Rationale

This process is in place in case of a positive case of COVID-19 confirmed case in the facility. It sits alongside the COVID-19 Safe Strategy OSP-RM-032 and our comprehensive Risk Management Policy OSP-RM-001, Stringent Infection Prevention and Control program, Contingency Plan RM-021-WI002 and Transmission based precautions RM-004-SC1.21 which underpin our health and safety management. It identifies the process that will take place if there were a positive case in our facility. It outlines contact tracing and defines close contacts and environmental cleaning processes. This will ensure the effective management and safety of our staff, psychologists and clients.

The main steps of the process are set out below under Summary - What to do if a member of staff, psychologist, client or visitor tests positive for COVID-19, Summary – Environmental cleaning and Checklist for healthcare service when there is a confirmed case of COVID-19.

Purpose

Dr. Tania Pietrzak Psychological Services has a duty of care to protect the health and safety of clients, staff and others within the organisation.

This will be achieved through a comprehensive, effective COVID-19 Positive Case Policy which complies with relevant State and Federal Legislation and Australian Standards/guidelines. It will promote the health, safety and well-being of persons attending our clinic. It outlines processes that will take place in the event we have a confirmed or suspected case of COVID-19 and the impact of this case/s on the clinic.

Summary – What to do if a member of staff, psychologist, client or visitor tests positive for COVID-19

The Department of Health will be involved in tracing close contacts of a confirmed case of COVID-19 and this usually will result in the clinic being contacted. If we are contacted by a client, visitor, psychologist or a staff member and notified of a positive test result, the director will contact the Department of Health.

To assist the Department in their investigation lists will be complied of staff, psychologists, clients and visitors that were in the facility at the same time as the confirmed case, particularly noting people that would meet the criteria of a close contact.
A close contact is defined as requiring:
• face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case
or
• sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.

Healthcare workers and other contacts who have taken recommended infection control precautions, including the use of full PPE, while caring for a symptomatic confirmed or probable COVID-19 cases are not considered to be close contacts. However, they should be advised to self-monitor and if they develop symptoms consistent with COVID-19 infection they should isolate themselves

If close contacts are identified, the Department of Health will require those staff, psychologists, clients or visitors to self-quarantine for 14 days and monitor for symptoms. If symptoms develop during this time, testing will be necessary.

Self-quarantine
This means **remaining at home** except in cases of medical emergency. This means a person recommended to self-quarantine:
• must not leave their home (brief exercise permitted if social distance is adhered to)

•must not visit public settings or mass gatherings.

• must not use public transport.

• must not attend settings like health services, residential aged care facilities or educational settings.

COVID-19 Safe Strategy

Testing

As per government directives:

If during the self-quarantine period symptoms develop, testing is required.

All close contacts will be tested prior to the end of their quarantine period (generally at day 11). A negative test result will be required prior to the department issuing clearance for a person to exit quarantine. Dr Tania Pietrzak Psychological Services will need a copy of the staff, psychologists, clients or visitors test results in order for the individual to return to the premises.

Staff and psychologists that have been working in the facility and have potentially been exposed are advised to:

• Not work at another location until the outbreak has resolved />14 days have elapsed since the contact with the confirmed case without development of symptoms

• Self monitor for signs and symptoms of respiratory illness even if correct PPE has been worn and not attend work if they feel unwell and if unwell, seek testing.

NB:At Dr Tania Pietrzak Psychological Services compulsory temperature screening for all staff and psychologists at the commencement of every clinic day is in place along with standard client / visitors attending the clinic.

PPE risk matrix

Where the contact and/or case are using PPE, a risk assessment should be performed to determine whether the contact should be designated as a close contact. Factors that may be considered include

• Case details: presence of symptoms and timing of exposure in relation to symptom onset

• Contact details: physical distancing, length of exposure time either directly to the case or within a shared environmental space

• PPE: use of PPE by the case, appropriate PPE use and any reports or suspicion of PPE breaches

• Environment: if aerosol generating procedures were performed, use of shared equipment and use of communal spaces (e.g. tea rooms or work stations)

• Staff mobility: if staff work across multiple facilities or are highly mobile within the facility (e.g. security guards or cleaning staff)

Risk Matrix for Assessment of Healthcare worker COVID-19 workplace exposure

From the period 48 hours before onset of symptoms until the case is deemed no longer infectious Contact PPE:	Aerosol generating procedures	Close Contact 15 min or more cumulative at less than 1.5m distance OR Greater than 2 hrs in closed space	Limited Contact Less than 15 mins cumulative at less than 1.5m distance OR Less than 2 hrs in closed space
No PPE	High Risk	High Risk	Individual Risk assessment
Surgical mask only	High Risk	High Risk	Low Risk
Mask and shield only	High Risk	Individual Risk assessment	Low Risk
Full PPE N95 (AGPs) or surgical mask (routine cases) gown, gloves, eye protection	Low Risk	Low Risk	Low Risk

| High risk	Low risk
• Quarantine for 14 days • Test if symptomatic at any time • Test Day 11 (no earlier than D11) • Negative result required for return to work	• Continue to work • HCW alert to mild symptoms • Test only if symptomatic

