Aged Care IPC Lead Support Program

Welcome

Please feel free to ask for assistance if you are having technical issues – we will do our best to help, either through the chat function or you can call Andrea on 93429333

If you don't have any audio, you don't need it for the presentation. The most important thing is that you can see the presentation and hear us

If your microphone is not already on mute please put it on by clicking on the microphone icon (pictured below). You can also turn off your camera if you want or have it on – it's up to you. A line through these icons indicates 'off'

Stand by – we will commence at **1400 hours**

Creating COVID-19 zones in residential aged care facilities

June 16th 2021

Dr Sarah Whiting
Assoc/Prof Noleen Bennett

IPC Education and Support for Aged Care Staff
Webinars and Question and Answer Forums

Victorian DH Quality Improvement Unit (Health & Wellbeing Division)
Victorian DH Infection Prevention Control Advice and Response (IPCAR)
VICNISS Coordinating Centre
Victorian Aged Care Response Centre (VACRC)

Rural Infection Control Practice (RICPRAC) Group

Acknowledgement of Country

I would like to acknowledge theTraditional Owners of the land on which each of us are meeting, and I pay my respects to their Elders, past, present and emerging and the Aboriginal Elders of other communities who may be participating today.

Housekeeping

- Where possible, please keep your microphone **on mute**
- Please use the chat function to ask any questions
- This forum will be recorded and available for later viewing.
- A copy of the presentation will be forwarded to all attendees.
- A **certificate of attendance** is available upon request.
- If you have any technical issues, please send a message via chat or phone 9342 9333 and we will try to assist

Biography

Dr Sarah Whiting is a general and infectious diseases physician with a subspecialty interest in infectious diseases in the elderly. Sarah is currently the Victorian department of health's aged care outbreak medical lead, on secondment from Alfred Health.

Outline

Application of COVID-19 zones in RACFs

1. Frequent questions and answers
2. Case scenario: Cottage Care

References

Can be accessed via dhhs.vic.gov.au/infection-prevention-control-resources-covid-19

- Creating COVID-19 zones in residential aged care facilities. Adapting clinical spaces to accommodate an increase in coronavirus (COVID-19) cases – 3 June 2021 **Under review**
- Coronavirus (COVID-19) PPE guidance for RACF Factsheet – March 2021 (Word)

Questions and Feedback

- Andrea.Brebner@mh.org.au

1. Questions and answers

Question

Why do we have zones in a RACF outbreak?

Reasons for creating COVID-19 zones

- To limit transmission between infected residents and residents who are not infected/ unknown if infected
- To minimise the number of staff interacting with a group of residents (and each other) to reduce transmission risk between staff and residents (both ways) and amongst staff
- To identify groups of residents in whom it may be safe to release from strict quarantine ahead of an outbreak standing down

Question

The first COVID-19 positive case is confirmed.

When is zoning commenced?

Commencement of zoning

An initial comprehensive testing round of all staff and residents is a high priority.

Zoning is not commenced until the results of this round of testing are available.

Residents should generally not be moved until the results are available.

Initial management

PRIOR to initial facility-wide test results:

- If possible, staff (including nurses, PCAs and cleaners) should be co-horted to work in only one area (eg wing/ floor) and with only COVID-19 positive or negative residents
- **All** residents except for the positive case(s) is considered a **close contact.** All residents should be quarantined (close contact) or isolated (known positive case) in their room using Tier 3 PPE
- If a positive resident shares a room with a resident who's status is unknown or negative, the unknown or negative resident should be moved into a different single room.
- If a positive resident shares a bathroom with a resident who's status is unknown or negative, dedicate the bathroom to one of the two residents. The other resident is to use a bedpan/commode and sponge bath.

Question

How many zones are there?

FIVE zones

Zone	Description
Blue	Buffer areas between potentially contaminated and non-contaminated zones. This includes areas where staff are not required to wear full PPE.
Green	Residents and staff with **no coronavirus** (COVID-19) risk factors and residents who were confirmed cases but **have been cleared** by the department.
Yellow	**Low-risk** close contacts who are in quarantine in their room but able to leave for fresh air breaks..
Amber	**High-risk** close contacts in quarantine in their room or those who have suspected coronavirus (COVID-19) and are in isolation.
Red	**Confirmed** coronavirus (COVID-19) cases who have not met department clearance criteria.

