

**COVID-19 Outbreak Management Preparedness Self-Assessment Tool for Disability Residential Services - PART 2**

## 22 September 2020

## Background

**Part two** of the COVID-19 outbreak management preparedness self-assessment toolis to be completed and ***returned to the visiting DHHS Infection Prevention and Control Outreach Nurse (IPCON) Team on the day of the scheduled visit***. At this time any outstanding questions raised through undertaking the self-assessment can be discussed with the Team.

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| **Disability Residential Services name:** | |
| **Address:** | |
| **Key contact name:** | **Role:** |

| **Recommended preparedness action:** | | **Status** | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
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| **Pending** | **Complete** |
| Key component 1: Command and Control  *A comprehensive COVID-19 Outbreak Management Plan is recommended for effective COVID-19 outbreak management response. It clearly defines roles and responsibilities of all functional staff and authorities in advance of an event. Providers should review and adapt existing plans to include specific COVID-19 responses based on Commonwealth and DHHS guidance based on their setting. Following actions are for consideration.* | | | | |
| 1.1 | Consider the roles and responsibilities to address COVID-19 preparedness planning. If applicable your local outbreak management could include: | The outbreak management team is a structure established to identify and promptly respond to the COVID-19 pandemic and local outbreaks. | | |
| * administration |  |  |  |
| * relevant staff |  |  |  |
| * ancillary services - maintenance |  |  |  |
| * ancillary staff - catering services |  |  |  |
| * ancillary – laundry and waste management |  |  |  |
| * ancillary services - cleaning services |  |  |  |
| * Include resident’s health or support providers (e.g. GP, other health specialists or allied health professionals) in the planning process. |  |  |  |
| 1.2 | Wherever possible, include resident’s health or support providers (e.g. GP, other health specialists or allied health professionals) in the planning process. |  |  |  |
| 1.3 | A person has been assigned responsibility for monitoring Commonwealth and DHHS advice and updating the COVID-19 team leader and members. (See recommended resources below)  (Insert name, title and contact information of person responsible.) Primary (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Backup (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | *Note: Consider compiling a list of backup staff for members in the key areas and keeping it up to date (i.e., in case someone is unwell or absent from work).* |
| 1.4 | Ensure staff are briefed on their roles and responsibilities in the COVID-19 Outbreak Management Plan. |  |  |  |
| 1.5 | Ensure systems (e.g. fact sheets, what are the symptoms, how to identify a case, isolation requirements, testing, reporting etc.) are in place and up to date as per DHHS guidance for staff to access. |  |  |  |
| 1.6 | Daily briefing meetings/regular meetings to review status -e.g. if more residents become unwell or less active. |  |  |  |
| 1.7 | Key/useful contacts list completed and up to date (including DHHS COVID-19 hotline 1800 675 398). |  |  |  |
| 1.8 | Backup strategy for internal communications systems established (e.g. landlines, mobile devices, pagers, internet, batteries for charging). |  |  |  |
| 1.9 | Ensure DHHS notification protocols are followed for confirmed COVID-19 cases. |  |  |  |

