



# **COVID-19 MANAGEMENT PLAN**

**Aberlea Inc.**

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## FOREWORD

The Aberlea outbreak management plan has been developed in consultation with key staff at Aberlea, visiting GP's, Mortlake Pharmacy and the management team at Terang Hospital.

The format and structure of this outbreak management plan is drawn from the Australian Government Department of Health guidelines;

*'First 24 hours – Managing COVID-19 in a residential aged care facility'*

And; the Victorian Government Department of Health and Human Services guidelines;

*'COVID-19 Infection prevention and control for residential care facilities'*.

The Aberlea outbreak management plan is written as a guide to the actions and decisions of an Aberlea outbreak management team that will be required in the event of the detection of a single case of COVID-19 among the resident or staff groups.

The outbreak management plan will be updated or amended in accordance with updated directives from the Commonwealth Department of Health or the Victorian Department of Health and Human Services.

## DEDICATED PHONE FOR COMMUNICATION

Phone number: 0491 905548

## First 30 minutes

### 1. Isolate and inform the COVID-19 positive case(s)

If the COVID-19 positive person is a staff member they must immediately:

- leave the premises and isolate at home as directed by the public health unit (PHU). They must stay in isolation until the PHU clears them.

If the COVID-19 positive case is a resident they:

- should be immediately isolated in a single room with an ensuite.
- may be transferred to hospital or other accommodation if clinically required.

Place all of the following outside affected residents' rooms –

- 1) Contact and droplet precaution signs
- 2) Alcohol-based hand rub
- 3) Appropriate PPE including gowns, masks, gloves, face shields and shoe covers
- 4) and hands-free bins for used PPE.

Sensitively inform the resident and their family of their diagnosis.

## 2. Contact the Public Health Unit (PHU)

Immediately notify DHHS. It will coordinate the public health response to the outbreak.

- Victorian Department of Health and Human Services (DHHS)  
COVID-19 hotline **1300 651 160**

## 3. Contact the Commonwealth Department of Health

Immediately notify the Commonwealth Department of Health at [agedcareCOVIDcases@health.gov.au](mailto:agedcareCOVIDcases@health.gov.au) of any cases of COVID-19 among residents and staff.

The Commonwealth will appoint a case manager who is the Commonwealth's single point of contact for the residential aged care facility.

The case manager will connect you with resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and access to primary and allied health care.

## 4. Lockdown the residential aged care facility

Review the visitor log/visitation agreements to determine who is on site.

Evacuate non-essential people from Aberlea.

Ask all residents will be directed to remain in their rooms. Sensitive inform residents of the reason for the lockdown.

Avoid resident transfers if possible.

Reinforce standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.

# Minutes 30-60

## 5. Convene the Aberlea outbreak management team

Aberlea is responsible for managing the outbreak and taking a strong leadership role with support from the PHU.

The PHU will investigate cases and contacts and advise on infection control and isolation.

Bring together the outbreak management team to direct, monitor and oversee the outbreak. They will provide key decision making and crisis management during the outbreak. The team will be comprised of:

- Director of Care - Chairperson
- CEO – responsible for all media comment
- Registered Nurse or Senior EEN

- Resident Liaison Officer
- Quality Coordinator
- Food Services Manager
- Maintenance Officer

Where possible the outbreak management team will seek input from:

- GP's
- Pharmacist.

## 6. Formally communicate the activation of Aberlea's outbreak management plan

Identify any gaps that need to be addressed.

Communicate with key stakeholders so they are aware that Aberlea is experiencing an outbreak.

- Terang Medical Clinic – 5592 1033
- Mortlake Medical Clinic – 5599 2990 or Warrnambool Medical Clinic – 5562 2766
- SouthWest HealthCare – 55 631 597 (Infection Prevention Team) or 5563 1666 (after-hours Coordinator)
- Mortlake Pharmacy – 5599 2071
- Terang Mortlake Health Service – 5592 0222 (CEO/DoN or after-hours coordinator)

## 7. Release an initial communication

Inform residents, staff, families and key stakeholders of a COVID-19 diagnosis within Aberlea.

Pre-prepared email templates have been drafted for this initial communication. Quality Coordinator and RLO will facilitate release of this communication.

## Hours 2-3

### 8. Contact tracing

DHHS will lead contact tracing. They will identify anyone who has spent 15 minutes or more, within 1.5 metres of the COVID-19 positive person. DHHS may send some staff home to quarantine and you may need to bring other staff on site.