Zone division throughout the outbreak

- Daily reassessment is required as zones can fluctuate
- Layout and staffing permitting, there can be **up to** five zones established; Initially there is usually a red, amber and blue zone only.
- Demarcation signage or floor marking should be used to identify beginning and ending of a zone.
- Staff should be co-horted to work in one assigned zone for the entirety of the outbreak.

Question

Do you need to have a blue zone?

Blue zone

Blue zones are necessary to buffer areas between potentially contaminated and non-contaminated zones.

Examples: Staff lunchrooms, meeting rooms, drug rooms, stock rooms or office spaces. In some facilities, nurses' stations and corridors can also be incorporated as a blue zone.

Question

Can a zone be a ‘single room’?

Single room zoning

A zone can be a single room or multiple rooms, preferably geographically co-located in the same area.

If single room zoning, each room should have an ensuite bathroom if possible.

If there are shared rooms with more than one resident, there should be no more than two positive COVID-19 residents to a room.

Question

Who decides if a RACF can have a yellow zone?

Yellow zone

Low-risk close contacts who are in quarantine in their room but **able to leave for fresh air breaks.**

- The Department decides if a RACF can have a yellow zone.
- Basic requirements for transition from amber to yellow zone include
  - Appropriate staff cohorting being in place for 14 days (may include time before outbreak), that is having all staff dedicated to working in the proposed zone only
  - At least one (preferably multiple) round of testing in that zone being entirely negative.
- A 'yellow outdoor communal space' must be designated.

Question

Where should staff tea rooms be located when zoning?

Staff tearooms

- Masks can be removed for a short period of time.
- Staff tearooms **must** be located in a blue zone.
- Tearooms can be set up inside (this may require **re-purposing** of rooms) or outside.
- Each zone should ideally have their own designated staff tearoom
- Consideration should similarly be given to outside ‘fresh air’ and ‘smoking’ areas.

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Question

Where should the entrance and exit points be for staff working in different zones?

Entrance and exit points

There should be limited entry/access to each zone.

Whenever possible, the entry point and the exit point for each zone should be separate.

If this is not possible, clear demarcation of the entry/exit point for each zone is required so flow in and out in clearly understood.

For example: different colour directional arrows on the floor with, right hand side in and left hand side out.

Question

What if the drug room is in one zone and different zones need to crossed to access it?

Zone crossover

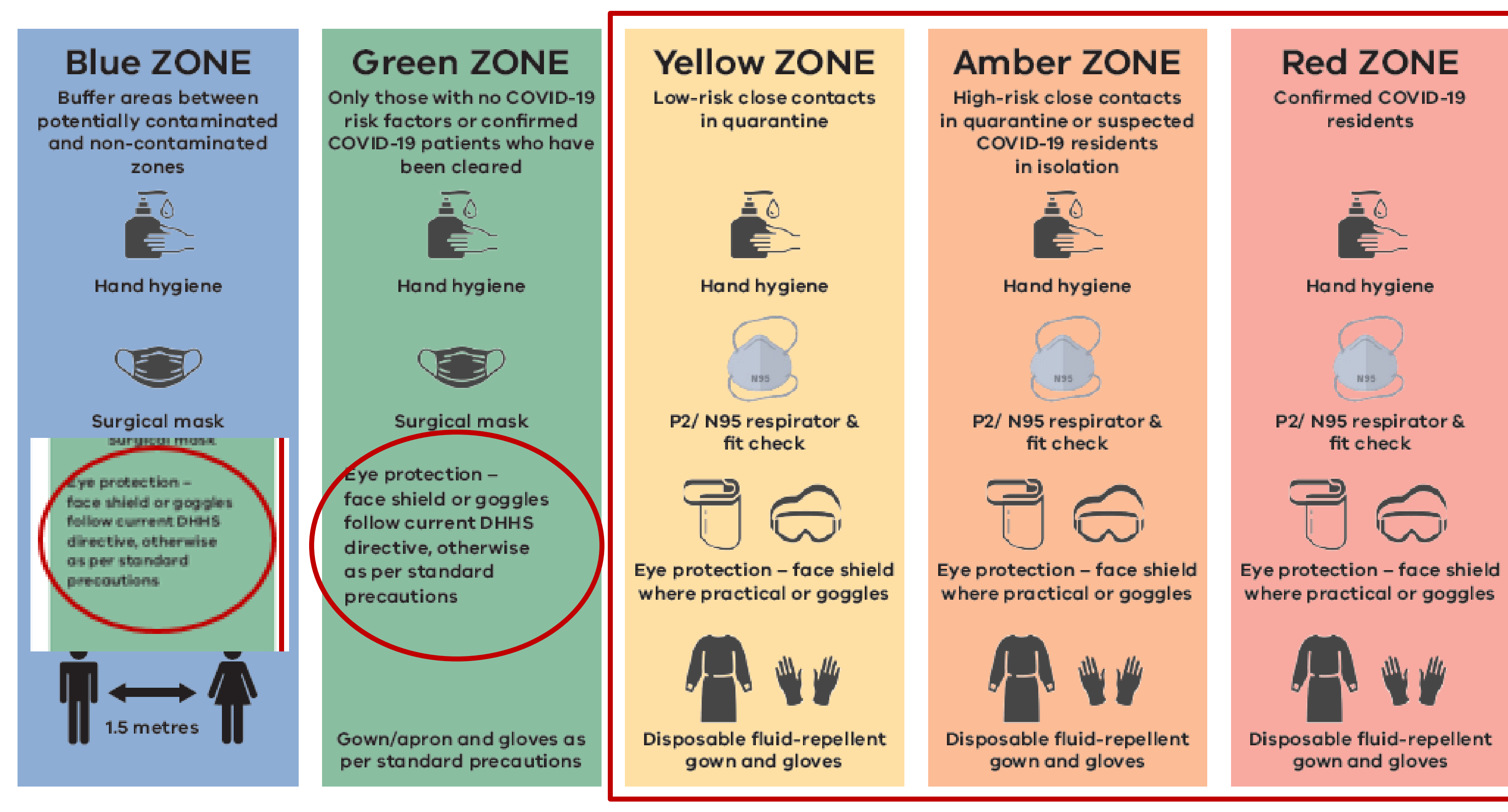
All PPE must be removed before exiting a zone and new PPE put on that aligns with the next zone’s requirements.

