

Primary Goal:

Prevent the entry and/or spread of COVID-19 in our residential aged care services.

Key Principles:

- Our staff represent the highest risk of transmission of infection to our residents: we need to do all we reasonably can to protect our staff from infection, minimise the risk of transmission from staff to resident and staff to staff, while providing an acceptable level of quality care.
- Immediate family / significant others are essential for provision of holistic care to residents and present a lower risk of transmission.
- Total number of people in the care environment needs to be carefully managed to enable social (physical) distancing measures.

(Note: print on A3 paper)

Control Focus	Objective	Primary Accountability	Responsibility	Key Process Steps	Information & Reporting	Assurance	Escalation
Screening and De-contamination							
Pre-Entry Self Screening	No high-risk person presents to the service Workers do not come to work if sick	CPO: staff GM-BMC: visitors	<ul style="list-style-type: none"> • All potential visitors • All staff • All suppliers & contractors 	<ul style="list-style-type: none"> • Define high risk persons • Outline clear direction if they are in a high-risk grouping • Provide ongoing, multichannel communication 	<ul style="list-style-type: none"> • HR Report: Staff on Stand-down • HR Report: Vulnerable Staff on Re-deployment List 	Compare reasons for on-site rejection with self-screening criteria Role: Risk (Mon and Thurs)	Where 10% or greater site screening rejection = self-screening criteria
Incoming Persons	No high-risk person enters the service <i>(including persons not immunized against seasonal influenza from 1 May 2020).</i> Active promotion of non-vulnerable volunteers for resident support	Mgr – Screening (C-19 Role)	<ul style="list-style-type: none"> • Screening staff • Person in charge of the RAC at the time 	<ul style="list-style-type: none"> • All staff and visitors present to single screening point • All persons (including visitors and staff) who enter must be entered into screening app • Details of persons screened recorded in screening app • Hand hygiene observed for all persons accepted • Incoming visitors escorted to resident room and brief provided regarding social (physical) distancing measures, restrictions on movement and duration of visit 	<ul style="list-style-type: none"> • Onsite screening app • Onsite screening report 	100% of high-risk persons identified at screening and forwarded to Mgr – Screening or delegate for decision if required Weekly reconciliation of data entry with staff list, and screening manager log of decisions Role: Risk	Decision on high risk person where action is outside of established (COO / EGM-CIQ endorsed) protocol To: GM-RAC, EGM-CIQ, COO
Incoming Goods	No contaminated goods enter the service, including personal food items or gifts intended for residents <i>(note: BC have separate protections for food prepared/ supplied by Central Production Unit)</i>	Mgr – Screening (C-19 Role)	<ul style="list-style-type: none"> • Screening staff • Food and other delivery persons • Person in charge of the RAC at the time 	<ul style="list-style-type: none"> • Apply risk-based questions regarding provision of goods. (e.g. no goods prepared by a high-risk person) • Decontaminate as per incoming goods procedure 	N/A	Random questioning of screening staff as part of screening audit Role: Risk	Decision on incoming goods where action is outside of established (COO / EGM-CIQ endorsed) protocol To: GM-RAC, EGM-CIQ, COO
