



Tip sheet 1: **Preparing for COVID-19** in a residential aged care facility

North Western Melbourne Primary Health Network (NWMPHN) contacted residential aged care facilities (RACF) in the region to discuss their needs and to identify where and how we might be able to support RACF staff, residents, residents' families, and GPs. Overwhelmingly RACF managers contacted wanted to share new ideas and practical tips they used in their facilities to help others prepare for COVID-19. NWMPHN also sought advice from Professor Michael Murray, from the Victorian Aged Care Response Centre and experts from the NWMPHN Aged Care Expert Advisory Group.

Where to go for up to date information

Aged care sector information	 ✓ 	The Department of Health and Human Services regularly updates its guidance for residential aged care facilities on its <u>Aged Care Sector</u> <u>Coronavirus website</u> .
	~	This website includes the <u>Coronavirus (COVID-19) Residential Aged Care</u> <u>Facilities Plan for Victoria (Word)</u>
	~	Guidance is provided on <u>who to contact about a suspected or confirmed</u> <u>case of COVID-19 (Word)</u> in residential aged care.
	 ✓ 	The website also includes links to PPE and infection control training for residential aged care workers as well as links to webinars and resources for aged care providers.

Infection control

REVIEW your existing practices	 Use external infection control experts to review your practices, identify any gaps, and to reinforce infection control and PPE training with staff. All RACFs not currently in an outbreak will have scheduled visits by the ADF (Australian Defence Force) to review infection control practices in facilities.
Keep up the TRAINING	A new <u>practical infection control training program for RACFs</u> is available, delivered by Monash University, in collaboration with the Victorian Government ✓ Include 'hand hygiene' competency training as an orientation
()	 requirement - for all staff working on the site, including any agency staff, before they are allowed to work with residents. ✓ Use practical tools such as <u>Glitterbug</u> as a fun way to reinforce hand washing training with staff.
	Use the isolation period for residents after they have been discharged from hospital as a practice run for a COVID outbreak. It is a good opportunity to reinforce infection control and PPE training with all staff.

Donning and doffing PPE

Use VISUAL REMINDERS	 Use laminated visual prompt cards and posters displayed in PPE donning and doffing stations to remind staff of the sequence for donning and doffing PPE. Laminated posters and prompt cards can be wiped clean regularly throughout the day after use. <u>NHS Infection Control and Prevention</u> posters can be found on the <u>COVID-19 Repository website</u>.
Keep up the TRAINING	<u>NHS Infection Control and Prevention</u> training videos demonstrating the sequence for donning and doffing PPE can be found on the <u>COVID-19</u> <u>Repository website</u> .
PRACTICE	 Run 'spot checks' of all staff, asking them to demonstrate donning and doffing PPE on the spot. The Victorian Aged Care Response Centre (VACRC) are introducing Residential Aged Care Support Officers (RACSOs) to undertake this role. Run scenarios every 2-3 days to encourage active problem solving and to observe (and give immediate feedback) to staff about infection control and putting on/taking off PPE. Use the scenarios as an opportunity to test your outbreak management plan and identify any gaps or weaknesses that need to be addressed then test the updated plan the next time you run a scenario.

PPE – practical set up and stock up

REVIEW the space or set up PPE caddies	 ✓ ✓ 	Best practice is to set up separate areas for donning and doffing PPE, however in some facilities this may be difficult to achieve. In small facilities without space for a separate area you can set up a PPE caddy. Hang the caddy on the outside each resident's bedroom door. Fill the pockets with all the PPE that staff need to put on before entering the resident's room. A caddy makes it quick and
		easy to see if any PPE items are running low and need re-stocking.
STOCK up	~	Keep a stocked "war chest" of vital supplies (spare masks, face shields, gowns, swabs, etc).
Ê	✓	Ensure that the contact details for accessing the National Medical Stockpile of PPE in the event of an outbreak at your site is listed in the site outbreak management plan.
	~	Use named 'sticky labels' on PPE gowns to identify staff for residents and other staff. (Pre-labelled stickers can be printed off in multiple sheets).