IF staff have to move between zones, activities should be planned from blue to green to yellow to amber to red if possible

Question

What PPE is required in each zone?

Personal protective equipment



https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19#personal-protective-equipment-ppe

Question

What is extended use of PPE in zones?

Extended PPE use

Masks and eye protection may be worn for up to 4 hours if not damp, damaged or contaminated.

Gloves should always be changed between residents

Gowns should ordinarily be changed between residents.

If residents are cohorted in a red zone, gowns may be worn continuously if not damp, damaged or contaminated.

Importantly, gowns must always be changed after caring for a quarantined or isolated resident with another infection such as gastroenteritis or influenza or those colonised with a multi-drug resistant organism.

Question

Where should donning and doffing stations be located in zones?

Donning and doffing stations

<u>Donning</u>

- At the entry to each zone and outside each resident room

<u>Doffing</u>

- At the exit to each zone and inside/outside each resident room
  - Inside resident room.
    - Near door at least 2m from resident
    - For gowns and gloves only; Masks and eye protection must not be removed in a residents room
  - Outside resident room,
    - Provide a clearly marked area to ensure staff stay within this area when doffing.

Importantly donning and doffing stations should be at least 2m apart to prevent contamination of clean PPE.

Question

Where can you find zone signs and where should they be located?

Zone posters

A series of PPE posters for the green, yellow, amber and red zones can be accessed on the DH IPC tile aged care section
dhhs.vic.gov.au/infection-prevention-control-resources-covid-19

The relevant zoning PPE posters should be located at all donning and doffing stations.

