

General Health and Safety Considerations for Operation of UON Teaching Facilities during COVID-19 Pandemic

Overview

This overview has been prepared to provide additional detail to supplement and aid the preparation of a risk assessment https://www.newcastle.edu.au/_data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc for the risk posed by SARS-CoV-2 for each specific practical teaching activity planned to proceed over the next few weeks/months whilst mandated COVID-19 restrictions are in place.

Individual teaching activities must only operate if the University and relevant School are confident the control strategies in place are effective to manage the risk posed by the Novel Coronavirus- severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the activity is in compliance with legislated Health Control Orders and in accordance with the *Principles and Protocols for reducing the potential risk of COVID-19 Transmission at Universities* (Universities Australia May 2020) and University of Newcastle COVID-19 requirements.

The specific set of COVID-19 risk considerations for each individual facility must be clearly identified, assessed and managed through risk controls, with all stakeholders (technical staff, teaching staff and students) having a duty of care to themselves and others to adopt and comply with the risk controls documented herewith and in the risk assessment for the activities conducted. The risk and controls will continue to be carefully monitored to ensure the risk is based on current data and the nominated controls remain effective.

Note: it is especially important that formal risk assessments are conducted at this time as the Federal and State governments have been quite clear with issuing of COVID-19 restrictions <https://www.nsw.gov.au/covid-19> and legislating health control orders <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/public-health-orders.aspx>, that they require the risk to be strictly managed, with Universities amongst the few business areas that have been approved to stay open provided they can continue to demonstrate they are effectively managing the risk.

The risks posed by SARS-CoV-2, what are we trying to control?

Our focus is to prevent people from being infected with SARS-CoV-2 which causes Coronavirus disease COVID-19 whilst participating in University activities including those conducted in our teaching labs.

In previous coronavirus outbreaks, human-to-human transmission occurred through droplets, contact and contaminated objects. The transmission mode of SARS-CoV-2 is expected to be the same and the World Health Organization (WHO) infection prevention and control guidelines are based on this assumption.

- Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through contact with contaminated surfaces. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials.

- Aerosols (Airborne droplets)

An aerosol is a tiny droplet or particle suspended in the air. Respiratory infections can be transmitted through droplets of different sizes and when the droplet particles are >5-10 µm in diameter they are referred to as respiratory droplets, and WHO have reported that according to current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets. Droplet transmission occurs when a

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person is in in close contact (within 1 m) with someone who has respiratory symptoms (e.g. coughing, sneezing or possibly talking) and is therefore at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets. Some studies have suggested that COVID-19 may also be spread by people who are not showing symptoms.

Due to their size respiratory droplets rapidly fall out of the air (a 5 µm droplet would be expected to remain airborne for 30 - 40 minutes in still air, a 10 µm droplet for 8-9 minutes).

Targeted controls include:

- Staff and students not attending on-site if they have been confirmed as having COVID-19 or are under current imposed isolation restrictions (including having had contact with someone diagnosed with COVID-19 in the last 14 days) or have any COVID-19 symptoms,
- If a staff member or student is identified as displaying any of the symptoms whilst in the workplace they will politely be asked to leave.
- Now that the NSW Health department has opened up COVID-19 testing and is requesting anyone with symptoms be tested it is expected that any staff or students who have, or suspect they have symptoms will attend a local COVID-19 testing location to be tested and then self-isolate as a precaution until the test result is known. Note- even if cleared of COVID-19 staff and students must stay off-site until symptoms have resolved if they are ill.
- 1.5m social distancing (typically virus particles released within droplets from a sneeze or cough travel around a metre forward),
- Allowance of a minimum of 4m² per person indoors (note- one virus particle is unlikely to lead to infection) sets a minimum space allocation per person within the enclosed space that allows for the reduction of the concentration of virus aerosol particles within the room (released by a sneeze or cough from an infected person) to a dose less likely to lead to infection and in combination with 1.5m distancing is a strong control measure. The rooms and any indoor waiting area must have capacity limits in place and clear signage indicating the maximum occupants for each enclosed space at the entry to ensure >4m² of space per occupant (capacity limits are based on risk assessment not on room dimensions alone)
- Observing cough/sneeze etiquette into the inner elbow,
- Vacating the room and shutting it up for a minimum of 40 minutes if someone has a coughing fit and wiping down work surfaces with a suitable decontaminate before recommencing work.
- Minimising use of common areas in a facility where students may congregate such as everyone needing to fetch materials from a cupboard or bench when staff could instead place them at each work station prior to the session.

