



## Lessons from the COVID-19 coalface

LASA has been seeking advice and support from within Australia and also from the age services industry internationally. Overseas the COVID-19 pandemic has progressed earlier than in Australia and we have gleaned valuable lessons from the experiences kindly shared with us by operators from other countries. We offer this information, plus advice from our own team, to provide guidance to aged care operators in Australia and offer advice on preparations and measures to mitigate adverse events.

### Crisis Management

Observation	Lessons for residential aged care
<p><b>1</b> Set up a crisis management team/outbreak management team quickly and effectively</p>	<p>Identify in advance who will be in your team. Ensure they know where all your planning materials are held and how to access these (including out of hours). Agree in advance:</p> <ul style="list-style-type: none"> <li>■ the lead person who will have command and control over the management of the outbreak. Ensure all internal and external stakeholders are informed who this is</li> <li>■ a deputy</li> <li>■ a further deputy in the event the lead and deputy are unavailable</li> <li>■ roles and responsibilities (consider tabards that could be worn so that roles are clearly demonstrated)</li> </ul> <p>Ensure leader (and deputy) are able and empowered to make decisions. Ensure this is communicated to the whole organisation. Ensure the 'activation' event is clearly described and determine how this will be communicated to staff, residents and families. Determine in advance how you will secure the premises so that control over entry and egress is established Establish communication protocols and responsibilities:</p> <ul style="list-style-type: none"> <li>■ who will be the single source of truth?</li> <li>■ document and share with stakeholder agencies the communication and decision making protocols which the facility will deploy i.e. who will make a decision (lead person), how this will be shared, who will be involved</li> <li>■ who will be the contact for which agencies?</li> <li>■ prepare a situation report template for reporting and the frequency with which reporting will occur (this may change during the outbreak). Identify who will prepare this and to whom it will be sent (eg Federal Department of Health, State Department of Health, Public Health Unit, ACQSC, Board/Exec/Staff). Consider developing a version of the situation report for residents and families</li> <li>■ who are their deputies (do they know/how will they handover)?</li> <li>■ where will your store information and how will this be easily accessible to the team?</li> <li>■ what are your document naming protocols for information (for version control)</li> </ul> <p>Test your plans with all involved:</p> <ul style="list-style-type: none"> <li>■ table top exercising</li> <li>■ include unexpected injects for contingency planning (eg if you lost your crisis team leaders)</li> <li>■ anticipate significant increase in staffing – uniform, food, parking requirements to be planned for</li> </ul>

# Crisis Management

Observation	Lessons for residential aged care
<p><b>2</b> Establish 'new working arrangements' for an outbreak</p>	<p>Establish screening protocols for all who attend the facility.</p> <p>Establish a coordinator for infection control.</p> <p>Establish your position and process in relation to new admissions, and transfer to and from the services. Test these for risks to cross contamination.</p> <p>Review staffing levels to factor in the monitoring of use of PPE</p> <p>Establish your plans for an outbreak based on numbers, i.e. for one case how would you manage and how this might change for multiple cases. Contact in advance your local state health department to determine their approach to the admission of COVID-19 positive residents in relation to COVID-19 infection or for non-COVID-19 related issues (e.g. following a fall). Consider if you will manage cases in situ, whether you can transfer positive residents out, transfer negative residents out or will call for inreach hospital services to support care management. Consider in advance the trigger points for these decisions and ensure all staff are aware of these. Liaise with state health to describe and test your approach and to establish a communication channel for decision making.</p>

