

## **Purpose:**

Able To Wellbeing is committed to providing a safe and healthy workplace and environment for all clients/participants, employees, contractors, visitors, students and other stakeholders. Able To Wellbeing recognises the importance of complying with the relevant legislation, regulation, and codes of practice applicable to our industry and roles. Able To Wellbeing follow the directives as provided by Queensland Health and the Department of Health and Ageing.

## **Scope:**

This applies to the board and all staff. Staff is inclusive of the executive team, leaders, managers, board members, workers, students, volunteers. This procedure is inclusive of COVID-19 as this is a respiratory condition.

## **Responsibilities:**

- *Board:*
  - Demonstrate leadership and a commitment to infection prevention and control procedures, and compliance with relevant legislation, supporting guidelines, policies and procedures.
- *Executive Managers:*
  - Demonstrate leadership and a commitment to infection prevention and control procedures, and compliance with relevant legislation, supporting guidelines, policies and procedures.
  - Allocate necessary resources to implement and maintain a safe working environment and infection prevention and control.
  - Monitor and review work health and safety performance regularly.
- *Supervisors and Team Leaders:*
  - Lead by example in promoting a safe work environment, both physically and emotionally.
  - Ensure that employees under their supervision are adequately trained in work health and safety and infection prevention and control procedures.
  - Investigate and report incidents promptly.
- *Employees/volunteers/students:*
  - Comply with all work health and safety and infection prevention and control policies, procedures, legislation and codes of practice.
  - Report hazards, incidents and near misses promptly.
  - Take reasonable care for their own health and safety and the health and safety of others.

## **What is a respiratory illness:**

There are many types of respiratory illnesses. Some impact on the upper airways, and others on the lower airways. Signs and symptoms of a respiratory illness include:

- Sore throat
- Cough
- Breathing difficulty
- Runny nose/nasal congestion

Some of these symptoms may occur with or without other symptoms. Other symptoms which may occur include:

- Headache, myalgia (muscle aches and pains), fatigue, diarrhoea, nausea/vomiting, loss of appetite, loss of smell or taste, increased work of breathing.
- A fever of  $\geq 37.5^{\circ}\text{C}$  or history of fever.
- For those who are elderly, need to consider new or increased confusion, change in baseline behaviour, falling, and exacerbation of underlying chronic illness.

Depending on the respiratory illness, the incubation period could be one to ten days. People with a respiratory illness are generally most infectious in the first few days of the onset of symptoms. Respiratory illnesses can be transferred via droplets, aerosols or indirect contact. For example, when you breathe in droplets which may occur when someone sneezes, coughs or speaks or it could be transferred by touching a surface that has been contaminated by someone who has the respiratory illness and then touching your eyes mouth or eyes.

Those who are at higher risk of complications from respiratory illnesses include:

- People aged over 60 years old.
- Pregnant women.
- Aboriginal and Torres Strait Islander People (from age 35 years and older).
- Pacific Islander People (from age 35 years and older).
- People with other illnesses including obesity, diabetes, serious cardiovascular disease, chronic lung disease (including severe asthma which has required hospitalisation in the last 12 months), severe chronic liver or kidney disease, active cancer, immunocompromised.
- Some people with a disability including those who have a disability which impacts on their lungs, heart or immune system.
- Residents of aged care or disability facilities.
- People aged 18 or older who are unvaccinated.

### **Impacts of respiratory illness:**

Respiratory illnesses have a possible or actual potential to cause harm to staff and clients/participants. Respiratory illnesses can impact on our business and workforce, and it is therefore imperative that we take steps, along with our partner agencies, to reduce the risk of infection. Ways in which our services or clients/participants may be impacted includes:

- Impacts to the physical, mental, social and emotional wellbeing of a person and those around them..
- Cause strain on the health care system and providers, including hospitals and general practice.
- Result in restrictions to a person's activities of daily living or work
- Increase stress and anxiety for those who have a respiratory illness, as well as for those around them. This can include being stigmatised.
- Possibility of increased mortality or morbidity.
- Impacts to the delivery of care and services.

- Increased need for infection prevention and control measures, including the use of personal protective equipment.

