PCEC Post COVID-19 Re-Opening Plan

2020/21

PERTH CONVENTION AND
EXHIBITION CENTRE

Post COVID-19 Site Return to Work Plan

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1.   Introduction

Perth Convention and Exhibition Centre (PCEC) Post COVID-19 Zero Harm Management Plan (the Plan) outlines the arrangements and commitment PCEC will have in place to manage the resumption of business and prevent the spread and impact of COVID-19

The Plan has been developed to ensure conformance with Group health and safety requirements, World Health Organisation guidance and applicable Federal and State arrangements for the management of infectious diseases.

The Plan is developed under the **COVID-19 Standard DG-ZH-ST089.1** and is designed to work in tandem with the **PCEC Infectious Disease Management Plan (IDOMP)** and the **PCEC Pandemic Plan**.

Give the fluid nature of the COVID-19 Pandemic, the plan may evolve as Government restrictions change and new requirements may be imposed.

1.1   Objectives

The objectives of this plan are to;

- Minimise the spread of infection and prevent outbreaks within PCEC operated facilities.
- Provide timely, authoritative and up to date information to PCEC personnel and relevant government authorities when required.
- Take responsible actions to limit the spread of infectious disease.
- Manage the resumption of business continuity for PCEC, our clients and customers.

1.2   Scope

This plan applies to all facilities within the workplace that are under PCEC management control. This includes our clients, service delivery partners and visitors on site.

2.   Risk Management

The PCEC facility is diverse and different issues exist within each area. As such, each is required to undertake a facility-specific risk assessment using the **PCEC Workplace _Facility Checklist_02_23_JULY20 (Final)** form, to manage the risk posed by COVID-19.

The risk analysis should inform the development of mitigations that lower the risk of transmission and promote good health, hygiene and physical distancing within the facility. Mitigations should ensure that the risk is managed as far as reasonably practicable using the hierarchy of controls before re-opening. The risk assessment should be used to inform the approach to reopening.

All events held at PCEC will also be required to complete a risk assessment to demonstrate that the venues client can conduct their activity in a "COVIDSafe way. If a client is unable to demonstrate an understanding and/or their ability to conduct their event in a "COVIDSafe way" the client will be required to secure a professional Event health services company for the duration of their event.
PCEC preferred Event Health services company is St John Western Australia.

3. Management of Suspected or Confirmed Cases

In the event of any suspected or confirmed cases that develop in the PCEC facility to any staff member, delivery partner or visitor, PCEC will manage these cases in accordance with the PCEC *COVID-19 Brief Response Guide*, and the PCEC *Infectious Disease Management Plan (IDOMP).*

4. First Aid

Standard precautions should be adopted when providing first aid, for example gloves and an apron to use when dealing with blood or body fluids/substances.

Always wash hands with soap and water or use a hand sanitiser before and after providing first aid.

5. Front of House Controls

5.1 Personal Hygiene Practices

Hand sanitiser will be provided at strategic points throughout the PCEC facility. These include but are not limited to entry points to any communal areas such as:

- toilets,
- retail and food outlets,
- function spaces,
- exhibition spaces,
- cafes/bar,
- Canteen/Dining rooms,
- Other PCEC facility food service locations.

An alcohol-based product should be used in conjunction with standard hand hygiene practice in all communal and private spaces both pre and post entry to the space.

Staff will avoid shaking hands with clients, customers or visitors to PCEC facilities.

Frequent hand washing must take place to remove dirt and germs from the hands. Hands must be washed for 20 seconds, cleaning between the fingers and the backs of the hands. Hand washing should occur where practicable rather than the use of hand sanitiser, due to its effectiveness. Hand washing should be the preference when compared to the use of hand sanitiser prior to eating, preparing food, etc.

Sharing of food between people at work should be discouraged.

The sharing of communal utensils, cups, or other kitchenware is discouraged. People should be encouraged to bring their own utensils to work and store them for their personal use. Any utensils remaining in communal areas must be thoroughly washed using hot water, preferably in a dishwasher, before being available for reuse.