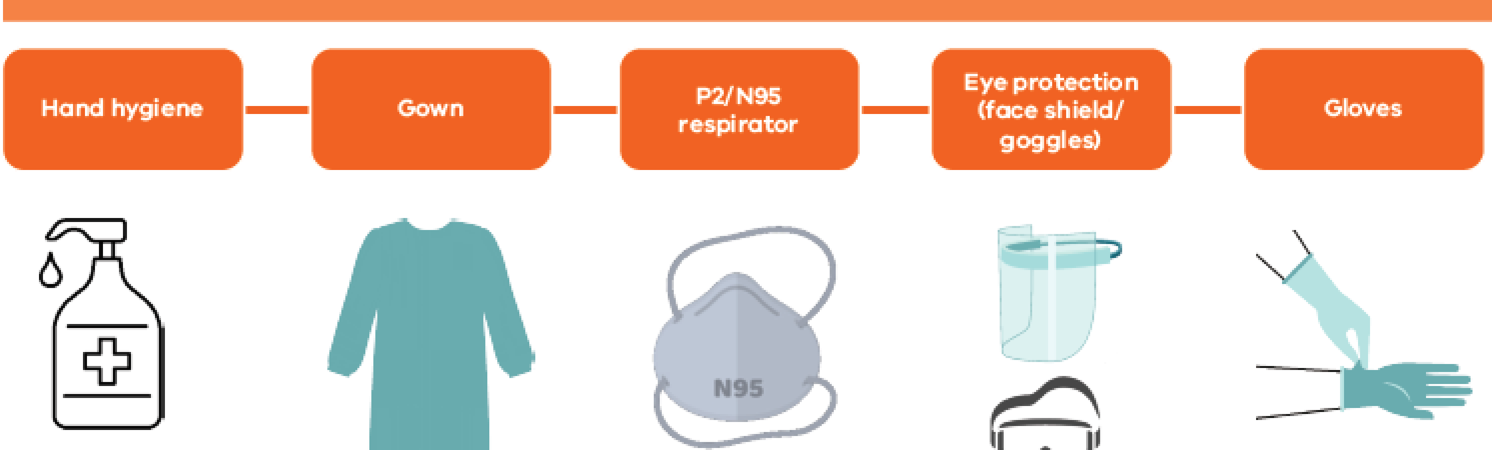
In addition, **how to fit check a respirator** poster should be located at donning stations as a reminder for staff on the safe use of respirators.

Example: Amber zone poster: Donning

VICTORIAN AGED CARE
RESPONSE CENTRE

Amber zone – high risk suspected COVID-19 or close contact resident: Putting on (donning) PPE

These steps apply during an outbreak or as directed by the Department of Health.



Amber Zone: high-risk close contacts in quarantine in their room or those who have suspected COVID-19 and are in isolation.
In some facilities, depending on the layout, nurses' stations, drug rooms, stock rooms or corridors fall into amber areas.

4 June 2021 v6
COVID-19 Response Infection Prevention Advice and Response (IPCAR)

Example: Amber zone poster: Changing

VICTORIAN AGED CARE
RESPONSE CENTRE

Amber zone – high risk suspected COVID-19 or close contact resident: Changing PPE between residents*

Amber Zone: high-risk close contacts in quarantine in their room or those who have suspected COVID-19 and are in isolation.
In some facilities, depending on the layout, nurses' stations, drug rooms, stock rooms or corridors fall into amber areas.

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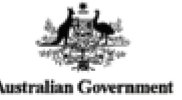
Example: Amber zone poster: Doffing



VICTORIAN AGED CARE RESPONSE CENTRE

Amber zone – high risk suspected COVID-19 or close contact resident: Taking off (doffing) PPE

These steps apply during an outbreak or as directed by the Department of Health.

1. Remove gloves
2. Hand hygiene
3. Remove gown
4. Hand hygiene
5. Remove eye protection (face shield/goggles)
6. Hand hygiene
7. Remove P2/N95 respirator
8. Hand hygiene

N95

Amber Zone: high-risk close contacts in quarantine in their room or those who have suspected COVID-19 and are in isolation.
In some facilities, depending on the layout, nurses' stations, drug rooms, stock rooms or corridors fall into amber areas.

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COVID-19 Response Infection Prevention Advice and Response (IPCAR)

Question

What staff resources are required to implement zoning?

Staff resources required to implement zoning

Includes:

- Managerial staff to oversee implementation of outbreak plan that includes zoning.
- Additional staff to maintain core care activities
- Onsite IPC expert
- PPE spotters and ‘runners’ to support all staff, including orientating agency/visiting staff.
- Staff to follow and encourage ‘wanderers’ to remain in their zones
- Staff to manage PPE stock (donning and doffing stations)
- Increased cleaning staff – at least one for each zone
- Allied health or leisure and lifestyle staff member to provide activities for residents who are well enough
- Staff to manage increased waste removal

Question

What should be included in an outbreak management plan floorplan?

Floorplan

Include in a **proposed floorplan**

- Re-arrangement of rooms and re-purposing of other areas.
- Entry and exit doors
- Dedicated areas where staff could change before and after leaving zone
- Separate tea rooms to accommodate staff from each zone

Other questions

Can non-vaccinated staff work in the red zone?

Can non-vaccinated staff work in the amber zone?