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Summary - Environmental cleaning

Joseph Kuat from Bizzi Beez is our professional cleaning service provider. They are adhering to the Australian Governments. "Coronavirus disease (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities", The Australian Commission for Safety and Quality in Healthcare resources and guidance on environmental cleaning - https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/environmental-cleaning-and-infection-prevention-and-control, Coronavirus (COVID-19) cleaning guidelines for workplaces – Information for business owners, managers and cleaners and tailored advice provided by Steam Consulting, our Infection Control Consultant, referenced throughout the policy. Dr Tania Pietrzak psychological services engages a professional cleaner once a week. In addition, all surfaces wiped down daily by staff.

The DHHS flow chart below indicates that cleaning of 'short stay' areas thoroughly with combined detergent and disinfectant of frequently touched surfaces is appropriate, however in areas where Aerosol Generating Procedures were performed or there was a risk of gross environmental contamination, the area needs to undergo terminal cleaning. (CLEANING SERVICES NAME) have advised that a terminal clean will take 2 days and therefore Dr Tania Pietrzak Psychological Services will be closed and not operational during this period. The detailed environmental cleaning process is outlined on the body of this policy.

(CLEANING SERVICES NAME) staff and management have been provided onsite training/education in donning and doffing PPE correctly. This was conducted by of DON. Documentation is kept with our education folios.

Cleaning and terminal cleaning when managing patients or RCF residents suspected/confirmed with COVID-19 flow chart
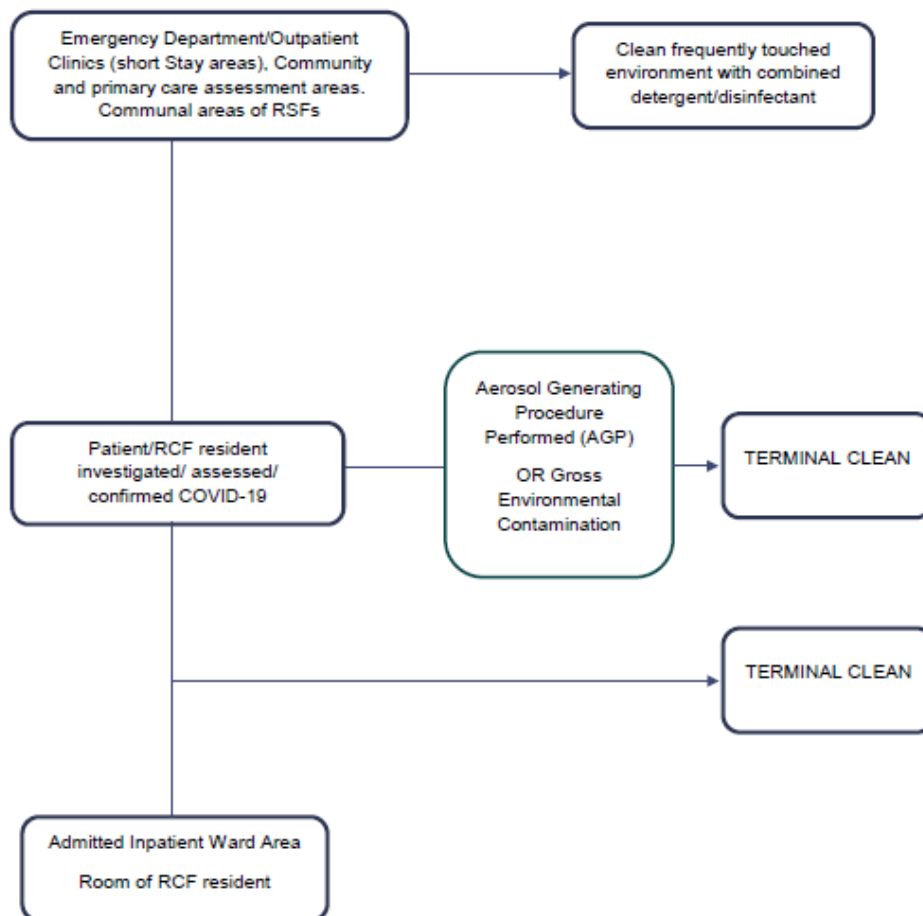
NB: Health care settings must comply with use of TGA compliant cleaning and disinfecting products and technologies

Roles and responsibilities

The Director and Practice Manager shall:

- Be abreast of relevant information released from government and industry bodies
- Develop appropriate policies, procedures, and processes consistent with legislative requirements, national standards/guidelines, and best practice.
- Consult with and educate employees through department meetings and emails on the development of any COVID-19 policies, procedures, and processes.
- Provide advice and direction on the implementation of any COVID-19 policies, procedures, and processes.
- Initiate change to COVID-19 Positive Case Policy as required.
- Declare an outbreak (potential/confirmed) in conjunction with DHHS
- Communicate with the Dr Tania Pietrzak Psychological Services community (staff, clients, psychologists, allied health, contractors etc)
- Provide a Media release (if deemed necessary)

Role of Department of Health and Human Services

The department will assist with:

• Performing a situation assessment and confirming the presence of an outbreak (if relevant).

• Notifying the employer if a staff member attended work while potentially infectious.

• Providing advice on measures to prevent further transmission in the workplace.

• Providing other specialist public health advice on other topics as needed.

• Conducting interviews with confirmed cases (or their next of kin or healthcare provider where relevant) and contact tracing in parallel with and supported by the healthcare service's investigation.

• Providing the healthcare service with a "Case and contact data spreadsheet template" to assist them in collecting information about clients and staff who have been in close contact with a case.

• Consolidating information collected by the department with that obtained by the healthcare service.

• Information management of test results and clinical information of close contacts and confirmed cases in the Public Health Events Surveillance System (PHESS).

• Making daily contact with cases (through SMS, email or telephone call) until they are judged to meet release from isolation / return-to-work criteria

• Making regular contact with close contact(s) of the case (through SMS, email or telephone call) to monitor for symptoms and advise on the need for testing, if relevant.

• Determining when healthcare workers should be tested for return-to-work clearance in consultation with the client and their treating doctor. Testing should be arranged by the healthcare worker's employer, the healthcare or aged care worker's treating doctor, or at a coronavirus assessment centre if testing by the treating doctor is not feasible. The client should inform the department of where they intend to be tested.

• Follow-up of clearance testing results and determining when the return-to-work criteria have been met.

• Provision of a letter (via email) to cases once they are judged to meet the return-to-work criteria that the healthcare worker can provide to their employer.

Role of Dr. Tania Pietrzak Psychological Services

In the event of a confirmed case *or* confirmed outbreak involving a staff member, psychologist, client or visitor the clinic will be responsible for the following:

• Notifying the department immediately on 1300 651 160 (including after hours).

• Nominating a staff member to be the point of contact with the department.

• In the event of a confirmed case or confirmed outbreak at the clinic (including among staff members), it is the expectation that the healthcare service will perform a rapid assessment of risk in the workplace and commence contact tracing functions where possible. Healthcare services should also implement immediate infection prevention and control measures.

• Assess practices are aligned to policies and procedures in order to identify potential breaches and shortfalls.

• In the event that a healthcare worker has worked while infectious, Dr Tania Pietrzak Psychological Services will identify healthcare services in which they worked and perform thorough contact tracing of all **clients**, **staff, psychologists and visitors** who have been in close contact with the case during their infectious period. Dr Tania Pietrzak Psychological Services will inform these people that they have been in close contact with a case and provide them with the necessary advice and information. While Dr Tania Pietrzak Psychological Services will need to identify all close contacts, the department can assist with contacting them.

• Providing the department with the information obtained from their risk assessment and contact tracing.

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• Maintaining an up-to-date case and contact list and sending this to the department at agreed times (e.g. every second day, depending on the situation). Use the "Case and contact data spreadsheet template" provided by the department.

• Notifying the department on 1300 651 160 as soon as possible (within 24 hours) if a confirmed case becomes critically unwell, requires intensive care admission or dies, or in the event of additional suspected or confirmed cases.

• The caller should specify that they need to speak to the **Case and Contact Sector Lead**.

• Facilitate testing of any healthcare worker for return-to-work clearance, where possible.

• Provide psychological support to the healthcare worker if required.

• Engage with and share findings of internal review of confirmed cases with Safer Care Victoria

• Notify WorkSafe. Engage with and share findings of internal review of confirmed cases with them. https://www.worksafe.vic.gov.au/report-confirmed-covid-19-diagnosis

Role of the treating doctor/doctor who has requested any COVID-19 testing
• It is the responsibility of the testing doctor (and the testing laboratory) to notify the department of any confirmed case of COVID-19 on **1300 651 160** or via the online form:

https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=novelcoronavirus

• It is the responsibility of the treating doctor to inform the case of their test result and advise them of the appropriate actions they must take (i.e. isolation, and if appropriate, the need for medical treatment).

• Clearance testing should be arranged by the healthcare worker's employer, the healthcare worker's treating doctor, or at a coronavirus assessment centre if testing by the treating doctor is not feasible.

