

**COVID-19 Outbreak Management Preparedness Self-Assessment Tool for Disability Residential Services**

## 22 September 2020

## Background

This self-assessment tool has been developed to assist Disability Residential Services assess their preparedness to actively plan for and respond to COVID-19 outbreaks. The tool can be used by any service to support their preparedness for COVID-19 outbreaks.

If the service has requested the Department of Health and Human Services (DHHS) Infection Prevention and Control Outreach Nurses (IPCON) Team to visit they should complete and return the self-assessment tool prior to the visit to enable the team to prepare.

The self-assessment tool comprises a checklist of topic areas that each disability residential service provider (provider) should consider based on local circumstances. This tool is not intended to be a set of mandated instructions or an audit tool.

Disability residential service providers are responsible for the management of COVID-19 outbreaks at their residential services. Detailed guidance for the management of outbreaks can be found at <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>

## OBJECTIVES

This self-assessment tool suggests areas for organisational preparedness and may identify additional areas to consider and include in current provider COVID-19 plans. Actions listed are for consideration by providers and may not be applicable in all circumstances. The tool covers:

* Adherence to infection prevention and control strategies
* Capacity to care for residents
* Internal and external communications
* Surge capacity
* Post-COVID-19 recovery phase

The tool also identifies measures to be taken in order to:

* Prevent the spread of COVID-19
* Identify and isolate persons with COVID-19 and report to key internal and external stakeholders
* Care for residents with confirmed or suspected COVID-19 as part of routine care as part of broader surge management
* Communicate action plan requirements internally (e.g. to the families or guardians of the residents) and externally (e.g. service providers who come onsite on a regular basis, DHHS, local health service provider(s), volunteer organisations) and ensure compliance
* Monitor and manage staff\* with potential for exposure to COVID-19
* Monitor and manage the impact on residents, staff and business continuity.

\* Staff – inclusive of volunteers and service providers who come to site.

## INSTRUCTIONS

1. For each item fill in the ‘status’ column, highlighted yellow, by either ticking complete or pending.
2. If the item is not applicable, please enter N/A in the ‘comment’ column.
3. If you have questions or would like to provide additional detail about an item/action for the IPC team to consider prior to residential service visits, please enter them in the ‘comment’ column.
4. The tool has space to list key contacts and positions who will be responsible for suggested roles. You may like to complete this section and use the document as a supplement tool to your current COVID-19 plans.
5. Please return the completed tool to the Infection Prevention and Control Outreach Team.

**COVID-19 Disability Residential Services Preparedness Self-Assessment Tool**

## Description of Disability Residential Services

|  |  |  |
| --- | --- | --- |
| **Provider name:** | | |
| **Address:** | | |
| **Key contact name:** | | **Role:** |
| **Email:** | | **Tel:** |
| **No. of beds (total):** | **No. of bedrooms:** | |
| **No. bedrooms with ensuite:** | **No. of communal areas:** | |
| **Other (specify):** | | |

