NDS: Safer and Stronger – Disability Services and COVID-19 webinar

Friday 25th September 2020, 10:00am – 11:00am (AEDST)
Welcome and Introductions

Sarah Fordyce – Victorian State Manager (Acting), NDS
Agenda

• DHHS update
  • James MacIsaac, Executive Director Disability, Disability and Communities Branch, DHHS

• Public Health update
  • Professor John Catford, Senior Medical Adviser, DHHS

• NDIA update
  • Stephen Broadfoot, Branch Manager, Provider Engagement Branch, NDIA

• WorkSafe update
  • Brianna Doolan, Project Officer WorkWell Program, WorkSafe

• Provider Perspective
  • Lynette McKeown, National Director, Quality & NDIS Residential, Able Australia

• Q&A
  • Facilitated by Sarah Fordyce, NDS
DHHS Update

James MacIsaac
Executive Director Disability, Disability and Communities Branch
Department of Health and Human Services
NDSV Safer and Stronger Webinar

COVID-19 and Disability

Update 25 September 2020
James MacIsaac, Executive Director, Disability
Department of Health and Human Services


COVID-19 hotline 1800 675 398
COVID-19 outbreaks in disability settings

As at 24 September, there are 11 active cases of COVID-19 in disability and community setting (including SRSs)

4 cases are in facility based settings
• 4 staff members and 0 residents / participants

7 cases are in community based settings (including SRSs)
• 6 staff members and 1 participant.

A total of 5 facility based sites are currently affected.
Day to day PPE requirements during the pandemic

Disability residential services must have sufficient supply of:

- PPE to meet the usual day to day requirements of everyday living. Day to day requirements will vary based on resident support needs.

- Single use surgical face-masks and eye protection for all staff to meet the current prevention requirements in response to the COVID-19 pandemic:
  - Enough face masks to allow for a new mask at least every four hours
  - Enough eye protection for each staff member to have their own – not shared

- Face-masks for residents to wear when they are out and about in the community (reusable or single use surgical).

How many days of PPE should services store?

- Consider how often an order will be placed, and ensure that enough days of supply on hand to cover that period, the delivery delay and a safety margin.
Training in the use of PPE

• Ensure staff know how to don and doff PPE safely and dispose of contaminated PPE.

• Ensure that in ordering outbreak PPE, allowance is made for every staff member to utilise at least one set of PPE in a training exercise.

• Face to face training and fit testing in PPE is recommended. NDS is working to support disability services to strengthen their relationships with local health services. Some are available to support individual organisations. DHHS is working with NDS to support further face to face training options, and is also providing some directly through the IPC nurses (IPCON@dhhs.vic.gov.au).

• E-learning modules on COVIDSafe, PPE and Use of P2/N95 masks are available at: https://health.evelearningex.com/
PPE requirements in preparedness for outbreak

• When preparing for an outbreak in a residential service, providers should ensure each site has at least 2-3 days supply of outbreak PPE kits.

• Check with your usual PPE supplier – is it sufficient to have 2-3 days stock to cover you until additional stock can be delivered? If not, order additional stock to cover the expected delivery period.

• In addition to having outbreak PPE kits available at each residential site, you should also have 2 or 3 outbreak PPE kits available in a centrally located office, that can be quickly deployed to residential sites as a back up if needed.

• For a 14-day outbreak, it is estimated that about six medium-sized boxes of PPE will be required. Consider storage requirements when planning and have your order ready to go.

Advice about the types of PPE required when a client has COVID-19 or is a close contact is available at https://www.dhhs.vic.gov.au/ppe-community-service-providers-prevention-covid-19.
Providers are expected to have sufficient PPE supply available through their usual suppliers. Always ensure that PPE is Therapeutic Goods Administration (TGA) approved.

NDIS providers can claim the additional cost of PPE for support workers through the NDIS. Information is available at: https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19/connecting-and-helping-participants#ppe

If PPE is not available through the provider’s usual supplier then approach other sources.

- Disability providers funded under the National Disability Insurance Agency (NDIA) have access to the National Medical Stockpile and can request PPE by emailing: NDISCOVIDPPE@health.gov.au
- Disability providers funded by DHHS and NDIS can request PPE via the department’s centrally managed inbox: CSPPE@dhhs.vic.gov.au.
Recognising current PPE supply challenges

Health services and Infection Prevention and Control teams visiting services have reported gaps in PPE on site. In some cases they have provided short term supply, or assisted by linking providers with local health services.

