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Sent: Thursday, December 7, 2023 9:06 AM
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Subject: AM2020/99, AM2021/63 & AM2021/65: Work value case – Aged care industry

Dear Associate

We refer to the above matters. The ANMF called for the attached document from the Joint Employers. Please note that counsel for the ANMF may take Ms Riboldi to this document in cross-examination today.

Regards

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We acknowledge the Traditional Owners and Custodians of the Wurundjeri people of the Kulin Nation where this email comes from, and all Traditional Owners of Country, as we pay our respect to their Elders past and present.

Gordon Legal's team will be on leave over the holiday period from **Monday, 25 December 2023** and will return on **Monday, 8 January 2024**. We wish you all the very best for the festive season and look forward to continuing to assist you in the New Year.



Outbreak management

Scope This procedure summarises main actions to be taken for outbreaks that require notification to the public health unit. (For any outbreak the public health unit can be contacted for advice.) Relevant definitions An outbreak is defined as occurrence of more cases of a disease than expected in a given area among a specific group of people over a period of time and or two or more linked cases of the same illness. The public health unit must be notified of Gastroenteritis and Influenza outbreaks. Outbreaks that are not reportable are managed in a similar manner however take into consideration the nature of the organism and associated risks. Management determine the level of restricted access to the facility. A line listing is a document that is used to record all cases and suspected cases of the infection and has columns to record specific information. The department of health will provide a line listing document for influenza or gastro outbreaks and require that it is completed each day until the outbreak is closed out. Cohort means to locate people who are infected into the same area to confine the infection. Outbreak management procedure Preparation Rationale/ Comment Identify it is an outbreak • Gastro outbreak – two or more people ill with vomiting or diarrhoea within 24 hours of each other. • Influenza outbreak- Three or more cases of influenza like illness (ILI) of care recipients or staff within 72 hours. (Sudden onset of at least one respiratory symptom (cough, new or worsening sore throat or shortness of breath) and one systemic symptom (fever $\geq 38^{\circ}\text{C}$, new or worsening headache, chills, myalgia or malaise) o Test early for suspected influenza with nose and throat swabs for diagnosis, however outbreak notification occurs based on symptoms prior to swab results. Take advice of public health unit once a positive swab has occurred whether needed for further cases. It is possible to have outbreaks of nonnotifiable diseases as well. Elderly may experience in addition to the underlying illness onset of or increased confusion and worsening of other chronic conditions Procedure for control measures Rationale/comment Access outbreak kit and checklist Set up personal protective equipment (PPE) stations for infected care recipients at the entry to their bedroom. (Contact precautions for gastroenteritis add droplet precautions if projectile vomiting or explosive diarrhoea. Droplet precautions for influenza.) Reinforce standard and transmission based precautions Document • Commence line listing • Update medical record. Gather critical information and identify patterns Clinical Procedure Manual © July 2016 Copyright Business Solutions Aged Care ABN: 75721132281 Page 332 of 430 Produced for Royal Freemasons' Benevolent Institute Printed versions are uncontrolled. CLINICAL PROCEDURE MANUAL Notify • Facility manager, Public Health Unit • Outbreak coordinator to be identified • LMOs and families for the affected area (wing or home) • All staff (volunteers and contractors and ambulances attending) of increased precautions and restrictions in place for access. Put up signs for gastro or influenza and educate. Monitor staff practices. Coordinated approach Promote hand and respiratory hygiene Facility manger will notify organisations higher management Interventions for infected care recipients • Isolate ill care recipients or cohort- signs on doors restricting entry and access to hand cleansing equipment, PPE and suitable containers for disposal of infective materials including PPE. Minimum 1 metre between beds. Pathology tests Talk to local medical officer (LMO) about clinical management and pathology tests. • Throat swabs for influenza preferred test is the nucleic acid test (NAT). • Stool or vomit samples for gastroenteritis. • Food samples may be sent to



