21/7/20 COVID -19 PANDEMIC PLAN Version 2.6

|  |  |  |  |
| --- | --- | --- | --- |
| Date  | Version | Name | Change |
| 18/3/20 | V2.0 | Jude Foster , Chief Clinical & Quality Officer  | Implementation |
| 8/4/20 | V2.2 | Jude Foster , Chief Clinical & Quality Officer  | Welfare Updates, use of telehealth |
| 21/7/20 | V2.3 | Jude Foster , Chief Clinical & Quality Officer  | Mandatory Use of Masks |
| 17/11/2020 | V2.4 | Jude Foster , Chief Clinical & Quality Officer  | Updated advice  |
| 26/2/21 | V2.5 | Jude Foster , Chief Clinical & Quality Officer  | No Masks Required by Providers |
| 8/5/21 | V2.6 | Jude Foster , Chief Clinical & Quality Officer  | Updated Advice from NSW Health |

**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 and is based on the advice from the Chief Medical Officer of Australia and NSW Health. 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 Chief Clinical & Quality Officer 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 screening and capacity to accept new referrals;
* assess staffing levels in the event of a pandemic influenza outbreak;
* planning for staff shortage due to illness or family commitments;
* a COVID Register is established for reporting influenza like illnesses amongst employees or Consumers;
* a monitoring system is in place for reporting influenza like illnesses amongst consumers or families/carers;
* infection control education and training is provided 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.
* Encouraging all staff to be vaccinated and monitoring the compliance of same.
* Encouraging all staff to be vaccinated for influenza and monitoring compliance of same.

| DOMAIN/ISSUE | RESPONSIBILITY  | ALTERNATE ARRANGEMENTS |
| --- | --- | --- |
| **GOVERNING BODY** | To support the CEO  |  |
| **CORPORATE GOVERNANCE** | Executive Chair/ CEO/Chief Clinical & Quality Officer/ Chief Financial Officer | 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.A contract tracing sign in sheet to be established in the office for ease of tracing in the event that a staff member contracted COVID. |
| **BUSINESS CONTINUITY** | 31 Market St is closed (based on government directives) | 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.Appointment of additional staff to assist with on call.Internet/Broadband and remote access are communicated to the office team;Establishment of a COVID Channel using Microsoft Teams to provide all updates to the Regal team in a central location.Staff Survey to determine workforce capacity if schools close completed in April 2020. |
|  |  | A minimum supply of masks /PPE will need to be held for service delivery of 3 months. Regal will be unable to deliver services in the absence of PPE and this is a significant risk to the company and the workforce.Supply channels to investigate for PPE include:* NSW health or
* Commonwealth Department of Health National Stockpile
* Veteran Affairs
* Independence Australia or other commercial suppliers
* Industry suppliers
* Local pharmacies
* Online suppliers
 |
| **OPERATIONAL MANAGEMENT** | Executive Manager Operations 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 for local Public Health Units. |
| **FINANCIAL GOVERNANCE**  | CEO/Chief Financial Officer will work together to monitor revenue and costs. | CFO will develop a model of additional costs incurred during the pandemic. Investigate all tax and government assistance during the Pandemic.* Nurse Retention bonus
* HCP COVID supplement to provide additional PPE
* DVA Pandemic Plans
 |
| **CLINICAL GOVERNANCE** | Pandemic Coordinator /Chief Clinical Officer or delegate is responsible for implementing the Pandemic Plan.* Regal Policies, protocols and standards are systematically reviewed and maintained using continuous quality improvement principles.
* Monitoring of advice from the Australian Chief Medical Officer and NSW Health to inform Regal operations
 | The Pandemic Coordinator is the person responsible for infection control in the company including but not limited to: * 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; how
* Review necessary infrastructure (e.g. personal protective equipment (PPE) supplies and possible supply channels;
* Office environment to maintain a high standard of hygiene and provide access to sanitizer.
* Communications to Consumers and staff, including field workforce, that includes evidence based education and increased signage in the office.
* maintain close contact with the Public Health Units;
* Provide education on donning and doffing and PPE usage and changes directed by the Chief Medical Officer.
* Appoint a clinical ‘back up coordinator’ in case of illness or unavailability from senior Clinical Staff.
* 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.
 |
|  |  | The following staff will be required individually or as team to be responsible for clinical governance in the event the Pandemic Coordinator is not able to fulfil this role:* Executive Manager Operations
* Executive Manager Aged Care
* Executive 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** | Pandemic Coordinator 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.
* Screening of all new staff
* Provision of evidence based resources and communications on respiratory etiquette, social distancing and the importance of hand hygiene.
 | * Completion of Pandemic Plan on all DVA Consumers to review alternate arrangements and delivery of services eg telehealth
* Any field workers with URTI symptoms are stood down until the negative COVID test is received and the Consumer informed.
* Field workers are directed to knock on the door and screen occupants for any URTI symptoms before entry.
* Promoting through communications Consumers influenza and COVID vaccinations.
* Communications to Consumers requesting workforce have access to handwashing facilities in the event that PPE supply was restricted.
 |
| **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. The Consumer will be recorded on the COVID register and result recorded.Regal will in consultation with the Consumer/family determine if the service they are receive is 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. Other options to consider include:* 1. Convene an emergency clinical meeting of available members of the Clinical Governance Committee to determine alternate arrangements on a case by case basis for a Consumer who is unwell or COVID positive and has no family support to assist them in their recovery.
	2. There may be the potential for family to or neighbours to assist to reduce the potential of cross infection by staff to other Consumers.
	3. Nurses based in the office will be seconded to the field to augment the workforce during the pandemic.
	4. If Regal is unable to deliver the service in the short term, notification of the referrer and/or GP
	5. Notification of DVA and/or Public Health Unit which may result in the Consumer being admitted to Hospital or clinical referral to 13SICK

