

## Acute Respiratory Infection Preparedness Planning Checklist (Review at time of alerted increased community virus transmission or min Monthly)

Vaccination	
Ensure that all residents receive current vaccinations (unless contraindicated or resident declines) for: -	
<ul style="list-style-type: none"> <li>○ COVID-19</li> <li>○ Seasonal influenza</li> <li>○ Pneumococcus</li> </ul>	
Provide updates to residents and representatives to access information regarding vaccination as updated by Australian Technical Advisory Group on Immunisation (ATAGI) Resources available on the Blue Care <a href="#">COVID Tile</a> under “Information/Factsheets”	
Provide updates to residents and their representatives of bookings dates of vaccination clinics organised by your service	
Record vaccination status of <b>residents COVID-19 and influenza in RMS (People Point)</b> IPC Lead to monitor vaccination status of residents monthly in Blue Care <a href="#">BI Power Dashboard</a>	
Where resident immunisation is not current, document reason and record in RMS – ensure that residents and substitute health decision makers have been provided verbal and written information in their primary language to ensure that they are able to make an informed decision; ensure that GP is informed and reviews the resident, if resident declines vaccination	
Record vaccination status of <b>staff COVID-19 and influenza in Aurion</b> RSM to monitor vaccination status of staff in alignment with UCQ Vaccination Policy and via vaccination compliance alerts	
Details of staff and resident vaccinations are reported into the My Aged Care Portal by our Blue Care Customer Service MAC Administrator	

Anti-Viral Treatment	
Consider the clinical suitability of residents for flu and COVID-19 treatments and prophylaxis and obtain an indication of treatment preference or consent from residents and/or their representatives	
Encourage GPs to pre-assess residents for antiviral treatment including the most appropriate drug and any dose adjustment required because of renal impairment. Where possible, this assessment should be undertaken pre-emptively during routine appointments.	
Support residents and representatives to access information regarding antiviral treatments as published on the Blue Care <a href="#">COVID Tile</a> under “Information/Factsheets” or released for distribution via the Commonwealth or Aged Care Quality and Safety Commission	
Maintain stocks (equivalent for up to 80% of residents) of anti-viral treatments or methods to access rapidly.	

Testing	
Establish laboratory testing arrangements, pathology request processes, and timely method of receiving results.	

Environmental Infection Control	
Provide alcohol-based hand sanitiser and soap / hand-washing facilities at the entrance to the facility and at other strategic locations.	
Identify changes that can be made to the environment to facilitate enhanced cleaning e.g. removal of clutter or extraneous furniture	
Waste bin vendor contacts are up to date and capacity to increase supply and services are possible should this be required during outbreak	
IPC Lead to review training and awareness of increased cleaning requirements during outbreak: - use of Hydrogen 2 in 1 chemical or a 2-step cleaning process with detergent and disinfectant. - increase twice a day touch point cleaning in common areas of infected lodges - daily touch point cleaning schedules remains the same, infected quarantine rooms use 2n1 chemical or 2 step clean - Refer to Blue Care <a href="#">Cleaning Manual</a> and <a href="#">Cleaning Guideline</a> on infection control process to clean	
Replace shared equipment with single-use equipment where feasible; where shared equipment is essential, ensure adequate cleaning and disinfection between residents consistent with infection control standards	

Stock Levels	
PPE Stock Take must be completed weekly and registered via <a href="https://www.ucqcovid19.com.au/blue-care">https://www.ucqcovid19.com.au/blue-care</a>	
Ensure adequate supplies of: <ul style="list-style-type: none"> <li>● Personal Protective Equipment (PPE). Estimates range from 10 to 14 sets of PPE per resident per day</li> <li>● Appropriate face-fitting respirators</li> <li>● Cleaning supplies, hand hygiene products, Disposable crockery and cutlery</li> <li>● Diagnostic equipment supplies e.g. swabs, electronic thermometers, batteries where required</li> <li>● Impress medication, with emphasis on the core palliative medications - Oxygen supply (cylinders and concentrators) and associated consumables - Subcutaneous infusion devices and associated consumables</li> </ul>	
Ensure that staff are familiar with the processes to access surge supply of PPE – where PPE cannot be sourced through usual supply channels, RACF clinical managers to email <a href="mailto:agedcareCOVIDPPE@health.gov.au">agedcareCOVIDPPE@health.gov.au</a>	