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| **Pending** | **Complete** |
| **Key Component 2: Communications**  *Clear, accurate and timely communication is necessary to ensure informed decision-making, effective collaboration and cooperation, and resident, family and visitor awareness and trust. It is recommended that communication with the residents, visitors and DHHS is coordinated. Consider taking the following actions.* | | | | |
| 2.1 | Record contact details for communicating with staff, residents, volunteers, family members and other external service providers (e.g. cleaner, maintenance, delivery company, transport service) during an outbreak. |  |  |  |
| 2.2 | INTERNAL COMMUNICATIONS: Consider having a specified staff member responsible for communications with staff, residents, and their families regarding the status and impact of COVID-19 in residential services (e.g. there will be limited access/visitations to the residents onsite).  Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.  Primary (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Backup (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 2.3 | The communication plan identifies communications techniques such as signs, posters, fact sheets, emails and other methods of communication and how these will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., GP’s and care providers, delivery people) about the status of COVID-19 in residential services and restrictions in place (if any). |  |  |  |
| 2.4 | Informational materials (e.g., brochures, fact sheets, posters) on COVID-19 and relevant policies:  (see recommended resources below) |  |  |  |
| 1. Have been identified or sourced for residents and their families |  |  |  |
| 1. These materials are easy to understand and available in multiple languages |  |  |  |
| 1. A plan is in place to display and distribute these materials in advance of cases being detected within the facility. |  |  |  |
| 2.5 | EXTERNAL COMMUNICATIONS: Consider identifying a staff member responsible for communications with DHHS (e.g. reporting a confirmed case as per the *Protocol for providers – responding to a positive COVID-19 test* document Appendix 1) during a COVID-19 outbreak. (Insert names, titles and contact information of primary and backup persons, if available).  Primary (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Backup (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 2.6 | Regular and timely communications to staff, residents, families and visitors. |  |  |  |
| 2.7 | A list has been created of other agencies and key contact details (e.g., local council, local hospitals and hospital emergency departments, relevant community organisations) with whom it will be necessary to maintain communication during an outbreak. |  |  |  |
| 2.8 | Notification to families and staff regarding visitor restriction requirements in accordance with DHHS directions and establish alternative ways of communication (e.g. telephone, tablet). |  |  |  |
| 2.9 | Notification to visiting resident support providers (e.g. NDIS providers, GPs etc.) regarding restrictions of visitation and establish alternative ways to communicate (e.g. telephone, tablet, for tele-health, ZOOM appointments and reviews, where is available). |  |  |  |

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| **Pending** | **Complete** |
| **Key Component 3: Logistics and supply management**  *Continuity of supply and delivery chain is often a challenge during a pandemic requiring attentive contingency planning and response. Consider taking the following actions.* | | | | |
| 3.1 | Develop and maintain an inventory of all equipment stock and supplies (including the expiry dates if applicable) (see 3.3). |  |  |  |
| 3.2 | Establish an internal stock/supplies shortage-alert mechanism. |  |  |  |
| 3.3 | Estimate the *average normal consumption* of essential materials, equipment and supplies amount used, for example:   * Food supplies * Resident hygiene and incontinence products * Personal Protective Equipment (PPE) (e.g., gloves, masks, gowns, face shields, goggles) * Linen * Waste bags * Cleaning products (dishwashers, laundry, environment) * Cleaning equipment * Sharps bins (if applicable) * Hand hygiene (liquid soap and hand sanitiser) * Pharmacy supplies (dressings, antiseptics, lotions, resident medications) |  |  |  |
| 3.4 | Estimate the quantities of essential materials, equipment and supplies that would be needed during at least a four-week outbreak. |  |  | . |
| 3.5 | Estimates have been shared with local suppliers to better understand your requirements. |  |  |  |
| 3.6 | Communicate with regular chemist and establish their on-going capacity to supply medications and pharmacy requirements. |  |  |  |
| 3.7 | Identify alternative suppliers for providing residents medications (e.g. local hospital, another chemist). |  |  |  |
| 3.8 | Location for safe storage of additional supplies agreed identified. For example, always ensure items requiring refrigeration remain 4 – 8 oC and determine the need of backup power if required. |  |  |  |
| 3.9 | Local strategies identified to conserve PPE have been implemented, for example:   * Planning work tasks to ‘group’ resident care activities where possible and not detrimental to the care of residents to minimise use * Reinforcing current DHHS guidance on when to use masks (i.e. PPE for community services providers) * Use of re-usable eye goggles, protective eyewear or face shields and decontaminate after each use * Promoting frequent hand wash with soapy water. |  |  |  |
| 3.10 | Communications targeting staff, visitors and residents describing who should be wearing PPE and when in accordance with current community services DHHS guidance, for example:   * All staff and volunteers wearing surgical masks and eye protection when interacting with residents. * All residents required to wear face coverings (if possible) when going out. * PPE to use when a resident has coronavirus (COVID-19) risk factors, suspected or confirmed COVID-19 case, or close contact of a confirmed case. * PPE to use when residents do not have coronavirus (COVID-19) risk factors (suspected or confirmed COVID-19 case, or close contact of a confirmed case) or have been cleared of coronavirus (COVID-19). * Surgical mask on ill residents when outside their own room or in communal spaces, if possible. |  |  |  |
| 3.12 | Backup planning for waste management supplies, if applicable, (e.g. clinical waste bags, bins, sharps containers for insulin syringes) address: |  | | |
| 1. Demand fluctuations communicated to normal suppliers (increase demand) |  |  |  |
| 1. Alternative suppliers identified. |  |  |  |
| 3.13 | Contingency planning for outsourced linen/laundry supplies (e.g. additional linen, alginate bags) address: |  | | |
| 1. Demand fluctuations communicated to normal suppliers (increase demand) |  |  |  |
| 1. Alternative suppliers identified. |  |  |  |

