plan checklist
- Contact tracing register

Appendix one: Infection control in the workplace policy

INTRODUCTION

The broad definition of infection is the invasion of tissue by pathogenic organisms. Infections generally result from a combination of factors, including:

- the presence of micro-organisms
- a compromised or weakened status of the host and
- the chain of transmission of the micro-organism.

Bacteria, viruses and other organisms, which can cause disease in humans, may be found wherever people live and work.

This policy is designed to be consistent with the Organisation's health and safety framework. Its objective is to identify the requirements of infection prevention and control, and the development of safe work practices based upon risk management procedures. Therefore, the risks associated with infections in the workplace will be addressed via a risk management approach.

However, this policy is also designed to support any advice or directions from Government health authorities. Therefore, no part of this policy either stated or implied, is designed to compromise any public health advice or directions that may be issued from time to time and which may require additional controls to be implemented.

IDENTIFYING INFECTION TRANSMISSION HAZARDS

Micro-organisms are transmitted by various routes and the same infective agent may be transmitted by more than one route. There are several main routes of transmission:

- blood borne transmission through such things as sharp tools or contact with cuts or scratches
- direct contact through person to person contact or via contaminated articles or equipment
- droplet transmission such as through sneezing, coughing or talking
- airborne transmission through microscopic droplets or dust particles
- gastrointestinal infection through contaminated food or fluid or via an infected food handler and/or
- vector borne infections transmitted by carrier insects or animals such as mosquitoes, flies or rats.

The source of infection may be clients/customers, staff or visitors and the person may either be acutely ill or in the incubation (window) period of a disease. They may be a chronic carrier or colonised with the infective agent but have no apparent disease.

Contaminated items in the environment, including surfaces, equipment or food are other possible sources of infection.

The ability to resist infection varies depending upon age and underlying medical conditions. Other factors such as nutritional status or drug therapy may also reduce a person's immunity, making them more susceptible to infection.

Persons who have been recently exposed to trauma or who have recently undergone surgery, or invasive therapeutic and/or diagnostic procedures will also have an increased susceptibility to infection.

ASSESSING INFECTION TRANSMISSION

As part of the risk management approach, the Organisation has an obligation to ensure that persons and visitors to the workplace are not exposed to any infections, as far as is reasonably practicable.

Given the nature of our work, it is safe to assume that any infection brought into the workplace will pose a risk of injury to persons at the workplace. When approaching a task or duty, consideration must be given to the potential pathological agents involved, the transmission paths of the agents and who may potentially be at risk. The overall risk can then be analysed and assessed based on:

- what are the aspects of the task or procedure that facilitates transmission of infection
- what existing controls are in place
- what is the likelihood of transmission
- what are the likely consequences of transmission and
- what factors will increase or decrease the risk of transmission.

CONTROLLING INFECTION TRANSMISSION HAZARDS

The Organisation will ensure, as far as reasonably practicable, that the risks associated with infections in the workplace are controlled. The process of controlling exposure to infection transmission risks will be determined in consultation with all personnel in the workplace who are required to carry out the task and will include:

- the development of infection control principles
- the development of administrative requirements designed to minimise the risk of infection transmission
- the development of effective work practices and procedures
- ensuring that all staff required to undertake a task that may potentially expose them to infection through their work have enough training, skills, knowledge, level of competence and education and/or qualifications to undertake the task and
- a regular review of our policies and procedures.

If exposure to infections within the workplace have been assessed as a risk, consistent with national and international requirements, the Organisation will adopt a three-level approach to infection control precautions.

The three-level approach involves:

- Level 1 – General: infection control procedures for the prevention or minimisation of transmission for all persons at a workplace
- Level 2 – Standard: infection control procedures for persons who may come into contact with blood and/or bodily fluids such as first aid persons and
- Level 3 – Transmission-based precautions: provides a high level of protection to all persons at the workplace following identification of a positive transmission and assumes that Level 1 and Level 2 controls are in place

i) Level 1 Controls – General

Infectious agents can be spread in a variety of ways, including:

- breathing in airborne germs – coughs and sneezes release airborne pathogens, which is then inhaled by others
- touching contaminated objects or eating contaminated food
- skin-to-skin contact – transfer of some pathogens can occur through touch or by sharing objects and
- contact with body fluids – pathogens in saliva, urine, faeces or blood can be passed on via cuts or through the mucus membranes of the mouth and eyes.

