

IN THE FAIR WORK COMMISSION

Matter No.: AM2020/99; AM2021/63; AM2021/65

Re Application by: Virginia Ellis, Mark Castieau, Sanu Ghimire, Paul Jones and Health Services Union; Australian Nursing and Midwifery Federation; Health Services Union

WITNESS STATEMENT OF JOHANNES BROCKHAUS

DATED 31 OCTOBER 2023

I, Johannes Brockhaus of 39 Hawkesbury Road, Springwood, New South Wales state as follows:

Background

1. I am a witness in these proceedings.
2. I have previously provided two statements in respect of these proceedings dated 3 March 2022 (**First Statement**) and 9 February 2023 (**Second Statement**).
3. I now provide the following information in addition to my earlier evidence.
4. This statement is made from my own knowledge and belief, unless otherwise stated. Where statements are not made from my own knowledge, they are made to the best of my knowledge, information and belief and I have set out the sources of my knowledge, information and belief.
5. I continue to be employed as the Chief Executive Officer (**CEO**) of Buckland Aged Care Services (**Buckland**), 39 Hawkesbury Rd, Springwood NSW 2777. A position I have held since 2020.

Staff

6. Buckland employs a full suite of employees, including:
 - (a) assistant in nursing, personal care worker, home care worker – these employees make up roughly 85% of our total workforce (**carer**);
 - (b) registered nurses (**RN**);
 - (c) enrolled nurses (**EN**);
 - (d) diversional therapists;
 - (e) chaplains;
 - (f) general support officers (**GSO**), which consists of the following roles: catering, kitchen, cleaning, laundry – these employees make up roughly 8-10% of our total workforce;

Lodged by: Joint Employers

Telephone: 0482 181 223

Address for Service: Level 7, 8 Chifley Square,
Sydney, NSW 2000

Email: Nigel.Ward@ablawyers.com.au;
Alana.Rafter@ablawyers.com.au

- (g) maintenance team, which consists of the following roles: plumbers, gardeners, and handymen; and
 - (h) administrative employees
- (Collectively, **Buckland employees**).

7. Buckland also employs two fulltime infection prevention and control (**IPC**) leads. Both IPC leads are RNs. The primary responsibility of the IPC lead is to continuously monitor and correct behaviour of Buckland employees in relation to IPC, and perform on the spot training as needed.

Training

8. All Buckland employees receive training and information at the start of their employment and over the course of their employment at Buckland. That training and information provided consists of the following:
- (a) induction training;
 - (b) buddy-shifts;
 - (c) mandatory training (including IPC and outbreak management);
 - (d) policies, employee handbook and codes of conduct.
9. Through that training and information, I am able to communicate the expectations of Buckland to each employee.

Induction

10. Induction at Buckland is a 5-hour in-person orientation, which I deliver to the new staff.
11. All staff undergo the same induction training, however, subject to whether the orientation is for carers or GSOs, parts of the orientation may be tailored to that group. For example, during the orientation for GSOs I will identify any specific policies and training modules relevant to those roles.
12. A list of the training modules offered at Buckland was attached to my First Statement.

Buddy-shifts

13. Employees that are new to Buckland are assigned a “*buddy*” for their first few shifts to ensure they understand and can confidently perform the work before being allocated individual shifts.
14. This is a form of on-the-job training that enables each new Buckland employee to work alongside an experienced team member, who can take them through the established

procedures and practices at Buckland. It also provides the new employee an opportunity to ask any questions of their “buddy”.

15. Even employees that have prior experience working in aged care will be assigned a buddy-shift when they commence at Buckland. It is an important process to ensure understanding of Buckland’s practices.

Mandatory Training

16. All Buckland employees receive access to training modules via an online internal platform. This platform can be accessed via the employee’s mobile device or a computer.
17. The mandatory online modules that address the following topics:
 - (a) Aged Care Quality Standards (**ACQS**) (what they are and how to apply them);
 - (b) customer service;
 - (c) elder abuse;
 - (d) mandatory reporting;
 - (e) whistle blower policies;
 - (f) feedback and complaint handling;
 - (g) IPC; and
 - (h) manual handling deals with safe lifting.
18. All Buckland employees will have at least some level of interaction with residents and possibly their family members, that is why they are required to complete modules about customer service and feedback and complaint handling.
19. The duration of the online training modules ranges from 15-90 minutes. Some modules include a short online assessment/quiz to confirm understanding.
20. Employees receive annual refresher training in mandatory modules.
21. Additionally, Buckland employees received annual IPC training that is provided in-person. That training is facilitated by the IPC leads. The training session takes around 20-minutes.
22. The IPC training provided at Buckland also incorporates reference to the procedures set out in our Outbreak Management Plan. That plan addresses the processes and procedures that apply during an “outbreak” at Buckland.

Other Training

23. Buckland employees are provided access to 600+ training modules which may not apply to their specific role. However, all employees are welcome to complete additional modules to gain additional understanding about the aged care industry or areas of interest.
24. Some of the online training modules target specific roles. For example:
- (a) Further IPC training for GSOs performing cleaning or laundry duties. The cleaning module will include information about what chemicals are to be used during an outbreak (i.e. information directly relevant to the work performed by the cleaner, but would not be relevant to our carer workers). The laundry module will address the handling of infectious material. Both modules were provided prior to the COVID-19 pandemic.
 - (b) Another example is the manual handling training module for carers. Whilst all roles will do a form of manual handling training, if they are not a carer, the information in that training will not address manual handling techniques required for moving a resident.
25. Buckland retains a record of all training undertaken and completed by its employees.

Information provided to Buckland employees

26. All Buckland employees receive the following material:
- (a) Buckland Employee Policies. During orientation, each employee is signed up to the internal platform, where Buckland employees can access employee training modules and policies;
 - (b) Code of Conduct for Aged Care;
A COPY OF THE BUCKLAND AGED CARE CODE OF CONDUCT ACKNOWLEDGEMENT FORM IS ANNEXED AND MARKED JB-1
 - (c) Buckland Code of Conduct;
A COPY OF THE BUCKLAND CODE OF CONDUCT IS ANNEXED AND MARKED JB-2
 - (d) Buckland employee handbook; and
A COPY OF THE BUCKLAND STAFF INFORMATION HANDBOOK IS ANNEXED AND MARKED JB-3
 - (e) Buckland Outbreak Management Plan.

A COPY OF THE BUCKLAND COVID-19 + ACUTE RESPIRATORY INFECTION (ARI) RESPONSE AND PREPARATION PLAN IS ANNEXED AND MARKED JB-4

27. All material is accessible via an internal platform that Buckland employees have access to via either their mobile phone or computers. We also have computers in the workplace.

Buckland Expectations and Established Procedures for GSOs

28. The training and information provided to GSOs also addresses the following scenarios:
- (a) interaction with residents;
 - (b) responding to incidents;
 - (c) responding to preferences;
 - (d) interaction with families; and
 - (e) meetings with the Home Support Coordinator.

Interaction with Residents

29. Prior to starting work at Buckland, all GSOs are instructed that their work environment is the resident's home, and they must treat it as such. For example, before entering a resident's room they should knock on the door and ask for permission to enter. They must be respectful and kind.
30. Equally, we also communicate to GSOs what is not acceptable behaviour. This includes that they have should not be expected to experience verbal or physical abuse during their workday. If this occurs, they are to remove themselves from the situation and inform management. The safety of our employees is a priority.
31. Buckland employees are required to read and copy with the Code of Conduct, which sets out the expectations with respect to interactions with residents (together with other matters). Each employee must acknowledge they have read and understood the Code of Conduct by returning a signed copy.
32. The expectations about interaction with residents is also embedded into Buckland's Vision, Mission & Values Statement. For example, the Buckland missions is: *"To provide respectful and dignified care and services that acknowledge the value of each individual"*.

33. GSOs are in a position to get to know a resident and build up some familiarity. For example, the cleaner that attends to a resident's room each day might have a short conversation each time. If they observe something to be off with a resident, maybe their mood has changed, they are encouraged to let the care staff know. Of course, there is no expectation that the cleaner makes a clinical assessment or takes note of each resident's demeanour during each visit, but just like a GSO would not ignore a resident that has a fall – if they spot an issue or a potential issue, the expectation is they raise it with the care staff who can then assess the situation.

Responding to Incidents

34. No Buckland employee is expected to act outside the scope of their level of skill, responsibility or competency. For example, GSOs are not trained in mobility aids or supporting residents with mobility because that falls outside their role. Additionally, they lack the foundational training that a care worker is expected to hold.
35. If a Buckland employee was to attempt duties that fell outside their level of competency or within their role that could put residents (and potentially the worker) at risk of harm. An obvious example would be a GSO attempting to provide clinical care to a resident. This is actively discouraged.
36. If a GSO discovers that a resident has had a fall, consistent with the Code of Conduct and WHS training, GSOs are trained to speak up and report incidents to the care team. They can do this by either pressing the internal call bell system or approaching an RN or member of the care team directly. They are not to intervene by moving the resident because they do not have the training or requisite expertise to make a clinical assessment about whether it is safe to do so.
37. The processes practices at Buckland ensure that GSOs are not put in a position to inadvertently cause more harm to a resident.

Responding to Preferences

38. Consistent with the Code of Conduct, all employees are encouraged to listen to the preferences of residents. Buckland employees are working in the resident's home: the resident is in charge of the experience and service they receive.
39. For privacy reasons, GSOs do not have access a resident's care plan. Rather, only the information that is relevant to each department (i.e. kitchen, cleaning, maintenance etc) is made available. For example, the kitchen staff, will have an extract from the care plan that deals with nutrition, hydration and allergies. They only have access to select

portion of the resident's information, which is limited to details that they need to be aware of in their role (**the resident's information**).

40. That extract of the resident's information is relevant to requests and expressions of preference by residents. For kitchen staff, a key determiner for whether they can action a resident request is whether there are any relevant clinical contraindications listed in the resident's information. For example, if a resident requests a meal that contains nuts – the food assistant is trained to check the resident's information, which sets out the resident's allergens (if any). If that resident is not allergic to nuts, they are instructed to provide what the resident wants.
41. At Buckland, we also train our employees to assess the evidence of risk in requests made by residents. If the matter is minor, for example a change in ironing preference communicated to the laundry employees – they are instructed to cater to the request because there is no risk of harm there. It is different if the request introduces a risk of harm, which requires involvement of the care team to conduct a risk assessment. The GSO (along with all staff at Buckland) is trained and expected to recognise situations that could put a resident at risk – but they are not expected to make the decision about whether to grant or deny such requests if they fall outside their role.
42. Relatedly, we have a protocol consistent with the *"dignity of risk"* principle. This is of course a much more documented process, but it can involve a resident of sound mind making a choice that does involve some risk, which could involve consuming a food allergen. Requests of this nature are escalated to the care team.

Interaction with Families

43. Consistent with the Code of Conduct, all employees are expected to communicate respectfully with family members of the residents.
44. Additionally, if a family member makes a request or inquiry that falls within their specific field of training they are encouraged to provide an answer. For example, if a cleaner engages in conversation with a family member who comments *"my mom's toilet wasn't clean enough"* – they can action that request. However, if the request was of a clinical nature, consistent with Buckland policy, they are expected to refer that communication immediately to a care staff member.
45. All Buckland employees also receive training in feedback and complaints handling. If the GSO is the recipient of a complaint (which may or may not be directed towards them), they are trained to listen to the complaint and then communicate it to management so it can be addressed.

Meetings with the Home Support Coordinator

46. The Home Support Coordinator (**HSC**) is the manager of the cleaning, catering and laundry employees at Buckland.
47. The HSC meet with the cleaning, catering and laundry employees twice per day as the start and end of the shift. The primary purpose of this meeting is to communicate updates. For example:
 - (a) The meeting at the start of the shift commences at around 7:30am. This meeting is directed at work distribution and provides the HSC the opportunity to alert the cleaning, catering and laundry employees about any matters that might be out of the ordinary or resident issues that may be relevant. For example, a resident is unwell or there is a COVID-19 outbreak.
 - (b) The meeting at the end of the shift commences at around 3:30pm. This meeting provides the cleaning, catering and laundry employees the opportunity to communicate any questions or note any matter that was out of the ordinary. For example, if an issue was discovered at the end of their shift – such as a resident's toilet was broken.
48. This meeting is not the same as a “*handover*”. As there is only one cleaning shift each day between 7.30am and 3.30pm.

Infection Prevention and Control

Pre-covid

49. Prior to the COVID-19 pandemic, Buckland was required to have and maintain an outbreak management plan that set out the protocol to be followed during an outbreak of an infectious disease (for example, influenza or gastroenteritis).
50. Buckland's outbreak management includes a definition of “*outbreak*”. For example, if 3 or more residents are diagnosed with the influenza, that will be classified as an influenza outbreak. Buckland's outbreak management plan applies to all forms of outbreak.
51. The outbreak management plan is an evolving document that is updated from time-to-time based on advice provided by the NSW Ministry of Health.
52. The use of personal protective equipment (**PPE**) has always featured in the management of infectious outbreaks at Buckland. For example, during a pre-pandemic outbreak of either influenza or gastroenteritis, Buckland's outbreak management plan included requirements for wearing masks.

The pandemic

53. During the pandemic, Buckland had to frequently update its outbreak management plan and IPC protocols to be consistent with the latest advice released by the NSW Ministry of Health. This included advice relating to facility lockdowns, the donning and doffing of masks, and requirements to provide notification of positive cases.
54. The increased levels and frequency of both information and training in relation to COVID-19 was a learning curve for all staff at Buckland.

Impact of pandemic as at 2023

55. At Buckland we continue to follow the state-based guidance published by NSW Ministry of Health (**NSW Guidelines**).
56. The risk-based approach in relation to COVID-19 is now built into Buckland's outbreak management plan.
57. Following the update to NSW Guidelines in September 2023, we reviewed and updated our outbreak management plan to ensure it is consistent with the latest advice.
58. Buckland's outbreak management plan reflects the latest advice.
59. Immediate differences in practice between now and the pandemic in 2020-2021 are as follows:
 - (a) Entire facility lockdowns are avoided unless absolutely necessary. Whereas during the pandemic it was a mandatory requirement during an outbreak. The advice provided to providers emphasises the psychological toll such approaches can have on residents due to the isolation it creates.
 - (b) Mandatory mask wearing is not required at all times. Mask wearing protocols set out in the outbreak management plan continue to apply during outbreaks (which has always featured in outbreak management). However, subject to the location of the outbreak, this may not impact all staff in the facility.
 - (c) The increased frequency of IPC training (e.g. donning and doffing of PPE) for all staff has returned to be consistent with other forms of mandatory training provided by Buckland. It is provided in two formats annually: online modules, together with a 20-minute face-to-face training session led by the IPC lead.
 - (d) The increased frequency of cleaning of "touch points" by the cleaner with the use of stronger chemicals is now reserved for outbreaks. It does not otherwise operate at a sustained intensity.

60. A permanent change that arose as a result of the pandemic is the requirement to appoint IPC leads. This is an entirely new responsibility for two of our RNs. The IPC leads are responsible for the delivery of IPC education and on-the-spot training and education. They observe and monitor all Buckland employees' IPC practices – whether they are care staff, kitchen, cleaning, administration, etc – to ensure they are following their training and meeting the requisite standard.

Staffing Shortage

61. Buckland is experiencing a staffing shortage with respect to permanent employees. For that reason, to ensure we continue to meet the care needs of our residents we have had to supplement our permanent workforce with agency staff.
62. Engaging agency workers ensures that the care needs of each resident are met without compromise. It also helps Buckland to meet its mandatory care minutes.
63. Engaging agency workers costs Buckland on average around \$250,000 per month.
64. Additionally, we have explored the avenue of migration pathways. This includes partnering with a University in the Philippines to develop a training program and bring staff over.
65. Buckland is able to guarantee the care needs of its residents will be met with a combination of permanent employees and agency staff. We have never experienced a shortage of availability of aged care employees supplied from agencies.
66. In most cases, agency workers are paid at higher rates. It is easy to see why an aged care worker may prefer to be directly employed via an agency provider as opposed to the residential aged care provider.

Star Ratings

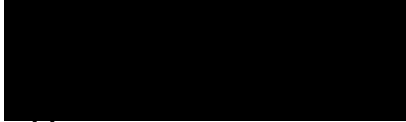
67. Star Ratings were introduced in December 2022.
68. Each provider receives a rating in relation to four categories:
- (a) Compliance;
 - (b) Quality Measures;
 - (c) Residents' Experience; and
 - (d) Staffing.
69. The rating system is as follows:
- (a) 1 star = significant improvement needed;
 - (b) 2 stars = improvement needed;

- (c) 3 stars = acceptable;
 - (d) 4 stars = good; and
 - (e) 5 stars = excellent.
70. Each category is rated individually and then combined to provide an “*Overall Star Rating*”.
71. The results are published on the My Aged Care website.
72. The Star Ratings for Buckland (as at 7 August 2023) are as follows:
- (a) Overall Star Rating: 4 stars = good;
 - (b) Compliance: 5 stars = excellent;
 - (c) Quality Measures: 4 stars = good;
 - (d) Residents’ Experience: 3 stars = acceptable; and
 - (e) Staffing: 3 stars = acceptable.

Staffing Rating

73. The Staffing Rating considers the amount of care provided by RNs, ENs and PCWs/AINs at Buckland.
74. In December 2022, Buckland received an average quarterly target for care time from the Australian Government, which was as follows:
- (a) 194 minutes for total nursing and personal care (which includes care provided by RN, EN and PCW/AIN); and
 - (b) 39 minutes for care from a RN.
75. That target is based on the number of residents at Buckland and their care needs. That means the care target for another provider may vary depending on the specific care needs of their residents.
76. Buckland is required to submit a Quarterly Financial Report, which sets out the direct and indirect care provided to residents. For the purpose of the Star Rating, the Australian Government is concerned with whether Buckland meets the direct care target.
77. For the past four consecutive quarters, Buckland has exceeded our care minute targets. This means the care staff at Buckland provided more care than the minimum requirement set by the Government.

Signed: _____



Johannes Brockhaus

Date: 31 October 2023

THE BUCKLAND CONVALESCENT HOSPITAL Trading as

*...we care*

Aged Care Code of Conduct Acknowledgement Form

Purpose and Aim

The purpose of the Code is to create expectations of foundational behaviour that all consumers can expect from their providers, aged care workers and governing persons, place obligations relating to behaviour on individuals, thereby giving the Aged Care Quality and Safety Commission (the Commission) a mechanism by which to respond to behaviour that falls below what is expected by the Code and to directly engage with aged care workers and governing persons about their conduct.

The Code is aimed at ensuring that all consumers can have confidence in the quality of the aged care and can expect the same level of high quality and safe care regardless of who provides their aged care services.

The Code - 'When providing care, supports and services to people, I must:

- a. act with respect for people's rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions;
 - b. act in a way that treats people with dignity and respect, and values their diversity;
 - c. act with respect for the privacy of people;
 - d. provide care, supports and services in a safe and competent manner, with care and skill;
 - e. act with integrity, honesty and transparency;
 - f. promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services;
 - g. provide care, supports and services free from:
 - i. all forms of violence, discrimination, exploitation, neglect and abuse; and
 - ii. sexual misconduct; and
 - h. take all reasonable steps to prevent and respond to:
 - i. all forms of violence, discrimination, exploitation, neglect and abuse; and
 - ii. sexual misconduct.
-

Declaration

(Governing Person, Employee, Contractor, Supplier)

- I have read and understand the Code of Conduct is a minimum behaviour expectation.
- I understand that any adverse findings in the delivery of care, supports and services or any other breach of the code must be disclosed to my prospective employer prior to accepting a role or commencing work.
- I understand that any adverse findings in the delivery of care, support and services or any other breach of the code must be disclosed during my employment.
- I understand if I do not disclose information relating to a breach of the Code of Conduct this may result in immediate disciplinary action, and my employment could be terminated.
- I understand that if I do not comply with the Code of Conduct or I do not disclose a breach of the Code of Conduct, civil penalties may apply per the Quality and Safety Commission role in determining breaches. Maximum individual penalty \$55,000 can apply.
- I understand a breach to the Code of Conduct will undergo investigations and may result in restrictions being placed on my practice.

First Name:

Last Name:

Designation:

Signature:

Date:

Please circle which applies (Governing Person | Manager | Employee | Contractor | Supplier)

Witnessed

First Name

Last Name

Signature:

Designation:

Date:

Please circle which applies (Governing Person | Manager | RN | HR)

Code of Conduct

Version: 4

Published: 25 Feb 2022, 9:27 AM

Last edited: 25 Feb 2022, 9:26 AM

Approved: 25 Feb 2022, Johannes Brockhaus

Overview

This document outlines Buckland's code of conduct and applies to all staff and management.

This code of conduct has been developed to assist staff by providing a framework for day to day decisions and actions while working for Buckland.

Specifically, this document aims to:

- Promote a positive work environment where the contribution of all staff is acknowledged and valued, and in achieving this effective teamwork and respectful relationships are nurtured.
- Acknowledge that each staff member is treated, and must treat others, with dignity, fairness and respect.
- Provide the basis for maintaining a positive workplace culture, where Buckland values of
 - Honesty, loyalty and integrity are upheld,
 - All people are treated with respect,
 - Professionalism maintained,
 - Effective, ethical leadership is demonstrated, and that there is
 - Pride in everything we do
- Assist in the prevention of corruption, maladministration and serious and substantial waste by alerting staff to behaviours that could potentially be corrupt or involve maladministration or waste.

Outcome

- Residents get quality care and services when they need them from people who are knowledgeable, capable and caring
- Residents are treated with dignity and respect, and can maintain their identity. Residents can make informed choices about their care and services, and live the life they choose.

Buckland statement

- Buckland provides a safe and comfortable service environment that promotes the residents independence, function and enjoyment.
- Buckland has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services
- Buckland's governing body is accountable for the delivery of safe and quality care and services

Documents relevant to this policy

	A guide to Australian discrimination laws	
	Accountability Principles 2014	
	Age Discrimination Act 2004	
	Aged Care Act 1997	
	Australian Human Rights Commission State and Territory Anti-Discrimination Legislation	
	Behaviour in the workplace and grievance resolution	
	Code of conduct	
	Customer protection policy	
	Fair Work Act 2009	
	Privacy Act 1988 - Part III, Division 2 Australian Privacy Principles	
	Sex Discrimination Act 1984	
	Standard 1 - Requirement (3) (a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued	
	Standard 7 - Requirement (3) (b) Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity	

1.0 Introduction

All Buckland staff are required to fully comply with all aspects of this policy. Any breach or non-compliance with any aspect of this policy may lead to disciplinary action including the termination of employment.

This document outlines Buckland's code of conduct and applies to all staff and management.

This code of conduct has been developed to assist staff by providing a framework for day to day decisions and actions while working for Buckland.

Specifically, this document aims to:

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 - Effective, ethical leadership is demonstrated, and that there is
 - Pride in everything we do.
- Assist in the prevention of corruption, maladministration and serious and substantial waste by alerting staff to behaviours that could potentially be corrupt or involve maladministration or waste.

1.1 Principles underpinning this code of conduct

The staff of Buckland must conduct themselves in a way that promotes public confidence and trust in the organisation.

Staff have a duty of care to the residents as well as to other staff. Staff must ensure that, as far as practicable, the best interests of residents are maintained in decision-making and when undertaking duties, have regard to the duty of care that Buckland has to staff as well as residents.

The reputation of Buckland and its standing in the community are built on the following principles and these principles must be incorporated into the decisions, actions and behaviour of all staff:

- Acting ethically
- Acting in the public interest
- Avoiding corrupt conduct
- Avoiding conflicts of interest
- Disclosing wrongdoing
- Respecting differences
- Complying with the law, directions and policies
- Providing quality services
- Acting fairly
- Resolving conflicts and handling complaints
- Accepting scrutiny
- Acting transparently
- Managing risk
- Using resources effectively
- Efficiency and effectiveness

(from NSW Ombudsman, *Good Conduct and Administrative Practice*, April 2017)

<https://www.ombo.nsw.gov.au/news-and-publications/publications/guidelines/state-and-local-government/good-conduct-and-administrative-practice>

1.2 Key definitions

Corrupt conduct - is broadly defined as the misuse of office. Commonly this involves the dishonest or partial use of power or position that results in one person being advantaged over another.

Corruption can take many forms including (but not limited to):

- Official misconduct
- Bribery and blackmail
- Unauthorised use of confidential information
- Fraud and
- Theft

Maladministration - is defined as conduct that involves action or inaction of a serious nature that is:

- Contrary to law;
- Unreasonable, unjust, oppressive or improperly discriminatory, or
- Based wholly or partly on improper motives.

Serious and substantial waste - is defined as any uneconomical, inefficient or ineffective use of resources, authorised or unauthorised, which results in significant loss / wastage of funds or resources.

Violence - is defined as any incident in which an individual is abused, threatened or assaulted and includes verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault. (Also see the organisation's "Inappropriate behaviour in the workplace" policy).

2.0 Competence and professionalism

Overview

Staff have a responsibility to carry out their roles in a competent and professional way which demonstrates:

- Respect for residents, relatives, visitors, other staff and the public in general;
- Fairness and impartiality in decision making, and
- Efficiency and effectiveness.

Staff must exercise due care in going about their duties and must always present themselves for work in a fit and proper condition. In particular, staff must not present for work under the influence of alcohol, drugs or other substances that could detrimentally affect their ability to perform their duties.

While the code of conduct outlines standards of conduct, there may be situations that arise in the course of employment where staff may find it useful to apply the following six points as a guide to ethical decision making and behaviour:

1. Is my decision or behaviour unlawful?
2. Is my decision or behaviour in line with the policies of the organisation?
3. What will be the outcome of my decision or behaviour for me, work colleagues, the residents, Buckland and other stakeholders?
4. How will my decision be viewed by my Registration Board and / or my Professional Association (if applicable)?
5. Is my decision or behaviour a conflict of interest, or could it be perceived as a conflict of interest, and / or will it lead to private gain at Buckland's expense?
6. Can my decision or behaviour be justified in terms of public interest and could it withstand public examination?

2.1 Personal and professional behaviour

When carrying out duties, staff will:

- Comply with any legislation and professional codes of conduct and ethics relevant to their profession;

- Obey any lawful direction from a person who has the authority to give the direction. If a staff member has a concern about carrying out a lawful direction, they may appeal through existing complaint / grievance procedures or to the chief executive officer (CEO);
- Behave honestly and with integrity. This includes a duty to report other staff who are behaving in a way that is a breach of this code of conduct;
- Report any circumstance that may compromise clinical or professional standards to the Facility Manager or CEO;
- Endeavour to carry out work as efficiently and effectively as possible and to a standard that reflects favourably on Buckland;
- Follow the policies of the organisation, whether or not they agree with these policies. Should a situation arise in which a staff member cannot comply with a policy because of personal or clinical views, the matter must be discussed with the Facility Manager or Care Manager, with a view to resolving the situation, and
- Act in good faith.

2.2 Good faith

Staff must exercise their duties in good faith and avoid acting in 'bad faith'.

Acting in 'good faith' means that a duty or function is performed by a staff member:

- Honestly,
- For the proper purpose,
- On relevant grounds, and
- Without exceeding the power or authority of the position.

2.3 Professional standards

In the event of any conflict between professional standards and the provisions of this code of conduct, the matter must be taken up with the CEO.

Staff have a professional responsibility to maintain and enhance their skills, knowledge and competence while undertaking duties within the organisation.

2.4 Personal relationships with residents

Staff must not have personal relationships with residents that result in any form of exploitation, obligation or sexual gratification.

All staff must be aware of the power of imbalance and unconscious processes within any resident relationship, including relationships with carers of residents. Staff must remain aware of the particular vulnerability of residents and their carers.

Personal relationships with residents or their carers, as referred to in this section, may be social, sexual or other types of relationships (e.g. financial) and may not be acceptable conduct. Any of these kinds of relationships may result in some form

of exploitation of a resident or their carer, or involve some form of obligation or expectation being created in the resident or their carer.

Where a family member / spouse / partner becomes a resident of a Buckland facility where the staff member works, the staff member must report this to the Care and Facility Managers regarding any conflict of interest issues.

2.5 Conducting financial transactions and / or dealing with money / property for residents

As a general rule, staff should not become formally or informally involved in any transaction for or with a resident which involves dealing with cash, bank accounts, credit cards or property.

Where a resident requires such services and cannot conduct such transactions themselves, staff should discuss with the resident, low risk alternatives and, with their consent:

- Contact relatives.
- Contact other agencies that assist in such matters (e.g. NSW Trustee and Guardian).
- Contact the residents' bank, etc and advise of situation and make appropriate accountable arrangements

2.6 Providing advice to decision makers

Staff must, to the best of their ability, provide advice and reports (in relation to their employment role) to the Facility and Care Managers when appropriate or required. The advice provided must be materially accurate, frank and honest, cover all issues relevant to the matter (including the consultation undertaken) and contain relevant and appropriate recommendations. This advice and information must be as complete as possible in the circumstances and within the resources available.

2.7 Quality service

Staff must provide a relevant and responsive service to the residents, colleagues and the public.

All staff share responsibility for creating and maintaining a service that provides safe, high quality care.

Care and attention

Staff must ensure that, while at work, attention is focused on their duties.

Ensuring timeliness

Staff must carry out their duties and functions within the agreed timeframes, having regard to available resources. If timeframes or duties cannot be met, due to resource issues or other circumstances, staff must report this to the Facility or

Care Managers for advice and action.

3.0 Conflicts of interest

Overview

Staff are expected to perform duties in a fair and unbiased way and not make decisions which are influenced by self-interest or personal gain.

The integrity and fairness of decisions and actions taken by staff could be undermined if, when performing their duties, a conflict between work and private interest exists or appears to exist. To protect the integrity of Buckland and its staff, situations that give rise to conflicts of interest should be avoided by staff members and properly managed when they do occur.

Conflicts of interest exist when it is likely that a staff member could be influenced, or perceived to be influenced, by personal interest when carrying out their duties. Conflicts of interest that lead to biased decision making may constitute corrupt conduct.

Conflicts of interest can be actual, perceived or potential:

- An **actual conflict of interest** involves a direct conflict between a staff member's current duties and responsibilities and existing private interests.
- A **perceived or apparent conflict of interest** can exist where it could be perceived, or appears, that a staff member's private interests could improperly influence the performance of their duties - whether or not this is in fact the case.
- A **potential conflict of interest** arises when a staff member has private interests that could conflict with other duties in the future.

Interest can be pecuniary (financial) or non-pecuniary (do not relate to money).

Some situations that may potentially give rise to a conflict of interest include:

- Financial interests in a matter Buckland deals with or where staff are aware that friends or relatives have financial interest in the matter,
- A personal belief or attitude is not openly declared, that may influence the impartiality of advice given or decisions made by Buckland,
- Personal relationships with the people Buckland is dealing with or investigating which go beyond the level of a professional working relationship,
- Authorising appointments, transfers, reclassification, or changes in employment details or employment status, award classifications or allowances for relatives or close personal friends, and
- Access to information that can be used for personal gain, whether that personal gain be that of the staff member or their relatives or friends.

3.1 Managing conflicts of interest

Conflicts of interest must be dealt with in an open and transparent way.