Where practicable, to encourage the use of hand sanitiser, PCEC may provide a concierge service whereby a staff member will offer the use of the hand sanitiser as people enter any of the spaces listed above.

5.2 Workplace Hygiene Requirements

Sites must:

- Provide hand hygiene products and suitable rubbish bins, with frequent cleaning and waste disposal.
- Schedule regular cleaning and disinfecting surfaces that many people may touch. This includes equipment that is used in the workplace.
- Minimise the requirement for people to share tools, or other equipment. Where equipment must be shared it must be cleaned before use by another person.
- Provide cleaning products so that workers can access and use items such as disinfectant or antibacterial wipes where necessary to wipe communal areas / equipment before and after they use them e.g. desks, telephones, keyboards, electronic visitor registration screens, etc.
- Provide disposable paper tissues for those who require them, along with bins for their disposal and hand sanitiser nearby.
- Maintain necessary supplies of the above and consider access to P2 / N95 masks for in the event the situation changes, and masks are required.

5.3 Physical Distancing

5.3.1 General

Physical distancing strategies are a necessary control when returning to work once COVID-19 restrictions have eased. These include:

- Restricting numbers in communal spaces at any given time in accordance with guidance from health authorities with the cooperation of security teams as well as extra staff at entry points who can manage patron numbers in each space.
  - o Maintain a distance of 1.5m from each other. Where this distance cannot be achieved for a necessary task, the timeframe must be minimised, and other controls considered (see close proximity work).
  - o Indoor, enclosed or shaded areas should allow at least 2m2 per person.
- Manage public spaces to avoid inadvertent congregating and loitering in trafficable areas before or after events or exhibitions.
- Performing density measures and floor plan management. Foyers and areas open to the public will be completed by PCEC staff. Further areas being sold by PCEC for private events will have such density measures created by PCEC
- staggering dining times in shared dining rooms to reduce group numbers, implement practical physical distancing and cleaning between dining sessions
- Non-business essential visitors must be restricted from access to PCEC.
- Use contactless deliveries where possible. This will extend to all other building stakeholders and suppliers who utilise a common delivery area.

5.3.1 Queue Management

When required, staff will be strategically allocated to known bottlenecks to manage queues and prevent them from forming where possible. Concierge staff will work to density measures and floor plan management plans provided by PCEC.

5.3.2 Close Proximity Work

Where the requirements of a task or work activity mean the above separation, distances cannot be maintained the following must be applied to mitigate the risks associated with persons working within this distance (i.e. less than 1.5m). Controls must be documented in work methods and verified via supervisor observation.

- Wherever possible avoid positioning yourself face to face in close proximity with another person. Where this cannot be avoided, and you must maintain face to face contact with another person at a distance less than 1m for greater than 15 minutes, additional controls including screening and/or PPE should be considered.
- The number of people required to work in close proximity must be limited to the minimum necessary for safety and efficiency of the work activity.
- The time that people are in close proximity must be minimised.
- Cleaning frequency must be increased.

5.4   Upgraded Workplace Cleaning and Disinfection Regime

PCEC will implement an upgraded cleaning regime at the venue.

All cleaning activity that takes place within the facility will be documented as it occurs.

The scale of the cleaning regime will be developed with the client/customer prior to work commencing. A cleaning register will be developed, and consideration will be given to:

- Type of clean
    - o   Standard clean
    - o   Deep clean
- Locations to be cleaned
    - o   Common touch points such as
        - ▪   Door handles,
        - ▪   Handrails,
        - ▪   Taps,
        - ▪   Chairs,
        - ▪   Table/bench tops,
        - ▪   Cupboard doors,
        - ▪   Windows,
        - ▪   Elevator panels,
- Type of chemical to be used
- Frequency and duration of cleaning regime
- PPE and other equipment to be used to perform the cleans
- Cloakroom areas will be locked, and cloakroom facilities not offered for the time being.
- Wheelchair rooms, and sick rooms, will be locked and access only available upon request. After each individual use or visit, common touch points will be cleaned as required.

