

YOURBRIDGE CARES - COVID-19 SAFETY MANAGEMENT PLAN

This COVID-19 Safety Management Plan has been developed in consultation with staff and management of YourBridge Home & Community Care Services Pty Ltd. This Plan may be updated or amended as restrictions and advice changes. YourBridge Cares staff and participants must follow the current COVID-19 Public Health Orders and also manage risks to staff and other people in accordance with occupational Health and Safety laws.

GUIDELINES	ACTIONS
Wellbeing of staff and visitors	
Staff, volunteers and visitors	<p>Staff</p> <ul style="list-style-type: none"> • Masks are compulsory for all people attending YourBridge Cares residential facilities. • regularly communicate with all team members regarding the requirement to not attend the practice if they have any symptoms consistent with COVID-19, regardless of how mild. • check the temperature of each practice team member on commencement of work. Where the person registers a temperature >37.5°C they will not enter the practice and will be asked to seek further medical review • If symptomatic, staff must stay home, take a rapid antigen test, or a PCR test and receive a negative test result before returning to work. • support any team member who tests positive for COVID-19, or is identified as a close contact or is required to self-isolate – including by making them aware of their leave entitlements. • Designated & trained staff members ready to check temperatures and screen visitors/clients to ensure hands are sanitized before start. • All staff self-screen daily before starting their shift and sign in as screened and body temperature recorded on shift report book. • Staff must send evidence of their vaccination status to service manager, including a record of their third dose. • where a staff member typically works across a number of sites within the organization, minimize movement between sites by scheduling shifts at one location (where possible) • require all team members to thoroughly clean communal items (eg cutlery) immediately after use by washing with hot water and detergent or by placing them in the dishwasher to be washed on the hottest possible setting <p>Visitors/Volunteers</p> <ul style="list-style-type: none"> • All visitors to premises are required to wear face mask indoors unless they hold a valid exemption. • All visitors are required to make appointments prior to visiting any residential facility. • All Visitors will be temperature checked by staff • If excluded, advice to test and self-isolate immediately
	<ul style="list-style-type: none"> • All staff have completed compulsory online training. <ul style="list-style-type: none"> ○ COVID-19 infection control online training ○ Donning and doffing PPE in primary care

Responding to a positive case, or close contact, in the practice team

- A confirmed positive diagnosis of coronavirus in one or more staff or residents of a disability residential service is an outbreak. It must be managed to prevent further exposure and transmission of COVID-19.
- notify the following as soon as possible after becoming aware of a confirmed case of COVID-19 in the service:
 - NDIS Quality and Safeguards Commission - complete and submit the COVID-19 Notification of event form
 - A Notifiable Incident must be reported to WorkSafe within 48 hours when COVID-19 is confirmed in any person who has been at the worksite
 - The Health and Safety representative at the work premises
- If a client tests positive with a RAT:
 - support the client to complete the RAT positive result
 - Ensure they (and their family/guardian where relevant) are aware of their diagnosis and ask them to isolate in their room if not already isolated. If their room is a shared room, remove the other client(s) into a different room(s) if possible.
 - Staff should wear eye protection, N95/P2 mask, long-sleeved impermeable gown and gloves when providing care to clients who have COVID-19 during their 7 days of isolation and for any days afterwards where the client still has symptoms.
- When the person with COVID-19 is a staff member:
 - Collect information on the dates and times of shifts worked during the staff member's infectious period.
 - Obtain information from the staff member and records about the contact they had with staff and clients during these shifts.
 - Use the Covid-19 risk assessment matrix to assess the risk of exposure to staff and clients who interacted with the person with COVID-19. When using this matrix, you will need to consider:
 - The PPE worn by the staff and clients who were potentially exposed to the case and the PPE worn by the case (person who has COVID-19).
 - The cumulative duration of contact the person with COVID-19 had during their infectious period with each staff member and client. This includes contact over multiple shifts.
 - How physically close the person with COVID-19 was to each staff member or client (for example, within 1.5m)

