COVID-19 Information Session for Supported Independent Living providers

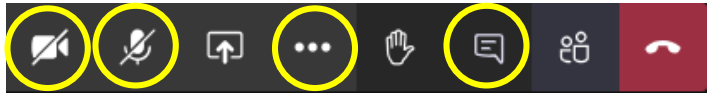
Outbreak management plan, action and training

25 August 2022

Acknowledgement of Country

"Before we begin, I would like to acknowledge the Traditional Owners and Custodians of all the Countries on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging. I would like to extend my acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today."

Housekeeping



- Please ensure your camera and microphone are turned off to minimise disruptions
- If you are not receiving audio, click on your initials, select settings then devices to check speaker settings and permissions
- To switch on Microsoft Teams live caption to read a live stream of the presentation, click on the three dots and select ‘turn on live captions’
- There will be dedicated time for questions at the end of today’s session, but we may not have time to answer everyone’s query.
    - To ask questions during the dedicate time at the end of today’s session, navigate to the chat by clicking the ‘speech bubble’ icon. Type your message into the text field and press the ‘paper plane’ icon
- Specific questions about content included in today’s session can be sent to provider.support@ndis.gov.au
- Should technical issues or unforeseen events impact our ability to deliver today’s presentation, this session will be cancelled and an alternative event arranged.

Privacy

Important

- No personal information should be shared or discussed in relation to attendees joining today, or any NDIS participants or NDIA staff members. If you would like to discuss an individual matter with the NDIA, please contact us directly.
- In dealing with personal information, we abide by the obligations imposed on us under federal law, including the Privacy Act 1988 (Cth) Privacy Act and the National Disability Insurance Scheme Act 2013 (Cth) (NDIS Act).

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More information

- You can find more information about the NDIA's privacy policy at our website: ndis.gov.au/privacy
- You can also send an email to privacy@ndis.gov.au or phone 1800 800 110.

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NDIS Covid-19 Information Session

August 2022

Aaron Richardson

Certified B Corporation

Session Outline

Outbreak Management Plan

- Adequate supply of PPE, burn rate considerations
- Early detection for participants and staff
- What to do if staff are experiencing symptoms of COVID-19
- Communications plan

Outbreak Management Actions

- Outbreak Management Plan
  - Participants who choose not to isolate

Training:

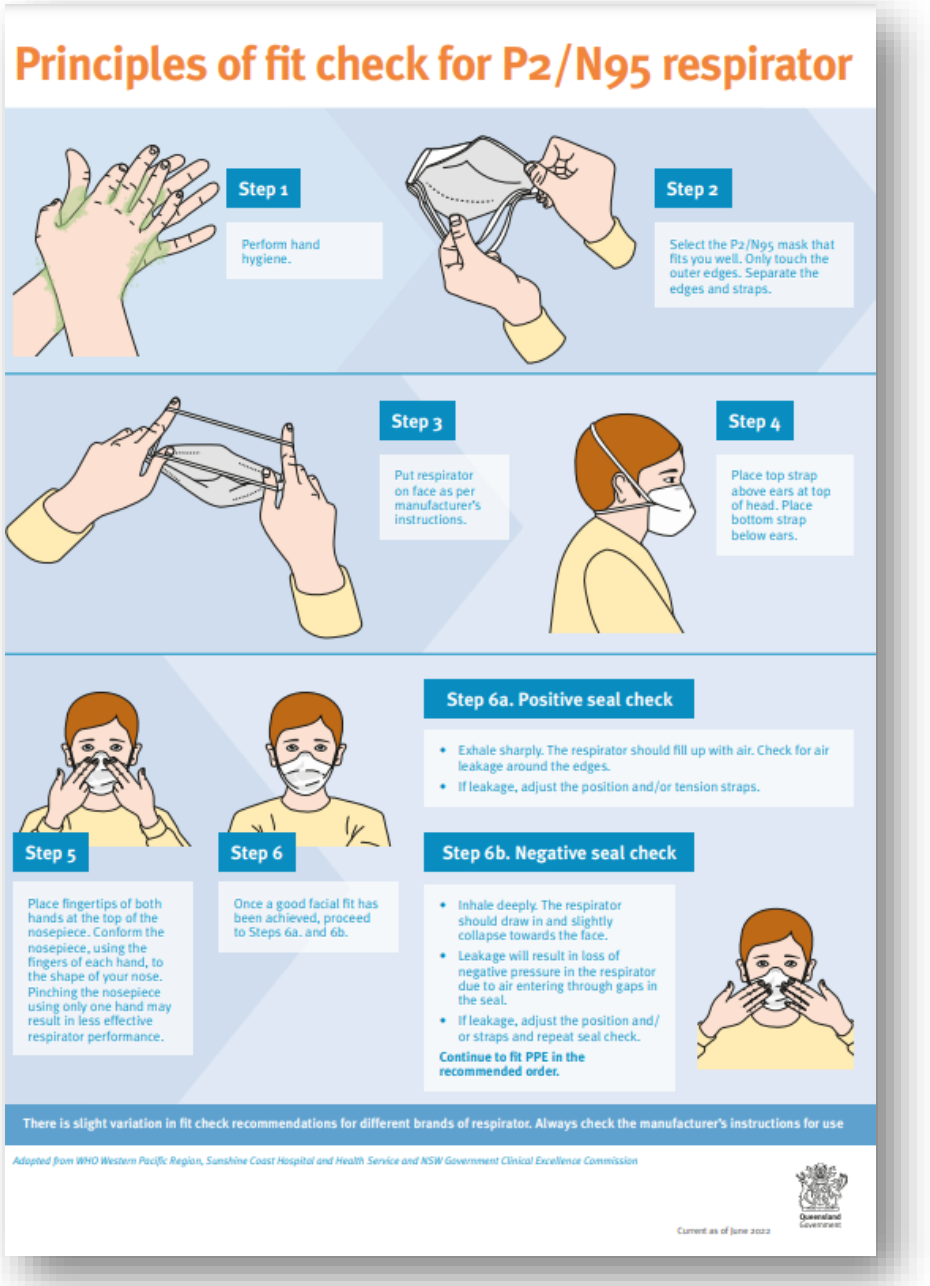
- Standard and transmission-based precautions