5.5   Contact Tracing

All PCEC staff will be asked to download the **COVID Safe** app and have their phone turned on, and with them at all times to ensure the effectiveness of the app.

Every effort should be made to encourage people attending PCEC to download the app as part of conditions of entry.

For any event or function, organisers should have a robust pre-registrations and event day registration process in place to ensure that all person's attendance is recorded and traceable.

Information and instruction regarding the management of suspected and confirmed COVID-19 cases amongst our workforce is provided to PCEC workers who may have been in close or casual contact. Contact tracing is undertaken consistent with Appendix A.

5.6   Health monitoring

PCEC are required to maintain a program of health monitoring, so that employees attending the workplace present without illness. Health monitoring may include self-monitoring and health declarations and/or non-contact temperature testing on entry to site. Example forms are found at Appendix C and D.

5.6.1 Non-Contact Temperature Checking

PCEC recognises that temperature checking is not a fool-proof method to determine if someone is unwell. So, temperature checking must be utilised as an auxiliary control when combined with others outlined in the Plan.

Temperature testing on entry in to PCEC for guests and staff is not required. In the event that a person presents symptomatic and a temperature test is required, PCEC will utilise the **Non-Contact Temperature Testing Procedure DG-ZH-PR089**.

The way in which this process is undertaken at PCEC will be decided through a site-specific Job Safety Analysis (JSA).

5.7 Personal Protective Equipment (PPE)

PPE is considered to be the lowest order of control and should only be used as one control among many others when mitigating risk.

5.7.1 Gloves

It is policy to be wearing protective gloves for tasks that require staff to use their hands.

Hygiene gloves will be worn for all food handling activities.

Gloves will be worn when performing any cleaning activity and are to be worn in accordance with our extensive Food Safety Program.

5.7.2 Masks

PCEC will not mandate the use of masks for our staff. The advice from the Chief Medical Officer on masks has been the following:

- Not all mask types are effective against respirable diseases such as COVD-19.
- Even the correct mask type will not necessarily protect the wearer from those around them.
- They should only be used by people who have an illness to avoid spreading to others. Regardless, if a PCEC staff member is unwell, they should not be attending working.
- If people do choose to wear them, the mask must be fitted correctly, otherwise they are not effective.
- If people are not accustomed to wearing masks, they can begin to make the wearer feel uneasy/uncomfortable and result in the wearer continually adjusting the mask, potentially leading to higher risk of contamination.

In the event a mask is required for either a staff member or patron whilst on site at PCEC, please refer to the mask fit guidelines in Appendix B.

5.8 Clear Screens at Point of Sale

Consideration will be made to providing clear screens for staff at point of sale locations.

The decision to erect these screens will be done by risk assessment and in agreement with the client/customer.

5.9 Handling Cash

PCEC will be promoting cashless payment until further notice and no cash will be accepted in the venue. Instead we will be using various contactless payment methods such as:

- PayWave
- Tap and Go
- Pre-Payment arrangements

5.10   Training

All PCEC staff are required to complete online training prior to returning to work for the first time.

The online training is called, '***Introduction to Infection Control***' and is made available to all staff through the PCEC Learning Management System. Staff will also be required to complete the States AHA WA mandate hygiene training.

5.11   Control Verification

PCEC has a critical control verification regime where our leaders at all levels of the organisation check and verify that critical controls to mitigate and prevent the spread of COVID-19 are in place, working effectively and understood by the frontline.

Our leaders demonstrate this visible field leadership by performing the checks as part of our Critical Risk Program and is done through face to face interactions using an app to record the interactions.

Leaders will undertake these Critical Control Inspections in all work areas.

5.12   Communication Plan

It is critical that PCEC work with the client/customer to develop a communication plan when planning to deliver a function/event for the attendees.

Communication to attendees should outline the conditions of entry to the function/event and should explain the minimum expectation of behaviour when attending the event or exhibition.

