GUIDE FOR HOME CARE PROVIDERS

Contents

Overview and purpose

This document provides guidance for providers to manage during the COVID-19 Pandemic. It is aimed at providers of supports and services that assist people living at home. This includes:

- Home Care providers,
- Commonwealth Home Support Program providers, and
- those providing support to people with disability.

The direct care workforce includes disability support workers, aged care workers, personal care workers, nurses, administration and support staff and allied health professionals. This document refers to 'staff' or 'care workers' to recognise the range of workers employed in care services. The person receiving care is referred to as a 'consumer'.

Preparation guide for in-home care providers

ORGANISATION PLANNING

- Review clinical governance processes and how they apply to the current situation, which may change rapidly. Develop plans with local GPs and other primary care professionals to agree on processes and communications if consumers' care needs change.

- Review business continuity plans and consider how the service will respond if staff are unwell or unable to work, this may include deploying an alternative workforce.

- If parts of your organisation have closed (e.g. community based activities, day activity centres or day respite) consider how staff can be redeployed according to their skills and personal circumstances.

- Consider whether your organisation can implement flexible work hours in order to maintain services.

- Consider which teams need to extend operational hours, or link to other services (such as out of hours general practice) to provide the best possible care for consumers in the community.

- Consider how to contact consumers who are temporarily not receiving services to monitor their safety and wellbeing. The organisation might explore alternative models of care, including tele-care, to provide advice and guidance to consumers their families and support networks.

- Identify the contact details for your local Population/Public Health Unit so that you can seek specific advice about the impact of any COVID-19 cases occurring in your workforce or amongst your consumers;

- Be aware of COVID-19 incident state or territory notification and Safe Work Australia requirements that apply in your jurisdiction.

ACCESSING PERSONAL PROTECTIVE EQUIPMENT (PPE) & OTHER RESOURCES

- Everyone seeking access to masks and other PPE from the National Medical Stockpile should continue attempts to purchase through commercial channels.

- Aged care providers that require PPE from the National Medical Stockpile should email agedcarecovidppe@health.gov.au for all requests.

- NDIS providers and NDIS self-managing participants who require Personal Protective Equipment (PPE) and cannot obtain these through usual means should email NDIScovidppe@health.gov.au for all requests.

- The following information must be provided in your email request:

  o the facility, program or service requiring PPE

  o if you have had a confirmed case of COVID-19 at your facility, program or service

  o types and quantities of PPE required – please note, only masks are available at this stage and other PPE will be provided when available

  o details of other suppliers you have attempted to source PPE stock from.

- In addition, confirm that hand sanitiser and/or liquid soap is available for staff delivering face to face care.

- Monitor stock levels of PPE, and implement measures to reduce opportunities for theft.

- Review cleaning practices, and implement regular, scheduled cleaning of frequently touched objects and services (several times a day, or when visibly soiled).

- Ensure there is adequate stock of soaps, hand sanitiser and [disinfectants](#).

STAFF

- Clearly communicate to staff that **monitoring their own health will help ensure that the people they care for are protected and safe.**

  It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If staff have any symptoms of illness, including cold or flu-like symptoms, they should not go to work, even if their symptoms are mild. Symptoms may include:

  o fever
  o cough
  o shortness of breath
  o sore throat
  o Headache
  o loss of smell
  o loss of taste
  o runny nose,
  o muscle pain
  o joint pain
  o diarrhoea
  o nausea/vomiting
  o loss of appetite.

  If they have any symptoms they:
  o must self-isolate
  o should be assessed by a medical professional, and
  o may need testing for COVID-19.

  Staff must not return to work until cleared by a medical professional.

- Review and update all staff contact details, and emergency contact details.

- Provide regular updates to staff as new information is released. Also notify staff when there is any change to processes and priorities. Identify how you will communicate regularly with staff and who is responsible for contacting staff.

- Identify any staff members in at risk groups. Also identify staff who are unwilling to deliver face to face care, and in what circumstances.

- Identify whether these staff can be redeployed to alternative roles, such as:

  - o making phone calls to consumers who are unwell at home
  - o monitoring daily staffing and updating supervisors
  - o contacting families of any concerns or emergencies
  - o completing paperwork etc.

- Identify who staff should contact if they are unwell or are unable to come to work. Provide that person's contact details to all staff.

