Cate's Chemist COVID Safe Work Plan

The Australian COVID curve is behind most countries in the world and the COVID curve in Townsville remains behind the rest of Australia. So therefore, we take a calm, deliberate approach to our responses in the workplace. Cate's Chemist are privileged to have access to the experiences of others who remain ahead of Townsville workplace experience with Covid. The QHealth Townsville Public Health Unit, NQPHN, and Pharmacy Guild are all actively leaning on experiences from other parts of Australia and the world who have been hit harder.

The Cate's Chemist Covid Safe Work Plan is informed by and consistent with:

- The National COVID-19 safe workplace principles. Supervisors and Managers maintain familiarity with these principles.

- Advice from Safe Work Australia (SWA).

- Advice from the Commonwealth Department of Health.

- Advice from the Queensland Department of Health, especially Townsville Public Health Unit.

- Advice from the Pharmacy Guild of Australia (see the checklist).

The Cate's Chemist Covid Safe Work Plan has four priorities and six elements.

Priorities

Our four priorities at this stage are:

1. The physical security of our patients and staff.

This is has always been a high priority relating to the military origins of the principals. Isolated cases of threats and actual violence are particularly disappointing. Cate's Chemist are specifically looking for a trigger to increase a security presence, up to and including a full-time presence in stores if required. We display posters that remind the public that abuse of health workers is never acceptable. All incidents of violence are to be reported to the police or by duress alarm. Most incidents are reportable by the principals to the Guild and NQPHN to build evidence for supporting public messaging. The principals need to know straight away, even if all the details are not clear yet. If you get off the phone with someone about an incident, get back on the phone to the principals to make sure they know. If in doubt over-report. We will leave messages on phones, send text, teams, and 3CX – fight to get information through if we need to.

2. The mental wellbeing of our community & staff.

There remains a torrent of COVID media that threatens to overshadow healthy workplace and personal experiences. We are conscious of the primary health leadership role in outbreaks, and of our duty to instil confidence in our team and the public. We are conscious of how the community will perceive our behaviours. If we are alarmist, they will be alarmed. If we are calm and professional, the community will be calmer.

We supervise our people and make sure they have plans to decompress. Pharmacy workers and other primary carers are to COVID what firefighters are to the bush fires. Our people are our most valuable resource, and our communities most valuable resource. This objective is supported by leadership, so we:

1. Revise the section on leadership in the P17D Emergency Management Plan.
2. Set an example for peers and community.
3. Train, Revise, Supervise new things. Our team know where the PPE are for the COVID procedure, they know the procedure, and they feel safe from abuse or assault.

Each of us need to reflect on how we are keeping the community confident and co-workers happy to come to work each day. Leaders ask this question from time to time, and we ask what our employees systems are to decompress. In particular we are worried about parents who may be leaving a high tempo workplace straight to family obligations. Our team need to know when their 'spa day' is booked. These psychosocial objectives will be supported by:

1) Regular catch-ups, sharing and passage of information, and responding to concerns;

2) Providing time, training and resources to complete tasks; including additional training related to COVID-19 using resources available in:

   a) Infection Control & the Use of PPE.

      (i) TAFE Queensland HLTSS00065 Infection Control Skill Set (Retail): https://tafeqld.edu.au/courses/18927/infectioncontrol-skill-set-retail

      (ii) Australian Government Department of Health COVID-19 Infection Control Training: https://www.health.gov.au/resources/apps-andtools/covid-19-infection-control-training

   b) Update briefs from Head Townsville Public Health Unit, Dr Donohue.

3. COVID 19 planning for Clinical & Business Continuity.

Six Elements

Clinical & business continuity at Cate's Chemist has six elements that mirror those recommended by SWA:

1) Physical Distancing.

   i) Although not strictly the purpose of the four-square metre rule, our pharmacies have calculated, signposted and enforce a maximum number of people in their retail areas using the four-square metre rule.

   ii) The Pharmacy Manager (or when they are not around, the Pharmacist in Charge) is designated the *Champion of Safe Practises in the Workplace*; and teach their colleagues the proper procedures listed in this plan and other safety policy in the Operations Manual.

iii) The Pharmacist in Charge is responsible for keeping everyone in dispensary or other work areas the required 1.5 metre distance apart, including staff rooms.

iv) The Retail Manager (or when they are not around, the most senior Pharmacy Assistant by classification then age) is responsible for keeping everyone in the retail / public areas the required 1.5 metre distance apart.