| **Recommended preparedness action:** | | **Status** | | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
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| **Pending** | | **Complete** |
| **Key component 4: Infection prevention and control**  *An operational infection prevention and control (IPC) program is essential to minimise the risk of transmission of COVID-19 infection to residents, staff, and visitors. All COVID-19 policies, protocols and local guidance should be up to date and reflect DHHS guidelines. Consider the taking the following actions:* | | | | | |
| 4.1 | Provider has plans to provide education and training (e.g. provide a list of DHHS government site links) to staff, residents and family members to help them understand the implications of, and basic prevention and control measures for, COVID-19. |  |  | |  |
| 4.2 | A staff member/team has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to online COVID-19 education, maintains a record of personnel training). (Insert name(s), title(s), and contact information  (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |  |
| 4.3 | Protocols for cleaning and decontamination of COVID-19 residents direct food service items in place (e.g. tray, crockery, cutlery, cups are to be processed in dishwasher or washed in warm water and detergent). *(Note: disposables are not required).* |  |  | |  |
| 4.4 | Linen and resident laundry policies in place (e.g. laundering of all COVID-19 residents’ items in hottest wash cycle tolerated with regular detergent and thoroughly dried prior to re-use). |  |  | |  |
| 4.5 | Information is available about how to manage waste (e.g. waste secured in plastic bag and disposed as regular waste). |  |  | |  |
| 4.6 | Knowing how to minimise spread of, or exposure to, contaminants by maintenance staff when conducting urgent repairs or works in COVID-19 areas, for example:   * Place a mask on the resident, if possible, temporarily moving the COVID-19 resident from area/room if possible while the maintenance is occurring. * If it is not possible to temporarily move the resident to another room, place a mask on resident (if possible) and maintain physical distancing of 1.5m * Support worker in room to support the resident (if physical distancing may be an issue) * Maintenance staff to wear PPE (i.e. face mask, protective eyewear, gloves and gowns) * All re-usable tools are cleaned and disinfected prior to re-use or return to storage. |  |  | |  |
| **Staff infection prevention and control** | | | | | |
| 4.7 | Protocols for staff with confirmed COVID-19 including for example   * Not attending workplace * Notification requirements (internally and externally) * Clearance requirements for to return to work. |  |  | |  |
| 4.8 | Protocols to monitor and manage staff suspected or confirmed of having COVID-19 or who have had exposure to a confirmed or suspected COVID-19 resident address:   * Internal and external notification and escalation requirements (manager and DHHS) * Staff sick leave policies and recommended actions after exposure to a suspected or confirmed COVID-19 case   + Providing a room to isolate in whilst awaiting to leave facility   + Advice on modes of transport to get home (i.e. put on mask and taxi or own car)   + Who to contact for advice for home isolation, self-monitoring instructions, testing and medical support (GP or DHHS Hotline) * Employee assistance program information shared * Check in protocols and supports provided to staff while not in the workplace. |  |  | |  |
| **Winter influenza immunisation promotion** | | | | | |
| 4.9 | Promotional program for encouraging staff immunisation in place. |  |  | |  |