Role of Safer Care Victoria
Safer Care Victoria is responsible for the oversight of quality and safety in Victorian health services. This includes a role in supporting and assisting health services to review clinical incidents.
In the event of a confirmed case or confirmed outbreak involving a staff member or client, Safer Care Victoria has a responsibility for:
• providing guidance and support to health services regarding review processes and where required participation in conducting reviews for a confirmed case or outbreak.

• to share findings for the purpose of learning with the health sector and the Department of Health and Human Services.

• to update any relevant Safer Care Victoria guidance based on findings and recommendations of review.
Safer Care Victoria can be contacted by phone on 1300 650 172 or email at info@safercare.vic.gov.au.

Role of WorkSafe
Temporary Occupational Health and Safety (COVID-19 Incident Notification) Regulations 2020 (OHS COVID-19 Regulations) commenced on Tuesday 28 July 2020.

In this state of emergency and pandemic situation, timely notification of potential workplace transmission of COVID-19 is critical for efficient and effective management of related health and safety risks, and the prompt investigation of potential breaches of employer duties.

The OHS COVID-19 Regulations will extend the operation of Part 5 of the *Occupational Health and Safety Act 2004* (OHS Act) to require duty holders to notify WorkSafe if:

- an employer becomes aware that an employee or independent contractor engaged by the employer, and any employees of the independent contractor, has received a confirmed diagnosis of COVID-19, and has attended the workplace within the infectious period (being 14 days prior to receiving the confirmed diagnosis of COVID-19 and until clearance from isolation has been received)

Outbreak lead - Director
A single confirmed case (either a staff member, psychologist, client or visitor) in a sensitive setting such as healthcare requires the active involvement of the department. The outbreak lead should:
• Coordinate contact tracing, particularly in staff and clients of the healthcare service.

• Keep a case list of confirmed cases, suspected cases and deaths, and a close contacts list.

• They should update the department regularly (timeframe to be agreed between the department and the IPC lead) and email the updated case list through where necessary.

• The department must be notified immediately on **1300 651 160** (including after hours) if: – an outbreak is suspected

– a new confirmed case of COVID-19 is identified

– a death due to confirmed or suspected COVID-19 occurs.

Contact the Case and Contact Sector Lead on **1300 651 160.**

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Dr Tania Pietrzak Psychological Services as an employer

Dr Tania Pietrzak Psychological Services has a duty to provide and maintain, so far as is reasonably practicable, a working environment that is safe and without risks to health. This includes a responsibility to:
• identify whether there is a risk to health of employees from exposure to COVID-19 at their workplace
• implement appropriate measures to reduce or eliminate risk (for example, by implementing physical distancing initiatives, providing adequate facilities or products to allow employees to maintain good hand hygiene, and providing appropriate personal protective equipment and training on how to use it)

• facilitating testing of employees who meeting current testing criteria for COVID-19

• ensure employees understand when to stay away from the workplace and advise them of the requirement to self-quarantine for 14 days following return from overseas travel or contact with a confirmed case of COVID-19 without adequate infection control precautions.

COVID-19 Positive Case management

When should a healthcare worker be tested?

All healthcare workers who meet the criteria for testing as described on the department's health services and general practitioners COVID-19 webpage (https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) should be tested.
If testing healthcare workers, doctors are reminded to clearly mark pathology slips with **'Urgent - HCW'** (healthcare worker) to ensure the swabs can be easily identified for priority testing, and to include the healthcare worker's mobile number so they can be promptly contacted.
Healthcare workers should NOT be their own testing or treating doctor.

Immediate management of a suspected or confirmed case

Any symptomatic healthcare worker who meets the testing criteria for COVID-19 should be advised to isolate immediately and testing for COVID-19 should be facilitated. While they are awaiting test results they should remain in isolation until they have been notified of the test result and the appropriate course of action is subsequently determined. Dr Tania Pietrzak Psychological Services will:
• Ensure that the staff member is currently self-isolating.

• If the staff member is not currently in self-isolation, they must remove themselves from the workplace immediately with the least possible risk of transmission to others. This may include the following: – if possible, they should wear a single-use surgical mask

– they should avoid public transport and return home immediately without detour

– if possible, they should take a private car

– if they are not driving, they should sit in the rear seat

– they should minimise contact with any other persons and should practise strict physical distancing.

• Ensure that the staff member has had testing arranged.
• Ensure they have the appropriate information. Inform them that they must remain in isolation until they have been notified of the test result and they must **not** attend work during this time.
• Instruct any healthcare worker diagnosed with COVID-19 to remain in self-isolation until cleared by the department and encourage them to seek urgent medical attention if they become very unwell.

