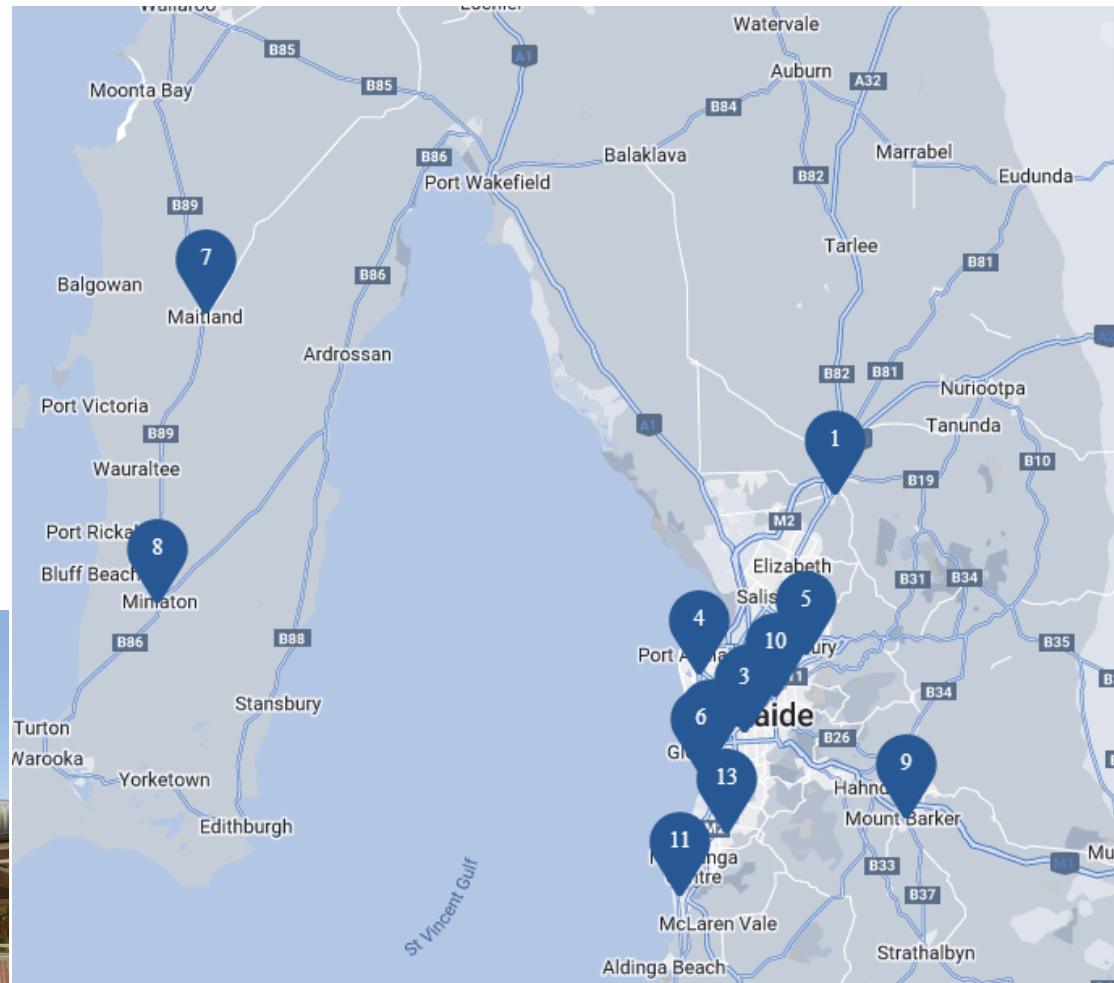# Using the data:
A Residential Care Provider's experience during the COVID-19 Pandemic

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(No Disclosures or Conflicts of Interest)

Key Events for Eldercare

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2020

- March - State Emergency Management Directions (Residential Aged Care)
- Routine mask wearing
- Visiting restrictions

2021

- April - Vaccine became available
- June/July - Commenced systematic detailed data collection
- 23 November - SA Opens borders
- 26 December - First Outbreak (Eldercare Oxford)

2022

- January - Commenced routine RAT screening of staff
- June - Commenced routine RAT screening of visitors
- June - Appointed dedicated COVID Coordinator
- June - Antivirals became available
- June - Resume normal visiting arrangements
- October – Ceased routine mask wearing
- November - End of State Emergency Management Directions (No49)

