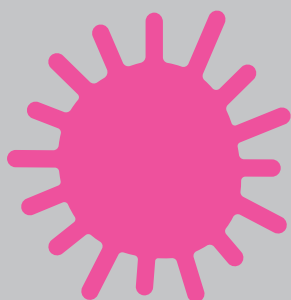




GUIDE FOR HOME CARE PROVIDERS





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Overview and purpose

This document is intended as a guide for providers of assistance to persons living at home.

Preparation guide for home care providers

ORGANISATION

- Review clinical governance processes and apply to the current situation, which may change rapidly. Develop plans with local GPs and other primary care colleagues, to agree on escalation processes, and communication plans about consumers' changing care needs.
- Review business continuity plans and consider how the service will respond if staff unwell or unable to work, this may include deploying an alternative workforce.
- If parts of organisation have closed (e.g. day 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. Organisation might explore alternative models of care, including tele-care, to provide advice and guidance to consumers and their loved ones.

EQUIPMENT AND RESOURCES

- Aged care providers that require Personal Protective Equipment (PPE) must now email agedcarecovidppe@health.gov.au for all requests.
- The following information must be provided in your email request:
 - the facility, program or service requiring PPE
 - if you have had a confirmed case of COVID-19 at your facility, program or service
 - types and quantities of PPE required – please note, only masks are available at this stage and other PPE will be provided when available
 - 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 carers 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).

STAFF

- Review and update all staff contact details, and emergency contact details.
- Provide regular updates to staff as new information is released, and 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, 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 making phone calls to consumers who are unwell at home, monitoring daily staffing and updating supervisors, contacting families of any concerns or emergencies, completing paperwork etc.
- Identify who staff should contact if they are unwell or are unable to come to work, and 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 e.g. immediately before entering the home, before touching the consumer, after touching the consumer or surfaces within their home, immediately after exiting the home.
- Confirm availability of hand sanitiser and liquid soap for all staff.
- Confirm whether the organisation has developed procedures to address unforeseen circumstances, and who will be responsible for managing and coordinating the response to unforeseen circumstances.
- 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 and therefore may be immune.
- Encourage and promote flu vaccination. Keep records of staff immunisation.

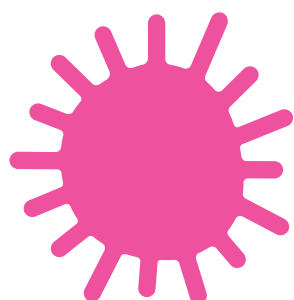
CONSUMERS

- 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, if they do not have a phone, or cannot use the phone independently).
- Consider the implications for each consumer, if the delivery of services is interrupted.
 - For example, the risk to the consumer might be low, if the provider is unable to mow the consumer's lawn. However, for other services (such as cooking) the provider may need to consider alternative delivery models (such as 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 (e.g. cooking 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 in high risk categories (such as frail consumers, or those on immunosuppression medications or those with underlying chronic medical conditions).
- Provide consumers and their family with a phone number to call if there is any change to their health condition or circumstances e.g., if they are in self-isolation, have been in contact with a confirmed COVID-19 case, or develop respiratory symptoms. The number must be monitored by a staff member with the capacity to provide advice, assess risk, and notify relevant parties.
- Identify any consumers at risk of harm due to non-compliance with public health requirements e.g., hand hygiene, or self-isolation.
- Identify consumers who have advance care plans, and keep a copy if possible.
- Encourage advance care planning, and discussion between consumers, their doctors and families to clarify wishes and intentions.
- Encourage and promote flu vaccination.

CONSUMERS' EMERGENCY PLANS AND READINESS

- Develop an emergency plan for use by consumers and carers.
- The emergency plan should contain:
 - details of the name, address and other contact details of the consumer;
 - emergency contacts, such as their friends, family, legal representative, or others;
 - details of any medications they take, including dose and frequency;
 - details of current GP and any other relevant professionals;
 - details of any ongoing treatment; and
 - 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), and update the shared health summary as applicable.
- Consumers who are at risk should have a hospital bag prepared, which includes the details listed above, as well as any planned care appointments and things they might need for an overnight stay (snacks, pyjamas, toothbrush, medication etc.). Remember to pack phone and charger if going to hospital.



MEDICAL CONSIDERATIONS

- Make a list of any services which the consumer's GP can deliver to keep them safe, such as telehealth consultations, testing for COVID 19 (where required), and advice on local testing arrangements etc
- Identify the contact details for the relevant Population/Public Health Unit, State Department of Health, and Commonwealth Department of Health.
- Keep up to date with the current protocols and logistics for admission to local hospital services as they become more stretched and practices change.

