

# COVID-19 Infection Prevention and Control

Residential Aged Care Facilities, Multi-Purpose Services,  
Community Residential Care Group Homes, Hostels and  
Refuges

November 2020



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## Introduction

This document provides infection prevention and control (IPAC) guidance for residential aged care facilities (RACFs), multi-purpose services (MPS), community residential care group homes, hostels and refuges when COVID-19 is suspected/probable/confirmed in a resident(s), health and care worker or visitor.

The Clinical Excellence Commission (CEC) provides guidance and policies on IPAC to protect our residents/clients, health and care staff and healthcare environments. As the COVID-19 pandemic situation is evolving, advice and resources for clinicians, aged care workers and the public are being updated to meet changing needs. Health and care staff should check the NSW Health COVID-19 and the CEC Infection Prevention and Control COVID-19 web pages for the most up-to-date information.

COVID-19 infection disproportionately affects aged care facilities due to the high proportion of frail older adults, those with underlying chronic medical conditions and lower resident to workforce ratios. It increases both the prevalence and severity of the infection resulting in higher mortality rates.<sup>(1)</sup>

Providers of care in RACFs, MPS and community residential care homes should continue to ensure that there is minimal impact on resident care activities and models of care. The components of COVID-19 recognition and prevention must not impede routine care and necessary resident safety and quality programs.

The need for personal protective equipment (PPE) should be based on the anticipated exposure to blood and body substances, and precautions should be based on the mode of transmission of the infectious agents. The virus that causes COVID-19 is spread mainly from person-to-person in close contact with one another, through respiratory droplets produced when an infected person coughs or sneezes and by the infected person contaminating a surface or object with the virus by touching it. When picked up on other peoples' hands, it can be transmitted when they touch their face, nose or mouth.

It is expected residential aged care facilities, multi-purpose services, community residential care group homes, hostels and refuges maintain adequate supplies of PPE and hand sanitiser as part of their work health and safety (WHS) obligations.

For the most up to date information, check the following websites:

1. [NSW Health COVID-19: Advice for aged care services](#)
2. [Australian Government Department of Health: Aged Care](#)
3. [NSW Health information for disability support providers](#)

## Scope and purpose

This guidance was developed by the CEC Healthcare Associated Infection Program and endorsed by the IPAC Expert Group and CEC IPAC Steering Committee. Consultation occurred with aged care expert groups.

The predominate focus of the information within this document is on aged care facilities, however the information can be adapted and provide guidance to support infection prevention and control in community residential care group homes, hostels and refuges.

The purpose is to provide guidance on infection prevention and control requirements for RACFs, MPS, community residential care group homes, hostels and refuges in the:

1. Preparedness for outbreaks
2. Identification and management of residents with suspected, probable or confirmed COVID-19
3. Routine and outbreak management infection prevention and control
4. Use of PPE to prevent the transmission of COVID-19
5. Identification and management of outbreaks of COVID-19.

This guidance is based on the available evidence, expert advice, national recommendations and risk assessment of the current status of the COVID-19 pandemic in NSW. This guidance should be used in conjunction with the existing policy framework and local procedures. More detail can be sourced from key NSW and National sources (see [Appendix A](#))

## Understanding Coronavirus, SARS-CoV-2 and COVID-19

Table 1 Understanding coronavirus, SARS-CoV-2 and COVID-19

<b>Coronavirus</b>	<ul style="list-style-type: none"> <li>• Coronaviruses are a large family of viruses, that can cause illness in humans and in animals, such as bats, camels, and civet cats.</li> <li>• Human coronaviruses typically cause mild illness, such as the common cold.</li> <li>• Human coronaviruses were first identified in the mid-1960s.</li> </ul>
<b>SARS-CoV-2</b>	The new coronavirus was named by the World Health Organisation (WHO): Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>• COVID-19 is the disease caused by the SARS-CoV-2 virus.</li> <li>• It appears to have first emerged in Wuhan, China, in late 2019.</li> <li>• By the end of January 2020, the WHO alerted the world regarding this new virus.</li> <li>• Australia declared it a pandemic at the end of February and WHO declared it as an international pandemic mid-March 2020</li> </ul>

## How is the virus spread?

Table 2 How SARS-CoV-2 spreads and strategies for prevention

How it spreads	Key strategies for prevention	Transmission Based Precautions
Direct contact with the contaminated hands from an infected person	Hand hygiene Physical distancing	<b>Contact Precautions</b> <b>Droplet Precautions</b>
Indirect contact with equipment and surfaces touched/handled by an infected person	Cleaning and disinfection of equipment and surfaces Hand hygiene Wearing of gloves when cleaning	

How it spreads	Key strategies for prevention	Transmission Based Precautions
Respiratory droplets produced when a person coughs, sneezes, sings etc within 1.5 metres	Physical distancing Mask	
Airborne particles if performing an aerosol generating procedure (AGP) such as resuscitation  Caring for a resident, with COVID-19 and they have challenging behaviour, such as shouting, are agitated or find instructions hard to follow, especially during the first week of infection, when viral load may be high	Physical distancing Mask Engineering controls: <ul style="list-style-type: none"> <li>• ventilation and air flow</li> <li>• negative pressure room (if available)</li> </ul>	<b>Contact Precautions</b> <b>Droplet Precautions</b> <b>Airborne Precautions</b>

## Key messages of this guidance

1. Early recognition of residents with suspected, probable or confirmed COVID-19 is essential to maintaining the health and wellbeing of health and care staff and the community.
2. IPAC education and training is key to making health and care staff safe from transmission.
3. Adherence to IPAC principles including use of PPE is key in the prevention and control of inadvertent exposure to pathogens. Health and care staff are to follow their own local guidelines and procedures as they apply to the specific facility.
4. A single positive case of COVID-19 (resident or staff member) is classified as an outbreak. Each outbreak will differ according to the circumstances of the RACF, therefore, the application of the protocol will be applied based on identifying and understanding the features of the outbreak.

## Key Principles for Infection Prevention and Control

1. **Triage and risk assessment** through a on arrival screening program for external visitors, contractors, delivery staff, health and care staff on arrival to the premises. Triage and risk assessments should follow restrictions identified here: [NSW Health COVID-19 \(Coronavirus\) – Guidance for residential aged care facilities and guidance for symptom monitoring](#) in health and aged care workers during the COVID-19 outbreak. [NSW Public Health Orders](#) related to residential aged care facilities will also provide legislative requirements for changes to RACF.
2. **Visitors** – measures to limit, restrict or reduce time spent with residents are implemented to protect residents. Decisions about visitor limits or restrictions will be made by the aged care provider, NSW Health or Commonwealth Department of Health. Changes will be made based on risk to residents. Communication about changes to visitation must be provided to the residents' families, carers or authorised persons.