| **Recommended preparedness action:** | | **Status** | | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
| --- | --- | --- | --- | --- | --- |
| **Pending** | | **Complete** |
| **Key component 1: Command and Control** | | | | | |
| 1.1 | Staff are assigned responsibility for coordinating the COVID-19 Outbreak Management Plan response and activities, including a COVID-19 emergency management team leader (with back-up, if available). Insert name(s), title(s) and contact information:  Team leader (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Backup (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |  |
| 1.2 | Consider having a list of backup staff for key emergency management team members that is up to date accessible to staff (i.e., in case someone is unwell or absent from work). |  |  | |  |
| **Key component 2: Communications** | | | | | |
| 2.0 | Signage with advice to residents, volunteers and visitors at all entrances to residential services posted addressing: *(See recommended resources for translation material sources)* |  |  | |  |
| 1. Hand hygiene |  |  | |  |
| 1. Visitation restrictions and entry prerequisites (e.g. wash hands immediately upon entry, and encourage (not mandatory) to receive seasonal influenza vaccination to protect the visitors and residents) |  |  | |  |
| 1. Cough and sneeze hygiene |  |  | |  |
| 1. Signs are posted at all entrances to alert individuals (staff and visitors) with symptoms of flu or COVID-19 illness like symptoms to not come into the residential service. 2. The need for visitors to wear single use disposable masks. |  |  | |  |
| 2.1 | Key DHHS points of contact (i.e. COVID-19 weekend on-call support person and COVID-19 Hotline 1800 675 398) for advice or notification during a COVID-19 outbreak have been identified and are readily available for staff. |  |  | |  |
| **Key component 3: Logistics and supply management** | | | | | |
| 3.0 | *In the absence of COVID-19 at the residential service, based on the average normal residents’ requirements*, a plan has been developed to address likely infection prevention and control stock shortages, including strategies for using regular suppliers and alternative ways for obtaining supplies: |  | | | |
|  | 1. Masks (surgical, P2/N95 respirator mask) |  |  | |  |
|  | 1. Protective eyewear (safety glasses, goggles, face shield) |  |  | |  |
|  | 1. Gowns (disposable fluid repellent) |  |  | |  |
|  | 1. Gloves (single use medical grade) |  |  | |  |
|  | 1. Plastic aprons |  |  | |  |
|  | 1. Detergent for cleaning (neutral detergent) |  |  | |  |
|  | 1. Disinfectant (Therapeutic Goods Administration (TGA) approved virucidal disinfectant e.g. bleach). |  |  | |  |
|  | 1. Paper towels for hand drying |  |  | |  |
|  | 1. Hand washing product (liquid or foam) |  |  | |  |
| 3.1 | A process is in place to ensure that residential services have supplies and materials necessary to adhere to recommended current DHHS infection prevention and control practices including: |  | | | |
|  | 1. Sinks (resident bathrooms and communal areas) are well-stocked with soap and paper towels for hand washing and drying (Note: cloth towels should not be in use). |  |  | |  |
|  | 1. No-touch bins are located near sinks for disposal of paper towels and tissues if available. |  |  | |  |
|  | 1. Tissues available to use in common areas and residents’ rooms. |  |  | |  |
|  | 1. Masks available for residents, volunteers, visitors, and staff (surgical and P2/N95). |  |  | |  |
|  | 1. Eye protection or face shields available for all staff and volunteers |  |  | |  |
|  | 1. *If a residential service has a suspected or confirmed COVID-19 resident case or coronavirus risk factors (as defined by DHHS)*: PPE (masks, gloves, gowns/aprons) is available immediately outside of the resident’s room and in other areas where resident care is provided |  |  | |  |
|  | 1. *If a residential service has a suspected or confirmed COVID-19 resident case or coronavirus risk factors (as defined by DHHS)*: Rubbish bins are positioned near the exit inside each resident room, if possible, to make it easy for staff to discard used PPE after removal, prior to exiting the room. |  |  | |  |
|  | 1. Alcohol-based hand sanitiser for hand hygiene is available in every resident’s room (if possible, ideally both inside and outside of the room) and other common resident care and common areas in the case that frequent hand wash with soapy water is not feasible. |  |  | |  |
|  | 1. TGA approved hospital-grade virucidal disinfectants (e.g. household bleach) to allow for frequent cleaning and disinfection of high-touch surfaces and shared resident care equipment. |  |  | |  |
| 3.2 | Emergency first aid kit stocked with supplies assembled and staff know of its location. |  |  | |  |
| 3.3 | Emergency rapid response COVID-19 kit assembled with supplies and staff aware of its location (see recommended resources below). |  |  | |  |
| **Key component 4: Infection prevention and control** | | | | | |
| 4.0 | Job specific training is made available to staff on recommended infection control measures to prevent the spread of COVID-19 reflecting current DHHS guidance including: |  | | | |
|  | 1. Cough and sneeze hygiene |  |  | |  |
|  | 1. Hand hygiene |  |  | |  |
|  | 1. Physical distancing in a residential setting |  |  | |  |
|  | 1. Staying home when ill |  |  | |  |
|  | 1. Signs and symptoms of COVID-19 |  |  | |  |
|  | 1. How to monitor residents for signs and symptoms of COVID-19. |  |  | |  |
|  | 1. How to properly clean and disinfect environmental surfaces and shared equipment |  |  | |  |
|  | 1. Waste handling and management |  |  | |  |
|  | 1. Linen handling and management |  |  | |  |
|  | 1. How and to whom COVID-19 cases should be reported – internal and externally (DHHS) |  |  | |  |
|  | 1. Use of single use disposable masks and eye protection |  |  | |  |
|  | 1. How to safely put on (don) and take off (doff) PPE |  |  | |  |