• Adequate supply of PPE and other materials

- Personal Protective Equipment - stockpile
  - P2/N95 mask
  - Eye protection (goggles or face shield)
  - Gowns, and
  - Gloves

PPE – P2/N95 Masks
Mask Fit Check

- Mask fit check complete each time P2/N95 donned
- Ensure TGA approved for Covid-19 environment



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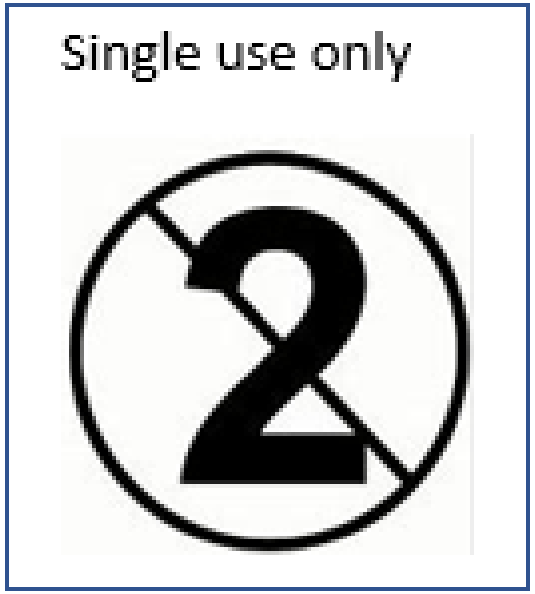
wherever we're needed

PPE, Other Considerations

- Eye Protection
  - Disposable single use, or reusable consider cleaning challenges
  - Goggles or face shield

- Gown
  - Isolation gown
  - Stock an array of sizes



PPE, Other Considerations

- Gloves
  - Nitrile or powder-free latex (giving consideration to participant/s and staff latex allergies)
  - Vinyl gloves are not recommended in the context of a Covid-19 Outbreak

PPE – Burn Rate, Staff (mask/eye protection)

- 1 staff member over 24 hours
- 3 staff x 8-hour shift =24-hour coverage
  - Consider 4-hour extended use mask and shield
  - 3 changes per 8-hour shift per 1 staff member
  - 9 masks and shields for 24 hours
  - 7-day supply - 63 masks and shields minimum
- Consider stock contingency

PPE – Burn Rate, Participants (gown/gloves)

- Number of participants
- If all participants are positive
- Minimum number of times staff enter 1 participant's room
  - New gown and gloves each time a staff member enters the participant’s room

PPE – Burn Rate, Participants

- On average –
  - 1 room entry every 60 minutes over 24 hours for 1 positive participant
  - 24 gowns for 1 participant (minimum)
  - 24 pairs of gloves for 1 participant (minimum)
  - 7-day supply – 168 gowns, 168 pairs of gloves

- Consider stock contingency

PPE – other materials?

