21/7/20 COVID -19 PANDEMIC PLAN Version 2.4

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| Date  | Version | Name | Change |
| 18/3/20 | V2.0 | Jude Foster , Clinical Director | Implementation |
| 8/4/20 | V2.2 | Jude Foster , Clinical Director | Welfare Updates, use of telehealth |
| 21/7/20 | V2.3 | Jude Foster , Clinical Director | Mandatory Use of Masks |
| 17/11/2020 | V2.4 | Jude Foster, Clinical Director | Updated advice  |

**COVID 19** is a pandemic of coronavirus disease caused by severe acute respiratory syndrome. **The World Health organisation declared a Pandemic in March 2020.** COVID-19 mainly spreads through the air when people are near each other, primarily via small droplets or aerosols, as an infected person breathes, coughs, sneezes, sings, or speaks. It can spread from an infected person for up to two days before symptoms appear (presymptomatic), and from those who do not show any (asymptomatic). People remain infectious for up to ten days in moderate cases, and two weeks in severe cases.

**PURPOSE OF THE PANDEMIC PLAN |**

Regal has a Pandemic Policy designed to provide an operational blueprint for implementation in the case of any Pandemic. Whereas the Pandemic Plan will be living document, tailored to the target virus and amended based on public health and epidemiological advice.

Primary care is the first point of call for the majority of individuals seeking health care external to a hospital setting. Primary Care incorporates multiple agencies and organisations, all of which link together and will play a vital role in planning for an influenza pandemic, both at the prevention and preparedness, response and recovery phases.

Whilst Regal field workforce will NOT be delivering care to people with COVID-19, during a pandemic, Hospitals will not have the capacity, or need, to care for all influenza cases, and much of the focus of pandemic flu planning will be on care that can be provided in the community. This means that primary care response will need to be built from the community based organisations and health care workers upwards, and not be a hospital-centric response.

A number of hospitals in the metropolitan areas may be designated as ‘flu hospitals’ and NSW Health will establish COVID testing locations across the metropolitan area. Regal will source information on both testing and acute services available to the Regal community.

The quarantining of all persons suspected of having pandemic influenza will be based on guidelines as provided by the Chief Medical Officer of Australia and the NSW Public Health Unit as updated from time to time. Persons suspected of having pandemic influenza will be required to be isolated, while the contacts of suspected/confirmed consumers that are showing symptoms of the pandemic influenza will also be required to be quarantined. During the peak of a pandemic quarantine and monitoring of contacts of all cases on an individual basis may no longer be feasible, but the principles of quarantine should be encouraged.

The purpose of home isolation and quarantine is to reduce the spread of the pandemic influenza virus, reduce the burden on hospitals, and enable people to receive care in a setting more suitable to their needs. Suspected and confirmed pandemic influenza consumers should, if possible, be isolated from other members of the family (as much as is possible) until the diagnosis of pandemic influenza is excluded or the infectious period is over. Contacts of these consumers should remain in quarantine (usually in their home) as per the advice of NSW Health since the last exposure to pandemic influenza. This time period depends on the incubation period. Where contacts refuse to comply with quarantine voluntarily, legislative mechanisms may be required to ensure compliance. Depending on the epidemiology of the influenza strain at the time of the pandemic, the quarantine period may be longer or shorter than 7 days and will be advised by the Chief Medical Officer, Australia.

Key actions in the recovery phase once the pandemic is controlled in Australia are to restore the health system as quickly as possible and maintain the health and wellbeing of the workforce. The duration of the phase is dependent on how long the health system takes to return to normal and whether there is a second peak or wave(s) of a pandemic. Whilst a pandemic may have subsided, there is a very real chance that a pandemic may flare up again at short notice within 4 to 6 weeks, as this has been the pattern in previous pandemics.

Nationally there will be:

* enhanced vigilance for closing borders to travellers;
* vigilance for testing and identifying subsequent waves;
* increased vigilance for cases; and
* increased monitoring of the virus (to look for genetic mutations).
* A commitment to collaborate internationally with other infectious diseases teams to develop a vaccine for the COVID 19 virus.