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IPC Lead Appointment and Training	
Dedicated rostered hours have been allocated to the training and ongoing role of IPC Lead	
Completion of the Department of Health COVID modules except 2.2 or 9.2 which relate to home care	
Completion of the <a href="#">Foundations of Infection Protection and Control course</a> offered by the Australasian College for Infection Prevention and Control (ACIPC)	
IPC Lead attends monthly Infection Control Advisory Committee Meeting and supports Infection Control as a standing agenda item for service meetings	
Staff are aware of the nominated site IPC Lead and are orientated to the role function as outlined in the duty statement	
IPC Lead name, position, registration status, completion status of Departments online COVID 19 training modules are reported through the <a href="#">MAC Portal</a> and updated when changes occur	

Staff Training and Wellbeing	
Ensure that all staff are familiar with this outbreak management plan including preparedness planning, definitions, early identification of symptoms and screening requirements	
Review SABA report for completion as per <a href="#">ACCS Learning Requirements Matrix</a> . Specifically, the following modules: Infection Control, Infection prevention in the workplace, Hand Hygiene, Donning and Doffing and COVID-19 Modules Refreshers may be considered more frequently such as when alerted to increases in community virus transmission.	
Review staff understanding of Recommended PPE Escalation <a href="#">COVID Tile – “PPE Guide and Matrix”</a> (pg. 40 Table 1)	
Review handling and disposal of clinical waste as per (completed monthly or when entering higher community virus transmission) <a href="#">COVID-19 Waste Management in Residential Care Fact Sheet</a>	
Care Manager (or delegate) has provided clinical staff with training and debriefing on clinical management, treatment, and referral pathways for residents with <a href="#">COVID-19 Infection/Acute Respiratory Infection</a> .	
Ensure staff are trained in the collection of Rapid Antigen Tests and competency uploaded to SABA <a href="#">Self-Testing Rapid Antigen Test Competency Assessment</a>	
Provide clear, consistent and frequent messaging to the workforce (including contractors, service providers, students and volunteers) about the importance of ensuring that they arrange testing and do not work while unwell; that they follow screening, infection control, hygiene, PPE and social distancing protocols; and that they comply with any restrictions	
Ensure staff are aware of supports that are in place in the event that they are unable to work due to being unwell or have undergone testing including access to Pandemic Leave Payments if leave balance has been exhausted.	
Ensure promotion of the suite of resources and corporate offerings in the <a href="#">Health &amp; Wellbeing Hub</a> and/or Join the <a href="#">Health &amp; Wellbeing Workplace Group</a>	

Nominated Reporting, System Access and Training	
Identify staff who will complete reporting for Riskman, PHU and MAC Portal during an outbreak.	
Ensure identified staff have appropriate access e.g. MAC Portal and Riskman Briefs Module and are familiar with the Blue Care <a href="#">Reporting Requirements for RACF</a> and the <a href="#">MAC Portal Quick Reference Guide</a>	
Ensure all staff are aware of the internal reporting requirements for infections	