OTHER PARTIES

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

Potential scenarios



THE CARE WORKER

A CARE WORKER IS CONCERNED THEY HAVE COVID-19

If a member of staff or care worker is concerned they have COVID-19 they should seek medical advice from their GP or call the National Coronavirus Hotline on 1800 020 080. The member of staff should tell their doctor or the hotline they are a care worker.

If the care worker is advised to self-isolate they should follow the self-isolation guidance on the Department's website.

If advised to self-isolate at home, they should not visit or care for people (consumers) until told it safe to do so. Care workers should notify their employer immediately.

THE CARE WORKER HAS PROVIDED CLOSE PERSONAL CARE TO A PERSON WHO IS DIAGNOSED WITH COVID-19

If staff have been in close contact with a confirmed COVID-19 case, and did not don PPE, they must notify their employer. Organisations must then notify the local public health unit in the relevant territory/state. The carer will be required to self-quarantine for 14 days and be alert for symptoms of the COVID-19.

If staff have been in close contact with a confirmed COVID-19 case, while donning PPE, the staff member can continue to deliver care to consumer. The staff member does not need to self-isolate. However if PPE was not used correctly, staff should be alert for symptoms for 14 days and deployed to other roles if possible (including care for people have COVID-19). The Public Health Unit can provide advice regarding whether PPE was used correctly.

THE CONSUMER

THE PERSON BEING CARED FOR HAS CONFIRMED COVID 19 OR IS A SUSPECTED CASE WAITING FOR A TEST RESULT

Carers should not enter the home of a person who is unwell until their status is ascertained, and PPE utilised as appropriate. Carers should notify their employer of any confirmed or suspected COVID-19 cases.

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

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

PERSONAL PROTECTIVE EQUIPMENT

Carers should complete **online training** to understand how COVID-19 is transmitted.

When caring for consumers with undiagnosed respiratory infections, carers should use standard, contact and droplet based precautions.

Standard precautions are a group of infection prevention practices always used in healthcare settings.

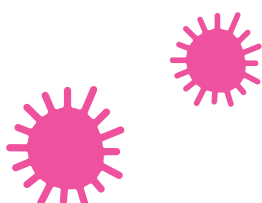
Standard precautions include performing hand hygiene before and after every episode of contact with a consumer (5 moments), the use of PPE (including gloves, gown, and appropriate mask) depending on the anticipated exposure, good respiratory hygiene/cough etiquette and regular cleaning of the environment and equipment.

Contact and droplet precautions are the additional infection control precautions required when caring for consumers with suspected or confirmed COVID-19. Contact and droplet precautions include gloves, surgical masks, and gown.

The care worker should don (put on) the PPE before they enter the home. Hand hygiene should always be performed before donning PPE and immediately after removal. PPE should be removed in a manner that prevents contamination of the carer's clothing, hands and the environment.

Gloves, gowns and masks must be disposed of in an infectious (biohazard) waste bag. Alternatively, PPE may be stored in disposable rubbish bags. These bags must be placed in another bag, tied securely and kept separate from other waste. Rubbish should be put aside for at least 72 hours before being put in the household waste bin for disposal. After 72 hours the material should no longer be infectious.

Care workers must change their PPE and perform hand hygiene after every contact with an ill person, when leaving the home, or coming into contact with a new person.



CLEANING

If care workers undertake cleaning duties, they should use usual household products. Frequently touched surfaces should be cleaned 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 has not been cleaned with a detergent first.

Further information is available 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 kept separate from other waste. Rubbish should be put aside for at least 72 hours before being put in the household waste bin for disposal. After 72 hours the material should no longer be infectious.

LAUNDRY

If care workers 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 the ill person does not have a washing machine, wait a 72 hours after the isolation period has ended, then the laundry may be taken to a public laundromat.

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.

THE PERSON BEING CARED FOR (CONSUMER) DOES NOT HAVE SYMPTOMS BUT IS PART OF A HOUSEHOLD THAT IS ISOLATING

If the consumer and their care worker can remain at a safe distance from the symptomatic member of the household, then care can be provided without additional precautions. For example, the symptomatic family member should remain in their own room, use separate bathroom facilities, and stay at least 2 metres away from other family members.

If the symptomatic persons cannot remain a safe distance away from other members of the household or the care worker, then other members of the household and the care worker should implement standard, contact and droplet based precautions.

