



3.9 Workforce Orientation

All staff need to attend a structured orientation program prior to commencing their roles to ensure they are confident and safe as a frontline worker in a quarantine and isolation facility. A staff survey conducted with CNR staff demonstrated that 85% of staff were working with COVID-19 positive residents which demonstrates a high-risk environment. Despite this risk,

95% of staff felt safe from contracting COVID-19 onsite. A large contributor to this feeling of safety was due to staff preparation with a focus on infection prevention and control and personal protective equipment requirements.

Site orientation is managed by the Education Team and is coordinated with the Emergency Response Workforce Hub which manages staff recruitment so the site is aware of who and how many people to expect. For effective management of the Education Teams time it is recommended that orientation is initially offered weekly (for example every Monday/Tuesday) for new staff and then fortnightly as staff numbers are acquired. This section provides a guide to developing a staff orientation as well as a basic set-up plan to prepare an initial staff group to care for 200 residents.

The facility orientation is often the first impression staff will have of their work environment and it is vital they are welcomed into a well prepared and resourced service. The Education Team have the responsibility of coordinating staff orientation and this should commence with confirmation of who is attending orientation, their role onsite and contact details from the recruitment team. The orientation sessions need to be inclusive for all levels of the workforce and health knowledge, noting health professionals and administration staff will be attending together.

It is deemed beneficial to have professional health staff and non-health staff attend orientation together as they will be working alongside onsite.

The site orientation aims to prepare and support a safe workforce for the quarantine service with a focus on:

- Provision of a structured orientation program which ensures new staff are safe to work in an environment with exposure to disease positive residents.
- Competency and confidence with PPE, infection prevention and control practices.
- Current understanding of disease transmission and trends.
- The site specific and associated government expectations of practice and mandatory training requirements.

Orientation at the Centre for National Resilience was a 2 day program which involved hands on practice and competency assessments on IPC and PPE practices. It was important to be aware of any large resident arrival or exits plans and ensure orientation was able to run with these processes occurring.

3.9.1 Orientation delivery

Adequate space needs to be allocated for education, training and orientation sessions, this needs to include consideration of physical distancing recommendations, ventilation and the number of people who can be safely accommodated in the space. Equipment required includes computers and screens large enough for groups to read from, sitting areas, hand hygiene stations and areas dedicated to donning and doffing which replicate what will be encountered in the resident zones.



Section 3: Image 1: Example of education and training area with dedicated spaces for presentations and practical experience.

All staff attending orientation will be contacted by the Education Team and sent a welcome email with induction letter and new staff information sheet. This needs to address practical information and instructions such as what they should wear, where to park, if they are required to bring their own food, and contact information for any questions prior to their orientation. Refer to Appendices B.

The Education team will primarily be advised by the Director of Nursing and the Recruitment Hub of new staff with classifications (roles) and contact details. Additional staff attendance may be identified by others, for example catering or defence force staff.

The orientation schedule needs to flow logistically and provide the opportunity for staff to practice hands-on with IPC and PPE and ask questions. A range of delivery methods should be incorporated to maintain staff interest.

It is recommended no less than three practical sessions are held for staff to don and doff PPE to ensure they develop familiarity with the process and equipment.

A final session should include a competency assessment which involves an Education Team member observing every new staff members' donning and doffing technique to ensure they are confident to enter the resident zones.

Section 3: Table 8: Example of orientation schedule with sessions and the type of delivery used.

NEW STAFF ORIENTATION SCHEDULE			
	TIME	SESSION FOCUS	TYPE OF SESSION DELIVERY
DAY 1	0800-0815	Orientation Welcome Provide information on the location of toilets and fire exits, meal arrangements and orientation schedule.	Presentation
	0815 – 0930	Virus/disease overview and IPC Overview of disease transmission and trends, introduction to IPC practices.	Presentation with power point to highlight current disease transmission and trends.
	0930-1030	PPE Training: donning & doffing (PPE Practical Session 1) Presents techniques and resources used in IPC practices, hand hygiene, and PPE	Presentation with power point to highlight PPE and IPC practices. Practical session for participants to don and doff
	1030-1045	BREAK	
	1045-1130	PPE Training: PPE breaches (PPE Practical Session 2) Presents practical session with paint used on PPE to replicate a breach.	Presentation with power point to highlight PPE and IPC breaches. Practical session for participants to don and doff
	1130-1230	Team roles onsite, resident arrival and exit processes and the Pod backpack and clinical boxes.	Presentation with power point to highlight site processes and staff roles. Demonstration of the use of the Pod backpack and clinical boxes
	1230-1330	LUNCH	
	1330 -1430	Use of onsite record management systems	Presentation with power point to highlight site processes and staff roles.
	1400-1500	*Site induction & fire training. *see outline provided for the site induction session	Demonstration and practical session for fire responses and evacuation processes.
	1500 - 1630	Viral Swabbing - Saliva & Nose/Throat or RAT (PPE Practical Session 3) Session introduces staff to the viral screening process for staff and how viral screening will be conducted in zones for residents. All staff are swabbed using the role play of swabbing residents in the zone to become familiar with the pathology forms, PPE, and role/responsibility.	Presentation with power point to highlight site processes and staff roles. Practical session for participants to don and doff and practice viral screening process.