- Keep records of training, particularly training relating to infection prevention and control.

- Identify the moments of hand hygiene, when delivering care to consumers in the community. The moments are:
  - o immediately before entering the home
  - o before touching the consumer
  - o after touching the consumer or surfaces within their home
  - o immediately after exiting the home.

- Confirm all staff have access to of liquid soap and hand sanitiser.

- Confirm whether the organisation has developed procedures to address unforeseen circumstances. Identify who will be responsible for managing and coordinating the response.

- Identify who is responsible for providing information to consumers and families as situations change.

- Keep a record of staff members who have recovered from COVID-19.

- Encourage and promote flu vaccination. Keep records of staff immunisation.

CONSUMERS

- Update consumers' records, including their contact details, emergency contact details, and current GP.

- Make a record of any consumers who may only be contacted by a face to face visit. For example, the consumer may not have a phone, or may be unable to use the phone independently.

- Consider the implications for each consumer, if the delivery of a service is interrupted. For example:
  - - the risk to the consumer might be low if the provider is unable to mow the consumer's lawn.
  - - For other essential services (such as cooking) the provider may need to consider alternative delivery models. This could include delivering premade meals to mitigate the high risk to the consumer.

- Make contact with the consumer's family members and friends, to discuss alternative delivery models if required. Identify whether the consumer has family or friends who can provide assistance in the short-term if the delivery of services is interrupted. For example they may be able to cook meals for the consumer.

- Identify whether the consumer has the support of family or friends to do online shopping for groceries, and/or delivery of medications.

- Identify any consumers who are considered to be at high risk of serious illness from COVID-19. This includes:
  - o people aged 70 years and over
  - o people aged 65 years and over with chronic medical conditions
  - o Aboriginal and Torres Strait Islander people aged 50 years and over with chronic medical conditions, and
  - o people with compromised (weakened) immune systems

- Provide consumers and their family members with a phone number to call if there is any change to their health condition or circumstances. The number must be monitored by a staff member with the capacity to provide advice, assess risk, and notify relevant parties. Changes to condition or circumstance might include:

  o if they are in self-isolation
  o have been in contact with a confirmed COVID-19 case, or
  o develop symptoms suggestive of COVID-19.

- Identify any consumers at risk of harm due to their non-compliance with public health requirements, for example. hand hygiene, or self-isolation. Document their risks on their consumer record.

- Identify consumers who have advance care plans, healthcare or support plans, and keep a copy if possible.

- Encourage advance care, healthcare or support planning, and discussion between consumers, their doctors and families to clarify wishes and intentions.

- Encourage and promote flu vaccination.

- Encourage pneumococcal pneumonia vaccination where appropriate.

- If other organisations or volunteers are involved in the care of consumers, maintain contact and assist in times of need.

- Consider how volunteer groups can stay in touch with consumers to provide psychosocial support, especially consumers who have become socially isolated. See 'Resources' for more information.

CONSUMERS' EMERGENCY PLANS AND READINESS

- Develop an emergency plan for use by consumers, their carers and staff.

- The emergency plan should contain:

  o details of the name, address and other contact details of the consumer;

  o emergency contacts, such as their friends, family, legal representative, or others;

  o details of any medications they take, including dose and frequency;

  o details of current GP and any other relevant professionals;

  o details of any ongoing treatment; and

  o details of the advanced care plan (if the consumer has one).

- Encourage the consumer to ask their GP for a shared health summary on their MyHealthRecord (if the consumer has not opted out). Update the shared health summary as applicable.

- Consumers who are at risk should have a hospital bag prepared. Include in the bag a copy of their emergency plan, details of any planned care appointments and things for an overnight stay (snacks, pyjamas, toothbrush, medication, etc.) Remember to pack phone and charger.

MEDICAL CONSIDERATIONS

- Make a list of any services which the consumer's GP can deliver to keep them safe. These could include telehealth consultations, flu vaccination, testing for COVID-19 (where required), and advice on local testing arrangements etc.

- Keep up to date with the current protocols and logistics for admission to local hospital services.

How to protect staff and consumers
INFECTION CONTROL AND THE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Staff should complete the online training module at https://covid-19training.gov.au/ to understand how COVID-19 is transmitted.