The first level relates to general procedures designed to eliminate or minimise the risk of infection transmission. These infection control procedures will involve good personal and environmental hygiene, including:

- regular hand hygiene such as handwashing or handrubbing at all times – washing hands with water and soap for at least 20 seconds, or using alcohol based hand sanitiser can prevent the spread of many pathogens, especially after visiting the toilet, before and after preparing food, and after touching clients/customers or equipment. Wet hands will be dried with a single use paper towel
- routine environmental cleaning and disinfection, including high contact points such as door handles, lift buttons and telephone equipment as well as high traffic areas such as reception areas
- promotion of respiratory hygiene and cough etiquette, such as covering the nose and mouth with the crook of the elbow or with a tissue when coughing or sneezing, and dispose of tissue in a closed bin
- any cuts or open wounds will be appropriately treated and covered with a waterproof dressing
- appropriate waste bins will be provided to dispose of contaminated tissues and other dirty items and
- appropriate use of PPE such as gloves when undertaking cleaning and disinfection procedures. PPE and training on its use will be provided to all personnel in the workplace in accordance with manufacturer's

guidelines and Australian and New Zealand Standards. PPE will be removed before leaving the work areas where the cleaning and disinfection is taking place.

ii) Level 2 Controls – Standard health procedures

The second level of control is referred to as 'standard precautions' and will be applied to all persons at the workplace, clients/customers or visitors regardless of their diagnosis or presumed infection status wherever there is potential contact with:

- blood
- body fluids, secretions and excretions (except sweat)
- non-intact skin or
- mucous membranes, including eyes.

Standard precautions will involve the use of safe work practices and protective barriers, including:

- hand hygiene
- routine environmental cleaning
- managing spills
- waste management
- the safe use and disposal of sharps
- decontamination of equipment
- appropriate use of gloves
- appropriate use of facial protection/masks
- use of protective clothing
- appropriate device handling
- appropriate handling of any laundry items and/or protective clothing and
- incorporation of respiratory hygiene and cough etiquette.

iii) Level 3 Controls – Transmission based precautions

Additional control measures will be initiated where persons are known or suspected to be infected with pathogens. These precautions are in addition to the general and standard precautions and are referred to as Level 3, or 'transmission-based precautions' (**TBPs**).

Transmission-based precautions (**TBPs**) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection.

The three types of additional precautions are:

- airborne precautions which must be applied where the infected patient is known or suspected to be infected with pathogens that can be transmitted by an airborne route for eg Aspergillus, Legionella, Pulmonary tuberculosis, Chickenpox, Measles and Coronaviruses. These will include isolation of the infected person and in the case of a Coronavirus exposure, use of a type P2 or N95 mask that meets the requirements of Australian and New Zealand Standard, AS/NZS 1716:2012 Respiratory Protection Devices

- droplet precautions which must be applied where the person is known or suspected of being infected with pathogens that can be transmitted by droplet route for eg Influenza, Bordetella pertussis (whooping cough), Rubella, Listeria, E. coli, Salmonella and Coronaviruses. These will include isolation of the infected person, maintaining a separation distance of at least one and a half metres, the use of protective gloves and eyewear and the initiation of room cleaning protocols and

- contact precautions designed to reduce the risk of transmission of micro-organisms by direct or indirect contact for eg viral Gastroenteritis, Clostridium difficile, Methicillin-resistant Staphylococcus aureus (also known as MRSA or staph) and Coronaviruses. These will include additional precautions to eliminate contamination of environmental surfaces and equipment through the use of protective gloves and the implementation of additional room cleaning protocols.

TBPs, including cleaning protocols and procedures must be tailored to the infectious agent involved and the mode of transmission. To minimise the exposure time of other people in office/retail based setting or more industrial environment, people identified as at risk of transmitting droplet or airborne diseases (for example, a person with suspected Coronavirus exposure) should be attended to immediately and placed into appropriate transmission-based precautions to prevent further spread of the disease.

