



21/7/20

COVID -19 PANDEMIC PLAN Version 2.3

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

PURPOSE |

Regal has a Pandemic Policy and this document is designed to provide an operational plan for implementation in the case of a Pandemic. The plan will be living document to be 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 the provision of care in 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. The 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'. Patients with suspected pandemic influenza are to be transported to these designated flu hospitals in the first instance. Regal will source information on the Pandemic services provided by each Hospital.

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 patients 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 patients 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 patients should remain in quarantine (usually in their home) until 7 full days have elapsed since the last exposure to pandemic influenza, providing the contact has not become symptomatic during that time. However, 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. 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 subsequent waves;
- increased vigilance for cases; and
- increased monitoring of the virus (to look for genetic mutations).

A Pandemic Influenza plan for people receiving care in a home setting should ensure that all care can be continued in a safe environment and in a safe manner. The plan includes:

- a responsible person has been identified to coordinate pandemic influenza planning;
- how to prioritise and maintain patient care:
- a system is in place that identifies patients 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 clients or families/carers.
- infection control education and training for employees
- provision of Personal Protective Equipment (PPE);
- the need to maintain a supply of consumable items;
- information for patients and their families that includes preventing the spread of influenza, 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;
- post-outbreak support for staff.

DOMAIN/ISSUE	RESPONSIBILITY	ALTERNATE ARRANGEMENTS
BOARD OF DIRECTORS	To support the CEO to maintain solvency through the pandemic	Capital investment to augment existing funds to provide a financial buffer based on the assumption that the duration of the pandemic is predicted to be 9 months -24 months.
CORPORATE GOVERNANCE	Executive Chair/ CEO/Clinical Director/ Corporate Manager	Limit group exposure The leadership will use teleconferencing, teams, zoom for meetings and limit meetings in person in a confined space. 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 the appropriate person. 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 teams and setup teams to communicate regularly through Teams.
FINANCIAL GOVERNANCE	CEO/Corporate Manager will work together to maintain liquidity through the pandemic.	investigate all tax and government assistance during the crisis. Model additional costs incurred during the pandemic.

<p>CLINICAL GOVERNANCE</p>	<p>Pandemic Coordinator is responsible for implementing the Pandemic Plan.</p> <ul style="list-style-type: none"> Regal Policies, protocols and standards are systematically reviewed and maintained using continuous quality improvement principles. 	<p>The Pandemic Coordinator would be the person responsible for infection control in the company.</p> <ul style="list-style-type: none"> They will work with staff to develop a practice 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 patients and staff including field workforce that includes evidence based education and increased signage in the office. Internet/Broadband access etc; maintain close contact with the Public Health Unit; organise education and practice 'dry runs' for a pandemic situation. <p>Appoint a 'back up coordinator' in case of illness.</p>
<p>PATIENT SAFETY</p>	<p>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 patients including;</p> <ul style="list-style-type: none"> Screening of new referrals to minimise potential for cross infection. Provision of resources on respiratory etiquette, social distancing and hand hygiene based on evidence. 	<p>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:</p> <ul style="list-style-type: none"> Care Excellence Manager Clinical Support Coordinator Care Services Manager People and Culture Team Leader <p>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.</p>

PATIENT SAFETY	Patient notifying Regal if unwell	<ul style="list-style-type: none"> Requirement that patients with upper respiratory tract infection wear masks provided by Regal Nurses/Support Workers during the service , following a COVID 19 test that is negative. Field workforce need to be provided with resource to demonstrate how to apply and remove a face mask & Reminding patients to observe observe cough etiquette; and keep >1 metre from others if possible.
PERSONAL PROTECTIVE EQUIPMENT	Mandatory Use of Masks	<p>All staff are provided with a supply of multilayered cloth and surgical masks and mandatory use of masks commenced 21/7/20 due to the changing advice.</p> <p>Regal Nurses have been given advice about the care and changing of masks so they can be laundered each day with their clothing.</p>
STAFF EDUCATION	Regal field workforce and office team are provided with education, resources and evidence based information	<p>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 masks</p> <p>Resources such as: COVID 19 Hotline Dept of health Cough Hygiene Poster, In Home and Commonwealth Aged Care Guide to COVID-19, Guide for Home Care Providers Aged Care and Quality Safety Commission Dept of health COVID 19 Flowchart including risk assessment of outbreak</p>