A staff member may often be the only person aware of the potential for conflict. Therefore, it is their responsibility to avoid any situation that could compromise their ability to perform duties impartially. It is also their responsibility to report any potential or actual conflicts of interest to the CEO. Disclosure must be made at the first available opportunity, preferably in writing, for a decision as to what action should be taken to avoid or to deal with the conflict.

If staff are uncertain whether a conflict exists, the matter must be discussed with the CEO in an attempt to resolve the matter.

If staff are aware that another staff member has a potential conflict of interest they should report the matter to the CEO.

To resolve any conflicts of interest that occur, or could occur, a range of options is available depending on the significance of the conflict, the nature of the situation and sensitivity of the issue.

The options include:

- Taking no action because the conflict is assessed as being minor in nature or is eliminated by disclosure or effective supervision,
- Allow limited involvement (e.g. Participate in discussions but not in decision making),
- Prohibit any involvement, or
- Request the individual concerned relinquish or divest the personal interest which creates the conflict.

3.2 Bribes, gifts and benefits

Staff must not seek or accept any gift or benefit intended or likely to influence, or be reasonably perceived to influence, the staff member to:

- Act in a particular way,
- To fail to act in a particular circumstance, or
- To otherwise deviate from the proper exercise of their official duties.

Gifts of cash should not be accepted. As a general rule, no gifts or benefits should be accepted by staff members without them being fully disclosed to the CEO or Facility Manager, prior to acceptance.

Staff must take all reasonable steps to ensure that neither they nor their immediate family members are the recipients of gifts or benefits which could give the appearance, to an impartial observer, of an indirect attempt to secure their influence or favour.

3.3 Token gifts

Token gifts offered as a gesture of appreciation and not to secure favour may be accepted and retained by staff however, they are required to report the acceptance of the gift to the CEO and gain their agreement to retain the gift.

Generally speaking, **token** gifts and moderate acts of hospitality would include:

- Gifts of bottles of reasonably priced alcohol (e.g. under \$50.00).
- Free or subsidised meals and / or beverages provided infrequently (and / or reciprocally).
- A box of chocolates or flowers.

The Australian Macquarie Dictionary defines ‘token’ as anything of nominal value.

3.4 Non-token gifts

As a general principle, staff must not accept non-token gifts. If staff do receive a non-token gift, they are required to declare it to the CEO straight away.

Gifts or other benefits not essentially token or inconsequential should only be accepted:

- Where they are not given because of the person’s job or status.
- Where the gift is given to a staff member in a public forum in appreciation of the work, assistance or involvement of the staff member and refusal to accept the gift would cause embarrassment or affront.
- If there is no possibility that the recipient might be, or might appear to be, compromised in the process.
- In circumstances generally approved by the CEO.

Approval by the CEO must only be given where the acceptance of the gift is unlikely to be seen by a reasonable ‘impartial observer’ to create a conflict of interest, or influence the performance of duties or functions.

In any offer or where a suggestion of a bribe is made directly or indirectly to a staff member, the facts must be reported to the CEO at the first opportunity.

If staff are dealing with, or have access to sensitive information, they must be particularly alert to inappropriate attempts to influence them.

3.5 Gifts register

A gifts and benefits register is maintained by the CEO. All staff must ensure that non token gifts received are reported by them to the CEO at the time of receiving the gift or as soon as they are made aware of the offer of a gift.

4.0 External business activities

Participation in voluntary community organisations, charities and professional associations

Buckland encourages all staff in their contribution to society and as such, staff are free to participate in voluntary community organisations and charities and in professional associations, so long as it does not conflict with their primary role within Buckland or any other requirement under this code of conduct (e.g. use of official resources, information etc).

Staff wishing to join the Rural Fire Service or the State Emergency Services are required to consult the CEO, prior to any affiliation being made to such organisations.

5.0 Use of Buckland resources

Overview

Buckland resources refers to the organisation funds, staff, facilities, equipment and materials. Some examples of resources include (but are not limited to) telephones, facsimiles, email, internet, photocopiers, scanners, typing facilities, computers, motor vehicles, office stationery and general stock inventory.

Use of resources must be appropriate, lawful, efficient, proper and ethical. Inappropriate use includes, but is not limited to any use of resources (primarily communication devices) to intentionally transmit, communicate or access pornographic or sexually explicit material, images, text or other offensive material.

Staff must not use resources to transmit, communicate or access any material which may discriminate against, harass or vilify colleagues, residents or others.

Requests to use resources for non-official purposes must be referred to the CEO or Facility Manager for approval. Unless permission is granted, staff must not use the resources of the organisation for non-official purposes.

If a staff member is authorised to use resources for non-official purposes, they must:

- Take responsibility for maintaining, replacing and safeguarding the property and following any special directions or conditions that apply during the time they are being used for non-official purposes, and
- Ensure the resources are under their control or used by them effectively and economically.

Staff using resources for non-official purposes without gaining prior approval could face disciplinary and / or criminal action.

Buckland resources are not to be used for any private commercial purposes, under any circumstances.

6.0 Use of official information

Overview

Official information must not be disclosed or used without proper authority.

Official information is any recorded information, in any form including data in computer systems, created or received and maintained by Buckland in the transaction of business or the conduct of affairs and kept as evidence of such activity.

Current privacy legislation outlines requirements related to the disclosure of personal and personal health information.

Staff must not use or disclose official information acquired in the course of their employment outside their workplace or professional relationships other than as required by law or where proper authority has been given.

6.1 Personal health information

Personal health information includes the identity and personal and health information about individuals, including staff and includes confidential data and information collected for purposes of resident care or for administrative, statistical or other purposes.

Staff must:

- Comply with privacy and security procedures in relation to any personal information accessed in the course of their duties,
- Preserve the confidentiality of this information, and
- Inform the appropriate person immediately, if a breach of privacy or security relating to information occurs.

Staff must not:

- Knowingly access any personal information unless such information is essential for the proper and efficient performance of duties (including looking up any records relating to other staff) or
- Misuse any personal information e.g. for personal purposes or for any other purpose which conflicts with the purpose for which the information was generated or obtained.

6.2 Misuse of official information

Staff must not misuse information gained while undertaking their work role. Misuse includes:

- Unauthorised use or disclosure (including in the negotiation of business contracts and agreements - commercial in confidence information must not be divulged to a competing supplier/company)
- Seeking to take advantage, for personal reasons or for another person, of information about a person held in official records or data.
- Gossiping on the basis of personal or other information held in official records.

6.3 Security of official information

Staff must make sure that confidential and / or sensitive official information, in any form (e.g. documents, emails, computer files etc), cannot be readily accessed by unauthorised parties. Confidential and / or sensitive official information must be securely stored overnight or when unattended.

Managers are responsible for ensuring that premises are secure and that suitable arrangements are in place to maintain the security of confidential and / or sensitive official information. This includes transferring documents by hand where necessary.

Staff must make sure that confidential and / or sensitive official information is only discussed with people who are authorised to have access to it. It is considered a serious offence to deliberately release confidential and / or sensitive official information to unauthorised persons.

Where appropriate, managers must make sure that confidential and / or sensitive papers are tabled at meetings rather than circulated and agreement is reached within the meeting about the level of detail to be included in the minutes.

6.4 Staff information

Information about the staff of Buckland is totally confidential, must not be released to external bodies without appropriate legal authority and the authorisation of the CEO.

There are some instances when an external body will be required to provide a written request for information (e.g. insurance matters). In some instances information regarding employment will be provided to external bodies (e.g. the Australian Taxation Office).

Buckland must confirm details held by financial institutions if a staff member is applying for financial assistance. Buckland will validate the bona fide of the caller as a representative of the financial institution (usually with a call back). In all instances, a staff member's permission will be sought prior to confirming the information held.

6.5 Providing referee reports

When providing either verbal / written references for other staff members, or persons outside Buckland, staff have a duty to provide frank and accurate comments.

Staff must also take care to avoid making statements that could be regarded as malicious. Situations which may potentially be regarded as malicious include:

- Where the staff member knowingly includes false or unsubstantiated allegations;
- Where the language used is excessively strong or weak, in a manner which might unreasonably mislead the recipient of the report or misrepresent the staff member who is the subject of the report, or
- Where extraneous material is deliberately introduced or where omissions are deliberately made so as to create a misleading impression.

7.0 Fairness in decision making

Overview

Staff must deal with issues, cases or complaints consistently, promptly, transparently and fairly. This involves dealing with matters in an impartial, non-discriminatory manner and in good faith.

7.1 Fairness

Staff must be fair and reasonable when exercising discretionary power that could affect the rights, interests or legitimate expectations of individuals. Situations must be dealt with in a fair and timely manner.

Staff must avoid all unnecessary delay in making decisions or taking action.

The principles of equal employment opportunity must be followed in employment-related decisions.

Staff must take all reasonable steps to ensure that the information upon which their decisions or actions are based is factually correct and relevant to the decisions or actions. Staff must avoid acting in a way that could be seen as unreasonable or discriminatory.

7.2 Use of discretionary power

Staff must not exercise discretionary powers (i.e. powers to act according to ones own judgement) for improper purposes or on irrelevant grounds. Improper use includes errors such as failing to take all relevant facts into consideration, not having regard to the merits of each particular case or taking into account irrelevant information.

8.0 Policy Statement

This policy supersedes the previous document developed and implemented in June 1998, and all subsequent policy documents as developed by the Executive Director of Nursing / Deputy CEO, Mrs Elizabeth Roberts.

This policy document was developed by the Exec DON/Deputy CEO in September 2005 and then reviewed and endorsed by the members of the Quality Improvement Committee on the 18th October 2005.

It was further reviewed, amended and then endorsed by the Quality Improvement Committee on the:

2nd July 2007

1st December 2007

9th August 2008

30th November 2009

11th October 2010

16th May 2011

20th May 2012

6th April 2015

12th May 2015

25th February 2022

**STAFF
INFORMATION
HANDBOOK**

...we care



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1. HISTORY OF BUCKLAND

The Buckland Convalescent Hospital was conceived and endowed by the late Sir Thomas Buckland, and commenced operation in 1936.

It originally operated as a hospital, but over the years its role has slowly changed to the present stage, where it now holds Commonwealth funded high and low care licences.

The face of Buckland has continued to change and progress, with the development of a total aged care facility, which presently encompasses self-care units and residential aged care facilities.

As Buckland changes, we the staff will also be called upon to grow, progress and move forward. This will involve willingness by all staff members to consolidate old skills as well as learning and cultivating new ones. It is our objective to provide a supportive environment that is appropriate to the individual needs of the aged, whilst at the same time maintaining their independence and dignity.

2. BUCKLAND VISION, MISSION & VALUES STATEMENT

At Buckland We Care . . .

Our Vision

To be a leader in the provision of care to the aged

Our Mission

To provide respectful and dignified care and services that acknowledges the value of each individual

We Value

Honesty, loyalty and integrity

Respect for people

Professionalism

Effective, ethical leadership

Pride in everything we do

3. CHARTER OF AGED CARE RIGHTS

The Commonwealth Government has enshrined in legislation the following rights for all residents.

Each resident has the right to:

- To safe and high quality care and services;
- To be treated with dignity and respect;
- To have my identity, culture and diversity valued and supported;
- To live without abuse and neglect;
- To be informed about my care and services in a way I understand;
- To access all information about myself, including information about my rights, care and services;
- To have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;
- To have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
- To my independence;
- To be listened to and understood;
- To have a person of my choice, including an aged care advocate, support me or speak on my behalf;
- To complain free from reprisal, and to have my complaints dealt with fairly and promptly;
- To personal privacy and to have my personal information protected;
- To exercise my rights without it adversely affecting the way I am treated.

Buckland is committed to ensuring that each resident is afforded all his or her rights.

4. STAFF GENERAL

4.1. Orientation

Orientation is a series of learning activities provided by the organisation to enable newly appointed staff to function effectively in a new position as soon as possible.

Each newly appointed member of staff will be required to make themselves available for orientation before commencement of duties. They will be assigned to another staff member who will show them the layout of the facility and will explain the duties they will be expected to perform.

Staff are required to complete an orientation package which will include the completion of an online training package. Staff will be given access to Buckland's online policy platform and are expected to familiarise themselves with the organisations policies and procedures. All staff must make themselves familiar with the day-to-day activities of the organisation.

4.2. Appearance

All staff are required to maintain a high standard of personal hygiene and appearance whilst on duty. In keeping with respective duties it is a requirement that all staff remain neat and tidy.

4.3. Uniforms

As a member of the staff you are representing the organisation at all times. The organisation reserves our right to insist upon the standards of professional dress, grooming and behaviour acceptable to this organisation. Uniforms (including shoes) are provided for staff after 3 months service. Staff can avail themselves of the laundering of their uniforms by the organisation's laundry, this is arranged with the Facility Manager. Buckland requires all staff to comply with the following uniform requirements:

- Uniforms are expected to be no shorter than knee length (dress or skirt).
- Staff identification badges **MUST BE WORN AT ALL TIMES WHILST ON DUTY.**
- Navy/black lace up nurse's shoes or black/brown boots, clean and in good repair for care staff.
- Navy/black lace up shoes, or brown/black boots; clean and in good repair for other staff, except kitchen staff who must wear black fully closed in, leather shoes or boots with a flat non-slip sole.
- Appropriately coloured, fully closed in shoes either slip on, lace up, strap, or buckle are required for all clerical and administrative staff. These shoes must have a low heel and be fully enclosed at the ankles and toes.
- Stockings are to be flesh coloured or a colour to match your shoes.

- The general wearing of jewellery is not permitted, bracelets, necklaces etc. Staff may not wear a wrist watch, smart watch or fitness tracker unless given permission by management. Staff may wear a single wedding ring/commitment band without stones.
- Those staff with pierced ears may wear one only sleeper/stud in each ear (no stones).
- All face, tongue or head piercing other than single ear piercing are not to be adorned with any other device beside a clear plastic stud.
- Buckland reserves the right to ask staff to cover tattoos. This may occur where the tattoo/s is considered offensive or cause distress to a resident.
- Hair must be kept clean and tidy and if long must be tied back.
- Catering staff must wear hair nets when preparing, handling and serving food.
- The wearing of jeans, tracksuit pants, hipster pants and shorts higher than the knee are not permitted.
- Nails are to be kept clean, tidy and relatively short. **NO** nail polish is to be worn. Nail extensions or overlays are not permitted as they have infection control implications.

4.4. General Service Officers and Food Handlers

- Uniforms and shoes must be clean, and if working in the kitchen changed into once at work and prior to commencing the shift.
- Staff identification badges must be worn at all times unless working in the kitchen as this may pose a risk of food contamination.
- Navy/black lace up shoes or black boots, clean and in good repair with a flat non-slip sole.
- Stockings are to be flesh coloured or a colour to match your shoes.
- The general wearing of jewellery is not permitted. Staff may not wear a wrist watch, smart watch or fitness tracker unless given permission by management. Staff may wear a single wedding ring/commitment band without stones.
- Those staff with pierced ears may wear one only sleeper/stud in each ear (no stones). If working in the kitchen only sleepers are allowed, although it is preferable that no earrings at all are worn.
- All face, tongue or head piercing other than single ear piercing are not to be adorned with any other device beside a clear plastic stud.
- Hair must be kept clean and tidy and if long must be tied back. Hair clips and hair adornments are not permitted to be worn by staff in the kitchen.
- When working in the kitchen or preparing, transporting and serving food all hair must be enclosed and contained within a hair net.

- The wearing of jeans, tracksuit pants, hipster pants and shorts higher than knee length are not permitted.
- Nails are to be kept clean, tidy and relatively short. **NO** nail polish is to be worn. Nail extensions or overlays are not permitted as they pose infection control and food safety implications.

4.5. Hours of Duty

- All staff are employed with the understanding that their contracted hours of duty are "AS ROSTERED", with no commitment by Buckland to particular days or shifts. Staff are required to sight the roster each day at the commencement and completion of each shift to ensure that they are aware of their rostered hours for future roster periods.
- It is essential that staff attend in accord with the hours they are rostered. It is not acceptable to arrive any time after the commencement of a shift or to leave prior to the noted completion time of a shift without having sought approval of the Care or Facility Manager prior to that shift.
- To ensure a high standard of care is delivered to residents and the observance of fair and reasonable workloads for all, staff are expected to attend as rostered. Poor performance in relation to attendance; short notice of an inability to attend, and regular periods of non-attendance have the potential to lead to disciplinary actions including the termination of employment.
- Staff are required to clock on and off at the start and end of each shift using the Humanforce kiosks in each work area. If staff are unable to do so, they are required to notify their manager via Leecare as soon as possible. Failing to do so correctly has the potential to lead to disciplinary action.

4.6. Overtime

- Payment for overtime will be made only when such time has been duly authorised (prior to being undertaken) by the CEO, Facility Manager or Care Manager. Payments of this nature will be as per Buckland Enterprise Agreement provisions.

4.7. Staff Meetings

- This organisation holds regular meetings for all staff and whilst attendance at these meetings is not compulsory, all staff are encouraged to attend. A record of attendance is kept and this is used as a measure of staff commitment and degree of input in regard to policy, practice and procedure.

4.8. Staff Education and Training

- Buckland has a commitment to ongoing staff education. This commitment includes an annual program that includes topics chosen by staff and topics relevant to staff safety and resident care and welfare. Staff are encouraged to attend in-service education and training with the organisation also supporting external training and education, where this training and education will benefit resident care or staff safety and welfare. Self-directed learning

packages applicable to each classification also form part of the education program and the organisation encourages their completion.

- Buckland has a large number of education resource materials available to staff. Staff are required to note in the library register (held at reception) any text, booklets, magazine, or DVD's that they borrow.
- Buckland has access to the Aged Care Channel, where a large range of comprehensive education sessions are offered. These sessions are registered on the organisations education program each year and are available to be viewed by staff at their request, or as broadcast on the home internal education channel.
- Buckland and The College of Nursing are party to a Memorandum of Understanding, which forms the basis of a relationship that allows our registered nursing staff to enjoy the educational and training resources of the College at a reduced rate. Details of these benefits can be obtained from the Facility Manager.

4.9. Competencies

- To ensure that standards of care are maintained, staff are asked to achieve and then maintain competencies. These competencies relate to work practices and are regularly reviewed and documented.

4.10. Performance Appraisals

- Each member of staff will undergo a performance appraisal within 6 months of joining the organisation and this will be followed by regular appraisals. Each staff member will have the opportunity to discuss their appraisal details and to add their own comments if desired. The appraisal is kept on the staff member's personnel file and may be referred to as necessary.

4.11. Staff Comments, Suggestions and Grievances

- It is management's policy to readily accept input on all facets of policy, practice and procedures. Formal comments should be submitted via the Customer Liaison Service forms or Suggestion Box forms. No staff member position will be jeopardised as a result of following this procedure. The organisation also has policies on "Inappropriate Behaviour in the Workplace & Grievance Resolution" and "Sexual Harassment in the Workplace". Both these policies clearly set out the mechanisms available to staff to lodge a complaint or grievance.

4.12. Staff Alert / Emergency

- The staff call system at Buckland can activate a nurse assist button in each residents' room. The assist call will register as the residents' room number followed by the letter A, e.g. 65 A All staff becoming aware of this alert must respond immediately. There are also several other staff emergency alert systems in place including the main kitchen, the laundry and on the emergency call out bag.

4.13. Fire and Emergency Procedures

- All staff are to familiarise themselves with the fire procedures set down for this organisation, as well as being aware of the locations of fire extinguishers, fire blankets and hose reels. Exits are to be kept clear at all times.
- In the case of a fire, the fire brigade is to be contacted **by dialling "000"**, requesting the fire brigade and clearly stating the details.
- **REMEMBER: EARLY DETECTION AND ACTION CAN SAVE LIVES.** Regular fire drills are undertaken and attendance with involvement is required. Non-attendance may be grounds for dismissal.
- The organisation also has a number of other policies, practices and procedures that relate to emergency and disaster situations. All staff are to be fully familiar with the organisational "Disaster Plan & Procedures in Relation to Threats" document and the "Emergency Procedure Guide" that is located at each phone throughout each facility.

4.14. Employee Assistance Program

- Buckland is committed to assisting staff to maintain high levels of work performance through the provision of an Employee Assistance Program (EAP).
- The objectives for the EAP are:
 - To improve the overall wellbeing of Buckland staff thereby, promoting quality services to the residents and their families;
 - To promote and maintain a healthy and productive working environment;
 - To provide a confidential counselling service at no cost to employees, to address issues which may impact the employee's performance or well-being;
- All existing staff members are entitled to access the EAP for up to three (3) one (1) hours counselling sessions per annum, or as approved by the Chief Executive Officer (CEO). The service is only accessible during the providers opening hours. Staff will be required to attend appointments outside working hours.
- The Buckland EAP enables staff to have access to the services after Management approval. An appointment can be made by directly contacting Riverland's Therapy via telephone on (02) 4731 8111. The appointment booking is the responsibility of the staff member or can be done with the assistance of the Human Resource Manager.
- A staff member claiming current workers compensation or participating in a current work rehabilitation program generally cannot access the EAP, for the same issue. If necessary, alternative counselling arrangements can be made.
- In the case of a traumatic situation or event crisis, counselling could be arranged by the Human Resource Manager, with the approval of the CEO and group sessions can be arranged as required.
- Detailed information relating to staff utilising the EAP is confidential and will not be released to any person without written consent of the staff member or their legal

representative, except to prevent a serious threat to a person's health or life and/or as required by law.

- Buckland will be provided feedback from the providers of the service which will not identify specific individuals. This feedback may include:
 - Number of staff members seen;
 - Number of sessions provided to each staff member;

4.15. Work Health and Safety

- Buckland has an extensive Work Health and Safety program which all staff, residents and visitors are required to adhere to.
- Buckland is obliged under the *NSW Work Health and Safety Act 2011* to provide a safe and healthy environment for all staff, visitors and contractors. Staff also has an obligation under this legislation to perform their duties in a safe manner and to report any unsafe work practices or equipment to management as soon as you become aware of it.
- The organisation has a documented Work Health and Safety policy which all staff are required to read and abide by.
- Buckland has in place an Employee Assistance Program (EAP) that staff can freely access. All staff can access this service for both professional and personal challenges they are attempting to address.

4.16. Workers Compensation

- All staff within this organisation are covered by the provisions of the *Workers Rehabilitation & Compensation Act*. The Act requires the organisation to have in place a fully detailed Return to work program and a Return to work co-ordinator. (All staff are required to read and be familiar with this organisation's "Work Health, Safety and Return to work program"). If a staff member suffers an injury that is covered under the *Workers Rehabilitation & Compensation Act*, they will be fully informed by the return to work co-ordinator as to the steps and processes that they are to follow under this program.

4.17. Minimal Lift Policy

- Buckland has a minimal lift policy that requires staff to adopt the use of mechanical lifters or other relevant equipment for all resident transfers, positioning and lifting. Each resident that requires any form of assistance with transferring, positioning or lifting has been assessed by a physiotherapist and has a plan of management in place that must be followed at all times.

4.18. Illness or Injury on Duty

- **Illness:** If a staff member feels that they are not well enough to continue duties, they should immediately inform the Registered Nurse in charge who will, after arranging sufficient replacement staff, authorise them to leave. The time of leaving the facility should be noted on Leecare as well as the reason for not completing the shift.

- Staff involved in food preparation and working in tasks covered by the food safety program are to comply with the requirements of that program in relation to illness and sickness.
- Any staff member with an infectious illness must not attend work until they are free of all symptoms for the required period of time for the particular infection. A medical certificate must be provided by the doctor stating the nature of the infectious illness and confirmation that the person is now no longer infectious and able to return to work. In some instances Buckland may be required to report instances of staff infectious illnesses to the Public Health Unit.
- **Injury:** If a staff member injures themselves at work, they are required to immediately inform the Registered Nurse in charge and then write a full report on the nature and circumstances of the injury, including details of any witnesses to the incident, on the Buckland Accident /Incident form and in the WorkCover Register. The injured staff member is required to physically report to the Facility Manager at the time of the injury or on their next rostered day of duty. If medical treatment is required, the treating doctor must issue a certificate stating full details of the injury.

4.19. Safety Rules

- All staff are required to comply with the following safety rules:
- Hazards and risks must be reported by utilising the 'Hazard and Risk Management Forms' which are located in each work area.
- Equipment that is deemed to pose a risk to staff, residents or others must undergo an assessment by utilising the "Equipment Risk Assessment Worksheet". These are also located in each work area.
- All safety and warning signs must be observed.
- Safe operation procedures must be followed where a procedure has been developed for a hazardous task.
- Chemicals must be stored in a manner that doesn't place staff, residents or others at risk. All chemicals used by the organisation have a current MSDS (material safety data sheet). Where a chemical is classed as hazardous, it is registered in the hazardous substances register and a risk assessment has been carried out. Staff must abide by the outcomes of the risk assessment for all hazardous substances.
- Security awareness is an essential aspect of your position. All staff are responsible for assisting in providing a safe and secure workplace and living environment. All external doors and windows must be locked at sunset (access can be gained by those with a legitimate need by using the door bells, etc).
- The residential care facility has closed circuit security cameras throughout the buildings. These cameras record movements within and outside the buildings. The cameras have been installed for the safety and security of the residents, staff and others visiting the buildings. Management monitor these cameras on a regular basis to ascertain their correct

functioning. Whilst these cameras are for safety and security purposes, staff are advised where in the course of the regular review and checking of the cameras staff practices are observed that require management attention, staff should have an expectation that the footage viewed can and will be relied on for staff performance management. A number of security cameras are also located within the grounds and record movement across the site including roads and car parks.

- Staff are required to take their designated breaks as listed on their duty statements, to ensure that periods of rest occur for all staff on all shifts.
- Staff should minimise the personal belongings and valuables that they bring into the workplace. Staff are required to use their lockers. Items such as handbags, keys, and mobile phones must be secured in a locker at all times whilst on duty. Staff are issued with a locker key at the time of their employment and this remains the property of Buckland. If staff lose or require another key they can be purchased at the cost of Buckland having one recut.
- Staff are issued with an identification badge at the time of their employment and this remains the property of Buckland, if staff request a replacement badge it will be reissued at the cost that Buckland has in replacing it.
- Staff must ensure that all work areas are kept clean and tidy. Spills must be wiped up and trip hazards removed as soon as they are identified so to reduce the risk of slips, trips and falls.
- Any task that you undertake that is classed as repetitive must be broken into periods that are not deemed as excessive. Where equipment is provided that is adjustable to suit persons of differing heights, etc. this equipment must be adjusted to suit you specifically.
- Staff required to drive a Buckland vehicle as part of their duties are required to:
 - Hold a current drivers licence for the type and class of vehicle.
 - The vehicle must only be used for the purpose it is designed for.
 - Vehicle inspection must have been undertaken for safety purposes prior to driving.
 - All speed limits must be observed.
 - Headlights used at night or in adverse driving conditions.
 - Mobile phones are only used if a hands free kit is fitted to the vehicle.
 - No smoking in vehicles.
 - If any defects are noted with the vehicle they are immediately reported to management.

4.20. Telephones

- All staff are expected to answer the telephone by first giving the name of the organisation “BUCKLAND”, and then their name and position held (e.g. Mrs. Jones, Registered Nurse).
- All messages are to be advised as soon as possible via the Leecare communication system.
- Urgent personal calls can be made by informing the Registered Nurse or the person in charge of the need. These calls should be kept to a minimum.
- **Staff are not permitted to bring a mobile phone into the workplace.** All mobile phones must be left in the staff members’ locker whilst they are on duty.

4.21. Meals

- Staff are allowed meal and tea breaks in accordance with the provisions of the Buckland Aged Care Services Enterprise Agreement. All staff are expected to take these breaks as allotted in their duty statement.
- Staff are required to ensure that they alert and gain permission to go on a break and again alert the Registered Nurse on their return. At no time are staff to eat whilst on duty. The taking of meals must occur in the designated staff rooms or if preferred, the grounds surrounding the facility.

4.22. Smoking

- Smoking is not permitted in any building within the Buckland Complex (with the exception of the Self Care Units and in this case for residents only). Buckland staff are allowed to smoke in the three designated smoking areas which are; outside the nursing home staff room, under the gazebo outside the main laundry and for DCW staff in the outside area off dining room E (known as the waterfall area). Any non-smoking staff member who sees fit to sit with staff members who smoke, do so at their own risk, as management has provided areas within the facility for staff to gather in a smoke free environment. Staff are not permitted to carry cigarettes on their person whilst they are on duty. Cigarettes must be held within the staff members locker or vehicle, where they can be accessed during an allotted tea or meal breaks.

4.23. Parking and Speed Limits

- All staff are expected to observe the speed restriction signs within the grounds and are to park only in the designated parking areas.

4.24. Resignations

- It is a requirement of this organisation that resignations are provided within the terms of the Buckland Aged Care Service Enterprise Agreement. Staff may provide a resignation that is for a longer period than that stated in the Enterprise Agreement, but it cannot be for a lesser period.
- Written references are not issued by this organisation. Staff will be issued with a 'Statement of Service' which will outline the period of employment, hours worked, sick

leave taken, etc. Staff can organise for the Facility Manager or Care Manager to act as a verbal referee if required.

4.25. Children

- No child is permitted to stay in either Buckland, The Donald Coburn Wing or the Buckland Retirement Villages, without the prior approval of the Facility Manager.
- If a staff member has any difficulty in attending their rostered hours of duty due to their need to care for their child/children, please contact the Facility Manager so that appropriate arrangements can be made.

4.26. NDIS Workers Clearance

- Staff need to be aware that before commencing employment an NDIS Workers Clearance is required. This is required as part of Commonwealth legislation, with the person having been convicted of murder or sexual assault, or convicted of, and sentenced to imprisonment for, any other form of assault. If any convictions of this nature appear on the clearance you will be ineligible for employment at Buckland. Please note that you will be responsible for the cost of this initial NDIS Workers Clearance. Details of how to apply for the clearance will be provided to following the interview. Staff are assured that the details of their NDIS Workers Clearance will remain private and confidential. Once employed staff are required to immediately inform management of any conviction that falls inside the requirements as noted above.

4.27. Privacy & Confidentiality

- Buckland does ensure that each staff member's privacy is respected whilst employed by this organisation. Each staff member does have the right to expect that information held by the organisation in relation to their employment is accurate and that this information will be held in confidence where appropriate. At times the organisation does need to share a staff member's information with others to enable the organisation to meet legislative and other requirements. (e.g. Aust. Taxation Office, financial institutions, etc). Buckland has formulated policies, practices and procedures that comply with the legislative requirements of the *Privacy Amendment (Private Sector) Act 2000*. Staff members can obtain an individual copy of the organisations Privacy Policy or alternatively view it in the Buckland policies, practices and procedures manual on desktops throughout the facilities. Staff are required to sign a Confidentiality Agreement at the time of their employment.
- Staff need to be aware that they should have no expectation of confidentiality in relation to communications undertaken within the organisation on its electronic communication systems including Leecare and email. All these systems are managed by Buckland appointed management staff who have administrator rights, which allow them access to all communication within these systems. Where staff and management agree to keep a matter confidential in relation to the terms and conditions of their employment or and disciplinary actions that agreement is binding.
- Closed circuit cameras are in use in the residential aged care facility and the grounds of the site and record the movement of staff, residents and others (Refer to 4.19 Safety Rules).