|  | 1. How to use and how to perform a fit check for N95/P2 respirator masks |  |  | |  |
|  | 1. COVID-19 risk factors and indications for PPE selection and use. |  |  | |  |
| 4.1 | A written checklist has been developed for identifying and reporting COVID-19 among residents and staff. |  |  | |  |
| 4.2 | A checklist is in place following identification of a *confirmed COVID-19 case to* include: |  | | | |
|  | 1. Immediate notification of the case to the department as per the *Protocol for providers – responding to a positive COVID-19 test.* |  |  | |  |
|  | 1. Prompt activation of infection control precautions, resident isolation and signage (i.e., place a mask on the resident, place resident in bedroom, post signage outside resident’s room and residential service entry). |  |  | |  |
|  | 1. Notification to treating general practitioner (GP) and other healthcare providers or care supports. |  |  | |  |
|  | 1. Identification and notification of any staff who have recently been in contact with the resident or staff member who has tested positive to COVID-19. |  |  | |  |
|  | 1. Notification to family or guardian of all impacted residents. |  |  | |  |
|  | 1. A method to specifically record staff and visitor contact with residents with a confirmed COVID-19 case. |  |  | |  |
|  | 1. Testing of the resident(s) by authorised pathology provider (arranged by GP, as per the circulated COVID-19 testing advice or contact DHHS Hotline for advice). |  |  | |  |
| 4.3 | A process is in place following identification of *a suspected COVID-19 case or a close contact of a confirmed case t*o include: | *(Note: DHHS does not require notification of a suspected case)* | | | |
|  | 1. Internal escalation in line with COVID-19 management protocols |  |  | |  |
|  | 1. Prompt activation of infection control precautions, isolation and signage |  |  | |  |
|  | 1. Notification to treating general practitioner (GP) and other healthcare providers or care supports |  |  | |  |
|  | 1. Notification to nominated family or guardian of all impacted residents. |  |  | |  |
|  | 1. If the suspected COVID-19 case is a staff member, the staff is directed away from the workplace and recommended to get an authorised COVID-19 test. |  |  | |  |
| 4.4 | Information about the safe use and disposal of single-use PPE in place addresses:   * Correct disposal * Single use PPE not to be re-used * Replacement of masks when wet or damp * External products not to be used in the workplace (e.g. home-made cloth masks or gowns) * Indications for use of surgical mask vs P2/N95 respiratory mask * Use and fit checking for P2/N95 respiratory masks to ensure a good seal |  |  | |  |
| 4.5 | Where possible, designated areas in the residential service have been identified for isolation, quarantine and cohorting (grouping) of suspected or known COVID-19 residents and communicated to staff. For example, vacant bedrooms, or rooms located in Short-Term Accommodation and Assistance (STAA) facilities, separate from other bedrooms.  *Note:*  *Isolation is used to separate ill persons who have an infectious disease from those who are healthy). People who have tested positive for COVID-19 in Australia are required to stay in isolation (i.e. in a single room if possible) until clearance by a designated medical officer.*  *Quarantine is used to separate and limit (where possible) the movement of well persons who may have been exposed to an infectious disease to see if they become ill. Quarantine is for people who are defined as having a close contact with a confirmed case of COVID-19 but are not experiencing symptoms.* |  |  | |  |
| 4.6 | Protocols in place to limit isolation, quarantine area staff/visitor access to only those essential for resident support in place (i.e. healthcare, hygiene, residents direct care needs, physiotherapy). |  |  | |  |
| 4.7 | Ensure a record of maintenance of staff and visitor contact with confirmed COVID-19 residents (e.g. log all persons entering the resident’s room and residential service). |  |  | |  |
| **Staff infection prevention and control** | | | | | |
| 4.8 | Protocols for staff with confirmed COVID-19 including for example   * Not attending workplace * Notification requirements (internally and externally) * Clearance requirements for return to work. |  |  | |  |
| **Visitor infection control education and access** Plans for visitor access and movement within the facility have been reviewed and updated in accordance with DHHS or commonwealth guidance | | | | | |
| 4.9 | Should visitor restrictions be implemented (in line with department advice), the residential service has a process to allow for remote communication between the resident and visitor (e.g. telephone, mobile phone, video-call applications on mobile phones or tablets) and has policies addressing when visitor restrictions will be lifted. |  |  | |  |
| 4.10 | If visitors are allowed to enter the room of a confirmed or suspected COVID-19 resident, the residential service will: |  | | | |
|  | 1. Enact a policy defining what PPE should be used by visitors. |  |  | |  |
|  | 1. Provide instruction to visitors before they enter a resident’s room, on hand hygiene, limiting surfaces touched, and use of PPE according to current DHHS guidance. |  |  | |  |
|  | 1. Maintain a record (e.g., a log with contact information) of all visitors and staff who enter and exit the room. |  |  | |  |
|  | 1. Ensure that visitors limit their movement within the residential service (e.g. avoid the cafeteria or communal areas). |  |  | |  |
| **Cleaning and disinfection** | | | | | |
| 4.11 | Process for, and scheduling of, increased frequency of routine cleaning of high-touch surfaces being undertaken in accordance with DHHS COVID-19 environmental cleaning and disinfection guidance (e.g. lift buttons, hand rails, basin taps, toilet buttons, light switches, phones, keyboards). |  |  | |  |
| 4.11a | Protocols for deep cleaning in place, and education and training of cleaning staff undertaken in accordance with DHHS guidance. |  |  | |  |