It is anticipated that development of an individual; Pandemic Influenza plan for people receiving care in a home setting will ensure that all care can be continued in a safe environment and in a safe manner. The plan includes:

* Identification of the Clinical Director or delegate to coordinate pandemic influenza planning;
* how to prioritise and maintain consumer care:
* a system is in place that identifies consumers who will require care during a pandemic influenza outbreak;
* a system is in place that addresses the capacity for new referrals;
* assess staffing levels in the event of a pandemic influenza outbreak;
* planning for staff shortage due to illness or family commitments;
* a monitoring system is in place for reporting influenza like illnesses amongst employees;
* a monitoring system is in place for reporting influenza like illnesses amongst consumers or families/carers;
* infection control education and training for employees ;
* provision and maintained supply of Personal Protective Equipment (PPE);
* information for consumers and their families to prevent the spread of influenza, and to encourage them to maintain an adequate supply of food and medications;
* key contacts in the Department of Health, hospitals, fever clinics and other community based organisations are identified;
* information on the additional costs incurred by the organisation as the result of the outbreak;
* support for staff.

| DOMAIN/ISSUE | RESPONSIBILITY  | ALTERNATE ARRANGEMENTS |
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| **GOVERNING BODY** | To support the CEO  |  |
| **CORPORATE GOVERNANCE** | Executive Chair/ CEO/Clinical Director/ Manager/ Corporate Governance  | Limit group exposure| The leadership will use teleconferencing, Microsoft teams/Zoom for meetings and restrict meetings in person in any confined space- referencing advice from NSW Health.Consider the option of reducing risk by maximising the ability for team members to work at home where possible on alternate days. This will also provide a benefit for staff in not being exposed to infection during travel to and from work. |
| **BUSINESS CONTINUITY** | 31 Market St is closed | Redirect all call(s) to staff mobile phones.Staff setup voicemail messages to call their mobile.Provide required systems access for team members to operate from home.Supply staff with laptops where required. Deliver training on use of Microsoft Teams and managers can setup teams to communicate regularly with their direct reports. |
| **FINANCIAL GOVERNANCE**  | CEO/ Manager| Corporate Governance will work together to monitor revenue and costs. | investigate all tax and government assistance during the crisis.Model additional costs incurred during the pandemic. |
| **CLINICAL GOVERNANCE** | Pandemic Coordinator /Clinical Director or delegate is responsible for implementing the Pandemic Plan.* Regal Policies, protocols and standards are systematically reviewed and maintained using continuous quality improvement principles.
* Advice from the Australian Chief Medical Officer and NSW Health is monitored to inform Regal operations
 | The Pandemic Coordinator would be the person responsible for infection control in the company including but not limited to: * They will work with staff to develop a pandemic plan that identifies staff resources (e.g. reserve/back-up staff), key tasks and clarifies roles and responsibilities;
* Review necessary infrastructure (e.g. personal protective equipment (PPE) supplies,
* Office environment,
* Communications to consumers and staff, including field workforce, that includes evidence based education and increased signage in the office.
* Internet/Broadband and remote access etc;
* maintain close contact with the Public Health Unit;
* organise education and practice ‘simulations’ for a pandemic situation.

Appoint a clinical ‘back up coordinator’ in case of illness. |
| **CONSUMER SAFETY** | Clinical Director with support from the CEO is responsible for maintaining regular contact with local Public Health Units for advice/directives to promote the Safety of consumers including;* Screening of new referrals to minimise potential for cross infection.
* Provision of evidence based resources and communications on respiratory etiquette, social distancing and the importance of hand hygiene.
 | The following staff will be required individually or as team to be responsible for clinical governance in the event the Clinical Director is not able to fulfil this role:* Clinical Excellence Manager
* Nurse Manager
* Clinical Support Coordinator
* Manager People and Culture