DAY 2	0800-0830	COVID-19/PPE/IPC QUIZ Revisits the main points covered in day 1.	Interactive session with online quiz
	0830 - 0930	Human Resources: Includes rosters, mandatory training, IT access, staff cards and pay.	Presentation with power point to highlight site processes and staff responsibilities.
	0930 -1000	BREAK	
	1000-1100	Tour of site Visit to empty resident zone (green zone) for staff to view resident rooms and zone set up. Identification of main site areas- administration, vaccine clinic, staff swabbing clinic, Pod areas.	Practical session
	1100-1200	PPE Competency Assessment (PPE Practical Session 4) Staff assessment (in pairs to mimic buddy system) on donning, doffing, hand hygiene and IPC practices.	Practical session
	1200 – 1230	State/Territory Pandemic Response Ensure staff are aware of the pandemic workforce (of which they are now part of) and actions occurring in the pandemic response.	Presentation with power point and links to relevant government and non-government websites.
	1230 – 1330	LUNCH	
	1330-1600	Site specific training and teams For example: buggy driving, accessing store rooms, delegation of uniforms, allocation to work area for introduction to staff and area. Screen staff to identify additional languages spoken and specialised skills	Mix of presentation, demonstration and practical pending on site requirements.
	1600 – 1630	Staff self-swabbing	Practical session
	To be covered with online training programs and in practice in Pods:		
<ul style="list-style-type: none"> • Resident management record systems (specific for registered health staff) • Stocking of IPC equipment • Mandatory training programs 			

It is recommended that orientation packs are provided to all staff as they arrive which contains any paperwork they may need to complete for their commencement. All new staff should sign on in the orientation area and wear a name tag. If staff are required to be swabbed/viral screened every day they will need to have hospital registration number created for this process with the details sent to the Clinical Administration team to arrange this along with the required swabs for the day.

Orientation packs include:

- Talent release authorisation, for permission to take photos during orientation and use these in reports or other media.
- PPE Competency form (for the session to be held on day 2).
- Any other competency or information specific to the site, for example buggy driving competency or Human resources information.
- Link to the Orientation Evaluation Survey.
- Form to collect staff information to link to their hospital registration number used for their swabbing pathology form.

Additionally, all staff onsite are required to be vaccinated (COVID-19 vaccination) and this may need to be arranged for staff who are due for a booster vaccination.

One arrangement at CNR orientation was to identify staff who spoke additional languages to potentially assist with site interpretation. The records of this along with any specialised skills staff may have (such as experience in paediatric nursing, forklift licences) were passed onto the Leadership Team in the event these staff could assist in additional ways onsite.

3.9.2 Orientation evaluation

This is an important process to identify how the new staff feel they are prepared to commence their roles. It is recommended an online anonymous evaluation survey is provide to staff on the completion of each orientation. The Education Team should also make note of any staff who they have identified over the 2 day orientation that may require further support and follow this up with their Pod Team Leader or pass on other concerns with professional practice to the Leadership Team.

Suggested orientation evaluation questions using a Likert Scale.

Questions should focus on evaluating those areas deemed most vital to staff competency onsite.

Strongly Agree, Agree, Disagree, Strongly Disagree

- I received clear notification of when and where to attend the training session.
- The site induction and tour were informative and helped in understanding expectations of being part of the 'site name'?
- The orientation presentation on diseases transmission and trends was informative and relevant.
- The PPE and IPC sessions were informative and relevant.
- The PPE and IPC practical sessions have improved my confidence with the use of PPE and donning and doffing.
- The COVID-19 swabbing session was informative and relevant.
- The COVID-19 swabbing session has improved my confidence with COVID-19 swabbing of residents.
- There was enough time during sessions to ask questions and clarify information.