Increased monitoring of all residents will commence for any symptoms, however mild, of COVID-19. Clinical observations will be measured two times a day. A specifically allocated EEN will be rostered to undertake this task.

## 9. Prepare key documents

DHHS and the state branch of the Commonwealth will need:

- a) A detailed floor plan including residents' rooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area.
- b) An up-to-date list of residents. It should identify residents with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts.
- c) A list of all staff employed by Aberlea.
  - i. Include their names, contact details, dates of birth and Medicare numbers.
  - ii. Include people providing primary care or allied health services.
  - iii. Note if staff work across multiple aged care services (including other residential facilities, home care, etc).
- d) A list of the respiratory specimens collected and the results of tests.

This information will likely be collated on a line list with assistance from the PHU. A line list describes people infected in terms of time, place and person.

## 10. PPE stocktake

Carry out an analysis of current PPE and hand sanitiser stock levels. Estimate what will be required over the coming fortnight.

The email to organise additional (free) PPE in an outbreak is:

<mailto:agedcarecovidppe@health.gov.au>

DHHS may be able to help access state stocks until the supplies arrive from the Commonwealth.

Aberlea's regular PPE provider is EBOS – Carolyn 0411 542 241

## 11. Communication

We expect, and need to prepare to manage, a very high volume of calls from families and the media.

An appropriate staff member will be appointed to manage communications and take the calls. Consideration will be given to creating a designated line for COVID-19 enquiries.

Tony Spooore may assist in the creation of a dedicated line and an automated response directing enquiries to such a line. 0427 312 676

The CEO will be the single point of contact for media queries.

A script or talking points will be developed to assist those taking the calls.

## Hours 4-6

### 12. First meeting of the Outbreak Management Team

The outbreak management team should meet within 4-6 hours of identifying a case. The team will continue to meet daily to direct and oversee the management of the outbreak.

The outbreak management team will be supported by:

- A DHHS representative responsible for in-reach services
- A case manager from the Commonwealth to assist with providing PPE, access to supplementary pathology testing (if required), and surge workforce.
- The Aged Care Quality and Safety Commission who are concerned with the safety and welfare of residents.

### 13. Plan the outbreak roster

In the event of the detection of a positive case of COVID-19 a separate roster of 'The Hotties' will be developed to ensure that staff will not be required to care for COVID-19 positive residents and un-affected residents.

The roster for care of COVID-19 residents will be negotiated with care staff who have expressed interest in undertaking this work. No staff member will be rostered to the care of COVID-19 residents without their knowledge and approval.

Shift length may vary from standard shift lengths in order to facilitate a separate roster.

In the event that a shortfall in the roster occurs due to either staff unavailability or high prevalence of COVID-19 among the staff group call:

Healthcare Australia    1300 749 333    24/7

This service will help facilitate access to a range of staff including nurses, carers or administration staff.

### 14. Conduct testing

Urgently test all residents and staff for COVID-19 to understand the status of the outbreak.

In conjunction with DHHS, establish a staff and resident testing regime. DHHS will coordinate the testing process.

The Commonwealth can support testing through Sonic Healthcare if required following consultation with the DHHS. The Commonwealth's case manager can assist with this.

### 15. Clinical management of COVID-positive cases

The Director of Care will be responsible to facilitate direct communication, as soon as practicable, with the GP of any resident who is positive to COVID-19.

Care and treatment decisions will be made on a case to case basis and will include consideration of advance care directives of the resident. Discussions with the resident and /or their NoK or Medical Treatment Decision Maker will be integral to such decision making.

Transfer of the resident to either Terang Hospital or to Warrnambool Hospital will be considered if the care and treatment needs of the resident exceed the capacity of Aberlea to safely deliver.

Unwell residents must be reviewed by their GP regardless of whether an outbreak is present or not.

## Hours 6-12

### 16. Cohorting and relocation

- In the event of a positive case of COVID- 19 the affected resident will be moved into room 1.
- Room 1 will remain locked and will not be accessible from the corridor.
- The door will be taped on the inside to minimize air movement between that room and the rest of the facility and effectively create a negative air flow.
- Access to room 1 will be via the external door.
- If there is a second positive case that resident will be moved to room 2 which can also be closed off to the general care area in the same manner as room 1.
- Food and supplies can be provided via the storeroom next to room 1 which also has an external point of entry.
- Staff allocated to the care of a resident in isolation in room 1 will have access to a self-contained caravan that will be parked in the driveway adjacent to room 1. This will allow staff to care for the resident in isolation without having to enter the main building. They will also have access to an area for rest and meals plus a separate shower and change facility.
- A roster will be established for staff who will only care for COVID-19 positive residents. All efforts will be made to ensure that a staff member who has cared for COVID-19 positive residents; will not be required to care for other residents until proven to be COVID-19 negative; and after the passage of 14 days without exposure to COVID-19 positive residents.