- Alcohol based hand rub (ABHR)
  - 60%-80% alcohol content are most effective
- Water/soap/paper towel stock
- Viricidal wipes i.e. Clinell wipes
  - https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia
- Waste bins
  - General (black), and contaminated (yellow)
- Rapid Antigen Tests (RATs)

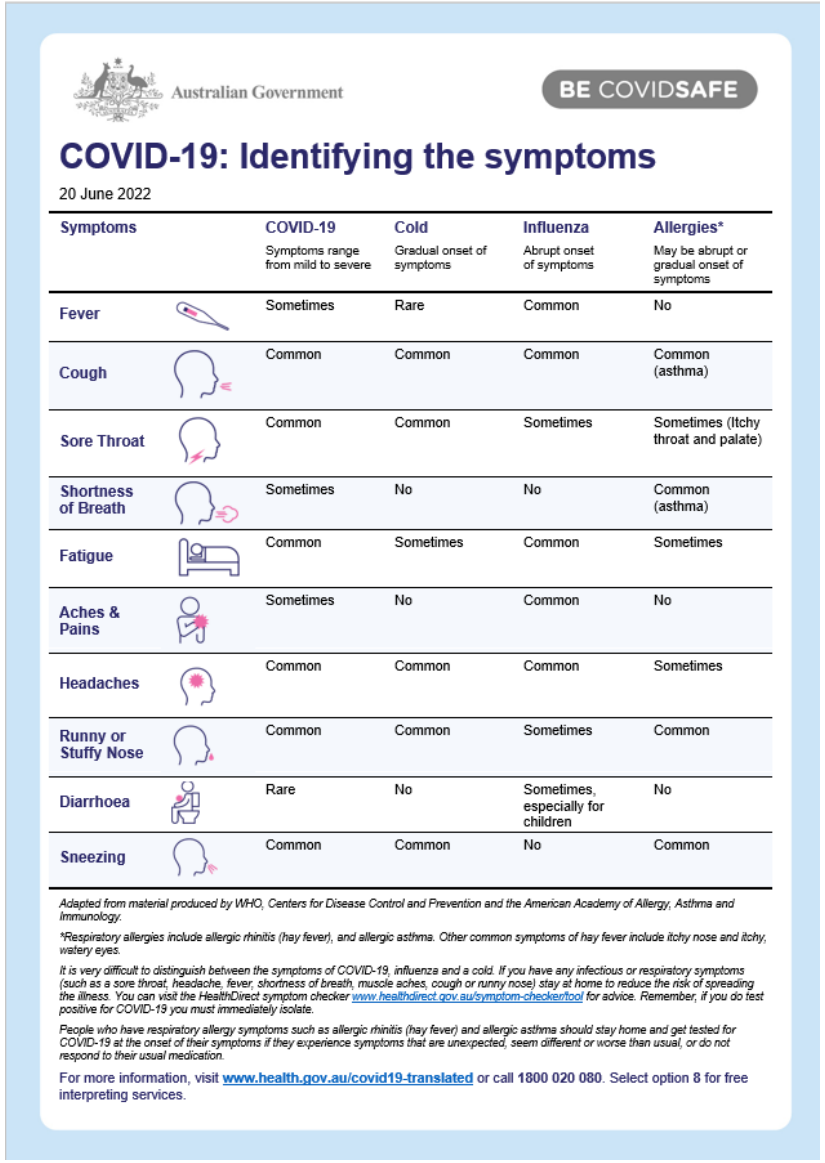
PPE – other materials?