Rapid workplace risk assessment and contact tracing

A rapid assessment of the workplace risk will be performed as soon as is practicable following identification of a confirmed case in a staff member, psychologist, client or visitor. The Director will manage staff COVID-19 cases and to serve as a point of contact between the department and the healthcare service.
For a full list of actions and processes which will be undertaken in the event of a confirmed case in a staff member, psychologist, client or visitor see the checklist below.

Immediate actions
• Perform a rapid workplace risk assessment and contact tracing.

• Ensure you provide the department with the completed "Case and contact data spreadsheet template" as soon as possible.

• Notify and quarantine any close contacts from the clinic – including staff, psychologists, clients and visitors. Provide close contacts with a copy of the "Factsheet – close contact"

Ongoing actions
• Maintain an outbreak case list using the "Case and contact data spreadsheet template".

• Provide the department with regular updates; - how frequently this will be required depends on the level of risk and size of the outbreak.

• Consider enhanced surveillance for symptoms of COVID-19 within the workplace and among clients other than the identified contacts.

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• Notify the department of any COVID-related deaths as soon as possible, including after hours.

• Ensure that confirmed cases who are healthcare workers do not return to work until the department has determined that they meet the current return-to-work criteria for healthcare workers.

• Ensure that close contacts who are healthcare workers do not return to work until the department has determined that their quarantine period has ended.

Case interview and contact tracing

The department will conduct a comprehensive case interview with all confirmed cases to confirm the date and timing of symptom onset as well as their infectious period. This does not preclude the health services from doing their own interview and urgently instituting appropriate isolation of close contacts.

• Cases are considered infectious from 48 hours prior to symptom onset until they meet the criteria for release from isolation or return to work.

Infectious period and close contacts

Dr Tania Pietrzak Psychological Services will compile a list of people who the case has been in close contact with while infectious using the "Case and contact data spreadsheet template".

• A **close contact** is defined as a person who has spent, cumulatively over the course of a week, at least 15 minutes face-to-face OR at least 2 hours in the same closed space as the confirmed case during their infectious period without wearing appropriate PPE.

• A review of the clinic diary may be helpful to determine what staff/clients are possible contacts.

• Consideration should be given as to whether a potential close contact is immunocompromised and may be more likely to become infected with shorter periods of exposure.

All sections of the spreadsheet will be completed including accurate and up to date contact information for all close contacts. If multiple confirmed cases are identified, each confirmed case will have a separate form/tab completed.

Source of infection

Consider whether the staff member, psychologist, client or visitors' infection may have been acquired within your health service (via another client or staff member etc..) or via an external exposure event.

• Ask whether the confirmed case has had contact with anyone with apparent or reported fever or acute respiratory symptoms in the 14 days prior to their symptom onset (i.e. potential source of infection).

• Consider whether the confirmed case engaged in any recent aerosol generating procedures (AGPs) that may have increased their exposure risk.

• Consider whether the confirmed case may have had a breach of personal protective equipment (PPE) which may have led to an exposure.

• Document any recent travel (international or domestic) and consider whether the staff member had been in close contact with any confirmed cases prior to diagnosis. – Determine whether the confirmed case was in quarantine at the time of symptom onset.

– Document date from which confirmed case has been in isolation/quarantine.

– Document attendance at any other sensitive settings during the confirmed case's infectious period (from 48 hours prior to onset of symptoms until appropriately isolated) including: other healthcare services, clinics, education or learning centres, residential and aged care facilities, correctional facilities or attendance at client's homes for home visits.

Workplace risk assessment

As part of the risk assessment, the following should be taken into consideration:

• Whether the case was infectious while at the workplace.

• Whether cleaning and disinfection of certain areas are required.

• Whether closure of certain areas is required to facilitate cleaning and allow for the investigation to be completed.

• Whether there are at risk/vulnerable clients for which enhanced surveillance for symptoms and possibly enhanced use of PPE could be considered (e.g. immunocompromised clients).

Control of exposure risks to staff and clients

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The following actions should be taken immediately to reduce the risk of exposure to staff and clients:

• Ensure staff are adhering to current guidelines relating to the use of PPE in healthcare settings and that appropriate PPE is accessible. https://www.dhhs.vic.gov.au/coronavirus-covid-19-healthcare-workers-ppe-guidance-0

• Arrange for thorough cleaning and disinfection of areas which may pose an infection risk.

• Remove healthcare worker/staff close contacts from the workplace and advise them to quarantine for 14 days from last close contact with the case.

- If any close contact develops symptoms of COVID-19 while in quarantine, they should be tested.

- Testing of close contacts should be undertaken early in quarantine for potential source contacts as well as on day 11, or if the close contact develops symptoms of COVID-19.