When caring for consumers with undiagnosed respiratory infections and other symptoms that could be COVID-19 (a fever, cough, shortness of breath, sore throat, headache, loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea , nausea/ vomiting, loss of appetite), staff should use standard, contact and droplet based precautions.

Standard precautions are infection prevention practices always used in health and care settings. The precautions are to:

- o   Perform hand hygiene, before and after every episode of contact with another resident/client;
- o   Safely use and dispose of sharps;
- o   Routinely clean the environment as well as clean and sanitise re-suable equipment;
- o   Conduct and encourage respiratory hygiene and cough etiquette
- o   Avoid touching where possible when there is a risk of spreading disease ;
- o   Managing waste and linen appropriately
- o   Use personal protective equipment (PPE) when in contact with blood and body fluids (secretions and excretions excluding sweat) or if the staff member has a break in their skin. Skin is a natural barrier to the spread of infection.

Contact and droplet precautions are additional precautions required when caring for consumers with suspected or confirmed COVID-19, with any respiratory illness or with other symptoms that could be COVID-19. Contact and droplet precautions include donning (putting on) gloves, surgical masks, and gown and may include protective eyewear.

If PPE is required, then staff must use new PPE for each episode of personal care:

- o   Do not re-use the same gown, surgical mask, eye protection*, or gloves for the same client at a later time
- o   Do not re-use any PPE for different clients (even if these clients are in the same house).

   * Eye protection may be re-used if appropriately cleaned between uses.

All staff must perform hand hygiene before and after every contact with a consumer. Staff are strongly advised to view the PPE training videos at health.gov.au.

PUTTING ON AND REMOVING PPE

Staff should don (put on) the PPE before they enter the home. Hand hygiene should always be performed before donning PPE.

PPE should be removed (doffed) in a way that prevents contamination of the staff member's clothing, hands and the environment. The staff member should hygiene their hands between removal (doffing) of each item of PPE, and after all PPE is removed.

Information, including videos, on using PPE is available at www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/providing-aged-care-services-during-covid-19#how-to-stop-the-spread

These tools are suitable for disability care providers to utilise as well. More tools for disability services are being developed.

DISPOSE OF PPE SAFELY

Gloves, gowns and masks must be disposed of in an infectious (biohazard) waste bag.
Alternatively, used PPE may be 'double bagged' - placed in a disposable rubbish bags, which is then placed in another bag, tied securely and disposed of with other waste. Hands should be hygiened (washed or sanitised) between touching each bag.

REDUCE RISK RELATED TO AEROSOLS

Some medical treatments, which consumers may use at home, increase the risk of virus being spread into the air within parts of the client's home. The two that might be most commonly used in the community are nebulisers and CPAP machines.

Nebulisers should not be used during the COVID-19 outbreak. A nebuliser is used to transfer medicine into mist for a person to breathe in. It creates aerosols which could potentially spread virus into the air. A spacer that holds inhalant material such as Ventolin is a suitable alternative. The consumer may need to speak to their treating doctor about this.

If a client uses CPAP:
- o Try to ensure that any visit occurs at least one hour after the CPAP was switched off to allow some aerosols to dissipate.
- o If this is not possible then try to see the client in another room, with the door of the room where CPAP is used staying closed while the worker is in the client's home.

If you cannot avoid visiting the client while they are actively using CPAP staff should use personal protective equipment (PPE) which includes a face fit tested P2 mask (N95 in the USA).

CLEANING

If staff undertake cleaning duties, they should use usual household products. Frequently touched surfaces should be cleaned with detergent or a detergent/disinfectant wipe several times a day, and also if visibly dirty or soiled.

Cleaning is an essential part of disinfection. Cleaning reduces the soil load, allowing the disinfectant to work. Removal of germs such as the virus that causes COVID-19 requires thorough cleaning followed by disinfection. This can be done by a 2-in-1 clean - a physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) i.e. a combined detergent/disinfectant wipe or solution.

A 2-step clean requires physical cleaning with detergent, followed by disinfection with a chlorine based product such as bleach. The bleach will not kill the virus if the surface as not been cleaned with a detergent first.

Further information is able in the fact sheet '**Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities**'.

Personal waste (for example, used tissues, continence pads, other items soiled with bodily fluids and used PPE) and disposable cleaning cloths should be disposed of in an infectious (biohazard) waste bag.

Alternatively, they may be stored in disposable rubbish bags. These bags should be placed into another bag, tied securely and disposed of with other waste. Hands should be hygiene between touching each bag.