SAFE HANDLING USE, AND DISPOSAL OF SHARPS

A sharp is any object that can inflict a penetrating injury and includes needles, broken glass and any other sharp object or tools designed to perform penetrating procedures. The potential for the transmission of blood borne viruses is greatest when devices such as needles or knives are used. As such, the Organisation will develop a policy and procedures for the safe handling, use and disposal of sharps.

ENVIRONMENTAL CLEANING

Environmental cleaning refers to the appropriate cleaning of surfaces found in the workplace. Deposits of dust, soil and microbes on surfaces are a potential source of associated infections. The following basic principles should be followed:

- written cleaning protocols should be prepared, including methods and frequency of cleaning
- cleaning procedures must be commensurate with the level of risk and tailored accordingly

- standard precautions (including wearing of personal protective equipment (**PPE**), as applicable) must be implemented when cleaning surfaces and facilities
- cleaning methods should avoid generation of aerosols
- all cleaning items should be changed after each use and cleaned and dried before being used again. They should also be changed immediately following the cleaning of blood or body fluid/substance spills. Single-use cleaning items are preferred, where possible, such as lint-free cleaning cloths
- sprays should not be used, because they can become contaminated and are difficult to clean. Sprays are not effective, as they do not touch all parts of the surface to be cleaned
- detergents should not be mixed with other chemicals and
- all cleaning solutions should be prepared fresh before use.

The Organisation will ensure that a person is identified and nominated as being responsible for the implementation, management and evaluation of the cleaning service provided.

MANAGING SPILLS OF BLOOD, BODY FLUIDS AND SUBSTANCES

The Organisation will ensure there are procedures in place for dealing with blood, bodily fluids and substance spills. Cleaning protocols should be included alongside safe work procedures and emphasised in ongoing training.

The basic principles of blood and body fluid/substance spills management are:

- standard precautions should apply, including the use of PPE, as applicable
- spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided) and
- generation of aerosols from spilled material should be avoided.

The management of spills should be flexible enough to cope with different types of spills whilst also considering the following factors:

- the nature (type) of the spill for example chemical substances, sputum, vomit, faeces, urine or blood
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens, whereas sputum may contain *Mycobacterium tuberculosis*
- the size of the spill – for example, spot (few drops), small (<10cm) or large (>10cm)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as office), in a public location or within a community premises and
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

iv) Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. It should also be stored in an area known to all staff.

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' could be used, containing a large (20 L) reusable plastic container or bucket with fitted lid, containing the following items:

- appropriate leak-proof biohazard bags and containers for disposal of waste material
- a designated, sturdy scraper and pan for spills
- absorbent mats and paper
- approximately five sachets of a granular formulation containing 10,000ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10cm diameter spill)
- disposable rubber gloves suitable for cleaning
- eye protection (disposable or reusable)
- plastic apron and
- a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process).

Single-use items in the spills kit should be replaced after each use of the spills kit. With all spill management protocols, it is essential that the affected area is left clean and dry before use of the area.

v) Cleaning spills – procedures

Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface.

PPE should be used for all cleaning procedures and disposed of or sent for cleaning after use. Hands should be washed and dried after cleaning.

Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.

Wash hands thoroughly after cleaning is completed.

vi) Cleaning spots or small spills

Spots or drops of substances or other small spills (up to 10cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area. Dry the area, as wet areas attract contaminants.

vii) Cleaning large spills

Where large spills (more than 10cm) have occurred in a 'wet' area, such as a bathroom or toilet area, the spill should be carefully washed off into the sewerage system using copious amounts of water and the area flushed with warm water and detergent.

Large spills that have occurred in 'dry' areas should be contained and generation of aerosols should be avoided.

Granular formulations that produce high available chlorine concentrations can contain the spilled material and are useful for preventing aerosols. A scraper and pan should be used to remove the absorbed material. The area of the spill should then be cleaned with a mop, and a bucket of warm water and detergent. The bucket and mop should be thoroughly cleaned after use and stored dry.

WASTE DISPOSAL

The Organisation will ensure that procedures are in place for the correct management of all waste generated and that they are compliant with regulations and guidelines administered by other Government agencies eg Environmental Protection Agencies and Local Government Ordinances.