| **Transmission-Based Precautions** (use Standard, Contact, Droplet Precautions plus eye protection for residents with confirmed or suspected COVID-19 cases): | | | | | |
| 4.12 | Ensure infection prevention and control advice is promptly sought from DHHS, and guidance implemented, for all suspected or confirmed COVID-19 cases and signage posted. |  |  | |  |
| 4.13 | Protocols for cardio-pulmonary resuscitation for suspected or confirmed COVID-19 resident (instruct staff to don full PPE before responding or entering room). |  |  | |  |
| 4.14 | Ensure avoidance of aerosol generating procedures (e.g. use of nebulisers) for suspected or confirmed COVID-19 *residents (Note: nebulisation of medications can potentially spread COVID-19 through the air).If unavoidable, place signage to alert staff of an AGP in progress, minimise the staff in the room and don a P2 or N95 mask if entering.* |  |  | |  |
| **Hand hygiene** | | | | | |
| 4.15 | Hand hygiene supplies, including (liquid) soap and water and alcohol-based hand sanitiser (if available) or wipes are readily accessible in all resident care and communal areas, including areas where staff remove PPE |  |  | |  |
| **Key component 5: Continuity of essential resident services and care** | | | | | |
| 5.0 | Identify and plan how to maintain the core services that your residential service requires/provides during COVID-19 outbreak and pandemic. |  |  | |  |
| 5.1 | Identify the resources (staff and supplies) needed to ensure essential services can continue to be delivered safely during COVID-19 outbreak or pandemic (i.e. minimum number of staff residential service can safely operate with). |  |  | |  |
| **Key component 6: Surge capacity** | | | | | |
| 6.0 | A surge contingency staffing plan has been developed that identifies the minimum staffing needs and prioritises essential and non-essential services based on residents’ health status, functional limitations, disabilities, and essential operations. |  |  | |  |
| **Key component 7: Staffing** | | | | | |
| 7.0 | For each service (catering, cleaning, hygiene etc.), determine minimum staffing levels sufficient to safely maintain services. |  |  | |  |
| 7.1 | Identify staff to backfill shortages for example:   * Identify part time/casual/agency staff who can work additional hours. Noting staff who have exited with an Early Retirement Package (ERP) are now able to work in transfer residential services via an agency. * Identify staff who have recently left the organisation and who might be temporarily re-engaged. Noting staff who exited via ERP (with any provider) cannot be re-engaged unless it is via an agency * Identify staff who can provide non-personal care support and could be redeployed. * Identify staff who can perform planning, communication and resource management, as well as the training and orientation of surge staff |  |  | |  |
| 7.2 | Consider reassigning staff at high-risk for complications of COVID-19 infection (e.g. over the age of 65, heart diseases, renal disease, pregnancy, diabetes, hypertension, chronic lung disorders).  For example, reassign staff from assisting with hygiene to a role where greater physical distancing can be achieved. |  |  | |  |
| **Key component 8: Surveillance** | | | | | |
| 8.0 | Protocols in place for the daily screening of residents for signs or symptoms of COVID-19 (see recommended resource list for screening tool). |  |  | |  |
| 8.1 | All residential service staff and visitors are instructed to regularly monitor themselves for ill health, fever and symptoms of COVID-19, as a part of routine practice. |  |  | |  |
| 8.2 | Reporting of adverse events by staff to the manager, resident’s GP, resident’s guardian/nominated person (e.g. sudden ill health or suspected exposure to COVID-19). |  |  | |  |
| 8.3 | Protocols in place to ensure immediate investigation of reports by staff of unusual health events (sudden ill health, suspected exposure to COVID-19 cases). |  |  | |  |
| **Monitoring and managing staff** | | | | | |
| 8.4 | Protocol to exclude all unwell staff from working at residential services or respite services. |  |  | |  |
| 8.5 | Daily attestations by staff that they are symptom-free prior to commencing a shift or day’s work in accordance with current DHHS guidance. |  |  | |  |
| **Key component 9: Essential support services** | | | | | |
| 9.0 | Mechanism for the prompt maintenance and repair of the essential equipment in place and alternative service providers identified. Postpone non-essential maintenance and repair. |  |  | |  |
| 9.1 | Ensure the availability of appropriate back-up arrangements for essential resident care (e.g. oxygen). |  |  | |  |
| **Key component 10: Case management** | | | | | |
| 10.0 | Provider has a process that occurs after a suspect or confirmed COVID-19 case is identified (e.g. immediate notification of leadership/infection control, isolation and signage). |  |  | |  |
| 10.1 | Provider has policies for dedicating (where possible) equipment to the resident (e.g. pan, walkers, blood pressure machine, electronic thermometer, shower chair). |  |  | |  |
| **Movement of residents with confirmed or suspected COVID-19 within or outside the facility** | | | | | |
| 11.2 | Protocol for residents transported outside isolation room including being asked to wear a surgical facemask, if possible, and be covered with a clean sheet during transport. |  |  | |  |
| 11.3 | Protocol to not transfer suspected or confirmed COVID-19 resident to another service (e.g. day program) or attend external appointments unless absolutely necessary. |  |  | |  |
| 11.4 | Protocol to ensure communication with emergency transportation of residents positive COVID-19 status prior to transportation |  |  | |  |
| 11.5 | Provider has a process for receiving suspected or confirmed cases arriving by ambulance or transport (e.g. transfer back from hospital stay) |  |  | |  |