Internal Supply Chain	Minimise chance of infection being passed on equipment used to transport food/clothing around the service	GM – Hotel Services	<ul style="list-style-type: none"> • Hotel services / catering staff 	<ul style="list-style-type: none"> • Identify high-risk activities • Ensure hotel services/catering protocols build in cleaning regime of equipment (e.g trolleys, coat hangers) • Cleaning schedule (Hotel services) • Communicate and apply protocol 	N/A	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr Hotel Services Manager	Breach of protocol To: GM-Hotel Services
Visitors							
Physical Exposure	Reduce risk of cross-infection in and contamination of the RAC environment.	RAC Manager	<ul style="list-style-type: none"> • Registered Nurses • Personal Care Workers under delegation • All staff 	<ul style="list-style-type: none"> • Refer to 'Managing numbers': • Visits only in-room or gardens • Direct access from single entry • No physical contact with resident – maintain 1.5m physical distancing (protected contact only for dying person) 	<ul style="list-style-type: none"> • Onsite screening app • Onsite screening report • Visitor in/out register 	Infection Control Champion audit weekly Report to IC Mgr at SC	Exceptions outside of these rules. Direction by ROM Where PPE is required (for visitor), decision by GM-RAC, GM C&SG, EGM-CIQ, COO
Respiratory Protection	Prevent inhalation / exhalation of pathogens	RAC Manager	<ul style="list-style-type: none"> • Team leaders • Registered nurses 	<ul style="list-style-type: none"> • Apply risk-based criteria to wearing of masks/shields • Masks to be worn in any service by all staff or visitors, or some staff or visitors (according to risk) when directed by RN, manager or Support Centre direction • Choice of surgical or N95 in accordance with infection control guideline 	<ul style="list-style-type: none"> • PPE Audit tool • PPE Audit report • COVID-19 Infection Prevention and Control Guideline 	Infection Control Champion audit weekly Report to IC Mgr at SC	Breach of respiratory protection directive To: ROM
Managing Numbers	Ensure the total number of people moving through the service at any given time enables adequate physical distancing	RAC Manager	<ul style="list-style-type: none"> • Screening staff 	<ul style="list-style-type: none"> • Total visitors (i.e. frequency of visits through the week) to be titrated according to risk of community transmission and other risk factors: weekly updates provided by Support Centre • Visits to be scheduled through the day to spread total number of people moving through the service and permit appropriate screening 	<ul style="list-style-type: none"> • Visit booking app • Onsite screening app • Onsite screening report 	Screening Manager	Exceptions outside of these rules (e.g. compassionate purposes) Direction by ROM

