

MINTO DISABILITY SERVICES

COVID MANUAL

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Business/Trading Name: MINTO DISABILITY SERVICES

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[COVID-19 POLICY AND PROCEDURE 3](#_heading=h.2et92p0)

[Policy elements 3](#_heading=h.1t3h5sf)

# COVID-19 POLICY AND PROCEDURE

**Policy brief & purpose**

MINTO DISABILITY SERVICES is dedicated to providing a safe and hygienic clinic for all participants to comfortably complete their sessions. It is essential for all participants to follow the COVID-19 policies and procedures that MINTO DISABILITY SERVICES has implemented. If you have any questions regarding the following policies and procedures, please do not hesitate to contact the Director. We thank you in advance for following these guidelines and helping to ‘stop the spread’.

This company policy includes the measures we are actively taking to mitigate the spread of coronavirus. You are kindly requested to follow all these rules diligently, to sustain a healthy and safe workplace in this unique environment. It’s important that we all respond responsibly and transparently to these health precautions, we assure you that we will always treat your private health and personal data with high confidentiality and sensitivity.

This coronavirus (COVID-19) company policy is susceptible to changes with the introduction of additional governmental guidelines. If so, we will update you as soon as possible by email.

**Scope**

This coronavirus policy applies to all of our employees who physically work in our office(s). We strongly recommend to our remote working personnel to read through this action plan as well, to ensure we collectively and uniformly respond to this challenge.

## Policy elements

Here, we outline the required actions employees should take to protect themselves and their co-workers from a potential coronavirus infection.

**Sick leave arrangements:**

* If you have cold symptoms, such as cough/sneezing/fever, or feel poorly, request sick leave or work from home.
* If you have a positive COVID-19 diagnosis, you can return to the office *only after* you’ve fully recovered, with a doctor’s note confirming your recovery.

**Work from home requests:**

* If you are feeling ill, but you are able to work, you can request to work from home.
* If you have recently returned from areas with a high number of COVID-19 cases we’ll ask you to work from home for 14 calendar days, and return to the office only if you are fully asymptomatic. You will also be asked not to come into physical contact with any colleagues during this time.
* If you’ve been in close contact with someone infected by COVID-19, with high chances of being infected yourself, request work from home. You will also be asked not to come into physical contact with any colleagues during this time.
* If you’re a parent and you have to stay at home with your children, request work from home. Follow up with your manager or departmental leader to make arrangements and set expectations.
* If you need to provide care to a family member infected by COVID-19, request work from home. You’ll only be permitted to return to the office 14 calendar days after your family member has fully recovered, provided that you’re asymptomatic or you have a doctor’s note confirming you don’t have the virus. You will also be asked not to come into physical contact with any colleagues during this time.

**Travelling/commuting measures:**

* All work trips and events – both domestic and international - will be cancelled/postponed until further notice.
* In-person meetings should be done virtually where possible, especially with non-company parties (e.g., candidate interviews and partners).
* If you normally commute to the office by public transportation and do not have other alternatives, you can request to work from home as a precaution.
* If you are planning to travel voluntarily to a high-risk country with increased COVID-19 cases, we’ll ask you to work from home for 14 calendar days. You will also be asked not to come into physical contact with any colleagues during this time.

**General hygiene rules:**

* Wash your hands after using the toilet, before eating, and if you cough/sneeze into your hands (follow the [20-second hand-washing rule](https://www.washingtonpost.com/lifestyle/2020/03/10/teach-kids-hand-washing-coronavirus/)). You can also use the sanitizers you’ll find around the office.
* Cough/sneeze into your sleeve, preferably into your elbow. If you use a tissue, discard it properly and clean/sanitize your hands immediately.
* Open the windows regularly to ensure open ventilation.
* Avoid touching your face, particularly eyes, nose, and mouth with your hands to prevent from getting infected.
* If you find yourself coughing/sneezing on a regular basis, avoid close physical contact with your co-workers and take extra precautionary measures (such as requesting sick leave).

**1. Isolation and Cohorting**

A resident with a suspecting virus symptom should be placed in a single room with their own unsuited facilities, if possible, while a diagnosis is sought. Where possible, residents requiring droplet precautions should be restricted to their room. If MINTO DISABILITY SERVICES has a house with no residents, then move the suspended infected person to the house. Residents may attend urgent medical or procedural appointments but should wear a mask if tolerated.

If the resident requires transfer to another facility, including hospital, advise the hospital and transport provider in advance that the resident is being transferred from a facility where there is potential or confirmed COVID-19.