3. **Physical distancing** is to be practiced at all times to limit the transmission of COVID-19. Where practical, health and care staff and residents are to remain one point five (1.5) metres apart with the exception of the provision of care, treatment, assessment, meals, recreation programs, rehabilitation and procedures. When health and care staff are working in shared workplaces such as offices, tea rooms, meeting rooms, [general principles for safe working](#) should be developed by the aged care provider.
4. **Respiratory hygiene and cough etiquette** – the following measures to contain respiratory secretions are recommended for everyone. These messages should be communicated to health and care staff, residents and any visitors:
  - Cover mouth and nose with a tissue when coughing or sneezing
  - Use a tissue or elbow to cough or sneeze into
  - Use the nearest waste bin to dispose of the tissue after use
  - Perform hand hygiene e.g. hand washing with soap and water for 20 seconds or alcohol-based hand rub after coughing or sneezing or if contaminated objects/materials/equipment are touched
  - Reusable handkerchiefs are not acceptable if a person has an acute respiratory illness.

See Clinical Excellence Commission website: [Respiratory Hygiene \(Cough Etiquette\)](#)

5. **Standard Precautions** represent the minimum infection prevention measures that apply to all resident care, regardless of suspected, probable or confirmed infection status of the resident. This must be applied in any setting where residential aged care, multi-purpose service, community residential care group home, hostel and refuge care is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among residents, visitors and health and care staff.

Standard Precautions are to be applied for every person, every time and comprise of the following measures:

- Hand hygiene
- Respiratory hygiene and cough etiquette
- PPE is applied when exposure to blood and body substance is anticipated or if protection is required to prevent the transmission of a communicable disease or transmissible infection
- Aseptic technique for clinical procedures
- Occupational exposures: prevention of needlestick/sharps injuries or blood and body fluid splashes
- Cleaning and disinfection of the environment and shared resident care equipment (see [Appendix D](#))
- Waste disposal.

See Clinical Excellence Commission website: [Standard Precautions](#)

6. **Transmission Based Precautions** should be used when Standard Precautions alone are insufficient to stop the transmission of a microorganism (transmissible infection or communicable disease). Precautions are applied and based on the way that the communicable disease or transmissible infection is transmitted.
  - **Contact Precautions** protect health and care staff and prevent transmission of COVID-19 by either direct physical contact with the resident, contact with shared resident care equipment and from environmental surfaces.

- **Droplet Precautions** protect health and care staff nose, mouth and eyes from droplets produced by the resident coughing and sneezing.
- **Airborne Precautions** protect health and care staff's respiratory tract from much smaller droplets that become suspended in the air and may travel several metres. During AGPs, these droplets become aerosolised. A fitted P2/N95 mask will prevent these aerosolised droplets from entering the respiratory tract of the wearer during AGPs.

## 7. Assess and monitor risk

- a. Health and care staff should conduct routine risk screening and monitor risk to their **residents/clients** at each point in the episode of care. Special consideration should be given to residents who may not have capacity to answer COVID-19 screening or risk assessment questions accurately.
  - b. Health and care staff must follow all requirements for assessing, monitoring and reporting their own health and risk factors associated with COVID-19 to ensure their own safety and the safety of those to whom they provide care. **Health and care staff, healthcare students and volunteers who have any acute respiratory symptoms or suspected, probable or confirmed COVID-19** must not attend work.. Symptoms of COVID-19 include **fever, cough, sore/scratchy throat, fatigue and shortness of breath**. Other reported symptoms of COVID-19 include **loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite**. They must follow the [home isolation guidance for people confirmed to have COVID-19 infection](#). Before returning to work, health and care staff must follow the [NSW Health Release from Isolation criteria](#).
8. **Challenging behaviours:** The [Infection Control Expert Group](#) (ICEG) has provided guidance: [Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission of COVID-19](#). The guidance outlines the minimum PPE that should be used when in contact with residents who are suspected, probable or confirmed COVID-19. It also articulates that in areas of increased community transmission, health and care staff may be required to wear a particulate filter respirator (P2/N95 respirator) when caring for residents with cognitive impairment or challenging behaviours. **Challenging behaviour is defined as** shouting and residents who are agitated or find instructions hard to follow, especially during the first week of infection, when viral load may be high and risk of transmission increased.
  9. **Vulnerable (at risk for COVID-19) residents** should be identified and risks associated with specific COVID-19 vulnerability should be considered when providing care in RACFs, MPS, community residential care group homes, hostels and refuges. The number of health and care staff and contacts for vulnerable residents should be minimised as much as possible whilst maintaining the health and wellbeing of resident. For example, reviewing the appropriateness on the number of students, health and care staff in a resident's room and the duration of time spent with the resident within 1.5 metres. Use of Telehealth may be considered to reduce the number of health professionals visiting the resident.(See [Appendix E](#))
  10. **Vulnerable health and care staff** should be individually risk assessed to determine their suitability for care of residents with suspected, probable or confirmed COVID-19.
  11. **All healthcare or care providers** (including volunteers and non-clinical community support workers) who may be required to provide care to residents with suspected, probable or confirmed COVID-19 must complete, at a minimum level, **education and training** in IPAC



related to COVID-19. This includes the donning and doffing of PPE. Training videos are available on [My Health Learning](#) and on the CEC [website](#).

12. Use **evidence based practice** ensuring culturally safe work environments and health services. See [NSW Aboriginal Health Plan 2013-2023](#) and [NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023](#).
13. For information on **uniforms/non-uniform** clothing, footwear and dress codes, refer to facility/aged care provider uniform policies/procedures/guidelines.
14. For annual influenza vaccination and other **vaccinations** for adults, children and adolescents, refer to:
  - a. [NSW Immunisation Schedule 2020](#)
  - b. The NSW Health [Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases Policy](#) which outlines requirements for health workers
  - c. Commonwealth Department of Health Aged Care Provider Responsibility for [Influenza Vaccination](#) requirements. All health and aged care staff, residents and visitors to have an influenza vaccination, unless medically contraindicated.
15. **Access to hand hygiene products** on entry to RACFs, MPS, community residential care group homes, hostels and refuges. Hand hygiene products should be accessible and available at the entry to any room for consultation, assessment, care, clinical procedure, treatment or diagnostic procedure.
16. [COVID-19 Infection Prevention and Control Response and escalation framework](#): the framework outlines the management for the changing COVID-19 transmission risk within NSW communities and the appropriate IPAC response for health and RACFs. A key focus during escalation is the use of PPE, including surgical masks. Continual risk assessment of residents should apply in all care settings.
17. **Resident hygiene** is important if they are isolated (or cocooned) due to suspected, probable or confirmed COVID-19. Residents can continue to shower with the shower door open, exhaust fan on and health or care staff wearing the appropriate PPE. All PPE must be removed and disposed of after leaving the residents room.