**Appendix 1 Sample COVID-19 emergency response kit**

In the event of an unwell resident being identified at the DISABILITY RESIDENTIAL SERVICES, an emergency response kit should be pre-assembled and assessable for staff use. There should be sufficient supplies in place for **14 days**. The suggested contents may include:

* Large bucket with lid to store kit contents and act as rubbish receptacle
* Large waste bins (no lid required)
* Large plastic waste bags
* Household bleach (or suitable disinfectant)
* P2N95 respirators of different sizes
* Face shields (single use or reusable)
* Single-use Gowns (pack of 20 x 14)
* Nitrile gloves (box of 100 x 3) (L, M and S size)
* Goggles - protective eye wear (on top of glasses) x 2
* 1 large bottle of alcohol based hand rub

Documents

* Instruction sheet for staff
* Sample screening log sheet for visitors
* Sample screening log sheet for staff
* Sample screening log sheet for residents
* Example email for communications to family, visitors or residents
* Blank emergency management plan for outbreaks/pandemics
* Information sheet on environmental cleaning
* Entrance sign stop see the manager
* Hand hygiene products/ how to information

Education material

* Posters for hand hygiene, cough etiquette
* Contact and droplet precautions posters
* Stop poster for the SRS entry point
* Personal protective equipment poster (how to put on and remove)