NOTE: a facial mask of any type is not identified as necessary as a control measure for COVID-19 for any UON teaching activities, as the risk is low if the control measures in described are observed. PPE is also the weakest control strategy in the hierarchy of risk controls and it should never be the first control adopted to manage risk. Mishandling and poor infection control by the wearer commonly compromises any benefit masks afford against infectious agents.

A surgical mask is not considered a suitable control measure for protection against viruses, although it obviously may provide some limited protection. It is designed for use to protect a patient from aerosols emitted from the nose and mouth of staff in a clinical setting (or in a veterinary setting). But it does this to a limited degree as it is open at either end and does not have a sealed fit. Similarly, someone

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suffering a respiratory infection can reduce the risk of aerosols being released into the air and infecting others by wearing a surgical mask, however stronger controls (e.g. self-isolation) are more effective and are to be observed with COVID-19.

A P2 or N95 mask is effective to reduce the risk of infection from viruses if worn correctly (including being fit tested) by a person trained to don and doff and when used in combination with other controls. There is no identified need to include P2/N95 masks as a control for University teaching labs and this type of PPE is generally added as an additional control to a higher risk activity where stronger controls cannot be used (such as working with COVID-19 patients in ICU where clinical procedures may produce high concentrations of aerosolised (<5 µm) virus droplets, and where stronger controls such as personal distancing and eliminating persons with symptoms from the workplace cannot be used). Note: Laboratories culturing and handling high concentrations of virus for work that may produce aerosols confine this work to within a Biological Safety Cabinet (Engineering Control) located within a Physical Containment Facility.

- Contaminated Surfaces/Objects

It is considered possible that persons may become infected if there is hand contact with a contaminated surface or object (*contaminated by an infected person's droplets/aerosols settling on a surface/object; or if an infected person has contaminated their own hands by touching their own face [mouth, nose, eyes] and then touched a surface/object*) by a person who then touches their face where they increase the risk of the virus entering their respiratory system via the nose, mouth or eyes.

The virus will remain viable for longer on sealed surfaces such as plastic and glass than on porous surfaces such as paper, cloth and clothing, bricks, soil etc. where the virus will be non-viable in hours (typically a maximum of 4-9 hours). Environmental factors such as temperature, sunlight, pH, moisture etc. will affect how long the virus will remain viable on a surface.

NOTE: there are a lot of "ifs" with this suspected mode of transmission, including:

- if the virus is viable,
 - if the virus is able to travel to the eye/nose/mouth and then enter the respiratory system,
 - if the dose is sufficient to cause infection,
- There are multiple opportunities to add simple controls at different time points that can effectively reduce or address this risk.

Targeted controls include:

- Staff and students not attending on-site if they have been confirmed as having COVID-19 or are under current imposed isolation restrictions (including having had contact with someone diagnosed with COVID-19 in the last 14 days) or have any COVID-19 symptoms. It is expected that any staff or students who have, or suspect they have symptoms will attend a local COVID-19 testing location to be tested and then self-isolate as a precaution until the test result is known. Note- even if cleared of COVID-19 staff and students must stay off-site until symptoms have resolved if they are ill.
- If a staff member or student is identified as displaying any of the symptoms whilst in the workplace they will politely be asked to leave and advised to go and get tested.
- Observing cough/sneeze etiquette into the inner elbow,
- If you blow your nose put the tissue straight into the bin and wash your hands.