The plan should also consider other forms of communication such as signage, including but not limited to:

- o   Digital messaging
- o   Posters on walls,
- o   Decals on the floor highlighting social distancing requirements
- o   PA announcements

6.   Back of House Controls

Advice from the Department of Health is that some coronaviruses can potentially survive in the gastrointestinal tract however, food-borne spread is unlikely when food is properly cooked and prepared. With good food preparation and good hand hygiene, it is highly unlikely that you will become infected with coronavirus through the food if the requirements of the PCEC Food Safety Program are adhered to.

6.1   PCEC Food Safety Program

The PCEC Food Safety Program (FSP) is a site-specific program managed on-site via an on-line Food Safety Portal. Sites are required to identify the food safety hazards that are present at their location and ensure that all the controls & processes to manage those hazards are in place. This is the primary risk management tool used to identify and manage food safety hazards within the PCEC business.

Updates to the PCEC FSP are distributed to the business via the Food Safety Portal. Updates include changes to management processes and the distribution of important food safety information communicated by food safety regulators across Australia.

PCEC Food Safety Team communicates directly with food safety regulators to ensure that the business has the most current information, as it relates to COVID-19 management for food service. In addition, the Food Safety Team works with Zero Harm to ensure that all sites have the information that they require to comply with the various regulatory requirements.

The Food Safety Team regularly communicates with the operators of food businesses and provides assistance to support their operations.

6.2 Food Handling & Service

In addition to the controls already mentioned, the Food Safety Team provides additional advice to sites about how to further manage the service of food. The Food Safety Team distributes communications requiring sites to consider how food safety controls are managed when a site is closed for an extended period of time, and when a site reopens. Controls include, but are not limited to:

- o Increased cleaning and sanitising activity, including pest mitigation and surveillance activities
- o Checking and managing food and food storage locations
- o The management of strict personal hygiene requirements, including handwashing
- o Additional training of staff to ensure that they are aware of the risks and have the tools to operate safely
- o Additional pre-opening activities to ensure that sites can provide a safe food service to our customers

Additional controls may be required around the service of food to our customers and charges may apply. These include, but are not limited to:

- o The temporary removal of customer self-service – all food may be served by staff
- o Limiting exposure of customers to risk by adhering to physical distancing rules
- o Ongoing cleaning and sanitising of shared frequently touched surfaces
- o The use of the correct PPE by staff
- o The use of portion control to limit exposure of food to potential contamination risks
- o Limiting the exposure of crockery and cutlery, etc., to potential sources of contamination

Supervision of food safety activity is critical to ensure that the site complies with all PCEC food safety controls & additional regulatory advice. The venues Food Safety Supervisor provides additional training to all staff & overseas compliance of critical food safety controls. All Food Safety Supervisors are supported in their food safety compliance role by their Food Safety Team.

6.3 Food Safety Reopening Checklist

The following checklist must be completed by the site and returned to the Food Safety Team within 3 days of reopening:

- o *FORM-CORP-FS-GEN-05-1 Food Safety COVID-19 Reopening Checklist*

The reopening checklist is supported by the following document, intended as additional information and guidance for the recommencement of food preparation and service activities, and ensuring compliance with the PCEC FSP and the relevant regulatory advice:

- o *FS-INFO-GEN- 01.2 Information for Food Businesses: Remobilisation of Temporarily Closed Sites*

6.4 Vulnerable Workers

Managers must undertake a process to identify vulnerable / at-risk personnel and introduce additional safeguards for these workers.

Evidence suggests that some groups of people are at a higher risk of getting severe COVID-19 disease. These are vulnerable workers as follows:

- Workers over 70 years old
- Workers over 65 years old with underlying medical conditions
- Aboriginal and Torres Strait Island people over the age of 50 with underlying medical conditions
- Workers with significant immunosuppression at any age.

- The chronic conditions of particular concern include cardiovascular disease, diabetes, chronic respiratory disease, and poorly controlled hypertension. A full list of chronic and immunosuppressive conditions can be found on the Australian Department of Health

If a person falls into these categories, they must be requested to speak with their medical practitioner about any specific concerns or advice in relation to the work that they do and discuss this with their manager.