| 4.10 | Provider has an annual organisational-wide influenza vaccination program encouraging staff to be immunised. |  |  | |  |
| 4.11 | Provider has an organisational wide program encouraging all residents to receive influenza vaccine as soon as it is available, unless contraindicated. |  |  | |  |
| 4.12 | Provider encourages aged related immunisation for residents (e.g. pneumococcal, pertussis) as overseen by GP. |  |  | |  |
| 4.13 | Consider maintaining an immunisation register to record the influenza immunisation status of residents and staff. |  |  | |  |
| **Visitor infection control education and access** Plans for visitor access and movement within residential services have been reviewed and updated in accordance with DHHS guidance | | | | | |
| 4.14 | The provider has plans and materials developed to post signs at the entrances of residential services instructing visitors and capacity restrictions (max persons per 4 square meter) in accordance with current DHHS guidance. For example:   * Limits on the number and duration of visits * Special quotient signage (entry to facility, rooms and communal spaces) * Who can visit (including age limits) * Any visitor who is unwell or is waiting for a coronavirus (COVID-19) test result should not enter. |  |  | |  |
| 4.15 | The residential service is aware of and follows advice as per the DHHS Stay at Home Directions for when visitors will be limited or restricted from the facility or into rooms of residents with suspected or confirmed COVID-19. |  |  | |  |
| **Cleaning and disinfection** | | | | | |
| 4.16 | Checklists and document on cleaning and disinfection for suspected and confirmed COVID-19 resident rooms in place in accordance with current DHHS guidance, including: |  | | | |
| 1. Frequency of cleaning isolation and quarantine areas |  |  | |  |
| 1. Procedures for decontaminating hard and soft surfaces |  |  | |  |
| 1. Chemical use (neutral detergent and disinfectant) and dilution requirements |  |  | |  |
| 1. Equipment to be used |  |  | |  |
| 1. The use of specific cleaning equipment for COVID-19 areas only |  |  | |  |
| 1. Decontamination of cleaning equipment |  |  | |  |
| 1. PPE requirements for cleaning staff |  |  | |  |
| 1. Requirement for cleaning staff training for donning and doffing PPE |  |  | |  |
|  | 1. Requirement to dispose of waste as clinical waste in yellow bags. |  |  | |  |
| 4.17 | Ensure shared equipment (e.g. shower chair, sling, walkers, walking, wheelchairs; excluding cutlery and tableware) are properly decontaminated (cleaned and disinfected) between residents in accordance with DHHS guidance. |  |  | |  |
| 4.18 | Ensure shared bathroom (if in use) is properly decontaminated (cleaned and disinfected) after resident use. |  |  | |  |
| **Transmission-Based Precautions** (use Standard, Contact, Droplet Precautions plus eye protection for residents with confirmed or suspected COVID-19 cases): | | | | | |
| 4.19 | 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. |  |  | |  |
| 4.20 | Designated trained staff or team appointed each shift to care exclusively for suspected or confirmed cases each shift to reduce the risk of transmission. Including both personnel care and cleaning. |  |  | |  |
| **Hand hygiene** | | | | | |
| 4.21 | Alcohol based hand sanitiser or suitable alternative (e.g. alcohol-based wipes) if available, positioned inside and outside each resident’s individual room, if possible. |  |  | |  |
| 4.22 | Staff are encouraged to regularly moisturize hands to protect the skin integrity. |  |  | |  |
| 4.23 | Installation of additional hand hygiene stations (water, soap, paper towel, alcohol-based hand sanitiser), and waste bins at key locations across the residential service (e.g. hand hygiene trolley at the entry and exit). |  |  | |  |