Control Focus	Objective	Primary Accountability	Responsibility	Key Process Steps	Information & Reporting	Assurance	Escalation
Residents (refer also managing social isolation plan)							
Movement within the service	Limit exposure of residents to others within cohorted areas No whole-of-site activities	RAC Manager	<ul style="list-style-type: none"> Lifestyle team member 	<ul style="list-style-type: none"> Establish cohorted zones within the service (refer also section on rostering practices) Identify outdoor alternative for exercise purposes Communicate restrictions to residents / representatives 	<ul style="list-style-type: none"> IC Audit Report 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Residents who have difficulty complying with requests To GM-RAC
Social (physical) distancing	Reduce direct physical contact with other persons and increase distance between residents	RAC Manager	<ul style="list-style-type: none"> All staff 	<ul style="list-style-type: none"> Ensure 1.5 mtr between residents at meal table Only contained cohorts come together for meals Only contained cohorts come together for small group activity (max 6 people) with min 1.5 mtr space between residents 	<ul style="list-style-type: none"> IC Audit Report 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Difficulty implementing, or non-compliance with these measures To GM-RAC
Hygiene	Promote additional hygiene measures	RAC Manager	<ul style="list-style-type: none"> Registered Nurses Team Leaders All staff 	<ul style="list-style-type: none"> Hand washing or sanitising before and after meals Cease use of handkerchiefs: single use tissues, followed by use of sanitiser / hand wash 	<ul style="list-style-type: none"> IC Audit Report 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Residents who have difficulty complying with requests To Residential Mgr
Influenza Protection	Ensure as many residents as possible are immunised against seasonal influenza	GM-RAC	<ul style="list-style-type: none"> Residential Managers General Practitioners Registered Nurses 	<ul style="list-style-type: none"> Promote immunisation among residents/representatives Liaise with GPs to ensure arrangements for immunisation. Administer immunisation 	<ul style="list-style-type: none"> Autumn Care immunisation report 	AutumnCare review or similar Role: IC Mgr	Expected immunisation rate not being achieved in an acceptable timeframe To GM-RAC and EGM-CIQ
Movement outside of the service	Limit exposure to potential sources of infection outside of the service	GM-RAC	<ul style="list-style-type: none"> RAC Person in Charge 	<ul style="list-style-type: none"> In hotspots, residents not permitted to leave aged care facilities, except for health care, emergency, or end-of-life situations Risk based isolation protocol to be followed for residents that leave the facility 	<ul style="list-style-type: none"> CV-19 Precautionary Isolation Protocol IC Audit Report CV-19 Escalation Register 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Immediate escalation to GM-RAC, EGM-CIQ, or COO on being made aware of potential or actual breach for evaluation of likely exposure and required actions
Suppliers and Contractors							
Personal Services Contractors	Limit the potential of transmission from outside the service, or across the service	GM-RAC	<ul style="list-style-type: none"> Strategic Procurement RAC Person in Charge 	<ul style="list-style-type: none"> In hotspots, cease hairdressing/barber services, and discretionary health/beauty related services (during peak community risk) Re-introduce services with risk mitigation plan (e.g. sole provider agreement / clean down between clients / use of PPE) 	<ul style="list-style-type: none"> Guidelines for hairdressers Contractor Transmission Mitigation Plan 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Breach of requirement / mitigation plan To Residential Manager
Health/Allied Health Practitioners	Limit the potential of transmission from outside the service, or across the service	GM-RAC	<ul style="list-style-type: none"> Strategic Procurement. RAC Person in Charge 	<ul style="list-style-type: none"> Identify health professionals (e.g. GP's, physio's, speech therapists) who move between services /environments and/or residents within a service Where possible, implement (interim) exclusivity agreement Work with health practitioners to apply hierarchy of control measures and record mitigation plan Communicate protocol to residents, relatives and staff Monitor application Transmission mitigation plan if practitioner works across sites with dual obligation must wear PPE 	<ul style="list-style-type: none"> External Health Practitioners Transmission Mitigation Plan 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Breach of mitigation plan To Residential Manager
Non-Isolating Staff							
High Risk Activity	Limit the potential of staff being exposed to CV-19 outside of work	EGM-CIQ	<ul style="list-style-type: none"> All Staff Operational managers HR Business Partners 	<ul style="list-style-type: none"> Explicitly outline do's/don'ts to ensure reduced risk of transmission Identify that undertaking high-risk activity may put someone's life in jeopardy and result in stand down without pay Provide practical advice for staying safe 	N/A	100% staff screened Role: Mgr Screening	Where identified cases that staff have been subject to unreasonable high-risk activity (e.g. attending group events) as per Commonwealth Government restrictions
Respiratory Protection	Prevent inhalation / exhalation of pathogens	RAC Manager	<ul style="list-style-type: none"> Team leaders Registered nurses 	<ul style="list-style-type: none"> Apply risk-based criteria to wearing of masks/shields Masks to be worn in any service by all staff or visitors, or some staff or visitors (according to risk) when directed by RN, manager or Support Centre direction Choice of surgical or N95 in accordance with infection control guideline Staff who live in a hot spot must wear masks throughout whole shift; mask advice will be provided 	<ul style="list-style-type: none"> PPE Audit tool PPE Audit report COVID-19 Infection Prevention and Control Guideline 	Infection Control Champion audit weekly Report to IC Mgr at SC	Breach of respiratory protection directive To: ROM