Managers must manage the risk with consideration of the medical advice, the workplace and the work. This includes identifying lower exposure risk roles and making all reasonable attempts to:

- Redeploy vulnerable workers away from higher risk settings to lower exposure risk activities (e.g. if possible allocate to non-directly public facing activities especially in higher risk settings), and/or
- other risk mitigating controls are put in place.

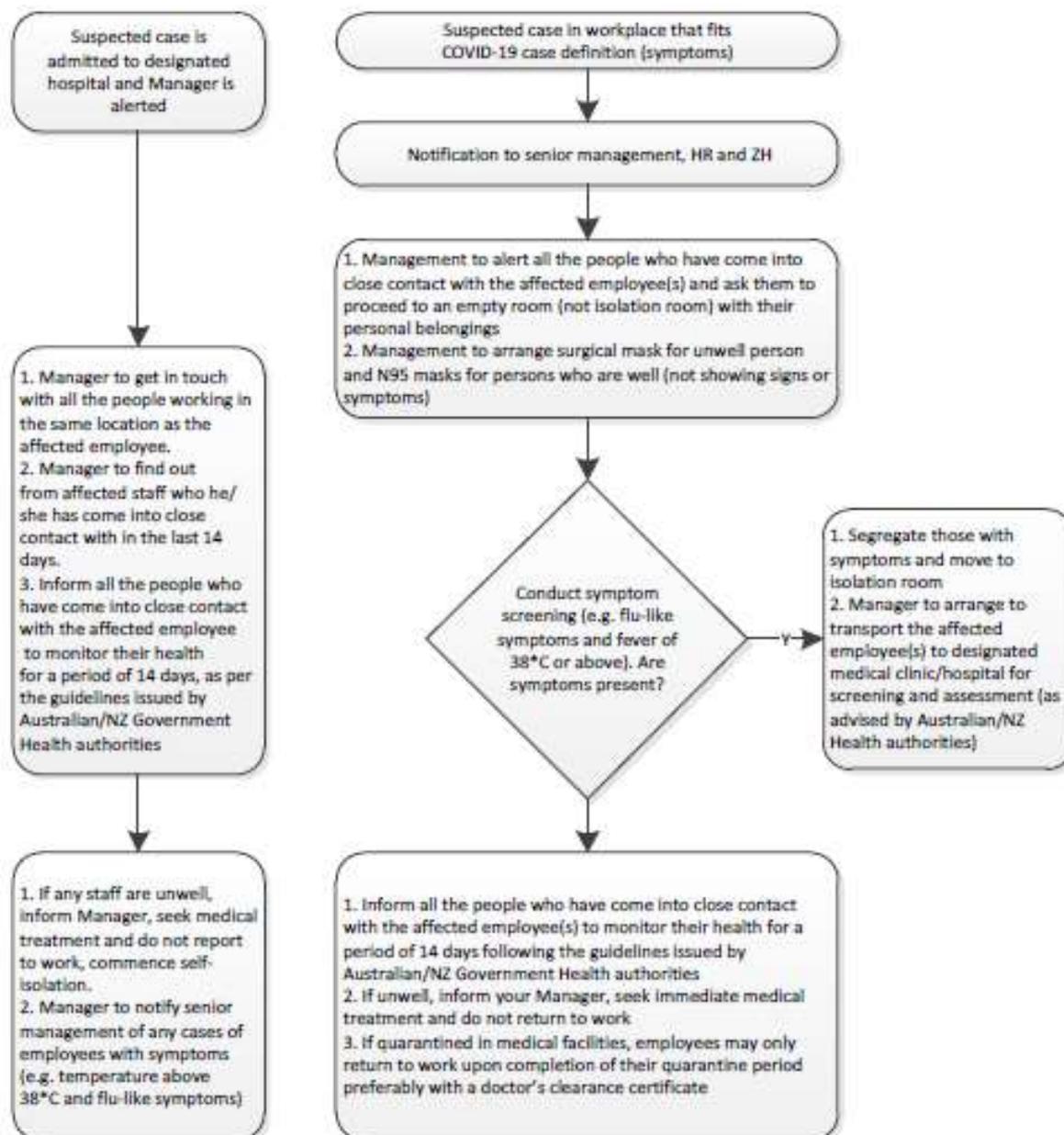Where it is not reasonably practicable to appropriately reduce exposure risk, managers and employees should consider alternate arrangements to accommodate a workplace absence. ZH and HR Business Partners should assist with this assessment and action plan.