If there are more than 2 cases of positive COVID-19 the Outbreak Management Team will determine the best use of the facility to isolate and cohort positive residents. The subsequent use of rooms 4 and 5 will initially be considered with the fire doors closed to that area. Further consideration may be given to isolating the old Mews or the current Mews depending on the numbers of positive cases.

### 17. Move to a command-based governance structure

Clearly communicate the command and governance structure for every shift. All staff must be aware of who will be in charge, at all points in time, at the facility.

Clearly spell out for every shift:

- everyone's roles and responsibilities, and
- what the escalation processes are.

Ensure thorough briefing and orientation of new staff each shift, including education on PPE usage.

Ensure handovers for all staff at the start of a new shift including clinical and care needs.

## 18. Infection control

The Director of Care will be responsible for the infection control lead within Aberlea.

Minimise risk of material, surfaces or equipment moving between areas.

This will include, where possible:

- replacing all servery items such as trays, cutlery and crockery with disposable items
- ensure daily there is sufficient medical equipment like thermometers for each separate zone of the Aberlea, and
- ongoing review of laundry capacity to manage the increased load.

Commence enhanced environmental cleaning twice daily at a minimum.

Clean well residents' rooms daily. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails) more often.

The rooms of ill residents should be cleaned and disinfected.

### **Infectious Waste Bin removal and replacement**

Our contracted environmental services company is **Veolia Environmental Services**.

Veolia regularly collect and replenish our infectious waste bins, sharps bins and sanitary bins. Veolia have the capacity to supply plentiful supplies of infectious waste bins and ensure prompt collection.

#### **Contact Details:**

#### **VEOLIA ENVIRONMENTAL SERVICES**

**ABN: 20 051 316 584**

Locked Bag 6000

SOUTH MELBOURNE Vic. 3205

Ph. 03 8769 0700

Fax. 03 8769 0741

Email: [accounts.vic@veolia.com](mailto:accounts.vic@veolia.com)

**Aberlea Account number: 3009 4240**

**Aberlea Contract Account number: 3052 037**



## **Catering arrangements in the event of the Aberlea Kitchen not being able to meet needs**

If in the event of an outbreak Aberlea's kitchen was not able to operate, or was at reduced capacity, MACS HOTEL

will provide meals/snacks for residents.

Catering manager Katie Hope has discussed our needs with Jodie Beeck, owner-manager of the hotel. The hotel have assured us they will be able to meet our needs.

### **MACS HOTEL**

90 Dunlop Street

MORTLAKE Vic. 3272

**Macs Hotel Ph. No. 55 992007**

**Jodie Beeck Ph. No. 0439 339 950**

Email: [jodiebeeck@gmail.com](mailto:jodiebeeck@gmail.com)

## **Linen Management**

### **General principles**

The risk of disease transmission is very low if basic hygiene and common-sense storage and handling of soiled and cleaned linen is practised. Good laundry practice requires that work procedures and guidelines for precautions are followed when handling all soiled linen regardless of source:

- All onsite and offsite facilities that process or launder linens for healthcare must have documented operating policies consistent with AS/NZS 4146.
- All used linen should be handled with care to avoid dispersal of microorganisms into the environment and to avoid contact with staff clothing.
- All linen used for a person with confirmed, probable or suspected COVID-19 infection should be managed as for heavily soiled linen.

### **Healthcare facility management of linen**

At the point of generation, linen used for a person with confirmed, probable or suspected COVID-19 infection should be placed in an alginate bag and then into an appropriate laundry receptacle.

A long-sleeved fluid-resistant gown or apron and disposable gloves should be worn during handling of soiled linen to prevent skin and mucous membrane exposure to blood and body substances. The long-sleeved gown or apron and disposable gloves should be removed and discarded into the clinical waste repository. Hand hygiene must always be performed following the handling of used linen.

Used hospital linen must not be rinsed or sorted in patient-care areas or washed in domestic washing machines.