- Place any persons identified as close contacts into quarantine (for 14 days from last close contact with the case)

- Ensure staff are provided with information and support during this process. Access to services and additional fact sheets can be found here: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

Environmental cleaning post SARS CoV-2 positive staff, psychologist, client or visitor attendance at the facility

(CLEANING NAME) provide a high standard of cleaning daily and are adhering to the Australian Governments. "Coronavirus disease (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities" and advice provided by Steam Consulting, our Infection Control Consultant, referenced below. They have advised that a terminal clean will take 2 days and therefore the clinic will be closed and not operational during this period.

(CLEANING NAME) and Dr Tania Pietrzak Psychological Services have reviewed The Australian Commission for Safety and Quality in Healthcare resources and guidance on environmental cleaning - https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/environmental-cleaning-and-infection-prevention-and-control
and
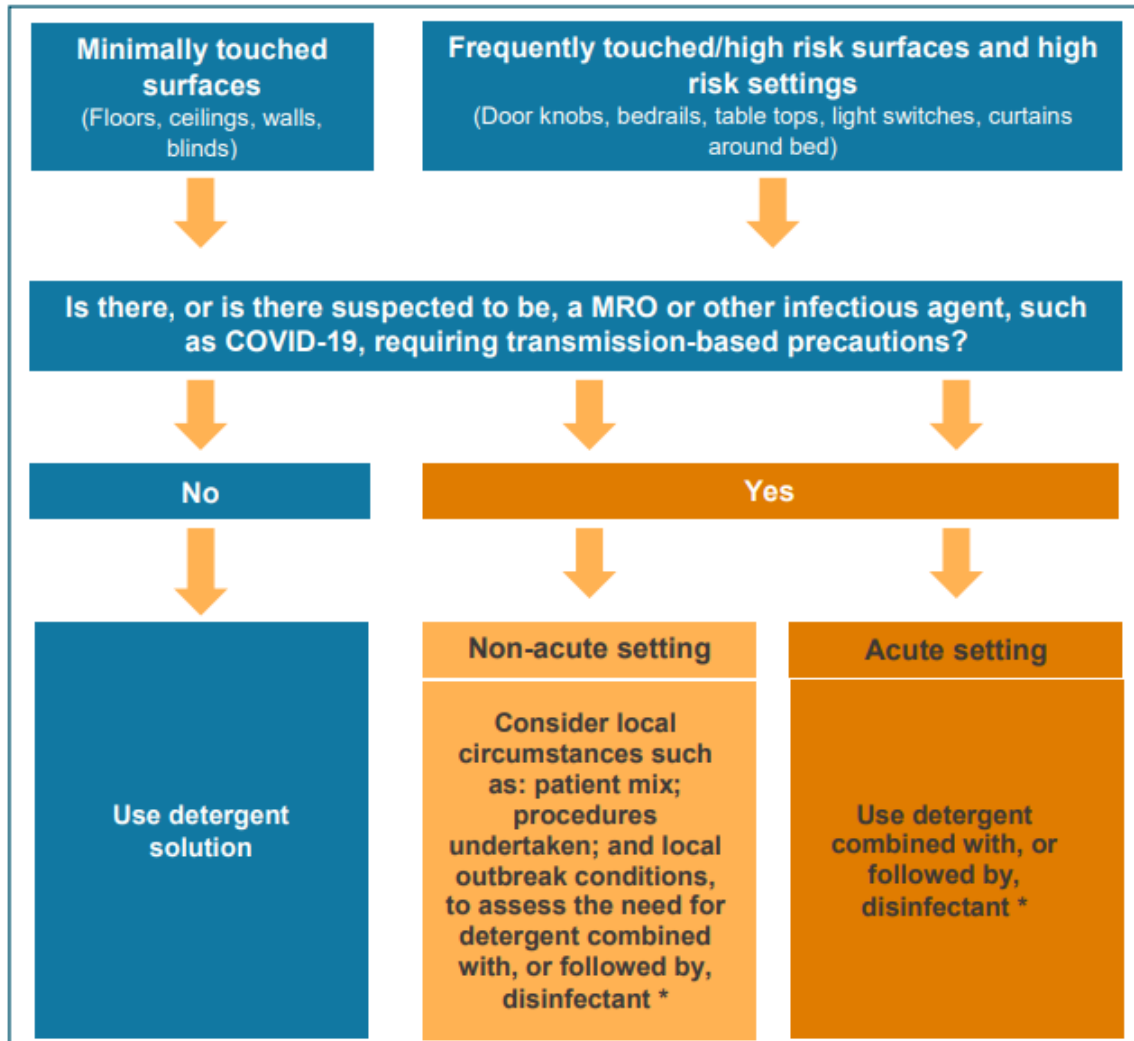The Australian Government has produced guidance on environmental cleaning
https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf
These have aided in deciding whether surfaces require only cleaning or whether cleaning and disinfection is necessary and assisted in assessing disinfection products.