In the event of these staff being unwell or unable to manage this responsibility, experienced senior Nurses in the field workforce will be seconded to fulfill this role. |
| **CONSUMER SAFETY** | Consumer notifying Regal if unwell | If a consumer is complaining of Upper Respiratory Symptoms, they will be advised to complete a COVID test and provided with information about the closest testing clinic.Regal will in consultation with the consumer/family determine if the service they are receive are essential and whether other family might assist until the consumer has a negative test result, thereby minimising the potential risk of cross infection of a vulnerable population.Consumers with a negative COVID swab and ongoing symptoms will be provided masks by Regal Nurses/Support Workers during the service.Field workforce need to be provided with resources to demonstrate how to apply and remove a face mask & remind consumers to observe cough etiquette; and keep >1 metre from others if possible. |
| **PERSONAL PROTECTIVE EQUIPMENT** | Mandatory Use of Masks  | All staff are provided with a supply of multilayered cloth and disposable surgical masks. Mandatory use of masks commenced 21/7/20 due to the changing advice.Regal Nurses have been given advice about the care and changing of masks so they can be laundered each day with their clothing. |
| **STAFF EDUCATION** | Regal field workforce and office team are provided with education, resources and evidence based information | Regal has created Microsoft 365 Teams to share and update the Regal team on changes to directives from the Chief Medical Officer. Education| Videos on COVID-19, Safe application/removal on masksResources such as: COVID 19 HotlineDept of health Cough Hygiene Poster, In Home and Commonwealth Aged Care Guide to COVID-19, Guide for Home Care ProvidersAged Care and Quality Safety CommissionDept of health COVID 19 Flowchart including risk assessment of outbreak |
| **SAFETY OF FIELD WORKFORCE** | CEO with support from the Clinical Director, Nurse Manager, Manager People and Culture, Scheduling and Planning Manager, Manager Corporate Governance and Clinical Excellence Manager are responsible for the safety of the field workforce to deliver services including:* consumer screening of new consumers to identify people who meet the requirement for COVID testing due to their symptoms, travel or contacts.
* establish the advice for field workforce or consumers with suspected COVID-19 to call national helpline or their GP.
* communication to consumers to remind them to call Regal for screening if they are unwell and remind them to notify Regal if they are, to review service plan.
* environmental screening and supply of personal protective equipment and hand sanitiser or soap/paper towels.
* establishment of register to record COVID-10 related calls/testing on the incident register.
* Communication with Case Managers of Brokerage consumers to request they screen and advise Regal in advance of any consumers who are unwell.

Staff Survey to determine capacity if schools close  | Employers are required under Work Health and Safety Regulation 2017 (NSW), Codes of Practice, and supporting policies and practices to provide a safe working environment for their employees.Regal will seek to reduce the burden on Hospitals and make every effort to deliver services to consumers. Confirm executive access to contact details for entire team including emergency contact details.Regal’s Policy is NOT to outsource services during a pandemic, as the quality control cannot be verified. Regal field workforce will be informed that consumer screening has occurred in their *Skedulo* job card to reinforce to them and give confidence that Regal has quality and safety processes in place.When a Nurse/Support Worker is unable to deliver services then the following process will be implemented:* Check if the consumer can be reallocated to another Nurse/Support Worker
* Check if the consumer’s service is essential and not attending an individual service /ongoing service will cause the potential of harm. Other options include
	1. There may be the potential for family to or neighbours to assist
	2. Nurses based in the office could be seconded to the field to augment the workforce during the pandemic.
	3. If Regal is unable to deliver the service in the short term, notification of the referrer and/or GP
	4. Notification of DVA/Public Health Unit which may result in the consumer being admitted to Hospital or clinical referral to 13SICK
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|  |  | A minimum supply of masks /PPE will need to be held for service delivery of 3 months. Regal was unable to source any supply from NSW health or Commonwealth Department of Health/ Veteran AffairsRegal will be unable to deliver services in the absence of PPE and this is a significant risk to the company and the workforce.Supply will be sourced from:* Independence Australia or other commercial suppliers

Supply of PPE to field workforce is a requirement for ongoing service delivery and links to training on application and removal of PPE will be provided to field workforce.<https://www1.health.gov.au/internet/main/publishing.nsf/Content/safe-use-dvd><https://www1.health.gov.au/internet/main/publishing.nsf/Content/safe-use-dvd>Environmental /Referral Screening will need to extend to others who may be present in the home for the Nurse visit. Are they acutely unwell AND1. Have they had contact with a person who has confirmed COVID-19 OR
2. Have they been in contact with people from known COVID hotspots