Question Guide for when the person with COVID-19 (case) is a staff member:

Question	Prompts / guidance
<i>Staff member reference</i>	<i>Confidentiality and secure storage of this information.</i>
<i>Date of symptom onset</i>	
<i>Date of positive test collection (RAT or PCR)</i>	
<i>When did their infectious period start?</i>	<i>Date – this is from 2 days before they started having symptoms or tested positive (whichever came first)</i>
<i>Dates and times worked with clients during infectious period</i>	<i>List all</i>
<i>What role did the person with COVID-19 perform on these shifts (e.g., personal care)?</i>	<i>Nature of their work? Do they provide personal care to clients (higher risk)</i> <i>or do they work in a role that has limited face-to-face contact (generally lower risk)</i>

<i>Did the person with COVID-19 have contact with clients or staff from another provider?</i>	<i>If yes, the other provider to be informed so that they can do their own risk assessment</i>
<i>Are there clients that the person with COVID-19 provided prolonged care for?</i>	<i>If yes, these clients will be considered to have a high-risk exposure</i>
<i>Are there clients with wandering or difficult behaviors?</i>	<i>If yes, consider this may have changed the nature of interactions with the staff member?</i>
<i>Did the person with COVID-19 attend face-to-face handovers at beginning or end of shift?</i>	<i>If yes, nature and duration of interaction, and PPE worn by other staff to be considered</i>
<i>Where did the person with COVID-19 take meal breaks? Did they eat with other staff or the client(s)? Were there other staff or clients unmasked in the area at the same time?</i>	<i>If yes, nature and duration of interaction, and PPE worn by other staff to be considered.</i>

Question guide for when a client has COVID-19

Question	Prompts / guidance
<i>Client reference</i>	<i>Confidentiality and secure storage of this information.</i>
<i>Symptom Onset</i>	<i>Noting that some clients may not actively report symptoms, review the clinical notes to assist with establishing symptom onset date (if relevant).</i>
<i>Date of positive test collection (RAT or PCR)</i>	
<i>When did their infectious period start?</i>	
<i>What level of care is required for this client? Is personal care required?</i>	<i>If yes, staff may be considered to have a high-risk exposure, depending on the PPE they were wearing during the client's infectious period.</i> <i>Confirm on shift report book to determine which staff provided care to the case and for how long.</i>
<i>Did any staff have a sleepover shift where the client lives and/or provided care to the client?</i>	<i>Nature and duration of interaction, and PPE worn by staff to be considered</i>
<i>Did the residence have any visitors during their infectious period?</i>	<i>If yes, inform the visitor/s of their exposure.</i>
<i>Did the client have any health professionals attend during their infectious period?</i>	<i>If yes, inform the healthcare provider of their exposure.</i>
<i>Did the client leave the service during their infectious period, including to attend a healthcare appointment/hospital or for any other reason?</i>	<i>If the case attended a healthcare appointment/hospital while infectious, the service will need to inform that organization</i> <i>Any social contacts outside of the service will need to be informed</i>