v) Employees will limit the spread of germs and will resist touching their face, will cough or sneeze into their elbow, will not shake hands, will not touch objects unnecessarily (are conscious of fidgeting and leaning) and are accepting of, and responsive to polite criticism by subordinates, peers and superiors when they forget.

vi) Waiting area chairs have been dispersed.

vii) Employees are approved to waive signing of all prescriptions and waive signing for cash outs on a case by case basis.

viii) Contactless Transactions are promoted. Especially:

(1) Consumer Purchases

(2) Delivering to Patients Outside the Pharmacy

(3) At Aged Care Services

(4) Deliveries Received in the Pharmacy

2) Hand Washing, Hygiene & PPE.

ix) Hands are washed after touching cash **every time**. You can't get COVID through the skin but can transfer from hands to mouth/nose/eyes. So, we overreact with hand washing after cash handling every time - we remember the 20 second handwashing rule.

x) We sanitise or wash hands routinely, and every time we switch from one type of task or one workstation to another.

xi) Employees wear (cleaning not PPE) gloves when cleaning or PPE gloves when required for procedures, manufacturing and compounding. We wash our hands thoroughly with soap or use an alcohol-based hand sanitiser before and after wearing gloves.

xii) Employees understand the use of PPE including gloves, masks, eye protection and aprons.

xiii) Employees clean personal property that comes to work, such as sunglasses, mobile phones and iPads with disinfectant such as disinfectant wipes; and are accepting of, and responsive to polite criticism by subordinates, peers and superiors when we forget.

xiv) Employees observe respiratory etiquette when coughing or sneezing; and are accepting of, and responsive to polite criticism by subordinates, peers and superiors when we forget.

3) Signage and Posters:

xv) Signs are displayed at:

(1) Entrances

(2) POS

(3) Throughout

(4) Staff common rooms/areas

xvi) Signage leans on Pharmacy Guild resources and covers:

    (1) Do not enter if…

    (2) Declare symptoms if…

    (3) Hand hygiene

    (4) Respiratory hygiene

    (5) Social/Physical distancing

    (6) The maximum number of customers

    (7) PPE – safe fitting and removal

    (8) Zero tolerance of aggressive and abusive behaviour

xvii)   Markers have been placed on the floor to encourage 1.5 metre distancing.

4) Cleaning.

xviii)   Cash is the number one threat.

xix) We maintain a daily timetable for cleaning surfaces, EFTPOS, phones and counters.

xx) We keep the same workstations as far as possible. If people change workstations they need to spray the keyboard.

xxi) We maintain decluttered front counters and dispensaries so cleaning is easier. Leaders inspect regularly.

5) Isolation.

xxii) Cate's Chemist employees comply with mandatory requirements for isolation and quarantine. Employees must not attend work and visitors should not enter the pharmacy if:

    (1) Have tested positive for COVID-19

    (2) Are awaiting test results

    (3) Have been directed to self-isolate/self-quarantine by government or medical authorities or on medical advice.

xxiii)   Staff are screened for cold and flu symptoms and self-isolate when required:

    (1) We absolutely need to comply with health guidelines for quarantine, isolation, self-isolation and 24 hours symptom free. Employees will not 'soldier on' and be directed to stay home if they are sick, and if they are displaying symptoms of Covid 19 they will be directed to call the National Coronavirus hotline (1800 020 080) or their General Practitioner.

    (2) If employee becomes unwell at work with COVID, cold or flu like symptoms, they apply mask, leave work and get tested. If confirmed, Queensland Health will provide advice.

    (3) We trust the staff to know their body. If they know they are prone to dry throat, hay fever, sinus or similar then (with permission of their manager) they are not required to isolate but are still required to report to their manager.

(4) We notify the managers and principals of any cases displaying symptoms of COVID 19, if they have been in close contact with a person who has COVID 19, or if they have been tested for COVID 19.

(5) Permanent employees are reminded of their entitlement to Personal and Annual Leave. For absences relating to COIVD 19 self-quarantine, casual employees may discuss work from home projects or duties with their manager and Head Office to mitigate against a complete loss of income.

(6) COVID cases have a mandatory reporting requirement to QHealth.

(7) COVID cases are also reportable to Workplace Health and Safety Queensland:

   (a) Immediately after becoming aware,

   (b) If the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work that involves providing treatment or care to a person or that involves contact with human blood or bodily substances, and

   (c) If person required to have immediate treatment as an in-patient in a hospital.

(8) COVID Cases are also reportable to WrokCover:

   (a) Within 8 business days

   (b) If injury arising out of or in the course of employment if employment is a significant contributing factor.