- Keep your signage simple

Early Detection Measures

- Consider implementing daily screening of participants
- [Coronavirus (COVID-19) – Identifying the symptoms | Australian Government Department of Health and Aged Care]

- Safer Care Victoria – Covid-19 Screening Tool
- [COVID-19 screening tool for residential aged care services (safercare.vic.gov.au)]



Australian Government

BE COVIDSAFE

COVID-19: Identifying the symptoms

20 June 2022

Symptoms	COVID-19 Symptoms range from mild to severe	Cold Gradual onset of symptoms	Influenza Abrupt onset of symptoms	Allergies* May be abrupt or gradual onset of symptoms
Fever	Sometimes	Rare	Common	No
Cough	Common	Common	Common	Common (asthma)
Sore Throat	Common	Common	Sometimes	Sometimes (Itchy throat and palate)
Shortness of Breath	Sometimes	No	No	Common (asthma)
Fatigue	Common	Sometimes	Common	Sometimes
Aches & Pains	Sometimes	No	Common	No
Headaches	Common	Common	Common	Sometimes
Runny or Stuffy Nose	Common	Common	Sometimes	Common
Diarrhoea	Rare	No	Sometimes, especially for children	No
Sneezing	Common	Common	No	Common

Adapted from material produced by WHO, Centers for Disease Control and Prevention and the American Academy of Allergy, Asthma and Immunology.

**Respiratory allergies include allergic rhinitis (hay fever), and allergic asthma. Other common symptoms of hay fever include itchy nose and itchy, watery eyes.*

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If you have any infectious or respiratory symptoms (such as a sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) stay at home to reduce the risk of spreading the illness. You can visit the HealthDirect symptom checker www.healthdirect.gov.au/symptom-checker/tool for advice. Remember, if you do test positive for COVID-19 you must immediately isolate.

People who have respiratory allergy symptoms such as allergic rhinitis (hay fever) and allergic asthma should stay home and get tested for COVID-19 at the onset of their symptoms if they experience symptoms that are unexpected, seem different or worse than usual, or do not respond to their usual medication.

For more information, visit **www.health.gov.au/covid19-translated** or call **1800 020 080**. Select option 8 for free interpreting services.

Early Detection Measures – Participant

- Participant has cold or flu-like symptoms, consider:
  - Encouraging participant to remain in their room
  - Complete a Rapid Antigen Test
  - Negative but symptomatic, consider actions you will take:
    - PCR in alignment with State / Territory guidelines
    - Communicate - participant, family/guardians, GP as appropriate
    - Continue to encourage participant to remain in room
    - RAT daily
  - Positive – initiate the Outbreak Management Plan

Early Detection Measures - Staff

- Staff should not come to work if presenting with cold or flu like symptoms, such as:
  - Feeling feverish or having chills
  - Cough
  - Short of breath
  - Sore throat
  - Runny nose
  - Loss of taste or smell
  - Diarrhoea

Early Detection Measures - Staff

- If RATs are available, consider requesting symptomatic staff to complete a RAT, preferably prior to entering the home
- If negative – but symptomatic, rest, manage symptoms, escalate if necessary and return to work when well
- PCR in alignment with State guidelines
- If positive – initiate your Outbreak Management Plan, and State / Territory guidelines such as isolate/inform your place of work

Essential Workers – close contacts?

- Consider:
  - What is the definition of a close contact?
  - Essential workers vs high risk workplace
  - How do you calculate the close contact period?
  - What is the State mandate, and recommendations?
  - Who from your organisation will monitor, implement and oversee compliance of this?

Essential Workers – close contacts?

- Each State and Territory will have specific guidelines regarding close contacts relating to high-risk work environments, for example:
  - South Australia vs Northern Territory

Essential Workers – close contacts?

- **South Australia**
  - Permissions+for+close+contact+critical+disability+workers+to+return+to+worksite.pdf (sahealth.sa.gov.au)
  - Days 1-7 from exposure to a person with COVID-19 •
  - This represents a higher risk period for a close contact to turn positive and in general close contact workers should not return to work.
  - During this period, when there is a demonstrated critical workforce shortage which threatens the health, safety and wellbeing of residents, a close contact critical disability support worker can return to work with permission granted by the Chief Executive (or equivalent) of the service provider.