<p>SAFETY OF FIELD WORKFORCE</p>	<p>CEO with support from the Clinical Director, Care Services Team Leader, Population and Health Manager AND Scheduling and Planning Manager are responsible for the safety of the field workforce to deliver services including:</p> <ul style="list-style-type: none"> • patient screening of new patients to identify people who are unwell AND who have travelled overseas or had contact with a person with confirmed COVID-19 • establish the advice for field workforce or patients with suspected COVID-19 to call national helpline or their GP. • patient screening of existing patients to confirm they are not unwell and remind them to notify Regal if they are, to review service plan. • supply of personal protective equipment and hand sanitiser or soap/paper towels. • environmental screening • establishment of register to record COVID-10 related enquiries on the incident register. • Communication with Case Managers of Brokerage patients to request they screen and advise Regal in advance of any patients who are unwell. 	<p>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.</p> <p>Regal will seek to reduce the burden on Hospitals and make every effort to deliver services to patients. Regal’s Policy is NOT to outsource services during a pandemic, as the quality control cannot be verified.</p> <p>Regal field workforce will be informed that patient screening has occurred in their Skedulo job card to reinforce to them and give confidence that Regal has quality and safety processes in place.</p> <p>When a Nurse/Support Worker is unable to deliver services then the following process will be implemented:</p> <ol style="list-style-type: none"> a. Check if the patient can be reallocated to another Nurse b. Check if the patient’s service is essential and not attending an individual service /ongoing service will cause the potential of harm. Other options include <ol style="list-style-type: none"> a. There may be the potential for family to or neighbours to assist b. Nurses based in the office could be seconded to the field to augment the workforce during the pandemic. c. If Regal is unable to deliver the service in the short term, notification of the referrer and/or GP d. Notification of DVA/Public Health Unit which may result in the patient being admitted to Hospital or clinical referral to 13SICK <p>Moving forward a supply of masks will need to be held for service delivery of 3 months minimum.</p> <p>Regal will be unable to deliver services in the absence of PPE and this is a significant risk to the company.</p> <p>Supply will be sourced from:</p> <ul style="list-style-type: none"> • Independence Australia or other commercial suppliers • NSW health • Commonwealth Department of Health/ Veteran Affairs
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<p>OPERATIONAL MANAGEMENT</p>	<p>CEO is responsible for: Office cleanliness</p>	<p>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.</p> <p>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 (such as 1000ppm sodium hypochlorite or an alcohol wipe). Should cleaning regime be increased?</p> <p>Provision of alcohol wipes to team to wipe down work areas.</p> <p>Regal will create contact details in ROSIE for each Hospital/fever clinic and Public Health Unit in ROSIE.</p>
<p>PHONES</p>	<p>Telephone Management</p>	<p>The goal is to reduce the risk for staff of travelling on public transport.</p> <p>Confirm executive access to contact details for entire team including emergency contact details.</p> <p>Forward direct landlines diverted to respective Individual's mobiles. If staff are unwell their number will be diverted to another staff member.</p> <p>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.</p>

<p>REMOTE ACCESS</p>	<p>Equip Staff to Work Remotely.</p>	<p>Reduce risk 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.</p> <p>Maximise the use of laptops.</p> <p>Continue the move of all operating programmes to a cloud environment and provide required access for team members to operate from home.</p> <p>Setup the management roles in ROSIE and train managers to use this function to ensure team members are actioning tasks assigned to them.</p> <p>Allocate responsibility of ROSIE reports to specific team members and this will enable their managers to audit activities and team tasks each day.</p> <p>Team Leaders/Managers are responsible for monitoring dashboards and reports and participating in a daily team meeting.</p> <p>Provide parking for staff who will continue to staff the office.</p> <p>Weekly reviews of the structure.</p> <p>Roster to divide team in office/home. Staff rostered for 8-5pm, 9-6pm work from home Staff rostered 7am and evening to be in the office.</p>
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COMMUNICATIONS	CEO/Chair / Clinical Director	<p>Provide regular communication to all team members and patients and update said communication so it reflects the latest guidelines from the Chief Medical Officer of Australia.</p> <p>Provide all patients with respiratory hygiene resources and contact details for COVID-19 hotline.</p> <p>Update Regal website regularly to inform patients/staff information about current screening protocols.</p>
WORKFORCE MANAGEMENT	<p>CEO/ People and Culture Manager will:</p> <ul style="list-style-type: none"> • 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 to take on new patients identify who is prepared to continue working/will not be working during a pandemic; • Identify if there is any additional capacity in the workforce to expand hours/take on other clinical tasks; • Discuss and acknowledge staff beliefs/preferences about continuing to work (risk to themselves and their families) and taking these into account for Pandemic plan; 	<p>People and Culture Team Leader with Support of the Clinical Director.</p> <p>Maintain record of COVID-19 related concerns /availability on the resource record and in the incident register/COVID-19.</p> <p>Maintain records of influenza vaccination on the resource record.</p> <p>Postage to all field workforce</p> <p>Masks</p> <p>Aprons</p> <p>Alcohol wipes</p> <p>Goggles</p> <p>With msg Thank you for the care you provide to your patients at this challenging time.</p> <p>As a community if we all work together we will get through this.</p> <p>With gratitude</p>