Do you have any suggestions to improve the provided training?

Do you have any other feedback for the orientation and training you have received?

3.9.3 Site induction

The site induction varies to the staff orientation session as it is focussed on the site logistics and infrastructure.

Section 3: Table 9: Quarantine facility induction session content	
Induction focus area	Example of induction content
<p>Site Layout and Specific Zones / Pods</p> 	<ul style="list-style-type: none"> • Increase familiarity with the site layout, services, and equipment. • Navigating around the facility (where to park, road rules, pathways). • Traffic Management Plan. • Hazards on site to be aware of.
<p>Emergency responses</p> <ul style="list-style-type: none"> • CODE RED – Fire/Smoke • CODE BLUE – Medical Emergency • CODE YELLOW – Internal Incident • CODE BLACK – Security - Threat • CODE PURPLE – Bomb Threat • CODE ORANGE - Evacuation • CODE BROWN – External Disaster 	<ul style="list-style-type: none"> • Identify Emergency Codes as presented by the Australian Standards AS 4038-2010.8 • Outline the response to Emergency Code activations (covered in Section 1: Processes infrastructure and communication). • Emergency Codes / Incident Response Team. • Identify emergency response roles and role requirements. • Emergency exits and assembly areas. • Outline broader emergency arrangements (fire department, police). • Work Health & Safety responsibilities for emergencies. • Share expertise and experiences.
<p>Incident response team</p> 	<ul style="list-style-type: none"> • Overview of key staff in the incident response team and their specific responsibilities in the management of emergencies which impact on service delivery within the facility. • Different disciplines represented (code dependent): Senior Management, Clinical Leads, Police, Defence Force, Operations, Hard Facility Management /Engineering, Security, Fire warden, and Safety Officer. • Different compositions in/out of hours.
<p>Site media policy</p> 	<ul style="list-style-type: none"> • All contact with the media by workplace staff at all levels on site must be channelled through Departmental or Company media/communications cell for the correct handling. • No workplace staff are to make comment or speak to any member of the media or on public record with relation to any on goings of the Facility, this includes any form of social media. • Any failure to comply with this policy will result in disciplinary action which could include termination loss of contract. • Workplace staff means all employees, contractors or persons that perform work on behalf of the quarantine facility at or away from the site.

<p>Work health and safety</p> 	<ul style="list-style-type: none"> • Reportable incidents. • Work Health & Safety operates under the legislative framework of the relevant state/ territory Work Health and Safety (National Uniform Legislation) Act and the relevant state/ territory Work Health and Safety (National Uniform Legislation) Regulations. • This site is aimed at providing resources for management and employees on issues relating to Workplace Health and Safety (WHS) and injury prevention. • The Act imposes mutual responsibilities for employers and employees to jointly manage the health, safety and wellbeing of all persons in the workplace. The Work Health and Safety Management System (WHSMS) provides a framework for integrating WHS into daily management functions. • Incidents and what staff need to report: <ul style="list-style-type: none"> – Accident: Injury to the body – Incident: Damage to site or assets – Near miss: A narrowly avoided collision or other accident. – Hazards: Anything in the workplace that has the potential to harm.
<p>Prescribed area/contraband</p> 	<ul style="list-style-type: none"> • The facility should be gazetted as a “Restricted Premises” under the state or territory Liquor Act. • It is an offence for residents, staff, contractors and visitors to bring on, have possession of or consume alcohol on the site monetary fines apply. • All staff and contractors are not permitted to deliver any item of contraband to residents during their quarantine period. • Contraband Items may include but are not limited to alcohol, Tabaco, food, gifts or care packages. Some care packages maybe permitted depending on a case by case decision from the Health Department and Welfare. Theses packages will be subject to a search conducted by the Police.
<p>Facility Policies and Procedures</p> 	<ul style="list-style-type: none"> • Policies on site expectations for vaccination and viral screening. • Any relevant site Standard Operations of Practice which pertain to the Operations team and site logistics and infrastructure such as buggy driving.

3.9.4 Orientation for additional site staff

The quarantine facility will have specific staff who will be unable to attend the standard 2-day orientation program or have special requirements which need to be accommodated with their training.