## General principles for preventing transmission

ICEG recommends the following [general principles of infection prevention and control](#) to prevent transmission within RACFs:

- Information about the elements of routine IPAC should be provided to staff, residents (as far as possible) and visitors (as appropriate)
- All health and care staff within RACFs should be trained in basic IPAC practices, when they begin employment at the facility, in response to outbreaks and at regular intervals e.g. annually
- Training should be appropriate to their roles and include hand hygiene and the use of PPE.

## CDNA recommended assessment of vulnerability

The Communicable Diseases Network of Australia (CDNA) recommends that facilities considering [health screening](#) to monitor for symptoms of COVID-19 should undertake a facility specific assessment which includes:

- Assessment of the vulnerability of the residents
- Consideration of the current rate of transmission of COVID-19 within the local community (see [weekly COVID-19 surveillance reports](#))
- A risk benefit assessment (i.e. time, staff, equipment vs possible detections and staff on furlough) including a workforce management plan that includes [contingencies](#) in case of an outbreak
- PPE stocktake and to determine where additional PPE may be sourced if required.

## Risk of COVID-19 for vulnerability assessment

The risk of severe illness related to COVID-19 increases with age. The more risks that a resident has, the greater their vulnerability. The greatest risk for severe illness is for those aged 85 and older; an Aboriginal and Torres Strait Islander person aged 50 and older, and people over the age of 65 who have underlying medical conditions such as:

- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Type 2 diabetes mellitus
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant or other conditions
- Obesity (body mass index [BMI] of 30 or higher)
- Cancer
- Hypertension.

## Education and training of workforce for COVID-19

Health and care staff require ongoing access to education and training. RACFs, MPS, community residential care group homes, hostels and refuges require detailed facility wide IPAC education and training strategies to respond to the risks associated with COVID-19.<sup>5</sup>

Free education and training is available online from a number of approved Government sites:

1. Australian Department of Health: [COVID-19 infection control training](#)
2. Australian Commission on Safety and Quality in Health Care: [National Hand hygiene and Infection Control Modules](#) (requires registration)
3. CEC:
  - a. [Video - What are Transmission Based Precautions](#)
  - b. [Video - how to don and fit check a respirator. Airborne precautions.](#)
  - c. [Video - How to do combined contact, droplet and airborne precautions](#)
  - d. [Infection Prevention & Control: Personal Protective Equipment \(PPE\) RACF TRAIN THE TRAINER](#)
  - e. [Airborne Precautions](#) – donning, interacting with patients, doffing
  - f. [Contact Precautions](#) – donning, interacting with patients, doffing
  - g. [Droplet Precautions](#) – donning, interacting with patients, doffing
  - h. [How can Human Factors assist with COVID-19](#)

Staff within RACFs should understand PPE requirements, when to wear PPE and how to remove PPE safely.

It is important that RACF staff understand that there are a number of IPAC strategies to prevent and control the transmission of COVID-19 and other communicable diseases. The focus on PPE is required as the existing evidence is that COVID-19 can be transmitted to staff if the correct PPE is not worn when required or if it is not removed correctly. Additional PPE training and competency or clinical skills assessments are required to support safety practices by aged and care staff.

Health and care staff should not use PPE other than prescribed in NSW Ministry of Health policy directives, CEC COVID-19 guidance and local policy or procedures.

PPE 'creep' has been identified during the pandemic as a risk to health and care staff who add or choose PPE that is not recommended for transmission-based precautions e.g. a cloth or disposable surgical scrub cap and overshoes, an apron over a long sleeved disposable gown or other PPE adornments. This potentially increases the risk of self-contamination, particularly on PPE removal. If the PPE is uncomfortable, does not fit properly, or the health and care staff has an adverse reaction using it, they should consult their manager or supervisor.

### Key safety messages for all health and care staff

The adherence to IPAC principles including use of PPE is key in the prevention and control of inadvertent exposure to pathogens. Health and care staff are to follow their own local guidelines and procedures as they apply to the specific facility.

The following focus IPAC safe practices are for all settings:

- Hand hygiene must be understood by all staff. This includes the understanding of when and how to perform hand hygiene.
- Hand hygiene products must be accessible at the point of use.
- PPE must be available.
- Health and care staff must be bare below the elbows for clinical care.
- Health and care staff avoid touching their face and maintaining physical distance when appropriate.

## Placement of residents with suspected, probable or confirmed COVID-19

Residents with suspected, probable or confirmed COVID-19 should be isolated (or cocooned) in a single room with an ensuite bathroom.

- Their isolation period will be determined by the local Public Health Unit (PHU)
- Special arrangements, on a case-by-case basis may be needed for care of residents with dementia who need to be isolated based on a risk assessment
- Health and care staff and visitors in contact with residents with suspected, probable or confirmed COVID-19 should practice contact and droplet precautions
- If a resident is well enough they may leave the room for supervised exercise, but only if contact with other residents and health and care staff can be avoided. These sessions need to be scheduled and communicated within the team. The exercise area can be outside. It will be more difficult within corridors in zoned areas. Residents must wear a mask and perform hand hygiene prior to leaving the room and must not be coughing frequently<sup>8</sup>. If the resident has been identified as a 'falls risk' and wearing mask may increase the risk further, the mask can be removed if they have no contact with other residents.

For resident who are unable to be in a single room with an ensuite bathroom, the following priorities should be applied:

Single room with shared bathroom:

- 2 confirmed COVID-19 positive patients may share a common bathroom

Shared room with shared bathroom

- 2 confirmed COVID-19 positive patients may share a room and common bathroom
- Ill residents with COVID-19 sharing a room should be physically separated (more than 1.5 metres apart) with a privacy curtain between them drawn to minimise the risk of droplet spread.

Zoned area with multiple residents in rooms:

- A zoned area is isolated from the remaining RACF residents, health and care staff
- A central and separate area for donning of PPE to be available
- Doffing of PPE to be as close to the residents' room as possible to reduce health and care staff walking along corridors in contaminated PPE
- Limit the number of times that staff enter or exit the zoned area
- Provide an area for staff to take meals, maintain physical distancing
- Allocate PPE free zones.

## Waste management for COVID-19

Waste from patients or residents with confirmed COVID-19 does not require special/additional management and should be considered as general waste and segregated according to existing definitions<sup>6</sup>. Manage waste in accordance with routine waste stream procedures:

- PPE is considered general waste unless contaminated with blood and or body substances e.g. mucous, faeces, urine, vomit
- All non-clinical waste should be disposed of into general waste stream
- [Clinical waste](#) should be disposed of in clinical waste streams.