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Processes and product selection for routine environmental cleaning

The Australian Guidelines for the Prevention and Control of Infection in Healthcare provide a range of information concerning environmental cleaning. This flowchart is adapted from the Guidelines.

Minimally touched surfaces (Floors, ceilings, walls, blinds)	Frequently touched/high risk surfaces and high risk settings (Door knobs, bedrails, table tops, light switches, curtains around bed)

Is there, or is there suspected to be, a MRO or other infectious agent, such as COVID-19, requiring transmission-based precautions?

No	Yes	
Use detergent solution	**Non-acute setting** Consider local circumstances such as: patient mix; procedures undertaken; and local outbreak conditions, to assess the need for detergent combined with, or followed by, disinfectant *	**Acute setting** Use detergent combined with, or followed by, disinfectant *

* *Principles of Environmental Cleaning: Product Selection*, Australian Commission on Safety and Quality in Healthcare (2020).

As Coronaviruses can survive on surfaces for many hours but are readily inactivated by cleaning and disinfection. At Dr Tania Pietrzak Psychological Services we are routinely cleaning frequently touched surfaces as follows:
• Cleaning of shared client equipment and where required, disinfect between uses as per normal procedures.
• Cleaning frequently touched surfaces 3 times daily with detergent and water solution or detergent / disinfectant wipes
• Cleaning general surfaces and fittings when visibly soiled and immediately after any spillage.
• Cleaning minimally touched surfaces, fittings and fixtures are cleaned as per normal procedures and frequencies.

According to Australian Government guideline on *Environmental cleaning and disinfection principles for health and residential care facilities*, cleaning uses either detergent solution or detergent/disinfectant wipes, as long as mechanical action is involved, noting that the NHMRC (2019) *Australian Guidelines for the Prevention and Control of Infection in Healthcare* states that detergent / disinfectant wipes are only suitable for small surfaces and single items of client care equipment.

If a confirmed case has attended the facility, a 'deep clean' or what is usually referred to as a 'terminal clean' is expected to be performed and this involves the use of a cleaning agent and water, followed by rinsing and drying of the surfaces, then the application of a disinfectant with viricidal claims, ensuring the surfaces being disinfected are kept wet for the period of time specified in the manufacturer's instructions for use. After contact time is complete some products need to be rinsed off the surfaces and / or the surfaces must be dried.

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Terminal cleaning involves cleaning all surfaces in the facility where the staff, psychologists, clients or visitor had significant contact with. This means cleaning frequently touched surfaces, client equipment, horizontal surfaces such as benches and shelving, other furniture, fixtures and fittings, floors, replacement or laundering of curtains, and in some circumstances would involve cleaning of walls and ceilings. In summary, each room or space must be treated as an individual unit and PPE and cleaning / disinfection equipment changed between each room or space.

• Wear PPE – surgical mask, protective eyewear, gloves and gown

• Clean all surfaces, fixtures and fittings

• Clean windows, sills and frames

• Clean all surfaces of bed and mattress and/ or furniture

• Mop floor

• Remove PPE and perform hand hygiene

• Clean all cleaning equipment and return it to the cleaners' room or storage area, discard any waste

• Perform hand hygiene

Terminal cleaning can be undertaken using either of two methods:
2-step clean
Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite.

2-in-1 clean
A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

NB: Chlorine based disinfectants and some other disinfectant products emit very strong odours. Ensure that the are being cleaned and disinfected is well ventilated. If using sodium hypochlorite, a 0.1% or 1,000ppm prepared in-house it should be used for a 10 minute contact time and dilute solutions discarded daily.

On completion of deep clean Appendix 7:COVID-deep "Certificate of Completion" template will be completed by CEO along with (CLEANING SERVICES NAME) management.

COVID-19 Safe Strategy

Checklist for healthcare service when there is a confirmed case of COVID-19

If there is a COVID-19 Positive case identified at Dr Tania Pietrzak Psychological Services the following checklist provided by the DHHS will be used to ensure accuracy in management. The Director and Practice Manager shall share the responsibilities listed.