This may include:

- Staff on site for short periods of time who are restricted in the amount of time they can attend an orientation program (but are still required to enter orange and red zones) such as contracted staff.
- Police and defence force staff who are time restricted and/or requiring specific infection and PPE protocol training to accommodate their equipment and uniforms such as access to their Tasers and the wearing of body cameras.

A shorter 4-hour session was developed for these groups to ensure they could safely don and doff PPE and understand IPC and disease transmission considerations and practice when entering orange and red resident zones.

Ongoing PPE and IPC refresher sessions were run with all these teams as additional methods of ensuring competency and compliance with site requirements.

Section 3: Table 10: Quarantine facility induction session content	
Orientation session	Time allocated
Site induction	1.5 hours
COVID-19 & Infection Control & PPE	1.5 hour
WORKING IN HOT ENVIRONMENTS- video	30 minutes
SELF SWABBING	30 minutes
Saliva & Nose/Throat/ and RAT Tests	

3.9.5 Rapid staff training for 200 residents

For the training of staff to care for an initial 200 residents, there is a recommendation of 2 Education Team members (Registered Nurses Level 5/6).

Initial training focus for site health staff: Nursing (Registered Nurses, Enrolled Nurses), Assistant in Nursing (AINs) & Administration Officers (AO).

- Staff ratio (Orange Zone residents): 2 staff: 50 residents
- Staff ratio (Red Zone residents): 2 staff: 40 residents

Education and training will commence with a 4 hour session to focus on core activities for staff preparation and maintenance of safe practice: disease aetiology & transmission, infection prevention recommendations, resident & site management, PPE requirements and established strategies. This will incorporate a session to inform staff of the site set up, zones and protocols (site induction). Inclusion of other mandatory orientation requirements such as the RMITS, risk/hazard reporting system and Human Resources can occur in follow up sessions.

3.9.6 Initial staff training session plan: 4.5 hrs

Training Area Recommendations

Section 3: Table 11: Example of orientation schedule for rapid staff preparation	
Training Schedule	
30 min	COVID-19 -Disease aetiology, transmission
1hr	INFECTION CONTROL & PPE -Zones, donning & doffing, PPE levels & types, PPE breaches
30 min	SITE INDUCTION
30 min	WORKING IN HOT ENVIRONMENTS - video
30 min	SITE TOUR
30 min	RESIDENT MANANGEMENT SYSTEMS PCIS & C19C
1hr	COVID-19 SWABBING & RESIDENT CARE -Self & residents Saliva & Nose/Throat & RAT

Allocation of space for training of staff:

- Sitting area for presentation and discussion, minimum to fit 22 people (with consideration of physical distancing 1.5meters between staff).
- Area for donning and doffing stations: 4 tables- two for donning and two for doffing, bins, PPE equipment as tabled, posters and blue tack if available.
- Presentation equipment (large screen approximately 60-80 inches, lap top and HDMI cable connection), box 50 pens, post it notes & white board with markers.

Section 3: Table 12: PPE Training Resources (training 20 staff)

PPE	Description	Training Session Requirements
Examination Gloves	Examination Gloves Sizes: Small, medium, large, extra large	1 box of each
Long Cuff Gloves	Long Cuff Glove Sizes: Small, medium, large, extra large	1 box of each
Disposable plastic isolation/ impervious gown	Extra large	75 pieces/ 1 carton
Surgical Gowns	Large size 20 pack/carton	3 cartons
Surgical masks	Disposable face masks: Box of 50	2 boxes
P2/N95 masks	Selection of available	100 masks
Eye protection: Goggles	Clear re-usable	40
Eye protection: Face Shields	PU Foamed with polyester strap	100 pieces
Bucket	20 litre	2
Plastic Storage containers (with lids)	Size 50 litres	8
Alcohol Based Hand Rub (ABHR)	30x, 750 ml bottles	10 Bottles
Disinfectant Wipes	Large packets with 200 sheets	5 packets
PPE Posters	Demonstrate correct donning & doffing	2 sets
Hand hygiene posters	Demonstrate hand hygiene with ABHR	5 sets

Additional Training Requirements & Resources

To ensure site safety it would be recommended Basic Life Support is included in the initial training of any staff who do not possess a current BLS/AED competency or First Aid certificate with BLS.

Resources: Set of BLS & AED Training Equipment (includes adult and infant mannequins, training AED and Epi-pen trainer)