## Linen management for COVID-19

- Handle soiled laundry with minimum agitation to avoid contamination of the air, surfaces and persons (e.g. roll up)
- Used, soiled or wet linen should be placed into appropriate sealed laundry receptacle at the point of generation. Do not place used linen on furniture or the floor
- Clear leak-proof bags are to be used to contain linen that is heavily soiled with blood, other body substances or other fluids (including water)
- Linen bags should be securely closed and not filled completely as this will increase the risk of rupture in transit and potentially causing contamination from linen to floors, surfaces and/or health and care staff
- Reusable linen bags must be laundered before re-use
- Suspected, probable or confirmed COVID-19 residents' personal clothing to be transported to the laundry in a sealed bag and kept separate from other residents' personal clothing
- Staff working in laundry areas to use safe handling and transport of both dirty and clean linen
- Standard precautions apply when handling soiled and/or contaminated linen
- Keep linen away from clothes or uniform
- Hand hygiene using soap and water for 20 seconds or alcohol-based hand rub must be performed following the handling of used linen and before handling clean linen
- Laundry practices must comply with relevant standards and codes of practice<sup>7</sup>

- Clean linen is to be stored in a clean and dry area. It should not be stored with dirty linen. It should not be accessible to residents.

## Environmental cleaning for COVID-19

Routine and focussed cleaning and disinfection standards for all environments are required in all settings. Facilities should have procedures that detail the type of cleaning required, cleaning frequency, PPE required, chemicals required, cleaning equipment required and an mechanism to evaluate cleaning standards.

For focussed environmental cleaning for COVID-19:

- 2-step clean or 2-in-1 step clean
- Health and care staff should observe Contact and Droplet Precautions when cleaning a room or zone with a patient or resident with suspected, probable or confirmed COVID-19. The same applies following a discharge or transfer of a resident during a terminal clean of the room
- Following an AGP, e.g. resuscitation, use of a CPAP machine on a COVID-19 patient, cleaners should wear airborne precautions if cleaning within 30 minutes of the AGP
- Ensure adherence to the cleaning/disinfection product manufacturer's recommended contact time
- Use a Therapeutic Goods Administration (TGA) registered [hospital grade disinfectant](#) listed as an approved disinfectant for use against COVID-19. If disinfectants with specific claims are not available, use hospital grade disinfectant with proven virucidal activity (listed on TGA)
- Terminal clean room/zone on discharge or transfer from residents' rooms
- Minimise equipment and items in the resident's room including personal items owned by the resident (to reduce clutter). Some personal items may need to be put into storage during an COVID-19 outbreak. Excessive items or furniture should be cleaned, disinfected and stored dry for COVID-19 residents. This will reduce the amount of time spent cleaning residents' rooms daily during an outbreak

Table 3 Summary of cleaning requirements

Type of Cleaning	Standard Clean			Discharge clean		Spot and spill clean
	Chemicals and precautions	Cleaning Frequency	Cleaning Method	Chemicals and precautions	Cleaning Method	Cleaning method
<b>Standard clean</b>	Routine chemicals Standard Precautions	Routine for all elements	Routine for all elements	Routine chemicals Standard Precautions	Routine for all elements	Routine chemicals and using Standard Precautions and
<b>A single suspected, probable or confirmed COVID-19 RESIDENT</b>	Detergent and hospital grade disinfectant Contact and Droplet Precautions	Daily clean of residents' room. Target areas for 'deep' clean accessed by resident 48 hours prior to onset of symptoms	Routine for all elements in residents' room Thorough cleaning of items touched by resident 48 hours prior to onset of symptoms			Contact and droplet precautions  Clean immediately

Type of Cleaning	Standard Clean			Discharge clean		Spot and spill clean
	Chemicals and precautions	Cleaning Frequency	Cleaning Method	Chemicals and precautions	Cleaning Method	Cleaning method
A single suspected, probable or confirmed COVID-19 HW or aged care staff member	Detergent and hospital grade disinfectant  Contact and Droplet Precautions	Target areas for 'deep' clean accessed by HW or staff member 48 hours prior to onset of symptoms	Thorough cleaning of items touched by HW or staff member 48 hours prior to onset of symptoms			Any disposable cleaning items for clinical waste if cleaning a blood or body fluid spill
A confirmed outbreak with resident zones	Detergent and hospital grade disinfectant  Contact and Droplet Precautions	Daily room clean  Twice daily cleaning of HW or staff area within the zone	Routine for all elements in residents' room  Thorough and focused cleaning of donning and doffing stations	Detergent and hospital grade disinfectant  Contact and Droplet Precautions	Terminal clean	

Ref: adapted from Summary table cleaning requirements South Australia

Refer to the Cleaning of the Healthcare Environmental [Policy Directive](#) and [CEC Environmental Cleaning Standard Operating Procedures](#) for further information. NB: Use a chlorine-based product such as sodium hypochlorite if unsure of properties of your disinfectant provided by the facility. See [Appendix D](#) for a cleaning summary.

## Transporting individuals and groups

See [Appendix E](#)

# Preparing for, Identifying and Managing an Outbreak

## Pandemic plans

Preparing for an outbreak will require identification, response, management and escalation. Each RACF must have a plan that will protect health and care staff, residents and reduce the severity and duration of an outbreak. The plan should be practical and able to be immediately activated if a potential outbreak is identified.

See [Appendix A](#) for links to outbreaks resources for RACFs.

See [Appendix C](#) for an example of a response and escalation plan summary based on the number of COVID-19 positive residents or health and care staff.

## Joint Protocol for RACFs

The Commonwealth Government (Department of Health, Aged Care Quality and Safety Commission) and the NSW Government (NSW Ministry of Health) have formalised a [joint protocol](#) to:

- Outline roles and responsibilities for relevant stakeholders from Commonwealth, NSW Health, Aged Care provider, CEC and Local Health Districts (LHD), including infection prevention and control.
- Governance structures to control a COVID-19 outbreak. It requires a response from various stakeholders, working in coordination to prevent, recognise, respond and manage an outbreak
- Escalation procedures
- Expectations for information sharing
- Timeframes for response, decision making and action
- Accountability of provider.

A single positive case of COVID-19 (resident or staff member) is classified as an outbreak. Each outbreak will differ according to the circumstances of the RACF, therefore the application of the protocol will be applied based on identifying and understanding the features of the outbreak.

Each LHD/SHN is to develop a dynamic Outbreak Management Plan (OMP) for managing an outbreak within a RACF that is within their jurisdiction. Residential aged care providers will be the lead agency for managing outbreaks within their aged care facility.

If an LHD/SHN is required to respond to an outbreak at a local RACF, [Appendix B](#) provides a rapid risk assessment document to determine the immediate risks for the RACF.

## Disability Residential Facilities

[Information for disability support providers - How to identify a potential COVID-19 outbreak in a residential facility and what to do next](#)

This information provides step by step actions on identifying and actioning a potential COVID-19 outbreak in a residential facility. Links are provided to additional resources to support managers in identifying and managing an outbreak.

Disability residential facilities will require a COVID-19 outbreak management plan as outlined for RACFs.