COVID-19 Data Compliance Requirements

SA Health

- Reportable data
  - Positive cases, Outbreaks & Deaths
  - RAT/PCR results

- 49 Versions of Emergency Management Directions (Residential Aged Care)
  - Mask wearing
  - Visitor access/restriction
  - QR check in
  - Vaccination (Flu and COVID-19)
  - Staff Training

Commonwealth

- Reportable data
  - Positive cases
  - Deaths
  - COVID-19 Vaccination
    - Staff & Residents
  - IPC Leads

Actions Taken

- Developed data collection and reporting tools (Excel & Power BI)

- Developed processes to report to Commonwealth & State:
  - positive COVID cases
  - vaccination

- Developed processes to capture data for internal use
  - antiviral use or refusal
  - Staff cases and contact tracing

- Commenced regular reporting of data internally to all key stakeholders

- Provided regular reports to the organisation's Incident Management Group

Data Elements

Residents

Commonwealth/State (Dec 2021):

- Who was tested?

- Date of test/Date Test result received

- Reason for test/ Test Result

- If isolation was required after a negative test result

Eldercare (April 2022):

- Outbreaks/single cases

- Date/Area/Room

- Resident details/DOB/Vaccination Status

- Anti-Virals commenced date

- COVID Symptoms

Staff (Jan 2022)

- Employee Number/Name/DOB/Role/Mobile number

- Reported Date

- Site

- First Positive Test Type/Date

- Isolation and Leave Period

- Day 13 test date

- Ready to RTW date

- Exposure Location/ Date if known

- Last Shift

- Symptoms History

- Current Health Condition(s)

Resident Vaccinations

COVID-19 Cases Eldercare vs State: Apr 22-Oct 23

Eldercare Resident & Staff COVID Cases Apr 22 - Oct 23

Legend: SA Cases | Resident COVID Cases | Staff COVID Cases
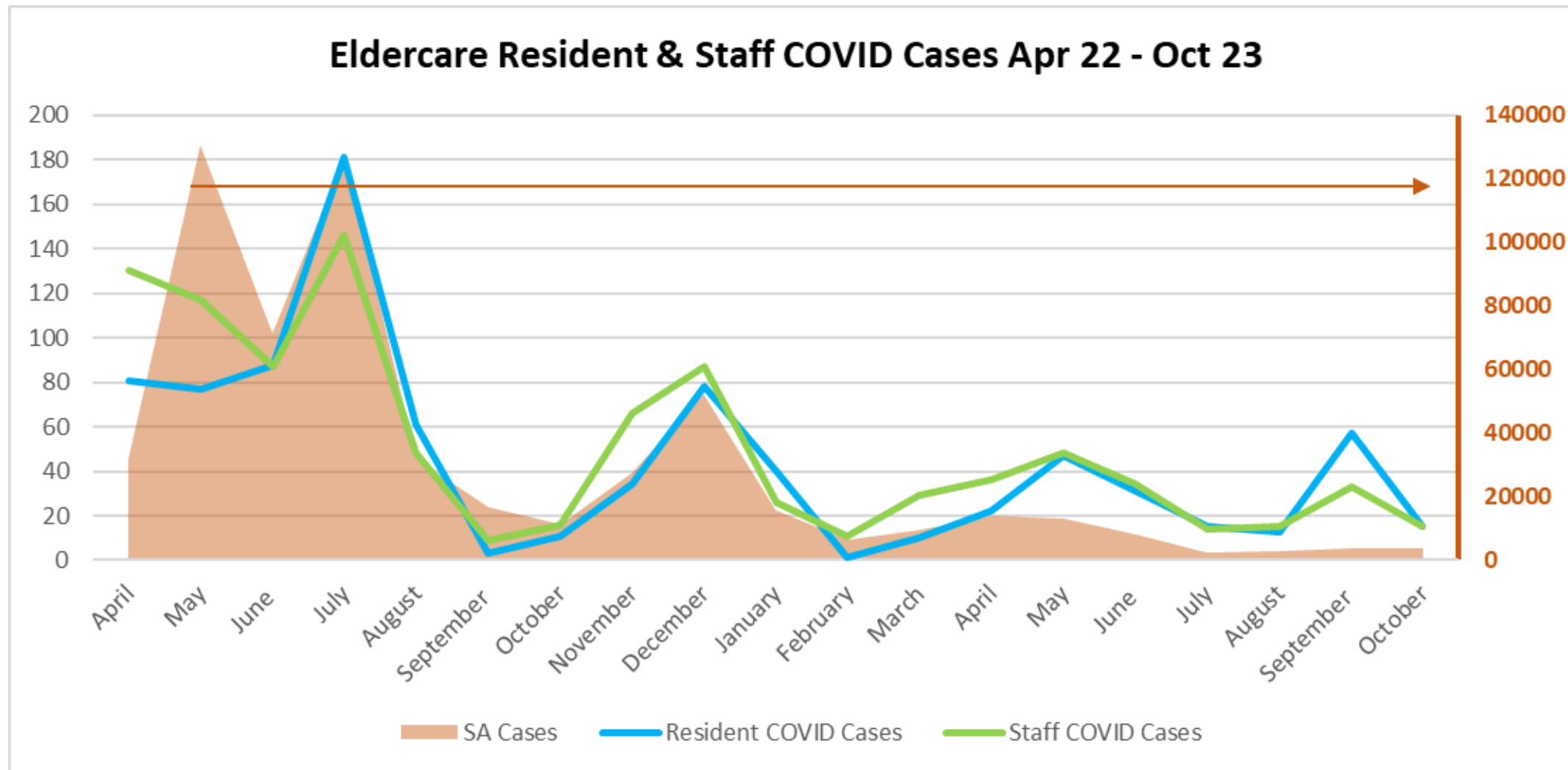
COVID-19 and Deaths: Apr 22 – Sep 23

