Target audience
All Alfred Health staff and volunteers.
A+ Alliance staff utilising Alfred Health venues.

Purpose
The purpose of this document is to provide guidance for the safe conduct of training programs and meetings in response to the changing level of COVID-19 transmission risks in the community.

Summary
This guideline provides general principles applicable to clinical meetings directly related to patient care, meetings where in-person interactions are considered likely to result in better patient management/outcomes e.g. multidisciplinary team meetings, and education and learning that has an essential skills component that cannot be delivered virtually.

This guideline does not restrict the ability to conduct face to face clinical handovers and required ward rounds where clinical service delivery principles apply.

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1. **General principles**

1.1 **Face to Face training and non-clinical meetings**

All education, learning and training or meetings should continue to be conducted virtually where it is practical to do so. Where face to face gathering is required:

- The relevant Education Lead or relevant program manager must approve ensuring that density and COVID safe practices are adhered to and relevant to the venue/room booked.

1.2 **Face to Face clinical meetings**

Clinical meetings related to patient care (eg multidisciplinary team meetings), may continue to be conducted face to face, however:

- An option for clinicians to attend virtually should be provided.
- The relevant program management e.g. Director, Operations/Education Lead, Head of Unit, Allied Health Manager must agree and approve the conduct of the face to face meeting.
- Suitable measures must be put in place prior to gathering, to ensure physical distancing in the selected venue complies with the current recommendation of the Department of Health (DH) and COVID safe measures are followed.

1.3 **Contact and equipment-based training and assessment**

- Practical training and assessments should be completed within the context of clinical care where possible.
- Where it is not possible to conduct training in the context of clinical care, appropriate equipment or human substitute/s (e.g. mannequins) should be used to minimise contact between participants.
- Where close (<1.5m) or direct contact between participants is necessary, staff must ensure that hand hygiene is performed immediately before and after contact, masks are worn by participants, and participants are cohorted to one group or pair to minimise contact with multiple attendees.
- All training equipment must be cleaned with appropriate cleaning solutions between participants.
- Time spent in close or direct contact must be kept to the minimum required to complete the training or assessment. 1.5m physical distancing must be maintained at all other times.

1.4 **Risk assessment for training**

A risk assessment must be completed for all training programs (see Appendix 1). The risk assessment must be approved by the relevant senior Manager/Director.

1.5 **COVID-19 Screening**

All external course participants must be screened as per the COVID-19 Entry Point Screening at Alfred Health Sites Guideline in operation at the time of the event.

Participants with COVID-19 symptoms or risk factors will not be permitted entry into the organisation and/or the training session. They must leave the Alfred Health site. Alfred Health staff with symptoms or risk factors are also required to complete the online COVID Self-Assessment form, available on Alfred Health Connect or the Alfred Health website.

It is the responsibility of the facilitator/s or meeting organiser to confirm screening has occurred and is noted on the attendance record.
1.6 Internal Training Participants
Ward/department/discipline specific face to face training should minimise movement of staff across wards/departments and sites and should be conducted in small groups wherever possible.

1.7 External Training Participants
Attendance by external participants to training is dependent on the DH risk rating at the time of the event and is limited to being conducted in non-clinical areas (e.g. The Innovation and Education Hub and The Alfred Simulation Centre), where participants are able to enter directly into the venue without direct patient contact.

External participants for training programs should be encouraged to perform a Rapid Antigen Test (RAT) within the previous 24 hours, and if completed, sighted. External participants will be issued with visitor identification that limits their attendance to the designated facility (i.e. Innovation and Education Hub, Alfred Simulation Centre). External participants must not enter clinical or other public areas for any reason after completing the entry point screening.

1.8 Course Attendance Records
Attendance records must be completed for each training session. Details should be sufficient to enable contact tracing and confirmation that COVID screening has been undertaken.

Training/Meeting Records (e.g. approved risk assessment, training summary/plan, minutes of meetings and attendance record) should be stored in a centrally accessible folder and made available, on request, for contact tracing.

1.9 Cleaning of facilities
Environmental cleaning (toilets, door handles, chairs, desks, surfaces, etc.) is undertaken at least once per day.

It is the responsibility of facilitator/s or meeting organiser, to ensure that high touch points/surfaces (e.g. clinical equipment, mannequins, computer equipment, tables and chairs) are cleaned using disinfectant wipes, such as Liv alcohol wipes or Clinell (Green), to minimise the risk of cross-contamination before, during (between participants) and following all training programs or meetings.

1.10 Mask wearing
All staff and visitors must follow the COVID–19 Staff Mask Wearing – Non-Clinical Environments Guideline. Additionally, N95s must be worn by all participants if any of the following apply:

1) Meeting >4 hours
2) Meeting held in a clinical area
3) Physical distancing can’t be maintained due to the nature of activities e.g. simulation training

Educator or presenters may wear surgical face masks, or remove the mask, if this is needed to communicate clearly

For all other meetings, surgical masks are the minimum requirement, but participants should be given the option to wear a N95 at their own discretion.