## Appendix A: Links to Resources

Outbreaks	
<ul style="list-style-type: none"> <li>Video on NSW Health role in providing public health advice in the management and prevention of infectious diseases, and how we can provide specialist health care to residents of aged care facilities when they need it. The video also raises awareness of the importance of understanding and respecting the wishes of residents, particularly around advance care directives.</li> <li>Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW</li> <li>COVID outbreak governance – residential aged care facilities</li> <li>NSW COVID-19 Incident Action Plan for a public health response to a confirmed case of COVID-19 in an Aged Care Facility</li> </ul>	<a href="https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-outbreak-management.aspx">https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-outbreak-management.aspx</a>
<ul style="list-style-type: none"> <li>This checklist is designed to guide and assist residential aged care facilities in identifying and managing an outbreak of COVID-19.</li> </ul>	<a href="http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0012/596586/COVID-19-Outbreak-Management-Checklist-for-Residential-Aged-Care-Facilities.pdf">http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0012/596586/COVID-19-Outbreak-Management-Checklist-for-Residential-Aged-Care-Facilities.pdf</a>
<ul style="list-style-type: none"> <li>This document is designed to guide and support Residential Aged Care Facilities (RACFs) to assess their preparedness for a potential COVID-19 outbreak.</li> </ul>	<a href="http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0005/596588/COVID-19-Outbreak-Management-Preparedness-Assessment-for-Residential-Aged-Care-Facilities.pdf">http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0005/596588/COVID-19-Outbreak-Management-Preparedness-Assessment-for-Residential-Aged-Care-Facilities.pdf</a>
<ul style="list-style-type: none"> <li>Infection Control Monitoring Checklist for regulatory officials visiting an aged care facility</li> </ul>	<a href="https://www.agedcarequality.gov.au/media/88322">https://www.agedcarequality.gov.au/media/88322</a>
<ul style="list-style-type: none"> <li>CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia version 3.0</li> </ul>	<a href="https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf">https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf</a>
<ul style="list-style-type: none"> <li>The first 24 hours – Managing COVID-19 in a residential aged care facility</li> </ul>	<a href="https://www.health.gov.au/sites/default/files/documents/2020/07/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility-first-24-hours-managing-covid-19-in-a-residential-aged-care-facility_1.pdf">https://www.health.gov.au/sites/default/files/documents/2020/07/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility-first-24-hours-managing-covid-19-in-a-residential-aged-care-facility_1.pdf</a>



<ul style="list-style-type: none"> <li>Coronavirus (COVID-19): Plan for the Victorian Aged Care Sector Version 4 20 August 2020</li> </ul>	<a href="https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan">https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan</a>
<h3>Keeping health and aged care staff and RACFs safe during COVID-19</h3>	
	<a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector/working-arrangements-for-the-health-aged-care-and-disability-workforce-during-covid-19">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector/working-arrangements-for-the-health-aged-care-and-disability-workforce-during-covid-19</a>
<h3>COVID-19: Updated advice for health professionals as of 24 September 2020</h3>	
	<a href="https://www.health.nsw.gov.au/Infectious/covid-19/Pages/advice-for-professionals.aspx">https://www.health.nsw.gov.au/Infectious/covid-19/Pages/advice-for-professionals.aspx</a>
<h3>Monitoring Residents during an outbreak</h3>	
<ul style="list-style-type: none"> <li>COVID-19 daily screening tool for residents. 3 sections to be completed on changes within 24 hours, symptoms and screening/care provided.</li> </ul>	<a href="https://www.dhhs.vic.gov.au/covid-19-screening-tool-residential-aged-care-services-doc">https://www.dhhs.vic.gov.au/covid-19-screening-tool-residential-aged-care-services-doc</a>
<h3>Guidelines and resources</h3>	
<p><b>1. <u>National</u></b></p> <p><a href="#">COVID-19: Advice for aged care services</a></p> <p><a href="#">Commonwealth aged care resources.</a></p> <p><a href="#">Residential aged care facility outbreak management</a></p> <p>National Expert Committee Recommendations</p> <p><a href="#">Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission of COVID-19</a></p> <p><a href="#">COVID-19 Infection Prevention and Control for Residential care facilities</a></p>	
<p><b>2. <u>Aged Care</u></b></p> <p><a href="#">Advice for staff working in and moving between NSW Health Residential Aged Care (SGRACFs and MPSs) and other NSW Health facilities during the COVID-19 pandemic</a></p> <p>Published: 09/06/2020   Last updated: 18/09/2020</p> <p><a href="#">Caring for the wandering person during COVID-19</a></p> <p>Published: 31/07/2020</p> <p><a href="#">COVID-19 and delirium</a></p> <p>Published: 04/06/2020</p>	

[COVID-19 care planning and resources](#)

Published: 03/06/2020 | Last updated: 07/08/2020

[Discharging new and returning residents to aged care facilities during COVID-19](#)

Published: 15/04/2020

[Talking to relatives - your guide to compassionate phone communication during COVID-19](#)

Published: 31/07/2020

[Visitor Guidelines for NSW Health Residential Aged Care Services \(SGRACFs and MPSs\) during the COVID-19 pandemic](#)

Published: 25/06/2020 | Last updated: 07/07/2020

[NSW Health Aged Care Community of Practice](#)

### **3. Disability**

[Making it Simple to Share Important Information - People with Disability](#)

Published 01/09/2020

[NSW Health Disability Community of Practice](#)

### **4. Drug and Therapy**

[Administration of Schedule 8 medications and second person checks within an isolation room](#)

Published: 10/07/2020

[Hospital pharmacist initiation and administration of vaccines](#)

Published: 10/07/2020

[NSW Health Interim guidance on the use of antiviral and immunomodulation therapy in COVID-19](#)

Published: 26/03/2020 | Last updated: 28/08/2020

### **5. General**

[Guidance for community-based and outpatient health services](#)

Published: 22/04/2020

[Surge capacity management - adapting and commissioning clinical spaces](#)

Published: 17/04/2020

## 6. Handling of deceased patients

[Handling of deceased bodies with suspected and confirmed COVID-19 by hospital staff \(non-Coroners\)](#)

Published: 03/04/2020 | Last updated: 06/05/2020

[NSW State Coroner's Advice: Identification of Deceased](#)

Published: 21/04/2020

[Reporting of COVID deaths to the coroner](#)

Published: 31/03/2020 | Last updated: 22/04/2020

## Visiting Residential Aged Care Home

- . The 'Industry Code for Visiting Residential Aged Care Homes during COVID-19' was released by 13 aged care peak bodies and consumer advocacy organisations on 12 May 2020. The Code creates a Nationally consistent approach that ensures residents can receive visitors while minimising the risk of spreading COVID-19. It was reviewed and last updated on 3 July 2020.