	<ul style="list-style-type: none"> • 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; • Regal Nurses may face special challenges brought about by the need to ration scarce resources (including attention to their patients) and of having to make difficult ethical decisions. • 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, should be clarified with the Work Health and Safety Regulation 2017(NSW) and industrial relation laws. 	<p>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.</p> <p>-Health workers are likely to face special challenges brought about by the need to ration scarce resources (including attention to their patients) and of having to make difficult ethical decisions.</p> <p>Encourage all Nurses to get influenza vaccine.</p> <p>Notification by staff who are unwell is escalated to a clinician to screen them and determine if medical review is required.</p> <p>Informing workforce to use Teams and access to Templates and process.</p>
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	<p>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:</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ careful placement of PPE prior to patient contact, thus reducing the need to adjust PPE during patient contact;○ compliance with the recommended sequence for careful removal of PPE.○ avoid contaminating <p>- their eyes, nose or mouth with contaminated hands (gloved or un-gloved);</p>	<ul style="list-style-type: none">•
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	<ul style="list-style-type: none">○ Regal workforce should be particularly vigilant to:avoid touching environmental surfaces that are not directly related to patient care (e.g. door knobs, light switches, etc.). 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:<ul style="list-style-type: none">○ 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.	<ul style="list-style-type: none">•
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<p>SAFETY OF OFFICE TEAM</p>	<p>CEO is responsible for the Safety of office staff with support from the Clinical Director including:</p> <ul style="list-style-type: none"> • regular updates, • evidence based information, • 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 	<ul style="list-style-type: none"> • 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 patients they care for.
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SCENARIOS	Example	Management
Sick field Nurse	<i>A Regal Nurse calls Notification number and reports they have an URTI and are concerned if they should be tested?</i>	<p>An enquiry is made of the Nurse about whether they have had exposure to:</p> <ul style="list-style-type: none"> - A person who has travelled to ‘target’ country in past 14 days - A person with confirmed COVID-19. <p><i>Is this advice right? Are they better to ring the COVID hotline or present at a COVID clinic? If yes, the advice is they should call GP and arrange for a PSA test and self isolate during that period. DISCUSS whether they would be paid?</i></p> <p><i>If no, then do not work for 28 hours and then call clinician in the office to discuss return to work if recovered.</i></p>
INFECTION CONTROL	Preventative Request	<p>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.</p> <p>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).</p>
SCHOOL CLOSURE	Regal’s field workforce are predominantly female, and many are primary carers of children so school closure could deplete the existing workforce.	<p>Assess staff availability in light of government legislated changes or directives i.e. school closures who are able to work in usual hours.</p> <p>Assess staff who are able to work alternate hours rather than during day.</p> <p>Review current demands of essential patients and allocate available workforce to them in the short term.</p>

<p>PATIENT CONCERN</p>	<p>Patient calling to express concern about:</p> <ul style="list-style-type: none"> - The attending workers travel - The attending workers ethnicity <p>Potential to contract COVID-19 from Regal worker</p>	<p>Provide key messages delivered in the communication 1 to patients. Reassure that Regal is screening all new staff and new referrals and has a pandemic response policy in place. Regal has requested all patients notify if they are unwell with respiratory condition so a plan can be made about whether services can be delivered.</p> <p>Current Criteria for testing A person must have travelled to ‘target country’ in the last 14 days OR have close contact within 1.5 m or 15 minutes with a person with confirmed diagnosis. AND be acutely unwell with cough, runny nose, sneezing, fever</p>
<p>PATIENT CONCERN</p>	<p>Patient distressed that Regal Nurses are wearing a mask.</p>	<p>Nurses will explain that masks are now required due to the changing advice.</p>

REFERENCES

2020 Department of Health | COVID-19 advice

2019 Australian Health Management Plan for Pandemic Influenza Template

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