

## Aged care providers share COVID lessons

The Aged Care Quality and Safety Commission has published a report of the key takeaways and lessons learned from 34 aged care providers who experienced an outbreak in at least one of their residential services in Victoria, Australia.

The 42-page report is based on interviews with CEO's, senior managers and board chairs that aimed to understand what providers learned before, during and after the outbreaks, what they are doing differently as a result of their experience and the roles other parties played in responding to the outbreaks.



The report covers planning, governance, human resources, care and service delivery, infection control and communications. The sections on human resources and infection control have the most learnings.

Among them is the need to better know staff including their domestic arrangements and ability and willingness to work onsite during an outbreak.

'Many providers felt they did not have a good understanding of their staff's individual circumstances or their capacity to work during an outbreak and described having a better understanding of their workforce since experiencing an outbreak,' the Aged Care Quality and Safety Commission found.

Providers also faced challenges with staff who were furloughed, which means stood down because they were potentially exposed to a person with COVID 19.

To help overcome these challenges, providers said they worked with staff to suit their needs. This included identifying what was needed to enable staff to work during an outbreak, facilitating staff to work remotely if possible and accommodating staff who were covid positive or working with covid positive residents in hotels to mitigate concerns of transmitting the virus.

'Providers also said they would make emotional and mental health support available to staff early, noting that they were working under conditions of extreme stress and were susceptible to burnout,' the report said.

### Infection control procedures

Aged care providers identified effective infection prevention and control planning as important, but many said they felt unprepared for the intensity and complexity of the reality despite being familiar with infection prevention and control procedures.

'Many providers described that, in hindsight, they would have provided more infection control training earlier for staff across the services,' the report said.

It was also necessary to frequently provide ongoing infection control training to reinforce messages and minimise complacency.

Having staff demonstrate infection control measures such as hand hygiene before working on the floor, a train-the-trainer approach to distribute knowledge, checklists and instruction videos to support staff with limited English are among strategies identified to address the challenges.

'Since experiencing outbreaks providers continue to focus on infection control by prompting infection prevention champions, employing infection control leads, providing ongoing training and communications to all staff on site, undertaking hygiene spot checks and increasing the amount of hand hygiene stations, PPE stations and clinical waste bins,' the report said.

## **Delivery of care**

Providers faced several challenges delivering care during an outbreak that were escalated when staff were furloughed, and other workers were brought in.

As a result, providers recognised the importance of being able to quickly identify residents and their care needs. For some providers this involved using wristbands, photos and laminated printouts of key documents, such as resident profiles and care plans, placed inside residents' rooms or on walls or doors, according to the report.

'Having simplified documents, checklists and charts available at the point of care made staff and residents alike feel more confident in the delivery of care and services,' it said.

## **Food services**

Some providers had not thought about how essential services such as food would be managed in an outbreak and some had underestimated the additional time these tasks would take, the report said.

To overcome these challenges, providers said they needed more than one back up contractor to ensure food services were maintained during the outbreak.

'Providers also highlighted the importance of ensuring contracts had systems in place to maintain a high standard of infection control, and that contractors should be included in all infection control communications and training to ensure a consistent approach across the services,' the report said.

It is also important to provide clear step-by-step instructions to all staff involved in preparing and delivering food to ensure appropriate infection control is maintained, providers said.



'Providers found they had to plan every detail of how food would be moved throughout the service to prevent potential contamination across different residents and areas of the service.'

It was also important to ensure kitchen staff were trained and educated. For one aged care provider, they made their infection control nurse available to contractors to advise on safe food handling procedures and answer questions.

## **Other key learnings**

It is critical to:

- keep a detailed outbreak management plan
- have strong and decisive leadership
- have staff and service provider contingencies
- start testing immediately
- think about processes in explicit detail to minimise possible breaches in infection control
- accept there is no such thing as overpreparing
- provide early, inclusive, transparent and frequent communication.