4.28. Medical Examination of Nurses and vaccination

- At the time of employment, all nursing staff are able to request full protection against tuberculosis including; a PA chest x-ray, a Mantoux test, and where the Mantoux test is negative, immunisation with BCG vaccine, and/or subsequent referral and action, as deemed necessary in response to the Mantoux reaction.
- The organisation will also offer immunisation protection against other communicable diseases including; diphtheria, tetanus, poliomyelitis, measles, mumps, hepatitis and rubella.
- Nursing staff wishing to avail themselves of this screening and/or immunisation process should speak with the Care Manager.
- Buckland will offer free annual influenza vaccinations. All staff are required to be vaccinated under section 7 of the public health act.

4.29. Energy Consumption

- Each member of staff is asked to assist in the reduction and prevention of waste, whether it be paper, water, electricity or other resources. Great savings to both the facility and the environment can be made if staff use these resources wisely. Each staff member is personally responsible for the prevention of all forms of waste.

4.30. Communication

- Communication within the organisation is to be made via the Leecare communication system. Training in this system is provided on orientation. All staff are required to at a minimum to log onto the Leecare communication at the commencement and completion of each shift.
- Buckland issues a monthly newsletter that sets out to inform staff, residents, relatives and other interested parties of the day-to-day activities and functions of the organisation. Staff are asked to avail themselves of a copy each month, so that they are fully aware of the activities and programs that are scheduled as well as keeping up to date with the day to day running of the facility. Noticeboards are located throughout each facility. Information relevant to your work is often displayed on these boards. All staff are responsible for maintaining an awareness of what is on display.
- Staff need to be aware that they should have no expectation of confidentiality in relation to communications undertaken within the organisation on its electronic communication systems including Leecare and email. All these systems are managed by Buckland appointed management staff who have administrator rights, which allow them access to all communication within these systems.

4.31. Poor Performance

- If a staff members' performance or behaviour is deemed after careful assessment to be unsatisfactory, Buckland may take action to terminate your employment. Buckland takes such decisions very seriously and prior to arriving at such a decision, the staff member involved would be advised of the organisations concerns and opportunities would be provided for the staff member to rectify the problem.

4.32. Abandonment of Employment

- A staff member is deemed to have abandoned their employment when they do not report for duty on two consecutive days and have not contacted the Facility Manager, Care Manager or immediate supervisor. Should an employee not turn up for work and not inform the organisation, Buckland will make all reasonable attempts to contact the staff member. It should be noted that this attempted contact is undertaken with the staff members' welfare being the organisation's priority.
- A staff member who leaves the workplace without proper advice to the Care or Facility Manager whilst they are on duty or the Registered Nurse at any other time will be considered to have abandoned their employment.

4.33. Dismissal

- Any incident of misconduct, blatant disregard for safety rules, unsatisfactory work performance (after counselling and further training) etc. may be dealt with by the dismissal of the staff member concerned. Dismissal may be instant or with notice depending on the nature of the incident (see Summary Dismissal).

4.34. Summary Dismissal

Buckland reserves the right to dismiss without notice any staff member who is found to have acted in a manner of gross negligence or wilful misconduct. Examples of behaviour that may warrant summary dismissal include: serious neglect of duty; dishonesty including fraud; drunkenness or substance abuse; serious misbehaviour including fighting; abandonment of employment, actions or comments that damage the reputation of the organisation and serious and wilful disobedience.

4.35. Aged Care Code of Conduct

All staff upon employment are required to familiarise themselves with the Aged Care Code of Conduct. Staff will be given information on this code during orientation and are required to sign an acknowledgement form.

When providing care, supports and services to people, employees must:

- a. act with respect for people's rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions;
- b. act in a way that treats people with dignity and respect, and values their diversity;
- c. act with respect for the privacy of people;
- d. provide care, supports and services in a safe and competent manner, with care and skill;
- e. act with integrity, honesty and transparency;
- f. promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services;

- g. provide care, supports and services free from:
 - i. all forms of violence, discrimination, exploitation, neglect and abuse; and
 - ii. sexual misconduct; and
- h. take all reasonable steps to prevent and respond to:
 - i. all forms of violence, discrimination, exploitation, neglect and abuse; and
 - ii. sexual misconduct.

5. LEAVE

5.1. Annual Leave

Although annual leave is provided as per the provisions of the Enterprise Agreement, the law provides for the employer to determine upon the annual rosters for the facility. Whilst every endeavour is made to provide leave at the times requested, the nature of this care and service sector precludes the possibility of excess staff on leave at any one time.

A minimum of two (2) months' notice for leave requests is required however a longer notice period may assist in allowing the leave to be granted.

Staff are required to request annual leave using Humanforce. The requested dates are then submitted to the Hospitality Services Coordinator, Care or Facility Manager for approval.

Once this is received management will review the number of staff off at a given time and then once approved, notify the staff member via a Leecare message or noting it on the roster.

Please note: Do not book holidays until your leave has been approved to avoid disappointment.

Please note: Management, Administration and Retirement Village staff annual leave requests are submitted to the CEO.

5.2. Compassionate Leave

Compassionate leave with pay shall only be granted in accord with the conditions of the Enterprise Agreement and is approved by the CEO, Facility and Care Managers.

5.3. Leave Without Pay

Applications for extended absences of leave without pay must be submitted to the Facility Manager on the same basis as annual leave. Leave without pay will usually only be given if all other leave entitlements have been taken and will be dependent on the circumstances.

5.4. Personal Carers Leave / Sick Leave

All permanent and permanent part time staff are eligible for sick leave on a pro rata basis. Sick leave is fully accumulative from year to year and is calculated at two weeks of the equivalent of usual hours i.e. part/full time. A medical certificate or documented evidence supporting a legitimate reason for non attendance is required for all absences. Where a staff members periods of personal carers or sick leave is considered excessive management will discuss the matter with the staff member to allow them to provide advice on the circumstances, etc.

5.5. Long Service Leave

Long service leave may be taken after an employee has completed ten (10) years of service. Applications for this type of leave must be made in writing with a minimum three (3) months notice. Granting of this leave is totally at the discretion of the CEO.

5.6. Absence from Duty

All staff are required to inform the organisation a minimum of four (4) hours prior to any absence from duty. Longer notice if possible, will enable replacement staff to be found. Failure to notify the organisation of an inability to attend work will be deemed wilful misconduct and may result in the staff member's employment being reconsidered (see 5.3. Abandonment of Employment)

5.7. Leaving Facility during Working Hours

If at any time it is necessary to leave the facility during working hours, the Registered Nurse in Charge must be informed and his/her permission sought. The Registered Nurse is required to note this absence on Leecare.

5.8. Jury Duty

Any member of staff who receives notice that they are required to attend jury duty must inform the Facility or Care Manager. It may be that the lack of suitable replacement staff causes the organisation to request the employee to decline jury duty therefore early notification is essential. Payment for time required, will be the difference between the amount paid by the Court Sheriff and the usual wage earned.

5.35. Parental Leave

An employee other than a casual is entitled to 12 months unpaid parental leave, the provisions for parental leave is provided as per the Enterprise Agreement, and the National Employment Standards. Staff are required to apply for parental leave by completing the parental leave application form and submitting it to the relevant manager.

A minimum of ten (10) weeks' notice is required when applying for parental leave. If a pregnant employee continues to work during the 6 week period before the expected date of birth of the child, Buckland reserves the right to request medical evidence from a staff member that they are fit for work and whether regular duties can continue.

Staff can apply for up to 12 months parental leave however have the opportunity to extend this to a maximum of 24 months. Further extension of parental leave beyond the 12 month period is subject to management's approval. Requests to extend parental leave must be in writing and provided to Buckland a minimum of 4 weeks before the return date.

Requests to reduce or cancel the period of leave is subject to Buckland's agreement, however requests must be in writing with a minimum of 4 weeks' notice.

6. SALARIES AND WAGES

6.1. Wages

Wages will be paid in accordance with the Buckland Aged Care Services Enterprise Agreement.

Pay periods commence on a Wednesday and cover a fourteen (14) day period. Wages are paid by Direct Deposit to a Bank Account nominated by the employee. The Board of Directors reserves the right to alter the method of payment of wages at any time subject to the provisions and guidelines of the industrial agreements.

Buckland is classified as a Public Benevolent Institution and as such is able to offer to staff a tax-free benefit via an Employee Benefits Card. Details on this benefit are provided to you at the time of your employment, with further information being available from the Payroll administration. This benefit is available to staff after three months service. The terms and conditions Buckland extends to the tax free benefit can be reconsidered at any time.

6.2. Pay Enquiries

All enquiries regarding wages must be directed initially to the administration staff member responsible for payroll services. In some circumstances staff may be directed to forward their enquiries to the CEO.

6.3. Change of Address and Personal Details

It is a requirement that all staff members advise the organisation of up to date personal details such as: address, phone numbers, name changes and next of kin contact details. Any updates must be submitted on Humanforce.

6.4. Superannuation

A provision of the Enterprise Agreement under which this organisation operates is the requirement of an Employer Sponsored Occupational Superannuation Scheme. This organisation has an active scheme in process and staff will be advised of the details on commencement of employment. If a staff member wishes to nominate a superannuation fund

other than the default fund they must advise the Payroll administration within 28 days of commencement of employment.

6.5. Registration (Registered and Enrolled Nurses)

Evidence of current Australian Health Practitioner Regulation Agency (AHPRA) registration must be produced prior to the offer of appointment. Registered and Enrolled Nurses are required by legislation to renew their registration annually. The receipt must be presented to the Payroll Administration following receipt of payment and before expiry of registration. Failure to present a current registration will result in removal from the roster until such time as a current registration is produced.

6.6. Salary Sacrifice Provisions

The organisation provides a salary sacrifice scheme for staff after 3 months service. Details of the salary sacrifice system in place are available from the Payroll administration. Buckland reserves the right to alter the conditions of this scheme as it sees fit.

7. RESIDENTS

7.1. Confidentiality of Residents Records

All information contained in resident's records is strictly confidential. Discussions of matters relating to residents should only take place with appropriate medical, nursing/care and allied professions.

7.2. Accidents Involving Residents

Any incident or accident that involves a resident must be documented on the residents electronic file accident /incident form and an alert sent to the Care and Facility Manager.

7.3. Gifts

No staff member is to accept a gift of any nature from a resident (or their family) without first seeking the approval of the Facility Manager or Care Manager. The organisations' policy documents further guide staff in relation to the acceptance of gifts.

Staff are not to borrow or take resident's belongings without first notifying the Facility or Care Manager.

7.4. Witnessing Legal Documents

No staff member is to witness or sign any legal document. Requests of this nature are to be directed to the Facility or Care Manager.

7.5. Chaplain Service

Buckland has a chaplain on staff who provides for the spiritual care and needs of the residents. The chaplain has also agreed to be available to staff by appointment.

Religious services may be held within the facility on the request of the relevant church minister.

Any request by a resident for contact with a religious minister must be directed initially to the chaplain or in her absence to the Care Manager who will make the necessary arrangements.

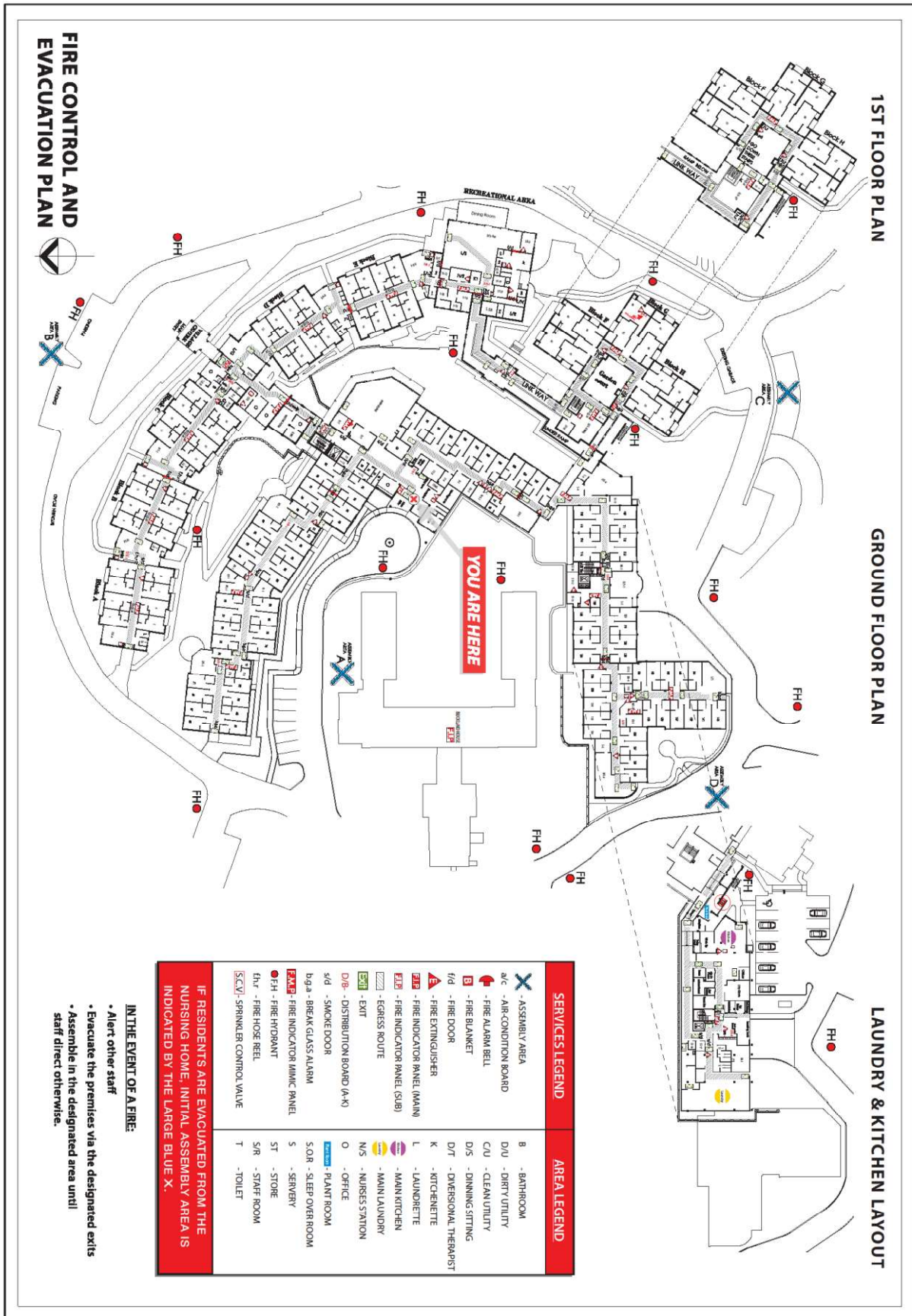
7.6. Professional Standards of Care

All residents and their families are entitled to expect a high standard of professional conduct from staff. Staff are required to treat all residents, their families and visitors to Buckland, with respect. Residents will be afforded a good degree of privacy and dignity in their day-to-day care and interactions with staff. Staff are required to address all residents and their family members by their preferred name. Each resident's wishes, in relation to their preferences, are noted on their care plan.

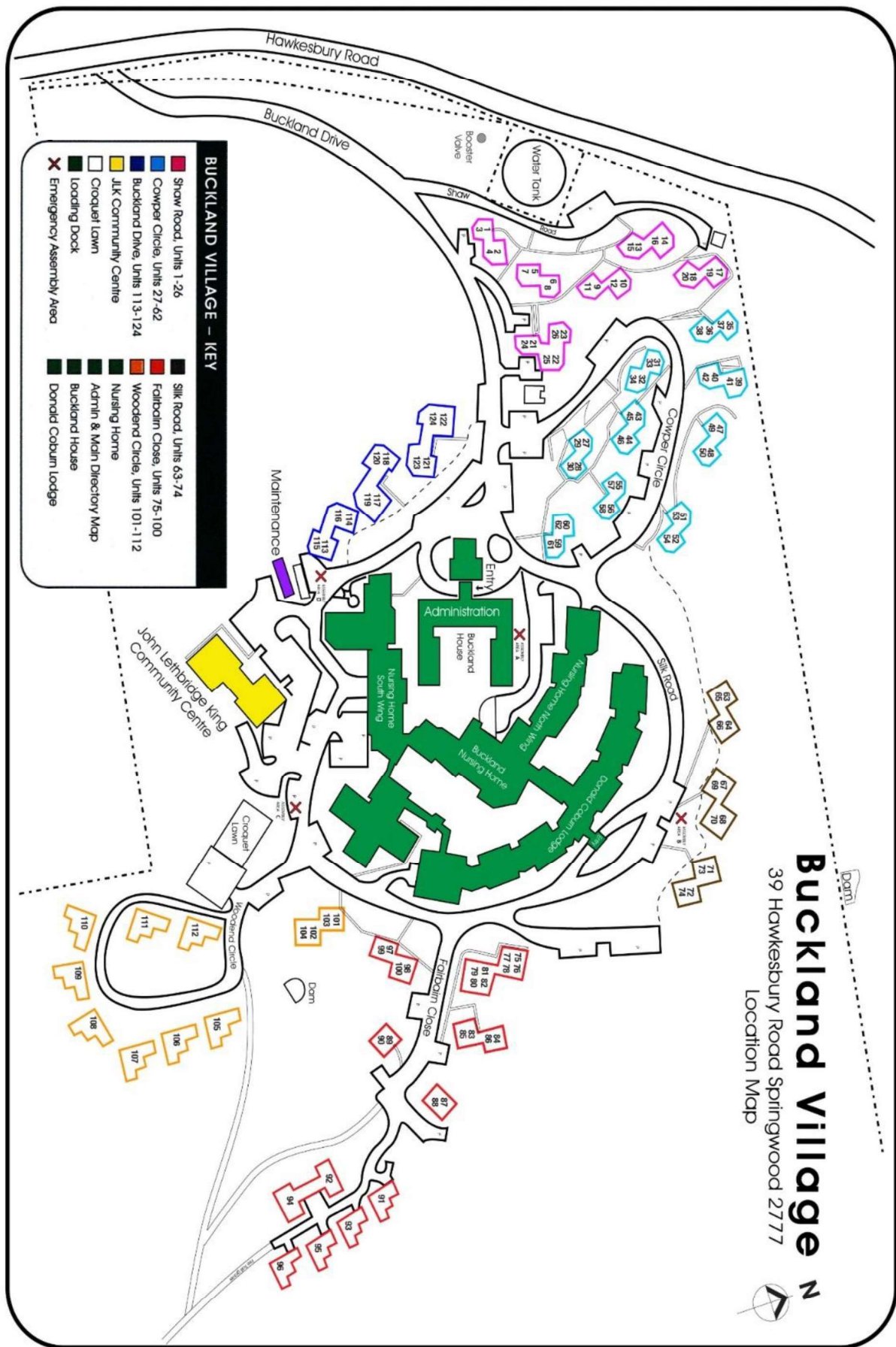
8. APPENDICES

8.1. Personal Notes

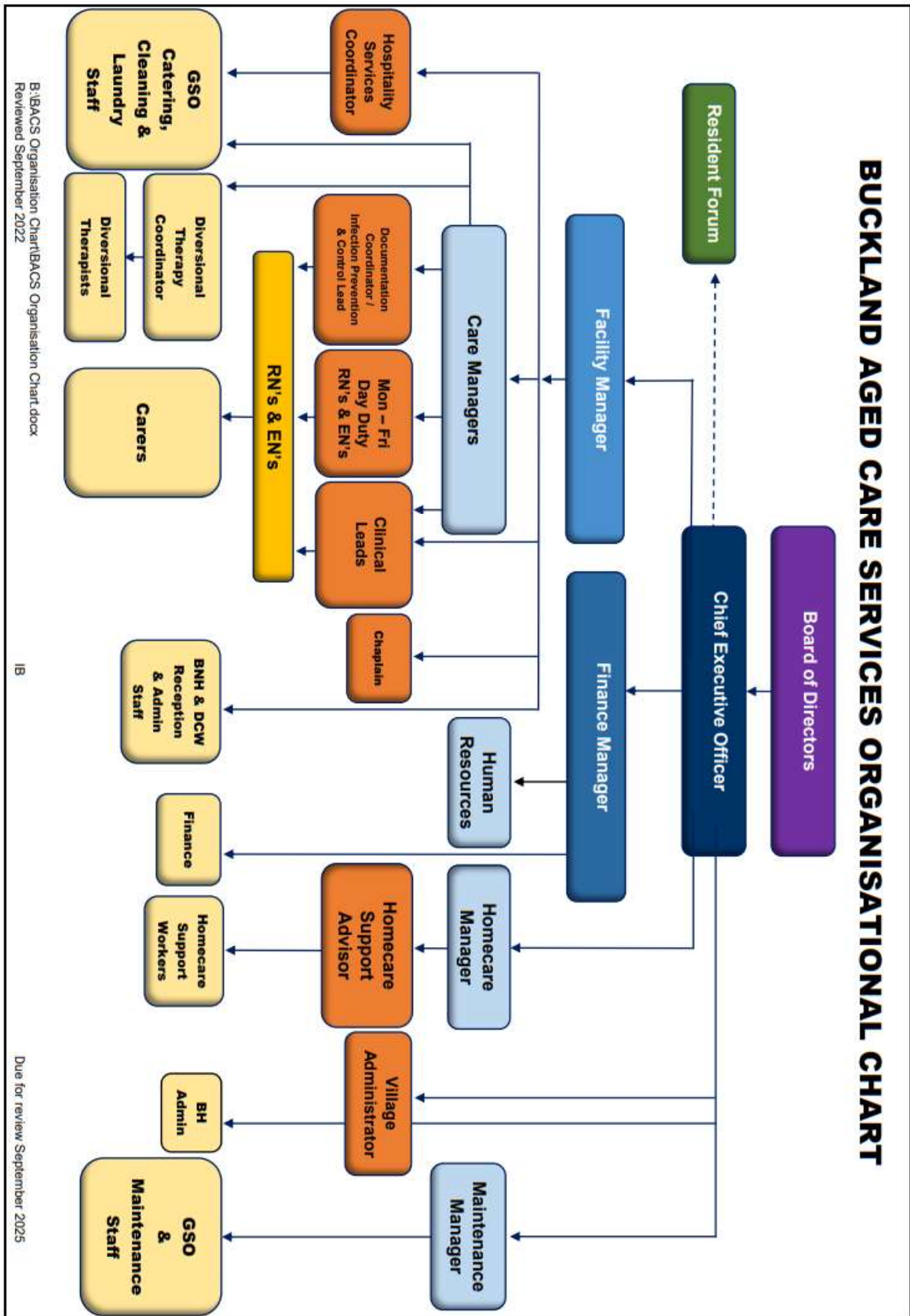
8.2. Buckland Floorplan / Fire Control and Evacuation Plan



8.3. Buckland Retirement Village Location Map



8.4. Buckland Organisation Chart



9. DOCUMENT REVIEW

This Staff Information Handbook was developed by [REDACTED] on 12th October 1987.

It has been reviewed and updated on:

16 th June 1989	28 th June 2019
27 th August 1992	14 th August 2019
19 th April 1994	07 th February 2020
26 th June 1996	10 th November 2020
4 th February 1997	10 th March 2021
10 th November 1999	25 th October 2021
1 st August 2001	18 th October 2022
3 rd February 2003	
1 st February 2004	
24 th June 2004	
8 th August 2005	
1 st March 2007	
20 th June 2007	
27 th May 2009	
30 th November 2009	
29 th July 2010	
7 th October 2010	
10 th February 2011	
15 th May 2011	
29 th July 2011	
15 th November 2011	
13 th January 2012	
2 nd February 2012	
10 th April 2012	
11 th February 2013	
23 rd November 2013	
24 th April 2014	
30 th July 2014	
30 th September 2014	
8 th May 2015	
20 th January 2016	
26 th July 2016	
12 th December 2016	
2 nd February 2017	
20 th May 2017	
28 th June 2017	
7 th August 2017	
10 th November 2018	

COVID – 19 + Acute Respiratory Infection (ARI) Response and preparation plan Buckland Aged Care Services

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The trigger event to activate the response plan is 1 x confirmed case of RESPIRATORY or Influenza (Resident) within the facility. An outbreak is declared if 2 or more residents test positive to COVID-19 or influenza within a 72-hour period. *NOTE: the threshold as per the CDNA guidelines for the prevention and control of COVID-19 outbreaks in a RACF is 2 or more residents within five days or five or more staff/visitors or residents within 7 days. This threshold will have to be met to access Commonwealth supports*

The plan outlines Buckland's planned response to a COVID-19 and/or influenza outbreak within our facility. The plan will address two fundamental questions:

1. What will be done in response to a RESPIRATORY and/or influenza outbreak at Buckland's?
2. How will we work together to achieve the best possible outcome for our residents, their families and our staff?

Please note: This document should be read in conjunction with our detailed timeline. The timeline refers to each item raised, when and why it was raised and what action was taken.

This document should also be read in conjunction with the most recent CDNA national guidelines for the prevention, control, and public health management of COVID-19 outbreaks in residential care facilities in Australia and NSW health Guidance for Residential Aged Care Facilities on the public health management of Acute Respiratory Infections (including COVID-19 and Influenza)



Outbreak Summary Table

While the definitions below provide guidance, the state/territory PHU will assist the aged care centre in deciding whether to declare an outbreak as jurisdictional public health guidance may vary. Public health units may advise that the centre should take some actions where an outbreak is suspected, whilst awaiting laboratory confirmation.

Note- When the respiratory illness is unknown or under investigation, assume it is COVID-19 until the PCR has shown a negative result. If COVID-19 negative and respiratory illness is still unknown use Standard, Contact and Droplet precautions until cause identified for the duration of illness.

**Note- see illness specific OMP extension pack for detailed precautions, incubation period, treatment requirements, release of isolation for staff, and disease table requirement depending on type of outbreak identified.*

Disease	Outbreak Criteria	Immediate PHU Notification	Standard Precautions + Transmission Based Precautions	Release from Isolation Residents & Precaution Duration
Respiratory Infection				
COVID-19	2 or more residents in 72 hours OR 5 or more staff, visitors, residents in 7 days	Yes	Contact Droplet Airborne	After day 7 if no symptoms for 24 hours and must wear mask in communal areas until after day 10.
Influenza	<u>NSW/ACT</u> : 2 or more residents in 72 hours <u>QLD</u> : 3 or more residents in 72 hours	Yes	Contact Droplet	After 5 days from symptom onset, or until they are symptom-free, whichever is longer.
Adenovirus	3 or more cases in 72 hours in staff and residents	<i>FYI only</i>	Contact Droplet	Once symptoms resolve.
Rhinovirus	3 or more cases in 72 hours in staff and residents	<i>FYI only</i>	Contact Droplet	Duration of illness and or after 3 days (whichever is longer) and must be afebrile and asymptomatic for 24 hours.
Human Parainfluenza Virus (HPIV)	3 or more cases in 72 hours in staff and residents	<i>FYI only</i>	Contact Droplet	Duration of illness and or after 5 days (whichever is longer) and must be afebrile and asymptomatic for 24 hours.

Respiratory Infection (continued)				
(H1N1) Human Metapneumovirus	3 or more cases in 72 hours in staff and residents	<i>FYI only</i>	Contact Droplet	Duration of illness and or after 5 days (whichever is longer) and must be afebrile and asymptomatic for 24 hours.
(RSV) Respiratory syncytial virus	3 or more cases in 72 hours in staff and residents	QLD- Yes <i>FYI only for NSW/ACT</i>	Contact Droplet	Duration of illness and or after 5 days (whichever is longer) and must be afebrile and asymptomatic for 24 hours.
Parasitic Infestation & Skin Infection				
Scabies	2 or more cases in residents, staff, and visitors in 6 weeks	<i>FYI only</i>	Contact	Until 24 hours after treatment commenced
Lice – Head & Body	2 or more cases in residents, staff, and visitors in 6 weeks	No	Contact	Until 24 hours after effective treatment
Monkeypox	PHU to determine	Yes Immediately once suspected	Contact Droplet Airborne	When all lesions have crusted, scabs have fallen off and a fresh layer of skin has formed underneath + PHU clearance
Gastroenteritis Infection				
Gastroenteritis Viral	2 or more residents and staff with vomiting or diarrhoea within 24 hours	Yes	Contact Droplet	Until at least 48 hours after cessation of diarrhoea and or vomiting
Gastroenteritis Bacterial & Parasitic	2 or more residents and staff with vomiting or diarrhoea within 24 hours	Yes	Contact	Until at least 48 hours after cessation of diarrhoea and or vomiting
Gastroenteritis Toxin Producing Bacteria & Antibiotic-associated	2 or more residents and staff with vomiting or diarrhoea within 24 hours	Yes	Contact	Until at least 48 hours after cessation of diarrhoea and or vomiting

Preparedness

Buckland has appropriate preparedness plan in place to ensure we promote an early response to an acute respiratory Infection Outbreak. The preparedness plan is as follows:

- Promote vaccinations to all residents, staff, visitors, contractors for seasonal Influenza and COVID-19 vaccination as per ATAGI advice.
- Buckland requests general practitioners (GPs) to regularly review residents to assess vaccination status, arrange a refill pathology form for the respiratory viral testing and assess the suitability for antiviral treatment using the pre-assessment action plan for respiratory infections (Please refer to the attached pre assessment August 2023).
- Buckland maintains the following systems for monitoring and recording of vaccinations status of residents and staff for COVID 19 and Influenza.
 1. *Facility based spreadsheet – IPC Lead (resident and staff)*
 2. *BESTMED - residents (IPC LEAD, Clinical Management)*
 3. *Leecare – (residents) – (IPC LEAD) – These can be found in the Z drive in the infection control folder.*
- A potential cohorting of residents and staff with zoning at Buckland.
- Appropriate infection protection and control strategies.
 1. *Regular staff training.*
 2. *Outbreak Management competency assessment and monitoring (Donning and Doffing Outbreak response).*
- Review stocktake spreadsheet and arrange for PPE, Hand Hygiene and cleaning supplies as well as ensure adequate supply of RATS and identify procurement methods.
- Establish workforce surge capacity.
- Douglas Hanley Moir pathology to be utilised as pathology provider to arrange collection. (Collection and supply of swabs
 1. Phone Number
 2. Login Portal detailsservice.

First 24 Hours Checklist – Managing COVID-19 in a Residential Aged Care Home

The first 24 hours in managing a confirmed COVID-19 case in a residential aged care home is critical to minimising the spread of the virus and its impact on residents and staff. This checklist is to help residential aged care providers and their staff to manage a COVID-19 positive case or outbreak in the first 24 hours. Please visit the links within the checklist for more information.

The first 24 hours

Aged care providers must take all possible steps to [prepare for](#) and manage a COVID-19 outbreak well-rehearsed for immediate activation. Your Outbreak Management Plan should be up to date and -well-rehearsed for immediate activation.