Testing Low risk contact clients	Clients who are low risk contacts should be:
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	<p>Monitored daily for symptoms for 7 days following the last date of exposure and supported to do a RAT test every second day.</p> <p>If any client develops symptoms, they should have a PCR or RAT test, be isolated in a single room, and be cared for using eye protection, N95/P2 mask, long-sleeved impermeable gown, and gloves.</p> <p>If they test negative on a RAT, they should have a PCR test and should remain under precautions until their symptoms resolve. *The last day of exposure is day 0</p>
Moderate risk contact clients Testing	<p>Clients who are moderate risk contacts should have the following tests:</p> <p>When possible, initial PCR or RAT test which should be at least 24 hours following their last exposure. RAT test every second day for 7 days.</p> <p>If any client develops symptoms, they should have a PCR test (preferred) or RAT, be isolated in a single room, and be cared for using eye protection, N95/P2 mask, long-sleeved impermeable gown, and gloves.</p> <p>If they test negative on a RAT, they should have a PCR test to exclude COVID-19 and should remain under precautions until their symptoms resolve.</p> <p>*The last day of exposure is day 0</p>
PPE	<p>Amber zone precautions:</p> <ul style="list-style-type: none"> • When providing care to clients, staff should wear eye protection, N95/P2 mask, long-sleeved gown, and gloves. Change gowns when close personal care has been provided or if the gown becomes soiled. Change gloves between client contact and practice good hand hygiene between glove use. • Staff should wear eye protection and N95/P2 mask when in the client’s residence. • If all client contacts in the service are moderate risk contacts and return an initial negative test result following their last exposure, the service can step-down to yellow zone precautions. <p>Yellow zone precautions:</p> <ul style="list-style-type: none"> • Staff should wear eye protection and N95/P2 mask when in the household. • If all client contacts in the service are moderate risk contacts and have returned a negative day 6 test, the zone can step-down to COVID precautions only. <p>For clients:</p> <ul style="list-style-type: none"> • Where possible, moderate risk contact clients should wear a surgical mask when out of their room for 7 days following their last exposure • Clients should maintain physical distancing from other clients as much as possible for 7 days following their last exposure. <p>NOTE: Do not wear a disposable gown while cooking or working near a heater, as gowns are highly flammable. Maintain physical distancing from others when near a heat source and not wearing a gown.</p>
Quarantine	<p>Amber zone precautions:</p>

	<ul style="list-style-type: none"> • Moderate risk contact clients should quarantine in their household until all client contacts in their household have returned an initial negative test result. • Amber zone precautions apply initially. They apply to the household. • If all client contacts in the household are moderate risk contacts and return an initial negative test result following their last exposure, the service can step-down to yellow zone precautions. <p>Yellow zone precautions:</p> <ul style="list-style-type: none"> • Clients who are not in quarantine should be monitored daily for symptoms. • If all client contacts in the household are moderate risk contacts and have returned a negative day 6 test, the household can step-down to COVID precautions only
<p>Management for Clients who have COVID-19</p>	<ul style="list-style-type: none"> • The clients should be managed in their own single room, which should be managed in red zone precautions until the client is cleared from isolation. • Sleepover shifts should be changed to wake over shifts • Staff should wear eye protection, N95/P2 mask, a long-sleeved impermeable gown* and gloves when entering a red zone. • A separate donning/doffing station should be set-up outside the client’s room. • The client should not be retested during their isolation period. • The client will be cleared from isolation 7 days after the date of their first positive test <ul style="list-style-type: none"> ○ They do not need to be retested to leave isolation. ○ Clients should remain separate from other members of the household if they have ongoing symptoms • If the client needs to leave their room (for example, for urgent medical care), they should wear a mask (where possible). • Arrange appropriate clinical care with their regular GP if required. • If the client requires transfer to hospital for clinical care, please notify the ambulance provider that the client has COVID-19 and ensure the receiving hospital is aware of the transfer. • Wherever possible staff members should be assigned to only care for the case/cases and not care for other clients. If this is not possible in situations of critical workforce shortage, strict measures and mitigation strategies must be followed, such as (if possible) providing personal care to the positive case/cases after providing care to non-positive clients, and not caring for unvaccinated clients at other services. • Staff who are caring for people with COVID-19 should be tested do a RAT test everyday. • Essential visits to the person with COVID-19 can occur if visitors are following the advice for visitor restrictions, including needing to wear appropriate PPE and being supervised with donning and doffing.
<p>Visitor restrictions during an outbreak</p>	<ul style="list-style-type: none"> • If a client is in quarantine or isolation, non-essential visitors should be restricted. • Essential visitors may include: <ul style="list-style-type: none"> ○ Visitors who provide personal care to a client including a partner-in-care that is needed to assist a client with their meals, personal hygiene, and behavior management. A partner-in-care is a person who has a close and continuing relationship with the client such as a family member,

