

Companion Resource for Self-Assessment

Guidance for Infection Prevention and Control (2)

Online Self-assessment Survey for Residential Aged Care Services

This document is a Companion Resource to the Online Self-assessment Survey that all residential aged care providers have been asked to complete online.

The Companion Resource is designed to support your own management actions at the service in relation to outbreak planning.

This resource provides you with guidance in responding to the survey. It contains information to highlight areas that are important in undertaking the self-assessment. The guidance is not definitive but focuses on actions to support preparedness.

Further guidance is available within the:

- Communicable Disease Network Australia (CDNA) [National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](#)
- Fact sheet [First 24 hours – managing COVID-19 in a residential aged care facility](#)
- Fact sheet [Are you Alert and Ready – Residential services Australia-wide](#)
- [COVID-19 information from the Commission](#)
- [Aged Care Quality Standards](#)



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1. Outbreak Management Plans (Standard 8)

1.1 Has the service reviewed the Service's Outbreak Management Plan (OMP) to ensure it is current and fit for purpose?

- The OMP is reviewed regularly, and staff drilled in its rapid activation.
- Staff have a good understanding of the risks the service faces, and these are addressed in the plan. For example, management of shared rooms or bathrooms and staff working across multiple areas and sites present a heightened risk for spread of infection.
- Understanding current risks such as knowing and monitoring the number of positive cases in your local area.
- Monitoring and updating the OMP consistent with State and Territory Guidance and changes in local/national circumstances.

1.2 Are members of the Outbreak Management Team clear about their respective roles and available at short notice?

- The OMP has a nominated outbreak coordinator and designated and agreed key roles and responsibilities assigned to staff to support decision making and crisis management during the outbreak. **Alternatives need to be identified if key personnel are unwell or unavailable**
- The OMP is distributed to all involved stakeholders who understand the plan. This knowledge and understanding are tested regularly; it is not taken for granted
- Members of the Outbreak Management Team are contactable at short notice 24/7 and fully understand their individual roles in the event of an outbreak. Contact details are up to date and available to all Team members
- The Outbreak Management Team are prepared to meet within 4-6 hours of identifying a case and to continue to meet daily to direct and oversee the management of the outbreak
- The Outbreak Management Team and key personnel at the service are aware that their roles will involve close co-operation with public health authorities and other parties to support the emergency response to COVID-19
- The service has identified how it will clearly identify the person in charge with authority to manage the service's activities consistent with the instruction of public health and emergency response teams
- The service has established a protocol to easily identify the person in charge at the service each day. For example, using a fluorescent vest or distinctive arm band
- The service has a protocol ready to provide daily notice of key personnel, roles and contact numbers posted at the service. Consider a white-board drawn up for this purpose or customise the [key personnel template](#).



1.3 Are notification contact details easily accessible to immediately notify an identified case to state/territory and Commonwealth Health authorities?

- The service has a plan, including nominated staff, to immediately notify the Public Health Unit (PHU) of an identified case. The PHU will coordinate the public health response to the outbreak.
- The service knows how to immediately notify the Commonwealth Department of Health at agedcareCOVIDcases@health.gov.au of any cases of COVID-19 among consumers and staff.
- The service connects with access to resources, testing and Personal Protective Equipment (PPE) to help manage the outbreak.

1.4 Has the service identified clear processes in order to implement lockdown of the service within 30 minutes of a positive test?

The lockdown processes include:

- reviewing the visitor log to determine who is on site
- evacuating non-essential people from the residential aged care facility
- asking all consumers to remain in their rooms
- sensitively informing consumers of the reason for the lockdown
- avoiding consumer transfers, both into and out of the service if possible, to reduce exposure or spread of infection
- reinforcing standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.

1.5 Has the service assembled the key documents at the service to support the immediate and ongoing response to an outbreak?

The service has in readiness:

- A detailed floor plan which includes consumers' rooms, including bathrooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area.
- An up-to-date list of consumers and their points of contact.
- A list of all staff employed by the facility includes their names, contact details, including people providing primary care or allied health services.
- A record of any staff who work who across multiple aged care services or multiple sites.