Immediate steps: within 30 minutes – 6 hours

Checklist	Steps to action within 30 minutes to 6 hours
<input type="checkbox"/>	<p>1. Isolate the COVID-19 positive case(s):</p> <p>Staff member:</p> <ul style="list-style-type: none"> • if onsite, apply a surgical mask, leave the premises and not attend work for at least 7 days or while symptoms persist. • If off site, check rosters to confirm when previously on-site. • refer to the CDNA Guidelines and Winter Plan for guidance on how to manage staff cases. <p>Resident(s):</p> <ul style="list-style-type: none"> • sensitively inform resident(s) of their diagnosis. • isolate the resident(s) in their room with an ensuite if possible or a commode if no dedicated toilet is available. • perform a clinical assessment, if signs and symptoms are mild, residents can be cared for in the facility with appropriate clinical monitoring and infection prevention control (IPC). • inform the resident’s family or representative of the diagnosis and treatment options. • Speak with residents, their families and representatives about the use of oral anti-viral treatments and arrange and record their consent for treatment. • Make sure resident(s) have been assessed by a GP, preferably by the resident’s usual GP, for their suitability to receive oral anti-viral treatments. • If clinically required, discuss other accommodation options, such as hospital transfer with your Public Health Unit (PHU) and the relevant acute care support service/outreach service.
<input type="checkbox"/>	<p>2. Implement IPC measures</p> <ul style="list-style-type: none"> • IPC leads should implement your homes IPC measures, including use of personal protective equipment (PPE) and isolation of any positive case.

Checklist	Steps to action within 30 minutes to 6 hours
	<ul style="list-style-type: none"> • Implement your homes IPC measures.
<input type="checkbox"/>	<p>3. Activate your Outbreak Management Plan (OMP).</p> <ul style="list-style-type: none"> • You should activate your OMP when the first resident who has tested positive for COVID-19 and before the definition of an outbreak is met, to prepare for a potential outbreak. • Your IPC lead nurse should be made aware of the outbreak and guide implementation of the OMP. • Notify key personnel identified in your OMP, including senior management, to implement their roles and to coordinate on-site leadership at all times.
<input type="checkbox"/>	<p>4. You will need to notify positive COVID-19 cases to the Commonwealth Department of Health and Aged Care:</p> <ul style="list-style-type: none"> ○ all cases (staff, resident and visitor) must be reported via the My Aged Care provider portal. This will trigger support from the Commonwealth if needed. ○ your local PHU, only where applicable, and in line with jurisdictional reporting requirements. To find out about whether this reporting requirement applies in your jurisdiction please refer to your state or territory health department. • Report the positive case/s to the Work Safe organisation in your jurisdiction in accordance with any state requirements that may apply.
<input type="checkbox"/>	<p>5. Continue to monitor residents and staff for COVID-19.</p> <ul style="list-style-type: none"> • You should identify residents and staff who may be considered high risk exposures and/or close contacts and consider your plan for cohorting. <ul style="list-style-type: none"> • Confirm vaccination status of all residents and workers to assess who is at greatest risk.
<input type="checkbox"/>	<p>6. Control movement of people entering the building</p> <ul style="list-style-type: none"> • Understand your jurisdiction's COVID-19 screening protocols. • Follow the screening requirements in line with your state or territory public health directions.
<input type="checkbox"/>	<p>7. Enact your communication plan outlined in your Outbreak Management Plan.</p> <ul style="list-style-type: none"> • Refer to the National COVID-19 Residential Aged Care Emergency Communication Guide for more advice.
<input type="checkbox"/>	<p>8. Continue to monitor residents and staff for COVID-19.</p> <ul style="list-style-type: none"> • You should identify residents and staff who may be considered high risk exposures and/or close contacts and consider your plan for cohorting.

Checklist	Steps to action within 30 minutes to 6 hours
<input type="checkbox"/>	<p>9. Check your PPE and Rapid Antigen Testing (RAT) kit supplies.</p> <ul style="list-style-type: none"> • If you need additional PPE, hand hygiene or cleaning products and cannot source these through commercial suppliers, you can request additional stock from the My Aged Care provider portal. • RAT kits are deployed weekly to homes as part of surveillance screening. • Contact existing waste removal suppliers and inform them of the potential increase in clinical waste removal needs.
<input type="checkbox"/>	<p>10. Convene your first Outbreak Management Team (OMT) meeting.</p> <ul style="list-style-type: none"> • Relevant members of your leadership team should attend and where available and considered necessary, state or territory PHU and representatives from the Commonwealth Department of Health and Aged Care's relevant State Office. • Make sure you have as much information available before the OMT. This will include number of residents and staff onsite, vaccination rates, number of COVID positive cases, if you are cohorting staff and residents, workforce levels and IPC, which includes PPE and waste. • These might continue to be daily meetings during the outbreak. • Regularly notify, report and update your facility's senior leadership and governing body.
<input type="checkbox"/>	<p>11. Plan your staff roster</p> <ul style="list-style-type: none"> • Review your workforce management plan. • Support and use your existing workforce as efficiently as possible, including roles for isolated staff, Partners-in-Care and volunteers. • Manage staff identified as contacts using guidance in CNDA National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (including COVID-19 and Influenza) in Residential Care Facilities • If you are still unable to fill your roster, access to surge workforce support may be available through the Commonwealth.
<input type="checkbox"/>	<p>12. Arrange for COVID-19 testing.</p> <ul style="list-style-type: none"> • Test residents and staff for COVID-19, in line with advice from your PHU or broader public guidance. • Follow PHU guidance of the use of PCR and RAT kits to diagnose COVID19. • Report any COVID-19 positive results as per step 4.
<input type="checkbox"/>	<p>13. Clinically monitor and manage COVID-19 positive residents</p> <ul style="list-style-type: none"> • Manage COVID-19 positive residents based on their clinical needs and in line with jurisdictional public health requirements. This includes detecting and responding to deterioration and decisions on management and hospital transfers.

Checklist	Steps to action within 30 minutes to 6 hours
	<ul style="list-style-type: none"> • Discuss clinical management and treatment options with in-reach services, GPs, or the PHU as required.
<input type="checkbox"/>	<p>14. Continue ongoing care</p> <ul style="list-style-type: none"> • Make sure that the ongoing care needs of all residents (irrespective of COVID-19 status) continue to be met (including medication rounds, assistance with meals and hydration, assistance with toileting and access to visitors).

Within 6 – 12 hours

Checklist	Steps to action within 6 hours to 12 hours
<input type="checkbox"/>	<p>15. Cohort, zone and relocate</p> <ul style="list-style-type: none"> • Separate positive, suspected positive, close contacts and negative residents into zones within the home where possible to protect COVID-19 negative residents from exposure. • Where possible residents should have their own room and bathroom. • Make sure staff comply with restrictions on use of shared areas e.g. breakrooms. • Make sure staff rostering supports cohorting – make sure staff are clear about whether they are caring for residents in isolation. • Discuss cohorting options including those outlined in your Outbreak Management Plan with the PHU.
<input type="checkbox"/>	<p>16. Move to the command-based governance structure outlined in your Outbreak Management Plan</p> <ul style="list-style-type: none"> • Ensure senior leadership is onsite at all times. This should include weekends and public holidays. • Provide thorough handovers for new staff for every shift and confirm: <ul style="list-style-type: none"> • the onsite facility manager and clinical lead • everyone's roles and responsibilities • what to do if there is a problem • what the escalation processes are.
<input type="checkbox"/>	<p>17. Enhance IPC</p> <ul style="list-style-type: none"> • Determine the on-the-ground infection control lead nurse for each shift. • The IPC lead should check outbreak IPC processes and practices are implemented. • Clean and disinfect COVID-19 positive, suspected or close contact residents' rooms often, as per guidelines on environmental cleaning. • Commence increased cleaning and disinfection of: <ul style="list-style-type: none"> • any shared areas

Checklist	Steps to action within 6 hours to 12 hours
	<ul style="list-style-type: none"> • shared equipment • frequently touched surfaces. • Provide orientation, IPC and PPE training for any new support staff.
<input type="checkbox"/>	<p>18. Talk to any residents, their families or representatives who are not up-to date with their COVID-19 vaccination.</p> <ul style="list-style-type: none"> • Encourage them to consent or re-consider consent to receive vaccination or booster • Organise vaccinations for residents yet to receive their vaccination or boosters for COVID-19: either with the residents GP or Nurse Practitioner. • If you are unable to get a GP or Nurse Practitioner to administer the vaccination, Commonwealth vaccination in-reach clinics are available.

Within 12 – 24 hours

Checklist	Steps to action within 12 hours to 24 hours
<input type="checkbox"/>	<p>19. Review advance care directives</p> <ul style="list-style-type: none"> • Clinical staff should familiarise themselves with any COVID-19 positive residents' advance care directives and make sure clinical decisions consider these plans and involve residents, families and representatives.
<input type="checkbox"/>	<p>20. Maintain residents' social contact</p> <ul style="list-style-type: none"> • Action social contact arrangements in your Outbreak Management Plan. • Maintain Partners-in-Care and Named Visitors initiatives. • Arrange for enough staff to assist with IT equipment and technology where required. • Clean shared IT equipment after each use.
<input type="checkbox"/>	<p>21. Follow-up communications</p> <ul style="list-style-type: none"> • Establish and maintain daily communication for residents, families and staff as per your communication plan. • Provide OPAN information kits to residents, families and staff that include details for advocacy services.
<input type="checkbox"/>	<p>22. Continue primary health care and allied health support</p> <ul style="list-style-type: none"> • Make sure there is strong ongoing clinical governance of routine care. • Ensure there is access to a GP to support treatment for residents who have tested positive. • Notify the Primary Health Network if there is an exposure or an outbreak, as well as residents' GPs who may contribute to care.
<input type="checkbox"/>	<p>23. Support your staff</p> <ul style="list-style-type: none"> • Establish fatigue management plans and share support information.

Checklist	Steps to action within 12 hours to 24 hours
	<ul style="list-style-type: none"> • Continue to offer support to staff who are isolating. • Pre-plan and allocate offsite responsibilities to staff who are asymptomatic. • Consider a “buddy” system for peer support.
<input type="checkbox"/>	<p>24. Stay up-to-date</p> <p>Assign a staff member to monitor relevant state or territory COVID-19 webpages, including updates from the Commonwealth:</p> <ul style="list-style-type: none"> • New South Wales • Victoria • Queensland • Western Australia • South Australia • Tasmania • Australian Capital Territory • Northern Territory

Contact Details

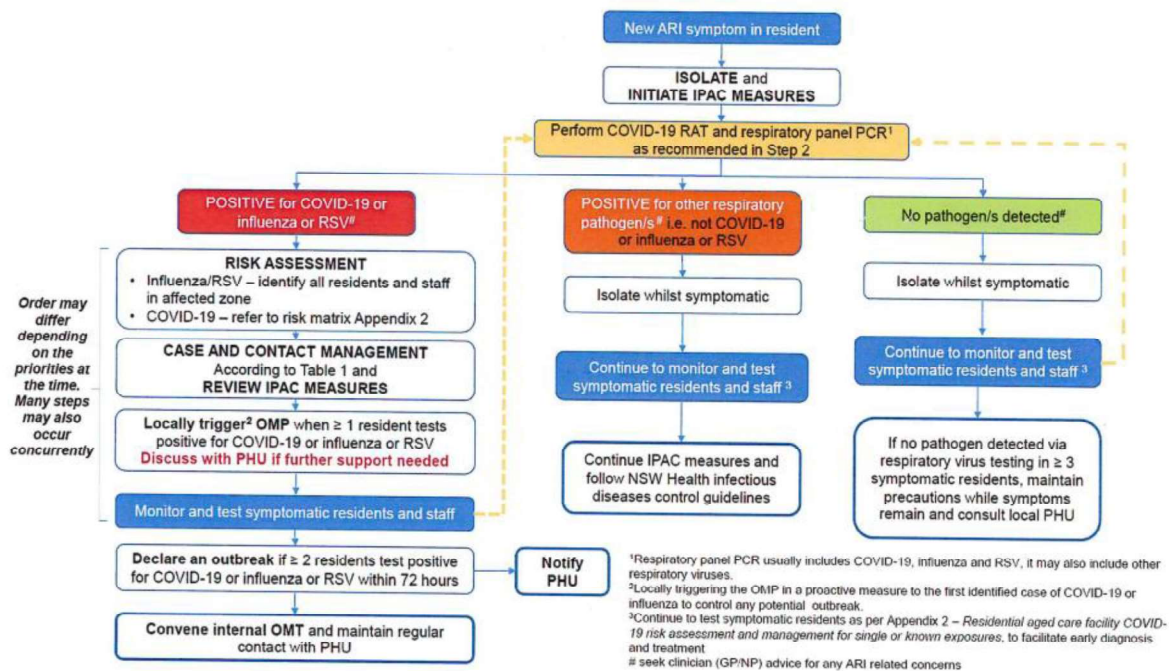
Roles	Proposed Staff member	Contact Numbers	Email Addresses	Contingency
Chairperson	Johannes Brockhaus, CEO	[REDACTED]	[REDACTED]	Deputy Chair
Deputy Chair	[REDACTED]			Chairperson
Outbreak Coordinator				Care Managers
Assistant Care Manager				
Infection prevention and Control leads				Clinical Lead
Environmental officer/HSC				es
Emotional support officers				DT Team
Communication Officer				[REDACTED]
Reception and Admin Assistant				
Facility Maintenance				
Allied Health Rep				
Registered Nurse on shift				Set up PPE and Zoning

Initial Actions – New ARI symptoms in a resident

The Steps outlined below are a guide only and the Step-by-Step order may differ depending on the priorities at the time. Many Steps may also occur concurrently.

NOTE: please refer to the overview of the initial actions – New ARI symptoms in a **resident flow chart overview**.

Overview of initial actions – New ARI symptoms in a resident



CDNA Guidelines - <https://www.health.gov.au/sites/default/files/documents/2022/10/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units.pdf>

Step 1: ISOLATE the symptomatic resident immediately in their own room if possible and implement initial infection prevention and control (IPAC) measures including airborne and droplet precautions for staff in affected areas.

Step 2: TEST the symptomatic resident as soon as possible.

Early diagnosis of COVID-19, influenza and RSV means earlier treatment and outbreak control.

- Facilities should work with the GP on a process to ensure residents are tested quickly; this may include having pre - ordered pathology forms (found in Outbreak Kit) in the event a resident is symptomatic.
- The first symptomatic resident in a facility should be tested with both a COVID-19 RAT and full respiratory panel PCR to establish the pathogen (or COVID-19, influenza, and RSV PCR as a minimum). Ensure the pathology order forms include the name of the RACF and the doctor's details.
- Ensure any symptomatic resident remains isolated until initial testing is complete, and a diagnosis is known. Subsequent symptomatic residents during a COVID-19 outbreak should be tested with a COVID-19 RAT.
 - o If the COVID-19 RAT is negative, the resident should have a respiratory panel PCR test.
 - o If the COVID-19 RAT is positive, the resident should be managed as a COVID-19 case.
- If a false positive RAT result is suspected, Buckland should consult with the resident's GP and the PHU.
- If no pathogen is detected for three or more symptomatic residents, Buckland should contact their PHU for advice. (Refer to Step 4)

Step 3: RISK ASSESS resident, staff, and visitor contacts.

- Trigger the outbreak management plan with the **first** resident who has tested positive for COVID-19, influenza or RSV while awaiting additional test results of other residents.
- Review contacts of the symptomatic resident for ARI symptoms. Isolate and test symptomatic residents as per Step 1 and Step 2. For symptomatic staff, test (RAT), (Buckland can provide PCR service) furlough and direct to their GP.
- Establish a red zone, (As per step 6) review the measures that have been implemented and identify and address any gaps.
- Once the diagnosis is known, cases and contacts should be managed.
- If the diagnosis is COVID-19 and the source is unknown, all residents in the affected zone should be tested by RAT or PCR (depending on availability) to find cases, irrespective of whether they have symptoms. Generally, where an exposure is unknown or unclear, residents in the affected zone should be considered high risk.
- COVID-19 risk matrix (Appendix 2 please refer to the below) provides information to support assessment and management of contacts of a positive COVID-19 case for known or single exposures. This matrix should be used where there has been a known exposure, or when there is a single case with a known source. In outbreaks with multiple resident cases, the risk assessment can be discussed with the local PHU upon notification, as the management of contacts may differ.
- In assessing contacts of a positive influenza or RSV case, Buckland identifies all staff and residents in the affected zone and ensure they monitor for symptoms and limit movement in the facility.

Step 4: CASE AND CONTACT MANAGEMENT

Step 4: CASE AND CONTACT MANAGEMENT

Table 1 – Case and contact management for COVID-19, influenza, and other confirmed respiratory pathogens

		COVID-19	Influenza	Another confirmed respiratory pathogen including RSV	
CASE	Resident	Case isolation	7 days from symptom onset, or test date if asymptomatic	5 days from symptom onset	While symptoms remain. There may be guidelines available for specific pathogens, available from the NSW control guidelines
		Release from isolation	After day 7 if substantial resolution of acute symptoms and no fever for 24 hours. No testing required ¹	After 5 days from symptom onset, or until they are symptom-free, whichever is longer, or 72 hours after antivirals commenced regardless of symptoms. No testing required	Once symptoms resolve. No testing required
		Antiviral treatment	COVID-19 antivirals (via treating clinician) See Antiviral guidance	Influenza antivirals (via treating clinician) See Antiviral guidance	Seek guidance from treating clinician
	Staff	Return to work	After day 7 if no symptoms for 24 hours, with no testing required. If symptoms continue, return when substantial resolution of acute respiratory symptoms and no fever for 24 hours*	After 5 days from symptom onset, or until they are symptom-free, whichever is longer or 72 hours after antivirals commenced. No testing required for return to work	Once symptoms resolve. No testing required
	Visitors	Visitors to facility	Can visit facility after day 7 if no symptoms. Visitors are strongly recommended to wear a mask between day 8 and 10. See Advice to RACFs for entry restrictions	After 5 days from symptom onset, or until they are symptom-free, whichever is longer, or 72 hours after antivirals commenced	Exclude if symptomatic
CONTACTS	Resident	Contact testing (initial round of testing)	All residents in the affected zones (likely wing). As per risk matrix at Appendix 2 if single/known exposure	Symptomatic residents in the same zone (likely wing)	Symptomatic residents in the same zone (likely wing)
		Contact isolation	See Appendix 2 risk matrix if single/known exposure	Residents in same zone(s) should avoid communal areas, group activities and moving between different zones	Nil
		Contact post-exposure prophylaxis (PEP)	Nil	Influenza antivirals can be considered in an outbreak See Antiviral guidance	Nil
	Staff	Return to work	See Appendix 2 risk matrix	Immediately if no symptoms. Must wear mask and other PPE when at work	Immediately if no symptoms.
	Visitors	Visitors to facility	Should not visit facility for at least 7 days after close contact with a COVID-19 case or if they are symptomatic. See Advice to RACFs on entry restrictions	If symptomatic, do not visit the facility until 5 days after symptom onset, or until symptom-free, whichever is longer, or 72 hours after antivirals commenced	If symptomatic, should not visit the facility.

- A resident who has tested positive for an ARI should isolate away from other residents. Cases can share a room with another case with the same pathogen. Residents with ARIs should receive ongoing daily care onsite (e.g., mobilisation, allied health services, time sensitive pathology tests, routine catheter changes and wound reviews etc).
- Essential off-site appointments also should continue (e.g., dialysis), with negotiation with the service provider if the resident has COVID-19 or influenza or has been exposed to COVID-19 or influenza. Buckland should ensure that residents and transport providers are provided with a mask and appropriate mask wearing advice if they leave Buckland.
- Residents' GPs will continue to provide their routine primary care as needed either onsite and/or virtually.
- Residents in the green zone can attend external appointments.

- Consider (depending on facility occupancy, the ability to relocate a resident who is on a palliative resident who are on a palliative care pathway and require additional supports to an area where they are less at risk of further exposure (or if they are a case, plan for how the resident could be supported with visits).
- Refer to pre assessment form regarding the antiviral medications with the treating GP. See Antiviral guidance. Staff returning to work following a RACF exposure to COVID-19 or influenza should not move between their section and other areas of the facility, in line with basic IPAC principles.
- During a confirmed influenza outbreak, staff who are unvaccinated are at higher risk of acquiring influenza, therefore they are recommended to work only if asymptomatic, wearing a mask, and taking appropriate antiviral prophylaxis, in keeping with the Buckland influenza outbreak policy. Any antiviral use by staff should be documented. Refer to the CDNA National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (including COVID-19 and Influenza) in Residential Care Facilities for more detailed information on influenza prophylaxis and treatment.
- Buckland accommodation set up with single ensuite where more than one resident case is positive (with the same pathogen) With maintaining consumer dignity and choice residents are given the choice to self-isolate while the outbreak is active or to mix with people with similar exposures. Preference should be recorded on their care plan. Please refer to Resident choice around isolation. Residents will be informed that if they choose not to isolate during the Outbreak and risk assessment needs to conduct and that this increases their risk of contracting and transmitting of the infection.
- Where residents cannot be effectively isolated, more frequent testing may be required.

Step 5: NOTIFICATION AND REPORTING

- Buckland is able to discuss with the local PHU (1300 066 055) when one resident has tested positive for COVID-19, influenza, or RSV, if requiring clarification.
- Outbreak Coordinator will notify the Australian Government Department of Health of an OUTBREAK when 2 or more residents test positive to COVID-19, influenza, or RSV, within a 72-hour period.
- Where PCR test results are delayed and a COVID-19 RAT is negative, discuss with the local PHU when 2 or more residents have ARI symptoms in a 72-hour period.
- Notify the Australian Government Department of Health via the My Aged Care provider portal of positive COVID-19 cases. The Buckland will receive an email confirming the level of support available.
- Deputy Chair will notify other care facilities and hospitals where residents have had a high-risk exposure and have subsequently been transferred or require immediate transfer for care.
- Record and report details of each resident and staff who tests positive on a line list.
- preferred PHU line list commences and required information for all affected residents and staff, this includes vaccination status, symptom onset, test results and other identifying information.

Step 6: IMPLEMENT INFECTION PREVENTION AND CONTROL (IPAC) MEASURES

- Vaccination
 - o Review vaccination status (BESTmed Report and Leecare Report, Staff found in the Z Drive) (COVID-19 and influenza) of residents and staff (e.g., as part of contact reporting).
 - o Consider supporting vaccination for those who have not received a seasonal influenza vaccine or are not up to date with recommended COVID-19 vaccinations.
- Cohort, zone and relocate to Identify the areas of the facility that are at risk. Where the whole of Buckland is impacted action should be taken. Where only a wing or floor of the Buckland is impacted only that area should be managed as an outbreak site. Identify crossover areas at risk of transmission, such as shared lifts.
- o Apply the risk assessment outcomes and test results to confirm areas in the facility that:
 - are staff only e.g., nurses' station, medication room, kitchen, reception area (Blue zone)
 - are likely to be completely unaffected and can be staffed with non-exposed staff and managed separately (green zone)

- have been affected due to exposures (Blue zone) or
- cases (red zone)
- o Set up donning/doffing areas as per outbreak management plan.
- o Allocate staff to colour zone for the duration of the outbreak.
- o Cohort staff to work in only one part of the facility.
- PPE
 - o P2/N95 respirator (mask) and eye protection (Shield or Goggles) to be worn by staff when caring for residents with ARI symptoms until diagnosis.
 - o Surgical mask and eye protection to be worn by staff caring for residents with confirmed influenza, RSV, and all other respiratory infections except COVID-19 (P2/N95).
 - o P2/N95 respirator (mask), eye protection, (gown and gloves as per standard precautions) to be worn by staff caring for residents with confirmed COVID-19.
 - o Where possible and where able, residents who are isolating should wear a surgical mask particularly when staff members or visitors are in their room.
- Environmental cleaning and disinfection
 - o Trained staff are allocated for cleaning of affected areas – ensure they are skilled to perform routine, additional, and terminal cleaning.
 - o Schedule daily cleaning in line with Environmental cleaning and disinfection principles for COVID-19. This cleaning practice is also applicable to RSV, and influenza.
- Refer to COVID-19 Infection Prevention and Control Manual for more information.

Step 7: COMMUNICATE

- Ensure all affected residents are aware of their diagnosis, exposure status, testing and isolation requirements. Individual communication strategies need to be considered for residents who may have difficulty following instructions due to cognitive impairment or language barriers.
- Ensure the residents' family and carers are aware of the exposure/outbreak at Buckland. Ensure family and carers are informed of the status of individual residents with resident's/guardian's consent, including their diagnosis and management. Maintain confidentiality of the identity of any residents who have tested positive as far as possible.
- Ensure staff are aware of the exposure/outbreak at Buckland and remain on high alert monitoring themselves and residents for ARI symptoms. Staff have received training and education to know the steps to take if they or other residents develop symptoms.
- Ensure visitors are aware of the exposure/outbreak at Buckland. Visitors are permitted to continue to visit affected residents, including those residents to be high risk and in designated red zones. Visitors should comply with Buckland entry requirements, as outlined in the Advice to residential aged care facilities (RACFs).
 - Notices will be placed regarding the outbreak at all entrances of the facility including any info to minimise the outbreak and unnecessary visits that may lead to inadvertent transmission. Signage should also be displayed outside the room of affected residents on any PPE requirements or other precautions.

Step 8: ACTIVATE OUTBREAK MANAGEMENT PLAN (OMP)

- See Outbreak management planning in aged care for information on how to develop an OMP.
 - Buckland would activate their RACF OMP on identification of the first resident who has tested positive for COVID-19, influenza, or RSV while awaiting additional test results of other residents.
- An outbreak should be declared if 2 or more residents test positive within a 72-hour period for:
 - o COVID-19 OR
 - o Influenza OR
 - o RSV
- Once an outbreak has been declared, Buckland will convene a meeting of the internal outbreak management team (OMT) and confirm the:

- o Outbreak Coordinator and Infection Prevention Leaders
 - Buckland, LHD and/or Australian Government Department of Health representative will determine if an interagency OMT is required.
- The local PHU can be consulted if advice is required.

Step 9: DECLARING AN OUTBREAK OVER

A decision to declare the outbreak over should be made by the internal OMT, in consultation with the PHU. This should be when at least 7 days have passed since the last date of identified transmission. Outbreak closure should not occur if there are pending PCR test results for contacts or symptomatic residents. Where there is extensive or poorly understood transmission, or where there are a significant number of residents non- or under vaccinated, the PHU may advise Buckland to undertake additional testing or measures in the 7 days following an outbreak being declared "over".

- After the outbreak closure, Buckland should remain on high alert and:
 - o test anyone with new symptoms of carefully monitor residents with high-risk exposure for atypical symptoms such as behavioural changes, lack of appetite/ lethargy, out of range vitals and increase falls and test for COVID-19,
 - o Ensure visitors are aware that there has been a recent outbreak.
- Individual cases should remain in isolation for the required period (as per Step 4) even if the outbreak has been declared over.
- Once an outbreak is over, Buckland should evaluate the response and management of the outbreak to identify strengths and areas for improvement. Buckland will conduct a facility debrief with all employees and contractors involved.

The OMT may make decisions about ongoing Buckland surveillance after declaring the outbreak over, consider the following needs:

- Maintain general infection control measures.
- Monitor the status of ill residents, communicating with public health authority if their status changes.
- To notify any late, illness related deaths to the PHU
- To alert the PHU to any new cases, signalling either re-introduction of infection or previously undetected on-going transmission.
- To advise relevant state/territory/national agencies of the outbreak in Buckland if applicable.

Governance

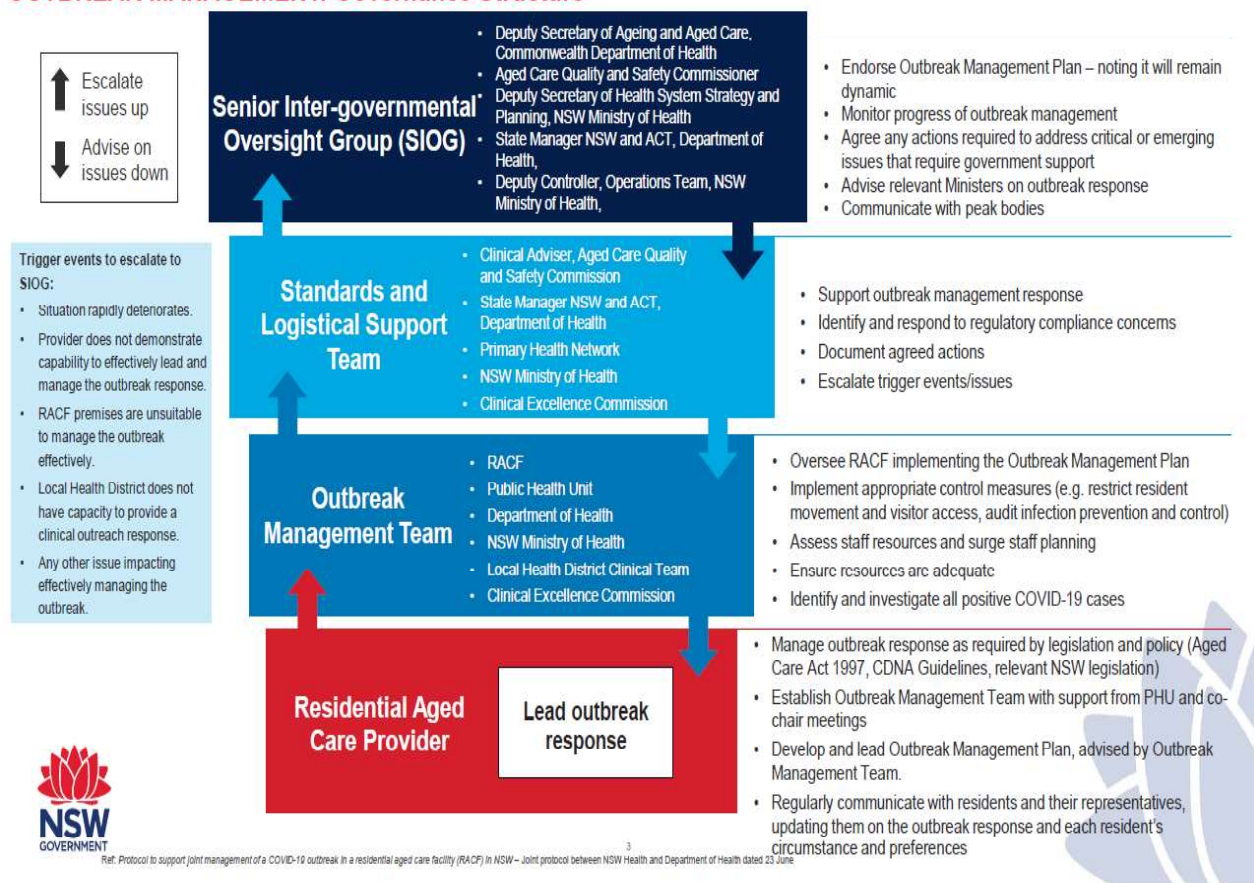
Trigger events requiring escalation to the senior inter-governmental group:

It is expected with support from the PHU will lead the outbreak response, with support and advise from other parties including the commonwealth government, ASQSC, NSW Government local public health unit (PHU), local health districts, NSW ministry of health public health emergency operations health centre (PHEOC).

The following issues are triggers that would require decision making by the Senior Inter-governmental Oversight Group (described below):

- Rapid deterioration of the situation
- Buckland does not demonstrate capability to effectively lead and manage the outbreak response.
- The aged care centre premises are unsuitable to manage the outbreak effectively.
- The Local Health District does not have capacity to provide a clinical outreach response.
- Any other issue impacting on the effective management of the outbreak.