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- Ensure basic personal infection controls are adhered to (no touching the face, coughing/sneezing protocols, no pens in the mouth, no chewing nails, no finger-lick paper-flick etc.)
- Regular (including at the start and end of the session) hand washing using soap and water or if not available use of a hand sanitiser
- Hand washing/hand sanitiser after touching shared surfaces (door knobs etc.) or if you touch your face (this includes eating as well as scratching your nose, rubbing your mouth etc.)
- Regular cleaning of shared surfaces with suitable decontaminate
Note: Suitable decontaminates are all hazardous chemicals and dangerous goods and it is important to read the SDS before use and to wear suitable PPE where identified as required. They must also be stored appropriately.
- Cleaning of surfaces in the immediate work area after each use with suitable decontaminate
- Consider the use of disposable covers for items that are difficult to clean
- Introducing controls to minimise touching of shared surfaces such as leaving a door open so no one needs to touch the door handle
- Vacating the room and shutting it up for a minimum of 40 minutes if someone has a coughing fit and wiping down work surfaces with a suitable decontaminate before recommencing work.
- Minimising use of common areas in a facility where students may come into contact with items touched by others such as everyone needing to fetch materials from a cupboard or drawer when technical staff could instead place them out at each work station prior to the lab.

NOTE: *gloves are not considered necessary or a suitable control for COVID-19 in a teaching environment as the virus doesn't pose a risk of infection via entry to the body through the skin. The use of gloves without clear justification often increases risk or introduces new risk to activities where hand washing is an effective control as they often are a cause of cross contamination, as people are not regularly washing their hands and they are certainly not washing their gloves, but as they feel protected they may be touching many surfaces potentially spreading contamination with no thought to others.*

Their (gloves) requirement for COVID-19 is primarily for laboratories handling or culturing high concentrations of virus or for medical staff working directly with infected patients in ICU, where there is an ongoing higher risk of contact with high concentrations of viable virus. Both these environments are highly controlled with strict infection control behaviours and PPE protocols in place.

Quick Summary of Current Information on COVID-19

There is a significant time lag from an individual becoming infected, to becoming symptomatic, to seeking care and being tested and reported. The time between when a person is exposed to the virus and when symptoms first appear is thought to be typically 5 to 6 days, although this may range from 1 to 14 days. Many cases that have been identified have no symptoms which indicates many cases will not be confirmed as they will not identify a need to request or be sent for testing.

Most COVID-19 cases appear to be spread from people who have symptoms (i.e. asymptomatic cases are less likely to spread the infection as they aren't actively shedding virus through coughing, blowing their nose etc. although studies suggest they have the same viral load). It is also being identified that people may be infectious 2-3 days before the onset of symptoms. COVID-19 presents a mild illness for approximately 80% of confirmed cases. Based on confirmed Australian COVID-19 cases up to the 12th of April cough has been identified as the most common symptom reported in 70% of cases, with 48% reporting fever, 40% headache and 36% a sore throat. Fatigue, shortness of breath, muscle aches, loss of taste and the sense of smell, diarrhoea, chills and vomiting

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have also been symptoms reported. Some individuals have also been identified as still shedding the virus (infectious) more than 14 days after being confirmed as infected.

COVID-19 causes respiratory illness with most cases reporting no symptoms or mild symptoms similar to the common cold. For unknown reasons, younger people appear to be more protected, which is similar to a trend observed during the 2003 SARS epidemic.

There are specific groups at higher risk (over 65, immuno-suppressed or with an underlying medical condition including Cardiovascular Disease, Chronic Respiratory Disease, Diabetes, Cancer, Hypertension) of developing severe pneumonia. This group should be self-isolating and protected during this time and we have a clear duty of care not to bring them into the workplace when they should be self-isolating. Again based on Australian COVID-19 data up to 12th of April 2020, of those that had died one third had diabetes, 30% had heart disease, 30% had chronic respiratory disease and the median age was 78.

