



COVID-19 Are you alert and ready?

A resource for Victorian residential aged care services

2 October 2020

Advice to Victorian residential aged care services from the Commission's Chief Clinical Advisor

About this resource

This advice has been prepared by the Aged Care Quality and Safety Commission's Chief Clinical Advisor Dr Melanie Wroth, to support residential aged care services in Victoria in preparing for and responding to a COVID-19 outbreak.

The advice is informed by the Commission's involvement in monitoring and supporting providers to identify and mitigate pandemic-related risks, including managing an outbreak in their service, and the lessons learned from these experiences.

The advice is targeted to people with responsibility for managing an outbreak and/or overseeing clinical care in a residential aged care service. It also provides links to documents offering further advice and support.

The advice focuses on nine key topics that all residential services need to address to be able to respond effectively to a COVID-19 outbreak. It provides questions and information for services to consider as part of their outbreak management plan.

The experience of the Commission is that it is easy to underestimate the level of preparation and readiness required to successfully manage an outbreak. Any lack of preparation contributes to confusion, anxiety, lapses in resident care and infection control, and increases the risk of outbreak spread early in the piece.

It is hoped that using this information as the basis for a review of outbreak preparedness will help residential aged care services to prevent and prepare for, and (if necessary) manage a COVID-19 outbreak.

Planning

**Getting the balance right
– risk of exposure to virus vs. risk to
well-being due to isolation**

Is your outbreak management plan current and fit for purpose?

Your outbreak management plan should be reviewed regularly, and staff drilled in its rapid activation. Every provider is expected to have a good understanding of the risks your service faces, and to make changes to your prevention strategies and plan as needed. This includes an understanding of current risks such as the number of positive cases in your local area.

The CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities have recently been updated. You can read the updated advice at www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf

Are members of the Outbreak Management Team available and clear about their respective roles?

Members of the Outbreak Management Team need to be contactable at short notice 24/7 and fully understand their individual roles in the event of an outbreak. All team members should be familiar with your prevention strategies and outbreak management plan. This knowledge and understanding should be tested regularly; it cannot be taken for granted.

Screening

Are staff and visitors being screened every time they come on site?

Screening all people on entry to the site is a vital routine and staff must guard against any complacency or inconsistency of effort in this process. Providers should regularly review screening arrangements to ensure they remain up to date and effective. You can read our advice on [screening staff and visitors to residential aged care facilities here](#).

Are you implementing the current visitor access requirements?

Restrictions about the access of visitors to aged care services are important for protecting residents and staff, and reducing the risk of transmission of COVID-19. You should stay up to date with the visitor access directions in your state or territory and ensure that restrictions to visitor access are applied with care and compassion, keeping residents and their loved ones at the centre of decision-making. The Industry Code for Visiting Residential Aged Care Homes during COVID-19 can assist in this regard and can be found here: www.cota.org.au/policy/aged-care-reform/agedcarevisitors

National guidance on visitor access arrangements is available here: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-update-to-residential-aged-care-facilities-about-minimising-the-impact-of-covid-19>

Specific details of Victorian requirements are available here: <https://www.dhhs.vic.gov.au/sites/default/files/documents/202006/Care%20Facilities%20Direction%20%28No%205%29%20%28signed%29.pdf>

Does the culture of the service encourage staff to stay home when they are unwell?

Staff should be supported and encouraged to stay at home even with the mildest of symptoms or where they suspect that a close contact may have been exposed to COVID-19.

What are your processes for detecting symptoms among residents?

Providers should have processes to detect any resident symptoms as early as possible, including those that are mild and atypical. You should also ensure that you are aware of the local pathway to refer residents for timely testing for COVID-19. <https://smrpcc.org.au/wp-content/uploads/2020/06/COVID-19-Screening-Tool-for-RACS-Implementation-Toolkit-Final-June-19.pdf>

You can access advice from the Victorian Department of Health and Human Service here <https://www.dhhs.vic.gov.au/coronavirus-self-assessment>

Infection prevention and control

Can you maintain standards of infection prevention and control at all times and in all parts of your service?

Consider conducting a self-audit to check that required standards of infection prevention and control are maintained across all areas and all shifts. This should include kitchen, cleaning, laundry and volunteers and checking staff physical distancing, e.g. during handover, breaks, entry and exit.