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The service is ready to make available further documentation once a positive case is confirmed, to identify:

- consumers with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts.
- a line list describing people infected in terms of time, place and person.
- a list of staff who worked on relevant dates (not a roster), to determine dates and shifts of work, and the consumers they cared for.

2. Screening (Standard 3 and Standard 8)

2.1 Has the service established processes for detecting symptoms and timely testing for COVID-19 for consumers?

- The service has processes to detect any consumer with symptoms as early as possible, including those that are mild and atypical.
- The service knows the local pathway to refer consumers for timely testing for COVID-19.

2.2 Is the service screening staff and visitors every time they come on site?

- The service has established screening for all people on entry to the site as a vital routine and staff are vigilant against complacency or inconsistency of effort in this process.
- The service is regularly reviewing the screening arrangements to ensure it remains up to date and effective. It is essential that anyone with symptoms, even very mild symptoms, or a contact of a person who is COVID positive, get tested and stay home and not attend the service until cleared.

2.3 Is the service implementing best practice when applying the current visitor access restrictions?

- The service is up to date with the visitor access directions, including any restrictions, in the relevant state or territory and apply appropriate restrictions to access for visitors to the service to protect consumers and staff and reduce the risk of transmission of COVID-19.
- The service ensures that restrictions to visitor access at the service are applied with care and compassion, keeping consumers and their loved ones at the centre of decision-making.
- The service has considered and implemented options to support visits for consumers who are receiving palliative or end-of-life care.
- The service promotes the [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#) with staff at the service.



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2.4 Has the service established a culture and processes to ensure symptomatic staff or staff who are contacts of a positive case stay home?

- The service has established a safe culture and has processes in place to support staff, and staff 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, or if they meet the state or territory criteria for exclusion from a service.
- Staff should notify management immediately of any concerns.

3. Infection Control (Standard 3 and Standard 8)

3.1 Can the service maintain standards of infection prevention and control at all times and in all parts of the service?

- The service is focussed on reducing the risk of cross-contamination for the range of different processes including cooking and provision of meals, laundry, rubbish disposal, cleaning, maintenance and medication administration.
- All staff are aware of and practised in infection control, including staff from kitchen, cleaning, waste disposal, laundry and volunteers.
- The service has signage in place and processes to monitor staff physical distancing, e.g. during handover, breaks, entry and exit, and including remaining in separated and defined work zones.
- Disposable equipment has been sourced for items that may otherwise have been shared. This includes personal items such as commodes, as well as single use items such as trays, cutlery and plates.

3.2 Is correct hand hygiene supported among staff, consumers and visitors?

- All staff know what to do and are trained and practiced in infection control and use of PPE. Management should have oversight that sustained and correct practice is occurring across all shifts for all staff.
- Hand wash and sanitiser is readily available in all parts of the service and replenished regularly.
- Where necessary, staff assist consumers to sanitise hands and wear appropriate PPE before and after accessing communal areas and sanitise hands before and after eating and toileting.



3.3 Are cleaning processes at the service comprehensive?

- There are processes and adequate supplies in place for increased frequency of cleaning particularly high touch surfaces (e.g. door handles, rails along walls) and communal areas used by staff and consumers.
- The service has processes to ensure that equipment such as walking aids, lifters, blood pressure cuffs etc. are cleaned between each use and are not shared wherever possible.

3.4 Does the service know how much PPE it has and how much it will need?

- There is a designated staff member to manage and report on PPE inventory, including appropriate types of gloves, masks and gowns.
- The service maintains an inventory of current PPE stocks and ensures that there is adequate stock onsite and/or readily available to enable safe and effective infection prevention and control until more protective equipment is made available from the Commonwealth stock.
- The service has a process in place to manage inventory and request supplies in advance to avoid low stocks and potential interruption of supply.

4. Staffing (Standard 7)

4.1 Does the service have up to date contact details for all staff?

- The service has an up to date staff list and their contact details, including an alternate or next of kin contact.
- The service has maintained personnel records to identify staff who may not be able to work during an outbreak due to personal wishes, responsibilities or vulnerabilities.

