MouthWorks Therapy Centre

Pandemic COVID-19 Risk Management Plan

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| **Stage of Virus Spread** | **Stages to Prepare** | **Response & Recovery Strategies** |
| **Containment Stage*** Catch cases early
* Containment strategies (such as self-isolation)
* Trace contact and enact self-containment strategies
* Quarantine restrictions tighten
 | 1. Re-train staff in hand hygiene
2. Re-train staff in infection control
3. Enforce strict hygiene standards for infection control
4. Primary health education available for clients about reducing virus transmission
5. Enforce internal policies around staff isolation in compliance with government advice (e.g. staff travelling overseas)
 | **Staff training schedule reviewed and completed:*** Best practice for infection control
* Best practice for telepractice

**Clinic Infection Control:*** Existing Infection Control practices & policies reviewed to ensure compliance with best practice advice
* Contractor (cleaning) accreditation reviewed
* All high risk transmission surfaces cleaned after each use (e.g. clinic room surfaces, sign-in iPad, HICAPS machines)
* Moderate to low-risk surfaces to be wiped down twice daily (e.g. waiting room door handles/tables)
* Continue daily routines of sanitising clinic toys and waiting room toys
* Exclusion zones introduced to clinic rooms by distancing furniture/seating to reduce risk of transmission
* Public health information displayed in all common areas and rest rooms
* All staff resourced for mobile service delivery (e.g. IT equipment, clinical resource kits, PPE etc)

**Social Media Strategies:*** Share PHN information as it becomes available
* Communication clearly with clients the options available to them for receiving care
* Communicate cancellation policies to clients
* Communication to clients regarding staying away from the clinic if symptoms of illness are present
* Identify vulnerable clients and offer pre-emptive social isolation strategies as appropriate

**Telepractice/Telehealth:*** Refine existing services
* Offer free set-up sessions for clients to enable devices in preparation for further isolation restrictions being introduced
* Practice telepractice within sessions already booked for future use
* Telepractice sessions offered to high risk/vulnerable clients, or if requested

**Client:*** All clients to perform hand hygiene on entering the clinic
* Hand hygiene education offered for free to all clients
* For offsite visits – confirmation calls will now include confirmation that client is not showing any signs of illness, such as coughing or fever

**Aged Care or Community Residential Facilities:*** Contact all sites to establish telehealth services prior to isolation measures being enforced
* Communicate with all sites regarding extra hygiene practices around groups (e.g. exclusion zones/allowing extra space, hand hygiene, reducing hand held therapy tools/instruments, offering support to residents during pandemic, offering more 1:1 sessions etc)
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| **Delay Stage*** Cases rise dramatically
* Community transference of disease
 | 1. Re-distribution of work force to reduce risk of transmission
2. Actively move services to telehealth
3. Apply social isolation principles to clinician work patterns
4. Social Isolation patterns of staff taken into account
 | **Clinic Infection Control:*** Consider timing of sessions to reduce client cross-over in waiting rooms
* Isolate clinicians to specific caseloads (reduce exposure to community groups – e.g. paediatrics, community disability support, aged care facilities etc)
* Use of Allied Health Assistants specific to community groups to act with remotely located clinicians to reduce risk of exposure to clients
* Use of PPE for any visiting clients in compliance with recommendations from WHO and PHN (Primary Health Networks)
* Continue with all measures from Control Stage

**Social Media Strategies:*** Continue with all previous strategies
* Online webinars regarding how to set up telepractice made available through website
* Videos demonstrating clinical practice of telepractice available through website and socials

**Telepractice/Telehealth:*** Roll out telehealth to all appointments required (high, moderate and low-risk groups

**Client:*** Clients contacted individually to offer telepractice services and set-up
* All previous strategies apply

**Aged Care or Community Residential Facilities:*** Move to telepractice services
* Assign specific clinicians or assistants to each residential facility to reduce risk of transmission
* Work with each sites’ individual needs and requirements to maintain essential services
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| **Mitigation*** Significant lock downs of community services
* Widespread virus infection
 | Advice given by government/health services to reduce contact with all community members:* Essential services only
* Managing workforce health
 | **All previous measures apply, in addition to:*** Cancellation of non-essential services
* Isolation of clinicians and staff (e.g. working from home)
* Re-distribution of work-force according to needs of clients and in response to virus spread through staff
* Strict quarantine processes for all staff exhibiting symptoms in accordance with advice from WHO and PHN
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