1.11 Catering/ Eating and Drinking
Eating and drinking during meetings or training sessions is not allowed. Where catering needs to be provided during breaks (i.e. to retain training or meeting participants in one area), only pre-portioned or lunch box style catering is allowed, and suitable physical distancing maintained.
2. Learning/meeting venue guidance summary

<table>
<thead>
<tr>
<th>Venue capacity</th>
<th>Events held virtually where possible. Venue/room capacity to be adhered to</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID 19 Screening</td>
<td>All participants must undergo screening as per Alfred Health requirements. External participants should be encouraged to perform a Rapid Antigen (RAT) within the previous 24 hours and show evidence of negative RAT. Facilitator running event to keep records of screening.</td>
</tr>
<tr>
<td>External participants</td>
<td>External participants are permitted as per approval of program management</td>
</tr>
<tr>
<td>External events</td>
<td>To be approved by relevant Executive Director</td>
</tr>
<tr>
<td>Mask</td>
<td>As per section 1.10 above.</td>
</tr>
<tr>
<td>Catering</td>
<td>Not permitted within meeting rooms/education rooms. If required pre-portioned food only and to be consumed in designated areas</td>
</tr>
</tbody>
</table>

Appendix

Appendix 1 – Risk Assessment

Key related documents

Key aligned policy
- Alfred Health Preventing and Controlling Healthcare Associated Infections Policy

Key legislation, acts & standards:
- Charter of Human Rights and Responsibilities Act 2006 (Vic)

Other relevant documents:
- COVID-19: Infection Prevention Guidance for Clinical Staff
- COVID-19 Entry Point Screening at Alfred Health Sites Guideline
- COVID-19 Staff Mask Wearing – Non-Clinical Environments Guideline
- COVID-19 Staff Surveillance: Self Surveillance Guideline
- Healthy Choices: Food and Drink Guideline

PowerPlans/IPOCS/QRGs
- N/A

References

Victorian Health Service Guidance and Response to COVID-19 Risks

Keywords

Meetings, in person, education, learning

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1 REMINDER: Charter of Human Rights and Responsibilities Act 2006 – All those involved in decisions based on this guideline have an obligation to ensure that all decisions and actions are compatible with relevant human rights.
### Governance

**Author / Contributors**

* denotes key contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Service / Program</th>
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<tbody>
<tr>
<td>* Sally Martin</td>
<td>Director Innovation and Learning</td>
<td>Alfred Health</td>
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<td>Infectious Diseases</td>
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<td></td>
<td>Consultant</td>
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</tbody>
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Endorsed by: Alfred Health Operations Leadership  
Date: 23 June 2022; update endorsed 20 September 2022

Approved by: Alfred Health Operations Comprehensive Care Committee  
Date: 26 July 2022

Update approved by: Jarrard O’Brien – Chief Experience Officer  
Date: 27 September 2022

Disclaimer: This guideline has been developed within the context of Alfred Health service delivery. Alfred Health shall not be responsible for the use of any information contained in this document by another organisation outside of Alfred Health.
APPENDIX 1 – RISK ASSESSMENT

Risk assessment to be completed/discussed when considering if/when onsite meetings, training or education should occur

<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood</th>
<th>Consequence</th>
<th>Risk rating</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Insert description of risk]</td>
<td></td>
<td></td>
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</table>

Alfred Health uses a standard risk rating grid to evaluate the consequences and likelihood for all organisational risks.

For the identified risks, please use this grid to determine the likelihood and consequence and to calculate a risk score for all risks.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1 Very unlikely</th>
<th>2 Unlikely</th>
<th>3 Occasionally</th>
<th>4 Likely</th>
<th>5 Almost certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consequence</td>
<td>Low risk</td>
<td>Low risk</td>
<td>Low risk</td>
<td>Medium risk</td>
<td>Medium risk</td>
</tr>
<tr>
<td>1 Trivial</td>
<td>Low risk</td>
<td>Low risk</td>
<td>Low risk</td>
<td>Medium risk</td>
<td>Medium risk</td>
</tr>
<tr>
<td>2 Minor</td>
<td>Low risk</td>
<td>Medium risk</td>
<td>Medium risk</td>
<td>Medium risk</td>
<td>High risk</td>
</tr>
<tr>
<td>3 Moderate</td>
<td>Low risk</td>
<td>Medium risk</td>
<td>Medium risk</td>
<td>High risk</td>
<td>High risk</td>
</tr>
<tr>
<td>4 Major</td>
<td>Medium risk</td>
<td>Medium risk</td>
<td>High risk</td>
<td>High risk</td>
<td>Extreme risk</td>
</tr>
<tr>
<td>5 Critical</td>
<td>Medium risk</td>
<td>High risk</td>
<td>Extreme risk</td>
<td>Extreme risk</td>
<td>Extreme risk</td>
</tr>
</tbody>
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