7. Post Event Debrief

After every function/event, PCEC will debrief with the client/customer and shared learning will be discussed to further improve the activation of the Plan.

Appendix A: Contact Tracing

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┌─────────────────────┐        ┌────────────────────────────────┐
│ Suspected case is   │        │ Suspected case in workplace     │
│ admitted to         │        │ that fits COVID-19 case         │
│ designated hospital │        │ definition (symptoms)           │
│ and Manager is      │        └────────────────────────────────┘
│ alerted             │                        │
└─────────────────────┘                        ▼
         │              ┌────────────────────────────────────────┐
         │              │ Notification to senior management,      │
         │              │ HR and ZH                               │
         │              └────────────────────────────────────────┘
         │                              │
         │                              ▼
         │   ┌──────────────────────────────────────────────────┐
         │   │ 1. Management to alert all the people who have     │
         │   │ come into close contact with the affected          │
         │   │ employee(s) and ask them to proceed to an empty    │
         │   │ room (not isolation room) with their personal      │
         │   │ belongings                                         │
         │   │ 2. Management to arrange surgical mask for unwell  │
         │   │ person and N95 masks for persons who are well      │
         │   │ (not showing signs or symptoms)                    │
         │   └──────────────────────────────────────────────────┘
         ▼                              │
┌─────────────────────┐                ▼
│ 1. Manager to get in│
│ touch with all the  │        ◇ Conduct symptom screening ◇ ──Y──▶ ┌─────────────────────┐
│ people working in   │        ◇ (e.g. flu-like symptoms  ◇         │ 1. Segregate those  │
│ the same location as│        ◇ and fever of 38°C or     ◇         │ with symptoms and   │
│ the affected        │        ◇ above). Are symptoms     ◇         │ move to isolation   │
│ employee.           │        ◇ present?                 ◇         │ room                │
│ 2. Manager to find  │                                            │ 2. Manager to       │
│ out from affected   │                                            │ arrange to transport│
│ staff who he/she has│                                            │ the affected        │
│ come into close     │                                            │ employee(s) to      │
│ contact with in the │                                            │ designated medical  │
│ last 14 days.       │                                            │ clinic/hospital for │
│ 3. Inform all the   │                                            │ screening and       │
│ people who have come│                                            │ assessment (as      │
│ into close contact  │                                            │ advised by          │
│ with the affected   │                                            │ Australian/NZ Health│
│ employee to monitor │                                            │ authorities)        │
│ their health for a  │                                            └─────────────────────┘
│ period of 14 days,  │
│ as per the          │
│ guidelines issued by│
│ Australian/NZ       │
│ Government Health   │
│ authorities         │
└─────────────────────┘
         │                              │
         ▼                              ▼
┌─────────────────────┐    ┌──────────────────────────────────────┐
│ 1. If any staff are │    │ 1. Inform all the people who have come │
│ unwell, inform      │    │ into close contact with the affected   │
│ Manager, seek       │    │ employee(s) to monitor their health    │
│ medical treatment   │    │ for a period of 14 days following the  │
│ and do not report to│    │ guidelines issued by Australian/NZ     │
│ work, commence self-│    │ Government Health authorities          │
│ isolation.          │    │ 2. If unwell, inform your Manager, seek│
│ 2. Manager to notify│    │ immediate medical treatment and do not │
│ senior management of│    │ return to work                         │
│ any cases of        │    │ 3. If quarantined in medical           │
│ employees with      │    │ facilities, employees may only return  │
│ symptoms (e.g.      │    │ to work upon completion of their       │
│ temperature above   │    │ quarantine period preferably with a    │
│ 38°C and flu-like   │    │ doctor's clearance certificate         │
│ symptoms)           │    └──────────────────────────────────────┘
└─────────────────────┘
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Appendix B: Face Masks