COVID Resident Outbreaks by Site: Dec 21 – Oct 23
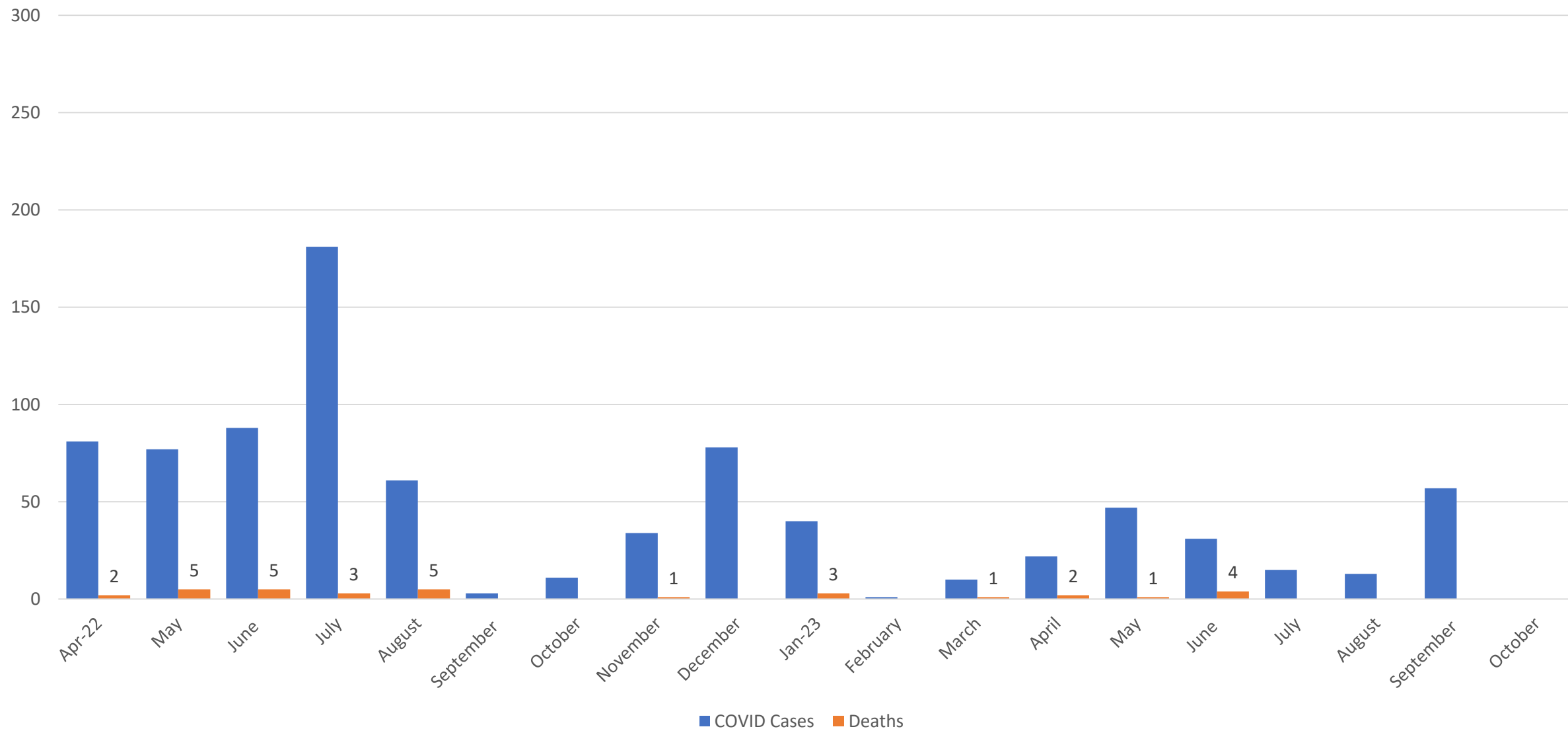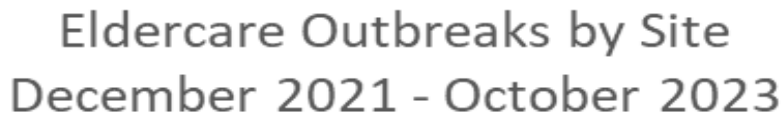
Resident Outcomes