(9) We have a legal duty of care to our staff, and a leadership and example setting role for the community - not to mention that 'Cate's Chemist infecting the community' is not a desired media tagline.

xxiv)   We lean on our COVID Procedure in the Operations Manual > Customer Experience > Corona Virus & COVID 19 folder. We don't need to screen every patient (yet). Patients exhibiting any symptoms are asked the trigger/qualifying questions. Consult rooms are the isolation area. Lean on the COVID Procedure (flow chart). We accept losing the use of the room at both pharmacies but COVID isolation and referral of that patient will become the clear priority for the whole pharmacy, over and above any other potential use of the room. If the numbers become oppressive we will reassess. But that is unlikely in the next few weeks.

xxv) This plan and associated checklists are reviewed weekly.

xxvi)   Staff will be consulted and profiled to support:

(1) Cate's Chemist employment of Family Plans in accordance with P17D.

(2) Teams reviewing their Family Plans and back-briefing supervisors. The key element is determining the primary carer for when schools close. Informally we already know some other risk factors for people becoming unavailable.

(3) The reverse application of this problem is very important for us – if you do sense discomfort and unease in the workplace, we examine what can we do to rebuild and reassure.

xxvii)   Reduce the customers time in pharmacy.

(1) Bookings. External bookings on facebook are now avialable.

(2) Vaccinations. Appointments are scheduled with sufficient time in between to allow for cleaning and disinfecting of any surfaces (e.g. benches, chair, door handle).

(3) We are more proactive coaching staff and patients to drop scripts and come back later.

(4) Script Minder. Scripts are left with us and we exploit the 3 elements of our ScriptMinder service:

    (a) Phone, SMS, and app;

    (b) Linked to our delivery service.

    (c) Check out the related APP presentation *How pharmacies can use digital technologies to connect with their patients during the COVID-19 pandemic*.

(5) Delivery & Distance Supply. Hand sanitiser is maintained in the van with masks and glasses for the COVID Procedure. We use:

    (a) Unfunded Script Minder (see website description of these services).

    (b) New (funded) COVID Home Medicines Delivery.

    (c) New (funded) COVID Home Medicines Distance Supply. Australia Post and Urgent Medical Supplies labels.

xxviii) We are prepared to close our pharmacies if an outbreak or quarantine makes required staff unavailable.

(1) We have secure, remote access to pharmacy records.

(2) Relevant patient files will be transferred to another of our pharmacies and patients while be advised of new arrangements.

(3) Head Office will plan the cleaning and reopening of a COVID closed pharmacy when employees become available.

(4) We are prepared to use reps to help with stock.

(5) We have revised how to divert phone numbers and how to change phone messages.

xxix) **Internet Chat**. We have introduced internet chat with patients using facebook (March 2020) and our website (August 2020). We can very easily link patients to the correct advice, goods, and services without requiring them to present at our pharmacies.

xxx)**Phased Response**. For the foreseeable future, Cate's Chemist will operate in one of the following states:

Green Areas of no known community transmission.[1]	Amber Areas of little community transmission.[2]	Red Area of low to moderate community transmission.	Black Widespread community transmission.
Use of masks for PPE/OHS. Masks not currently recommended	Masks not currently recommended, but may be used	Mask use recommended while at work	Masks must be worn at all times
Advice to Consumers. Masks not currently recommended, but may be used if desired, particularly in people >70yrs or who are immunocompromised.	Masks recommended for people >70yrs or who are immunocompromised.	Masks recommended in enclosed public spaces	Masks must be worn at all times when not at home.
Assessment completed for segmentation and response for specific services.	Review segmentation and response for specific services (eg HMR/RMMR have different risk profiles to delivery).	One-way movement through the pharmacy if crowds require.	Screening patients for illness at entrances.
Normal Till operation. We reduce the use of cash and cash handling where possible.		One Cash Till. When there is evidence of community transmission, we transition to one cash till at each store. This sends the message to discourage cash use to patient/customer, minimises the cleaning liability at both till, reduces cash handling at end of day and means potentially two staff aren't off washing their hands at the same time. Dedicated POS operator.	
Attendance at COVID Safe, face to face events is permitted.		Events have switched to supporting marketing and community education with virtual events, facebook Q&A sessions or similar.	
See: 1) Physical Distancing 2) Hand Washing, Hygiene & PPE 3) Signage & Posters 4) Cleaning 5) Isolation		Be prepared to support the order of service using a token/number system. Reassess use of sneeze guards at Phase Red (see local provider Northern Plastics), noting that masks will be required by this time anyway. Shift rosters to an A and B Team model. We will consider separating Pharmacy Managers from their A Team workplaces.	