### Measures to support the reduction of the spread of respiratory illness (infection prevention and control):

#### *Personal protective equipment:*

Where the respiratory illness is not diagnosed or not yet assessed, a client/participant must be managed in line with airborne and contact precautions (as is with COVID-19). These precautions must remain in place until the causative illness is known, and the infectious period has passed. The QLD Health Acute Respiratory Infection – Infection Prevention and Control (version 2.3.5 January 2024) outlines the incubation period and infectious period. Please refer to this document for the most up-to-date information which is available from [Clinical guidelines | Queensland Health](#) .

Airborne precautions include the use of standard precautions as per Table 1. Please ensure you review the Acute Respiratory Infection – Infection Prevention and Control (version 2.3.5 January 2024) available from [Clinical guidelines | Queensland Health](#) for the most up-to-date information. In particular, please see table titled ‘*hospital and other healthcare services, community health services, in-home care settings and correctional services. Recommended PPE escalation according to facility or HHS recommendations*’.

*Table 1 – Standard and Airborne precautions*

<b><i>Standard precautions</i></b>	<b><i>Airborne precautions</i></b>
Hand hygiene (five moments for hand hygiene)	P2/N95 respirator
Appropriate personal protective equipment	Gown/apron
Safe use and disposal of sharps	Protective eyewear
Routine environmental cleaning	Clean equipment and surrounds with a neutral detergent followed by disinfectant or 2 in 1 clean and disinfectant (please refer to manufacturer guideline first)
Respiratory hygiene and cough etiquette	Where possible, reduce the number of workers servicing the client/participant and request visitors of client/participant to remain in a different room whilst services are being delivered
Aseptic technique	
Waste management	
Appropriate handling of linen	

#### *Risk assessment:*

It may be necessary to conduct a risk assessment of the client/participant home. This should not just include a review of the clients/participants condition, but also environmental factors, visitors, other carers, other service providers, risk of not delivering services and anything else that is relevant to the client/participants care.

### *Vaccination:*

Staff, clients and participants should be encouraged to have their annual flu vaccination. However, Able To Wellbeing acknowledges that some people may not be able to have a flu vaccination due to adverse health outcomes or cultural or religious reasons. For staff, this will be discussed on a case-by-case basis and may include obtaining evidence from a medical practitioner.

Able To Wellbeing also encourages staff, clients and participants to keep up to date with their state COVID-19 vaccination requirements. Staff, clients and participants must have the minimum number of COVID-19 vaccinations however, where there is a genuine medical reason which may prevent staff from having the COVID-19 vaccination, this will be evidenced in writing by a medical practitioner. Exemptions on the ground of cultural or religious will be considered on a case-by-case basis, however the overarching requirements and hierarchy of application will be based on state-based regulations.

### *Audits:*

We will at times, conduct planned or unscheduled audits on our personal protective equipment storage as well as a review of staff practices. Data will also be analysed and reviewed regularly to identify any trends or patterns.

### *Education:*

All staff will receive mandatory infection prevention and control training when onboarded, as well as annually at a minimum. Staff will also educate clients/carers and their significant others around infection prevention and control processes.

### *Respiratory hygiene and cough etiquette:*

There may be times staff need to cough or sneeze, and it is important that hygiene and etiquette are applied to reduce the risk of infection.

The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) (National Health and Medical Research Council) states that respiratory hygiene and cough etiquette includes:

- Cover the nose/mouth with a tissue (disposable, single use). This includes when coughing, sneezing, wiping and blowing the nose.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste bin.
- If no tissues are available, then cough or sneeze into your inner elbow rather than your hand.
- Complete hand hygiene after contact with respiratory secretions and contaminated objects/materials.
- Keep contaminated hands away from the mucous membranes of the mouth, eyes and nose.
- In confined spaces, clients/participants with respiratory symptoms should not be around other people whilst the service is being completed.

*Client/participant education:*

Education will be provided to clients/participants on admission to Able To Wellbeing in relation to infection prevention and control particularly as it relates to respiratory illness and COVID-19. Where a client/participant is admitted into the care of another provider, then it will be the responsibility of that provider to provide this education.