	<p>loved one, friend or representative. There may be some clients who will only accept this care from a known care partner.</p> <ul style="list-style-type: none"> ○ Visitors who support clients who wander/display responsive behaviors related to dementia or cognitive impairment. Such visits may also reduce transmission. ○ Visitors who support mental health (including dementia) – this may include maintaining routines, and providing emotional support to help prevent loneliness, anxiety, fear, and depression. ○ Healthcare professionals and emergency services, including vaccination providers. <ul style="list-style-type: none"> ● When on-site, essential visitors must follow the same protocols and requirements as staff supporting the client (e.g. entry screening at residential services and wearing of appropriate PPE). ● All visitors should be assisted with donning and observed during doffing.
Physical distancing	<ul style="list-style-type: none"> ● Maintain physical distancing of more than 1.5 meters where possible ● Strategies include moving chairs and tables to encourage clients to sit more than 1.5 meters apart <p>Staff breaks:</p> <ul style="list-style-type: none"> ● Staff should avoid eating inside with a positive case. ● If there is a staff area within the setting, during breaks only one person should use the staff room while unmasked (e.g during eating and drinking). ● This may require rostering of meal breaks. ● Alternatively, weather permitting, staff can use an outdoor area for breaks. ● Staff should doff and discard PPE prior to eating. A doffing station should be established at the entry to the staff room. A donning station should be established inside the staff room, and staff should don PPE prior to re-entering the communal areas that require precautions. ● Staff should avoid using the same toilet and bathroom as clients with COVID-19. If only one bathroom is available, the toilet should be cleaned prior to use, and staff members should doff their gloves and gown prior to using the toilet. A doffing and donning station may be needed near the toilet area.
Hand hygiene	<ul style="list-style-type: none"> ● Frequent hand hygiene for staff and clients. ● Posters to be used as reminders. ● Appropriate placement of hand sanitizer. ● Staff to complete hand-hygiene education.
Laundry	<ul style="list-style-type: none"> ● Laundry from the affected case or zone must be collected and laundered separately ● Staff collecting laundry during an outbreak should wear PPE (P2/N95 respirator, eye protection, gown and gloves) ● If using a commercial laundry service, notify the service. Contaminated laundry must be placed in alginate bags and managed according to the commercial laundry’s policy for infectious laundry
Staff and clients who have recovered from COVID-19	<p>If a person who has recovered from COVID-19 is re-exposed to COVID-19 within 12 weeks after they have been cleared from isolation, they are not considered a contact and do not need to quarantine or be tested.</p> <p>They do not need to be tested for COVID-19 in the 12 weeks after they have been cleared from isolation, including as part of a workplace RAT surveillance program.</p>