4.2 Can the service quickly identify staff in close contact or rostered with a staff member who contracts COVID-19?

- The service has a list of staff who worked on relevant dates and shifts (not a roster), in which area and in which role.
- The service's staff list can quickly identify who has worked with, and probable close contacts of, a staff member if a positive diagnosis of COVID-19 is made, and which consumers they have cared for. The Public Health Unit and Department of Health will require this information.
- The service is taking all practicable steps to reduce the risk of aged care workers unintentionally transmitting COVID-19 by working across multiple sites. In Victoria, refer to the [Guiding Principles for residential aged care – keeping Victorian residents and workers safe](#).



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4.3 Has the service planned how it will proactively communicate with and support staff as a priority in the first 24 hours and during an outbreak?

- Senior clinical staff and service management understand their roles and place a high priority on proactively contacting and reassuring staff following a confirmed case.
- There are clear avenues for staff to access up to date information, including about access to PPE, orientation to infection control measures, and support for emotional wellbeing. **This should be a priority in the first 24 hours.**
- The service is looking after its staff, including education, training, and clinical support, ensuring adequate rest and shift breaks and provided employee assistance support or similar.
- The service supports staff to feel safe at work, in order for personal and clinical care and service delivery for consumers to continue.
- The service has identified roles that could be performed remotely from home should this be required due to quarantine of staff.

4.4 Has the service identified how to quickly bring agency staff on board if needed?

- The service has arrangements in place to access relevant staff from across the provider organisation or engage Agency staff rapidly if staff shortages occur suddenly. Contact details of the preferred staff agency should include an after-hours contact point.
- The service knows how to access a temporary surge workforce through the Commonwealth Department of Health at agedcareCOVIDcases@health.gov.au to facilitate one or more of the following suppliers:
 - Aspen Medical
 - Healthcare Australia (HCA)
 - Mable Healthcare
 - Recruitment Consulting Staffing Association (RCSA)
- The service has a process for orientation and induction, training in the correct use and disposal of PPE, and overseeing sustained correct implementation.
- The service has clear handover arrangements for consumers social needs, consumers' individual risks, care needs and monitoring requirements.
- There are clear lines of communication for all shifts, including:
 - Who is in charge



- Contact points and lists
- Who to report to in event of emergency, specifically emergency services
- How to access support staff
- What are the triggers for escalation, including reporting and response mechanisms.
- The service has contingency plans if key management or leadership team staff become unwell.

4.5 Has the service identified and tested options for rostering staff to reduce the risk of transmission if an outbreak occurs?

- There is preparation to identify how to support separation of staff to work in isolation vs normal care environments.
- The service has anticipated and tested rostering arrangements that would limit staff and consumer movements between areas of the building and between buildings and reduce the number of individual staff members that each consumer comes into contact with.
- The service is looking after its staff, including education, training and clinical support, ensuring adequate rest and shift breaks and provided employee assistance support or similar.
- The service is taking steps to support and enable employees to work at a single site. Information on [Working arrangements for the health and aged care workforce during COVID-19](#) is available on the Department of Health website.

4.6 Has the service made contingency plans to provide meals and other services to consumers if central services such as the kitchen or laundry need to be closed?

- The service has identified alternatives if a central services area is closed because a staff member contracts COVID-19 (such as someone working in the kitchen laundry, communal areas or offices). This may include:
 - accessing food from external sources at short notice
 - accessing external laundry services
 - increasing frequency of waste removal, including clinical waste and PPE disposal.

5. Physical Environment (Standard 5)

5.1 Has the service clearly identified location(s) on the site plan where COVID–19 positive consumers can be isolated?

- The service has an accurate floorplan of the facility available which identifies the locations of:
 - individual consumers



- shared and single rooms
- shared bathrooms
- communal areas
- areas for isolation for COVID positive consumers.
- The floor plan identifies contingency plans to separate consumer cohorts quickly. This includes providing care for different groups of consumers in physically separated areas, depending on their particular care needs and COVID-19 status, thus separating COVID-19 positive consumers from those who need protection from exposure.
- The service has identified arrangements to immediately safely move and then isolate COVID-19 positive consumers in a single room with an ensuite, or separate bathroom. Shared rooms or bathrooms present a heightened risk of spread.

5.2 Has the service mapped other designated spaces within the service and entry and exit routes for the site?

- The service has established isolation spaces and identified areas including:
 - separate entry and exit for site
 - an isolation space
 - spaces specific for donning/doffing PPE
 - waste collection and disposal.