LAUNDRY

If staff support a person with laundry, they should not shake dirty laundry before washing. This minimises the possibility of dispersing the virus through the air.

Wash items using hot water in accordance with the manufacturer's instructions.

Dirty laundry that has been in contact with an ill person can be washed with other laundry.

If laundry is heavily soiled (for example, with vomit or diarrhoea), or cannot be washed, dispose of the items after getting permission from the consumer.

Clean and disinfect clothes hampers or baskets which held dirty clothes. Staff must:

- o   Perform hand hygiene after handling contaminated clothing or linen.
- o   Avoid touching eyes, nose or mouth whilst doing laundry.

Scenarios

STAFF MEMBERS

A STAFF MEMBER IS CONCERNED THEY HAVE COVID-19

If any staff member has symptoms of illness, including cold or flu-like symptoms, (such as a fever, cough, shortness of breath, sore throat, headache, loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea , nausea/ vomiting, loss of appetite) they should not go to work, even if their symptoms are mild.

They need to self-isolate and seek medical advice from their GP or call the National Coronavirus Helpline on 1800 020 080. The member of staff should tell their doctor or the helpline they are a care worker or work in a care service, such as an aged care or disability support service. They are eligible for COVID-19 testing.

They must not return to work until cleared by a medical professional. They should not visit or care for people (consumers) until told it is safe to do so. Staff should notify their employer immediately.

To self-isolate they should follow the isolation guidance on the Department's website.

A STAFF MEMBER HAS PROVIDED CLOSE PERSONAL CARE TO A PERSON WHO IS DIAGNOSED WITH COVID-19

It is OK for a care worker to provide necessary care involving close contact to a confirmed COVID-19 case, as long as the recommended PPE is used properly.

If staff in close contact with a confirmed COVID-19 case did not don (put on) recommended PPE correctly, or they are concerned there was a breach or failure in PPE (for example – glove breaks, mask comes away from face, gown becomes soaked, care worker gets body fluid on the skin), they must notify their employer. The employer must then notify the local public health unit in the relevant territory/state. The staff member will be required to quarantine for 14 days and be alert for symptoms of COVID-19.

If you are uncertain, the Public Health Unit can provide advice regarding whether PPE was used correctly. As long as PPE was used correctly, it is safe for staff to continue to provide care.

IN HOME CARE STAFF WHO ALSO WORK IN A RESIDENTIAL CARE FACILITY WHERE THERE IS A CONFIRMED COVID-19 CASE

The staff member should notify their employer who should check with their state or territory Public Health Unit about the safety of the staff member continuing to provide care.

CONSUMER

NOTE: If staff are unsure of the COVID-19 status of a person they are caring for or unsure about PPE usage, they should contact their employer to seek advice on individual cases and use of PPE before entering a home.

THE PERSON BEING CARED FOR IS IN QUARANTINE, IS AWAITING TEST RESULTS, OR HAS SUSPECTED OR CONFIRMED COVID-19

Staff should use standard, contact and droplet precautions when entering the home or room of a person in quarantine or under investigation or with suspected or confirmed COVID-19 infection. Staff should notify their employer of any quarantined, suspected or confirmed COVID-19 cases

Organisations should minimise the number of staff who come into contact with the consumer, and consider which services are critical to keep the consumer safe.

With the consumer's consent staff should also notify the consumer's family and friends, and request their assistance to monitor the consumer's health condition. If the consumer's condition deteriorates, staff should escalate to the consumer's GP or call an ambulance.

THE CONSUMER DOES NOT HAVE SYMPTOMS BUT IS PART OF A HOUSEHOLD WHERE SOMEONE IS ISOLATING

The staff member should contact their employer who should check with their state or territory public health unit about the safety of the staff member providing care.

THE CONSUMER IS FOUND TO BE UNWELL OR HAVE NEW SYMPTOMS

At times care workers may arrive at the home of a consumer and find they are unwell and have not sought medical advice. Care workers should:

- Maintain a distance of 1.5m from the consumer
- Talk to their supervisor about the functions they are there to perform, and, unless essential, should not provide care that requires close contact until the COVID-19 status of the consumer has been determined, and it is clear what PPE may be needed to safely provide the care
- Advise the consumer to isolate until they have been assessed by their GP. An assessment may be possible via telehealth
- Perform hand hygiene before and after any contact with the consumer.