Waste disposal

When is waste CLINICAL WASTE?	 Clinical waste is waste from residents known or suspected of having a communicable disease including coronavirus (COVID-19). If you are looking after a resident who is suspected or diagnosed with COVID-19, then the PPE that you wear while looking after this resident must be dealt with as clinical waste, and must be disposed of in a clinical waste bin
What is CLINICAL WASTE?	 For all residents: ✓ Items that have been soiled with blood or body fluids including personal protective equipment (PPE), used bandaging, dressing and wound care items. ✓ Other clinical waste includes sharps, drugs or medicines, or cytotoxic waste. Ensure that these are disposed of correctly (e.g. sharps container). PLUS for residents who have or are suspected of having coronavirus: ✓ Food waste from food preparation or catering, disposable items and plastics such as cups, plates and packaging. ✓ Items contaminated with urine, faeces or vomit. ✓ Single use PPE worn while you are in contact with the resident such as gloves, aprons and disposable face masks.
GENERAL waste	 PPE worn to meet current infection control requirements within residential aged care and that has not come into contact with a resident who is suspected or diagnosed with coronavirus (COVID-19) is not clinical waste unless it is soiled with blood or body fluids. Food waste from preparation or catering, disposable items and plastics such as cups, plates and packaging used by residents not suspected of having or diagnosed with coronavirus. Items contaminated with urine, faeces or vomit from residents not suspected of having or diagnosed with coronavirus. If it is visibly contaminated with blood then it is clinical waste!
DISPOSAL of clinical waste	 The DHHS website links to a range of infection control resources and guidelines including a guide from the EPA on <u>disposing of clinical waste</u>. DHHS also provides guidelines on <u>cleaning and waste disposal - infection control</u>. Environmental Protection Authority website includes <u>guidance on disposing of clinical waste and PPE</u> Washable items such as bedding, clothing, crockery and cutlery should be washed with care according to existing procedures.

Who to contact

If your site has a CONFIRMED COVID-19 case	 ✓ If a resident, staff member or worker has tested positive to coronavirus (COVID-19) then your first call should be to the Victorian Department of Health and Human Services Public Health Unit via the dedicated hotline 1300 651 160. ✓ Next contact the Victorian Aged Care Response Centre either by email to <u>VACRC.COVID19Notifications@health.gov.au</u> or phone 0413 399 020 (available from 9 am − 7 pm, 7 days a week) ✓ You must also notify the Commonwealth Department of Health by emailing agedcareCOVIDcases@health.gov.au
If your site has a SUSPECTED COVID-19 case	 ✓ If a resident or staff member has symptoms consistent with coronavirus (COVID-19) then contact the Victorian Aged Care Response Centre, either by email to <u>VACRC.COVID19Notifications@health.gov.au</u> or by phoning 0413 399 020 (available from 9 am − 7 pm, 7 days a week).
Keep your GPs in the loop	 Make sure that all GPs providing care to residents on the site are advised of suspected or confirmed COVID-19 cases linked to your facility. Keep your GPs updated regularly.
Contact NWMPHN for help	 In the event of a coronavirus outbreak at your site, NWMPHN can assist by coordinating and hosting regular case conferences and meetings between the hospital InReach team supporting your facility, your GPs and senior RACF staff.

Where to go for more information

Victorian Aged Care Response Centre

The <u>health.gov.au/news</u> page includes media releases and regular updates from the Victorian Aged Care Response Centre

Communicable Disease Network Australia

<u>CDNA National Guidelines</u> for the prevention, control and public health management of COVID-19 outbreaks in residential aged care facilities

About North Western Melbourne PHN

Industry sources

Leading Aged Services Australia COVID-19 <u>LASA</u> <u>COVID-19 Support page</u> includes a 'Lessons Learned' resource as well as a resources register, the Guiding Principles support hub, and other resources.

The Aged & Community Services Australia (ACSA) <u>Coronavirus Emergency Planning webpage</u> includes links to a wide range of resources and other websites which are publicly available.

North Western Melbourne Primary Health Network was established by the Australian Government to increase the efficiency and effectiveness of medical services, reduce fragmentation of care and improve health outcomes for everyone, especially for the most vulnerable. Australia is divided into 31 PHNs. NWMPHN is the biggest of Victoria's six primary health networks with a catchment of about 1.7 million people covering highly diverse communities from Melbourne's CBD and inner city to the rapidly growing suburbs in the north and west. Visit our website <u>nwmphn.org.au</u>



Before you go, if you would like to contribute your tips and tricks to help others in residential aged care facilities please contact primarycare@nwmphn.org.au

Also consider subscribing to our COVID-19 e-bulletins for general practices which will help keep you on top of the rapidly changing situation. If you need further help, email primarycare@nwmphn.org.au

All the tips sheets for residential aged care facilities are available on the COVID-19 aged care support page on our website.



We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

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