Care workers should stay more than 1.5 metres away from any household member that has symptoms and avoid touching surfaces.

General interventions may include increased cleaning and keeping property properly well ventilated by opening windows.

The carer has also been working in a residential care facility when there is a confirmed COVID-19 case in that facility but they have not had any contact with this case

Care workers do not need to self-isolate or wear PPE if they had no close contact with a confirmed COVID-19 case.

THE PERSON (CONSUMER) IS FOUND TO BE UNWELL OR HAVE NEW SYMPTOMS

At times carers may arrive at the home of a consumer and find they are unwell and have not sought medical advice. Carers should not enter a consumer's home if they are unwell, until the person has been assessed by a medical practitioner and/or the carer has access to PPE (if required). If the person is very unwell then the carer should call an ambulance.

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

THE PERSON BEING CARED FOR (CONSUMER) HAS SOME SYMPTOMS OF COVID-19 BUT THEY ARE NOT A CONFIRMED CASE AND NOT CONSIDERED A SUSPECTED CASE BY HEALTH PRACTITIONERS

This scenario may occur if the consumer has a chronic cough.

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

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

THE PERSON (CONSUMER) DOES NOT HAVE SYMPTOMS OF COVID-19

If neither the care worker nor the person receiving care are symptomatic, then personal protective equipment is not required. However, carers should still implement standard precautions to minimise the risk of infection.

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

Appendix

DEFINITIONS

SYMPTOMS OF COVID-19

- The most common symptoms of COVID-19 are: fever, cough, sore throat, and shortness of breath.
- Other symptoms of COVID-19 include: headache, fatigue, myalgia/arthritis (muscle and joint aches), chills, confusion, nausea or vomiting, haemoptysis, loss of appetite, diarrhoea, and chest pain.

WHAT IS CLOSE CONTACT?

A 'close contact' is defined as requiring:

- Greater than 15 minutes face-to-face contact in any setting with a confirmed (or probable) case in the period extending from 24 hours before onset of symptoms in the confirmed (or probable) case, or
- Sharing a closed space with a confirmed (or probable) case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed (or probable) case.

PPE

- Aged care providers that require PPE must email **agedcarecovidppe@health.gov.au** for all requests.
- All requests will be triaged by the Department of Health with **priority given to facilities, programs and care workers where there has been a confirmed case of COVID-19.**
- Requests can be made by aged care services and any care workers providing support to people receiving aged care support living in the community.
- The following information must be provided in your email request:
 - the facility, program or service requiring PPE
 - if you have had a confirmed case of COVID-19 at your facility, program or service
 - types and quantities of PPE required – please note, only masks are available at this stage and other PPE will be provided when available
 - details of other suppliers you have attempted to source PPE stock from.
- If your facility, program or service is experiencing an outbreak of influenza the above process applies.
- The Department of Health will triage your request to determine priority and may be in contact with you for further information.

Training on the use of PPE is **available online.**

Resources

The Australian Government has launched a new **COVID-19 training program** for care workers. The program includes modules on:

- 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



Information sheets for consumers

NOTICE TO FAMILY AND VISITORS – GENERAL WARNING AND INFORMATION

COVID-19 is a respiratory illness caused by a new virus that is currently rapidly spreading throughout the world. It is important to limit the risks to vulnerable people

The virus spreads from person to person through:

- close contact with an infectious person (including in the 24 hours before they started showing symptoms);
- contact with droplets from an infected person's cough or sneeze; and
- touching objects or surfaces (such as doorknobs or tables) that have cough or sneeze droplets from an infected person, and then touching your eyes, nose or mouth. People are considered to be infectious from 24 hours before they develop symptoms, though they are most infectious while symptomatic. Even people with very mild symptoms can be infectious

COVID-19 is a particular risk of serious illness and death to:

- people with compromised immune systems (e.g. cancer, transplant);
- elderly people (older than 60 in the general population and older than 50 in the Aboriginal and Torres Strait Islander population);
- Aboriginal and Torres Strait Islander people (as they have higher rates of chronic illness);
- people with chronic medical conditions (e.g. heart, liver, lung, kidney disease, diabetes);
- people in group residential settings (such as residential aged care facilities); and
- People in detention facilities.

Symptoms of COVID-19 include fever, cough, sore throat and shortness of breath. If you experience symptoms of COVID-19 you should stay at home until you can see a doctor for a medical assessment. Wherever possible, you should not visit higher risk people including older Australians, to protect them and prevent them from becoming unwell.