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[1] The number of active cases in the Townsville community reported by THHS or PHU is less than 20 and their sources are known.
[2] The number of active cases in the Townsville community is less than 50, and the number of cases with unknown sources is less than 5.

	Designated work areas/rooms so a whole workplace isn't a 'close contact'. See 6) Working from home.

6) Working from Home.

    i) Contingency plans (such as A & B Teaming) may require working from home. If required to work from home, employees will:

        (1) Maintain communications with their normal Pharmacy Manager, not less than daily, and be available during working hours by mobile phone or either MS Teams or Zoom when required by their Pharmacy Manager.

        (2) Inform their Pharmacy Manager know if they have concerns about working from home in a Covid isolated environment, and also consider the use of the Pharmacists Support Service (for pharmacists and pharmacy students) or the NQPHN funded Access Employee Assistance Program (EAP) for all pharmacy employees.

        (3) Complete and be prepared to provide Comcare's Working from home self-assessment checklist to ensure they comply with good ergonomic practices.

        (4) Work from a compliant workstation using the Safe Work Australia Checklist.

        (5) Consider and be prepared to discuss how they have adapted to sustain productivity at home, which often has many distractions.

4. Stock.

If we don't have stock we may as well shut – then we don't need any COVID planning. We need to fight for stock so we can meet the public health objective. We are prepared to seek out innovative pathways and not rely on traditional wholesaler relationships. We identify mission essential stock such as:

1) Medicine.

2) Hand Sanitiser.

3) Ingredients for hand sanitiser.

4) Flu shots.

5) Glen 20.

6) Antibacterial wipes.

7) Three lines of Face masks:

    a) P2 or N95

    b) Surgical Masks

    c) Reuseables / Washables

8) Thermometers.

Risk Analysis

Our plan and this risk analysis are reviewed weekly.

Hazard	Factors	Rating	Control
Risk of physical harm through violence.	The public response to fear, frustration, and confusion.	High	See priority 1 above.
Mental Health of staff.	Media. Misinformation.	Medium	See priority 2 above. Don't overact early. Plan sustained response. In it for a long time. Marathon, not sprint.
Risk from Covid infection to staff	Age. Comorbidities.	Low, except for one employee at Medium.	See priority 3 above.
Risk from Covid infection to business	Self-isolation. Isolation. Quarantine.	High	See priority 3 above. Most effective (and disruptive) will be A&B Teaming
Risk of unintended consequences.	Primary health as leaders in the community. Our actions will inspired fear or confidence.	Medium	Don't overact early. Plan sustained response. In it for a long time. Marathon, not sprint. Phased response with triggers at para 5(viii).
Risk of running out of stock	Hoarding. Minimum stock levels. Daily ordering and replenishment.	Medium	See priority 4 above. Medicines is mission essential. Identify and monitor other mission essential stock.

Version Control and Record of Updates

Date	Remarks
29 Jan 20	Initial draft. 'Preppers don't die'.
4 Mar 20	Revise response to hoarding.
17 Mar 20	Covid response flow chart developed and disseminate.
19 Mar 20	Revise to include APP training.
20 Mar 20	Vaccination and First Aid requirement confirmed. APP presentation released.
25 Mar 20	Revise hygiene and cough etiquette.
26 Mar 20	Infection Control training mandatory.
27 Mar 20	Home Medcines Delivery incorporated.
3 Apr 20	PSS Training made available.
4 Apr 20	Revised to include EAP detail.
10 Apr 20	Guild updates and checklist incorporated into plan
20 Apr 20	Revised to include links to Healthpathways.
21 Apr 20	PSA Regulatory summary updated.
22 Apr 20	Remote program delivery update.

20 May 20	Sharepoint rolling brief updated. Safe Work Australia compliant.
23 May 20	A & B Teaming update.
11 Jun 20	Plan update. Work from home resources included. New detail paragraph 5F.
18 Jun 20	Updates on NQPHN EAP and PSS.
10 Jul 20	Update to include new detail from Guild checklist.
20 Jul 20	Covid Safe Plan transitions from Sharepoint to word doc. Includes Risk Analysis and Version Control from sepcor.
4 Aug 20	Tabularise phases. Update mask use. Add masks to mission essential stock.
12 Sep 20	Update to include new detail from Guild Checklist
16 Oct 20	Update to include detail from Guild IR/HR Presentation