Physical distancing Measures for everyday	ACTIONS
Physical distance and other controls to protect staff and visitors at physical interaction points	<ul style="list-style-type: none"> • Masks are compulsory in all indoor settings, including group meetings, and at organized outdoor events; • Hand sanitizer station at entry/exit • All visitors are screened before being allowed entry • Face Masks available for visitors who require; all staff provided with face masks.
Telephone or video platforms for essential meetings where practical.	<ul style="list-style-type: none"> • Virtual meetings established as normal procedure and alternative to face-to-face • All face-to-face meetings in office to be held with 4m2 rule and at least 1.5m distancing between persons
Regular cleaning/disinfecting of work vehicles used by staff	<ul style="list-style-type: none"> • Hand sanitisers at all Yourbridge cars. • Processes to clean the vehicle hand touch areas at the end of each use • Minimize number of staff sharing vehicle • If more than 1 person in vehicle, set air-conditioning to external • airflow rather than recirculation
Hygiene and cleaning measures for everyday	ACTIONS
Alcohol-based hand sanitizer at multiple locations throughout the workplace, including entry and exit points.	<ul style="list-style-type: none"> • Office staff are provided with hand sanitisers, soap and wipes. • Hand sanitiser in all workstations and meeting rooms • Hand sanitiser at entry/exit • Information on hand sanitizing best practice distributed and available on COVID-19 Staff Resources folder.
Disinfectant surface wipes to clean workstations and equipment such as monitor, phones, keyboard and mouse.	<ul style="list-style-type: none"> • Wipes available for use by all staff and supplies located at multiple locations around premises. • Minimize use of equipment to one person wherever possible • Staff have been provided with guidelines on cleaning and disinfecting their workplace, in accordance with guidance from worksafe
Workers instructed on other ways to limit the spread of germs, including by not touching their face, sneezing into elbow, and staying home if feeling sick	<ul style="list-style-type: none"> • Regular information disseminated to all staff • Posters displayed in high-traffic areas
Clean surfaces thoroughly, particularly all high contact areas such as doors, handles, kitchen surfaces, bathroom surfaces, printers, and lifts with appropriate cleaning agents.	<ul style="list-style-type: none"> • High contact areas and all regularly touched surfaces thoroughly cleaned throughout the day in the reception area, after visitor meetings and before use • staff are provided with wipes/cleaning products to clean tables in meeting rooms before and after seeing clients
Bathrooms are well stocked with hand soap and paper towels and posters up with instructions on how to wash hands.	<ul style="list-style-type: none"> • Bathrooms are stocked and replenished during the day as required. • Posters on hand washing in all bathrooms and other key messages
Clean frequently used areas at least daily with detergent or disinfectant.	<ul style="list-style-type: none"> • Frequently touched surfaces including photocopiers, phones and keyboards are regularly cleaned. • All staff have been instructed on how to clean meeting rooms following group meetings, as per Attachment A Office & Meeting

Clean frequently touched areas and surfaces several times per day	<p>Cleaning Protocol</p> <ul style="list-style-type: none"> A Cleaning Checklist for staff to complete and ensure that all contact areas, such as chairs and tables are cleaned thoroughly after each shift using the disinfectant surface wipes provided.
Maintain disinfectant solutions at an appropriate strength and use in accordance with the manufacturer's instructions.	Disinfectant solutions that do not require dilution available at all sites
Staff are to wear gloves when cleaning and wash hands thoroughly before and after with soap and water.	<ul style="list-style-type: none"> Disposable gloves supply for use by all staff during cleaning All staff have been instructed to wear gloves when cleaning
Environmental management	<ul style="list-style-type: none"> Enhance air flow by opening windows and doors in shared spaces (where and when appropriate) and optimizing fresh air flow in air conditioning systems (by maximizing the intake of outside air and reducing or avoiding recirculation of air) maintain a cleaning log.
Record keeping	ACTIONS
Record of name and a mobile number or email address for all staff, volunteers, visitors and Contractors	<ul style="list-style-type: none"> COVID-19 Screening & contact registration ready for visitor sign-in at reception via QR code All visitors contact information maintained in central record All screening forms, with visitor declarations, saved and stored securely Sign-in and temperature recorded in shift report book All staff, clients and visitors to register their attendance at premises maintain these records for a minimum of 28 days. Records are used only for the purposes of tracing COVID-19 infections and are stored confidentially and securely.
The Leadership Team will be acting as the Crisis Management Team.	<ul style="list-style-type: none"> Announcing the Outbreak at Work to Staff and External contacts required. The Leadership Team should meet frequently to direct and oversee the management of the outbreak Responsible to monitor the outbreak progress and initiate changes in response, as required To liaise with the state/territory Department of Health, as arranged.
Maintaining Flu and COVID-19 Vaccination Records for all staff	<ul style="list-style-type: none"> Collect data about staff who gets a Flu Vaccine & Covid-19 Vaccine

Color Coded Zones

Green zone Clients and staff with no coronavirus (COVID-19) risk factors

Yellow zone Low risk contact clients, not in quarantine

Amber zone Close contacts in quarantine or patients who are suspected coronavirus (COVID-19) cases and are in isolation.