If a single room is not available, the following principles should be used to guide resident placement:

* Give highest priority to single room placement to residents with excessive cough and sputum production.
* Place residents together in the same room (cohort) with similar signs and symptoms or infected with the same pathogen (if known) and assessed as being suitable roommates.
* When a single room is not available, and cohorting of ill residents is not possible, a resident with a respiratory illness may be cared for in a room with a roommate(s) who does not have a respiratory illness. This is the least favorable option. In this case:
  + Residents’ beds should be separated by at least 1.5 meters
  + The curtain should be kept drawn between residents’ beds
  + The roommate should be vaccinated against influenza with the current season’s vaccine at least two weeks prior to being in the same room as the ill resident.
  + In shared rooms (both cohorted with like illness, and residents with and without illness), staff must ensure they change their PPE and perform hand hygiene when moving between residents.

Once resident isolation or charting measures are in place, to further reduce the risk of transmission, it its preferable to allocate specific staff to the care of residents in isolation.

**Managers must ensure staff members:**

* Do not move between their allocated room/ section and other areas of the facility, or care for other residents.
* Self-monitor for signs and symptoms of acute respiratory illness and self-exclude from work if unwell.

**2. Standard Precautions**

Standard precautions are a group of infection prevention practices always used in healthcare settings and must be used in MINTO DISABILITY SERVICES with a suspected or confirmed COVID-19 outbreak. Standard precautions include performing hand hygiene before and after every episode of resident contact (5 moments), the use of PPE (including gloves, gown, appropriate mask and eye protection) depending on the anticipated exposure, good respiratory hygiene/cough etiquette and regular cleaning of the environment and equipment.

**3. Hand Hygiene**

COVID-19 can be spread by contaminated hands, hence frequent hand hygiene is important. Hand hygiene refers to any action of hand cleansing, such as hand washing with soap and water or hand rubbing with an alcohol-based hand rub. Alcohol based hand rubs are the gold standard for hand hygiene practice in healthcare settings when hands are not visibly soiled. However, if hands are visibly soiled or have had direct contact with body fluids they should be washed with liquid soap and running water then dried thoroughly with disposable paper towel.

Online hand hygiene courses are available, and staff should be encouraged to do refresher training. There must be adequate access for staff, residents and visitors to hand hygiene stations (alcohol-based hand rub or hand basins with liquid soap, water and paper towel) that should be adequately stocked and maintained. Hand basins for staff should, wherever possible, be hands-free (for example, elbow operated) to facilitate appropriate hand hygiene practices and prevent recontamination of hands when turning off taps. Staff should be made aware of the proper hand hygiene technique and rationale.

Encouraging hand hygiene among residents and visitors is another important measure to prevent the transmission of infectious organisms. Residents should wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. If the resident’s cognitive state is impaired, staff caring for them must be responsible for helping residents with this activity. Visitors should be reminded to perform hand hygiene on entering and leaving the facility, and before and after visiting any resident.

The use of gloves should never be considered an alternative to hand hygiene. Hand hygiene is required before putting on gloves and immediately after they have been removed.

**Handwashing**

* All personnel must wash their hands once they enter the premises and prior to commencing their session.
* All personnel must follow the handwashing recommendations that will be placed conveniently at the handwashing stations.
* A how to handwash and how to hand rub guideline factsheet will be clearly visible at all handwashing stations.
* Alcoholic-based hand sanitiser will be placed around the clinic to ensure easy accessibility for all participants. Participants will be encouraged to appropriately use the alcoholic-based hand sanitiser.

**Social Distancing**

* All personnel must maintain a minimum distance of 1.5m between themselves and another participant.
* Markers on the floor will be placed to indicate where to stand, so that social distancing is adhered to.
* Social distancing will be enforced by the Director.
* When working with participants, staff will wear gloves and a face mask to ensure the participant safety. Additionally, any manual therapy (i.e., practitioner guided stretching) will be avoided until social distancing restrictions ease.
* MINTO DISABILITY SERVICES will limit the number of participants that are allowed in the clinic per hour based on the current recommended guidelines.

**4. Personal Protective Equipment (PPE)**

Staff must wear appropriate PPE when caring for infected residents requiring contact and droplet or airborne precautions. A gown, eye protection, mask and gloves may be required depending on the level of precaution required. PPE requirements for caring with participants with suspected or confirmed COVID-19 are outlined in.

MINTO DISABILITY SERVICES staff must be trained and deemed competent in the proper use of PPE, including donning and doffing procedures. Refresher training is recommended for all existing staff, including non-clinical support staff, and as required for new staff. PPE should be removed in a manner that prevents contamination of the Health care workers clothing, hands and the environment. PPE should be immediately discarded into appropriate waste bins. Hand hygiene should always be performed before putting on PPE and immediately after removal of PPE, as well whilst wearing PPE.

MINTO DISABILITY SERVICES staff must change their PPE and perform hand hygiene after every contact with an ill resident, when moving from one room to another, or from one resident care area to another.