- **Northern Territory**

Close contacts | Coronavirus (COVID-19)

  - **Close contacts who work in high-risk places**
  - Close contacts who work at a high-risk place may enter their workplace if they:
  - have a negative Rapid Antigen Test each day before attending work
  - wear a face mask
  - maintain a distance of 1.5 meters from other people where possible

Communication Plan

- Delegate staff to manage the flow of communication
  - Internal and external communication required
  - List of current stakeholders
  - Current communication channels, are they effective when communicating to:
    - Participants
    - Families/NOK/EPOA
    - Staff
    - GPs/Drs
    - Service agreement holders
    - Media
  - Consider alternative communication channels i.e., email, phone, video calls, window visits
  - Pre-prepare scrips, letters, signs
  - How often will information be distributed, mode of communication, and to who
  - Redirection of phone calls if possible
  - Furloughed and offsite staff may be able to assist

Outbreak Management Actions
Action 1. Isolate

- **Action 1: Isolate a suspected or confirmed case and implement transmission-based precautions**
- Consider a flowchart

Outbreak Management Actions
Action 1. Isolate – Exploring Participants

- Identify participants that may choose to stay out of their room, pre-outbreak
- Review care plan – current? Reflective of participant needs?
  - Is the participants comprehensive behavior support plan current and reflective of outbreak situation i.e. use of PPE?
- Consider individual preferences and activities
- Develop a resource with ideas and activities that participants respond well to
- Collaborate with family, explore options and ideas
- Be familiar with residents' optimum communication mode

Outbreak Management Actions
Action 1. Isolate – Exploring Participants

- Increase workforce numbers, if possible, create surge capacity within your own organisation to respond to other homes as necessary
  - Special participants 1:1 ratio
  - Assist with high-touch cleaning
  - Support cohorting of positive and negative residents
- Identify a separate, large space where positive participants could be cared for, in effect removing them from negative participants if possible
- Encourage negative participants to remain in their room if possible (risk assessment)
- Regularly communicate new routine/s such as social distancing, use of surgical masks – make them fun
- Support workers that have previously tested positive and cleared, are best to care for currently active participants

Outbreak Management Actions
Action 1. Isolate – Normalising PPE

- Introduce the use of PPE when there is no outbreak
- Allow residents to explore the mask and face shields, try them on
- Put them on together and do this several times so residents become familiar
- Where possible, ensure participants know who is under the mask if/when an outbreak occurs.
  - For example, before shift starts, introduce staff coming on to shift through window/glass door so the participant recognises the staff member, and they can watch donning of PPE
- Photo sticker of staff member on gowns

Outbreak Management Actions
Action 2. Notify Positive test

- Action 2. Notify Positive test
  - Participant (as appropriate)
  - Family (if appropriate)
  - Staff
  - GP
  - NDIS National Quality and Safeguards Commission
  - State Health
  - PHU
  - Others as appropriate

Outbreak Management Actions
Action 3. Confirm the Outbreak

- For the purposes of investigation, a COVID-19 outbreak is defined as **a single confirmed case of COVID-19 in a resident, staff member, or frequent visitor to a DRS.**
- Discuss with the PHU as soon as possible

Outbreak Management Actions
Action 4. Establish an outbreak management team with responding PHU

- Purpose of the Outbreak Management Team is to:
  - Monitor, direct and oversee the outbreak response
- Meet regularly i.e., daily via virtual meeting
- Include
  - Senior officer of the provider i.e., CEO
  - A lead public health officer appointed by the PHU
  - An officer with expertise in IPC
  - Administrative and clinical support personnel, as required
  - Where possible, a support worker who is caring for the positive participant/s

Outbreak Management Actions
Action 5. Implement the communications plan

[Reporting positive COVID cases_July 2022.jpg (1600×786) (dffh.vic.gov.au)]

Outbreak Management Actions
Action 6: Restrict visitors and communal activities

- This will be based on PHU advice, participants needs, and the organisations risk assessment of the situation

Outbreak Management Actions
Action 7: Manage Staff

- Cohort staff where possible, 1 team to care for positive participants, 1 team to care for negative participants
- Staff members that have been positive and cleared to return to work, are better placed caring for positive participants
- Minimise staff movement between positive and negative participants
- Comply with PPE requirements
- Continue to self-monitor for signs/symptoms

Outbreak Management Actions
Action 8: Monitor progress of the outbreak

- **Positive participants**
  - Manage symptoms where possible
  - Monitor closely for changes, or rapid decline
  - Ensure there is an escalation process in place for staff to access appropriate medical assistance when required (24/7)
  - Antiviral medication in use, discuss pre-planning with GP
  - Record the initial date of diagnosis, and when the participant ‘should’ be recovered

Outbreak Management Actions
Action 8: Monitor progress of the outbreak

- **Negative participants**
  - Screen for signs and symptoms at least daily
  - Consider PCR/RAT sweep of all negative residents, or RAT when symptomatic