| **Recommended preparedness action:** | | **Status** | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
| --- | --- | --- | --- | --- |
| **Pending** | **Complete** |
| **Key Component 5: Continuity of essential resident services and care**  *An outbreak of COVID-19 will impact on essential resident care services hence, it is necessary to ensure the continuity of essential facility services*: | | | | |
| 5.1 | List all core services ranking them in order of priority for example:   * Cleaning * Resident personal care * Linen/laundry services * Waste management, transportation and disposal * Property maintenance |  |  |  |
| 5.2 | Identify and plan how to maintain the core services that your facility must provide during the COVID-19 outbreak and pandemic |  |  |  |
| 5.3 | Identify the maximum number of suspected or confirmed cases each residential service/ respite service can accommodate without compromising essential services. |  |  |  |
| 5.4 | Coordinate with DHHS, neighbouring hospitals and GPs on defining the roles and responsibilities of each member of to ensure the continuous provision of essential services for your resident community. |  |  |  |

| **Recommended preparedness action:** | | **Status** | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
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| **Pending** | **Complete** |
| **Key Component 6: Surge capacity**  *The ability of providers expands beyond its normal capacity to meet an increased community spread or local COVID-19 cases. COVID-19 cases may cause rapid increase in demand for staffing and supplies over a prolonged period of time:* | | | | |
| 6.1 | Calculate maximum COVID-19 case capacity.  (*Determined not only by the total number of beds/rooms but also by the availability of staff, the adaptability of residential service and respite space, isolation, cohort (grouping residents) capabilities and the availability of other resources (i.e. how many suspected or confirmed COVID-19 residents the service can care for safely*). |  |  |  |
| 6.2 | Criteria have been developed for determining when to put a hold on any new resident intakes and non-essential activities (i.e. non-urgent maintenance, gardening, outings). |  |  |  |
| 6.3 | The surge plan includes consideration for shifting residential care away from the residential service if possible, e.g., respite facilities, to home care or pre-designated alternative care facilities under the guidance of DHHS or Commonwealth agencies. |  |  |  |
| 6.4 | Logistics and supply plan identifies methods of expanding storage capacity for essential supplies. |  |  |  |
| 6.5 | The surge plan identifies strategies to cohort (group) known COVID-19 cases (e.g. sharing the same room or area). |  |  |  |
| 6.6 | Identify additional areas within residential services that may be converted to resident isolation/quarantine areas |  |  |  |
| 6.7 | Verify the availability of vehicles and resources required for resident transportation. This should include vehicles required by management staff. |  |  |  |

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| **Pending** | **Complete** |
| **Key Component 7: Staffing**  *Flexible staff management is required to ensure adequate capacity and continuity of operations in response to an increased demand for staff, while maintaining the identified essential services.* | | | | |
| 7.1 | A staff member has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak. Insert name, title and contact information.  (Name, Title, Contact information):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 7.2 | Ensure staff contact list up to date. |  |  |  |
| 7.3 | Estimate staff absenteeism in advance and monitor it continuously. |  |  |  |
| 7.4 | Prioritise staffing requirements service (resident support, hygiene, foodservices, cleaning, maintenance etc.) and distribute personnel accordingly. |  |  |  |
| 7.5 | Prepare staffing contingency plans in case 70% of staff are excluded from work for 14 days. |  |  |  |
| 7.6 | Provide ongoing training and skills exercises relevant to areas of need, including infection prevention and control, to ensure staff and resident safety. |  |  |  |
| 7.7 | Identify support measures (e.g. travel, childcare, care of ill) that could enhance staff flexibility for shift work. |  |  |  |
| 7.8 | Ensure there are policies and resources in place to manage volunteer workers (e.g. vetting, accepting, rejecting, education). |  |  |  |

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| **Pending** | **Complete** |
| **Key Component 8: Surveillance**  *Process for rapidly identifying and isolating residents with confirmed or suspected COVID-19:* | | | | |
| 8.1 | Screening measures comply with recommended levels of surveillance (i.e. daily health checks). |  |  |  |
| **Monitoring and managing staff** | | | | |
| 8.2 | Protocol to exclude all staff who have travelled overseas until 14-day hotel quarantine measures have been completed. |  |  |  |
| 8.3 | Protocol to place ill staff in a separate area from residents/staff until they are able to leave workplace (for medical evaluation/care or return home). |  |  |  |
| 8.4 | A protocol for out of hours staff workplace exposures to COVID-19 in place. |  |  |  |

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| **Pending** | | **Complete** |
| **Key Component 9: Essential support services**  *To optimise resident care during the COVID-19 outbreak, it is necessary to identify and maintain essential applicable support services, such as those for laundry, cleaning, waste management and food services:* | | | | | |
| 9.1 | Estimate the additional supplies required by support services and introduce a system to ensure the continuous availability of these supplies (i.e. detergents for cleaning, disinfection chemical supplies, cleaning equipment, waste bags, signage, waste bins for isolated residents). |  |  | |  |
| 9.2 | Anticipate the impact on services and ability for staff to multi-task to increase flexibility to cope with increased demand. |  |  | |  |
| 9.3 | Prepare for additional cleaning requirements e.g. roster additional cleaning hours or hire extra ancillary staff (cleaners) as required. |  |  | |  |
| 9.4 | Contingency planning for waste management systems address: |  | | | |
|  | 1. Demand fluctuations ( increase volume and demand for transport) |  |  | |  |
|  | 1. Alternative suppliers identified |  |  | |  |
| 9.5 | Anticipate the impact on supplies of food. Take action to ensure the availability of adequate supplies including discussing with local government regarding meals on wheels for alternative food source. |  |  | |  |