Consumers with a negative COVID swab and ongoing symptoms will be provided masks by Regal Nurses/Support Workers during the service.Field workforce are 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 is subject to government directives | All staff are provided with a supply of multilayered cloth and disposable surgical masks due to the restricted supply of PPE.Mandatory use of masks commenced 21/7/20 due to the changing advice and this requirement was ceased 26/2/21.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 uses Microsoft 365 Teams to share and update the Regal team on changes to directives from the Chief Medical Officer Australia/NSW.Any COVID testing results of staff are then recorded in the COVID register.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 outbreakEligibility toolVaccination CentresCOVID testing centres |
| **SAFETY OF FIELD WORKFORCE** | CEO with support from the Pandemic Coordinator, Executive Manager Operations, Executive Manager People and Culture, Executive Manager Aged Care, Chief Financial Officer 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 clinical screening if they are unwell and remind them to notify Regal if they are, to review their scheduled services.
* environmental screening and supply of personal protective equipment and hand sanitiser or soap/paper towels.
* establishment of register to record COVID-19 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.  | 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 seeks to reduce the burden on Hospitals and make every effort to deliver services to Consumers. Establish and confirm executive access to personal contact details for entire team including emergency contact details.Communication with workforce to confirm who is working in other locations that might be a source of infection. This information is now captured during the onboarding process too. 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 will 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

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. |
| **VACCINATION MANAGEMENT** | Chief Clinical and Quality Officer or delegate is responsible for communications to the workforce related to COVID and also for Policy & Procedure development regarding the COVID Vaccination Programme. | Regal is proactive in promoting vaccination to the Regal team and is guided by the Commonwealth vaccine rollout and online screening and registration process.Regular communications have been provided to the field on the vaccination process and notification of Regal. Regal strong encourages all staff to get the COVID vaccination and provide evidence of same so a vaccination tag can be added to their record.If team members have any concerns about their vaccination or are unable to vaccinated due to medical reason, they are invited to discuss with the Pandemic Coordinator.The Pandemic Coordinator will commence calls to all field workers to followup their status of vaccination and discuss any concerns they may have.  |
| **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. 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.**Care Team\_Schedulers to divide between office/home.**Staff rostered for 8-5pm, 9-6pm work from homeStaff rostered 7am and evening to be in the office.The scheduling roster is available on Microsoft teams. |
| **WORKFORCE MANAGEMENT** | CEO/ Executive Manager Operations 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;
 | Executive Manager Operations with support from the Pandemic Coordinator:Maintain record of COVID-19 related issues/testing and in the incident register/COVID-19.Maintain records of influenza & COVID vaccination on every resource record.A ROSIE report to monitor utilisation of available workforce is monitored.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. or**As a community if we all work together we will get through this.*Regal is sensitive to supporting the mental health of the workforce |
|  | * Reinforce staff absentee policy (e.g. staying home if respiratory symptoms in self/family) including length of time for absence;
* Consider whether a Leave freeze is required for a period;
* 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 all concerns are escalated to the Pandemic Coordinator or delegate for education/support.
 | Ensure that staff symptomatic with suspected or confirmed influenza are stood down and remain at home with monitoring by Pandemic Coordinator based on advice at the time.Staff are placed on leave without pay whilst stood down ( after exhausting all leave entitlements) – this position is reviewed regularly by Executive Manager People & Culture and Chief Financial Officer in consultation with the CEO. In situations of financial hardship the workforce will be encouraged to discuss confidentially with their Manager.Notification by staff who are unwell is escalated to a Pandemic Coordinator or delegate to screen them and determine if medical review is required.Educating workforce on the use of Microsoft Teams and provide access to Templates and processes.Schedulers will maintain regular contact with their team members to determine their excess capacity. |
|  | 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 1.5m 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);
 |
|  |  |  |
| **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
 | * Reduce the risk of cross infection of office staff by maximising the ability for team members to work at home
* 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.
* Promote the COVID Vaccination for all staff.
* 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.
 |

|  SC**ENARIOS** | Example  | Management |
| --- | --- | --- |
| ***Sick staff member*** | *A Regal Nurse or office staff notification they have an URTI and are concerned if they should be tested?* | A COVID swab must be completed on anyone displaying respiratory symptoms.When a staff member is added to the COVID register Schedulers will notified if any field worker is stood down pending the negative COVID test. The staff member is responsible for compulsory self quarantine and provision of COVID testing results to the operations teams |
| **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. |
| **CONSUMER CONCERN** | Consumer requesting only workforce who are vaccinated to deliver services | Regal will attach tags for COVID 19 vaccinations to all workforce records which enables schedulers to determine who is vaccinated.In this event the Pandemic Coordinator will contact all attending staff and discuss their current vaccination status and alleviate any concerns. |

**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.