2: Case scenario: Care Cottage

Cottage Care

- 50 residents. All in single rooms with ensuites
- Two floor levels: Ground (Banksia) and Level one (Wattle)
- Staff co-horting had been occurring for one week prior to outbreak *because of increased community transmission* – either worked on Banksia or Wattle levels only.
- An email (as part of the communication strategy) had been forwarded to families noting that temporary cohorting/zoning may occur if there was an outbreak

Cottage Care: 1/6/21

Late 1/6/21, **Mrs BT on level one (Wattle)** was reported as being fatigued and having a dry cough. Her General Practitioner was contacted and requested a COVID-19 swab be taken.

What additional IPC measures were instituted?

Management of a suspected COVID-19 case?

- Resident is isolated in room
- Recommended Tier 3 PPE is commenced when caring for this resident

Cottage Care: 2/6/21

Early 2/6/21, the swab was reported as **positive (confirmed).**

How did the first positive COVID-19 case change IPC advice given to the RACF?

How did the IPC advice relating to the care of Mrs BT change?

Initial management

One confirmed case **in a RACF** (staff/ visitor or resident) that exposed the facility during their infectious period = outbreak

An initial comprehensive testing round of all staff and residents was undertaken.

Staff

- Symptomatic staff were immediately excluded from work
- Contact tracing was commenced – definition was provided by department. Close contacts were excluded from work as soon as replacement staff could be organised
- Staff co-horting continued - caring for residents on either ground (Banksia) or first (wattle) floor

Initial management

Residents

- A dedicated staff member was provided to look after Mrs BT
- All other residents (both levels) were deemed to be close contacts and were immediately quarantined in their rooms.
- All staff and resident interactions occurred in Tier 3 PPE
- Aerosol generating procedures (e.g. nebulisers/ CPAP) were avoided unless essential

Other

- Visitors were restricted and transfers in and out limited
- A deep clean was organised

Cottage Care: 3/6/21

Early 3/6/21 the **initial comprehensive** round of testing results were available.

- Two staff members who only worked on floor one (wattle) were positive and furloughed from further work,
- Further contact tracing to identify staff close contacts was undertaken
- One further resident, **Mr CR,** was identified as positive; he also resided on the first floor (wattle)

How were the zones organised?

Cottage Care zoning: 3/6/21

- The two positive cases (**Mr CR and Mrs BT**) were located together in the one designated red zone- separate (adjacent) rooms to reduce COVID-19 density.
- A deep clean occurred in the rooms that had been vacated by the positive residents.
- Remaining residents across the facility were cared for in an amber zone
- All interactions continued in Tier 3 PPE
- Staff were cohorted to work in either the red or the amber zone and if working in amber zone continued to work on either the Banksia or Wattle amber zones
- Separate entrances/exits and tearooms were created for the red zone and two amber zones..

Cottage Care: 3/6/21 -17/6/21

- Late 3/6/21 Mr CR was transferred to the local hospital due to an acute deterioration. Mrs BT (diagnosed on 1/6) remained in the red zone as sole occupant.
- No further transmission was detected on subsequent rounds of testing.
- The outbreak was stood down on 17/6/21.

How did the zones change throughout the outbreak?

Zone changes during the outbreak

- Mrs BT was cleared on **14/6/21**, three days prior to the outbreak being stood down. She was cared for in a green zone. The same staff caring for Mrs BT during her time in red zone continued to care for her in the green zone.
- On day 7, the Department approved step down to yellow zone of ground floor (Banksia) (total 14 days since co-horting instituted here) given all residents have tested negative

Webinars and Answer and Question forums

Reference: vicniss.org.au (Resources page)

Webinars

- Standard and transmission-based precautions
- Surveillance and epidemiology
- Outbreak management
- Cleaning/Disinfection
- Employee health & vaccination
- Antimicrobial Stewardship
- IPC issues in residential aged care facilities
- Clinical Waste Management
- Fatigue in the workplace
- Governance & Leadership
- 2021 Healthcare Worker Influenza Vaccination Surveillance in Victorian Hospitals

Online Question & Answer Forums

- PPE use
- Antimicrobial Use in Aged Care Homes
- Creating COVID-19 zones during a RACF Outbreak

Future Question and Answer Forums

Dates	Topic
Wed 30th June	Hand Hygiene
Wed 28th July	Cleaning and Disinfection

Example aged care floor plan showing zones