Outbreak Management Actions
Action 9: Declare the outbreak over

- The PHU will declare the outbreak over
- Communicate (as per Communication plan)
- Review the outbreak management plan
- Lessons learned
- Debrief

Standard Precautions

- Practices routinely used, apply to all staff, participants and visitors
  - Hand Hygiene: before and after each episode of contact with participants, and contact with surfaces/objects
  - Use of PPE: if exposure to body fluids or heavily contaminated surfaces is anticipated
  - Cough etiquette and respiratory hygiene: cough into the bend of an elbow, or tissue

Standard Precautions

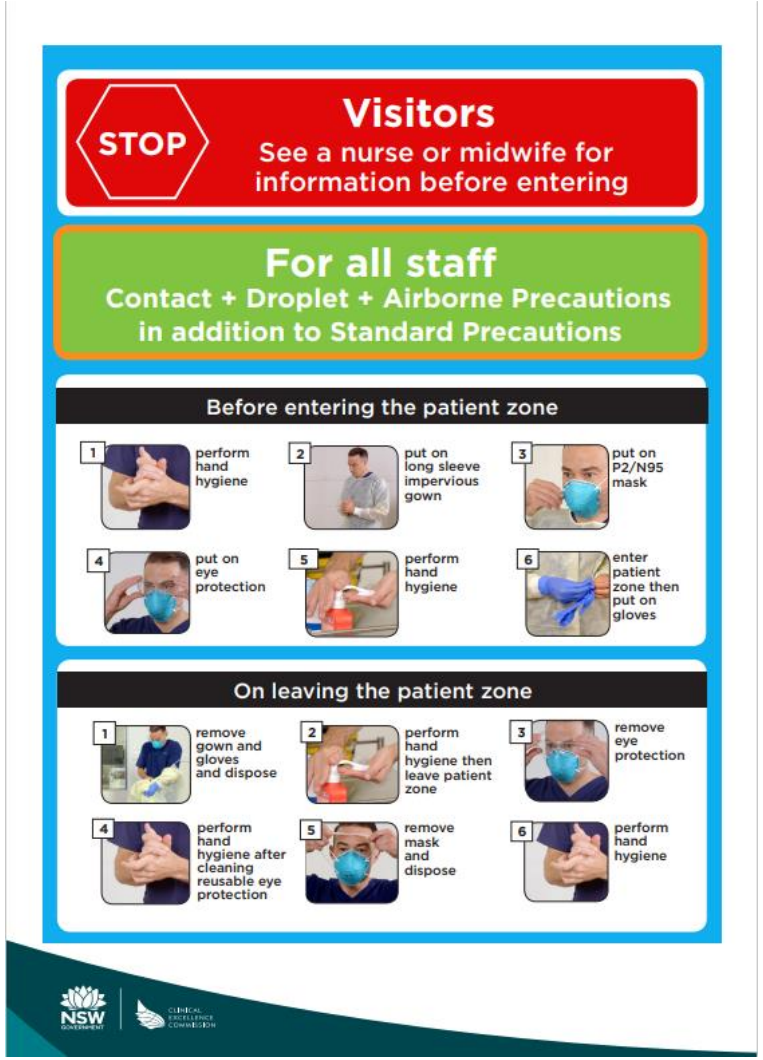
- Practices routinely used, apply to all staff, participants and visitors
  - Regular cleaning of the environment and equipment
  - Safe handling of linen and waste
  - Safe food handling and cleaning of used food utensils
  - Provision of alcohol-based hand sanitizer at strategically placed locations

Transmission-based precautions

- Practices used in addition to standard precautions to reduce transmission
- Implement transmission-based precautions for
  - Confirmed cases, and
  - Participants who are unwell with Covid-19 like symptoms

Transmission-based precautions

- Contact, Droplet and Airborne precautions
  - P2/N95 Mask, mask fit check
  - Eye protection
  - Isolation gown, and
  - Gloves **when indicated i.e., in contact with participant**



Summary

- Review your outbreak management plan
- Review the quality and quantity of PPE, consider your burn rate
- Identify members of your outbreak management team
- Provide training to your staff
- Communicate
- Delegate and designate 1 central point of truth within your staffing cohort (who is your organization's IPC Lead?)

Questions

- ?????

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