Control Focus	Objective	Primary Accountability	Responsibility	Key Process Steps	Information & Reporting	Assurance	Escalation
Staff with Multiple Jobs	Ensure staff do not work in other high risk environments (i.e. as a second job)	COO (CPO)	<ul style="list-style-type: none"> RAC Person in Charge Regional Ops Mgrs 	<ul style="list-style-type: none"> Identify staff who work across multiple worksites or in high risk environments Identify opportunities for providing additional hours to ensure exclusivity of employment Hold discussion with impacted staff/representatives Implement agreed actions Make decision on any unacceptable risks According to hierarchy of controls 	<ul style="list-style-type: none"> HR CV-19 Staff Survey Report 1 Screening app Screening report 	Weekly HR review of screening report and reconcile with active cases	Identified / unresolved cases of high risk 2 nd employer. To COO
High Risk Accommod.	Support core staff to secure low risk accommodation or better protect a vulnerable person they live with	Mgr – Transport & Accommodation Solutions (C-19 Role)	<ul style="list-style-type: none"> Residential managers & team leaders 	<ul style="list-style-type: none"> Identify target staff Identify range of solutions including, e.g.: <ul style="list-style-type: none"> Convert RV Units for staff use Suitable motel accommodation Match staff and solutions 	<ul style="list-style-type: none"> HR CV-19 Staff Survey Report 1 	Number of accommodation changes	Solution not found for staff member identifying need To: COO
Transport to/from Work	Reduce risk of staff being exposed to the virus on the way to or from work	Mgr – Transport & Accommodation Solutions (C-19 Role)	<ul style="list-style-type: none"> Residential managers & team leaders 	<ul style="list-style-type: none"> Identify target staff Identify range of solutions (including dedicated pick-up/drop-off service) Match staff and solutions Staff on public transport to and from work must wear a mask and carry and use ABHR if directed 	<ul style="list-style-type: none"> HR CV-19 Staff Survey Report 1 T&A Solutions Status Update Report 	BC arranged transport services provided	Any report of a staff member taking public transport/taxi/uber to work (<i>unless dedicated to BC use, and under strict guidelines</i>)
While at Work	Maintain social (physical) distancing from other staff	RAC Manager	<ul style="list-style-type: none"> Team leaders Registered nurses All staff 	<ul style="list-style-type: none"> Cohort specific work areas. Staff to only work in one designated area Identify work zone / cohort specific lunch areas (e.g. vacant room) that meet staff needs but reduce the risk of cross-infection Do not use central lunchrooms Do not use central toilet facilities for staff (use facilities in vacated resident room or similar, within wing) Relocate staff lockers to cohorted wings Staff on public transport to and from work must wear a mask and use ABHR if directed 	<ul style="list-style-type: none"> ROM update report 	Staff reporting (including reporting concerns with colleague movements) to IPC or RAC Person in Charge	Serious breach of social distancing to ROM
Hygiene	Ensure high standard of hand hygiene in the workplace	RAC Manager	<ul style="list-style-type: none"> Team leaders Registered nurses IPCs All clinical care staff 	<ul style="list-style-type: none"> Promote 5 moments of hand hygiene: <ul style="list-style-type: none"> before touching a resident before a procedure after a procedure after touching a resident after touching a residents' surrounds 	<ul style="list-style-type: none"> IC Audit Report 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr Completion rate of Hand hygiene eLearn required for all staff	Repeated breach of hand hygiene practice to RM: follow performance management
Key Staff Movement	Ensure key staff do not inadvertently carry infection throughout the service	Regional Operations Manager	<ul style="list-style-type: none"> Residential Managers Key staff whose roles require them to move through the service 	<ul style="list-style-type: none"> Identify staff who move between wings / zones Apply hierarchy of control for each staff member / situation and record same. Ideally staff should be cohorted to only work one area Communicate protocol to all staff Monitor application 	<ul style="list-style-type: none"> Key Staff Transmission Mitigation Plan Collated by ROM's 	Weekly teleconference with IPCs Role: Infection Control (IC) Mgr	Breach of Key Staff Movement Plans to ROM
Rostering Practices							
People in the Workplace	Reduce the total number of staff in the workplace without reducing PRPD commitment	Mgr – Roster re-design (C-19 Role)	<ul style="list-style-type: none"> Roster planners Senior Admin Officers (SAO's) RAC Managers HR Business Partners 	<ul style="list-style-type: none"> Develop roosting principles Communicate with staff and unions Implement maximum hours shifts across the board, with limited exceptions 	<ul style="list-style-type: none"> Rostering principles and template roster Service Roster ROM update report 	Roster / payroll audit Role: Risk with support from Mgr – Roster re-design	Principles not implemented at service level To: GM-RAC
Team cohorting / segregation	Confine teams of staff to dedicated work-zones	Mgr – Roster re-design (C-19 Role)	<ul style="list-style-type: none"> Roster planners SAO's Residential managers HR Business Partners 	<ul style="list-style-type: none"> Develop team allocation principles (refer also Outbreak Management Team protocol) Communicate with staff and unions Ensure staff from cohorted areas have minimal/nil contact (e.g. coloured sticker to be worn on name tag & no two colours to be together where possible). Report /record when this happens for an extended period 	<ul style="list-style-type: none"> Rostering principles and template roster Service Roster ROM update report 	Roster / payroll audit Random, phone-based audit with staff Role: Risk with support from Mgr – Roster re-design	Principles not implemented at service level To: GM-RAC