Red zone Confirmed coronavirus (COVID-19) cases who have not met department clearance criteria.

Plan Review updates

Workforce response service

If because of an outbreak YourBridge cares exhausts its workforce, the management will RCSA Workforce Response team by email or phone:

- **1800 943 115**
- **NDISworkforce@rcsa.com.au.**

[Recruitment, Consulting and Staffing Association](#) (RCSA) provides a workforce concierge service to link NDIS service providers to temporary staffing agencies (RCSA members). The concierge service is available to NDIS service providers who have exhausted their normal workforce supply options.
about the service

Cleaning Protocol

(Refer to the Covid-19 Cleaning Guideline Guidelines for more details)

Staff will be required to clean all used work areas and client spaces after use.

PPE provided for staff use:

- Disposable Gloves – discarded after each clean
- Face Mask

Equipment onsite for cleaning:

- Paper towels / disposable cloth/ disposable wipes
- All disinfectant products are alcohol-based at least 70%

Recommendations for cleaning practice for all staff:

1. Clean hands immediately after removing gloves using soap and water or hand sanitiser.
2. 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.
3. 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 (on the bottle).
4. Any cleaning methods that may disperse the virus or create droplets, such as using pressurized water, pressurized air (including canned air cleaners), dry cloth and dusters should be avoided
5. Rooms or areas of the office that are not in use do not require cleaning i.e. closed off meeting rooms
6. Any shared technology equipment must be cleaned before and after its use. Use the cleaning product recommended above. This includes electronic white boards, keyboards, computer mouses, monitors, laptops, terminals, iPads, touchscreen computers or any other technology equipment. Ensure not to douse the equipment with the cleaning product.

Waste Management

How to dispose of coronavirus waste

Studies into the known modes of transmission of coronavirus indicate that PPE from coronavirus patients doesn't need to be considered clinical waste under the [Clinical and related waste - operational guidance \(IWRG612\)](#).

Where waste PPE is soiled with blood or bodily fluids, or would otherwise be considered clinical waste under [Clinical and related waste - operational guidance \(IWRG612\)](#)

Rapid antigen tests (RATs)

Whether the test result is positive or negative:

- place the testing kit and its contents into the disposable bag and seal it
- place that bag into a second disposable bag and seal it
- place the double-bagged rapid antigen test into the general waste bin.
- Used rapid antigen tests may only be disposed of in general waste bins, they must not be placed in recycling bins.
- Recycle the cardboard packaging and instructions

Personal protective equipment (PPE)

- place the waste PPE into a plastic bag such as a bin liner and seal the bag
- place that bag into a second bag and seal that bag too
- dispose of the double bagged PPE in your general waste bin.

PPE waste must not be recycled or placed in the green waste bin.

Place the clinical waste into a dedicated yellow bag or a container or bin with a yellow lid and biohazard symbol.

follow these steps:

1. Place the clinical waste directly into a ridged clinical waste bin or in a double-layered yellow plastic bag (i.e. double-bagging), and clearly label it as clinical waste.
1. Bins should be almost full, or at least 50 per cent full, for collection. Do not compress the waste.
2. Ensure you tie-off the bags with knots facing upwards, and close bin lids.
3. Disinfect the lids, handles and top of the bins when you open, close and moved them.
4. After handling clinical waste wash your hands for at least 20 seconds, using soap and
5. water or use a hand sanitiser that contains at least 60 per cent alcohol.
6. Schedule the collection of the bins when they are almost completely full. This will help reduce the number of collections with small amounts of waste.

Arranging collection of clinical waste

Book a licenced clinical waste collector from [EPA Victoria website](#).