<https://www.cota.org.au/policy/aged-care-reform/agedcarevisitors/>

- . Visitor Guidelines for NSW Health Residential Aged Care Services (SGRACFs and MPSs) during the COVID-19 pandemic
- . Key legislation, policy and guidance about visitor restrictions
- . Complying with the NSW Public Health Order
- . Screening visitors and staff
- . Flu vaccination requirement
- . Strategies to enable visitor access during COVID-19
- . Visitor and visitor numbers
- . Strategies for consideration in NSW State Government Residential Aged Care Facilities (SGRACFs) and MPSs
- . Exceptional circumstances

<https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/guide-visitor-sgracf-mps.aspx>

<b>Protection in the workplace</b>	
<ul style="list-style-type: none"> <li>. Hygiene and cleaning</li> <li>. Personal Protective Equipment (PPE) for the health workforce</li> <li>. Mental health for the health workforce</li> <li>. Providing health care face to face</li> <li>. Providing health care remotely</li> <li>. Managing COVID-19 in a disability care</li> <li>. Remdesivir – information for clinicians</li> </ul>	<a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector</a>
<b>Clinical placements</b>	
<ul style="list-style-type: none"> <li>. NSW Health will continue to offer safe, risk-assessed clinical placements where possible, ensuring compliance with the Order. The Order supports facilities continuing student clinical/work placements. Placements can continue in aged care facilities with students required to pass screening to enter the facility.</li> </ul>	<a href="https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/guide-visitor-sgracf-mps.aspx">https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/guide-visitor-sgracf-mps.aspx</a>
<b>Food Safety</b>	
<ul style="list-style-type: none"> <li>. Guidelines for food service to vulnerable persons</li> </ul>	<a href="https://www.foodauthority.nsw.gov.au/sites/default/files/Documents/industry/guidelines_vulnerable_persons.pdf">https://www.foodauthority.nsw.gov.au/sites/default/files/Documents/industry/guidelines_vulnerable_persons.pdf</a>
<b>References</b>	
<ol style="list-style-type: none"> <li>1. <a href="#">UpToDate: management in nursing homes and short term rehabilitation facilities</a></li> <li>2. <a href="#">WHO Q&amp;A: Older people and COVID-19</a></li> <li>3. <a href="#">CDC Older Adults</a></li> <li>4. <a href="#">Coronavirus (COVID-19) advice for older people</a></li> <li>5. <a href="#">Training Support Guide: How to develop a staff education and training strategy to help implement a palliative approach in residential aged care</a></li> <li>6. <a href="#">NSW Health Clinical and Related Waste Management for Health Services PD 2017_026 2017</a></li> <li>7. <a href="#">Codes of Practice for Public Healthcare Operated laundries and Linen Services 2012: Australian Healthcare laundry and Linen Services Association</a></li> <li>8. <a href="#">Infection Control Expert Group COVID-19 Infection Prevention and Control for Residential Care Facilities, April 2020</a></li> </ol>	

## Appendix B Immediate Assessment Checklist by the LHD at the RACF (for an outbreak)

Outbreak Assessment Protocol Questions	Yes	Comments	Risk Level Mitigation	Action Required	Responsibility
	No NA		Low – within 48 hours Medium – within 24 hours High - immediate		
<b>PHYSICAL ENVIRONMENT</b>					
Can staff and residents cohort appropriately?					
Can staff and resident socially distance appropriately?					
Is the facility separated into smaller buildings, or is it one large connected building?					
Has appropriate signage (re: infection prevention protocols) been arranged?					
Has appropriate zoning for the relevant areas been implemented?					
<b>STAFFING</b>					
Is there an adequate skill mix of staff?					

Outbreak Assessment Protocol Questions	Yes	Comments	Risk Level Mitigation	Action Required	Responsibility
	No NA		Low – within 48 hours Medium – within 24 hours High - immediate		
Were staff observed to be using appropriate infection prevention methods?					
Has there been adequate input from/consultation with infection prevention staff?					
Have all staff been screened prior to commencing work (temperature, questions regarding visits to areas of increased testing and onset of symptoms)?					
Have staff received infection prevention and control education to enable them to understand what to do in an outbreak situation?					
Have staff received appropriate PPE education for donning and doffing?					
Has staff competency regarding infection prevention					

Outbreak Assessment Protocol Questions	Yes	Comments	Risk Level Mitigation	Action Required	Responsibility
	No NA		Low – within 48 hours Medium – within 24 hours High - immediate		
(PPE donning and doffing) been assessed?					
<b>PPE (UTILISATION AND SUPPLY)</b>					
Were staff observed to be complying with PPE protocols?					
Is there adequate PPE stock?					
Has PPE been appropriately stored?					
Is the PPE fit-for-purpose?					
Does PPE meet all relevant standards?					
How often are PPE supplies restocked?					
Who are the PPE suppliers eg central store managed by the RACF provider or supplied by the facility?					
<b>CORPORATE SERVICES (E.G. CLEANING AND LAUNDRY)</b>					

Outbreak Assessment Protocol Questions	Yes	Comments	Risk Level Mitigation	Action Required	Responsibility
	No NA		Low – within 48 hours Medium – within 24 hours High - immediate		
Is soiled/contaminated waste being disposed of appropriately?					
Are staff wearing PPE when handling soiled/contaminated waste?					
Are bins being emptied regularly?					
Is clinical waste being disposed of in dedicated clinical waste bins?					
Are daily cleans being conducted for resident rooms and bathrooms (including a bleach disinfectant)?					
Are surfaces and equipment being properly cleaned with disinfectant wipes?					
Is there a program for frequent cleaning of high touch points?					



Outbreak Assessment Protocol Questions	Yes	Comments	Risk Level Mitigation	Action Required	Responsibility
	No		Low – within 48 hours Medium – within 24 hours High - immediate		
NA					
<b>MANAGEMENT AND GOVERNANCE</b>					
Are management teams appropriately involved and engaged?					
Have the roles and responsibilities of staff clearly defined?					
Are resources and supplies being appropriately coordinated through management teams?					
Are staff being communicated with clearly and consistently?					
Is there a documented and clear communication strategy – staff, residents and their families.					
Has clinical management and oversight of the situation been established and defined?					