OUTBREAK MANAGEMENT: Governance Structure



2. Responsibilities of Roles

Each role is responsible to action and delegate specific tasks if required. Due to the uncertainty of staff being furloughed by the Nepean Blue Mountains Public Health Unit in the event of an outbreak, no specific names will be assigned to each individual role. Staff may adopt more than one role depending on availability of human resources. The delegation of roles will be carried out by the Chief Executive Officer.

2.1 Chairperson

- Notify all stakeholders.
- Accept and communicate government support as required. (Government support is only available if the Residential Aged Care Facility is deemed to be in an outbreak).
- Issue blanket authorisation for overtime without preapproval. (Payroll Officer and Finance Manager to be notified via email)
- Alert IT to prioritise all requests from facility via email [REDACTED].
- As needed website updates to be posted and text message sent out to stakeholders.
- As needed updates to residents and staff and text message to be sent to staff.
- Media communication and statements.
- Notify Employee assistance program info@riverlandstherapyservices.com.au
- Liaise with the board of directors.
- Line Listing must be provided to the PHU, an updated copy daily or as instructed.

2.3 Deputy Chair

- Contact Nepean Blue Mountains Public Health Unit via nbmlhd-racfmt@health.nsw.gov.au to advise of positive cases then await risk assessment from PHU.
- Advise Nepean Blue Mountains Virtual Aged Care team (VACS) of positive cases to commence positive residents to be under VACS team care. Contact via email - [REDACTED] & [REDACTED]
- Gather Buckland outbreak management team and assign roles.
- Communication with family members with special requirements.
- Gather data and chair Outbreak Management team (OMT) meetings with PHU, Department of health, Aged Care Quality and Safety Commission and Nepean Blue Mountains Virtual Aged Care team (VACS)
- Action any tasks or recommendations discussed in OMT.
- Post OMT – provide update to internal key personnel and delegate tasks if required.
- Assume all responsibilities of Chairperson as required.
- Line Listing must be provided to the PHU, an updated copy daily or as instructed.

2.4 Outbreak Coordinator

- Review positive residents Advanced Care Directives and action any identified anomalies. -
- Review positive residents progress notes and vital observations.
- Assist with testing and liaising with the RN, CM, CL (RAT & PCR) for staff and residents and testing regime per risk assessment. (Please refer to the attached Risk Assessment Template)
- Follow up pathology results.
- Liaise with the Registered Nurse, Care Manager, Clinical Lead and Communicate with GP's and pharmacies.
- Liaise with the IPC & RN, to notify the GP of positive cases and ask GP for antiviral to be commenced. (Must check Antiviral Consent form).
- Review emergency stock medication and ensure optimal levels.

- Maintain a list of residents and NOK attending compassionate visits and advise internal key personnel accordingly.
- Maintain line listing of positive residents and staff. -Care Managers

2.5 Care Manager

- Action all tasks as directed by Outbreak coordinator.
- Assume all responsibilities in the absence of outbreak coordinator.
- Review positive residents progress notes and vital observations and address any out-of-range vital observations.
- Conduct spot checks with staff PPE compliance and provide education on the spot if required.
- Check and top up PPE supplies where applicable
- Assist with testing (RAT & PCR) for staff and residents and testing regime.
- Follow up pathology results.
- Ensure staff are aware of strategies in place for positive residents and unvaccinated residents – such strategies as per template.
- Allocate passwords for clinical management systems.

2.6 IPC Lead

- Conduct Spot check on staff PPE compliance and provide training (Please refer to the attached)
- Place droplet, contact and airborne precaution signage and donning and doffing throughout the building.
- Set up PPE station and droplet, contact and airborne precaution signs on affected resident room(s).
- Placing PPE waste bins inside affected resident room(s) and PPE stations.
- Enforce existing screening protocols.
- Reinforce standard precautions via face-to-face education prioritising the infected wings and via internal messaging system.
- Daily random infection control/ donning and doffing spot checks and provide education on the spot. Staff to sign education sheet.
- Check and top up PPE supplies where applicable
- Assist with testing (RAT & PCR) for staff/residents and testing regime as per risk assessment completed by PHU.
- Induction of agency staff daily, surge workforce and volunteer staff. Liaise with Educator, Clinical Lead and Care Manager.
- Ensure staff are aware of strategies in place for positive residents and unvaccinated residents.
- Conduct spot checks with staff PPE compliance and provide education on the spot if required.
- Check and top up PPE supplies where applicable and commence Burn Rate Calculator.
- Line Listing must be provided to the PHU, an updated copy daily or as instructed.

2.7 Hospitality Service Coordinator

- Ensure that twice daily full, environmental surface clean (Actichlor 2 step clean) is being conducted with rapid disinfectant and Clinell Wipes.
- Allocate designated staff members to attend to positive residents' room cleaning – these staff members should not attend to unvaccinated residents' rooms.
- Ensure Cleaning staff are attending to positive residents' room post cleaning all the other rooms. Wiping down laundry Racks, Burlodge Trolley and Bins.
- Ensure GSO support is following infection control precautions.
- Responsible for Burlodge trolley redirection if required.
- Review current active GSO roster and cohort staff as much as possible.

2.8 Facilities Maintenance

- Barricade infected wing with manual barrier.
- Increase waste pick up (both clinical and general) Cleanaway.
- Assist as needed with transport of PPE stocktake.
- Supply PPE as per IPC lead/outbreak co-ordinator request
- Any other duties as directed by key personnel.

2.9 Communication Officers

- Obtain daily status through outbreak team meeting every morning.
- Refer all NOK with special requests to Deputy Chair.
- Order stock as required.
- Upload website updates, staff updates and print resident updates

2.10 Lifestyle Team/ Chaplain

- Allocate a designated member of the Diversional Therapy team to the infected wing.
- Facilitate skype, zoom, phone and WhatsApp calls.
- Assist residents with online orders.
- Refer to chaplain as needed.
- Produce and distribute activity booklet.
- Distribute resident updates.
- Distribute deliveries (newspaper, mail etc.)
- Provide emotional support one on one.
- Update on residents' emotional status

2.11 Admin Assistant

- Ensure condition of entry is adhered to (conditions of entry – vaccination evidence, mask wearing, signing in and completing health questionnaire, negative Rapid test).
- Addressing queries at main entrance.

2.12 Registered Nurse

- Daily contact with family members of confirmed positive cases and advise of any changes in addition to daily contact.

2.13 OMT

- Direct and oversee the management team of the Outbreak.
- Liaise with GP's, Department of Health, PHU, Stakeholders
- Regularly communicate with residents' representatives and updating them on the outbreak response including each residents' circumstances and preferences.
- Oversee the implementation of Infection Prevention and control measures as per OMP.
- Manage staff including Rostering and Isolation measures for staff.
- Engage surge workforce where critical staff are available to be sourced through over avenues if required.
- Monitor residents' welfare and wellbeing regularly communicate if residents and their represent.
- Facilitate testing/ pathology request orders and timely specimen collection.
- Liaise with GP's and Allied Health to ensure approach to acute and chronic disease is addressed and deconditioning, grief, cognitive decline and psychiatric sequelae of isolation and loss is addressed.
- Enable access and respond to Aged Care advocates and provide residents and their representatives communication, collateral and materials provided by the advocacy services.

4. Service Provider Details

Service Providers	Name	Phone Numbers and Email Addresses
VACS Team		
Speech Pathologist		
Dietician		
Nurse Practitioners		
PHU		
DOH Details		
Podiatrist		

5. Hospital Contact Details

Hospitals	Address	Telephone	Fax
Blue Mountains Hospital	Cnr Gt Western Hway & Woodlands Rd, Katoomba 2780	4784 6500	4784 6980
Hawkesbury Hospital	2 Day St, Windsor NSW 2756	4560 5555	4560 5563
Nepean Hospital	Derby Street, Kingswood 2747	4734 2000	
Nepean Private Hospital	1-9 Barber Ave, Kingswood 2747	4732 7333	4721 8895
Springwood Hospital	7 Huntley Grange Road, Springwood 2777	4751 0300	4751 0388
St John of God Hospital	177 Grose Vale Road, North Richmond 2754	4570 6100	4571 1552

OMT Meetings

Required Meetings

- Local OMT – Daily, 3 x a week (Monday, Wednesday, Friday).

Optional Meetings

- Cleaning (GSO, Laundry, Catering)
- 9@9
- 10@10
- Virtual Monitoring Meeting, if needed. (Zoom)

6. Line Listing

A line is a table that contains key information about each case in an outbreak, with each row representing a case and each column representing a variable such as demographic, clinical and epidemiologic information.

- Commence and continue Line Listing (on Z Drive) and confirmed cases of residents and staff.
- Maintain accurate Line Listing (PHU Template)
- PHU must be provided an updated copy daily or as instructed.
- Inform PHU of any deaths within 24hrs during an Outbreak.
- The Line Listing indicated the following:
 - Resident Room and Wing Location
 - Date/time Symptoms commenced.
 - Current location, Surveillance Testing & Results
- Any resident hospitalised during Outbreak.
- If any deaths occur related to the outbreak the department must be notified as soon as possible.

7. Infection Prevention & Control (IPC) Precautions

- Routine IPC measures to be in place at all times. Include: -
- Hand hygiene. Soap and H₂O or alcohol base hand rub.
- Cough Etiquette and Respiratory Hygiene for staff, residents, and visitors.
- Staff to stay home if not well. If flu like symptoms attend to RAT and viral PCR prior to returning to work – also ensure symptom free before returning.
- Health Promotion and Signage and alerts around Facility – In newsletters, discuss in residents/relative meetings on website and at entries to the Facility.
- Staff maintain physical distancing in nurses' station, lunchrooms.

8. Infection Prevention Control

Standard Precautions: -

Standard precautions are IPC practices used routinely in residential aged care and healthcare. They will be used with a suspected or proven ARI Outbreak and apply to all staff and all residents.

- Hand Hygiene – 5 Moments of Hand Hygiene. Before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects.
- Gloves: - Not a substitute for hand hygiene before putting on gloves and after removing gloves.
- Use of PPE: If exposure to body fluids or heavily contaminated surfaces is anticipated (Gown, Mask, Protective eye wear/Shields and Gloves.
- Cough etiquette and Respiratory Hygiene
- Cough into a tissue (and discard the tissue immediately) or into the end of the elbow, perform hand hygiene.
- Regular cleaning and disinfection of the environment.
- Provision of alcohol-based hand sanitiser at the entrance. The facility and other strategic locations.
- Ensure tissues and bins are available throughout the facility.
- Ensure staff are bare below the elbows.
- Staff wear clean uniform daily.
- Maintain physical distancing where able.

5 Moments of Hand Hygiene - [https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_21](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_21)

9. Key Principles

- Continuation of service delivery in line with our mission, vision, and values.
- Deliver all necessary clinical, medical, lifestyle, therapy, and support services to our residents to prevent loss of life or suffering. This will be our main objective in the event of any outbreak. This includes, but is not limited to, the provision of aged care nursing, acute nursing, palliative care nursing, specialist infectious disease and geriatric medical support and GP services.
- Prevent the spread of infection within the facility and beyond. This will include the implementation of appropriate protective measures for staff, residents, and visitors to include PPE use, preventative environmental control measures, decontamination measures, as well as physical access and movements control into and around the facility.
- A monthly audit is completed based and guided by the infection control checklist (Please refer to the attached) provided by the Aged Care Quality and Safety Commission. The said audit is completed by Buckland's IPC lead.
- Engage, liaise, and inform stakeholders of the situation at the facility as appropriate to reduce uncertainty and concern for staff, residents, and their families, to ensure situational awareness for the appropriate authorities and, as necessary, the media.
- Facilitate and enable the wishes of the families and residents, wherever possible within the constraints of the infection control measures, including contact visits, palliative care visits and the facilitation of the consulting processes regarding the return to family for care of uninfected residents if desired.
- Sustain logistically the outbreak response through appropriate inventory management and robust supply network coordination for protective and cleaning consumables, as a priority, as well as normal hospitality services consumables.
- Sustain the wellbeing of staff and residents through the employee assistance program, including religious and pastoral care provision.
- Protect the residents, staff, and the business by ensuring compliance with all regulatory and quality of care policies appropriate to Buckland.
- Protect the staff and Buckland throughout the outbreak response by ensuring clinical and legal oversight of all on facility decisions.
- Adhering to these principles will enable us to control the infection of those infected and affected by the Outbreak.

10. Transmission based precautions

These IPC practices used in addition to standard precautions, to reduce transmission due to the specific route of transmission of a pathogen.

Respiratory Infections, including COVID19 are most commonly spread by contact and droplets. Airborne spread may occur during aerosol generating procedures.

Contact and Droplet Precautions

These precautions apply to:

- All healthcare workers staff during the clinical consultation and physical examination of residents with suspected or confirmed COVID-19, or who are in quarantine.
- All Staff when in contact with ill residents:

Key elements are:

- Standard precautions
- Use of PPE – Mask, Protective eyewear, and gloves when in contact with and ill resident.

Staff including (Surge Staff) working in suspected or confirmed case of ARI, COVID19 will receive daily reminders regarding donning and doffing by the IPC lead, management team and RNs.

- Enhanced cleaning and disinfection of ill residents' environment.

- Isolation of ill residents.
- Limit number of people entering the ill resident's environments.
- Nebulisers to be avoided. Spacer and Puffers to be used instead.

Airborne Precautions

- Apply to residents known or suspected to be infected with microorganism transmitted by Airborne droplet nuclei.
- These agents may be inhaled by individuals who have not had face to face contact with or have been in the same room as the infectious individual.

Airborne droplet Nuclei can also be generated through aerosol generating procedures such as nebulisers.

The use of particulate filter respirators such as P2 or N95 masks, prevents inhalation of small particles that may contain infectious agents transmitted through the Airborne route.

The wearing of correctly fitted surgical masks by coughing residents may also assist to prevent disposal of respiratory secretions in the air.

The Key elements of applying airborne precautions are:

- Use of appropriate PPE, particularly correctly fitted masks (P2, N95)
- Minimise resident movement.

(Please refer to the below infection Prevention and Control Expert Group – Cleaning and disinfection of health and residential care facilities for further information).

<https://www.health.gov.au/sites/default/files/2022-12/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf>

Increase PPE requirements where there is significant community transmission – Liaise with PH and NSW Health update and advise to Residential Aged Care Facilities (RACFS) – NSW. Respiratory surveillance report.

11. Maintain stock of Antiviral treatments

1. *Influenza – (Tamiflu Oseltamivir) – We check supply in annually in March and replenish supply for Tamiflu in prepare of an outbreak. Additional stock can be ordered through the PHU in an event of an outbreak.*
2. *COVID-19 - (Molnupriavir Lagevrio) – The administration of antiviral treatment will commence as soon as possible after symptoms onset or diagnosed. This will reduce the risk of severe disease and can prevent hospitalisation and death. (Anti-Virals are restocked via Priceline Pharmacy).*

- Stock supply of antivirals are kept in the nurse's station.
- Stock supply is checked weekly by Care Manager – special note to be used by date.

Priceline pharmacy Springwood – (4751 1101) can be contacted at any time for urgent supply.

- Admission pack holds the consent for Antiviral use for each resident in the event of need. This is to be completed and uploaded into Leecare for each resident and uploaded in the document section). (A copy is also kept on the Z Drive).

For eligibility for antivirals

- Residents will be reassessed for antiviral medication to support timely testing and access.

Pre- Assessment action Plan for respiratory infection in Aged Care Facility residents.
(Found in the admission Pack)

For the best protection against severe COVID-19 and Influenza we strongly encourage residents are up to date with all vaccinations. (Refer to ATAGI). All adults over the age of 75 and older receive an additional 2023 COVID-19 vaccine dose if 6 months has passed since their last dose.

12. Stock Control of PPE:

- Maintain Stock Control Register (IPC Lead) on Z Drive – to be attended.
Weekly on a Monday.
Including:
Shields
Goggles
Hand Sanitizer
Actichlor
Garbage Bags
Masks – Surgical and N95
Isolation Gowns

Donning and Doffing Sequence

Sequence of Donning PPE

1. Perform hand hygiene
2. Put on gown/apron
3. Put on mask
4. Put on eye protection
5. Perform hand hygiene
6. Put on gloves

Sequence of Doffing PPE

- | | | |
|---|----|--|
| <ol style="list-style-type: none"> 1. Remove gloves 2. Perform hand hygiene 3. Remove gown 4. Perform hand hygiene 5. Remove eye protection 6. Remove mask 7. Perform hand hygiene | OR | <p>Remove gown and gloves in one step</p> <p>Perform hand hygiene</p> <p>Remove eye protection</p> <p>Remove mask</p> <p>Perform hand hygiene</p> |
|---|----|--|

Isolation room/Zone Checklist

Consider the following when setting up an isolation/quarantine room/zone as per site map.

- Dedicated PPE outside of zone, consider how to store this for easy access (using bigger tables) such as dining table when not in use.
- Use spotters checklist to ensure appropriate donning and doffing and safe practices.
- Signage appropriate for the room/zone
- Equipment to be kept to a minimum including soft furnishings
- External entry for deliveries
- Isolated Medication trolley/resident equipment
- Cleaning products in place to accommodate shared equipment
- Adequate handwashing facilities
- Set up staff break up areas.
- Dedicated equipment to avoid sharing.

13. Buckland Spotters Checklist

Donning, Doffing: Spotters Checklist

Instructions

The role of spotter may include:

- Monitoring and documenting in the log all staff and visitor entry and exit from an infected patient's room.
- Checking of donning and doffing of personal protective equipment (PPE)
- Ensuring transmission-based precautions (TBP) are adhered too.
- Alerting staff to breaches in infection control procedure and providing assistance.

	PPE Checklist	✓
	Bare Below the elbows	
1. Mask	Masks worn correctly , covering nose and mouth and fit check achieved	
2. Goggles/Shield	Goggles/Shield , worn correctly covering eyes	

Ordering of Donning	Donning Checklist	✓
	Bare below elbows	
3. Hand Hygiene	Hand Hygiene attended	
4. Gown	Don gown and ensure it is tied and covers the staff members back if able	
5. Hand Hygiene	Hand Hygiene attended	
6. Gloves	Don gloves	
	Enter room	
	Attend to patient needs	

Ordering of Doffing	Doffing Checklist	✓
	Inside the resident's room (if available)	
1. Gloves	Doff gloves	
2. Hand Hygiene	Hand Hygiene attended	
3. Gown	Doff Gown	
4. Hand Hygiene	Hand Hygiene attended	
5. Exit Room	Exit Room	
6. Hand Hygiene	Hand Hygiene	

On exiting Residents Room	
Clean any equipment removed from patients' room	
Breach Examples	
<ul style="list-style-type: none"> • Missed Hand Hygiene • Not wearing necessary PPE, incorrect order of donning and doffing • WOW's taken into rooms or doorway of rooms, not cleaning equipment e.g., stethoscope, BGL machine 	

14. Hospital Transfers

- Where possible, staff will refer any resident who identifies as a deteriorating resident to their GP, RACS Teams prior to ambulance transfer. In the event of emergency, ensure the 000 is notified that the facility is in an Outbreak and the status of the resident being transferred.
 - Ensure Leecare transfer documents are provided in transferred to hospital with letter advising status i.e., ARI, COVID-19, etc.
- Discuss all transfers i.e., NOK, GP, and VACS Team.
- Any resident that is suspected or confirmed COVID-19, must wear a mask on transfer through the facility.

Admissions

Admissions of a new residents to an affected wing during an outbreak should be made in consultation with the new residents and their representative. New residents and their families must be informed about the current outbreak and the controlled measures in places. Families wish to make alternative arrangements until the outbreak is declared over or continue with risk identified.

Re-admission

Residents who are hospitalised for the infection can ne re-admitted.

- All readmissions and transfers must be medically assessed for symptoms. Negative covid swab should also be requested where possible can continue transmission is high risk.
- Resident is to be monitored for signs and symptoms of infection as per the template including RAT test for 3 days. Post hospitalizations.
- Resident may need to be isolated on admission/readmission where risk exists taking to account residents choice.

Deceased residents

- when handling the bodies of deceased persons, or when undertaking a post-mortem examination, standard precautions are required at all times.
- Depending on the known or suspected infection status of the body, transmission- based precautions are also required and should be maintained until the body has been completely enclosed and ready for transport.
- Avoid unnecessary manipulation of the body, is there is a risk of continued transmission.
- Discuss with family re the safe handling and moving of resident's belongings to minimise infection transmission to the community.

Specimen Collection

Collecting specimen is the process of acquiring tissue of fluids for laboratory analysis. Some of the samples collected may include polymerase chain reaction (PCR) panels, Rapid Antigen tests (RAT) and stool samples etc.

<https://www.health.gov.au/sites/default/files/documents/2020/06/phln-guidance-covid-19-swab-collection-upper-respiratory-specimen.pdf>

15. Vaccinations

Review latest requirements regarding vaccination for

- Residents
- Staff
- Visitors

Promote COVID-19 and Influenza Vaccination

- Staff Include
- Residents Include

Monitor and record vaccinations status of

- Residents
- Staff
- Visitors

Unvaccinated residents

- Minimise exposure, monitor closely,
- Maintain list of unvaccinated residents
- Routine RATs if compliant and consent
- Risk Assessment for refusal of vaccination – Dignity of risk
- All residents who have not received vaccination will be identified in residents vital information and utilise in the handover process.

16. ATAGI

LATEST ADVICE/RECOMMENDATIONS FOR COVID BOOSTER IMMUNISATION DOSE



ATAGI 2023 COVID-19 Booster Advice – first and additional dose*

	2023 COVID-19 booster dose (February 2023 guidance)		Additional 2023 COVID-19 booster dose (September 2023 guidance)	
Age	At risk [#]	No risk factors	At risk [#]	No risk factors
<5 years	Not recommended	Not recommended	Not recommended	Not recommended
5-17 years	Consider	Not recommended	Not recommended	Not recommended

18-64 years	Recommended	Consider	Consider if severe immunocompromise [^]	Not recommended
65-74 years	Recommended	Recommended	Consider	Consider
≥ 75 years	Recommended	Recommended	Recommended	Recommended

- *mRNA bivalent vaccine preferred; for ages in which a bivalent vaccine is not approved, [use a vaccine approved for that age group](#). Timing: 2023 vaccine doses should be given from 6 months after a person's last dose.
- #Includes those with a medical condition that increases the risk of severe COVID-19 illness (refer to [ATAGI clinical guidance](#)) or those with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcomes from COVID-19.
- [^] For details, refer to the [ATAGI recommendations on the use of a third primary dose of COVID-19 vaccine in individuals who are severely immunocompromised](#).

ATAGI **recommends** that all adults aged ≥ 75 years **should receive** an additional 2023 COVID-19 vaccine dose if 6 months have passed since their last dose.

[People with a past SARS-CoV-2 infection](#)

All people are recommended to defer COVID-19 vaccination for 6 months after a confirmed SARS-CoV-2 infection. ATAGI notes that testing rates have decreased since their peak in December 2021, and there are likely to have been many people with undetected SARS-CoV-2 infection in late 2022 and early 2023. There are no safety concerns for individuals receiving a COVID-19 vaccine who may have had undetected SARS-CoV-2 infection within the past 6 months.

<https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations>.

Residential aged and disability care.

Aged care and disability residents can receive a booster dose, from 6 months after a previous dose or 6 months after a confirmed COVID-19 infection.

[17. Workforce Management](#)

The number of health care workers available to provide care may be reduced by up to 1/3 because of isolation requirements, personal illness, concerns about transmission in the workplace and family/caregiving responsibilities.

[Strategies](#)

Continue with wellness screening of all staff with staff members self-monitoring for signs and symptoms of Acute Respiratory Illness and self-exclude from work if unwell.

Requests to be made with CEO to source additional staff and to implement staffing contingency or surge workforce as required (including staff contact list, external Nursing Agencies, Contract Cleaning etc).

- Sanctuary Recruitment (02 8459 8101)
- Redstone Recruitment (02 9138 1002)
- DOH (Surge)

- Blue Mountains Food Service (02) 4759 2811

Assign designated staff caring for residents with ARI – Roster to be maintained. Where possible, staff members must not move between their allocated section/wings of the facility. (Care, Hospitality, Lifestyle, Allied Health).

(Refer to the below Staff Contact List located in each wing, this list will include all staff and roles, please refer to same in event of contingency e.g. staff are able to do dual roles)

GSO & Maintenance Staff		Updated 06/10/2023	
Staff Name	Home	Mobile	Postion
			Kitchen/Laundry
			Cleaning
			BRV Maintenance
			Laundry + Cleaning
			Kitchen
			Kitchen
			Maintenance Officer - BRV
			GSO-Kitchen + G Shift
			Maintenance Officer-BRV
			Laundry
			Cleaning
			Kitchen
			GSO Cleaning & Kitchen
			Maintenance Officer-NH
			Kitchen
			Kitchen
			Kitchen (G Shift)
			BRV Maintenance
			Cleaning & Kitchen & GSO Support
			Cleaning & Kitchen & Laundry
			Laundry
			GSO Support
			Kitchen (G Shift)
			Kitchen
			NH Maintenance Officer/RTW
			Maintenance Officer



GSD Cleaning
Maintenance Officer - BRV
Cleaning
GSD- Kitchen
HSC
MAINTENANCE
Maintenance Officer /Gardener
Kitchen
Cleaning
G4 Kitchen
GSD Support
Cleaning
Kitchen A5 Shift
Cleaning
Maintenance Officer - BRV
Kitchen (G Shift)
Kitchen / Laundry
Kitchen (G Shift)
Kitchen
Cleaning
Cleaning/Laundry
GSD Kitchen
GSD Cleaning
GSD Support/Kitchen/ G Shif
Kitchen (G Shift)
Kitchen &Cleaning
GSD Cleaning
Gardening/Maintenace
Cleaning

	Kitchen
	Kitchen (G Shift)

Highlighted staff are cleaning staff, Kitchen and Laundry. If you receive a sick call from any of these staff please call other staff to cover shift thank you

Increase staff where possible in the event of staff in contingency requirements to do 12-hour shifts. Liaise with care manager and roster manager.

In the event of requiring OMT contingency, ie OMT or furlough will liaise with local aged care facility and local PHN.

Considerations for choosing dedicated Staff.

- Ensure staff have recently completed 1 training.
- Ensure staff have current Influenza & Covid Vaccination.

Advocate for employees to remain part of the roster arrangements for each shift to allow.

Education/Training:

Staff are to remain up to date with infection control education/training and competencies.

1. Infection Control – All Staff
2. Hand Hygiene – All Staff
3. Outbreak Management – All Staff
4. Initiating the OMP – RN's/ Manager
5. Donning and Doffing - – All Staff
6. Cleaners
7. Laundry
8. Kitchen
9. Mask Wearing and Fit Check Training

Training/ Education includes.

- Face to face
- Spot Checks
- Competency based Assessment.
- Toolbox talks
- AUSmed education platform
- Part of performance appraisal
- Induction

(On Z Drive Education Folder)

Compliance with the above is monitored by the Human Resource Department Annually

Outbreak Management Kits

- These are located at each wing and x1 in the clinical lead's office. (Northwing, Southwing, Liz Roberts Wing, Donald Coburn Wing, Clinical Lead Office).
- Kits are checked weekly on a Monday (with the PPE Stocktake) OMP, ARI (COVID-19), Notices, Signage, Sanitizer, PCR-Swabs, 1 Box RAT tests and Gastro Handbook Outbreak.

19. Knowing the Symptoms

- ARI is defined in this document encompass a range of infections caused by respiratory viruses, including COVID19, influenza, and respiratory syncytial virus (RSV).
- ARI transmission is primarily via droplet and aerosol spread when infected individuals cough, sneeze, talk or shout.
- Many ARIs can be spread before symptoms appear in an infected person, meaning facilities must have systems for the clinical assessment of residents, and response systems at the first sign of symptoms to contain any potential further spread.
- Symptoms of ARIs are often similar regardless of the virus causing illness and therefore testing residents with symptoms is essential to diagnose an index case.
- Outbreaks in RACFs can be caused by the spread of more than one respiratory virus. A resident may be infected with more than one respiratory virus at once. This may require use of more than one management pathway as outlined below.
- ARI definition: Recent onset of new or worsening acute respiratory symptoms: cough, breathing difficulty, sore throat, or runny nose/nasal congestion with or without other symptoms (see box below).

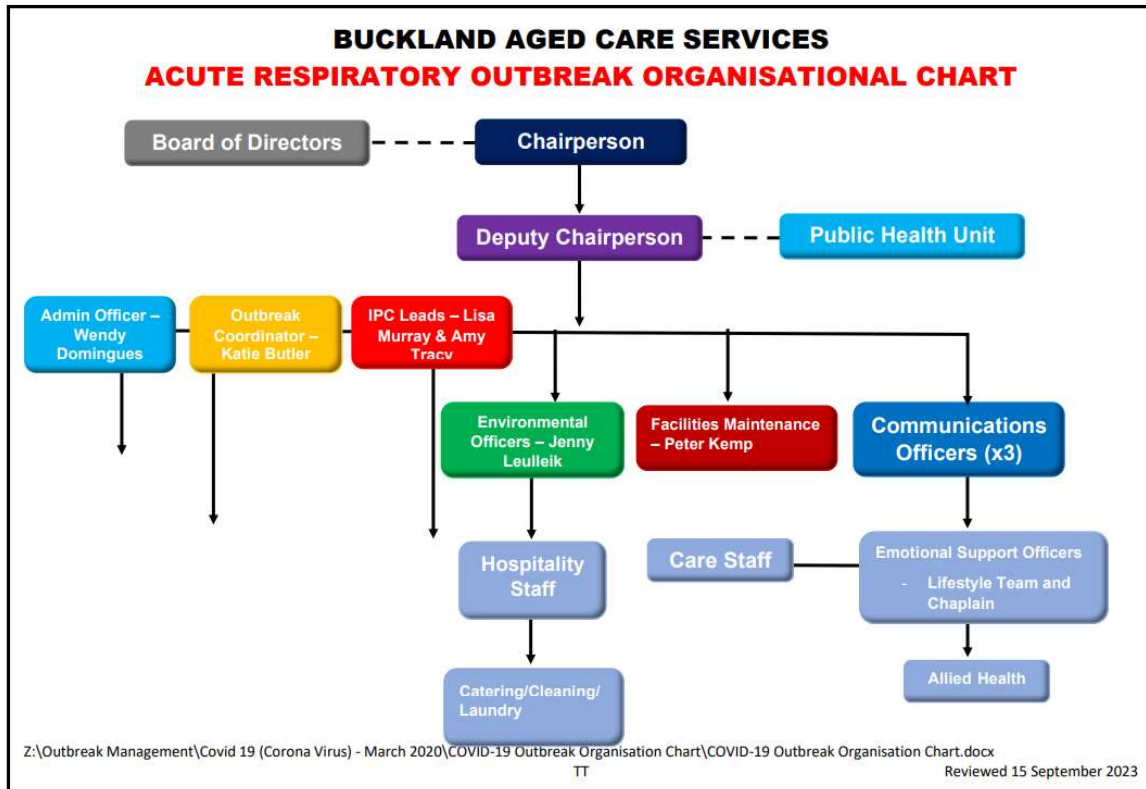
Other symptoms:

- Headache, muscle aches (myalgia), fatigue, nausea or vomiting and diarrhoea. Loss of smell, taste and appetite can also occur with COVID-19 but may be less common with new variants of the disease.
- Fever ($\geq 37.5^{\circ}\text{C}$) can occur, however is less common in elderly individuals
- In the elderly, other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness (e.g., increasing shortness of breath in someone with congestive heart failure).