While little is known about this novel virus, based on viruses with comparable genetic characteristics COVID-19 virus is expected to be susceptible to disinfectants with proven activity against enveloped viruses, including sodium hypochlorite (bleach; for example, freshly prepared 1000 parts per million [ppm] (0.1%) for general surface disinfection); 62-71% ethanol; 0.5% hydrogen peroxide; quaternary ammonium compounds; and phenolic compounds, if used according to the manufacturer's recommendations. Other biocidal agents such as 0.05–0.2% benzalkonium chloride or 0.02% chlorhexidine digluconate may be less effective.

Note: When choosing a suitable disinfectant/decontamination agent consideration must be given to its risk profile and agents such as bleach are not recommended for this reason. It is important to read the SDS before choosing the agent and to wear suitable PPE where identified as required. They must also be stored appropriately.

Simple soap and water for handwashing for 20 seconds is an effective control, although locations where a hand-basin is not available may instead use a hand sanitiser noting this is only effective if the hands are clean and the product has been shown to be effective against enveloped virus (such as ethanol 80% v/v (pharmacopoeial grade or food standard grade) OR isopropyl alcohol 75% v/v (pharmacopoeial grade) in an aqueous solution). Frequent hand washing and hand sanitiser products can dry and irritate the skin and hand moisturising is recommended

Information for staff and students to consider before attending on-site at a teaching lab

- Staff and students who identify as falling under the known higher risk groups (over 65, immuno-suppressed or with an underlying medical condition including Cardiovascular Disease, Chronic Respiratory Disease, Diabetes, Cancer, Hypertension) are **strongly advised** not to attend the campus at this time as it is recommended they self-isolate as much as possible to reduce their risk of exposure. It has also been identified that Indigenous Australians may have an increased risk to COVID-19 and this advice also extends to this group until the data is available to make a more informed assessment.
All Staff and Students who identify as having one or more high risk factors are advised to complete the COVID-19 Health Assessment Questionnaire which is submitted to the University Health Service. This information will be treated confidentially and will be used for risk assessment and where necessary recommendations will include discontinuing attendance at UON campuses until Federal and State Government COVID-19 restrictions are downgraded.
- Staff and students **must not** come to the campus if they have any symptoms, current isolation restrictions (including being diagnosed with COVID-19 or having had close contact with someone diagnosed with COVID-19 in the last 14 days). It is expected that any staff or students who have, or suspect they have symptoms will attend a local COVID-19 testing location to be tested and then self-isolate as a precaution

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until the test result is known. Note- even if cleared of COVID-19 staff and students must stay off-site until symptoms have resolved if they are ill.

NOTE: Please make contact with your Supervisor (Staff) or Course Coordinator (Students) to identify this reason for not attending the lab as soon as possible and the discussion will be treated confidentially.

- If a staff member or student is identified as displaying any of the symptoms whilst on-site they will be politely asked to leave and advised to attend a local COVID-19 testing location to be tested and then self-isolate as a precaution until the test result is known. Note- even if cleared of COVID-19 staff and students must stay off-site until symptoms have resolved if they are ill.
- Should any staff or students associated with the labs be confirmed as having COVID-19 they are requested to immediately notify the University Health response Team (health.response@newcastle.edu.au) so the University can quickly take any necessary precautionary steps, including notifying others who may have been in contact with the person whilst they could have been infectious to immediately self-isolate. NOTE: UON staff have access to 2 weeks of COVID-19 special leave should they be required to self-isolate and provisions will be made to assist students with exemptions etc. so that they are not adversely impacted through missing teaching activities.
- The mental health of Staff and Students is an important consideration at this time as many feel fearful and alarmed which is normal and to be expected given the current environment and they may not want to attend the campus at this time. It's important to discuss any concerns with a Course Co-ordinator or Supervisor and to review this document and the risk assessment for the lab activities and if additional control measures or a change to work activity is identified as necessary, these need to be incorporated into the risk assessment.