Is correct hand hygiene supported among staff, residents and visitors?

Hand wash and sanitiser should be readily available in all parts of the service. Where necessary, staff should assist residents to sanitise hands before and after accessing communal areas, and before and after eating.

Are your cleaning processes adequate?

You should ensure there are processes in place for frequent cleaning of high touch surfaces (e.g. door handles, rails along walls) and communal areas used by staff and residents. It is also important to check that shared equipment such as walking aids, lifters, blood pressure cuffs are cleaned between each use.

Layout of your service

Do you have a floorplan of the service?

A floorplan is an essential tool to easily identify individual resident locations and allow planning for cohorting (i.e. looking after different groups of residents in physically separated areas, depending on their particular care needs).

How will the location of residents be managed to reduce the risk of transmission if an outbreak occurs?

You need to think about how you will group the residents into small, discreet resident-staff pods as much as possible. If there are shared rooms or bathrooms, consideration must also be given to how you will separate COVID-19 positive residents from those who need protection from exposure.

As far as possible you should limit staff and resident movements between areas of the building and between buildings. The fewer individual staff members that each resident comes into contact with, the lower the risk to that individual. Consider assigning staff to care for residents in a designated area rather than moving staff to care for different residents on each shift.

Do you have areas that can be used to isolate residents if needed?

Where possible, you should identify an area that can be used as an isolation area where a COVID-19 positive resident could be cared for, away from other residents.

Service provision

How will you continue to provide quality care and services to residents if a central services staff member (such as someone working in the kitchen) contracts COVID-19?

If a central services area is closed because a staff member contracts COVID-19 (such as someone working in the kitchen), you need to be able to continue providing care and services to all residents. This includes thinking about how you will feed residents if the kitchen is closed, as well as manage other areas of the service including the laundry, communal areas and offices.

How will you reduce the risks of cross-contamination in providing care and services if a resident contracts COVID-19?

Effort must be put into reducing the risk of cross-contamination for the range of different processes in place in your service including provision of meals, laundry, rubbish disposal, cleaning, maintenance and medication administration. For example, quickly switching to disposable food service items can ensure that contaminated trays, crockery and cutlery do not come into contact with other areas of the service or other staff to risk cross contamination to clean surfaces, hands, food and equipment.

Staffing

One service lost 80% of their staff at the beginning of an outbreak

Do you have all the relevant details for your staff?

Your staff list and their contact details should be kept up to date. As far as possible you should be aware of which staff also work in other aged care or health services. Make sure your records about this are up to date. It is also recommended that providers make an effort to identify staff who may not be able to work during an outbreak due to personal wishes, responsibilities or vulnerabilities.

Can you identify close contacts of a staff member who contracts COVID-19?

Consider whether your rostering records would immediately show who has worked with a staff member just diagnosed with COVID-19, and which residents they have cared for.

Can you estimate the number of staff you would require during an outbreak?

Increased staffing can be required because of:

- increased time orientating and supporting new staff to your service
- increased burden of frequent PPE changes and monitoring of residents to detect possible signs of COVID-19 as early as possible
- increased effort required to restrict staff to contained areas as far as possible
- enhanced cleaning requirements
- increased support needs of residents who have difficulty understanding or adhering to isolation requirements
- increased staff needed for communications.

Can you quickly bring agency staff on board if needed?

Agency staff may need to be engaged quickly if staff shortages occur suddenly. You should ensure your preferred staff agency can be contacted after hours. Agency staff stood up at short notice will need training in the correct use and disposal of PPE and orientation to the service including knowledge of records, layout, residents' individual risks, care needs and monitoring requirements.

How will you support your staff to continue to provide care during an outbreak?

Some providers experiencing an outbreak have accommodated staff on site or in local hotels in order to allow them to continue to work and protect their families.

Personal protective equipment

PPE requirements in the event of an outbreak are often underestimated

Do you know how much PPE you have and how much you will need?

Check and note your current PPE stocks.

To assess your PPE needs in the event of an outbreak, estimate requirements for complete isolation of all residents initially. Remember that each time a staff member enters and exits a resident's room they need to don and doff new PPE. Work out how often staff need to enter a resident's room each day (it may be 10 or more times depending on dependency and care needs). Remember to account for times when care requires two staff, and include others such as medication administration, meal delivery and night staff. Multiply this by the number of residents.

Early in an outbreak the PPE usage is enormous. The provider must ensure that there is adequate stock onsite and/or readily available to enable safe and effective infection prevention and control. Providers may need to work with a variety of commercial PPE suppliers, beyond their traditional suppliers, to ensure adequate stock levels are available and maintained. Should critical supply shortages be experienced due to commercial supply options being exhausted, a request can be made to the Commonwealth's National Medical Stockpile for critical supplies.

Aged care providers can contact AgedCareCOVIDPPE@health.gov.au to request masks for in home and residential aged care workers delivering close personal care and clinical care, and other PPE like face shields, gloves and gowns to aged care services with a suspected or confirmed COVID-19 case, or where clinical advice requires it. For more information on sourcing PPE, and the current levels of availability, current commercial suppliers, and what to do in the instance of a critical supply shortage, please refer to the information on the Department of Health website. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/providing-aged-care-services-during-covid-19#personal-protective-equipment-ppe>

Have you considered how you will store, use and dispose of PPE?

Delivered PPE can take up a lot of space; you should consider in advance where the bulk PPE stock can be safely stored.

Consideration must also be given to locating sufficient PPE supplies in easy reach of staff who require them. As part of this planning, consider where donning and doffing will occur and ensure that there is hand sanitiser available in all of these positions.

Large volumes of PPE also need safe disposal, and this must be planned for.

How confident are you that your staff are proficient in using PPE?

You should check that your staff have a good understanding of correct PPE use (including staff such as cleaners and those who deliver meals) and that there is a plan to support and monitor correct use throughout each shift.

You should also consider how staff will be identified by each other and by residents when wearing PPE.

Communication

One service reported almost 2000 phone calls on the first day of an outbreak

Do you have signage to put up on site if you have an outbreak?

Consider use of signage to designate specific areas in the event of an outbreak, and to communicate lockdown/facility closure on outside entrances.

How will you deal with the media in the event of an outbreak?

You should expect that mainstream media will hear of an outbreak very early on, including via social media. It is important to determine in advance how you will manage media requests and the potential for a media presence outside the service. Drafting the shell of a media statement in advance that can be finalised quickly if required can save time.

How will you communicate with staff, residents and families in the event of an outbreak?

You should prepare email letter templates that can go to all staff and all residents and families as soon as possible to avoid them hearing about an outbreak from media sources. These can then quickly be populated with details of the message in the tone that you want. Ready access to an up to date list of contact details is vital.

Particular staff should be designated to communicate with families about the well-being and status of individual residents on a daily basis and more frequently if required. It is also important to identify one or several staff who are responsible for communicating with all other staff about issues such as testing arrangements, isolation requirements and checking on staff who are unwell.

How will you communicate a resident's positive test result?

If a resident receives a positive test result for COVID-19, this needs to be communicated to the resident and their loved ones in a timely, sensitive and compassionate way by someone known and trusted.

Resident well-being

Maintaining basic care for a resident must always be accompanied by a focus on their overall well-being

How will you maintain the health and well-being of residents in the event of an outbreak?

Isolation and lockdown can have a negative impact on individual residents, in some instances leading to a relatively rapid deterioration in:

- physical condition, mobility, strength, independent function
- social connectedness
- psychological and emotional well-being
- nutritional status. <https://agedcarequality.govcms.gov.au/news/newsletter/aged-care-quality-bulletin-17-may-7-2020#nutrition%20during%20covid19>

A good outbreak management plan includes ways of preventing this from occurring for residents. This involves drawing on allied health staff such as physiotherapists, dieticians, psychological support, and using creative ways of connecting with loved ones. The Commission has a dedicated page on its website with examples of innovations here <https://agedcarequality.govcms.gov.au/providers/visitor-restrictions-residential-aged-care-services#examples%20of%20innovation>

It is important for providers to recognise and carefully manage the increased clinical risks associated with interruptions of normal schedules and processes, and with unfamiliar staff caring for vulnerable residents.

Remember that the Aged Care Quality Standards still apply during an outbreak



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