We are aware that some providers have had issues accessing P2/N95 masks in particular, and we urge providers not to purchase different masks or brands that are not TGA approved instead.

We are working with the sector to provide a ready reckoner that will help providers estimate how much PPE they need for day to day infection prevention during the pandemic, how much they need to have on hand in case of outbreak and how to plan ahead for outbreak quantities.

This will help providers to have good engagement with PPE suppliers and put in place these arrangements systematically and ahead of time. In the meantime we are working to provide further information about accessing PPE and working with the NDIA on the opportunity to facilitate a short term boost to supplies.
Worker mobility reduction payment initiative - update

COVID-19 Workplace Directions oblige employers to restrict worker mobility and workers to declare where they are working at more than one site.

Disability residential providers have made efforts to minimise the risk of COVID-19 cross infection by cohorting workers and restructuring rosters.

State and Commonwealth Governments have jointly funded the $15m Disability Worker Mobility Reduction Payment (DWMRP) initiative to further incentivise providers and workers to work at no more than two residential sites.

The initiative compensates workers for income lost as a result of reduced hours and providers for the additional costs associated with filling rosters.

NDIA and DHHS will make payments to NDIS/state funded providers respectively through existing funding mechanisms/contracts.

Public Health Update

Professor John Catford
Senior Medical Adviser
DHHS
NDIA update

Stephen Broadfoot
Branch Manager for Provider Engagement
NDIA
WorkSafe update

Brianna Doolan
Project Officer, WorkWell Program
Worksafe
Work-related factors are anything in the design or management of work that increases the risk of work-related mental injury. These are some common work-related risk factors:

- Low job control
- High and low job demands
- Poor support
- Poor workplace relationships
- Low role clarity
- Poor organisational change management
- Low recognition and reward
- Poor organisational justice
- Poor environmental conditions
- Remote and isolated work
- Violent or traumatic events
Work-related fatigue

- Consequence of work-related factor 'high job demand'
- Current environment - Increased demand for healthcare and social assistance services during COVID. This increases the risk of work-related fatigue in some healthcare employees through the following:
  - working additional shifts
  - working longer shifts
  - dealing with more intense workloads
  - not getting adequate breaks
WorkWell Toolkit

https://www.youtube.com/watch?v=ltGh4ipBDR8
WorkWell Toolkit

The WorkWell Toolkit is a free online tool

- **step by step** approach
- help employers **promote** mental health and **prevent** mental injury
- access to **tailored tools** and information
- **create an account** to access practical resources such as:
  - case studies
  - policy examples
  - videos
  - tip sheets
  - templates

- **track your progress** and share information

It is aimed at employers, focused on:

- Business owners
- Senior management
- Human Resources
- Occupational Health and Safety (OHS)
- Health and Wellbeing (H&WB)
Fatigue Action – WorkWell Toolkit

**Overview**

1. Recording an incident or 'near miss' where fatigue was a factor.

Share the tips for avoiding fatigue from Appendix 3 in WorkSafe's Fatigue prevention in the workplace with your staff to provide further awareness in your workplace.

**Step 1**

**Understand the impact of fatigue on workers**

Fatigue management in the healthcare, aged care, disability services and community services sectors is a complex issue that does not have a simple fix to suit every person and every workplace. Understanding some of the issues related to fatigue will help your workplace to prevent and manage the risk more effectively.

**Fatigue Management Policy and Procedure**

A sample fatigue management policy and procedure to help manage workplace risk associated with fatigue and to provide guidelines for rostering employees.

Download Doc 📄
Coronavirus (COVID-19) Resources


Provider Perspective

Lynette McKeown
National Director, Quality & NDIS Residential
Able Australia
COVID Lessons Learned

Lynette McKeown
National Director Quality and NDIS Residential
Case Study

► Client ‘cough’ → GP on-call → Admitted to hospital (1/9) → COVID + (3/9)
► COVID precautions within 1 hour @ Resi facility 1/9
► Four clients (close contacts) tested negative COVID
► Nine staff (close contacts) tested negative COVID
► One NDIS Residential home (staff work 1 site)
► Isolation space (staffed and ready for immediate stand-up) → not required
Incident Command Centre

**Incident Commander**
Defines the incident goals, operational objectives and success measures. Has overall accountability

Plans and coordinates tasks from daily activities to long-range planning, taking a data informed and best-practice approach

**Communications Officer** – Plans and enacts the incident communication strategy

**Liaison Officer** – liaises with government and other bodies/organisations. Is a defined contact point for external agencies