*Use of PPE:*

Able To Wellbeing will provide staff with the required PPE. For clients/participants requiring PPE, this is to be discussed with the relevant case manager to determine if funding will cover the costs of PPE, or if this is a cost to the client/participant.

**Supporting staff with a respiratory illness including COVID-19:**

Staff who have symptoms of a respiratory illness should not attend work so as to reduce the risk of infection to others. Where staff are able to work from home, this will be accommodated. Where staff are asymptomatic but may have been exposed to a respiratory illness, they may continue to work so long as they are asymptomatic. However, if staff become symptomatic, they must notify their line manager and leave work immediately.

For COVID-19, please follow Table 2, however to ensure most recent information please review the Acute Respiratory Infection – Infection Prevention and Control (version 2.3.5 January 2024) available from [Clinical guidelines | Queensland Health](#).

*Table 2 – precautions for COVID-19*

Close Contact <sup>1</sup>	<ul style="list-style-type: none"> <li>• If no symptoms, monitor for onset of symptoms.</li> <li>• Follow additional measures for five days: <ul style="list-style-type: none"> <li>• Wear a surgical mask.</li> <li>• Reduce circumstances mask is off and maintain 1.5m separation from others where mask is off.</li> <li>• Consider breaks outdoors.</li> </ul> </li> </ul>
Diagnosed case and returning to work	<ul style="list-style-type: none"> <li>• At least seven<sup>2</sup> days since either the onset of symptoms or a positive COVID-19 test (whichever was first)</li> <li>and</li> <li>• Acute respiratory symptoms and fever have resolved.</li> <li>and</li> <li>• Able to comply with any additional infection control measures required</li> </ul>

<sup>1</sup> See Acute Respiratory Infection – Infection Prevention and Control (version 2.3.5 January 2024) available from [Clinical guidelines | Queensland Health](#) for definitions of close contact.

<sup>2</sup> The Department of Health and Ageing recommend that the minimum period for not attending work if positive to COVID-19 is seven days in comparison to QLD Health who recommend five days. To ensure safety of our clients/participants, seven days will be the standard.

## **Supporting clients/participants with a respiratory illness including COVID-19:**

Where a client/participant has a respiratory illness or COVID-19, delivery of services which are necessary for the health and safety of the client/participant must continue where it is safe to do so and in line with the State's orders.

The number of workers servicing the client/participant must be limited to reduce exposure, and personal protective equipment must be worn.

It may be necessary to consider during the time the client/participant has COVID-19, what are the essential services and only those be delivered until the client has recovered.

## **Legislation:**

The relevant legislations or guidelines that apply are listed below. This list is not exhaustive and is relevant as at the time of the development of this Policy. This list may change at any time and will be updated on the next schedule review or sooner where required.

- Department of Health and Ageing - [Coronavirus \(COVID-19\) pandemic | Australian Government Department of Health and Aged Care](#)
- Queensland Health Clinical Guidelines - [Clinical guidelines | Queensland Health](#)
- [COVID-19 information for service providers, workers and volunteers | People with disability | Queensland Government \(www.qld.gov.au\)](#)

## **Resources:**

- [Standard and transmission-based precautions posters | Australian Commission on Safety and Quality in Health Care](#)
- [Clinical guidelines | Queensland Health](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare | Australian Commission on Safety and Quality in Health Care](#)
- [COVID-19 advice for in-home aged care providers | Australian Government Department of Health and Aged Care](#)
- [Viral respiratory infections - including symptoms, treatment and prevention | SA Health](#)
- [Respiratory viruses - Fact sheets \(nsw.gov.au\)](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\) \(magicapp.org\)](#)
- [Acute Respiratory Infection – Infection Prevention and Control \(health.qld.gov.au\)](#)

## **Review:**

This policy will be reviewed in two (2) years' time from the last version date, or sooner should there be any changes to the legislation or an identified need.

**Version History:**

Version number	Date	Who	Summary of changes
1.0	11/12/2024	Chief Executive Officer	Creation of Work Health, Safety and Wellbeing Policy
2.0	30/11/2024	Director	Review of content, formatting and checking links