It is recommended that all locations have access to surgical masks to support the management of workers that are suspected of having developed COVID-19. There are reports of a global shortage of surgical masks and so priority of use must be given to this situation as well as where mandated by regulatory authorities.

Respiratory viruses are typically spread by respiratory droplets produced when an infected person coughs or sneezes. Droplet contact with the mucous membranes of the mouth, nose and eyes can result in infection.

There are two main types of disposable masks commonly used in the community. Surgical masks (also referred to as facemasks) and P2/N95 masks.

If worn properly, a facemask is meant to help block large-particle droplets, splashes, sprays or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Facemasks may also help reduce exposure of your saliva and respiratory secretions to others.

While a facemask may be effective in blocking splashes and large-particle droplets, a facemask, by design, does not filter or block very small particles in the air that may be transmitted by coughs, sneezes or certain medical procedures. Facemasks also do not provide complete protection from germs and other contaminants because of the loose fit between the surface of the facemask and your face.

Surgical masks are generally chosen (rather than P2/N95 masks) for suspected nCoV cases to wear, to prevent spread of respiratory droplets.

Surgical masks are intended as single use items. They should cover the mouth and nose. Avoid touching the mask once it is on. Discard the mask in the trash after use and wash hands.

It should **COVER YOUR MOUTH, NOSE AND CHIN**, with the coloured side facing outwards.

PINCH THE METAL EDGE OF THE MASK so that it presses gently on your nose bridge.

Remove a used mask by **HOLDING ONLY THE EAR LOOPS.**

Note:

- To be effective, change your mask regularly or if soiled or wet
- Wash your hands with soap and water after disposing the soiled mask

Appendix C: Health Screening Form for Visitors

Dear Sir / Madam

To prevent the spread of novel coronavirus (COVID-19) in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire.

Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor's Name:	Contact Number:
Meeting with:	

Self-declaration by visitor

1. If you have the following symptom(s), please tick the relevant box(es)

☐ Fever	☐ Dry cough	☐ Body aches	☐ Headaches
☐ Sore throat	☐ Runny nose	☐ Shortness of breath	
☐ Nausea	☐ Vomiting	☐ Others (please list)	

2. Have you been in close contact with a confirmed case in the past 14 days?

☐ Yes   ☐ No

3. Have you been overseas in the past 14 days?

☐ Yes   ☐ No

If yes, please indicate the affected country(s)

....

Signature (visitor):................................   Date:..................................

Additional Notes:

1. If any boxes in section 1 are ticked, do not permit entry and advise person(s) to seek medical attention for their symptoms, inform host of situation
2. If 'Yes' is ticked in section 2, do not permit entry and advise person(s) to seek medical attention, inform host and senior ZH person, retain health screening form
3. If 'Yes' is ticked in section 3 and location is listed as higher risk as per ZH Bulletin, do not permit entry, advise host and ask the person(s) to leave the workplace

Appendix D: Health Screening Form for Staff

Suspected infection case at work – for entry into INX.

Details of affected employee:

Name:	BU:	Location of Isolation:
Job Title:		Contact Number:

Symptoms:

☐ Fever   ☐ Sore Throat   ☐ Tiredness

☐ Dry Cough   ☐ Runny Nose   ☐ Headache

☐ Body Aches   ☐ Shortness of Breath

☐ Others

Details:...

Date & Time of symptoms onset:	
Date & Time of isolation:	
Travel history in past 14 days:	
Countries visited:	
Flight details:	

Details recorded by:

Name:... Title:...

Business Unit:..Date:.............................