| **Recommended preparedness action:** | | **Status** | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
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| **Pending** | **Complete** |
| **Key Component 10: Case management**  *An efficient and accurate assessment system and an organised resident management strategy are required to ensure adequate treatment of COVID-19 infection in a resident:* | | | | |
| **Assessment for new admission** | | | | |
| 10.1 | Adopt the use of a screening checklist for when a new resident fills a vacancy at the residential service. |  |  |  |
| 10.2 | The residential service has a process for new residents that includes the following: |  | | |
| 1. Information packages for resident and nominated person/guardian providing instruction on facial coverings, physical distancing, visitor restrictions (if any), hand hygiene, respiratory hygiene, and cough etiquette. |  |  |  |
| 1. Supplies will be made available (tissues, bins, alcohol-based hand sanitiser). |  |  |  |
| 1. Screening tool for all new residents (see 10.1) |  |  |  |
| 1. Training of personnel on appropriate processes (e.g., questions to ask and actions to take to rapidly identify and isolate suspect COVID-19 cases). |  |  |  |
| **Management of suspected / confirmed COVID-19** | | | | |
| 10.3 | Provider has protocols for release of suspected or confirmed COVID-19 resident from isolation in consultation with DHHS guidance. |  |  |  |
| 10.4 | Provider has procedures to minimise the number of staff who enter the suspected or confirmed COVID-19 residents’ room (i.e. only essential personnel enter the isolation area) |  |  |  |
| **Movement of residents with confirmed or suspected COVID-19 within, into or outside the facility** | | | | |
| 10.5 | Protocols to minimise resident movement outside of the isolation room, where possible and not prohibiting essential medical support in place. |  |  |  |
| 10.6 | Provider has implemented alternate modes of communication for suspected or confirmed COVID-19 residents’ appointments (e.g. Telehealth or Remote healthcare via telephone or tablet). |  |  |  |

| **Recommended preparedness action:** | | **Status** | | | **If an action is required, please detail owners and timeframe**  **If not applicable specify NA** |
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| **Pending** | **Complete** | |
| **Key Component 11: Post-COVID-19 recovery phase**  *Previous pandemics have been associated with subsequent “waves” of new cases after an initial wave resolves. After an initial pandemic outbreak, subsequent outbreaks are likely:* | | | | | |
| 11.1 | Maintain heightened awareness and observations for ill health or symptoms of COVID-19 in residents and staff (to detect subsequent waves of COVID-19). |  | |  |  |
| 11.2 | Maintain requirement for ill staff not to come to work. |  | |  |  |
| 11.3 | Maintain requirement for ill visitors or volunteers not to enter the facility. |  | |  |  |
| 11.4 | Continue to screen any new residents for signs of COVID-19 or ill health. |  | |  |  |
| 11.5 | Continue to deliver infection prevention and control training. |  | |  |  |
| 11.6 | Continue to promote staff to undertake daily health checks. |  | |  |  |
| 11.7 | Evaluate the effectiveness of infection-control measures and what worked well and what measures did not work. Update plan accordingly. |  | |  |  |
| 11.8 | Evaluate the stock levels of infection control supplies and the need for restocking. |  | |  |  |
| **Health care delivery** | | | | | |
| 11.9 | Evaluate delivery of core services (i.e. cleaning, food, personal care, mental health) during pandemic COVID-19. What worked well and what did not. Modify plans and procedures accordingly. |  | |  |  |
| 11.10 | Prepare for secondary / tertiary waves of pandemic COVID-19. |  | |  |  |
| 11.11 | Return to normal staffing schedules/rostering. Provide additional time off, if possible. |  | |  |  |