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Outbreak Management Plan: COVID-19 Outbreak



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Abbreviations List

COVID-19	Coronavirus Disease 2019
GP	General Practitioner
ILI	COVID-19-like-illness
PHU	the relevant Public Health Unit
OMP	Outbreak Management Plan
ΟΜΤ	Outbreak Management team
PCR	Polymerase Chain Reaction (see also NAAT/ NAT)
PPE	Personal Protective Equipment

1. Governance arrangements

Authority

The development, implementation and revision of The Plan (the Plan) is the responsibility of the Board of Directors.

Aim

The aim of the Plan is to prevent further spread of COVID-19 or COVID-19-like-illness (ILI) across Bunji staff members and participants and mitigate the impact on participants, staff members, contractors, families, and the organisation.

This plan can also be activated to manage a potential or confirmed outbreak of a novel respiratory disease of international or national public health concern.

Objectives

The objectives of the plan are to:

- Document the response activities that Bunji will undertake for a potential or confirmed COVID-19 outbreak
- Clarify the roles and responsibilities for all stakeholders
- Provide resources for an COVID-19 outbreak response

Legislation and supporting documents

Relevant legislation:

- National Disability Insurance Scheme Act 2013 (NDIS Act)
- NDIS Rules
- NDIS Practice Standard (Emergency and disaster management)
- NDIS Code of Conduct

Supporting documents:

• <u>Australian guidelines for the prevention and control of infection in healthcare</u> National Health and Medical Research Council, 2019

Triggers to activate the plan

The Plan will be activated when any of the following outbreak definitions are met:

Potential COVID-19 outbreak:

- 5 or more cases of ILI in participants or staff members that are clearly linked through service delivery and appointments occur within three (3) days
- A carer of a participant who lack physical or intellectual capacity displays ILI
- Case definition of COVID-19-like-illness:
 - Sudden onset of symptoms
 - AND at least one of the following three respiratory symptoms:
 - Cough (new or worsening)
 - Sore throat
 - Shortness of breath
 - AND at least one of the following four systemic symptoms:
 - o Fever or feverishness
 - o Malaise
 - o Headache
 - o Myalgia

Confirmed COVID-19 outbreak:

 5 or more epidemiologically linked cases of ILI in participants or staff members that are clearly linked through service delivery and appointments occur within three (3) days PLUS

All cases having a positive PCR or RAT test for COVID-19

 A carer of a participant who lack physical or intellectual capacity have a positive PCR or RAT test for COVID-19

While the above definitions provide guidance, the Board of Directors may seek external advice from the PHU to assist in deciding whether to declare an outbreak.

Outbreak Management Team

An Outbreak Management Team (OMT) will be convened when the plan is activated and will comprise the following roles:

Role	Position	Responsibilities
Chair	Chief Executive Officer	Coordinate OMT meetings, set meeting times and agenda, delegate tasks
Secretary	Executive Officer	Organise OMT meetings, record and distribute minutes of meetings
Outbreak Coordinator	Chief Client Officer	Ensure all infection control decisions are implemented, coordinate outbreak response activities required to contain and investigate the outbreak
Media spokesperson	Chief Executive Officer	Provide information to the media.
Clinical expert	Clinical Care Manager	Facilitate clinical assessment and management of ill participants, including use of antiviral medications
People & Culture Representative	Head of People & Culture	Facilitate support to staff members impacted by the outbreak.
Services Coordinator	Head of Operations	Facilitate support to staff members and participants impacted by the outbreak.

The Outbreak Management Team (OMT) will meet daily until the Chair determines a change to meeting frequency.

Triggers to declare the outbreak over

A confirmed COVID-19 outbreak:

- can be declared over if no new cases occur within eight (8) days following the onset of illness in the last client or employee case
- The decision to declare the outbreak over will be made by the OMT, in consultation with the relevant public health unit, who may recommend a longer period prior to declaring the outbreak over.

An ILI outbreak where a respiratory pathogen was not identified:

• same as for a confirmed COVID-19 outbreak

An ILI outbreak caused by another respiratory disease, including a novel respiratory disease of public health concern:

- is dependent upon the pathogen's infectious period and incubation period
- declaring the outbreak over will be discussed with the relevant public health unit

2. Communications

An efficient outbreak response will be facilitated through early and regular communications to all stakeholders.

Notification process

Participant Communication

Information provided regularly to participants will address:

- Progress of outbreak, including number and location of client and staff members cases
- Outbreak management and control measures being implemented
- Results of pathology testing

Regularity of the communication will be determined by the OMT.

Staff member briefings

Information provided regularly to staff members will address:

- Progress of outbreak, including number and location of client and staff members cases
- Outbreak management and control measures being implemented
- Impact on staff members and/or rostering, including how staff members fatigue is being managed
- Results of pathology testing

Regularity of the communication will be determined by the OMT.

Stakeholder updates

Stakeholders identified by the OMT, relevant to the outbreak, will be updated regularly for the duration of the outbreak. Stakeholders may include:

- General practitioners
- Families
- Pharmacy
- Informal carers

Regularity of the communication will be determined by the OMT.

