**Attachment 8 Residential Aged Care Outbreak with Suspected or Confirmed COVID-19**

**Residential Aged Care Outbreak with suspected or confirmed COVID-19**

**Before the Visit**

It is essential that any staff member proposing to visit a residential care facility with a suspected or known outbreak carefully considers whether an on-site visit is required and has considered use of telehealth or videoconferencing or other communication mechanism prior to visiting.

It is essential that the EH worker gains consent from their manager prior to conducting a visit to any residential care facility with a suspected or known outbreak, and that the manager is satisfied that the EH worker has the appropriate skills and training to work in a potentially uncontrolled environment.

It is essential that the EH worker has approval and consent from the facility manager prior to attending for the onsite visit.

It is essential that a second EH worker attends who can act as an observer (spotter) and support person in maintaining staff safety and protecting from PPE breach. See below regarding use of ‘safety observer’.

It is essential that one member of the team has experience in working in a COVID environment (ward or ambulatory).

**Proceeding with Visit**

Processes for visit to a residential care facility with a suspected or known outbreak of CoVID 19:

1. Review of the pre-visit risk assessment conducted by the outbreak management team (0434 829 814)
2. Ensure PPE pack is complete within EH vehicle and any equipment required for clinical assessment or care is in plastic sleeves
3. If the travel time to the facility is > 30 minutes, staff are required to travel in separate cars. Optimally if there are sufficient cars separate vehicles should be used.
4. At arrival outside the facility, staff members must notify the facility of your presence and confirm from the pre-visit checklist as to where the ‘clean’ zone has been set up, how to access this and confirm planned imminent entry.
5. Don full PPE and setup up a ‘clean’ station within the car boot or near facility entrance to include lined bin with 2 plastic bags, plastic box, hand sanitizer station. Any personal items should be minimized and use a label on the face shield with your name and designation
6. Enter facility and move directly into the clean zone and plan workflow and assessments required. Designate one worker as a clinician and the second clinician as a safety observer.
7. After entering ‘dirty zone’ change gloves between each client close contact (SCOVID or COVID) using the facility doffing station. Perform hand hygiene during each glove change.
   1. Note: Within the patient zone, gloves **can and must** be changed and hand hygiene performed at every hand hygiene moment. Examples of this include moving from general patient care to a clean procedure such as cannulation, or after touching a dirty site such as an indwelling catheter. Removing gloves within a COVID patient’s room to change them does not pose an infection risk if alcohol based hand rub is applied as usual, and new gloves are donned afterwards.
   2. \*Routine double-gloving is not required and should not occur as this creates an increased barrier to hand-hygiene, and more difficult doffing may increase risk of infection to both the staff member and patient. Exceptions are for intubation in theatre and procedures which would ordinarily be performed with double gloves.
8. Any equipment must be considered dirty if it has been carried with you into the dirty zone (unless within the pocket of your personal clothing and placed in a ziplock bag )
9. After completion of clinical work, wipe down any equipment or tools that are being taken out of the facility thoroughly using a clinell or tuffie wipe. Change gloves and perform hand hygiene prior to doffing station outside the facility.
10. If the facility has a doffing station , doff at this point. Alternatively if not available doff outside the facility using your EH bucket, drop your equipment within a container (or clean clinical or infectious waste bag provided by your spotter), hand hygiene. Using a no-touch technique ensure your waste is within the second bag and tied up and disposed of utilising where possible the facility’s infectious waste bin . If the facility does not have Infectious waste bin place return to a EH facility with waste in the sealed bucket located in your vehicle.
11. Return to EH and tuffie wipe areas within the car (as per usual process) open plastic box, further tuffie wipe contents and inside/outside of plastic box,
12. After your shift, immediately remove your clothes and wash in the hottest wash available.

**Role of Safety Observer (Donning and Doffing) aka spotter**

Whilst correct use of PPE protects staff, breaches are most likely to occur during doffing. When working in an outbreak, it is required to have a trained donning and doffing safety observer (spotter) to minimise the risk

The purpose of the PPE spotter is to ensure the safety and wellbeing of the clinician providing direct care to the patient. The spotter is a guide and protector.

The spotter role involves:

* Vigilance i.e. constantly watching the clinician and the environment for possible contamination (what is touched, hand-to-face, torn or soiling of PPE)
* Proactivity in identifying the risks
* Verbal instructions for PPE donning and doffing which is slow, steady and at a deliberate pace. Avoid distractions whilst doffing.
* May include scribing outside the patient’s room or outside the ‘dirty’ zone

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| Before entering the outbreak environment: | * Clinician to remove all jewellery, watches, mobile phones * Spotter and clinician to wear a full set of PPE * Determine correct size of gloves/gown * Ensure clinicians have the correct N95 Mask as determined during N95 fit testing. Practice donning-doffing PPE especially N95 mask * Ensure clinician and spotter are both well-hydrated and have had a toilet visit |
| When outside the covid/dirty zone | * Spotter Check that the clean store of PPE set-up is conveniently located, right size, free of any tears * During donning –   + GUIDE – give step-wise instructions and check that it is verbally confirmed.   ASSIST if needed, but minimise the amount of direct contact. If providing assistance always use gloves and practice hand hygiene .   * + SCAN continually for possible contamination risk of the clinician and environment, check for torn or soiled PPE |
| Before the clinician enters the patient’s room: | * Spotter checks that the clinician has all the equipment they need to take into the room for the consultation e.g. vital obs equipment * Ensure that an appropriately maintained and not over-filled medical infectious waste container is available   **The spotter does not enter the patient’s room/dirty zone** |
| When the clinician has finished the consultation with patient and is still standing inside the room: | * Spotter hands tuffie wipes bucket to clinician to pull off the wipes and clean all equipment * Clinician then passes the wiped items to the Spotter and places in a clean bag or container * Spotter puts these clean items into a receptacle for use for the next patient (unless there are dedicated equipment per patient) * Clinician verbally indicates they are ready to start doffing process * During doffing –   + REMIND clinician to not touch their face or any other exposed body parts during the process   + GUIDE – give step-wise instructions and check that it is verbally confirmed.   + SCAN continually for possible contamination risk of the clinician and environment, check for torn or soiled PPE   + Direct the clinician to dispose of PPE items in appropriate waste receptacle   + ensure that an appropriately maintained and not over-filled medical infectious waste container is available   + ensure that the clinician simply drops (rather than forces or pushes) waste into a bin to minimize aerosol generation   **The Spotter does NOT assist the clinician with removing PPE, instead gives verbal instructions and request the instructions are verbalised back for confirmation as they are being actioned** |

**Checklist prior to visiting a residential facility with known or suspected COVID-19 outbreak.**

* Have you read Attachment 6 of the Home Visiting Safety CPG ?
* Do you have an Eastern Health staff member to act as your safety observer (spotter)?
* Is one of you experienced in working in a COVID environment?
* Is your car stocked with the required PPE including suitable N95 masks?
* Has your manager approved the visit as urgent and unable to be conducted remotely?
* Have you prepared by reading through the outbreak risk assessment tool, receiving a handover from the outbreak team manager and ensuring all relevant information is provided prior to the visit?
* Do you have the appropriate tools to provide an effective visit e.g. i-pad preloaded with patient details or report templates to provide an accurate contemporaneous situation report?