Floor Plan and Cohorting (Using a map of the facility identify the following)	
Establish a single secure point of entry and exit, allowing risk screening and assessment for all staff, visitors, contractors, and delivery drivers.	
Plan ahead with marking on a site map how to cohort / zone residents into green, amber and red zones within the facility - refer to guidelines page 4 of checklist	
Consider where and how residents can be feasibly cohorted according to risk and building layout.	
Consider segregation of zones by closed doors. Minimisation of thoroughfares between zones while maintaining fire safety	
Designate areas on the map that identify where to don and doff PPE, undertake appropriate hand washing	
Designated storage area on the map to facilitate safe storage of PPE	
Identify secured clinical waste storage area -area must be non- accessible for residents and public and not be stored on open ground and elements in a non-secured area, if you need a secured area due to extreme levels of outbreak, due to collection failures form waste vendor , organise a container with UCQ procurement	
Identify on the map safe waste management with separation of food service / delivery and clinical waste pathways	
Print wall and floor signage displaying warning of segregated areas should be pre-printed to control entry	
Include risk management of all staff profiles with particular reference to those moving between facilities and high movement staff or those accessing multiple zones on a daily basis, for example: - Leadership team e.g. Care manager, Maintenance staff, GPs and other visiting healthcare providers - Hospitality staff	

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Workforce Planning	
<p>Maximise allocation of base roster shifts including the following steps as required:</p> <ul style="list-style-type: none"> <li>• Ongoing communication with staff regarding vacant shifts</li> <li>• Maximise staff levels through strategies for retention and recruitment in partnership with the Talent Acquisition Advisor:               <ul style="list-style-type: none"> <li>○ Provide regular updates of specific base roster vacancies</li> <li>○ Ensure advertising and screening processes support filling gaps in the base roster</li> </ul> </li> </ul>	
<p>Work with your Talent Acquisition Advisor and Regional Onboarding Manager to support in the development of processes to quickly on-board a large number of new staff.</p>	
<p>Identify staff to support contingent orientation for emergency workforce. Ensure familiarisation with Contingent Staff Checklists:</p> <p style="margin-left: 20px;"> <a href="#">COVID-19 Contingent Staff Orientation Checklist – Registered Nurse</a>  <a href="#">COVID-19 Contingent Staff Orientation Checklist – Personal Carer</a> </p>	
<p>Determine minimum staffing requirements during an outbreak – staffing numbers will be higher than usual to support cohorting, care delivery, cleaning, safe PPE use and potential for a high proportion of staff requiring quarantine or sick leave. Identify appropriately skilled staff to care for residents with suspected or confirmed COVID-19.</p> <ul style="list-style-type: none"> <li>• Identify staff who have flexibility to work additional hours during outbreaks</li> <li>• Establish minimum numbers required in a casual pool to support predicted leave</li> <li>• Consider neighbouring Blue Care Residential Services in a partnership of casual pool utilisation</li> <li>• Establish regular communication with Talent Acquisition Advisor to ensure understanding of casual vacancies</li> </ul>	
<p>Development and maintenance of a contact list for casual staff.</p>	
<p>Identify additional staff from neighbouring services who are willing to work during an outbreak and explore any particular arrangements required to allow their ongoing work e.g. requirements for accommodation support, assigning responsibilities that can be performed remotely.</p>	
<p>Maintain agreements and list of external agencies to enable immediate activation during an outbreak:</p> <ol style="list-style-type: none"> <li>1. Reach out to our labour hire agency providers via details in the <a href="#">Frontline Labour Nursing/Carer How to Buy Guide</a></li> <li>2. Search for a labour hire agency provider on <a href="#">Smartek (our contractor compliance management system)</a></li> <li>3. If you are using a labour hire agency provider who is NOT in Smartek, engage your Smartek Coordinator to on-board them</li> </ol> <p>Contact <a href="mailto:ProcurementAdvisory@ucareqld.com.au">ProcurementAdvisory@ucareqld.com.au</a> if you require support or further information.</p>	
<p>Identify roster adjustments that will prevent or reduce cross infection through cohorting of staff within wings or defined geographic areas within the facility (including designated break areas and bathrooms for staff working in different zones, and staggering of break times). Where feasible minimise movement of staff, residents and visitors across wings</p>	
<p>Utilise the “RACF COVID-19 Line Listing” located on the <a href="#">COVID Tile</a> under Outbreak Resources for tracking which staff are in isolation or quarantine and when they are due for testing, retesting and return</p>	
<p>Identify how you could effectively utilise staff who are furloughed or otherwise unable to work on site to continue to support the service e.g. managing discussions with resident’s representatives and providing informed advice for care strategies, particularly for care of residents who they know well, Rostering support, Riskman entry and follow up – ensure that you have the necessary equipment / IT ready and available to support remote working</p>	
<p>Ensure staff are supported to identify and address stress and work fatigue early through supports - <a href="#">Benestar, Chaplaincy or Lifeline</a></p>	
<p>Notation: Once an outbreak of COVID-19 is registered in the MAC Portal a Commonwealth case manager will contact the service to discuss workforce strategies and the need for surge workforce support. Services must exhaust all existing partnerships and recruitment channels as listed in this checklist.</p>	