All waste should be stored in secure areas until collected. Waste should be removed from workplace areas each day and more frequently as needed, such as from specialised areas. Waste bags should be tied before removing from the area.

viii) General waste disposal

Place in general waste bin for removal.

ix) Biohazard waste disposal

Place in biohazard bags as soon as possible. Biohazard bags have a biohazard symbol and are currently coloured yellow.

MEDICAL/OTHER CONDITIONS

Due to the potential hazards associated with this workplace such as possible exposure to pathogens and infection, persons working at the workplace are required to disclose any medical condition or disability, which may affect their capacity to participate in specific work activities that may impact upon their health and safety or the health and safety of others.

If a worker becomes aware of any condition, disability or impairment (temporary or otherwise), which may potentially affect their capacity to participate safely in work activities, or activities related to their work, they should immediately advise management as soon as practicable so that a suitable and applicable risk assessment can be undertaken.

All such discussions will be considered strictly confidential in accordance with the Organisation's privacy policy. Any medical information disclosed will be used only for the purpose for which it was collected and will not be disclosed to other parties unless permitted by law, without the consent of the person making the disclosure.

DEALING WITH COVID-19 IN THE WORKPLACE

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

i) Cleaning and disinfection

The best way to protect all persons in the workplace from the risk of exposure to COVID-19 is by implementing appropriate cleaning and disinfecting measures for the workplace. Combined regiment of cleaning and disinfection will be the most effective method in eliminating or spread of the COVID-19 virus in the workplace.

Workplace should be cleaned at least once a day. More frequent cleaning may be required in some circumstances. If equipment is shared between persons, it should be cleaned between uses, where practicable.

Cleaning is to be performed using detergent and water and once cleaned surfaces should be disinfected. This would include any time there has been an instance or suspected case of COVID-19 in the workplace or where any persons in the workplace are likely to touch a surface.

ii) Hygiene

Good hygiene is necessary to stop the spread, therefore each worker must:

- frequently wash their hands with soap for at least 20 seconds or use a hand sanitiser with greater than 60% ethanol or 70% isopropanol before and after eating and going to the toilets
- limit contact with others, including shaking hands
- stop touching their eyes, nose and face when their hands are not washed
- cover their mouth while coughing and sneezing with a clean tissue or elbow and
- put used tissues straight into the bin.

The Organisation will ensure that adequate supply of hand washing soap dispensers, sanitisers and tissue paper is readily available to all persons in the workplace.

iii) Self isolation

If a worker suspects that they have contracted COVID-19 or if they have been in the presence of someone infected by the COVID-19, they must isolate themselves (self-quarantine) and advise their manager

immediately. This is to be followed by contacting their doctor or a nearest hospital until more thorough examination has taken place.

WORKER RESPONSIBILITIES

To ensure the overall success in controlling the risks related to infections at this workplace, persons working in the Organisation must be able to implement the established infection control measures and follow the protocols that have been developed. To this end, the Organisation will ensure that they:

- have been trained and deemed competent by the Organisation in the infection control protocols of this workplace before undertaking any work where they may come into direct contact with clients/customers or members of public, waste from their respective tasks and equipment, instruments or apparatus used
- have enough training, skills, knowledge, level of competence and qualifications required to undertake any task that may potentially expose them to the risk of infection at work or undertaking work related activities
- have enough skills and training in the effective use of all PPE required by the Organisation to eliminate or minimise the risk of infection to themselves or others at work
- follow any reasonable instruction given to them by the Organisation designed to eliminate or minimise the risk of infection to themselves or others at work, including the mandatory use of PPE when and where required
- actively participate in the development and review of the Organisation's infection control protocols and procedures
- actively participate in the development and review of the Organisation's administrative requirements designed to minimise the risk of infection transmission at work
- will advise management immediately when they become aware of any potential exposure to infection to themselves or others at work during their work
- do not undertake any activity, action or inaction that may knowingly place themselves or others at work at risk of exposure to an infection and
- will advise management immediately when they become aware of contracting any illness or disease or having become aware of any condition, disability or impairment (temporary or otherwise), that may potentially affect their capacity to participate in specific work activities or where specific work activities may further impact upon their health, safety or welfare or the health and safety of others at work.