Checklist	✓
Detection and confirmation of case(s)	
Support staff with fever or acute respiratory infection to self-isolate. Facilitate testing for symptomatic staff or potential source contacts where possible. Confirm diagnosis. Determine the symptom onset date and determine whether the staff member attended work during the infectious period.	
Management of case(s)	
Ensure that the staff member is currently self-isolating and reiterate that they should not return to work until the department has determined that they meet the return-to-work criteria. Ensure the staff member knows where to seek psychological support as well as medical advice if they become more unwell. Facilitate clearance testing for the staff member where possible.	
Contact tracing	
Enter the staff member's details in the "Case and contact data spreadsheet template".	
If you have identified multiple confirmed cases within your institution, ensure each confirmed case has a separate form/tab completed. Ensure accurate contact details for each person you record in the spreadsheet.	
Immediately compile a list of all **staff** (paid and unpaid) who may be contacts of the staff member. Check rosters, sign-in sheets and other records as necessary. Liaise with staff member's manager and medical workforce.	
Immediately compile a list of all **clients** who may be contacts of the staff member. Check ward lists, admissions, discharges and transfers for the relevant ward / department.	
Immediately compile a list of all **visitors** who may have been exposed to the staff member. Check visitor sign-in sheets and other records.	
Review **calendar** to determine if the staff member documented contact with clients.	
From the above lists, identify *potential* **close contacts** from the available evidence (see definition of close contact above).	
Discuss with the staff member (case) to **confirm** the type and duration of contact they had with the above contacts and identify any further people who qualify as **close contacts** of the case.	

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Record all information in the case and contact spreadsheet and provide this to a case and contact officer (CCO) at the department.	
Quarantine contacts and isolate cases	
For all close contacts of the confirmed case identified within the healthcare setting (staff members, clients or visitors): • Notify them that they have been identified as a contact of a confirmed case and inform them of the next steps required (please note that an employer cannot disclose confidential information about the confirmed case, and should only notify close contacts that they have been identified as a close contact with a confirmed case). • Distribute close contact information as provided by the department, including information on psychological support.	
For staff members and visitors, additionally: • Ensure they are excluded from work and are self-quarantining for 14 days after last contact with the case • Encourage them to seek testing if they develop symptoms and further medical advice if they become more unwell.	
For clients, additionally: • Implement droplet and contact precautions, including if client is readmitted during quarantine/ isolation period • Advise isolation at home if already discharged • Facilitate testing if they develop symptoms	
Keep a record of each close contact and when they were informed of their potential exposure.	
Implement infection control measures	
Quarantine clients who are close contacts of the case (cohort clients if necessary).	
Consider temporary closures (e.g. rooms, wards) to facilitate investigation of the positive case and allow terminal cleaning. This decision can be made in consultation with the department	
Implement droplet and contact precautions (e.g. masks, gloves, gowns, eye protection) for all clients identified as a case or close contact of a case.	
Provide PPE outside rooms / wards / facility.	
Display sign outside rooms / wards.	
Reinforce standard precautions (hand hygiene, cough etiquette) throughout facility.	
Increase frequency of environmental cleaning (minimum twice daily where there are confirmed cases in clients).	

COVID-19 Safe Strategy

Monitor/update	
Arrange for daily symptom check and observations for clients who are close contacts. Arrange prompt testing for those who develop symptoms of COVID-19 whilst in quarantine as a close contact. Arrange for clearance testing of close contacts at day 11 of their quarantine period. Ensure the IPC lead is informed of all positive results as soon as possible.	
The IPC lead must update the department (via the designated contact) on an agreed basis (daily, every second day, etc.) or when there is a significant issue (e.g. a cluster, a death). Update the case list with both positive and negative test results.	
Notify	
Contact the department on **1300 651 160**, when there is an outbreak or a COVID-related death (24 hours, 7 days a week).	
Email case and contact spreadsheet to publichealth.operations@dhhs.vic.gov.au	
Keep clients, staff and families informed.	
Restrict	
Restrict movement of staff between areas of facility.	
Restrict the number of persons to the waiting area.	
Consider cohorting of staff (during shift work).	
Do not allow HCWs to return to work until they have met the DHHS HCW clearance criteria.	
Declare and review	
Declare the outbreak over when there have been no new cases for a defined period of time (in consultation with the department).	
Review and evaluate case and outbreak management – amend outbreak management plan if needed.	

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COVID-19 Safe Strategy

References

Victorian Department of Health and Human Services *Corona Virus disease 2019 (COVID-19) – Case and Contact management guidelines for health services and general practitioners.* 20th June 2020, Version 22
https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm
https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector
https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities
https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/hygiene-and-cleaning-for-the-health-workforce-during-covid-19#terminal-cleaning
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What to do if you have a SARS CoV-2 positive case © STEAM Consulting Pty Ltd 2020
"Case and contact data spreadsheet template" – supplied by DHHS in the event of a confirmed case

Health service bulletin 30.07.2020 & 21.08.2020 – see Covid-19 Folder

Guidance on delay to elective surgery post recovery from SARS-COV2 infection (05/08/2020)

Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners 31.08.2020

Coronavirus (COVID-19) cleaning guidelines for workplaces – Information for business owners, managers and cleaners + Appendix 5 & 7.