## Appendix C Example of a response and escalation summary plan

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
1	Single room	<ul style="list-style-type: none"> <li>PPE Contact and Droplet Precautions</li> <li>PPE donning and doffing competency</li> <li>Hand hygiene</li> <li>Patient education on hand hygiene, respiratory etiquette, not leaving the room</li> <li>Reporting if you are sick</li> <li>Importance of physical distancing, respiratory hygiene and, if required, wearing of surgical masks</li> </ul>	<ul style="list-style-type: none"> <li>Routine daily cleaning</li> <li>If resident had contact with any specific areas or equipment or activity items, they will require a thorough or 'deep' clean with detergent and disinfectant</li> </ul>	<ul style="list-style-type: none"> <li>Notify local Public Health Unit</li> <li>Notify LHD contact</li> <li>Notify leadership team</li> <li>Notify RACF staff - plan of action for resident</li> <li>Education available</li> <li>Visitor/family members on situation and visiting information</li> <li>Notify resident's GP</li> <li>Observation of residents – clinical symptoms and/or change of condition. Escalate any changes</li> <li>Staff to report any symptoms for COVID-19</li> <li>Involvement and support from LHD – who will be on site and why</li> </ul>	<ul style="list-style-type: none"> <li>Initiate Outbreak Management Plan</li> <li>Staff contacts to be furloughed until they meet the clearance criteria</li> <li>Monitor notifications of staff absenteeism with symptoms</li> <li>Determine vulnerability of residents</li> <li>Prepare for site visit from LHD</li> <li>Understand staff who work across other RACF, non-health related businesses and acute care facilities</li> </ul>
<b>PLUS</b>					
2-3	Single rooms  Zone infected residents together away from other residents	<ul style="list-style-type: none"> <li>Hand Hygiene</li> <li>Communication and Clinical Handover – what to include</li> <li>Catering and serving food to infected residents – handling of meal trays</li> <li>Observation or buddy staff for donning and doffing PPE</li> <li>Importance of physical distancing, hand hygiene and wearing of surgical masks</li> <li>Outbreak management plan requirements</li> </ul>	<ul style="list-style-type: none"> <li>Hand hygiene</li> <li>Rooms with infected residents to be cleaned last</li> <li>Cleaning staff to wear Contact and Droplet Precautions PPE</li> <li>Use detergent and disinfectant for cleaning of rooms with infected residents</li> </ul>	<ul style="list-style-type: none"> <li>Develop formal communication to all staff – documented to enable consistent messages</li> <li>Keep family members up to date</li> <li>Staff - Importance of physical distancing, hand hygiene and wearing of surgical masks</li> <li>Changing to zones – what this means and what staff will be caring for these residents</li> <li>Staff who work across other RACF, non-health related</li> </ul>	<ul style="list-style-type: none"> <li>Closure of activity and dining areas</li> <li>Residents in zone area to remain in their room – unless they can be moved outside the zone</li> <li>Begin line listing for residents with symptoms, undergoing tests or are unwell</li> <li>Reduce opportunities for staff to congregate in rooms</li> </ul>

## Appendix C Example of a response and escalation summary plan

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
		<ul style="list-style-type: none"> <li>How to look after and clean donning and doffing stations</li> </ul>		businesses and acute care facilities – reporting to RACF senior management	<ul style="list-style-type: none"> <li>Review workflows, entry and exit areas</li> <li>Review delivery and pick up services – to the RACF</li> <li>Review linen management and resident laundry requirements</li> <li>Set up donning and doffing stations</li> <li>Consider if new residents will be admitted</li> <li>Review staffing levels and skill mix in zoned area</li> <li>Risk assess staff who work across other RACF, non-health related businesses and acute care facilities</li> </ul>
<b>PLUS</b>					
4-6	Single rooms  Zone infected residents together away from other residents – consider a separate wing or building for these residents	<ul style="list-style-type: none"> <li>Revise PPE Contact and Droplet Precautions</li> <li>PPE donning and doffing competency</li> <li>Hand hygiene</li> </ul>	<ul style="list-style-type: none"> <li>Clean staff areas in the COVID zone for donning/doffing and eating twice per day</li> </ul>	<ul style="list-style-type: none"> <li>Staff to report fatigue and any other issues related to working longer hours in COVID zone</li> </ul>	<ul style="list-style-type: none"> <li>Assess if any staff require accommodation near RACF or away from vulnerable household members</li> <li>Wearing of a coloured disposable hair covering or other distinguishing feature to identify staff allocated to zone – will need to ensure this is included in donning/doffing education and assessments</li> <li>Develop an auditing/observation audit for:</li> </ul>

## Appendix C Example of a response and escalation summary plan

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
					<ul style="list-style-type: none"> <li>○ PPE donning/doffing</li> <li>○ Hand hygiene</li> <li>○ Environmental cleaning</li> <li>○ Physical distancing between staff</li> </ul>
<b>PLUS</b>					
6 or more	Single rooms Zone infected residents together away from other residents - consider a separate wing or building for these residents	<ul style="list-style-type: none"> <li>• One on one education as required</li> </ul>			<ul style="list-style-type: none"> <li>• Consider if a GP is required onsite to perform daily clinical assessments</li> </ul>

## Appendix D: Cleaning Summary

Process/ surface	Safety tips
<b>Clean</b>	<p>Clean hard surfaces with a detergent wipe or combined detergent/disinfectant</p> <ul style="list-style-type: none"> <li>• Wear gloves to clean (clean hands before putting on and after removing them)</li> <li>• Use disposable cloths or change cloths after cleaning a room/area</li> <li>• Bathrooms and toilets require separate cloths</li> <li>• Use firm cleaning strokes in an 'S' pattern (top to bottom) and clean in sections. 'Cleaner' areas should be cleaned before 'dirtier' areas</li> <li>• Focus on high touch points such as doorknobs, light switches, countertops, handles, chairs, keyboards, desks, phones, bathrooms, sinks, writing materials (if shared)</li> <li>• Remove gloves when the cleaning is completed and perform hand hygiene</li> <li>• Cleaning and decontamination of cleaning equipment eg vacuums, mops, cleaning trolley and buckets.</li> </ul>
<b>Disinfect</b>	<p>After cleaning, use a disinfectant wipe or spray if required (e.g., resident, health and care staff or visitors frequently touched surface, equipment or device – high touch surfaces)</p> <ul style="list-style-type: none"> <li>• Some manufacturers have a disinfectant/detergent disposable cloth. These are suitable for cleaning</li> <li>• Diluted household bleach solution may be suitable (follow instructions on bottle)</li> <li>• Don't mix a detergent and disinfectant together in a bucket or container – they do not mix</li> <li>• Let the disinfectant dry – it requires a certain amount of contact time to disinfect the surface. Check manufacturer's instructions for use</li> <li>• Wear gloves to disinfect (clean hands before putting on and after removing them)</li> <li>• Remove gloves when the disinfection is completed</li> <li>• Use an <a href="#">approved hospital grade disinfectant</a> for COVID-19</li> </ul>
<b>Soft surfaces</b>	<p>These include carpeted floor, rugs, curtains, blinds, fabric covered chairs</p> <ul style="list-style-type: none"> <li>• Vacuum daily</li> <li>• Spot clean as required with a suitable cleaning agent</li> <li>• Wear gloves to clean (clean hands before putting on and after removing them)</li> </ul>
<b>Electronics</b>	<p>Items such as phones, touch screens, keyboards, remote controls, tablets</p> <ul style="list-style-type: none"> <li>• Consider having a wipeable cover if able</li> <li>• Clean after use</li> <li>• Check manufacturer's instructions for cleaning and types of cleaning chemicals that are able to be used</li> <li>• Check that cloths are compatible with the electronic device</li> <li>• Health and care staff to keep personal electronic devices out of resident access areas. They should not be accessed during working hours</li> </ul>
<b>Mechanical equipment</b>	<ul style="list-style-type: none"> <li>• Ensure resident does not have any sensitivities or allergies to chemicals</li> <li>• If resident is suspected, probable or confirmed COVID-19, cleaning of their medical/mechanical equipment should occur frequently: at least daily</li> <li>• Patient/clients should have a regular cleaning schedule for their medical/mechanical equipment</li> </ul>