If older people become unwell, in addition to the above symptoms, they may also experience increased confusion, worsening of chronic lung conditions, and loss of appetite. Be on the lookout for symptoms when visiting older Australians to help identify illness.

There is no vaccine for COVID-19. Scientists from around the world are working on developing a vaccine. The World Health Organisation believes this may be available within 18 months.

To prevent the spread of COVID-19, it is important to practice good hygiene and social distancing.

GOOD HYGIENE INCLUDES:

- covering your cough or sneeze with your elbow or a tissue (and then disposing of tissues properly);
- washing your hands frequently with soap and water or an alcohol-based hand rub, including before and after eating, and after going to the toilet;
- cleaning and disinfecting frequently-touched surfaces and objects such as phones, keys, rails, and door handles (several times a day, and when visibly soiled); and
- staying home if you are sick.

PRACTISING SOCIAL DISTANCING SLOWS THE SPREAD OF VIRUSES.

SOCIAL DISTANCING MEANS:

- stay at home and only go out if it is absolutely essential;
- stay at least 1.5 metres away from other people, even to talk;
- no more than one person per 4 square metres of space;
- avoid physical greetings such handshaking, hugs and kisses;
- travel at quiet times and avoid crowds; and
- avoid public gatherings and at-risk groups like older people (where possible).

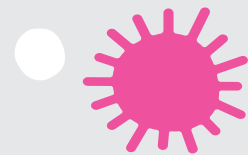
For more information about your particular circumstances please visit the Department of Health website or call the national coronavirus helpline on **1800 020 080**.



PLAN AHEAD

- All carers and people they care for should develop an emergency plan – this is important for you and all those you look after.
- Having a plan in place can help ease your worries if you are not able to care for those you look after at any point in the future.
- The emergency plan should contain:
 - details of the name, address and other contact details of the consumer;
 - emergency contacts, such as their friends, family, legal representative, or others;
 - details of any medications they take, including dose and frequency;
 - details of any ongoing treatment; and
 - details of the advance care plan (if the person has one).
- Encourage the person to ask their GP for a shared health summary on their MyHealthRecord (if they have not opted out), and update the shared health summary as applicable.
- Elderly people who are at risk could have a hospital bag prepared, which includes the details listed above, as well as any planned care appointments and things they might need for an overnight stay (snacks, pyjamas, toothbrush, medication etc.). Remember to pack phone and charger if going to hospital.





ATTENTION: ALL STAFF LETTER

There is currently a global pandemic of COVID-19. COVID-19 primarily causes respiratory illness in humans, and while all types of respiratory viruses can cause sickness in the elderly, COVID-19 is a particularly contagious infection that can cause severe illness and death for vulnerable people.

IF YOU HAVE SYMPTOMS OF ANY RESPIRATORY ILLNESS (FEVER, SORE THROAT, COUGH, SHORTNESS OF BREATH):

- you should isolate yourself in your home until you can be medically assessed;
- notify your supervisor immediately; and
- call the National Coronavirus Helpline on 1800 020 080 to seek advice about medical care and testing;

YOU MUST NOT RETURN TO WORK UNTIL YOU ARE FREE OF SYMPTOMS, OR YOUR DOCTOR ADVISES YOU ARE FIT AND SAFE TO RETURN TO WORK.

There is a risk that any of us will acquire COVID-19. To prevent the spread of viruses, it is important to practice good hygiene and social distancing:

- notify your supervisor if you believe you are in a special risk group;
- cover your cough and sneeze with your elbow or a tissue (and dispose of tissues properly).
- Wash your hands frequently with soap and water or alcohol-based hand rub;
- Clean and disinfect commonly touched items and surfaces frequently;
- stay at least 1.5 metres away from other people;
- avoid physical greetings, such as handshakes, hugs and kisses;
- get your annual influenza vaccination.

WHEN CARING FOR CONSUMERS THAT ARE UNWELL WITH RESPIRATORY INFECTIONS, YOU SHOULD USE STANDARD, CONTACT AND DROPLET BASED PRECAUTIONS, INCLUDING:

- performing hand hygiene before and after every episode of contact with a consumer (5 moments),
- using PPE as required (including gloves, gown, and appropriate mask); and
- practice cough and sneeze etiquette.

You should don (put on) the PPE before entering the consumer's home. Hand hygiene should always be performed before donning PPE and immediately after removal. You must change PPE and perform hand hygiene after every contact with an ill person, when leaving the home, or coming into contact with a new person.

Thank you for your co-operation.

Sincerely, Manager/DoN

