

COVID-19: How the rules have changed!

An Arcare community approach to the first 2021 residential aged care COVID-19 outbreak with new processes and new challenges.

Background

The road through an aged care outbreak is made up of 1,000 steps, with COVID-19 responses changing drastically between 2020 and 2021. As the first and (at the time) only residential aged care facility in Australia to experience a COVID-19 outbreak in 2021, Arcare Maidstone were the guinea pigs of a new outbreak process for Residential Aged Care in Victoria. Arcare saw the attention and resources of the Commonwealth, State and Local Health Services to guide the implementation of the learnings and new processes.

A 2021 COVID-19 outbreak response looks very different to 2020



Air Scrubbers

Arcare Maidstone received air scrubbers to utilise throughout the outbreak. These were placed strategically throughout the facility to filter the air. A new process for residential aged care based on knowledge that COVID-19 transmission is airborne.



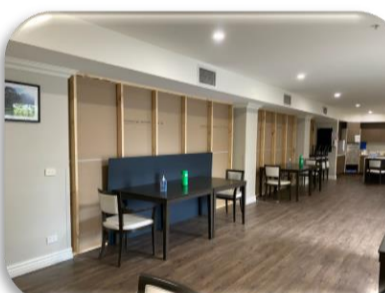
Daily COVID-19 Testing Regime

All team members and clients were tested for COVID-19 daily. Day 13 tested involved setting up a drive-through testing station in the driveway, to cover *anyone* who had been on site at *anytime* throughout the outbreak period.



Fast Tracked Vaccinations

COVID vaccine clinics were established onsite during the outbreak to capture remaining clients and team members who were not yet vaccinated, or required second doses.



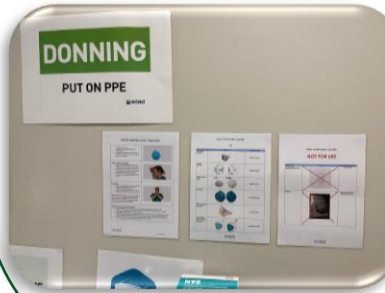
No Shared Air

Breakout areas were established in each zone. Where these areas could not be outside, walls were built within the facility, with separate ventilation. This enabled team members to safely remove PPE to eat and drink.



N95 Fit Testing

Team members were fit-tested on-site in their zone groupings, with a demountable hired to enable the complete segregation of space and air for red zone staff during the process.



PPE Spotters

PPE spotters were provided, a luxury as the only residential aged care facility with an active outbreak at the time. These spotters ensured PPE compliance 24 hours a day.

Residents cared for off-site

Positive cases and residents utilising aerosol generated procedures (e.g. CPAP) were moved to hospitals for further care, reducing risk of further transmission.

Waste Management

A COVID-19 outbreak sees enormous volumes of waste. Locked, secure fencing was sourced and constructed to store the clinical waste prior to external removal.



Workforce

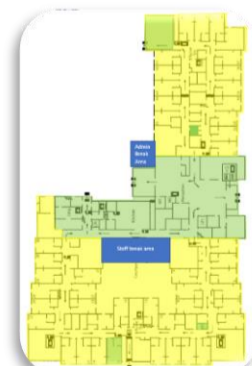
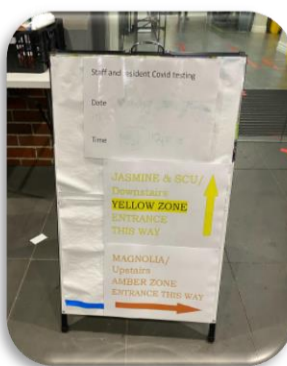
Broadening of the close contact definitions, and the introduction of single-site working mandates meant a significant portion of the team were furloughed twice within the outbreak.

Zoning & Cohorting Team

Zoning was taken to a heightened level, with each area colour coded according to risk. Each zone had individual entry and exit points, staff bathrooms and breakout areas, bag drop off etc established.

Facility floor maps were colour-coded by zone, with instruction and direction signage used to assist with compliance and understanding of zoning, reducing potential transmission risks.

Staff were rostered to one zone ensuring each area had it's own PPE spotters, care staff, cleaners, laundry, waste management, PPE stockers, Lifestyle, catering etc, with no crossover.



Heightened Media Presence & Response

As the first residential aged care outbreak for 2021, the media attention was at an all time high. Daily crisis communications were sent to clients, families and team members to combat misinformation, and zoom sessions were scheduled with OPAN and Arcare management. Security guards were hired to manage the media presence at the facility.

Moving Forward

Unfortunately, after June 2021 we have seen further outbreaks. In the consistent world of COVID-19 change, we have seen further new developments and the implementation of differing processes since the June outbreak. The effects of vaccination is seen through a decline in morbidity for COVID-19 sufferers; while positive unvaccinated resident cases (meeting a set criteria) were transferred to hospital for IV administration of antibodies prior to returning – according to Public Health Unit, Arcare were again the first aged care provider to experience such a process.

Credit: Carrie Spinks, Rivka Adelist Sally Marshall, Jennifer Henare, Juanita Kirby.