If a Student still identifies they are not comfortable to attend there needs to be sensible provisions in place to allow exemption from attending the class.

Staff will need to determine with their Supervisor what actions can be taken to address their concerns, noting the work activities associated with the teaching lab cannot be undertaken from home.

NOTE: There are services available to assist both staff and students including the [Employee Assistance program \(EAP\) for staff and Student Counselling for students](#). Students have access to free counselling through the Student Counselling Service (phone 4921 6622) and the Employee Assistance Program (EAP) is a confidential counselling service free for all UON staff and their immediate family members.

General Overview of Risk Controls to be Implemented On-site

The following general controls are to be observed by all staff and students using a Teaching Facility with a more detailed risk assessment specific to the site activities also in place.

- ❖ Convert any face to face sessions to an online session where this is practical and possible.
- ❖ All Staff and Students must be advised that if they identify as falling under a high risk group (including over 65, immuno-suppressed or with an underlying medical condition including Cardiovascular Disease, Chronic Respiratory Disease, Diabetes, Cancer, Hypertension) that they should complete the confidential COVID-19 Health Assessment Questionnaire. It is **strongly recommended** that those in high risk groups do not attend the campus at this time.

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- ❖ Staff and students are to be advised prior to coming to the session that they **must not** come to the campus if they have any symptoms, current isolation restrictions (including having been confirmed as having COVID-19) or interactions with others with the virus or suspected of having the virus. Now that the NSW Health department has opened up testing and is requesting anyone with symptoms be tested it is expected that any staff or students who have, or suspect they have symptoms will attend a local COVID-19 testing location to be tested and then self-isolate as a precaution until the test result is known. Note- even if cleared of COVID-19 staff and students must stay off-site until symptoms have resolved if they are ill.
- ❖ Staff should check in with students prior to them being provided entry to the room verbally requesting they confirm that they don't have any symptoms or current isolation restrictions
- ❖ Any staff or student who has been confirmed as infected **must provide** a medical clearance before they return to site and recommence duties.

Note: At this time the University is classed as a high risk setting <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/release-from-isolation.aspx> and therefore anyone who has been confirmed as a positive case must comply with the following criteria before they can return to campus

- at least 10 days has passed since the onset of symptoms and
 - you have been afebrile for the previous 48 hours and
 - you have had a resolution of all symptoms of acute illness for the previous 24 hours and
 - you have been tested and are PCR negative on at least two consecutive respiratory specimens collected at least 24 hours apart at least 7 days after symptom onset.
- ❖ If a staff member or student is identified as displaying any of the symptoms whilst in the workplace they will politely be asked to leave and advised to attend a local COVID-19 testing location to be tested and then self-isolate as a precaution until the test result is known. Note- even if cleared of COVID-19 staff and students must stay off-site until symptoms have resolved if they are ill.
 - ❖ Should any staff or students associated with the labs be confirmed as having COVID-19 they are requested to immediately notify the University Health response Team (health.response@newcastle.edu.au) so the University can quickly take any necessary precautionary steps, including notifying others who may have been in contact with the person whilst they could have been infectious to immediately self-isolate. NOTE: UON staff have access to 2 weeks of COVID-19 special leave should they be required to self-isolate and provisions will be made to assist students with exemptions etc. so that they are not adversely impacted through missing teaching activities.
 - ❖ The 1.5m personal distancing requirement is to be enforced both in the teaching facility and the waiting area outside them.
 - ❖ Staff must be vigilant and monitor students inside and outside the room and address anyone not complying with the 1.5 metre distancing requirement
 - ❖ Students should not arrive at the session any earlier than 10 minutes prior to its commencement and where/when possible they should wait outside the building