Residents with non-respiratory symptoms should be assessed for appropriateness of testing for respiratory pathogens, especially if there are already ARI cases in the facility.

- Respiratory viral infections can vary from no symptoms to severe disease and death. **Antiviral treatments** are available for COVID-19 and influenza and therefore early recognition, testing and diagnosis are important for individual patient management as well as for preventing spread to others.

- The RACF should ensure staff, family and residents are aware of these symptoms and the need to report them. Note that residents may experience mild symptoms, particularly in a vaccinated population. Residents may have atypical symptoms including behaviour change and may not develop a fever. Ideally, staff should monitor residents to detect subtle changes in condition or behaviour.



21. Risk Assessment

We have undertaken thorough and comprehensive risk assessments in consultation with NSW Health, the workforce, peak bodies, and other industry stakeholders to identify possible risks and hazards associated with COVID-19 in our service environment.

We are committed to inform residents, family members and stakeholders on changing risks at Buckland and control measures being implemented to minimise those risks.

Buckland Risk Assessment

Refer to NSW Health [ARI Guidelines](#) and [CDNA Guidelines](#) when developing your risk assessment.

Staff PPE in place at outbreak commencement: Ongoing outbreak situation

Summary of Resident Cases as of

Resident Name	D.O.B:	Positive Test Date	Symptoms? onset	Location in facility

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Summary of Staff Cases as of -

**Infectious period: 72 hours before the staff member started having symptoms or 72 hours before they tested positive (whichever came first)*

Staff Name	Positive Test Date	Symptoms? onset	Dates on site during infectious period	Where onsite?

Risk Assessment (Wing) (Refer to Appendix 2 ARI Guidelines)

High Risk Resident Contacts Identified

For examples of high-risk contact, please see risk assessment matrix.

Resident Name	Location/ bed number in facility	Swab regime
		<ul style="list-style-type: none"> • PCR/RAT D0 <date> - Isolation start date. • RAT D2 <date> • RAT D4 <date> • PCR/RAT D6 <date> • <i>If symptoms develop, COVID RAT and Respiratory virus PCR.</i> • REPEAT SWAB REGIME IF REQUIRED (Outbreak continuing) <i>Isolation removed D8 if outbreak in high-risk area has ended.</i>

Low Risk Resident Contacts Identified

For examples of moderate risk contact, please see risk assessment matrix.

Resident Name	Location/ bed number in facility	Swab regime
		<ul style="list-style-type: none"> • Isolation Yes /No? If isolating, <ul style="list-style-type: none"> • PCR/RAT D0 <date> • RAT D2<date> • RAT D4 <date> • PCR/RAT D6 <date> • Isolation end date (if isolating and negative D8) <date> - Pending swab result If not isolating,

		<ul style="list-style-type: none"> • PCR/RAT D0 <date> • RAT D2 <date> • RAT D4 <date> • PCR/RAT D6 <date> • <i>If symptoms develop, COVID RAT and Respiratory virus PCR</i>
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Staff Contacts Identified

Staff Name	Location in facility if continuing to work/ Furloughed	Contact status (High risk)	Risk mitigation strategy

Risk Assessment (Wing) (Refer to Appendix 2 ARI Guidelines)

High Risk Resident Contacts Identified

Resident Name	Location/ bed number in facility	Swab regime
		<ul style="list-style-type: none"> • PCR/RAT D0 <date> - Isolation start date. • RAT D2 <date> • RAT D4 <date> • PCR/RAT D6 <date> • <i>If symptoms develop, COVID RAT and Respiratory virus PCR.</i> • <i>REPEAT SWAB REGIME IF REQUIRED (Outbreak continuing)</i> • <i>Isolation removed D8 if outbreak in high-risk area has ended.</i>

Low Risk Resident Contacts Identified

For examples of moderate risk contact, please see risk assessment matrix.

Resident Name	Location/ bed number in facility	Swab regime
		<ul style="list-style-type: none"> • Isolation Yes /No? • If isolating, • PCR/RAT D0 <date> • RAT D2<date> • RAT D4 <date> • PCR/RAT D6 <date> • Isolation end date (if isolating and negative D8) <date> - Pending swab result

		<p>If not isolating,</p> <ul style="list-style-type: none"> • PCR/RAT D0 <date> • RAT D2 <date> • RAT D4 <date> • PCR/RAT D6 <date> • <i>If symptoms develop, COVID RAT and Respiratory virus PCR</i>
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Staff Contacts Identified

Staff Name	Location in facility if continuing to work/ Furloughed	Contact status (High risk)	Risk mitigation strategy

Appendix 2 – Residential aged care facility COVID-19 risk assessment and management for single or known exposures

	Low risk	High risk
Requirements for staff	<p>Definition Where staff have had transient, limited contact that:</p> <ul style="list-style-type: none"> - Does not meet the definition of high-risk contact. <p>Management</p> <ul style="list-style-type: none"> - Continue to work with the following: <ul style="list-style-type: none"> ➢ Monitor for symptoms, test (RAT initially, if negative proceed to PCR if available), and isolate immediately if symptomatic. ➢ Daily RATs (until day 7). 	<p>Definition Where a worker has been exposed to COVID-19 at work and exposure is defined as high-risk. Considerations for high-risk exposure include:</p> <ul style="list-style-type: none"> - staff who were not wearing airborne precautions (P2/N95 respirators, eye protection) where aerosol generating behaviours or procedures have been involved; - have had at least 15 minutes face to face contact where both mask and eyewear were not worn by exposed person and the case was without a mask; or - greater than 2 hours within the same room with a case with inadequate PPE. <ul style="list-style-type: none"> • If a worker has been exposed to COVID-19 in the community follow the advice for people exposed to COVID-19 factsheet. <p>Management Review affected staff to assess risk of exposure. If staff furloughing is not an option and staff must continue to work the following risk mitigation strategies should be in place:</p> <ul style="list-style-type: none"> ➢ Monitor for symptoms, test (RAT initially, if negative proceed to PCR if available), and isolate immediately if symptomatic. ➢ Daily RATs (until day 7). ➢ Avoid staff redeployment to unaffected areas to minimise risk of potential spread. ➢ Do not enter shared space or meal rooms. ➢ Work in P2/N95 masks for the first 7 days following exposure.
Requirements for residents	<p>Where a resident has had transient, limited contact that</p> <ul style="list-style-type: none"> - Does not meet the high-risk contact definition; or - Based on facility and/or PHU risk assessment is not assessed as a high-risk contact. <p>Management</p> <ul style="list-style-type: none"> - Close monitoring for symptoms. If symptoms develop, isolate immediately and test. - Regular RAT testing in the first 7 days if deemed appropriate by facility and/or PHU. - Other risk mitigation strategies deemed appropriate. 	<p>Where a resident has been exposed to a COVID-19 case:</p> <ul style="list-style-type: none"> - in a shared defined area (e.g., prolonged contact during activity, co-located in a wing of a facility); and/or - who have had household-like exposure with a case during their infectious period; or - outbreak-related contact (e.g., cases in the same ward / wing / shared area with unknown exposure). <p>Management</p> <ul style="list-style-type: none"> - Isolate for 7 days. - Test (PCR or RAT) day 2 and day 6. <p>OR</p> <ul style="list-style-type: none"> - Consider allowing residents to leave their room after risk assessment, wearing a mask and with <ul style="list-style-type: none"> ➢ Baseline and day 6 PCR, or ➢ RAT at least every second day from day 0-7. - If symptoms develop, isolate, and do a RAT and, if negative, do a PCR test. - Release from isolation: <ul style="list-style-type: none"> ➢ After day 7 with a day 6 negative result and asymptomatic.
Requirements for visitors	<ul style="list-style-type: none"> • Follow Information for people exposed to COVID-19 factsheet. 	<ul style="list-style-type: none"> • Follow Information for people exposed to COVID-19 factsheet.

This risk matrix does not replace the CEC application of PPE guide: [Infection Prevention and Control Manual COVID-19 and other acute Respiratory Infections \(Version V4.1\) \(nsw.gov.au\)](#)

Other considerations relevant to an outbreak situation

New and returning residents to Buckland from hospital or the emergency department • The presence of an outbreak should not prevent new and returning residents from being admitted/re-admitted to Buckland when appropriate infection prevention and control measures are in place. Decisions should be based on the advice of the local Bucklands OMT and in consultation with the PHU, residents, and their representatives.

Resident choice around isolation

Consumer dignity and choice is a foundational standard in the National Quality Standards.

Residents should be given the choice to self-isolate while the outbreak is active, or to mix with people with similar exposure. Their preferences should be recorded in their care plan and regularly reviewed. Residents should be made aware that if they choose not to isolate during an outbreak that this increases their risk of contracting or transmitting the infection. Continued implementation of appropriate IPAC measures should continue. Where practical, and the facility can manage this risk by considering the following.

- Residents with the same ARI being permitted to engage in social activities together if they are well enough to do so and if they can be kept separated from residents who are unaffected.
- Exposed residents may choose to leave their rooms to eat in shared dining rooms and participate in social activities with other residents from the affected area. Exposed residents should be supported to not socialise with positive cases or unexposed residents.
- Unexposed residents can leave their rooms to participate in shared activities and dining with other unexposed residents (i.e., with dedicated staff, dining room, social room).
- Where possible, visits to affected residents should occur in an area with good ventilation. The Aged Care Act 1997, the Charter of Aged Care Rights and the Aged Care Quality Standards provide further information for this requirement.

If a resident wishes to leave the service for emergency leave and staff with family and friends during an outbreak this must be discussed within the local outbreak management meeting. A risk assessment would be completed to assist in providing PHU with determining the risk and benefits for each case.

Ventilation

A portable air cleaner that contains a high-efficiency particulate air (HEPA) filter may be used in addition to any other ventilation provided to manage risks from respiratory viruses and to prevent the build-up of other particulates. HEPA filters are useful to increase clean air exchange rates in a room and to provide additional air treatment where there are areas of known air stagnation. Optimising existing mechanical or natural ventilation, wherever possible, should remain the priority over air cleaning. HEPA filters can also be used when needing to close windows and doors or shut off outdoor air supply to air conditioning or other heating, ventilation and air conditioning (HVAC) systems due to external hazards such as bushfire smoke or adverse weather conditions. For infectious disease risks, it is important that portable air cleaners are used in combination with other public health measures including vaccination, social distancing, limiting occupancy levels, face masks where recommended, good respiratory and hand hygiene, and disinfection of surfaces and objects.

Units that achieve filtration via mechanical means, such as HEPA air cleaners compliant with AS 4260-1997 High efficiency particulate air (HEPA) filters or described as H13, H14 or medical grade ([external link](#)). Avoid products that advertise 'HEPA-like' or HEPA-style' filters that do not adhere to filter grading systems, or do not provide crucial information such as mechanical filtering efficiency or coverage.

Air purifiers are hired through AirXpress Hire – contact number 0451 663 033

Aerosol Generating Procedures

Wandering Residents

Consider how long Buckland will manage the movement of residents and staff around the service to minimise the risk of transmission – this is particularly important for resident with cognitive impairment wandering behaviour or dementia.

The following strategies can assist with minimising transmission when residents are actively wandering:

- Offer surgical mask frequently when respiratory infection is suspected or during a respiratory outbreak.
- Increase cleaning rounds such as high-touch surfaces.
- Offer frequent hand hygiene opportunities.
- Change the environment such as removing/moving chairs to assist with social distancing.
- Review roster where able to allocate designated staff member to supervise and assist wandering residents.

22. For Continuity of Care

Emergency induction per agency/surge workforce.

Local Outbreak Management Folders that will inform the agency workforce on the following.

- Isolation Wing Plans – Leecare resident list with photo.
- Site Maps
- OMP
- Staff vaccination List
- Resident Vaccination List
- Copy of recent up to date line list

(This will manage and maintained by the Care Manager/Clinical lead)

23. Clinical Care Considerations

Note: This list is not exhaustive and case by case consideration is required in consultation of the resident/representative and consideration of enduring guardianship.

Clinical Consideration/interventions

- Review advance Care Planning. Advanced care directives – documents are in place for all residents and are up to date and current. (This list is available on Lee Care Reports)
- Clinical review must be completed daily at a minimum for residents with a confirmed transmissible infection.
- Unwell residents must be medically reviewed by their GP,
- Telehealth to be made available where this is GP preference.

(Refer to Lee Care Reports)

The Unwell/Deteriorating resident

- To be medically RIV & GP, VACs, NP.
- Utilise telehealth as per preference.
- During and Post infection and prior to removing resident from isolation GP review/Clinical review is encouraged up to 8-10 days post infection as well as whilst symptomatic.

Clinical Care:

Nutrition/Hydration:

Positive Cases

- Commence Food and Fluid charting and encouraging > 1,000ml in 24hr period (Unless otherwise directed by a medical practitioner).
- Consider lighter meal options when a resident is refusing normal meal items (taking into consideration assessed dietary consistency). Liaise with HSC (hospitality Manager) where needed. Liaise with NP, VACS for Fluid Replacement on site.
 - Paper based charts can be utilized for residents in isolation, then uploading in Leecare Documents for isolation period.
- To Commence (each shift) vital sign monitoring of 4/24 Vital Sign Monitoring and record in Leecare.
 - Ensure all ranges have been set.
 - Out of range values will set in red colour (this will be identified in the alerts – (new weights and vitals outside reportable range)

Negative Residents and Monitoring

- Attend to Vital Sign Monitoring and record in Leecare each shift.
 - Ensure all ranges have been set.

- Out of range values will set in red colour (this will be identified in the alerts – (new weights and vitals outside reportable range).

RN/EN/EEN to attend to vital observations.

for temps out of range: Administer paracetamol as charted.

38> or consult the GP to have it charted.

- RN to follow usual process to access the nurse-initiated medication (NM) if there is no paracetamol charted.

Blood Glucose Levels

Food and Fluid intake may have an impact on residents with diabetes.

- BGL Monitoring
- Consider use of dietary supplements
- RIV diabetic management plan
- Liaise with GP, NP regarding reportable ranges.

Respirations

A respiratory rate of 23BPM, or a resident appears to be in a respiratory distress, contact GP for further advice.

O2 may be helpful to relieve. Respiratory symptoms SP02 < 94%RA

- Contact GP to arrange charting of the oxygen, and must clearly state the amount of oxygen, and must clearly state the amount of O2 to be administered and how often.
- Ensure O2 is readily accessible in each wing and monitored daily.

24. Pain Management

Utilise Pain Monitoring charting on Leecare Charts.

- Administer analgesia as per residents Medication Chart.
- RIV effectiveness of administered pain relief – escalate if not effective.

Monitor Closely per complications such as:

- Pneumonia (secondary bacterial infection)
- Respiratory Failure
- Septicaemia
- Multi organ dysfunction/Failure

If any of the above, contact GP for advice/ Ambulance NSW (dependent upon ACD & Res/enduring guardian wishes).

- For a productive cough, request a chart to expectorant as appropriate.
- Antibiotics may be charted by GP, VACS, NP for secondary infections.
- Sore throat – Irritating cough. Consider if applicable for lemon/honey hot drinks (ensuring consistency is correct) lozenges etc.
- Nurse resident in a semi fowlers position, seated in an upright position bed/chair.
- Refer to allied health physio/OT chest physio as needed.
- Maintain close communication with resident's NOK/person responsible of affected residents to provide status updates at least daily.

Raise Infection Form on Leecare as a new Respiratory Infection – Upon confirmation of ARI/COVID19

- Complete the organism isolated section e.g., if known pathology.
- Complete antiviral/antibiotic treatment section specifying Name, Length of time ordered.
- Complete care interventions sections:

Template to use, when completing a Positive residents ARI report –

1. Isolation precautions
Dates: -
2. PPE Usage – Specify what PPE e.g., N95 mask, shield, isolation gown, protective eye wear.
3. Frequency of observations required
4. Escalation of Deterioration
5. Any specific individual needs the resident has e.g.
6. Commence Food and Fluid Intake (The entirety of the illness until asymptomatic, back to baseline) – Specify if on Leecare or paper based.
7. Attend to vital observations: - BP, P, T, R, O2 Sats. BGL
8. R/V Infection control from each shift with updates and save to progress notes (gives a running timeline a documented evident of resident review and possible early detection of a deterioration).
9. Date and time pathology PCR/RAT was attended and date/time of receiving results.
10. Maintain progress notes each shift or frequency if any clinical concerns.
11. Call Daily to NOK for update where a resident in an outbreak of ARI (Specific area/wing) is asymptomatic.
 - Vital signs (entered Leecare and act on any alerted-out range)
 - Continue to monitor for signs/symptoms of ARI (As per signs & Symptoms page on OMP)
 - Any change in residents' baseline & exacerbations of underling chronic illness.

25. Cleaning and Environment Hygiene

(Refer to the below Ecolab COVID19 info and Action Plan)

Regular scheduled cleaning of all resident care areas is essential during an outbreak.

- Frequently touched surfaces, need to be cleaned more often.
- During a suspected or confirmed ARI Outbreak, an increase in frequency of cleaning with a neutral detergent followed by a disinfection is required. At Buckland we use a 2 in 1 Step Clean (using a combined detergent and disinfectant) is required: Actichlor – Ecolab. (Detailed information on environment cleaning and disinfection is available in factsheet – Commonwealth Department of Health – COVID19 (Dec22)

Frequently touched surfaces should be cleaned at least x 2 daily these include:

- High touch point areas utilise clinell wipes, atichlor to wipe over Bed rails, Bed side tables, light switches, remote controllers, commode, shower chairs, doorknobs/handles, sinks, surfaces, and all equipment close to the resident (Call Bells).
- Floors cleaned with neutral detergent solution.
- Walking Frames and sticks.

- Clinell Wipes are to be placed in high touch point areas such as near lifts, in all wings, PPE stands, strategically located through out the facility.

Cleaners are to:

- Wear appropriate PPE including an impermeable gown, disposable nitril gloves and a N95 mask, plus eye protection/Face Shield while cleaning.
- Avoid touching their face.
- Trained in the correct PPE to be worn when performing their duties, and the correct donning and doffing of PPE and correct hand hygiene.
- Adhere to the cleaning product manufacturers recommended dilution instructions and contact time.
- Use TGA listed disinfectant with Virucidal claims, a chlorine-based product. (Achtichlor).
- Cleaning is to be completed in a methodical way to prevent cross contamination of surfaces clean from high to low, and from clean – dirty and wipe in a “S” shape pattern. Use of damp dusting technique prevents dust particles dispersion when dusting surfaces.
 - Always clean surfaces before any disinfection occurs.
Safety datasheet is easily located in each cleaner's room where the disinfectant solution will be found.
- Cleaners will follow the clean first dirty last process. All residents that have been deemed positive to an ARI will have their room environment cleaned last.

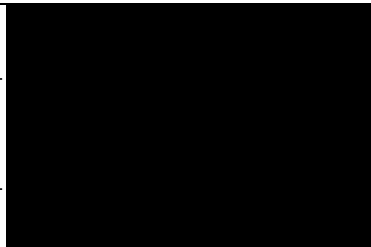
Contracted Cleaners: (If required to be deployed)


- Should be trained by their employer in the appropriate use of cleaning and disinfection procedures and products to be used/and are used on site and PPE usage.
- Orientation of contract cleaners will be attended to prior to commencing onsite by the hospitality manager (HSC) Facility Manager/CEO.
- Do not mix cleaning products – to avoid chemical reaction from occurring, this could be harmful to the person cleaning. *always Following this procedure.*
- All SDS available and all bottles have the correct labelling and be stored according to manufacturer instructions.

Cleaning Equipment – Shared Items. (Use Clinell Wipes)

Ordering of Stock Process

(Refer to the below Main Store Stocktake book)

Cleaning			
Responsibility	Product	Supplier	Contact Details
Admin/Admissions	Clinell Wipes N95 Masks	EBOS	
Admin/Admissions	Acticlor Hand Sanitisers Rapid Spray	Ecolab	
Admin/Admissions	Garbage Bags	Veridia	

PPE			
Responsibility	Product	Supplier	Contact Details
Admin/Admission	Paper Towels Bin Liners	Veridia	
Admin/Admission	N95 Masks	EBOS	
Admin/Admissions	Gloves Paper Towels Toilet Rolls	Chempack & Restock	
IPC Lead/CEO	RAT tests	My Aged Care Portal	
IPC Lead/CEO	Gowns	My Aged Care Portal	
IPC Lead/CEO	Shield Goggles	My Aged Care Portal	

Waste Management

Correct segregation is necessary to ensure that materials that are reusable or recyclable are not discarded. Correct waste segregation and containment of all waste is required in order to comply with provision of waste regulation.

Clinical Waste

Clinical waste includes any waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence.

Used aprons, gowns, and gloves in both clinical and non-clinical aged care settings are classified as general waste. Any bulk fluids should be emptied into domestic sewerage systems.

Clinical waste should be handled in a manner consistent with standard precautions

Sharps are to be disposed of in sharps containers and returned to suitable collection point.

The following requirements must also be adhered to:

- The area must be signposted with biohazard symbol.
- Waste is not to be decanted under any circumstances.
- The area must be secure and not visible to the public with access restricted to employees only.
- The site should not affect nearby residents from odour or other.
- The storage area must be weatherproof (have a roof and side walls)
- Have adequate containment measures to contain spills.
- A spill kit must be available to clean up any spills containing disinfectant, bucket, gloves, disposable overalls, safety goggles/shields, plastic waste liners.
- Wherever possible the area allocated should be able to be accessed directly from isolation/quarantine zone.
- A record of any spills, causes and corrective actions should be captured on Hazard Form
- Trolleys used to transport waste bags to collection bins must be cleaned/disinfected after use.

General Waste

- Waste bags should never be stored directly on the floor.
- All clinical waste must be stored in a dedicated storage area outside loading dock.

Waste Collection

Infection Control measures are adopted to prevent cross-infection between care recipients and staff changed in infection control and advances in technology have resulted in the increased use of disposable clinical products, which have turn increased waste treatment/disposable volumes.

Implement the following during an outbreak:

- Collection frequency must be increased 32in waste licensed contractors to a minimum every 24 hours to prevent decay of certain wastes which starts to occur after this time. The amount of yellow clinical waste bins available at the care centre also needs to be increase with the contractor.
- Increased collection of general waste should also be organised, and additional plans to be set in place for Sundays and public holidays where additional collection services can not be organised.
- If Buckland is unable to adequately manage the clinical waste generated during an outbreak, then contact your licenced clinical contract for additional pickups.

For additional pickups, contact Daniels on 1300 667 787 and quote account number [REDACTED]

Waste Collection throughout facility

Waste is collected by the GSO support staff off the floor in each wing frequently through the day.

TBW – GSO support to collect and transport to the waste storage in the loading dock.

LRW - GSO support to collect and transport to the waste storage in the loading dock.

MRW - GSO support to collect and transport to the waste storage in the loading dock.

DCW – Care Staff and cleaner will transport to DCW waste storage area of loading dock.

GSO support will clean outside of the bins with Actihcor prior to returning to the wings.

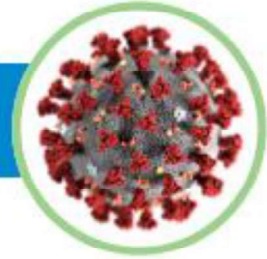
Waste Handling

Follow these steps when preparing waste for collection with appropriate 4-point PPE to be used:

- Waste bags must not be overfilled (approximately 2/3 capacity) and excess air should be excluded, without compaction, prior to closure using a bag tie at the point of waste generation.
- All bags should be held away from the body by the closed top of the bag and placed directly into a mobile garage bin or trolley.
- Ensure clinical and general waste bags are tied off with knots facing upwards and ensure all clinical waste bins are kept closed.
- Disinfect the lids, handles, and top of the bins when you open, close and move them.
- After handling clinical waste ensure you wash your hands for at least 20 seconds using soap and water where possible or use alcohol hand rub containing 70 percent alcohol if hand is not visibly soiled and access to a wash basin is not available.

EcoLab Action Below;

Coronavirus (COVID-19) Action Plan



Public health officials have identified a new coronavirus (COVID-19). Focusing on standard infection prevention practices, training and compliance in Food and Beverage processing will help keep your employees and customers safe. Together, we can help combat the spread of COVID-19.



What are the food safety implications?

There is currently no evidence that COVID-19 is transmitted to humans through food. Standard food safety practices are encouraged, including:

- Avoid direct, unprotected contact with live animals and surfaces that may have been exposed to live animals in regions where excessive illness cases are being reported
- Avoid consuming raw or undercooked meat or meat from sick animals
- Avoid cross-contamination by properly handling raw meat, milk or other animal materials
- Properly clean and sanitize food contact surfaces including hands and utensils

TAKE ACTION

What can I do in my food or beverage processing plant?



Contact your Ecolab service representative to discuss best practices and set up time to refresh staff on proper infection prevention protocols.



Follow good manufacturing and food safety practices from receiving, handling and preparing raw materials, ingredients, packaging, work-in-progress and finished products.



Ensure employee health and hygiene practices are in place and maintained, including proper hand washing.



Clean and sanitize food contact and non-food-contact surfaces as well as carrying out environmental cleaning and sanitation (floors, walls, ceilings and equipment).



Use only sanitizers suitable for their use in a food manufacturing facility, following label instructions.



What are the risks from materials coming from China?

Generally, coronaviruses have poor survivability on surfaces, so the risk of spread from products or packaging is low. Currently, there is no evidence to support transmission of COVID-19 associated with imported goods.

WHERE CAN I GET MORE INFORMATION?

Ecolab: ecolab.com/coronavirus

CDC: cdc.gov/coronavirus/index.html

WHO: who.int/health-topics/coronavirus

EPA: content.govdelivery.com/accounts/USAEPAPPT/bulletins/278c716

Coronavirus image source: <https://jhl.cdc.gov>
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ECOLAB

Cleaners Checklist and Schedule

Buckland Aged Care Services

AM/PM Checklist – GSO Q1 - BNH



Day:	Date:	Completed by:
DAILY AM CHECKLIST – GSO Q1 - BNH		
LeeCare communications & rosters – Log onto LeeCare & read all communications. Check roster.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Room – has your cleaner's room been found in a neat & tidy manner? <small>*if not please provide details in comments section.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Cleaning trolley & PPE – Check cleaning trolley is fully stocked & clean <small>*if not please provide details in comments section.</small> Collect all PPE required throughout the day including your allocated red & blue cleaning gloves.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Check cleaning schedules book – Confirm all the previous days tasks have been completed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Fridge Temps, Serveries & Staff Room. Check and record all fridge temps for Serveries 1 – 3 and the Upper Staff Room. If out of range please check, adjust temp and log a Maintenance request if needed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Hallway Cleaning – Sweep all hallway floor area from Rm 65, TBW to Upstairs Staff Room, paying attention to corners and behind doors. Clean remaining floor area using the large scrubbing machine, mop areas scrubbing machine will not reach.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Bin run – Empty garbage bins in the following areas: Reception, Care Managers Office, Facility Managers Office, Assistant Care Manager's Office, PA to Facility Managers Office, Nurses Station 1&2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Foyer – *Sweep all floors moving all furniture, paying attention to corners and behind doors. *Wipe down all furniture, picture rails and pictures. *Clean remaining floor area using the large scrubbing machine. *Wash down door and window leading to outdoor soft fall area (internally and externally) removing all cobwebs. *Water all pot plants. *Clean visitors bench at reception and sliding glass window.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Visitors Toilets - *Clean toilets *Wash down walls. *Wash down doors internally and externally including handles, frames and hinges. *Clean paper towel dispensers (the paper towel dispensers in the main foyer are NOT to have paper towel as it causes plumbing blockages if flushed). *Clean and replenish handwash dispenser *Clean basins and splash backs, including underneath plumbing, drain hole and base of taps *Mop floors paying attention to corners and behind doors. *Remove any cobwebs. *Replace toilet brushes as required, ensuring any stickers are removed. *Replenish toilet paper.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Tea Trolley – check that tea trolley is fully stocked and clean.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Morning Tea Service – Provide Morning Tea to residents in Rooms 65 – 106 and Main Lounge Area using Morning/Afternoon Tea book for residents dietary requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
DAILY PM CHECKLIST – GSO Q1 - BNH		

N:\Duty Schedules & Position Descriptions\Duty Schedules & Position Descriptions\GSO Cleaning Schedules\GSO Cleaning Schedules - Current\Q1\AM PM Checklist - GSO Q1 - BNH Copy.docx

Page 1 of 3

Reviewed January 2021

JL

Due for review March 2024

Afternoon Tea Service - Provide Afternoon Tea to Residents in Rooms 65 – 108 and Main Lounge Area using the Morning Tea Book for Residents dietary requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Tea Trolley - fully strip, clean & re-stock ready for next shift.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Final check/tidy - Do a final check/tidy of all rooms/areas of responsibility.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Cleaning equipment & trolley – Fully empty strip, clean & restock trolley ready for the next shift. Clean all equipment used throughout the day with hot soapy water, then dry. Vacuums are to be emptied & any buckets/containers left upside down to fully dry overnight.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Cleaner's room – is to be fully vacuumed, mopped and cleaned (all surfaces). Stock is to be checked to ensure adequate supply	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Paperwork: cleaning schedules – Complete cleaning schedule and return to Reception prior to finishing for the day.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
LeeCare communications and rosters – Log onto LeeCare and read all communications). Ensure all maintenance requests are logged in the Corrective Maintenance Folder located in Reception. .Check rosters. <i>*Any issues in relation to equipment must be logged in the Corrective Maintenance Folder at Reception and the NISC notified.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
<p>In the event of an outbreak and Agency Staff being bought in the following is to occur:</p> <p>Buckland Staff in each wing to Orientate and instruct agency staff (set up with cleaning equipment etc.). Buckland staff to clean & disinfect Infectious rooms /areas, our residents know you and you know what is expected. Agency staff to be allocated to clean all other (non infectious) rooms/areas. Actichlor to be used for all areas, high touch points and infectious room clean.</p>		

MAINTENANCE ISSUES IDENTIFIED	
(must be entered into the Corrective Maintenance Folder at Reception)	
Issue	
INFECTION CONTROL, WHS & OTHER ISSUES IDENTIFIED	
Issue identified:	Corrective action taken:
Comments:	

26. Laundry

- Adhere to AS/NZS 4, 14, 6, 2000 laundry practice.
- Soiled linen should always be treated as infectious.
- Handle soiled laundry with minimum agitation to avoid contamination of the air, surfaces and persons e.g., roll up.
- Ensure linen is washed using hot H₂O (>65 degrees) for at least 10 minutes with standard laundry detergent.
- At the point of generation, linen used for a person with confirmed, probable or suspected infection should be placed in a red alginate bag and then into an appropriate laundry receptacle.
- A long-sleeved fluid resistant gown or apron and disposable nitrile/latex powder free gloves should be worn during handling of soiled linen to prevent skin and mucous membrane exposure to blood and body substances.
- Hand hygiene must always be performed following the handling of used linen.
- Ensure shared linen is dried in a dryer on a hot setting.
- In an event of an Outbreak, it is recommended that laundry be attended onsite and not taken home by family members. In this case, ensure laundry is transported in a sealed bag (linen bag).
- Restrict Family Members from entering the laundry.
- Soiled linen trolleys are not to be overfilled when not in use, stored in pan rooms in designated areas/
- Reusable linen bags must be laundered before reuse.
- Washing Machine and dryers are serviced every 2nd month by Electrolux.
- Infectious Wash, items in alginate bags will be put through an infectious wash at 71 degrees Celsius. This is a 65-minute cycle.

