

EMERGENCY MANAGEMENT PLAN – COVID-19

EMG (Emergency Management Group)
 Chair Greg Pullen (Interim CEO) 0437 664 885
 Rules for Activation – 1 case or more of COVID-19

CLINICAL CARE & INFECTION CONTROL Lead EMCS

PEOPLE & WORKFORCE

Lead: Executive Manager People Workforce & Culture

EQUIPMENT

Lead: Property and Maintenance Manager

COMMUNICATIONS

Lead: Executive Manager Community Engagement

Affected Facility Manager

Coordinates and manages care and services within facility or home

Commence Infection Control Measures immediately:

- Close facility to all including resident visitors.
- Isolate affected residents to their rooms.
- Activate Infection Control Measures place the following just inside affected residents' rooms:
 - long sleeved gowns, gloves, goggles, masks, overshoes, Hand Sanitizer.

All staff to follow Infection Control Measures within facility and/or within home.

- Wash hands continually and between residents and interventions.
- Use cough and sneeze etiquette.
- Do not share equipment, utensils and/or linen between residents and/or staff.
- Do not multi use equipment:
 - Do not share non-cleaned equipment with others.
 - Clean all equipment included trolleys prior to using for other purposes or sharing.
 - Staff and residents to limit movement within facility.

All staff and residents to practise social distancing by:

- Maintaining 1.5m distance between each other.
- Dining room to have 4 square meters between tables.
- Residents to sit at single tables.
- Meals to be served in room where possible.
- Staff to be allocated to area and not move during outbreak.

When using Nebulizers:

- Nebulizers to be used in resident's room.
- Staff to wear full PPE if administering nebulizer to a resident who is confirmed or suspected of having COVID-19.

When to wear PPE for droplet precautions:

- Aged Care staff only need to wear any additional PPE, known as droplet precautions (gown, surgical mask, eye protection and gloves) when providing direct care and service to a person who:
 - Has tested positive for COVID-19.
 - Has developed symptoms of COVID-19.
- Aged Care workers do not need to wear PPE when providing care if they have had no contact with a confirmed COVID-19 case in their facility.

Activate Infection Control Cleaning Protocols:

Facility:

- All touch points to be continually cleaned with alcohol based cleaner. Handrails, tables, chairs, keypads, wheelie chairs, etc

Affected Residents' Rooms

- Contaminated rooms cleaned last.
- Use appropriate PPE – Standard/Droplet/Contact equipment whilst in room.
- All surfaces and areas in residents' rooms affected to be cleaned using Diverclense.
- Use disposable microfibre cloths and then dispose in contaminated waste.
- Terminal clean when outbreak declared over.

Food Service:

- There is no evidence of COVID-19 being transmitted via food.
- Isolated residents to eat in their rooms – trolleys left outside affected area for staff to deliver meals to residents.
- Cutlery and crockery to be washed in dishwasher – no need to separate from other residents' cutlery or crockery.
- If entering affected resident's room use appropriate PPE.
- Trays to be washed immediately in hot water and detergent, rinsed in hot water and dried.
- Trolley to be sanitized using Oxivir Chemical.
- Do not share utensils.

Washing and Handling Laundry:

- Continue to wash clothes as current process kills all bugs.
- Wear PPE when handling soiled linen.
- Linen dried in a dryer on a hot setting.

Once suspected case has been confirmed all staff who were in close contact and did not use PPE are to self-isolate for 14 days.

Definition of close contact:

- Greater than 15 minutes face to face contact 24 hours prior to onset of symptoms.
- Shared a closed space with a confirmed case for a prolonged period (more than 2 hours) before onset of symptoms.
- Staff who have been sent home to self-isolate due to contact with a confirmed case in the workplace will be paid special leave during this time.
- Staff who have been exposed whilst in the community are to access leave entitlements.
- Staff are not to return to work for 14 days or they have been tested and obtained a negative test for COVID-19.

Maintaining safe staffing levels:

- Staff not permitted to move between facilities.
- Staff working in affected area/unit not to work across other areas of the home.
- Skeleton staffing protocols activated as needed.

Ensuring access to staff:

- Increasing where possible casual bank.
- Roster Coordinator (Ashleah Black) – manage day to day rostering.

Activate Emergency Supply Room

- Always maintain 7 days' supply.
- Maintain communication with suppliers to ensure stocks are replenished as needed.

Access to emergency supplies:

- For urgent supplies if there is no stock on hand provide details of service and an explanation of need and email agedcarecovidppe@health.gov.au
- For emergency out of hours access to PPE call 1800 020 080 – choose option 2 for health professionals.

To manage all communications to:

- Staff.
- Residents.
- Community – families, GP's, Allied Health.

Manage all contact with media

- All media enquiries to be directed to Jo Breen.
- Staff not to engage with media.
- Staff to maintain confidentiality at all times.

CLINICAL & SERVICES SUPPORT

Lead: Executive Manager Quality, Risk and Compliance

QUALITY & SAFETY UNIT

Reporting & coordination

Infection Control Manager to coordinate Infection Control Measures and report to relevant authorities.

CLINICAL SUPPORT

Clinical Care Coordinator to provide advice and support to Care Managers

STAFF WELFARE AND SUPPORT

Education – hand washing, self-isolation, social distancing
 Employee Assistance Program (EPA)
 Staff Welfare Officer