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- ❖ The rooms and any indoor waiting area must have capacity limits in place and clear signage indicating the maximum occupants for each enclosed space at the entry to ensure >4m² of space per occupant (capacity limits are based on risk assessment not on room dimensions alone)
- ❖ Hand hygiene practices must be observed with regular handwashing (or hand sanitising with gel if a hand basin is not available) including upon entry and prior to exiting the lab and if anyone contaminates (potentially) their hands by touching their face or sneezing/coughing into their hands.
- ❖ The labs shared work areas such as benches and equipment will be cleaned with 70% alcohol wipes or use spray bottles of a suitable disinfection agent (at the appropriate working dilution) and paper towel after each use.
- ❖ Ensure basic personal infection controls are adhered to (no touching the face, coughing/sneezing protocols, no pens in the mouth, no chewing nails, no finger-lick paper-flick etc.)
- ❖ Minimise foot traffic to shared areas in the lab by changing work flows or having staff put materials out at the work stations prior to the lab and packing them away at the end of the session.
- ❖ Vacating the room and shutting it up for a minimum of 40 minutes if someone is identified as coughing or has a coughing fit and wiping down work surfaces with a suitable decontaminate upon re-entering and before recommencing work. The person who has been coughing will be asked to go home as a precaution.
Note: in most cases a single cough or sneeze (which is after all a natural response of the body) can be managed by the person removing themselves from the room in case they sneeze or cough more and the immediate area (4m²) being left clear for 40 minutes, before being wiped over with a suitable decontaminate. If only a cough or sneeze into a crooked elbow it is less likely for aerosols to be released into the room and if they are it would be limited to within close proximity to the person where surfaces are wiped down at the end of the session.
- ❖ Ongoing risk assessment and consultation with all stakeholders to ensure the risks are assessed correctly, the control strategies are being observed and that the controls in place are appropriate and effective.

Additional Consideration for on-site Clinical Teaching Facilities

The risk profile for some clinical areas is more complex than other face to face teaching areas as many staff educators and some students are also working in public health, private health or aged care facilities and students may also be on placement or preparing to go on placement. Therefore the risk of these students and staff contracting the virus offsite (whilst working or on placement) is higher than most other students due to the nature of their work (they are working in close proximity to others in high risk locations) and the location (hospitals and aged care where they may come into contact with confirmed and unconfirmed cases). Conversely if one or more of these staff or students become infected through attending a University teaching activity, the risk to them personally may not be high due to their personal risk profile. However, the potential outcome should they pass the infection on in a healthcare or aged care facility where those classified at high risk are located in numbers could be catastrophic.

There are also a number of clinical teaching areas that conduct activities with patients that come to site. These activities can only be conducted if this is carefully risk assessed and the risk can be effectively managed and the additional controls must include no patients in high risk groups to participate in these activities at this time and careful screening of patients by staff prior to them coming to site.

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Most Professional Healthcare Associations have now released COVID-19 guidance and procedural requirements and Hospitals, Health Care and Aged Care facilities have also implemented COVID-19 protocols and infection controls in line with NSW Health requirements.

It is important that these new and additional requirements are incorporated into the relevant clinical teaching facilities to reflect the current infection control and risk management standards that are expected across the given profession. This will ensure students are aware and educated to all current requirements and job ready should they be working in, about to start or already on placement in one of these settings.