If the person is very unwell then the care worker should call an ambulance.

Further guidance is available through the **online training module**.

THE CONSUMER HAS SOME SYMPTOMS OF COVID-19 BUT THEY ARE NOT A CONFIRMED CASE AND NOT CONSIDERED A SUSPECTED CASE BY HEALTH AUTHORITIES

This scenario may occur if the consumer has a chronic cough caused by a diagnosed pre-existing health condition.

Care workers should implement standard precautions, and general interventions such as increased cleaning and keeping the property well ventilated by opening windows.

Care workers should be alert for any change in the health condition of a consumer. If any change (e.g. worsening of a chronic cough, worsening of pre-existing breathlessness, increased confusion, loss of appetite, any cold or flu-like symptoms) is noticed by care workers, they should:

- Ensure that the client is reviewed by their GP. This may be possible via telehealth
- Advise the consumer to isolate until they have been assessed by their GP
- Maintain a distance of 1.5m from the consumer
- Talk to their supervisor about the functions they are there to perform, and, unless essential, should not provide care that requires close contact until the COVID-19 status of the consumer has been determined, and it is clear what PPE may be needed to safely provide the care
- Perform hand hygiene before and after any contact with the consumer.

Further guidance is available through the **online training module**.

THE CONSUMER DOES NOT HAVE SYMPTOMS OF COVID-19

If the person receiving care is not symptomatic, then personal protective equipment is not required. However, care workers should still implement standard precautions to minimise the risk of infection.

Care workers should strictly follow advice on hand hygiene at all times.

DEFINITIONS

SYMPTOMS OF COVID-19

•   The most common symptoms of COVID-19 are: fever, cough, sore throat, and shortness of breath.

•   Other reported symptoms of COVID-19 include: headache, fatigue, loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite.

WHAT IS CLOSE CONTACT?

A 'close contact' is defined as requiring:

o   face-to-face contact in any setting with a confirmed or probable case of COVID-19, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case, or

o   sharing of a closed space with a confirmed or probable case of COVID-19 for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.

Resources

ONLINE TRAINING

The Australian Government has launched a new **COVID-19 training program** at https://covid-19training.gov.au/ . This training is for care workers across all settings, including:

•   hospitals

•   primary care

•   aged care (both in residential aged care facilities or with visiting carers at home, including cleaners and cooks)

•   disability (both in residential/shared care facilities or part-time carers in people's homes, including cleaners and cooks)

•   allied health

•   Aboriginal Community Controlled Health Services

•   pharmacies

•   dental practices, including dentists, nurses, cleaners and receptionists

To access these go to the website and register as a care worker. The program includes:

•   Module One: Personal Safety

•   Module Two: Families and Visitors

•   Module Three: COVID-19 and aged care

•   Module Four: Outbreak management procedures

•   Module Five: Personal Protective Equipment

•   Module Six: Laundry

•   Module Seven: Catering

•   Module Eight: If you suspect a case

•   Module Nine: COVID-19 in-home care settings

USEFUL INFORMATION

Updates on the COVID-19 pandemic: www.health.gov.au

Coronavirus (COVID-19) advice for the health and aged care sector https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector including :

- Attending the workplace
- Protection in the workplace
- Providing health care and supporting patients
- Managing COVID-19 in aged care
- Resources and training
- Staying informed

'It's ok to have home care' information flyer for in-home care recipients https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector

Translated versions of 'It's ok to have home care' are available at: https://www.health.gov.au/resources/translated/its-ok-to-have-home-care-other-languages

Mental health and social support for consumers

- Community Visitors Scheme (CVS) The CVS arranges volunteer visits to older people to provide friendship and companionship. Visits are available to anyone receiving government-subsidised residential aged care or Home Care Packages. www.health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs
- COVID-19 support line for Senior Australians 1800 171 866
- Beyond Blue www.beyondblue.org.au

The National Disability Insurance Agency (NDIA) has also published information and supports for National Disability Insurance Scheme (NDIS) participants and providers. Go to www.ndis.gov.au/coronavirus. Dementia Australia – Coronavirus COVID19 information for Home Care Providers www.dementia.org.au/resources/coronavirus-covid-19-helpsheets/tips-for-home-care-providers