## Staff

Observation	Lessons for residential aged care
<p><b>3</b> Ensure staff are prepared</p>	<p>Train, test and refresh staff in infection control and correct use of PPE on a regular basis.</p> <p>Make available daily access to PPE training and materials</p> <p>Identify and appoint a PPE monitoring person/team to ensure adherence to PPE protocols</p>
<p><b>4</b> Need to ensure that symptomatic staff do not attend work under any circumstances</p> <p>(staff should not attend work if they have any symptoms of acute respiratory infection)</p>	<p>Clearly define the circumstances under which you expect staff NOT to attend work including:</p> <ul style="list-style-type: none"> <li>■ those who are symptomatic</li> <li>■ those who have been in close proximity to symptomatic people</li> <li>■ those who have been in close contact with recent overseas travellers</li> </ul> <p>Have you considered what action needs to be taken in relation to staff who do not comply?</p> <p>What are your policies about pay for leave related to COVID-19?</p> <p>Have these been clearly communicated with your staff?</p> <p>Establish clear protocols for the return to work of staff who have been in isolation/quarantine.</p>
<p><b>5</b> Risks associated with staff who travel across multiple sites</p>	<p>Identify staff for whom this applies.</p> <p>Consider a travel ban to reduce risk.</p> <p>Review rostering consequences.</p>
<p><b>6</b> Risks to management oversight and direction</p>	<p>Deploy crisis management responses under business continuity planning to ensure continuity of executive and management staff such as:</p> <ul style="list-style-type: none"> <li>■ split teams (no overlap)</li> <li>■ teams operating from home</li> </ul>
<p><b>7</b> Risks associated with agency/casual staff</p>	<p>Consider using agency/casual staff and whether this will be permitted.</p> <p>Ensure any agency/casual staff who do attend declare any work at other sites.</p>
<p><b>8</b> Risks of introduction of COVID-19 at each shift</p>	<p>All staff in an outbreak facility undertake infection control refresher training at the start of every shift</p> <p>(<a href="http://www.covid-19training.gov.au">www.covid-19training.gov.au</a>)</p>

# Staff

Observation	Lessons for residential aged care
<p><b>9</b> Build in supports for stress and anxiety, exhaustion and information</p>	<p>Establish process and responsibility for daily welfare checks with staff (on and off duty)</p> <p>Ensure your Employee Assistance Program is highly visible and offered to all staff. Connect staff to other mental health supports.</p> <p>Establish a fatigue management plan, review it regularly for all staff and consider what measures can be made available to respond.</p> <p>Ensure the latest evidence-based information is available to staff and that is clearly understood and accessible (consider provision of translated resources).</p>
<p><b>10</b> Keep staff up to date</p>	<p>Include myth busting materials to alleviate fear.</p> <p>Share positive information your progress in managing the pandemic on a regular basis.</p> <p>Test and update SMS and email contacts for all families and next of kin.</p> <p>Establish communication protocols (frequency, from whom, what) and draft materials in advance</p>
<p><b>11</b> Reduce risk of staff moving between affected and not affected areas</p>	<p>In keeping with CDNA guidance review rostering to a cohort basis.</p> <p>Review rosters daily for any risk of cross over</p> <p>Establish cohorted support functions such as lunch rooms, dedicated equipment</p> <p>Establish cohort register for entry to areas including to individual rooms to support possible future contact tracing</p>
<p><b>12</b> Ensure all contact information is up-to-date and tested for both SMS and emails.</p>	<p>Establish a process for contact history for all staff:</p> <ul style="list-style-type: none"> <li>■ With residents</li> <li>■ With other team members</li> </ul>
<p><b>13</b> Plan for increased staffing requirements</p>	<p>Review staffing in light of:</p> <ul style="list-style-type: none"> <li>■ Additional time to don/doff PPE</li> <li>■ Cohort staffing</li> <li>■ Additional staffing for meal delivery/meal support in rooms activities</li> <li>■ Additional staffing to address social isolation</li> <li>■ Increased time required for all activities</li> </ul> <p>If you need to call in a surge workforce where will they stay? Consider and test presumptions in advance.</p> <p>Plan for additional time and training for newly orienteering staff.</p> <p>Plan for additional staffing time required to counter effects of social isolation.</p> <p>How will additional staff be sourced?</p> <p>Establish in advance demarcation zones to facilitate clean handover between teams.</p> <p>Consider training and redeployment of non-care staff to support functions e.g. meal delivery to support increased call on care staff time.</p> <p>Establish a 'reservist' list of staff upon whom you can call to factor in delays in support arriving from other sources.</p> <p>With staff identify 'essential' care needs for individual residents given the increased demands on staff during an outbreak. Include identification of symptoms and deterioration to these essential care needs. Ensure these are clearly documented and all staff, residents and families are aware.</p>
<p><b>14</b> Plan for return of staff</p>	<p>Identify the approval process for return to work and ensure this is documented and monitored.</p> <p>Establish processes for the return to work of staff who may have been in isolation/unwell.</p> <p>Consider updating in infection control training.</p>

# Supplies

Observation	Lessons for residential aged care
<p><b>15</b> Keep key information at hand</p>	<p>Keep handy this contact email and criteria for access to the national PPE stockpile. The email is: <a href="mailto:agedcarecovidppe@health.gov.au">agedcarecovidppe@health.gov.au</a></p>
<p><b>16</b> Access to PPE is significant and of serious concern</p>	<p>Undertake an audit of stock.</p> <p>Determine rate of use for increased infection control activities and if a suspected/confirmed case would occur to establish a turnaround time for supplies.</p> <p>Establish list of which PPE items are required.</p> <p>Determine and monitor additional financial impact of cost of supplies.</p> <p>In advance contact all suppliers and delivery companies to describe how the facility will manage an outbreak inc arrangements for additional ordering, arrangements for delivery of supply.</p>
<p><b>17</b> Reduce risk from delivery of stock</p>	<p>Delivery staff should deliver to a drop off point and not enter facility.</p> <p>Agree a method for confirmation of delivery with supplier.</p>
<p><b>18</b> Access to food and daily supplies</p>	<p>Identify how/from whom you would obtain additional stock and check that this is feasible in the current climate.</p>
<p><b>19</b> On-site cleaning</p>	<p>Establish contingency planning should current cleaning arrangements be interrupted. If externally provided, determine the impact on cleaning supplies.</p> <p>Determine in advance the arrangement for disposal of PPE. Confirm these arrangements with your waste management organisation.</p> <p>Establish location for dirty supplies awaiting collection.</p>

# Communication

Observation	Lessons for residential aged care
<p><b>20</b> Prepare expectations</p>	<p>Share with residents, families and staff what the response to an outbreak will look like at the facility. Describe how cohorting will be approached. Describe the use of additional staff and impacts on staffing which may result due to isolation. Describe what PPE is, what it looks like and why it is used, and why not. Describe how you will manage communication with families and residents. Have early discussions about the impact on moving residents, and why this might be necessary. Seek resident feedback on the approach given security of tenure requirements.</p> <p>Share with families the Visitor Access Code and how this will be adjusted during an outbreak.</p> <p>Identify a family and resident liaison officer whose is responsible for ensuring that residents and families receive regular and accurate information</p> <p>Establish in advance what arrangements will be put in place for residents and families to maintain contact. Test the functionality that is being relied upon.</p> <p>Establish and share with families arrangements for how you will deal with requests for urgent compassionate contact.</p> <p>Plan to go early and go hard with clear and direct communication to residents, families, staff, stakeholders and media</p>

# Communication

Observation	Lessons for residential aged care
<p><b>21</b> Keeping everyone informed</p>	<p>Include myth busting materials to alleviate fear.</p> <p>Share positive information your progress in managing the pandemic on a regular basis.</p> <p>Test and update SMS and email contacts for all families and next of kin.</p> <p>Establish communication protocols (frequency, from whom, what) and draft materials in advance:</p> <ul style="list-style-type: none"> <li>■ For residents</li> <li>■ For families with a relative who is diagnosed positive</li> <li>■ For families of non-affected residents</li> </ul>
<p><b>22</b> Maintaining social contact</p>	<p>Consider how you will enable staff to assist with Facetime/Whats app etc. where these are available to residents.</p> <p>Test the impact on IT infrastructure from increased use of technology.</p>
<p><b>23</b> Media interest</p>	<p>Have you prepared your media plan?</p> <p>Who is spokesperson? (facility manager is not recommended)</p> <p>LASA has media templates at <a href="http://www.lasa.asn.au/covid-19">www.lasa.asn.au/covid-19</a></p> <p>Ensure all staff know who is spokesperson for the organisation</p> <p>Prepare staff, residents and families for the possibility of media attention.</p> <p>Ensure access to the facility is managed</p> <p>Enable staff to change out of uniform at the end of shifts</p>
<p><b>24</b> Keeping families/residents staff up to date</p>	<p>Consider the following:</p> <ul style="list-style-type: none"> <li>■ Every resident's family called on day of outbreak</li> <li>■ Every family gets daily text message/s from the site - Infected resident families get two phone calls per day from the facility</li> <li>■ Facility has two staff on-site to deal with and triage incoming calls</li> </ul> <p>Consider how this will be operationalised; how will staff fatigue be managed.</p> <p>Identify a 'go to' executive for the staff to raise questions with, who can act as a single source of truth.</p>

## Policy Matters

Observation	Lessons for residential aged care
<p><b>25</b> Don't forget normal activities</p>	<p>Establish a second management team for normal business activities.</p>
<p><b>26</b> Be prepared for increased use of IT infrastructure</p>	<p>Ensure your IT support contact information is readily available to staff.</p> <p>Alert your IT support team in advance that issues will need to be prioritised.</p>
<p><b>27</b> Discharge management</p>	<p>What are your plans if a residents requests to be discharged if there is an outbreak?</p> <p>Ensure facility keeps abreast of the latest CDNA guidance.</p>
<p><b>28</b> Planning for death of residents</p>	<p>What arrangements have you made with local funeral directors and morgues? (Note the Department of Health has issued guidance to funeral directors.)</p> <p>Clarify with staff infection control arrangements for handling of remains.</p>

# Supplies

Observation	Lessons for residential aged care
<b>29</b> Policy updates	Review and update infection control and influenza policies and procedures as national guidance is updated. Allocate a member of the team to ensure these are received and communicated.
<b>30</b> Be prepared for increased expenditure	Maintain records of COVID-19 related expenditure.

# Testing

Observation	Lessons for residential aged care
<b>31</b> Testing service	Ensure contact information for the local Public Health Unit (that organises COVID-19 testing) is readily available to staff. Have available the Government funded inreach pathology service – Sonic - dedicated national toll-free number (1800 570 573).
<b>32</b> Testing timeframes	Note that current testing requires a number of days turnaround. During this time cases will be considered suspected or probable. CDNA guidance points to steps for testing and notes that residents will remain in facilities unless clinically indicated that they need transfer to hospital.
<b>33</b> Put in plans now for what may happen in the future should residents die	What end-of-life planning has been undertaken; could this be furthered at the facility? Has contact been made pre-emptively with the local palliative care service to determine access and support?

# Key Contacts

Observation	Lessons for residential aged care
<b>34</b> Know who to call	Ensure your staff know the following contacts: <ul style="list-style-type: none"><li>■ The Public Health Unit in your state/territory that organises COVID-19 testing</li><li>■ The contact number (when available) for inreach pathology – the Government-funded specialist COVID-19 and flu testing service for residential aged care facilities</li><li>■ The Government's age services specific email address for suspected/confirmed cases of COVID-19: <a href="mailto:agedcareCOVIDcases@health.gov.au">agedcareCOVIDcases@health.gov.au</a></li></ul>

# Employee Assistance

Observation	Lessons for residential aged care
<b>35</b> Be prepared for the toll on everyone	Have fatigue management plans established which are clearly understood by your staff. Ensure Employees Assistance Program (EAP) information is readily available. Say thank you to your staff, residents and families regularly.

**Don't forget** that as part of your LASA membership you can contact us for all your specific needs. Please reach out to us during normal business hours by calling **1300 111 636**.



**LASA**  
LEADING AGE SERVICES  
AUSTRALIA  
*The voice of aged care*