Control Focus	Objective	Primary Accountability	Responsibility	Key Process Steps	Information & Reporting	Assurance	Escalation
Night staffing	Ensure staffing capacity is sufficient to permit cohorting / segregation	Mgr – Roster re-design (C-19 Role)	<ul style="list-style-type: none"> Roster planners SAO's Residential managers HR Business Partners 	<ul style="list-style-type: none"> Refer above 	<ul style="list-style-type: none"> Service Roster ROM update report 	Roster / payroll audit Random, phone-based audit with staff Role: Risk with support from Mgr – Roster re-design	Principles not implemented at service level To: GM-RAC
Environmental Hygiene							
Cleaning	Minimise the chance of infection being acquired from contact with surfaces	GM – Hotel Services	<ul style="list-style-type: none"> Cleaning staff Dining room attendants (PCW's) All staff 	<ul style="list-style-type: none"> Develop COVID-19 cleaning guidelines, ensuring it adequately covers requirements/regularity of general cleaning; cleaning specific environments (e.g. kitchen); high touch point cleaning; cleaning of meal table/chair Communicate Implement 	<ul style="list-style-type: none"> Hotel Services Audit Report 	Phone based audit Role: SC Hotel Services Support by IPCs	Guidelines not implemented at service level To: ROM
Personal Protective Equipment – Supply (note – use is addressed in other protocols)							
Staff Protection	Ensure sufficient supply of PPE to protect the health of staff and risk of cross infection	GM-RAC	<ul style="list-style-type: none"> Strategic Procurement Manager Residential Manager Service based PPE Stock Counter 	<ul style="list-style-type: none"> Identify target holding stock required for every service: modified daily due to level of suspected disease Identify threshold of stocks required for escalation Predict stock needs based on suspected or actual acute respiratory diagnosis or other outbreak Undertake daily stock checks Order or re-direct stock holding 	<ul style="list-style-type: none"> PPE Audit tool PPE Audit report 	Weekly system review Role: Assigned C&SG Team Member Support by PPE Stock Counters	PPE drops below threshold Immediate escalation to GM-RAC, EGM-CIQ, or COO
Clinical Practice							
Vital Signs Monitoring	Closely monitor residents for early cues of unwellness linked with COVID-19	Residential Manager	<ul style="list-style-type: none"> Clinical Managers Registered Nurses 	<ul style="list-style-type: none"> Undertake daily monitoring of all residents: general condition / wellbeing, heart rate, respirations, and temperature Report abnormal findings to RN Respond to abnormal findings Monitor and follow-up 	<ul style="list-style-type: none"> Autumn Care vital signs report (% complete abnormalities) 	Twice weekly system review of line listing app Role: Clinical Managers	Unexplained symptoms sustained for >8 hours of low range deviation from norm Immediate if high range deviation from norm To: Residential Manager
COVID/ Virus Testing	Timely testing of residents who demonstrate signs/symptoms of COVID-19 or other respiratory infection	Residential Manager	<ul style="list-style-type: none"> Clinical Managers Registered Nurses 	<ul style="list-style-type: none"> Ensure sufficient viral swabs, or test capabilities of local pathologist Follow guidelines for taking swab or other sample for pathology testing Report requested test to the BC central COVID database, including presenting symptoms 	<ul style="list-style-type: none"> Infection tracking line listing app Infection tracking report PPE stocktake (viral swabs) 	Daily review by EGM-CIQ	Increase in testing pattern. To: GM-RAC and COO
Precautionary Isolation	Ensure other residents and staff are protected from suspected COVID-19 or other transmissible condition	Residential Manager	<ul style="list-style-type: none"> Clinical Managers Registered Nurses All staff 	<ul style="list-style-type: none"> Identify circumstances requiring: <ul style="list-style-type: none"> isolation of one resident Isolation of a cohort Refer Precautionary Isolation Protocol Initiate isolation as soon as clinically indicated Report, review, and follow up 	<ul style="list-style-type: none"> RAC site map room status report Escalation report for commencement of isolation for suspected C-19 daily Note: link to PPE Report 	Twice weekly update Clinical Managers to IC Mgr; reconcile with database	Precautionary isolation of more than one resident in a service Isolation for suspected case of C-19 To: GM RAC
Control Focus							
Isolation Zones	Identify zones to move infected residents to in order to limit potential exposure of unaffected residents or staff	GM-RAC	<ul style="list-style-type: none"> Residential Managers SC-Interim Business Manager (Ops) 	<ul style="list-style-type: none"> Identify characteristics of desired zones and conditions under which they are activated Allocate zones Decide whether pre-emptive movement of residents from proposed zones is safe or required 		Review of isolation zone plans	Decision to pre-emptively move any resident to create an isolation zone; or activation of an isolation zone To: GM-RAC or COO

Note: The principle purpose of the above is to outline key strategies that prevent entry of COVID-19 into the organisations' Residential Aged Care Services (RACS), and to limit the impact of same if the virus does enter one or more RACS. In the event that a service goes from COVID-19 negative to COVID-19 positive, the following are to be activated / referred to:

- Outbreak Management Plan;
- Local Outbreak Management Team;
- Central Outbreak Management Team (Support Centre)
- Care Deployment Group *

* Bolton Clarke's own deployment group, consisting of a deployment coordinator, registered nurses, personal carers, cleaners, and bus driver(s). The team is able to deploy anywhere in the network on four hours' notice, for a two-week period, plus isolation time.

These requirements are consistent with the Commonwealth of Australia and State recommendations at the time of publishing.