Clean Entry – Doors are signed, for linen collection when staff are in clean areas, they are to wear N95 masks, hand wash, sanitizer.

Dirty Entry – Doors are signed, the MRW laundry shoot will drop directly into the dirty area. Staff are to wear full PPE, N95, isolation gowns, goggles/shields and gloves. Internal donning station is located inside the laundry at the entrance to the dirty entry. Doffing station located inside the dirty area exit.

Handling, Disposal and transport of used linen

All used linen should be handled with care to avoid dispersal of microorganisms into the environment and to avoid contact with HW clothing (108, 109). Each HO is to have a written policy and/or procedures on the collection, transport, and storage of linen. Furthermore, a HO that processes or launders linen in-house will also have documented policies and/or procedures consistent with AS/NZS 4146:2000 Laundry Practice.

The following principles apply when handling linen used for all patients: i.e. whether or not transmission based precautions are required.

- Handle soiled laundry with minimum agitation to avoid contamination of the air, surfaces and persons (e.g., roll up).
- Used, soiled or wet linen should be placed into appropriate laundry receptacle at the point of generation; water-soluble bags and double bagging are not necessary and are not recommended.
- Clear leak-proof bags are to be used to contain linen that is heavily soiled with blood, other body substances or other fluids (including wet with water).
- Linen bags should be tied securely and not be filled completely as this will increase the risk of rupture in transit and injury to bag handlers.
- Reusable linen bags must be laundered before re-use.

- Hand hygiene must be performed following the handling of used linen.

Used or soiled linen are not to be rinsed or sorted in patient care areas or washed in domestic washing machines. Domestic type washing machines are only to be used to launder a patient's personal items and only one patient's personal items can be washed per cycle.

All patient care items, and facility linen is to be washed using non-domestic (commercial) washing machines. Washing machines are to be housed in suitably designed rooms with a clean and dirty workflow. Clothes dryers should be used for drying.

- Laundry carts or hampers used to collect or transport soiled linen need not be covered.
- Containers (including carts, bags, and plastic bins) for collecting, storing, or transporting soiled linen should be waterproof, leak-proof, nonporous, and in good repair, and should be decontaminated after use.
- The vehicles which transport linen to and from the laundry should be clean. Soiled and clean textiles should not be transported in the same vehicle, unless they are separated by a suitable barrier e.g. containers with suitable closures, moisture impermeable bags that would prevent contamination between the soiled and clean linen. If a compartment has carried soiled laundry, that compartment should be thoroughly cleaned before it is used to carry clean linen.
- Special handling of linen for clients/patients/residents on Additional Precautions is not routinely required. Routine practices for handling and laundering are sufficient, regardless of the source of the linen.
- Linen bags should be held away from the body to avoid potential risks of contamination and injuries due to possible sharps.
- Disposable linen is the first-choice preference for patients with a high consequence infectious disease. Reusable linen should be discarded as clinical waste.

Kitchen

- Crockery and Cutlery is to be washed in a hot dishwasher or if not available, by hand using hot water and detergent rinsed in hot water and dried. Alternately disposable items can be used.
- Trolleys and trays used for delivery of food should be cleaned and disinfected after use.
- Hand Hygiene should be performed after collecting and handing used Crockery/Cutlery.

In the event of contingency, we will utilise Blue Mountains food Services - (02) 4759 2811. CEO will activate this in an event of a contingency requirement.

PPE requirements – Kitchen staff are required to wear a N95 mask, however when entering the facility they are required to wear goggles/shields.

A donning and doffing station is located in the loading dock at the main kitchen entry.

Burlodge

Where a Burlodge Trolley is used – Care staff are to wipe over outside of the trolley and handles/doors prior to sending back to the kitchen. Once emptied in the kitchen, kitchen staff are to wipe/disinfect – inside of Burlodge trolleys using TGA approved chemical, prior to restocking and reuse.

Serveries

Tray trolley is to be wiped over immediately post meal tray service, and again prior to use of each meal service.

Tea Trolleys

In the event of a lockdown in DCW, a separate tea trolley will need to be set up for the LRW studios areas, so that there is no crossover between wings.

27. Visitors and Communal Activities

Receiving Visitors is essential for residents' wellbeing and assists with reducing the impact of social isolation. At Buckland, we will reduce the risk of spreading Covid19 or ARI by supporting visits in the safest possible way.

Strategies include:

- Highlighting that visitors should not enter the facility when respiratory symptoms are present.
- Avoiding communal areas
- Where possible, visits should be held outdoors or in well-ventilated areas away from other residents.

(Reference: Industry code for visiting Residential Aged Care Homes during COVID 19)

Entry Restrictions:

- Visitors should not enter the facility if they have:
 - Tested for COVID19: Visitors should not enter Buckland for at least 7 days after their positive test, unless an agreement has been reached with the Facility Manager e. g. (Compassionate Reasons)
 - Visitors are strongly recommended to wear a N95/P2 Mask between day 8 -10
 - Any acute respiratory symptoms or are waiting for COVID19 or other respiratory pathogen test results.
 - If a visit must occur when a visitor meets the above circumstances, the visitor must wear a mask (N95/92) when moving through the facility and minimise movement within the facility.

When respiratory viruses are circulating at a moderate or high level in the community. All visitors should wear a mask indoors (NSW respiratory Surveillance Report). This will be monitored by the Facility Manager and IPC Lead and decisions around community transmission will be communicated to residents and relatives on the Buckland website, Bulletin, and resident/relative meeting. If unable to visit due to high risk, Buckland can arrange other forms of communications, social connection such as telephone calls, What's app, Zoom, Facetime, Skype.

28. Lifestyle and Emotional Support

- Non affected residents – Continue to safely in communication activities, cough etiquette, option of surgical masks, hand sanitiser, pre and post activity, one on one as needed, Partnerships in care.
- Affected resident – One on one, activity book, Chaplain as requested (social and spiritual), promote visitation, Partnerships in care program. Use or alternative communication such as Zoom, WhatsApp etc.
- When provided one and one, lifestyle social, emotional and spiritual support ensure when interacting with infected residents that non affected affected residents are attended first (one on one).

- At Buckland we utilise alternative arrangement for clinical arrangements in an event of an outbreak situation
 1. Telehealth
 2. Phone call GPs
 3. Vacs Team
 4. 1300 sick
 5. Rapid response ambulance
 - Refer to commonwealth health department prevent and prepare for covid19 in residential health care.

29. Partnerships in care

During an exposure and or outbreak, Buckland supports the industry code for visiting residential aged care homes which was developed by aged care peak bodies and consumer advocacy organisations.

In addition to this, Buckland makes decisions and supports the advice to residential aged care facilities by the Ministry of Health and any Public Health Order/s.

Additional restrictions and changes to visitation rules apply in the event of an outbreak. Our visitor management plan considers the needs of residents in the last day of their lives.

We are aiming to facilitate end of life support through family members in the event of an outbreak, including face to face access to your loved ones, however NBMLHD – Public Health Unit will ultimately determine accessibility to the facility. Access to the facility will be based on a comprehensive risk assessment completed by a Registered Nurse or the IPC Lead and family members will be asked to sign a health declaration and adhere to conditions of entry.

Regardless of the circumstances our primary goal will be to enable resident access through virtual communication as well as window visits to minimise the risk for all stakeholders involved.

This program access to provide care and companionship to residents they already support at Buckland. (See program) includes education resources e.g., factsheets and references to online modules.

Partnerships in care available at reception as well as Buckland website and Admission Packs and all new admissions receive the information in Partnerships in Care.



The Aged Care Quality and Safety Commission recognises the importance of social engagement and the continuity of close relationships for the health and wellbeing of aged care residents. We also know there can be negative health impacts when these relationships are restricted during COVID-19 outbreaks or similar circumstances.

Joining a Partnerships in care (PIC) program will help you to continue to provide care and companionship to the person you already support in residential aged care, even during periods of outbreak. This includes increasing your skills in infection prevention and control and formalising your care arrangements with the aged care home.

agedcarequality.gov.au

Partnerships in care take a person-centred approach to promoting existing relationships of care between a resident and their family members or close friends.

Partnerships in care build on recent public health advice relating to access for visitors to aged care residents including the [Industry Code for Visiting Residential Aged Care Homes During COVID-19](#) and the [Interim Guidance on Managing Public Health Restrictions on Residential Aged Care Facilities](#).

There are many different types of visitor arrangements, including specific arrangements during an outbreak. It is the right of the resident to request at least one visitor, even in an outbreak. Visitor access in an outbreak will always be subject to a risk assessment.

1



Who are partners in care?

A partner in care (also referred to as a partner) is a person identified by the aged care resident, or their representative, who they have a close and continuing relationship with, such as a family member or close friend. A partner regularly visits and provides care and companionship to the aged care resident.

Partners in care may provide support such as:

- helping with dressing
- sharing stories, food or other pastimes
- helping to practise exercise routines
- helping to visit places of special interest.

A partner in care is not a casual visitor, a visitor not providing an aspect of care, or a visitor who the resident does not want to have assisting with their care.

What are the benefits of partnerships in care?

Becoming a partner can help:

- keep families together to support each other through life experiences and times of need
- support the daily routines of people living in aged care homes including during infectious outbreaks
- decrease the psycho-social impacts associated with visitor restrictions, lockdowns and sustained social isolation including loneliness, anxiety, boredom, fear and depression and cognitive decline
- you learn or improve your knowledge and skills around infection control practices and other caring skills.

How to join a Partnerships in care program?

- 1.** Have a look at the information and resources available on the Commission's website. They will give you an opportunity to learn key infection control practices and what to expect in an outbreak.
- 2.** If your family member or close friend lives in an aged care home and identifies you as their partner in care, talk to the aged care home to see if you can join their PiC program.
- 3.** If the aged care home does not have a PiC program, encourage them to read about partnerships in care on the [Commission's website](#). If you'd like support to talk to an aged care home about partnerships in care you can contact the Older Persons Advocacy Network (OPAN) on **1800 700 600** or via their website – www.opan.org.au

What resources are available to help me?

The PiC resources have been developed by the Commission to help you build your skills in preventing the spread of germs. There are risks of infection any time you visit an aged care home, but as a partner you may be visiting during an outbreak or when the person you are caring for is COVID positive. We want to help you prepare, understand and manage the risks for you and others.

The PiC resources include a partner information package and online learning modules. You can access these resources on the [Commission's website](#).

While these resources are tailored for formal partners in care, the content is useful for all visitors to an aged care home.

30. Partnerships in care reference modules

- **Visiting essentials for partners in care** – an online learning module exploring infection prevention and control for partners in care.

This learning experience has been developed by the Aged Care Quality and Safety Commission (the Commission) as part of the suite of resources for partnerships in care. This learning is for partners, or potential partners in care, or for other visitors to aged care homes. It will introduce everyday visiting essentials to follow in a residential aged care setting to help keep you, the person you care for and others safe.

Use link below:

https://www.agedcarequality.gov.au/sites/default/files/minisite/static/d8cb2409-7635-41f9-8e10-034f77bde352/content/index.html#/lessons/zQjZpnWYmcOprVtb1BiNmGzCXp_5O_N5

- **Visiting essentials during an infectious outbreak** – an online learning module focusing on keeping safe during an infectious outbreak.

This learning experience has been developed by the Aged Care Quality and Safety Commission (the Commission) as part of the suite of resources for partnerships in care. This learning is for partners, or potential partners in care, or for other visitors to aged care home. Following from the introductory module, this module focuses on ways to keep you and the person you care for safe during an infectious outbreak.

Use link below:

https://www.agedcarequality.gov.au/sites/default/files/minisite/static/b96ddf93-1d39-41c6-ae3e-42682c5499ba/content/index.html#/lessons/_F_qh0N-lasL7uNVtdmlsHeQtDgPLfSa

- **Partner information package for family and friends of those in residential aged care.**

Use link below:

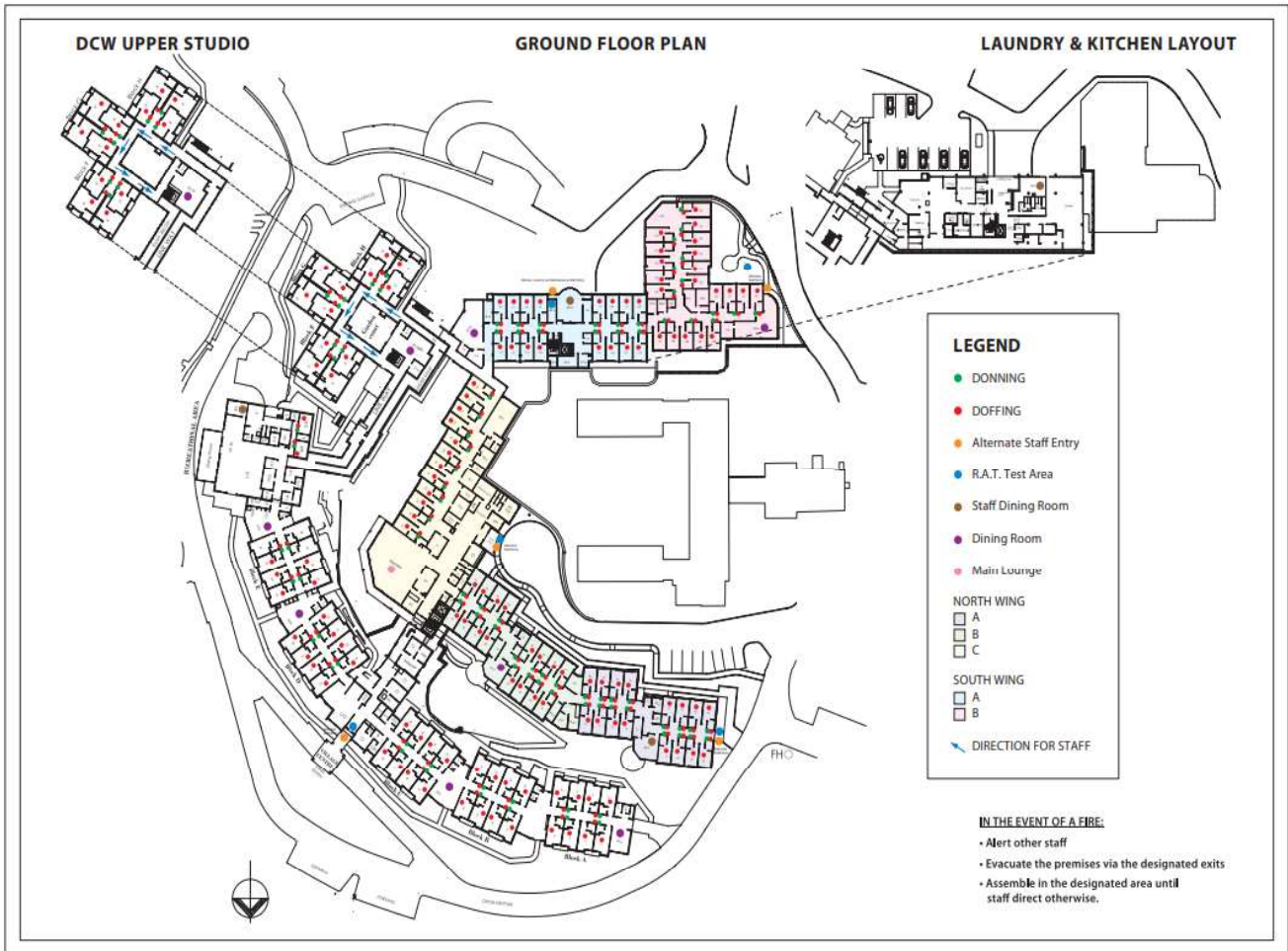
<https://www.agedcarequality.gov.au/sites/default/files/media/partnerships-in-care-partner-information-package.pdf>

- **Visiting During an Outbreak Reference Guide**

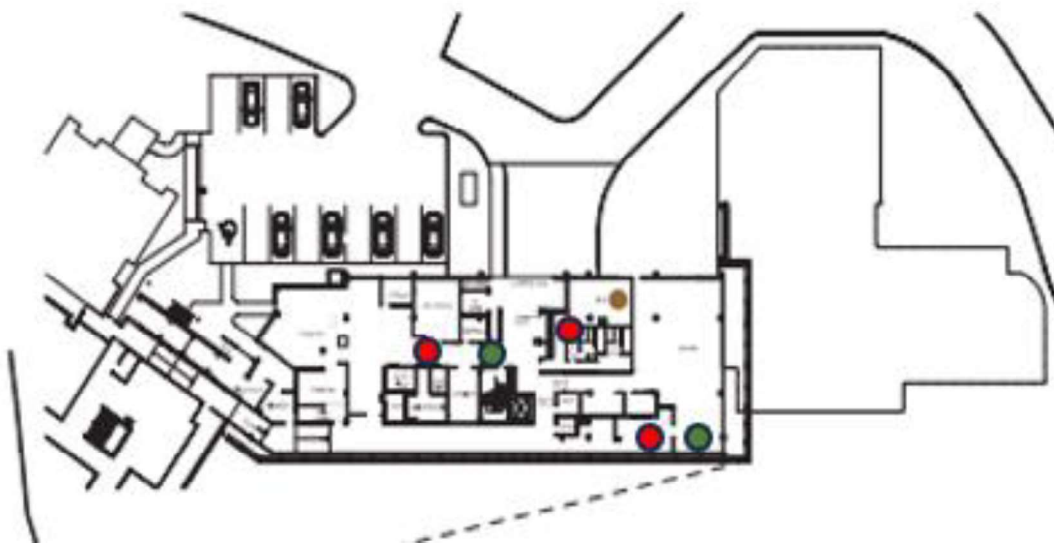
Use link below:

<https://www.agedcarequality.gov.au/sites/default/files/media/visiting-an-aged-care-home-during-an-outbreak.pdf>