### Transport of linen

Routine established processes for the transport of linen should be used.

### Laundry management of linen

Routine processes for laundry management of linen apply. There are no additional controls required for laundry management for linen used for patients with confirmed, probable or suspected COVID-19 infection. Laundry workers should wear the personal protective equipment that is normally used as appropriate to the task being undertaken. For example, laundry workers at the sorting station should normally wear personal protective equipment such as gowns and gloves.

### Patient items

Domestic-type washing machines must only be used for a patient's personal items such as clothing (not hospital linens). Washing must involve the use of an appropriate detergent and hot water. Only loads of one individual patient's items should be washed at one time. Clothes dryers should be used for drying.

If in the event of an outbreak Aberlea's Laundry was not able to operate, or was at reduced capacity, we will contact South West Healthcare to seek assistance with laundering linens.

Ph. No. .5563 1666

<b>Jamie Brennan</b>	(Executive Direction Service Development South West Healthcare)
<b>Cynthia Gibbins</b>	(Infection Prevention Consultant – SWHC)
<b>Jamie Sabo</b>	(Environmental Services Coordinator – SWHC)

## **ESTABLISHING AN EXCLUSION ZONE AROUND FACILITY**

In the event of an outbreak, signage will be placed on the external doors of the facility advising that no visitors are permitted due to an outbreak, asking people to call outbreak hotline phone number 0491 905548.

If further exclusion is required, Director of Care or CEO will contact Mortlake Police to request their guidance in separating visitors from the external areas of the site. Moyne Shire may be of assistance also.

Victoria Police (Mortlake Branch)	Ph. No. 0355 992501
Moyne Shire (Mortlake Office)	Ph. No. 03 5558 7888

## Hours 12-24

### 19. Clinical First Responder from Aspen to commence

The Commonwealth will arrange an Aspen Clinical First Responder on day 1 or 2 to assist:

- reviewing preparedness for managing the outbreak,
- analysing workforce capacity,
- reviewing infection control processes,
- assessing PPE stocks and competencies,
- recommending enhanced cleaning protocols, and
- assisting with any significant capability gaps.

### 20. Review advance care directives

Advance care directives will be reviewed on a case to case basis with residents and/or their representatives and their treating medical team according to the circumstances being faced at the time.

Aberlea is strongly committed to individualised care and will ensure that all treatment and care decisions are based on the most up to date information for each resident.

### 21. Maintaining social contact

Aberlea is committed to ensuring that residents will be able to maintain contact with people who are important to them through any period of outbreak. Staff will support residents to use digital/virtual communication strategies including phone calls, FaceTime and WhatsApp.

Compassionate visitation will be negotiated on a needs basis. The CEO or DoC must approve all visitation prior to any person entering Aberlea whilst an outbreak is active.

### 22. Follow up communications

Establish a clear and consistent pattern of daily follow-up outbound communications. This will ensure residents, families and stakeholders are informed of developments as they unfold.

The outbreak management team will consider the details of daily communiques to all relevant persons.

## 23. Continue primary health care

Aberlea is committed to ensuring there is strong ongoing governance of “routine” care. Residents will be anxious and will need reassurance.

Consideration will be given to a governance structure to maintain and monitor normal activities as far as possible. This includes nutrition, physical activity, and preventing boredom, loneliness and unhappiness. Additional psychological care will be required.

The allocation of specific staff to oversee this important function will depend on the current staff availability.

## How to report a confirmed COVID-19 diagnosis:

### When to notify WorkSafe:

Aberlea management must notify WorkSafe **immediately** after becoming aware that:

- An employee, independent contractor, employee of the independent contractor or self employed person has received a confirmed diagnosis of coronavirus (COVID-19) and;
- The employee, independent contractor, employee of the independent contractor or self-employed person has attended the workplace within the relevant infection period.

### Notification to WorkSafe to be by either below method:

#### Option A: Complete the COVID-19 reporting form on the WorkSafe site:

<https://www.worksafe.vic.gov.au/form/confirmed-covid-19-diagnosis-rep>

or:

#### Option B: Call WorkSafe on 13 23 60.

WorkSafe will then record details of the incident and send us an email with a unique link for us to complete the last stage of notification. It is mandatory that reporting is completed within 48 hours.

A copy of this form must be kept for at least 5 years.

<b>Amendment Record</b>
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Date	Amendment	Section	Amended by: