COVID Safe plan Dental Health Services Victoria

Our COVID Safe Plan

Business name: Dental Health Services Victoria

Site location: Royal Dental Hospital of Melbourne 720 Swanston Street, Carlton VIC 3053

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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.	Hand sanitiser locations: Building and stairwell entry / exit points Outside lifts Clinic entry points Clinics At all clinical handwashing sinks Corporate office entry / exit points Multiple areas within Corporate Designated office floors entry / exit points Bathrooms Kitchen / break out designated areas Clerical areas/reception points for patients Logistics daily monitoring of supplies of liquid soap and sanitisers (DHSV stock) Cleaning contractors ensure adequate supply throughout the day replacing as required. Hand soap, paper towels and rubbish bin locations to dispose paper towels Clinics Bathrooms Kitchen / break out designated areas Information locations on how to wash and sanitise hands: Posters at building entry / exit points, lifts, waiting rooms and in clinics for staff and patient At every hand washing sink DHSV intranet Additionally, for staff: Posters in change rooms DHSV Daily Comms update reminder DHSV infection control policy, procedures and training National Hand Hygiene Initiation: On-line modules on hand hygiene

Guidance	Action to mitigate the introduction and spread of COVID-19
Where possible: enhance airflow by opening windows and adjusting air conditioning.	 Our buildings do not have the capacity to open windows. Airconditioning will be programmed to reduce the return air circulation and increase fresh air intake by at least 25%. Acceptable Indoor Air Quality (IAQ) will be maintained. A Building Management Control System technology platform monitors and controls enhancements, scheduling and IAQ in the environment on air flow.
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.	 Face coverings and PPE COVID-19 DHSV PPE Table located in change rooms, clinics and available on DHSV intranet and updated according to the DHHS guidelines https://app.prompt.org.au/download/175849?code=9402b5e4-d2b6-444a-857e-b89604283bc0 Disposable masks provided to staff and public at building entry / exit points Additional supply of disposable masks available Provision of additional PPE to staff: Disposable gloves and aprons located in clinic Eye protection and gowns available in clinic Gowns are available in clinic as above, Scrubs available on each floor. Three washable masks issued to all staff for use traveling to and from work and other times outside RDHM Continual monitoring use of face coverings by all staff, by managers and team leaders. N95 (P2) Fit Testing Program in place, along with Fit Check Education
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).	Education provided to staff on hand and cough hygiene, including how to wash and sanitise their hands correctly E-learning module for hand hygiene Posters located throughout building on hand and cough hygiene N95 (P2) Fit Testing Program in place, along with Fit Check Education Messages and information reinforcing the importance of not attending work if unwell Managers and team leaders verbal reinforcement at team huddles / meetings Information updated on DHSV intranet for staff to reference COVID screening questions applicable to patients and staff located at building entry and exit points and asked verbally in conjunction with temperature checking CEO video messages DHSV bulletins
Replace high-touch communal items with alternatives.	 Staff to bring their own cups or use disposable cups including cutleries. Contactless taps in clinical areas and no touch rubbish bins. Where possible, no touch amenities such as contactless taps, rubbish bins and soap dispensers Hands are washed after dispensing the soap and soap dispensers are cleaned regularly by cleaning staff Staff are allocated desk if out of usual space. Staff have their own headsets, multiuse phones are cleaned before handover to next shift/day, staff have their own desk phone and own computers Detergent and disinfectant wipes are available in multiple places within office spaces for staff to clean own desks Single use sachets (Sugar, Coffee, Tea) provided for staff

Guidance	Action to mitigate the introduction and spread of COVID-19
Cleaning	
	High touch surfaces identified, and appropriate cleaning schedule documented and monitored by Facilities Manager:
	 A comprehensive performance-based contract exists with an industry and accepted service provider (ISS Health Services) with a Covid-19 risk management plan and will action a COVID deep clean as required.
	Accepted and approved cleaning products in Oxvir and Diverclean are used.
	Frequent high touch point surface cleaning is undertaken multiple times daily -
,	lift buttons,
	door jams and door frames,
	door and cupboard handles,
	break out space / kitchen counters,
Increase environmental cleaning	• touch screens,
(including between changes of staff),	shared work equipment / instruments
ensure high touch surfaces are cleaned and disinfected regularly (at	dental chairs
least twice daily).	Tyro devices
	Information about workplace cleaning schedule and how to use cleaning products
	Clinical bays / surgeries cleaned in between patients by clinical staff (standard infection control)
	Information provided to clinical teams where appropriate.
	Non-clinical staff have been educated on cleaning practices and have access the detergent and disinfection wipes as required
	Shared staff spaces cleaned at regular intervals with staff taking ownership of their own environments, disinfectant / detergent wipes are made readily available for staff to use, cleaning service provider undertakes occasional desk cleans as directed.
Ensure adequate supplies of cleaning products, including detergent and disinfectant.	Products required for thorough cleaning identified List (including alternate products) maintained by Logistics team Supplies of cleaning products monitored includes regular restock via Logistics team

Guidance	Action to mitigate the introduction and spread of COVID-19
Physical distancing and limiting workplace attendance	
Ensure that all staff that can work from home, do work from home.	 DHSV has adapted working arrangements to enable working from home: Working from home approval process OHS checklist for work from home set up Provision of IT equipment and office equipment Remote IT access to work folders/intranet

Guidance	Action to mitigate the introduction and spread of COVID-19
	Regular assessment of staff in attendance at the workplace to determine whether they are required to be there Daily review based on restriction levels and clinical services operating. Information communicated directly to staff required to work from home.
	One site located at 720 Swanston Street.
Establish a system that ensures staff	Action taken to ensure staff are not working across multiple settings:
members are not working across multiple settings/work sites.	Worker Declaration Form developed and is provided to staff who need to declare other Work Premises, form also located on the DHSV Intranet
	Managers retain and forward a copy of the Worker Declaration Form to Workplace Relations for record keeping
	Systems established for screening:
	Temperature checks and COVID symptoms questions at building entry points for all staff, visitors, patients, students, University of Melbourne staff, contractors and visitors.
Establish a system to screen	Patients, carers and visitors' to complete a COVID screening questionnaire before entering the hospital
employees and visitors before accessing the workplace. Employers cannot require employees to work when unwell.	Staff advised and provided with written information to not attend the workplace if they are unwell/ being tested for coronavirus, caring for someone with coronavirus, and that they must notify employers if they are a positive case.
	Employees who test positive are required to notify their manager and isolate for 7 days, and return after their 7-day isolation pending symptoms have resolved.
	Close contacts are to be Rapid/PCR tested when notified and again on day 6 and can return to work after 7 days if Rapid test is -ve and they have no symptoms.
·	Building reconfiguration completed:
	 Rearranged, removed and cordoned off furniture in common areas to ensure physical distancing,
Configure communal work areas so that there is no more than one worker	 Staggered seating so staff are not facing one another on break, single seating has been implemented with markings on the floor at 1.5m apart.
per four square meters of enclosed workspace, and employees are spaced at least 1.5m apart. Also	 Density quotient or cap identified for each area (i.e. one person per 4sqm) and signage being installed to reflect the new limit and capacity requirements
consider installing screens or barriers.	 The number of people allowed in shared staff spaces is limited to no more than density quotient allows (one person per four square meters).
	 Control barriers and signage are implemented to control persons in flow, in particular in the higher risk or populated areas where congestion could be at risk.
Use floor markings to provide minimum physical distancing guides between workstations or areas that are likely to create a congregation of staff.	Areas that require floor marking identified and actioned: Stairwell Building entry Lifts Kitchen areas, Printer collection areas Corridors Break out rooms Change room Corporate office Ground floor Waiting rooms Clinical treatment areas

Guidance	Action to mitigate the introduction and spread of COVID-19
Modify the alignment of workstations so that employees do not face one another.	Realignment of ground floor workstations: Reconfigured so that employees do not face one another Adequately spaced from each other, including the implementation of shields or barriers where appropriate Identify which remaining workstations throughout the building need to be modified
Minimise the build up of employees waiting to enter and exit the workplace.	 Staff, student and patient flow reviewed and the following implemented: Allocation of different doors for entry and exit for staff, patients and students Use floor markings to provide minimum physical distancing guides at entrances and exits Electronic proxy card entry, opening door handle with elbow and pushing door open. Some doors just require pushing after proxy card, so arm or shoulder needs to be used. Alcohol based hand rub are made available at all entry points for staff to use before and/or after opening door.
Provide training to staff on physical distancing expectations while working and socialising (e.g. during lunchbreaks).	 Staff on site advised of work practice changes to maintain physical distancing Reinforced / repeat messaging to staff that physical distancing needs to be maintained during work and during social interactions via management staff, daily huddles / meetings, CEO updates and DHSV Daily update. We follow the DHHS/State/Federal guidelines as promoted.
Review delivery protocols to limit contact between delivery drivers and staff.	 Correspondence issued to all contracted services. Signage posted at drop-off points indicating the procedures. Phone contact procedure established when attending site. Electronic invoicing and dockets. Signage displayed for delivery drivers. Designated drop off areas identified.
Review and update work rosters and timetables where possible to ensure temporal as well as physical distancing.	 Work rosters amended to include: Staggered start and finish times, shifts and break times, to reduce usage of common areas at the same time. Staff advised to minimise time on breaks in shared facilities with others. Currently considering cohorting of staff to ensure there is no contamination (mixing) of staff across different shifts Use of Microsoft TEAMS for rostering
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.	 Maximum occupancy of areas that are open to the general public determined. Signage placement.