COVID-19 information resources

The following COVID-19 resources will be used/ distributed during an outbreak response:

Australian Department of Health:

COVID-19 2020

Relevant COVID-19 posters and brochures from the resources collection

Flu vaccination poster

3. Management of staff members

For the purposes of this plan, staff members include volunteers and essential contractors. To prevent further spread of ILI within the provider:

Staff members movement	 Only essential service will continue to be delivered to COVID-19 positive participants. Staff members delivering these services will be isolated from all other participants and staff members and will not deliver services to other participants during this period. All essential service will be delivered in a contactless method if possible.
Unvaccinated staff members	All Bunji staff members are required to have received a minimum of three doses of the COVID-19 Vaccination .
Staff members contingency plan to manage staff members fatigue	 CSW contract staff members will be utilised to maintain safe delivery of services and ratio of staff members to participants Contract staff members will be required to be vaccination against COVID-19 Where required to continue to deliver services, office based staff members will be trained and asked to support with essential service delivery

4. Management of participants

To prevent further spread of ILI within the provider:

Client movement	• In line with COVID-19 protocols, participants will be required to isolate in their home, whilst well enough to do so. Isolation requirements will be consistent with public health orders.
Participants	Free COVID-19 vaccination will be offered for the duration of the outbreak to increase vaccination coverage rate
Clinical management of ill participants	GPs will be consulted regarding COVID-19 positive participants.

5. Infection control measures

As soon as a potential or confirmed COVID-19 outbreak is recognised, the provider will implement the following infection control measures:

Isolation of ill participants or carers	 Ill participants or carers will isolate in their home for a time span consistent with public health orders If transfer of a client is required, the client will wear a surgical mask if tolerated
Exclusion of ill staff members (staff members cases)	 Staff members developing ILI symptoms whilst at work will report immediately to the Outbreak Coordinator Staff members with ILI or confirmed COVID-19 will be excluded from work for for a time span consistent with public health orders Staff members with another confirmed respiratory illness will be excluded as per advice from the the relevant public health unit Staff members will report ILI or confirmed COVID-19 when notifying Sick Leave Staff members who report ILI will be encouraged to seek medical advice and testing
Hand hygiene	 Hand hygiene practices as per the <u>5 Moments of Hand</u> <u>Hygiene</u> will be maintained and promoted to all staff members, participants, contractors, families and visitors The use of alcohol-based hand rub is the preferred method for hand hygiene by staff members. Alcohol-based hand rub product will be supplied to all staff members

	Washing hands with soap and water is indicated when hands are visibly soiled
Respiratory hygiene and cough etiquette for ill participants	 Ill participants will be encouraged/ assisted to cover their coughs and sneezes with a tissue or their elbow Waste receptacles for used tissues can be made available on request participants will be encouraged/ assisted to wash their hands regularly and after sneezing, coughing or using tissues
Personal protective equipment (PPE) when providing direct care to ill participants	 PPE required to prevent spread of COVID-19 include gloves, plastic apron, surgical mask, eyewear/ goggles Staff members providing direct care to an ill client or undertaking cleaning of an ill client's homes will wear PPE Disposable PPE will be accessible at the homes of ill participants. PPE will be available in a box at the participants entry to their home Spectacles will not be considered protective eyewear Gloves will not be washed with hand wash solution or alcohol-based hand rub PPE will be put on immediately prior to entering an ill client's home: Application sequence: wash hands, plastic apron, mask, eyewear/ goggles, gloves PPE will be removed immediately prior to leaving an ill client's home Removal sequence: gloves, plastic apron, wash hands, eyewear/ goggles, wash hands, mask, wash hands

6. Antiviral medications

- Participants may be prescribed antiviral medications by their GP
- Where antiviral medications are prescribed the mediation will be dispensed by staff members according to Bunji's medication management policy

7. Maintaining stock levels or relevant Consumables

The provider will ensure that adequate stock of consumables that are required to implement infection control measures will be maintained for the duration of an COVID-19 outbreak response:

- The Outbreak Coordinator will be responsible for monitoring and maintaining adequate stock levels leading up to the COVID-19 season and during an outbreak response
- Relevant consumables include:
 - Latex and powder-free disposable gloves (small, medium, large sizes)
 - Disposable plastic aprons
 - o Surgical masks (include various sizes, if available)
 - o P2/N95 masks (for use during aerosol-generating procedures)
 - Eyewear/ goggles (disposable items are preferable)
 - Hand wash solution
 - \circ $\,$ Alcohol-based hand rub
- Prior to the COVID-19 season, stockpiles of PPE and equipment will be stored

8. Review of the plan

The Plan will be reviewed:

- Annually
- After activation: to incorporate learnings to improve future responses

Following an outbreak response being declared over, particularly following prolonged outbreaks:

- Staff members debriefs will be held to identify what worked well and what didn't
- Recommendations will be developed from the debriefs
- The OMT will develop strategies/ processes to address any recommendations arising from the debrief
- The plan will be updated
- Outcomes will be communicated to stakeholders

and privacy obligations of the quality assurance committee.