**5. Cough and Sneeze Etiquette**

Cough and sneeze etiquette relate to precautions taken to reduce the spread of virus via droplets produced during coughing and sneezing. Residents, staff and visitors should be encouraged to practice good cough and sneeze etiquette, which includes coughing or sneezing into the elbow or a tissue and disposing of the tissue then cleansing the hands. Useful educational and promotional material can be found at our premises.

**6. Transmission-based Precautions**

Transmission based precautions are infection control precautions used in addition to standard precautions to prevent the spread of COVID-19. COVID-19 is most commonly spread by contact and droplets. Less commonly airborne spread may occur e.g., during aerosol generating procedures1 or care of severely ill participants.

Contact and Droplet precautions are the additional infection control precautions required when caring for residents with suspected or confirmed COVID-19. Contact and Airborne precautions are required when conducting aerosol generating procedures 2 or caring for severely ill participants who are coughing excessively.

**7. Environmental Cleaning and Disinfection**

Regular, scheduled cleaning of all resident care areas is essential during an outbreak. Frequently touched surfaces are those closest the resident and should be cleaned more often. During a suspected or confirmed COVID-19 outbreak, an increase in the frequency of cleaning with a neutral detergent is recommended.

**Cleaning AND disinfection** are recommended during COVID-19 outbreaks. Either a 2-step clean (using detergent first, then disinfectant) or 2-in-1 step clean (using a combined detergent/disinfectant) is required.

**The following principles should be adhered to:**

* Patient room/zone should be cleaned daily
* Frequently touched surfaces should be cleaned more frequently. These include:

- bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs, sinks, surfaces and equipment close to the resident.

- Walking frames, sticks

- Handrails and tabletops in facility communal areas, and nurses station counter tops

* Cleaners should:

- observe contact and droplet precautions

- adhere to the cleaning product manufacturer’s recommended dilution instructions and contact time

- use a Therapeutic Goods Administration (TGA) listed disinfectant with claims of efficacy against enveloped viruses (as the easiest class of microorganisms to kill). If unsure, a chlorine-based product such as sodium hypochlorite is suitable for disinfection.

* The room should be terminally cleaned when the ill resident is moved or discharged Equipment and items in patient areas should be kept to a minimum. Ideally, reusable resident care equipment should be dedicated for the use of an individual resident. If it must be shared, it must be cleaned and disinfected between each resident use.
* Linen should be washed and sanitized using hot water (>65 degrees for 10 minutes) and standard laundry detergent. Linen should be dried in a dryer on a hot setting. There is no need to separate the linen for use by ill residents from that of other residents. Appropriate PPE should be used when handling soiled linen.
* Crockery and cutlery should be washed in a hot dishwasher or if not available, by hand using hot water and detergent, rinsed in hot water and dried. There is no need to separate the crockery and cutlery for use by ill residents from that of other residents.

*More information on environmental cleaning and disinfection is available in the Commonwealth Department of Health factsheet – Environmental cleaning and disinfection principles for COVID-19.*

1. **Good Respiratory Hygiene**

* All personnel must cover their nose and mouth when they sneeze by using a tissue that can be placed in the bin immediately after use or sneezing into their elbow.
* Education around why good respiratory hygiene is important will be communicated to participants during initial consultations and a factsheet will be clearly visible within the clinic.

1. **Cleaning and Disinfection**

* Regular cleaning and disinfecting will be enforced based on current guidelines.
* Cleaning equipment between the use of participants will be completed by the staff.
* All personnel in the clinic will be encouraged to use the same equipment and keep it near them until it does not need to be used again. This will allow staff time to clean and disinfect it before another participant is ready to use it.
* Cleaning and disinfection stations will be set-up around the gym as required by current guidelines.
* Signage and information about cleaning and disinfecting equipment correctly will be placed around the clinic for participants to easily read and access when necessary.
* Staff will regularly clean frequently touched surfaces such as doorknobs, light switches and tables.

1. **Feeling Unwell Recommendations**

* If a participant is feeling unwell, they will be required to call MINTO DISABILITY SERVICES to reschedule their session and will be advised to go and get tested for COVID-19 should they present with associated symptoms.
* If a participant attends MINTO DISABILITY SERVICES clinic and reports that they are experiencing symptoms associated with COVID-19 they will be required to cease their session and get tested for COVID-19.
* A COVID-19 symptoms fact sheet will be clearly visible within MINTO DISABILITY SERVICES for participants to easily access and decide if they are required to get tested.

1. **Masks and Gloves**

* Participants will have the option to wear gloves and a face mask while services are being provided by MINTO DISABILITY SERVICES.
* All staff will wear gloves and a face mask upon request from a participant.
* Face masks and gloves will be provided for participants to use at their own discretion while on the premises of MINTO DISABILITY SERVICES.

If you have any further questions regarding this COVID-19 policies and procedures information sheet, please do not hesitate to contact the office or the Director directly. We thank you for your assistance in keeping MINTO DISABILITY SERVICES a safe and hygienic manner for participants to receive services.