5.3 Has the service identified plans in readiness to step up environmental controls and cleaning?

- The service has determined appropriate cleaning measures if COVID-19 is detected, in line with Communicable Diseases Network Australia Guidelines, which is in addition to normal cleaning routines at the service.
- The service has a process to support understanding of high touch areas, including but not limited to hand rails, door knobs, light switches, bedside tables as examples.
- The service has determined processes for management of appropriate cleaning for high risk spaces including:
 - areas in isolation
 - staff meeting spaces and social distancing markers
 - separate bathrooms
 - shared bathrooms and how to manage.
- The service has determined how it can resource cleaning staff and supplies, including at surge periods and to ensure supply.



5.4 Has the service identified how the service environment could be safely used for “remote visits”?

- The service has established ways in which family and consumer representatives can maintain contact during the outbreak, consistent with State Health Directions and the Industry Code of Practice.
- The service has identified areas that can be used to support such ‘remote visits’ without entering the service which could include:
 - an external window to enable visitors to see a consumer
 - online or virtual visits.

5.5 Has the service identified how large amounts of PPE will be stored and disposed of?

- The service has identified in advance where bulk stocks of PPE stock can be safely delivered, received and stored, which may be delivered on pallets.
- The service has determined where to locate sufficient PPE supplies in easy reach of staff who require them, including availability of hand sanitiser.
- The service has identified where PPE donning and doffing will occur and ensure that there is hand sanitiser available in these areas.
- The service has arrangements to deal with the disposal of large volumes of PPE.



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6. Clinical and personal care (Standard 2 and Standard 3)

6.1 Does the service have arrangements in place with general practitioners and all relevant clinicians for the care of consumers?

- The service confirms arrangements with general practitioners (GPs) to ensure unwell consumers are reviewed by their GP irrespective of whether an outbreak is occurring.
- The service has protocols in place with local GPs and allied health providers in the case of positive cases of COVID-19, including to ensure all visiting GPs and allied health staff are informed at the start of an outbreak.
- The service confirms arrangements to provide medical care if the GP is unable to attend the service in the event of an outbreak.
- The service has protocols to engage with the local Public Health Unit, Department of Health and other relevant clinicians.
- The service has effective processes for contemporaneous clinical handover to make information easily available to relevant agency staff, substitute general practitioners, paramedics, and hospital staff as necessary. This is vital for anyone who needs to provide personal or clinical care without already knowing the consumer.

6.2 Does the Outbreak Management Plan include ways to prevent the negative effects of social isolation on consumers during COVID-19?

- The service's outbreak management plan includes ways of preventing negative effects of restricted visitors, social distancing and environmental controls to prevent infection.
- The service involves allied health staff such as physiotherapists, dieticians, psychologists and other supports, and uses creative ways of connecting with loved ones.

6.3 Has the service identified and planned for the clinical management of consumers at higher risk due to complex health needs?

- The service has identified and updated care plans and its clinical governance to effectively manage clinical risks for the care of consumers.
- The service pays particular attention to high-impact high-prevalence risks relating to:
 - time critical medication management
 - behaviour management supports
 - physical condition, including mobility and strength
 - independent function
 - social connectedness



- hearing loss management including awareness that use of masks and PPE prevent facial cue recognition
- psychological and emotional wellbeing
- nutritional status.
- The service has updated care plans to recognise and carefully manage the increased clinical risks associated with interruptions of normal schedules and processes, and with unfamiliar staff caring for vulnerable consumers.

6.4 Are consumers' advance care plans up to date to reflect their end of life preferences and to inform clinical decision making on their behalf?

- The service has up to date advance care directives and plans which provide clear guidance on the consumer's preferences to make their end of life and palliative wishes known.
- The service has updated these plans to inform any clinical decisions about consumers who may develop COVID-19.

6.5 Has the service prepared protocols with acute or subacute facilities to support hospital transfers of consumers if this is clinically indicated?

- The service has developed guidelines to determine when to transfer COVID positive consumers to hospital.
- The service has considered information required to support the liaison with GPs, Public Health Units, and hospital staff, including consultation with the consumer who may be transferred to hospital or other accommodation if clinically required.