Confirm emergency contacts and ensure they are accessible by staff in ROSIE. |
| **OPERATIONAL MANAGEMENT** | CEO is responsible for:Office cleanliness | A request placed to the building management to increase frequency and vigilance of cleaning in public areas including lift buttons, bathroom doors, toilet doors, sink handles.Regular cleaning of surfaces that are frequently handled in the office such as hand rails, lift buttons, door bells and door handles (at least daily) with detergent and water followed by a disinfectant). Provision of alcohol wipes to team to wipe down work areas.Regal will create contact details in ROSIE Public Health Units. |
| **PHONES** | Telephone Management  | Equip specific staff working remotely with phones when on call. Appointment of additional staff to assist with on call.Equip staff working at home with VPN to enable them to access all drives.Divert direct landlines to respective Individual’s mobiles. If staff are unwell their number will be diverted to another staff member. |
| **REMOTE ACCESS** | Equip Staff to Work Remotely. | Reduce the risk for staff of travelling on public transport by maximising the ability for team members to work at home where possible on alternate days. Determine which teams can work remotely and develop a calendar for each team.Maximise and supply team with laptops.All operating programmes were deployed to the cloud environment which provided remote access for team members to operate from home, without the need for VPN. Setup the management roles in ROSIE and train managers to use this function to ensure team members are actioning tasks assigned to them. Allocate responsibility of ROSIE reports to specific team members and this will enable their managers to audit activities and team tasks each day.Managers are responsible for monitoring dashboards and reports and participating in a daily team meeting.Provide parking for senior staff or those who are at risk, to attend the office.Regular reviews of the structure.**Scheduling Team to divide between office/home.**Staff rostered for 8-5pm, 9-6pm work from homeStaff rostered 7am and evening to be in the office. |
| **COMMUNICATIONS** | CEO / Clinical Director | Provide regular communication to all team members and consumers and update said communication so it reflects the latest guidelines from the Chief Medical Officer of Australia. Provide all consumers with respiratory hygiene resources and contact details for COVID-19 hotline.Update Regal website regularly to inform consumers/staff information about current screening protocols. |
| **WORKFORCE MANAGEMENT** | CEO/ People and Culture Manager will:* Determine the visit capacity with the current workforce.
* Estimate the number of extra visits that could be offered with the current workforce.
* As there may be a reduced workforce capacity conduct a workforce survey to identify who is prepared to continue working/will not be working during a pandemic if schools close;
* Identify if there is any additional capacity in the workforce to expand hours/take on other clinical tasks;
* Encourage all Nurses to get influenza vaccine.
* Discuss and acknowledge staff beliefs/preferences about continuing to work (risk to themselves and their families) and taking these into account for Pandemic plan;
 | People and Culture Team Leader with Support from the Clinical Director.Maintain record of COVID-19 related issues/testing and in the incident register/COVID-19.Maintain records of influenza vaccination on the resource record.PPE postage to all field workforce* Masks
* Aprons
* Alcohol wipes
* Goggles