Planning with Residents and their Representatives	
<p>Ensure representatives and residents are aware of the symptoms of Acute Respiratory Infection and the need to report them when observed. Older residents and residents with a disability often have atypical symptoms including behaviour change and may not develop a fever. Family, representatives and friends who know residents well so can help detect subtle changes in condition or behaviour.</p>	
<p>Ensure that each resident has a current Advance Care Plan (statement of choice). Fax or email Statement of Choices, Advance Health Directive, Enduring Power of Attorney, QCAT orders and revocation documents to the Office of Advance Care Planning (Fax: 1300 008 227, email: <a href="mailto:acp@health.qld.gov.au">acp@health.qld.gov.au</a>) to make these accessible to Queensland Health clinicians, Queensland Ambulance Service and authorised GPs and RACF clinicians</p>	
<p>Arrange GP review of all residents who are currently prescribed nebulisers (regular or as required) to evaluate change of these to metered aerosols with spacers where clinically appropriate</p>	
<p>Using guideline on page 4 of this checklist, engage residents and their representatives in key decisions prior to an outbreak e.g. Planned cohorting areas, planning isolation specific to the care need, essential visitor requests, testing requirements.</p>	

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### Guideline to support site cohorting

**Red zone** - cases in isolation: individuals with confirmed COVID-19 and have not yet met criteria for release from isolation. Isolation in rooms to reduce risk of transmission should be limited to the shortest time possible. These residents may mix with other confirmed cases in isolation

**Amber zone** - contacts in quarantine: individuals who have met the close contact or household-like contact definition

**Green zone** - released contacts: Includes contacts who have completed quarantine. Groups with similar exposure or assessed risk can be considered for management in a shared space. Recovered cases: Includes cases who have been released from isolation. If cleared, they may re-join other residents.

**Blue zone** - buffer areas between potentially contaminated and non-contaminated zones including transition points between areas where staff must put on or take off PPE

### Guideline to support visitor planning with Residents and their Representatives

**General Visitors** when the access level is:

**Green:** visiting hours, the number of visitors on site and the length of time for visits should return to pre-COVID-19 visiting norms. Visitors may enter the home following completion of a Screening Declaration and Rapid Antigen Test. This will include adjustments for local community levels of COVID-19 such as requiring masks to be worn or increased frequency of Rapid Antigen Test Screening. Additional restrictions may also occur due to state health recommendations

**Orange:** reduced visiting hours, and/or limits on the number of visitors may be necessary. Extra requirements, such as more frequent Rapid Antigen Test screening may be imposed. Alternative ways to connect should be provided to help the resident remain connected with a range of other general visitors.

**Red:** stronger restrictions are necessary. Short term strict visiting restrictions will apply. Alternative ways to connect should be provided to help the residents remain connected with a range of visitors.

**End of Life Visitors** Visits to residents at or approaching the end of life should be facilitated for anyone and not be time limited. This may include facilitating out of hours visiting and may include facilitating visits while an exposure/outbreak is occurring, including during the initial few days

#### References

- [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities | Australian Government Department of Health and Aged Care](#)
- [Outbreak preparedness checklist | Australian Government Department of Health and Aged Care](#)
- [Industry Code for Visiting in Aged Care Homes v6.1 22Mar22.pdf \(cota.org.au\)](#)