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pathology if it is considered a possible source of the infection. Clinical management • Antivirals commence for influenza like illness if appropriate (LMO and care recipient consultation) • Education of care recipient to prevent spread such as handwashing and cough etiquette • Additional clinical monitoring and documentation each shift in progress notes • Interventions for care recipients' needs and symptoms including additional hydration and offering suitable food alternatives • Transfer to hospital if their condition warrants. Advise hospital of infection. Prophylaxis • Heightened surveillance for further cases and monitoring of staff practices. (influenza) • Review current vaccination status of care recipients and staff • Discuss use of antivirals for prophylaxis with LMO's. Prescription is required • Consider standing orders prior to outbreaks. Early interventions Antivirals should be commenced within 24 hours if they are to be of benefit and medication safety issues, including renal function/renal insufficiency, must be appropriately considered during the prescribing phase Isolate • Restrict entry to the area of facility affected • Provide education and supervision of any visitors that need to visit for example palliative care (only visit one care recipient and use of cleansers and PPE). • Restrict movement of staff Minimise opportunities for spread of the infection Clinical Procedure Manual © July 2016 Copyright Business Solutions Aged Care ABN: 75721132281 Page 333 of 430 Produced for Royal Freemasons' Benevolent Institute Printed versions are uncontrolled. CLINICAL PROCEDURE MANUAL • Kitchen staff do not enter rooms of infected care recipients or participate in cleaning in care recipient areas • Cohort or keep infected care recipients in their rooms if possible • Lifestyle program adjusted to minimise group activities and movement through facility. Group activities includes dining room. • Staff must not eat or drink in care recipient areas • Exclusion of staff member whilst infected Also consider where and when staff eat together Cleaning Increase frequency of cleaning Add use of bleach or hospital grade disinfectants for surfaces in care recipient environment. Particular attention to frequently touched areas. Use separate cloths or mops for contaminated areas. Allocate the additional cleaning duties. Equipment and environmental Communication and monitoring Keep staff and relevant stakeholders up to date Observe and correct practices Review the implementation of the outbreak plan regularly and communicate with public health unit for advice. Cessation of outbreak Daily communication with public health unit (PHU). They will help determine if outbreak procedures can cease. General rule is: • Gastro: 72 hours has elapsed since all cases have been symptom free and PHU in agreement. • Influenza: eight days has elapsed since the last case of onset of symptoms and PHU in agreement. Staff are excluded from work for: • 48 hours after last gastro symptoms • 5 days after onset of influenza like illness unless otherwise directed by PHU. Cessation depends on the infectious agent and other information available to the PHU. Cessation is after last case is no longer communicable plus the incubation period. Finalise line listing. • Update relevant stakeholders the outbreak is over • Remove all posters • Restock outbreak box or storage area. Ensure adequate stocks of: PPE, long sleeved disposable gowns, vomit bowls, hand cleanser, batteries if needed to operate hand cleanser, brochures and posters and review any other stock required including slings for manual handling disposable plates and cutlery if used. Refer to your organisations stock lists and consider if any additional items are needed for your site Review the outbreak and identify improvements • Could the outbreak have been prevented? • Could it have been managed better? • Organise a debriefing for staff Clinical Procedure Manual © July 2016 Copyright Business Solutions Aged Care ABN: 75721132281 Page 334 of 430 Produced for Royal Freemasons' Benevolent Institute Printed versions are uncontrolled.



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CLINICAL PROCEDURE MANUAL References Australian Commission on Safety and Quality in Healthcare [ACSQH]. (2010). Australian Guidelines for the prevention and control of infection in healthcare. Canberra, Australian Government. Australian Government. (1998). Management of Clinical and related Wastes. Australian Standard 3816 Australian Commonwealth Government. (2009). A Practical Guide for the Management of Influenza Outbreaks in Residential Care Facilities in Australia. Canberra, Department of Health and Ageing. Communicable diseases network Australia. (2017). Guidelines for the prevention, control and public health management of influenza outbreaks in residential care facilities in Australia. Department of Health and Ageing. Communicable diseases network Australia. (2010). Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia. Department of Health and Ageing. SA Department of Health. (2016). Guidelines for the Management of gastroenteritis outbreaks in residential environments in South Australia. Author. NSW Department of Health. (2005). Information Gastro pack. North Sydney, Department of Health. Modification history Month and year Version Sections Details July 2016 1.000 All Original December 2017 1.01 Influenza management Additional detail Clinical Procedure Manual: Outbreak management Copyrights Business Solutions for Aged Care July 201