Each parcel contains the msg |Thank you for the care you provide to your consumers at this challenging time. As a community if we all work together we will get through this.With gratitude  |
|  | * Reinforce staff absentee policy (e.g. staying home if respiratory symptoms in self/family) including length of time for absence;
* Leave freeze for 3-6 months.
* Schedules will be designed to include contingency planning;
* Delegation/substitution of work;
* If a staff member refuses to come to work because he/she is concerned about contracting pandemic influenza, and all precautions have been taken to address issues of staff safety, then whether the staff member is entitled to not work and still be paid, will be clarified with the Work Health and Safety Regulation 2017(NSW) and industrial relation laws.
 | Ensure that staff symptomatic with suspected or confirmed influenza should be sent home or remain at home and monitored by Clinical Director based on advice at the time.-Health workers are likely to face special challenges brought about by the need to ration scarce resources (including attention to their consumers) and of having to make difficult ethical decisions.Notification by staff who are unwell is escalated to a clinician to screen them and determine if medical review is required.Educating workforce on the use of Microsoft Teams and provide access to Templates and process. |
|  | When close contact is unavoidable with people who are acutely unwell, the basic principles for infection control at home are the same as in other areas of health care. These are: * applying respiratory hygiene/cough etiquette to contain infectious droplets
* performing effective hand hygiene with either soap and water, or an alcohol-based hand hygiene product;
* wearing of personal protective equipment (PPE) appropriate to the task and risk of exposure;
* wherever possible maintaining a distance of greater than one metre from persons with respiratory symptoms; and
	+ performing effective environmental hygiene.
* In general, minimise the risk of self-contamination by ensuring:
	+ careful placement of PPE prior to consumer contact, thus reducing the need to adjust PPE during consumer contact;
	+ compliance with the recommended sequence for careful removal of PPE.
	+ avoid contamination of eyes, nose or mouth with contaminated hands (gloved or un-gloved);
 |  |
|  | * Regal workforce should be particularly vigilant to:
	+ avoid touching environmental surfaces that are not directly related to consumer care (e.g. door knobs, light switches, etc.).
	+ Apply the Principles of Respiratory Hygiene To contain respiratory secretions, all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should be instructed to:
	+ cover the nose/mouth when coughing or sneezing;
	+ use tissues to contain respiratory secretions; dispose of tissues in the nearest waste receptacle after use; and
	+ perform hand hygiene after every contact with respiratory secretions and contaminated objects/materials.
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| **SAFETY OF OFFICE TEAM** | CEO is responsible for the safety of office staff with support from the Clinical Director including:* regular updates,
* evidence based health advice,
* access to hand sanitiser or soap and water,
* directive to stay at home if unwell ,
* provision of Influenza vaccination annually and encouragement of all staff to take up this benefit
 | * Consider the option of reducing risk by maximising the ability for team members to work at home where possible on alternate days.
* Provide regular staff updates and education based on evidence.
* Provide staff with the Hand Hygiene training and visual support.
* Confirm the process for staff to report being unwell and the resultant action.
* Whilst influenza vaccine will not protect against COVID-19 seasonal influenza vaccination has been shown to reduce the risk of hospitalisations and death from influenza and pneumonia in at risk groups. Vaccination of staff and health care workers reduce the risk of transmission to the vulnerable consumers they care for.
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| **SCENARIOS** | Example  | Management |
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| ***Sick field Nurse*** | *A Regal Nurse or office staff Notification they have an URTI and are concerned if they should be tested?* | A COVID screening will be completed by Clinical Director or delegate to determine whether their symptoms are consistent with those recommended by Chief Medical Officer for testing. The scheduler is notified the field worker is stood down pending the negative COVID test and entered into the COVID register. |
| **INFECTION CONTROL** | Preventative Request | A request placed to the building management to increase frequency and vigilance of cleaning in public areas including lift buttons, bathroom doors, toilet doors, sink handles.Regular cleaning of surfaces that are frequently handled such as hand rails, lift buttons, door bells and door handles (at least daily) with detergent and water followed by a disinfectant (such as 1000ppm sodium hypochlorite or an alcohol wipe). |
| **SCHOOL CLOSURE**  | Regal’s field workforce are predominantly female, and many are primary carers of children so school closure could deplete the existing workforce.  | Assess staff availability in light of government legislated changes or directives i.e. school closures who are able to work in usual hours.Assess staff who are able to work alternate hours rather than during day.Review current demands of essential consumers and allocate available workforce to them in the short term. |
| **CONSUMER CONCERN** | Consumer calling to express concern aboutthe potential to contract COVID-19 from Regal worker | Provide key messages delivered in the communication 1 to consumers.Reassure that Regal is screening all new staff and new referrals and has a pandemic response policy in place.Regal has requested all consumers notify if they are unwell with respiratory condition so a plan can be made about whether services can be delivered.Review and update the current criteria for COVID testing. |
| **CONSUMER CONCERN** | Consumer distressed that Regal Nurses are wearing a mask. | Communications regularly to all consumers with an explanation of the Regal Policy based on advice of Chief Medical Officer.Nurses will explain that masks are now required due to the changing advice. |

**REFERENCES**

2020 Department of Health|COVID-19 advice

2019Australian Health Management Plan for Pandemic Influenza Template

2020 Primary Care Management |Pandemic Influenza Sub Plan Ministry of Health SA.