Process/ surface	Safety tips
<b>Biomedical Equipment</b>	<ul style="list-style-type: none"> <li>• Equipment should be cleaned according to the manufacturer's instructions</li> <li>• Equipment must be cleaned between use</li> </ul>
<b>Shared activity items</b>	<ul style="list-style-type: none"> <li>• Allocate to one resident</li> <li>• Check that any cleaning product/chemical is compatible with the item</li> <li>• The item must be cleaned at the end of the activity</li> <li>• Separate clean and used items</li> <li>• Ensure that items are dry before they are stored</li> </ul>

## Appendix E: Transport

Determine the number of health and care staff or residents who should travel together in the same motor vehicle. The number of people within a vehicle will depend on the size of the vehicle and the seating arrangements required. The principles of hand hygiene, placement of bags, seating arrangements and air flow in the motor vehicle should be observed and practiced.

Perform a local risk assessment on the number of health and care staff or residents who should travel together in a motor vehicle. The local risk assessment may include:

1. All passengers are well and have no acute respiratory symptoms. Particularly those symptoms that are usually classified as mild e.g. scratchy throat, 'bit of a sniffle'
2. All passengers are able to perform hand hygiene prior to getting into the motor vehicle
3. All have completed their annual flu vaccination
4. All bags can be placed in the boot or on the floor
5. There is no sharing of drinks, snacks or other food
6. All passengers are able to remind each other regarding the touching of their face
7. There is no touching or sharing mobile devices (individual HW passengers may accept work related phone calls or check emails). These mobile devices are regularly cleaned
8. The motor vehicle is kept clean and high touch surfaces are cleaned between different drivers
9. And include other risks that are specific to the local team e.g. equipment that requires 2 people to carry

The vehicle air flow should be checked to minimise recirculation (i.e. recirculated air flow – option to outside fresh air position, otherwise the air flow will be from the passenger compartment through the heating/cooling vents). This setting will depend on the motor vehicle.



Cleaning of the motor vehicle is to occur at the end of the journey. Remove any visible contamination with detergent and disinfectant wipes. Clean the seat area, door handles or other areas touched by residents, health and care staff with detergent wipes.

## Appendix F: Option for Telehealth

The Australian Government has set up Medicare Benefits Schedule and Department of Veteran's Affairs items for all doctors, nurses, allied health and mental health professionals to deliver services via Telehealth. See Australian Government website: [COVID-19 National Health Plan – Primary Care – Bulk Billed MBS Telehealth Services for details](#). The Agency for Clinical Innovation (ACI) has developed [guidance documents for Telehealth](#) within NSW regarding the option for using telehealth modalities, resident/carer information and training resources.

Telehealth may not be suitable for all residents. Each of the RACFs, multipurpose services, community residential care group homes, hostels and refuges will need to review their list of residents to determine the level of support, care or treatment that is required. The level of support must include consideration of the risk or benefit of face-to-face appointments versus telehealth options, or a combination of both. This information is to be shared between healthcare providers and services involved in the residents care and support. Any risks related to COVID-19 infection are to be included in the communication e.g. mandated 14 day self-isolation, development of COVID-19 symptoms and currently being tested, household member tested positive for COVID-19.



## Appendix G: Basic Principles for Contact Tracing

Contact tracing is a well-established process within NSW Public Health Units (PHUs), NSW Ministry of Health and healthcare facilities to:

- identify potentially exposed individuals
- inform them of their potential exposure
- collect relevant information on the type and duration of contact
- help them take appropriate action to protect their health
- prevent further transmission.

NSW Health follows the definition of a 'contact' in the [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#). As the definition has been refined over time, the latest information should be checked prior to undertaking any contact tracing.

Local PHUs will provide advice, templates for collecting information and/or assist with contact tracing.




Contact Details for individual PHUs: <https://www.health.nsw.gov.au/infectious/pages/phus.aspx>

### Contact the Public Health Unit (1300 066 055)

If you are notified of a positive COVID-19 test result, need advice, or have concerns about the ability of a patient, aged or care staff to self-isolate, contact the Public Health Unit on 1300 066 055.

## Appendix H: Standard, Contact, Droplet and Airborne Precautions

See CEC website: [Standard and Transmission Based Precautions](#) and [PPE Training Modules](#)

Standard, Contact, Droplet and Airborne Precautions			
<p>Standard Precautions</p>	<p>Standard Precautions apply for healthcare providers for patient/client care and comprise</p> <ul style="list-style-type: none"> <li>• hand hygiene</li> <li>• respiratory hygiene (cough etiquette)</li> <li>• PPE if in contact with blood or body substances</li> <li>• aseptic technique for clinical procedures</li> <li>• occupational exposures prevention</li> <li>• cleaning and disinfection of the healthcare environment and shared patient care equipment</li> <li>• appropriate waste disposal.</li> </ul>		
<p>Type of PPE</p>	<p>Fluid resistant apron* or long-sleeved gown.</p> <p><i>*Apron use should be considered based on your anticipated contact/exposure to droplets while caring for symptomatic COVID-19 patients.</i></p>	<p>Fluid resistant surgical mask</p> 	<p>Eye Protection (Safety Glasses OR Face shield)</p> <p>NB: Prescription glasses are not enough protection. Eye protection to be worn over prescription glasses</p>
<p>Precautions</p>	<p><b>Contact &amp; Droplet</b> If direct contact with a suspected, probable or confirmed COVID-19 patient/client</p> 		<p><b>Contact, Droplet &amp; Airborne</b> If performing an AGP</p> 

## Standard, Contact, Droplet and Airborne Precautions

### Suggested Donning and Doffing Sequence

#### Suggested Donning Sequence (putting on PPE)

1. Perform hand hygiene
2. Apron or gown
3. Mask
4. Eye protection or face shield
5. Disposable non-sterile gloves when in direct contact with the patient/client

#### Suggested Doffing Sequence (removal of PPE)

1. Gloves
2. Perform hand hygiene
3. Apron or gown
4. Perform hand hygiene
5. Eye protection or face shield
6. Perform hand hygiene
7. Mask

NB: Hand hygiene must be performed before bringing hands towards face – *clean hands, clean face.*