7. Communication (Standard 1 and Standard 6)

7.1 Does the service have signage ready to put up on site in the event of an outbreak?

- The service has pre-prepared signage ready to be quickly deployed in an outbreak to designate specific areas within the service, and to communicate lockdown/facility closure on external entrances. [Standardised infection prevention and control signage](#) is available on the Australian Commission on Safety and Quality in Health care website.
- The service has developed signs which are ready to be immediately placed outside a consumer's room for contact and droplet precautions once they have tested positive for COVID-19.
- The service has prepared signage to communicate PPE use areas, including to support training reminders.
- The service has documents available which have been translated for languages relevant to consumers of the service.



7.2 Does the Outbreak Management Plan list key points of contact during an outbreak?

- The service has prepared and disseminated a current key points of contact lists, to include but not limited to:
 - Public Health Unit and Commonwealth Department of Health
 - consumers representatives
 - Outbreak Management Team and alternate staff contacts
 - GPs and other visiting staff
 - PPE stockists
 - interpreters
 - organisations which can provide surge workforce
 - current staff list, including rosters.
- The service briefs staff on the location of the current list and has a staff member and alternate responsible for its maintenance.

7.3 Is the service well prepared to communicate in a timely way with staff, consumers and families in the event of an outbreak?

- The service has enhanced its communications with consumers and their families through multiple channels to meet the high need for information during the pandemic.
- The service has prepared email letter templates that can go to all staff and all consumers and families as soon as possible to avoid them hearing about an outbreak from other sources. These can then quickly be populated with details of the message.
- Providers with multiple services have prepared communications for other sites and share them where relevant and necessary.
- The service has also considered messages for the service's website, phone scripts and translation of documents into relevant languages.
- The service has facilitated consumer contact with consumer advocates and the [Older Persons Advocacy Network \(OPAN\)](#).



7.4 Has the service assigned responsibilities for communication?

- The service has planned to manage a very high volume of calls from families and the media, including preparation of phone scripts and media releases.
- The service has identified staff who are assigned specifically to answer the phone and emails.
- The service has identified key senior staff who are assigned specifically as government liaison. Communication should be limited to these key staff.
- The service has designated known and trusted staff to communicate if a consumer receives a positive test result for COVID-19, in a timely, sensitive and compassionate way.
- The service has designated staff to communicate with families about the wellbeing and status of individual consumers daily or more frequently if required.
- The service has established clear lines of communication for all shifts.
- The service has identified 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.
- The service has identified staff who may be in quarantine, who may be able to work from home to support the service.

7.5 Has the service established a policy and process to deal with the media if there is an outbreak?

- The service has planned for media and social media interest and determined in advance how it will manage media requests and the potential for a media presence outside the service.
- The service has identified a staff member who is the single point of contact established for media queries on each shift. This person should not take on other duties.
- The service has prepared scripts or talking points and holding statements which are used and updated as appropriate over time to reflect the current situation.



8. Consumer wellbeing (Standard 1 and Standard 6)

8.1 Has the service established processes to optimise consumers' health and well-being during an outbreak?

- The service has considered how families may 'visit' their relatives using social media, phone and other technologies and be informed of their welfare.
- The service is supporting its workforce to recognise and engage with consumers who are at risk of being socially isolated or feeling lonely.
- The service has identified ways to support a consumer stay engaged in the community and in meaningful activities when the service identifies a consumer who can't manage day to day activities like they used to.
- The service has accessed information from [Dementia Australia](#) to support consumers
- The service is promoting the support provided from the [Older Persons Advocacy Network \(OPAN\)](#).
- The service is using innovative and creative ways to support consumers feel engaged.

8.2 Has the service planned ahead to meet the particular needs, including additional supports, of consumers during an outbreak?

- The service has considered what additional supports and training staff may require.
- The service has a range of supports identified for consumers who may lose friends because of the outbreak.
- The service has a process to support consumers who wish to update their Advance Care directives
- The service has considered how to support consumers who have LOTE and require access to interpreters, and translated materials, including those who need additional supports to understand information due to cognitive or sensory loss.
- The service has anticipated and supported consumers to raise concerns under an open disclosure policy, as well as made information available about how to make a complaint to the [Aged care Quality and Safety Commission](#).