**Operations**
Establishes & enacts strategy and actions to meet incident goals and objectives
Key role connecting local operations to ICC

**Logistics**
Supports Command and Operations in their use of supplies and equipment
Performs activities required to maintain the functions of Operational facilities and services

**Planning**
Supports Command and operations in human resource planning, contingency planning
**Safety officer** – enacts safety approach

**Administration**
Supports Command and Operations with administrative issues as well as tracking and processing incident expenses
Logistics Officer

Role Leader: XXX

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed / When</th>
<th>Comments / Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pull requirements from ICC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure delivery of food and requirements to house/s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage PPE stock inventory and delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage transport requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage cleaning requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage clinical waste requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage laundry requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide other supports as required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaise with IT supports (including any new isolation spaces)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logistic support for clinical response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logistic support for isolation spaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe travel of clients to isolation spaces (if outside the client's home)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Liaison Officer

Role Leader: YYYY

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Completed / When</th>
<th>Comment / Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify NDIS commission (or Continuity of Support) of covid case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaise with DHHS (VC) or other state-based Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Obtain house staffing roster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Obtain client schedule / places visited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Obtain visitor / entry log from house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate Able Contact tracing as far as possible prior to DHHS call</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify NDIA for COVID funding to support client / house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify NDIA for suspected cases (client only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure Safety Officer has contacted WorkSafe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact point for inbound communication from external agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with DHHS (If Vic) Outbreak Management Team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed / When</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call team together noting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• COVID-19 may be mild through to more serious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Early detection and infection control are vital to reduce spread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PPE is basic protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control: PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure ALL staff have done hand hygiene training. Do refreshers on the spot if required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Talk through the Use of PPE Procedure with all staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure staff know where PPE is stored / hygiene Watch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[<a href="https://www.youtube.com/watch?v=Q2fT5q6u1xk">https://www.youtube.com/watch?v=Q2fT5q6u1xk</a>]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify isolation area (see below) and put up signs. Notify everyone of isolation area location.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Set up PPE station – clean table and or other areas where</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o PPE can be taken on and off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Include hand sanitiser and clinical waste bin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Must be just outside isolation area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Note: It is not necessary to store all PPE at this station, would instead advise keeping stocks in the office area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediately commence a deep clean of the house using all available staff. Use bleach solution if available, if not straight disinfectant. Deep cleaning is two step (1) wipe down all surfaces (to the point of creating friction) (2) apply bleach solution to surfaces, let sit for 10 mins then wipe off.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase cleaning of all areas to 4 x daily at a minimum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put all cleaning waste in the clinical waste bin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When doing laundry for the person with Covid-19 ensure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear gloves -&gt; bag all dirty clothes in plastic bag -&gt; wash separately -&gt; not wash &gt; 60 degrees -&gt; Wipe down all surfaces in laundry with disinfectant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All disposable items that come out of the isolation area should be disposed of in the clinical waste bin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise staff to change of clothes - each staff member to bring a change of clothes to change into at the start and end of each shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the client has been transported in an Able Australia car, organising cleaning. Car should be professionally cleaned if possible, or cleaned locally with bleach solution and disinfectant spray (if more than 60% Ethanol – eg. Glen 20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(insert cleaning contact details)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Isolation plans for clients: - DO

Confirm with all staff:
• Who
  o Which staff member will work with the client with suspected / confirmed Covid-19? |     |         |
  o What will other staff on shift do to support this? |     |         |
• Where
Site Support Team

**NOVICE**
25 staff
Volunteers / identified staff
(unsure, not confident, unskilled, willing)

**Weekly Sessions**
(6-8 sessions)
Team Building
Skill development PPE training
Education – e.g. infection control

**PROFICIENT**
20 staff
(confident, skilled, cohesive team)
‘well supported’
‘you did what you said you would do’
‘you gave us the tools and knowledge that we needed’
RESPONSE
Partners

► Health Services
  • RMH immediate response – checked flows / cleaning support / food packs / N95 / refresher training
  • Clinical support
  • Acute (WH) → HITH planned (seamless transition of care)

► DHHS (DRRG + Public Health – Team 4)
  • Prevention Audits / Outbreak Team audit – isolation space
  • PPE supplied – immediate
  • Contacts – deep cleaning / clinical waste
Q&A

Questions from Q&A box and those submitted in advance to NDS
Short survey - link in the chat box
NDS Coronavirus Hub - Victorian COVID-19 Response

Thank you