The Australian Health Practitioner Regulation Agency (Ahpra) has also recently released a set of principles and risk assessment and risk control decisions for the University clinical teaching activities are expected to align with these principles

Clinical education principles for the COVID-19 pandemic

1. **Safety** – the safety of patients, students and staff working in health services, and the provision of high-quality care to patients is paramount.
 - 1.1 The roles and tasks assigned to students should be as safe as possible.
 - 1.2 Students must be trained in using personal protective equipment (PPE).
 - 1.3 Students must have access to appropriate PPE, at the level recommended by their clinical supervisor or jurisdictional guidelines.
 - 1.4 Students, or their regular contacts, at higher risk of COVID-19 require special consideration.
 - 1.5 Safety of the longer-term workforce is also an important consideration.
2. **Continuation** – continue clinical education, including placements, as much as possible to balance quality learning opportunities for students with the short and long-term health needs of the population, and service providers' priorities.
3. **Outcome focussed** – accreditation standards support flexible approaches to clinical education with a focus on achievement of learning outcomes within the dynamic context of the pandemic.
4. **Collaborate and innovate** – effective clinical placements are a collaboration between students, supervising clinicians, health services and educational organisations. This requires close communication with all stakeholders. Sharing resources and innovative responses to the COVID-19 pandemic across sectors is encouraged.
5. **Prioritise** – students closest to graduation can contribute most to patient care, and their timely graduation and registration is critical to workforce sustainability.
6. **Capacity** – use clinical education arrangements to extend capacity and consider where students could use their existing skills in the health system and community with different supervision models and away from the frontline COVID-19 response. This would release staff and resources for COVID-19 work and can also provide quality learning opportunities.
7. **Identify, monitor and manage risks** to students, education providers and health services according to pandemic data and service demands as they change.
8. **Maximise recognition of appropriate clinical experience** – education providers and Accreditation Authorities to maximise the recognition of relevant learning gained by registered students in paid employment as appropriate to individual professions, within jurisdictional contexts.

<https://www.ahpra.gov.au/News/COVID-19/National-principles-for-clinical-education-during-COVID-19.aspx>

Useful References

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NSW Government Information and Restrictions

- Current NSW Public health orders <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/public-health-orders.aspx>
- Information for NSW businesses and employees <https://preview.nsw.gov.au/covid-19/businesses-and-employees>
- Information for NSW Schools, Universities and childcare <https://preview.nsw.gov.au/covid-19/schools-universities-and-childcare>
- NSW Events and venues <https://preview.nsw.gov.au/covid-19/public-health-orders/events-and-venues>
- NSW Guide on what you **can** and **can't** do <https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules>
- NSW Health COVID-19 (Coronavirus) resources <https://www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-resources.aspx>

Federal Government Information and Restrictions

- COVID-19 webpage <https://www.australia.gov.au/>
- Universities and Higher Education Providers <https://www.dese.gov.au/news/coronavirus-covid-19>

Safe Work Australia

- Identify, assess and control hazards <https://www.safeworkaustralia.gov.au/risk>
- COVID-19 Information for workplaces <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces>
- Manufacture or supply of alcohol-based hand sanitiser <https://www.safeworkaustralia.gov.au/manufacture-or-supply-alcohol-based-hand-sanitisers-covid-19>
- SWA How to clean and disinfect your workplace - COVID-19 <https://www.safeworkaustralia.gov.au/sites/default/files/2020-04/how-to-clean-disinfect-your-workplace-covid19.docx>

SafeWork

- NSW COVID-19 Webpage <https://www.safework.nsw.gov.au/resource-library/COVID-19-Coronavirus>

WHO

- COVID-19 webpage <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Therapeutic Goods Administration

- hand sanitiser information <https://www.tga.gov.au/hand-sanitisers-and-covid-19>

Centres for Disease Control and Prevention

- COVID-19 webpage <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

The Australian Health Practitioner Regulation Agency (Ahpra)

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- National principles for clinical education during COVID-19 <https://www.ahpra.gov.au/News/COVID-19/National-principles-for-clinical-education-during-COVID-19.aspx>

Communicable Diseases Network Australia (includes a definition of “close contact”)

- Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

NSW Health COVID-19 infection control training <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>

Universities Australia

- Principles and Protocols for Reducing the Potential Risk of COVID-19 Transmission at Universities (May 2020)

University of Newcastle

- COVID-19 Webpage <https://www.newcastle.edu.au/covid-19>

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