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.	 Processes established: Electronic Security system platform allows a quick report to be run to identify those issued with access cards in attendance on site. Up-to-date contact details for all staff maintained including mobile numbers for sending staff text messages Collecting and storing information Records are only used for tracing COVID-19 infections when required and are stored confidentially and securely.
	 Records of visitors' names, phone numbers and date of visit collected

Guidance	Action to ensure effective record keeping
Provide guidance to staff on the effective use of the workplace OHS reporting system (where available).	 OHS reporting system established: Victorian Health Incident Repotting System (VHIMS) Existing system staff are familiar with including policy, procedure and training program.

Guidance	Action to prepare for your response
Preparing your response to a suspected	d 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.	 DHSV's Business Continuity Plan sets down roles and responsibilities of key staff in emergency situations. Key clinical and operational functions are documented and, in the event, that specific staff are unable to attend the workplace, alternative staff can access the documentation with the view to delivering the required functions. A number of key functions are delivered by external parties including cleaning, security and some maintenance functions. DHSV has contracts in place with each of these key suppliers. In the event that DHSV is unable to deliver services from its primary location (RDHM), services can be delivered to the public via the network of Community Dental Agencies DHSV has established communication protocols & in the event of a positive case, we are able to ensure appropriate messaging is delivered to key stakeholders. For our staff we have established a SMS protocol and for external organisations email will be utilised. DHSV holds at any particular time nominal perishable stock as such the impact of a shutdown will not be significant. The only critical area is in relation to some pharmacy stores where these are regularly monitored, and stock lines have appropriate use by dates.
Prepare to assist DHHS with contact tracing and providing staff and visitor records to support contact tracing.	No longer required
	Cleaning and disinfection processes established:
Prepare to undertake cleaning and disinfection at your business premises. Assess whether the workplace or parts of the workplace must be closed.	 Process for the cleaning and disinfection of employee's workspace and high touch surfaces, including use of service providers established and managed by Facility Manager. Determining whether closure or part closure of the business and/or implementation of other control measures are required to manage risk recommended to DHSV Executive by the COVID oversight and response Group. Once approved, managed by the COVID Oversight and Response Group.
	 Where a case is confirmed to have been in the workplace, cleaning is undertaken in accordance with DHHS guidance. DHSV will undertake a risk assessment to determine whether the worksite (or part of the worksite) should be closed. Where a confirmed case is present at the workplace in the 48 hours
	prior to the onset of symptoms or while symptomatic, DHSV will take all practicable steps to manage the risks posed by the suspected case, including cleaning the affected employee's workspace, areas where they attended and high-touch surfaces. The Cleaning process is adjusted to the current guidelines

Guidance	Action to prepare for your response
Prepare for how you will manage a suspected or confirmed case in an employee during work hours.	 Managing a Confirmed case, Close contact, Casual contact. Appropriate areas identified to isolate staff members Communication with the employee about the requirement to self-isolate and be tested undertaken by Manager or Infection Control Consultant This includes arrangements to isolate and transfer an unwell staff member immediately from the premises to go home and get tested An employee suspected to have COVID-19 is to be supported to travel home immediately OR to isolate at work if unable to travel home immediately. If isolating at work, the employee must wear a mask and be physically distancing from all other staff persons. The Manager must request that an employee undergo a COVID-19 test and self-isolate. The Infection Control Consultant has responsibility for ensuring entry of details into VHIMS.
Prepare to notify workforce and site visitors of a confirmed or suspected case.	 Notification to the workforce Maintenance of a list with the contact details and date of attendance of visitors to the workplace, including staff, students, tenants and patients The Infection Control Consultant coordinates quick communication with visitors to a workplace where there is or has been a suspected or confirmed case For a confirmed case, the Infection Control Consultant will coordinate informing staff, patients, students, visitors and workplace inspectors who are: Close contacts: > 4hrs get tested and isolate for 7 days, retest on day 6. Casual contacts: to monitor for symptoms or to get tested if concerned.
Confirm that your workplace can safely re-open and workers can return to work. When required	 Confirmation that the workplace is safe to reopen, in line with advice from DHHS, is assessed by the COVID Oversight and Response Group and approved by the DHSV Executive. DHSV may reopen the worksite once they have assessed that all required measures within the directions have been completed (unless in a high-risk workplace setting). The Infection Control Consultant will confirm when a staff member (whether a suspected or confirmed case) does not have COVID-19 before returning to physical worksite The Infection Control Consultant and OHS Consultant will coordinate notification to DHHS and Worksafe that the site is reopening upon approval from DHSV Executive.
Vaccination Requirements	 COVID-19 Vaccinations All staff are required to provide evidence they have received their 2nd /3rd dose of the COVID-19 vaccine by the required date this includes: Digital copy of COVID-19 digital Certificate uploaded on the system. Where proof of a medical exemption as defined by ATAGI, applies the person of interest will be deployed to an area of non-patient contact. This will be managed by the Infection Control Consultant and stored in a secured database.

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

COVIDSafe Plan Version 6.0

Review Date 24 February 2022

Signed ____

Name: Mark Sullivan, Chief Operating Officer