31. Donning and Doffing Check Points



LAUNDRY & KITCHEN LAYOUT



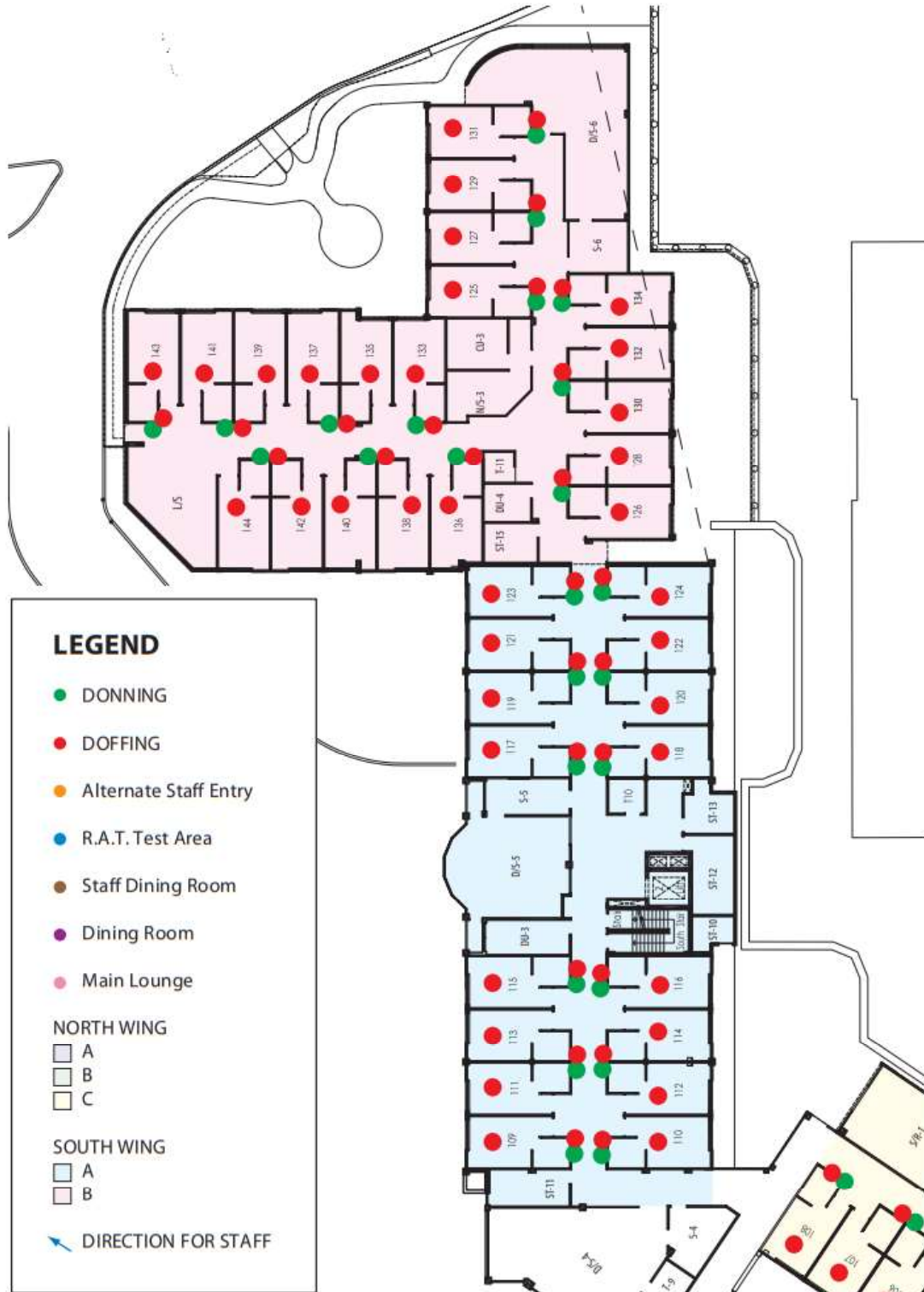
DCW UPPER STUDIO



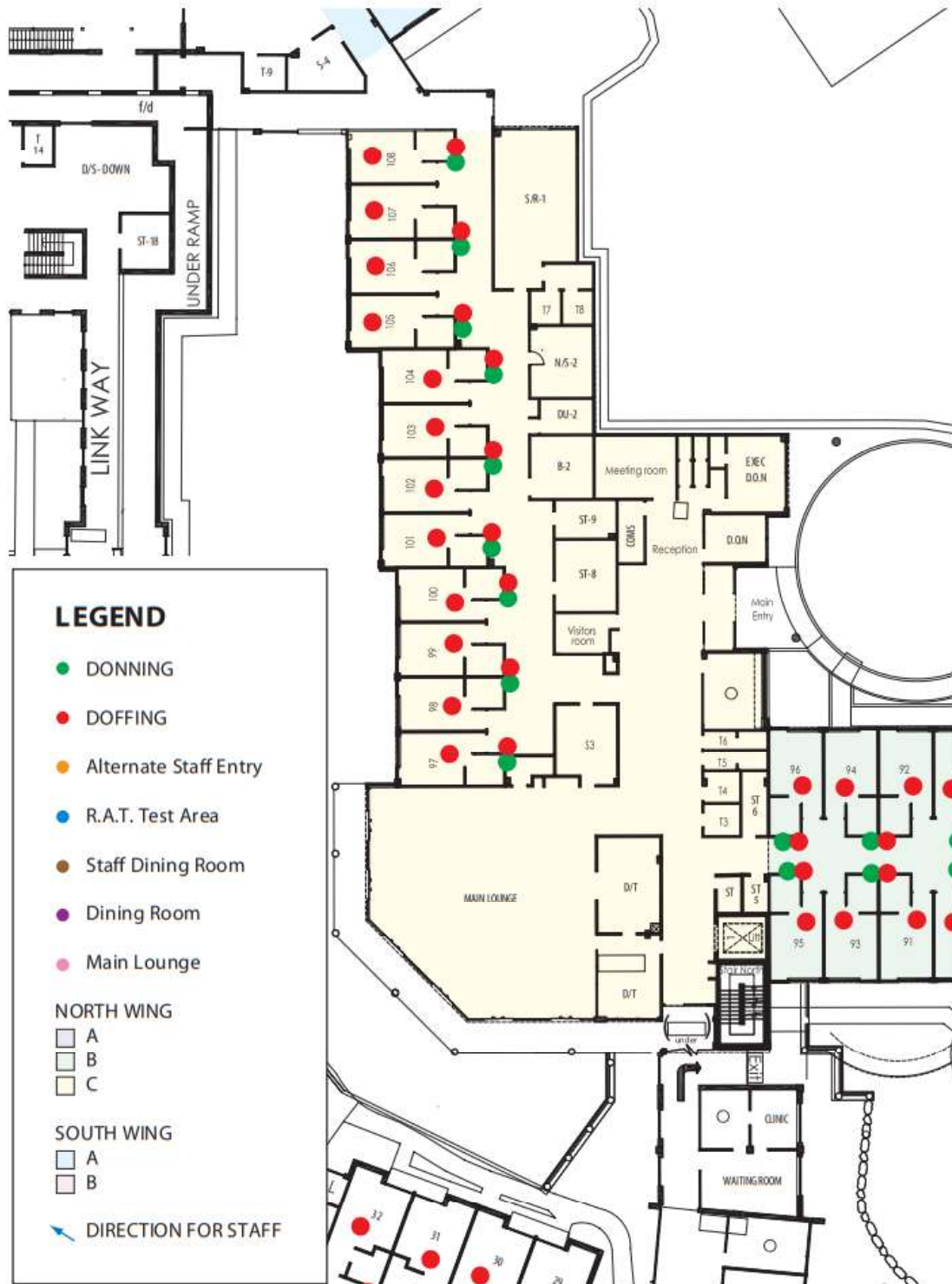
DCW LOWER STUDIO



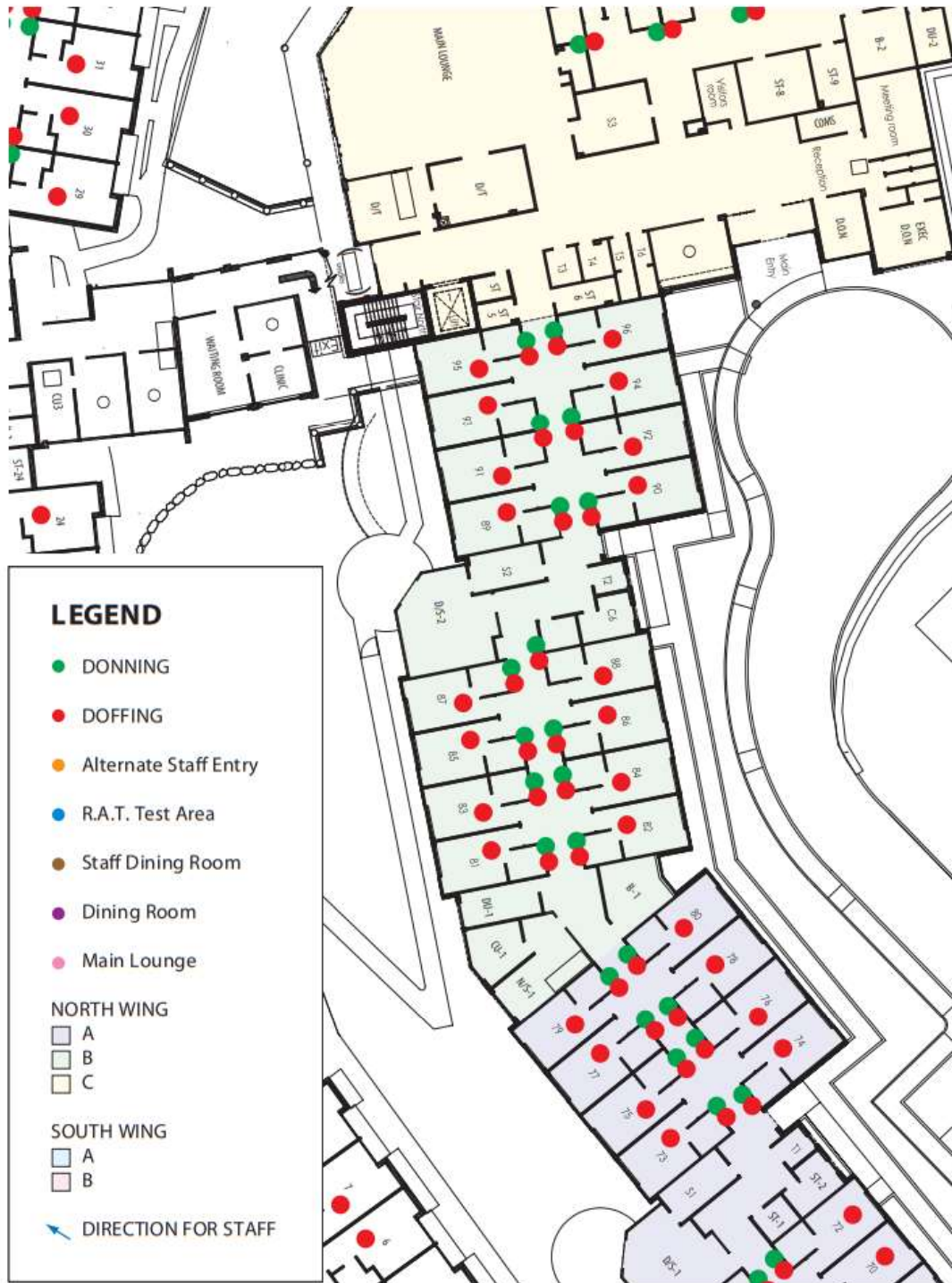
NURSING HOME SOUTH WING A-B



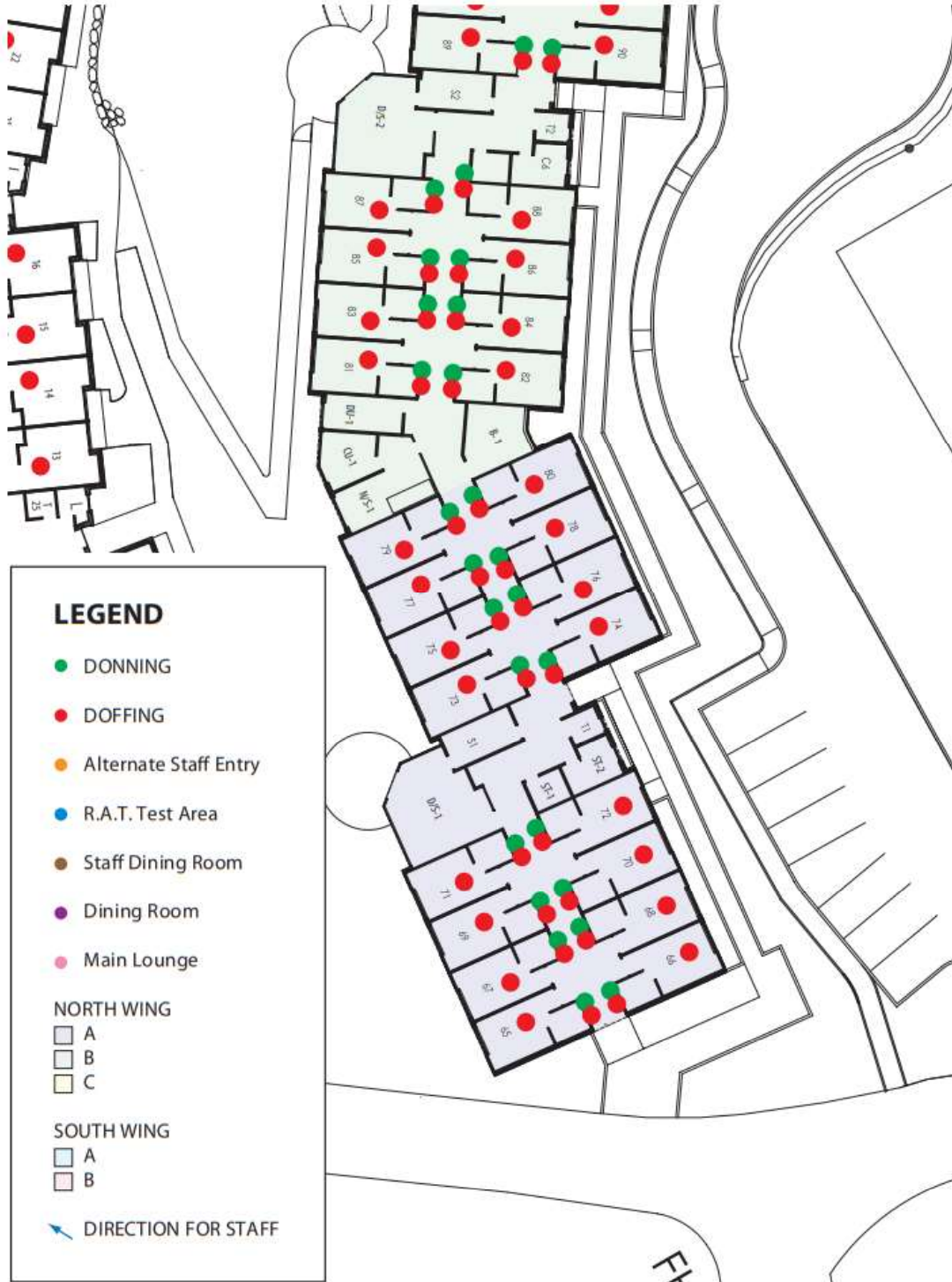
NURSING HOME NORTH WING C



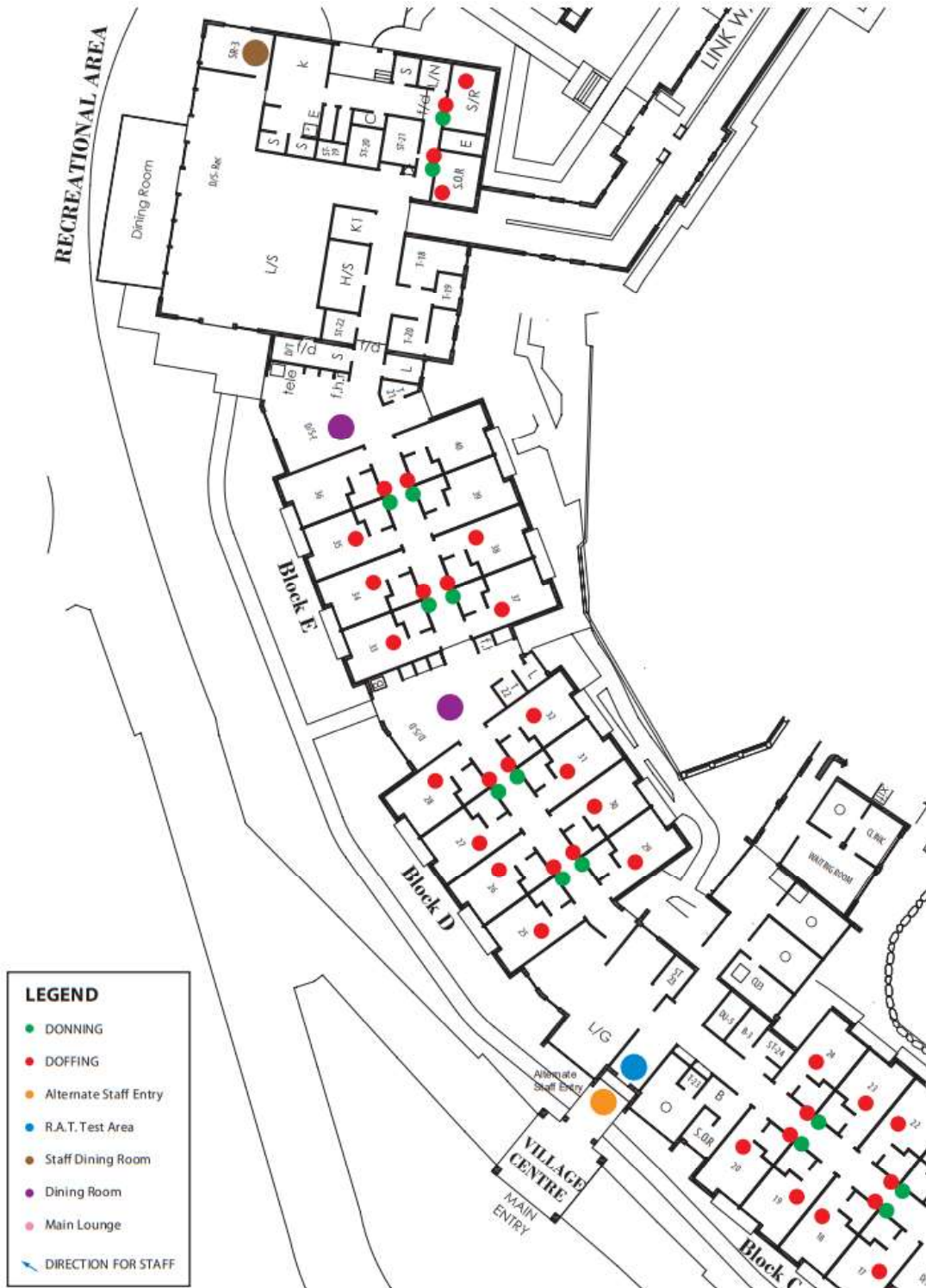
NURSING HOME NORTH WING B



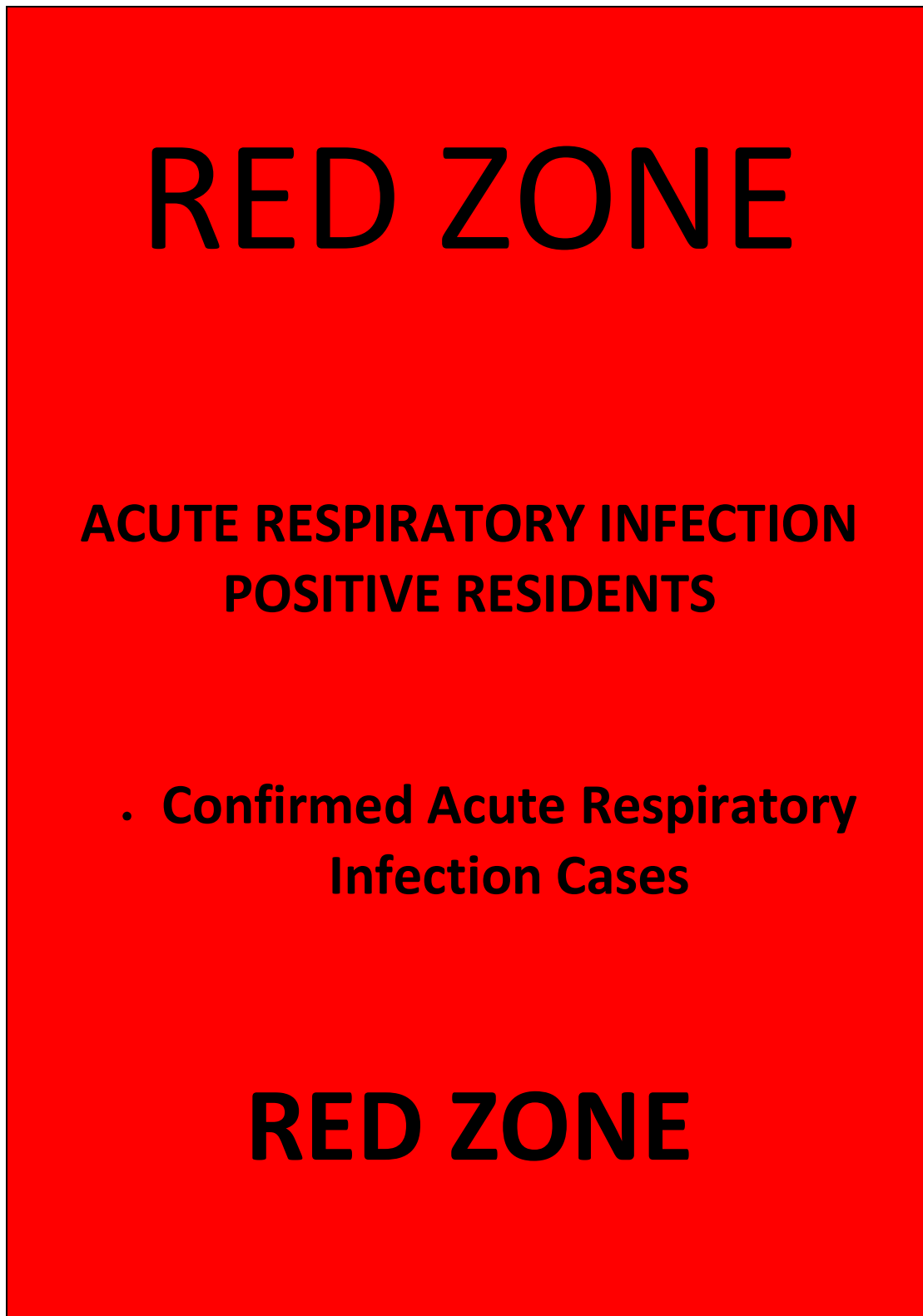
NURSING HOME NORTH WING A



DCW SOUTH



32. Signage



AMBER ZONE

Close Contacts or suspected cases of Acute Respiratory Infection

- **Areas for close contact in quarantine/self-isolation or suspected cases.**

AMBER ZONE

GREEN ZONE

AREAS THAT HAVE BEEN CLEARED OF HAVING ACUTE
RESPIRATORY INFECTION

- Areas for cleared residents.

GREEN ZONE

DOFFING STATION

1. Remove Gloves



2. Sanitise your hands



3. Remove Gown



4. Sanitise your hands.



MASK DONNING STATION

1. Sanitise your hands.



2. Apply mask.



3. Sanitise your hands.



4. Face shield/Goggles



5. Sanitise your hands.



MASK/SHIELD DOFFING STATION

1. Sanitise your hands



2. Remove face shield



3. Sanitise your hands



4. Remove mask



5. Sanitise your hands



DONNING STATION

1. Sanitise your hands.



2. Put on long sleeve gown.



3. Sanitise your hands.



4. Put on gloves.





VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff **Airborne precautions** in addition to standard precautions

Before entering room/care zone



1 Perform hand hygiene



2 Put on a particulate filter respirator (e.g. P2/N95) and perform a fit check



3 Put on protective eyewear



4 Perform hand hygiene

What else can you do to stop the spread of infections?

- Consider patient placement
- Use a negative pressure room, where available
- Keep door closed at all times
- Minimise patient movement.

At doorway prior to leaving room/care zone



1 Perform hand hygiene



2 Leave the room/care zone



3 Perform hand hygiene (in the anteroom/outside the room/care zone)



4 Remove protective eyewear (in the anteroom/outside the room/care zone)



5 Perform hand hygiene (in the anteroom/outside the room/care zone)



6 Remove and dispose of particulate filter respirator (in an anteroom/outside the room/care zone)



7 Perform hand hygiene

Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)*
- Use respiratory hygiene and cough etiquette

- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment

- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
- Handle and dispose of used linen safely

*When used as part of **standard precautions**, PPE protects against probable exposure to blood and body substances. When used as part of **transmission-based precautions**, PPE serves as a barrier to specific means of transmission of infectious agents.

Standard precautions

Standard precautions must always be used when caring for all patients, regardless of their infection status



Perform hand hygiene



Clean and reprocess reusable patient equipment



Use personal protective equipment (PPE)*



Perform routine environmental cleaning



Use respiratory hygiene and cough etiquette



Handle and store waste safely



Use aseptic technique



Handle and store linen safely



Use and dispose of sharps safely

*When used as part of **standard precautions**, PPE protects against probable exposure to blood and body substances. When used as part of **transmission-based precautions**, PPE serves as a barrier to specific means of transmission of infectious agents.

PPE image reproduced with permission of the NSW Clinical Excellence Commission.

33. Key Resources

1. CDNA Guidelines – <https://www.health.gov.au/sites/default/files/documents/2022/10/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units.pdf>
2. below infection Prevention and Control Expert Group-<https://www.health.gov.au/sites/default/files/2022-12/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf>
3. ATAGI - <https://www.health.gov.au/news/atagi-update-on-the-covid-19-vaccination-program>
4. Dining Experience - https://www.agedcarequality.gov.au/sites/default/files/media/ps-getting_the_dining_experience_right_fact_sheet.pdf
5. ARI Guidelines - <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/racf-ari-guidance.pdf>
6. Industry Code for Visiting Residential Aged Care Homes during COVID-19
<https://agedcare.royalcommission.gov.au/system/files/2020-10/CTH.4000.0001.1959.pdf>
7. National COVID – 19 Health Management Plan for 2023 https://www.health.gov.au/sites/default/files/2022-12/national-covid-19-health-management-plan-for-2023_0.pdf
8. Advice to residential aged care Facilities <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-latest-advice.aspx>
9. NSW respiratory surveillance reports - <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>
10. Laundry Standards -<https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as4000/4100/4146.pdf>
11. Clinical Excellence Commission COVID 19 – Infection Prevention and control
<https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/COVID-19>
12. Suppliers List (refer to the below Nursing home Stocktake Main store book) or located in Z Drive, under NH Stores.
13. 5 Moments of Hand Hygiene - [https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_21](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_21)
14. collection of nasal swab - <https://www.health.gov.au/sites/default/files/documents/2020/06/phIn-guidance-covid-19-swab-collection-upper-respiratory-specimen.pdf>

BUCKLAND NURSING HOME STOCKTAKE

MAIN STORE – LOWER GROUND (BEHIND ROLLER DOOR)

Date

To be undertaken after all Cleaners Room and Kitchen General Stores have been replenished.

STORE ITEM	CODE	UNIT / PACK	CURRENT	MAXIMUM	ORDER
VERIDIA (818)					
		www.caterex.com.au	Phone: 1300 228 222		
Garbage Bag 73L – Black	20518	CTN / 5x50		20 CTNS	
Apron Plastic – Disposable White	20557	CTN / 10x100		5 PKTS	
RAID Odourless Insect Spray	15829	CAN		10 EA	
RAID Residual Surface Spray	15831	CAN		10 EA	
Goggles	10796	MINIMUM / 6		2 EA	
DEB Cutan Alcohol Foam Sanitiser 400mL (12)	19107	CTN / 12		2 CTNS	
DEB Cutan Alcohol Foam Sanitiser 1L Cartridge (6)	19103	CTN / 6		1 CTN	
CHEMPACK					
		https://www.chem-pack.com.au/	Phone: 02 8538 9500		
Gloves Clear P/Free – Small	01-3100-04-02	CTN / 10		20 CTNS	
Gloves Clear P/Free – Med	01-3100-04-03	CTN / 10		30 CTNS	
Gloves Clear P/Free – Large	01-3100-04-04	CTN / 10		30 CTNS	
Gloves Clear P/Free – XL	01-3100-04-05	CTN / 10		30 CTNS	
Paper Towel – UltraSoft 23 x 24cm	TAD2400	CTN / 20		30 CTNS	
Tissues	AFT	CTN / 48		10 CTNS	
Toilet Paper Rolls – 700 Sheet	P700	CTN / 48		12 CTNS	
Bin Liners 36L – White	WH36LT	CTN / 1000		10 CTNS	
Garbage Bag 240L – Black	PR240LT	CTN / 100		20 CTNS	
Clinical Waste Bag 80L – Yellow	YW7010	CTN / 250		10 CTNS	
Gloves Pink S/L Utility – Size 7	GLVSL075PV	DOZ		12 PKTS	
Gloves Pink S/L Utility – Size 8	GLVSL080PV	DOZ		12 PKTS	
Gloves Pink S/L Utility – Size 9	GLVSL090PV	DOZ		12 PKTS	
Gloves Blue S/L Utility – Size 7.5	GLVSL075BV	DOZ		12 PKTS	
Gloves Blue S/L Utility – Size 8	GLVSL080BV	DOZ		12 PKTS	
Gloves Blue S/L Utility – Size 9	GLVSL090BV	DOZ		12 PKTS	

STORE ITEM	CODE	UNIT / PACK	CURRENT	MAXIMUM	ORDER
Toilet Brush and Holder	B12302	EA		10 EA	
Dustpan & Broom – Tall, Green	B-11115G	EA		3 EA	
Dustpan & Broom – Small, Green	B10207G	EA		5 EA	
Scourers – Green	18119	PACK / 10		24 PACKS	
EBOS https://www.eboshealthcare.com.au/ Phone 1800 289 534					
Alginate Laundry Bag Red	CCXSSEAM-R	CTN / 200		8 CTNS	
Alginate Laundry Bag Yellow	CCXSSEAM-Y	CTN / 200		2 CTNS	
WINC www.winc.com.au Phone: 13 26 44					
Orange Squirt - 5L	18815413	EA		2 EA	
SETONS (2720081) seaton_aust@seton.com Phone: 1800 651 173					
Ear Muffs	A24818	EA		2 EA	
NILFISK (026384) Phone: 1800 011 013					
Vacuum Bags	81620000	PACK / 5		10 PACKS	
BIO Natural Solutions www.bnsolutions.com.au Phone: 1300730551					
Wee Off Stain & Odour Remover 750ml	WO0041	BOX / 12		3 BOXES	
Stocktake Completed by: _____ Date: _____					
Once stocktake has been completed please give book to Facility Manager					
Approved by: _____ Date: _____					
Once approved please give book to Administration Support Officer					
Supplier Name	Purchase Order Number	Purchased By Name	Date Submitted	Date Stock Received	
VERIDIA					
WINC					
SETONS					
NILFISK					
BIO NATURAL SOLUTIONS					
CHEMPACK					
EBOS					

NOTE: Before ordering gloves and aprons check the storage in Buckland House

OUTBREAK MANAGEMENT PLAN		Yes	No
<i>Question 3 to 14 completed during review of the Outbreak Management Plan</i>			
5	Does plan include a list of people with allocated roles and contact details including alternative staff contacts? Clear staffing plan for immediate support, information, and guidance for on-site staff unfamiliar with environment, processes, and individual consumers at all times i.e., every shift?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is there a current staff list with contact details, including detailed rosters and a mechanism for managing risk where staff may work across multiple aged care/disability/health care services or multiple sites?	<input type="checkbox"/>	<input type="checkbox"/>
7	Is there a list (spreadsheet) of all consumers including recent photos, room numbers, vaccination status and emergency contact details?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there process to identify consumers when familiar staff are not present e.g., wristbands?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are Medicare numbers for all consumers able to be accessed when needed?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does plan include other key points of contacts such as the PHU; Department of Health and Aged Care; GPs including after-hours GP contacts and other visiting staff; PPE stockists; surge workforce organisations; clinical waste contractor (increase frequency of bin collection)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the service have a floor plan readily available to support isolating positive consumers and/or symptomatic consumers if required?	<input type="checkbox"/>	<input type="checkbox"/>
11	Does the plan outline:		
	The approach for managing all potential outbreaks including COVID-19, Acute Respiratory Illness (ARI) and gastrointestinal infections?	<input type="checkbox"/>	<input type="checkbox"/>
	The approach for managing a COVID-19 exposure?	<input type="checkbox"/>	<input type="checkbox"/>
	The process for managing an outbreak of COVID-19, ARI, or gastroenteritis?	<input type="checkbox"/>	<input type="checkbox"/>
	The process for identifying and defining the risk of specific exposures and the quarantine and isolation requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	How staff will be assigned to teams to support cohorting/isolating positive consumers?	<input type="checkbox"/>	<input type="checkbox"/>
	Processes for clinical handover?	<input type="checkbox"/>	<input type="checkbox"/>
	Guidelines to determine the decision-making process for considering when a COVID-19 positive or ARI confirmed consumer may transfer to hospital? *	<input type="checkbox"/>	<input type="checkbox"/>
	Details of arrangements for GP or equivalent medical access during an outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
	The service's Communication protocol and plan? (Consumers, staff, families, external bodies, and professionals)	<input type="checkbox"/>	<input type="checkbox"/>
Access details to electronic records by all relevant parties, including contingency plan for loss of electronic records?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Are there contingency plans if practical to safely move and isolate COVID-19 or ARI positive consumers in a single room/share with another positive consumer with ensuite/separate bathroom or if bathrooms are shared, commodes are used to minimise sharing bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>

OUTBREAK MANAGEMENT PLAN		Yes	No
<i>Question 3 to 14 completed during review of the Outbreak Management Plan</i>			
13	Is there prepared signage to communicate an outbreak and to identify areas that are active COVID-19 or ARI consumers zone/cohorts?	<input type="checkbox"/>	<input type="checkbox"/>
14	Is there a process to identify staff who actually worked on relevant dates (not just a roster), to determine dates, shifts and areas of work, and the consumers they cared for?	<input type="checkbox"/>	<input type="checkbox"/>
If no to any of the above, or the service does not have a current trained IPC lead for the service provide details and areas of improvement: Click to enter text.			

PERSONAL PROTECTIVE EQUIPMENT (PPE)		Yes	No	Not Required*
<i>Responses to question 15 to 31 completed based on PPE observations;</i>				
PPE supply and storage				
15	Does the service have sufficient PPE to manage the initial phase of an outbreak until they can access their further supply (including gloves, long sleeve fluid resistant gowns, eye protection, surgical and P2/N95 masks)?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Has an area been identified for bulk stocks of PPE (pallets) to be safely delivered, received, and stored?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Are PPE stock levels monitored, stored securely and always accessible by a designated person?	<input type="checkbox"/>	<input type="checkbox"/>	
18	Is PPE readily available and in easy reach of staff who require it (including masks, gowns, gloves, face shields/eye protection, hand sanitiser, waste disposal bins and liners)?	<input type="checkbox"/>	<input type="checkbox"/>	
PPE usage				
19	Does the service have a process for overseeing and monitoring that staff are using the required PPE, and using PPE correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
20	Are there separate areas/stations for PPE donning and doffing that are clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Are posters/instructions on donning/doffing PPE available	<input type="checkbox"/>	<input type="checkbox"/>	
22	Where PPE is required, are staff donning and doffing PPE correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Where PPE is required, are staff correctly applying PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Where required, is appropriate PPE used by staff with different roles (care/non-care staff)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	If required, is everyone (except consumers) in the service wearing the type of mask specified by the relevant State or Territory Health Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	If required, are staff wearing face shields or other protective eyewear in addition to masks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROTECTIVE EQUIPMENT (PPE) <i>Responses to question 15 to 31 completed based on PPE observations;</i>		Yes	No	Not Required*
27	Are staff undertaking good hand hygiene practices and changing gloves (if applicable) between consumers?	<input type="checkbox"/>	<input type="checkbox"/>	
28	Where PPE is required, were staff observed not to be touching their face or mask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE disposal				
29	Are there sufficient and appropriate waste bins available which are emptied frequently enough?	<input type="checkbox"/>	<input type="checkbox"/>	
30	Are staff disposing of PPE correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
31	Is the waste service sufficient to ensure adequate waste removal from site (large volume in outbreak)?	<input type="checkbox"/>	<input type="checkbox"/>	I
If no to any of the above, provide details and areas of improvement: Click to enter text.				

INFECTION CONTROL MEASURES <i>Responses to question 32 to 41 completed based on infection control observations;</i>		Yes	No	Not Required*
Hand hygiene				
32	Are hand washing and/or alcohol-based hand sanitiser stations readily available for staff, consumers, and visitors in all areas of the service including in kitchen, laundry areas?	<input type="checkbox"/>	<input type="checkbox"/>	
33	Is there hand wash available at all hand basins and in bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>	
34	Are acceptable hand washing frequency and techniques being used by staff, consumers, and visitors?	<input type="checkbox"/>	<input type="checkbox"/>	
Environment/Equipment Cleaning				
35	Adequate supplies are in place for increased frequency of cleaning particularly high touch surfaces, including detergent for cleaning, approved disinfectant, and disinfectant wipes?	<input type="checkbox"/>	<input type="checkbox"/>	
36	Is all shared equipment being cleaned and disinfected between consumers?	<input type="checkbox"/>	<input type="checkbox"/>	
37	Is shared equipment such as telephones and computers, door handles, rails, chair arms and other high touch items being cleaned and disinfected after each use?	<input type="checkbox"/>	<input type="checkbox"/>	
38	Are there appropriate cleaning directions and cleaning supplies for high-risk spaces including areas in isolation, staff meeting spaces, shared and separate bathrooms, kitchen, laundry, and medication administration?	<input type="checkbox"/>	<input type="checkbox"/>	
Other Preventative Strategies				
39	Are all staff and consumers using own drink bottles and/or are there appropriate management plans for communal taps or fountains (as high touch points)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFECTION CONTROL MEASURES		Yes	No	Not Required*
<i>Responses to question 32 to 41 completed based on infection control observations;</i>				
40	Are all staff and consumers screened daily for symptoms (fever, acute respiratory symptoms and change in behaviour in consumers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Are visitors attending the service as per any visitor access/restriction requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no to any of the above, provide details and areas of improvement: Click to enter text.				

WORKFORCE		Yes	No
<i>Responses to questions 42 to 47 completed based on interview with the person in charge during the entry meeting and observations of the workforce;</i>			
42	Is there a process for orientation, induction and training in PPE and infection control, including for agency staff and/or surge workforce for each shift?	<input type="checkbox"/>	<input type="checkbox"/>
43	Is a process in place to ensure staff competency following PPE and infection control training that is consistent with public health directions and best practice guidance? This includes how the service satisfies itself that all staff are able to adhere to hand hygiene and PPE requirements at all times and across all shifts, such as donning and doffing PPE. This includes ensuring staff competency for any anticipated increase in the use of PPE, for example, through PPE drills. Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
44	A process is in place to determine and record staff and consumer COVID vaccination and Influenza vaccination status (whether voluntarily or as required under a law of a State or Territory)? Include monitoring when next doses due and enabling access.	<input type="checkbox"/>	<input type="checkbox"/>
45	There is a surge contingency staffing plan if a significant number of staff become sick or require quarantining (may include access details to the temporary surge workforce through the Department of Health and Aged Care)?	<input type="checkbox"/>	<input type="checkbox"/>
46	Clear handover arrangements occur for consumers' individual risks, care needs, social needs, and monitoring requirements?	<input type="checkbox"/>	<input type="checkbox"/>
47	The service has determined how it can resource cleaning staff and supplies, including induction and training at surge periods? New product	<input type="checkbox"/>	<input type="checkbox"/>
If no or unchecked to any of the above, provide details and areas of improvement: Click to enter text.			

COMMUNICATIONS AND SIGNAGE		Yes	No
<i>Responses to question 48 to 50 completed based on observations of communications and signage; 'yes' and 'no',</i>			
48	Service has notice boards, signs, and other sources of information throughout the premises for staff, consumers and visitors on infection prevention and control including:		

COMMUNICATIONS AND SIGNAGE		Yes	No
<i>Responses to question 48 to 50 completed based on observations of communications and signage; 'yes' and 'no',</i>			
	Hand hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cough etiquette	<input type="checkbox"/>	<input type="checkbox"/>
	Physical distancing/staying 1.5m away from other people <i>based on each State/Territory health directions</i> (Staff/Visitors)	<input type="checkbox"/>	<input type="checkbox"/>
	Advice to stay at home even with the mildest of symptoms or possible exposure/close contact to COVID-19 positive person or person with other infectious disease symptoms	<input type="checkbox"/>	<input type="checkbox"/>
	Density signage is displayed based on each State/Territory health directions	<input type="checkbox"/>	<input type="checkbox"/>
49	Information materials and signs are language appropriate for the consumers, staff, and visitors of the service?	<input type="checkbox"/>	<input type="checkbox"/>
50	The service has signage and processes in place to monitor staff physical distancing, e.g., during handover, breaks, entry, and exit, and including remaining in separated and defined work zones based on each State/Territory health directions.	<input type="checkbox"/>	<input type="checkbox"/>
If no or unchecked to any of the above, provide details and areas of improvement: Click to enter text.			

CONSUMERS		Yes	No
<i>Responses to question 51 to 64 completed based on observations; 'yes' and 'no'</i>			
51	Has the service spoken to all consumers and/or consumer representatives and documented consent or the decision to refuse antiviral treatment for the consumer?	<input type="checkbox"/>	<input type="checkbox"/>
52	Is the information on consumer consent or decision to refuse antivirals accessible to staff, including out of hours?	<input type="checkbox"/>	<input type="checkbox"/>
53	Is there a process to re-discuss antiviral use and consent with consumers who test COVID-19 positive and/or consumer representatives who make the decision to refuse antiviral treatment?	<input type="checkbox"/>	<input type="checkbox"/>
54	Has the service spoken to consumer medical officers to plan for review of consumer health status and prescribing of antivirals for consumers who test positive to COVID-19 including out of hours?	<input type="checkbox"/>	<input type="checkbox"/>
55	Has the service contacted their pharmacy/pharmacies to ensure availability of antiviral medication including out of hours?	<input type="checkbox"/>	<input type="checkbox"/>
56	Has the service provided education and training to staff on the use and administration of antivirals for consumers including where there may be swallowing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
57	Are consumers able to move freely outside of their rooms	<input type="checkbox"/>	<input type="checkbox"/>
58	Is the service aware of the Industry Code for Visiting in Aged Care Homes?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CONSUMERS		Yes	No
<i>Responses to question 51 to 64 completed based on observations; 'yes' and 'no'</i>			
59	Are consumers and visitors observed to be participating in visits in line with the service's policies and procedures and the principles of person-centred care (as outlined in the Partnerships in Care Fact sheet)?	<input type="checkbox"/>	<input type="checkbox"/>
60	Does the service have a documented risk-based approach to facilitate essential visitors to all consumers including during an outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
61	Does the service have a documented process to ensure non-essential visitors can have contact with consumers if they become COVID-19 positive or have another viral illness?	<input type="checkbox"/>	<input type="checkbox"/>
62	Does the service ensure access to volunteers continues during an outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
63	Does the service ensure access for visitors to unaffected parts of the service during an outbreak?	<input type="checkbox"/>	<input type="checkbox"/>
64	Does the service ensure that consumer risks are managed during an outbreak including nutrition, psychosocial and physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If no to any of the above or are unchecked, provide details and areas of improvement: Click to enter text.			
General consumer observations: Click to add your observations of consumers within the service.			

BUCKLAND DOCTORS CONTACT DETAILS ✂

DOCTOR	SURGERY	SURGERY ADDRESS	AH ON CALL	AH DOCTOR SPECIFIC	AH PRIV
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