Promoted optimal resident outcomes by:

- Analysis of rising trends, outbreaks, and impacts of interventions.

- Comparing information across multiple sites

- Benchmarking against state and nation-wide data

- Guiding resident/family and staff communications

- Providing support for key decisions and changes in outbreak prevention and response management strategies

COVID Resident Outbreaks by Site: Dec 21 – Oct 23

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Eldercare Outbreaks by Site
December 2021 - October 2023

Key Interventions

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Eldercare — Coronavirus (COVID-19) — COVID-19 OUTBREAK RESPONSE PLAN
May 17 2023
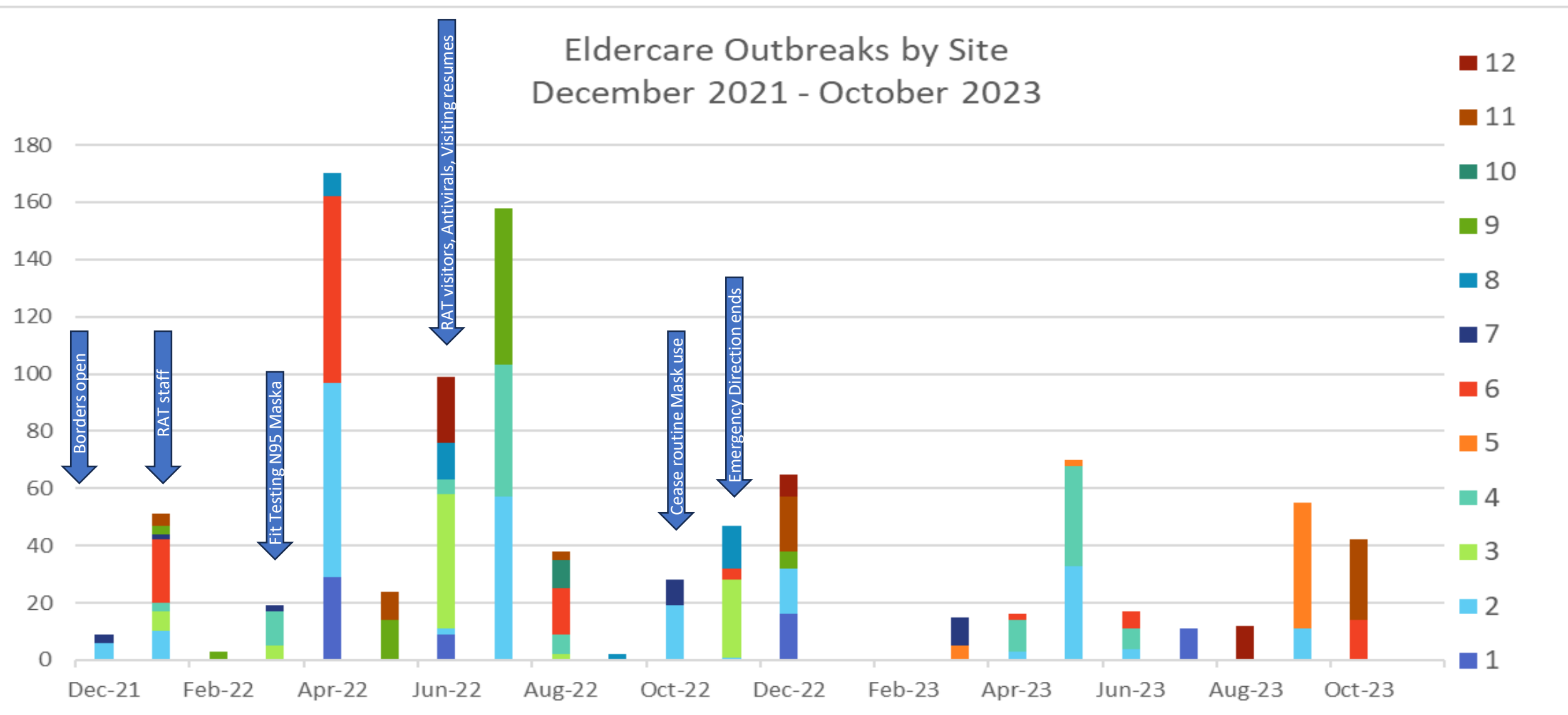
Site Name:

A residential aged care facility COVID-19 outbreak is defined as:

- **Two or more residents** of a residential aged care facility who have been diagnosed with COVID-19 via RAT or PCR test within 72 hours and have been onsite at the residential aged care facility at any time during their infectious period.

Rapid response: 2 hours – 4 hours

Site Staff as delegated by the Site Operations Manager (SOM) or RN in Charge

1. Inform residents(s) of their diagnosis (and Resident's representative). Discuss their consent to use antivirals and the recommendation to isolate for 8 days.
2. Isolate COVID positive case(s). Set up PPE station (s) and immediate signage.
3. Notify the Site Operations Manager (SOM) or their delegate and the IPC Lead. If SOM N/A notify Residential General Manager (Jarrod Mudie: 0477 002 613); Rosters: 82911001; Covid Coordinator: 0413060897
4. Notify all staff including Lifestyle staff
5. Identify and notify all close contacts including other residents, staff, and **visitors**. Discuss the recommendation to isolate as *per the CDNA guidelines*.
6. Commence Rapid Antigen Testing (RAT) of all close contacts or if visitors identified as close contacts advise them to get tested.
7. Continue to monitor all residents for COVID-19 symptoms
8. Book PCR testing of high-risk areas / close contacts. Re-book for a further round in 2 days' time and Day 6. Contact GP to authorize Pathology Requests
9. Determine where RED Zones (Positive cases) and ORANGE Zones (Contacts of positive cases) need to be set up.
10. Set up PPE Stations outside all RED and ORANGE zones and erect signage at all stations, including donning and doffing zone signs.
11. Request all residents in the RED and ORANGE Zones to isolate in their rooms. Essential visitors will continue to be able to visit these residents.
12. Arrange one entry only to the area with positive cases.
13. Place COVID-19 Outbreak sign at entrance of facility.
14. Begin documenting the outbreak on the Resident COVID Positives & Isolation Dates spreadsheet located in the COVID folder on the O Drive and notify COVID Coordinator
15. Notify residents GP or Locum; GP to assess for suitability for Antivirals. Check progress notes for resident/representative consent. Access antivirals from imprest stock.
16. SOM to provide communications to staff and families. This is to continue as the outbreak progresses / changes and frequency is at the discretion of the SOM.
17. Visiting to continue except for RED / ORANGE zones (unless prior consent obtained if visitor is considered essential or for compassionate reasons). Refer to Industry Code for Visiting in Aged Care Homes (COTA)
18. Notify CHEF manager /SHA to organise
    - tray service for RED / ORANGE zones. If it is possible, COVID positive residents can be cohorted to dine together. If not a Close Contact, all others can dine together

Conclusion

- Real-time data to track the progress of the transmission of COVID-19 throughout multiple sites.

- The impact of community and local changes were reflected in the data.

- The impact on residents and staff during the occurrence of each "wave" was clearly demonstrated

- Timely and effective management to reduce the burden of disease across the organisation.

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