# Covid-19 and Acute Respiratory Outbreak preparedness in RACFs: Survey conducted by NEPHU, Victoria


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# No conflicts of interest to declare

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# Introduction: North Eastern PHU

1.85m people

12 LGAs

28% of the Victorian population

277 postcodes

13 Community Health Services

174 RACFs


## NEPHU LGAs

- City of Banyule
- City of Boroondara
- City of Darebin
- City of Hume
- City of Knox
- City of Manningham
- City of Maroondah
- City of Whitehorse
- City of Whittlesea
- City of Yarra
- Yarra Ranges Shire
- Nillumbik Shire

5 ACCHOs

2 Women's Health & 2 Sexual Health

6 Public Health Services

16+ Public Health Service campuses

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# Objectives – RACF Preparedness

- To plan and develop preparedness, response and surveillance activities that are sustainable and impactful
- To support facilities effectively prepare for and self-manage COVID-19 and other respiratory outbreaks
- To provide data to support a consistent approach to practice across the State
- To identify and communicate State-wide risks and trends to inform resource, strategy, and policy considerations

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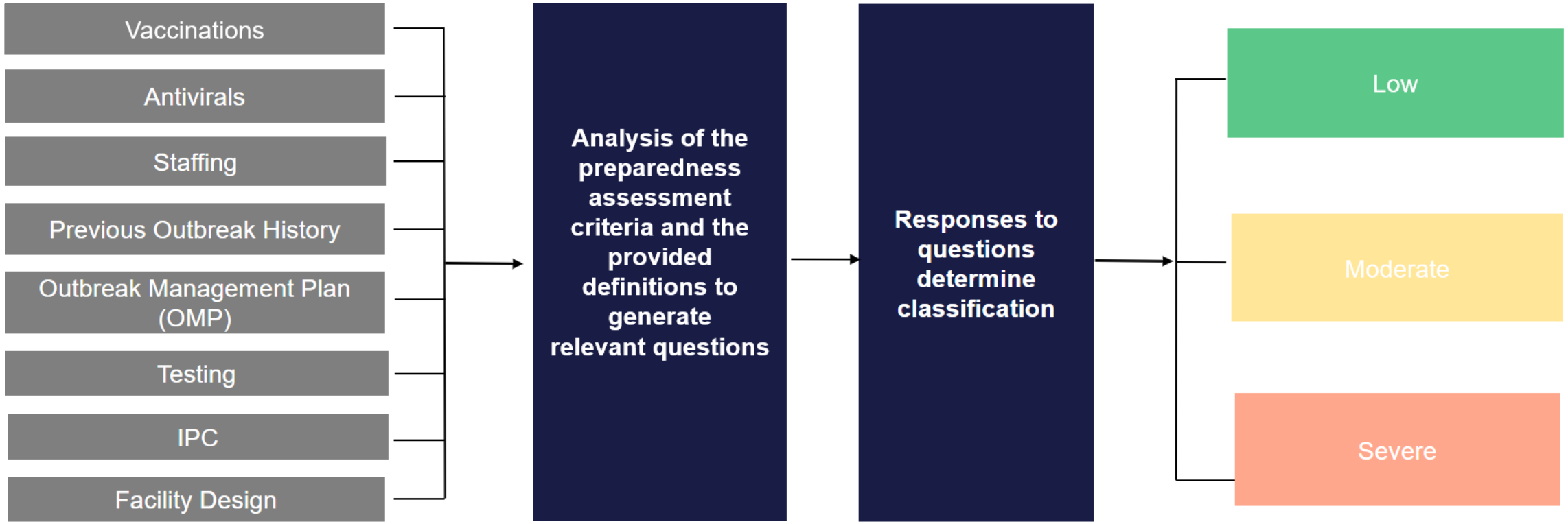
# Methodology

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# Survey questions for IPC component

| IPC | | | |
|---|---|---|---|
| Q. 1 | Q. 2 | Q. 3 | Overall Rating |
| Low | Low | Low | Low |
| | | Moderate | Low |
| | | Severe | Moderate |
| | Moderate | Low | Low |
| | | Moderate | Moderate |
| | | Severe | Moderate |
| | Severe | Low | Low |
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| | | Severe | Severe |
| | Moderate | Low | Severe |
| | | Moderate | Severe |
| | | Severe | Severe |
| | Severe | Low | Severe |
| | | Moderate | Severe |
| | | Severe | Severe |

Each question had 3 responses to choose from.

- Q1: Has a qualified Infection Prevention and Control (IPC) leadership role been identified?
- Q2: What best describes the availability of air scrubbers?
- Q3: What best describes the level of adequate PPE stock for a COVID-19 outbreak?

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# Methodology

- **Data uploaded to DH Vic facility information portal**
- **Data analysis by NEPHU**

Within 12 weeks

- **All overall high risk facilities were contacted via:**
  - **Phone**
  - **Site visit**
- **Ongoing risk level review**

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# Results

## Factors contributing to participation

### Enablers

- Established relationship
- Multiskilled workforce
- Funding support

### Barriers

- Risk of self assessment bias
- Staff fatigue
- High staff turnover
- Time intensive
- Inability to reassess after initial contact
- Right facility contact

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# Results

Identified needs for

- IPC mentorship
- Support to translate IPC principles to practice

Effective Cohorting

PPE storage

How to optimize ventilation

Where to set up PPE stations?

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# Results

- Overall: 75% of facilities rated moderate to severe risk
- IPC: 10% of facilities rated moderate to severe risk.
- Facility design Half of facilities rated moderate to severe risk
- Vaccination: Nearly a quarter of facilities rated moderate risk or above for staff and OMP
- Antiviral treatment and testing: Most facilities were rated low risk

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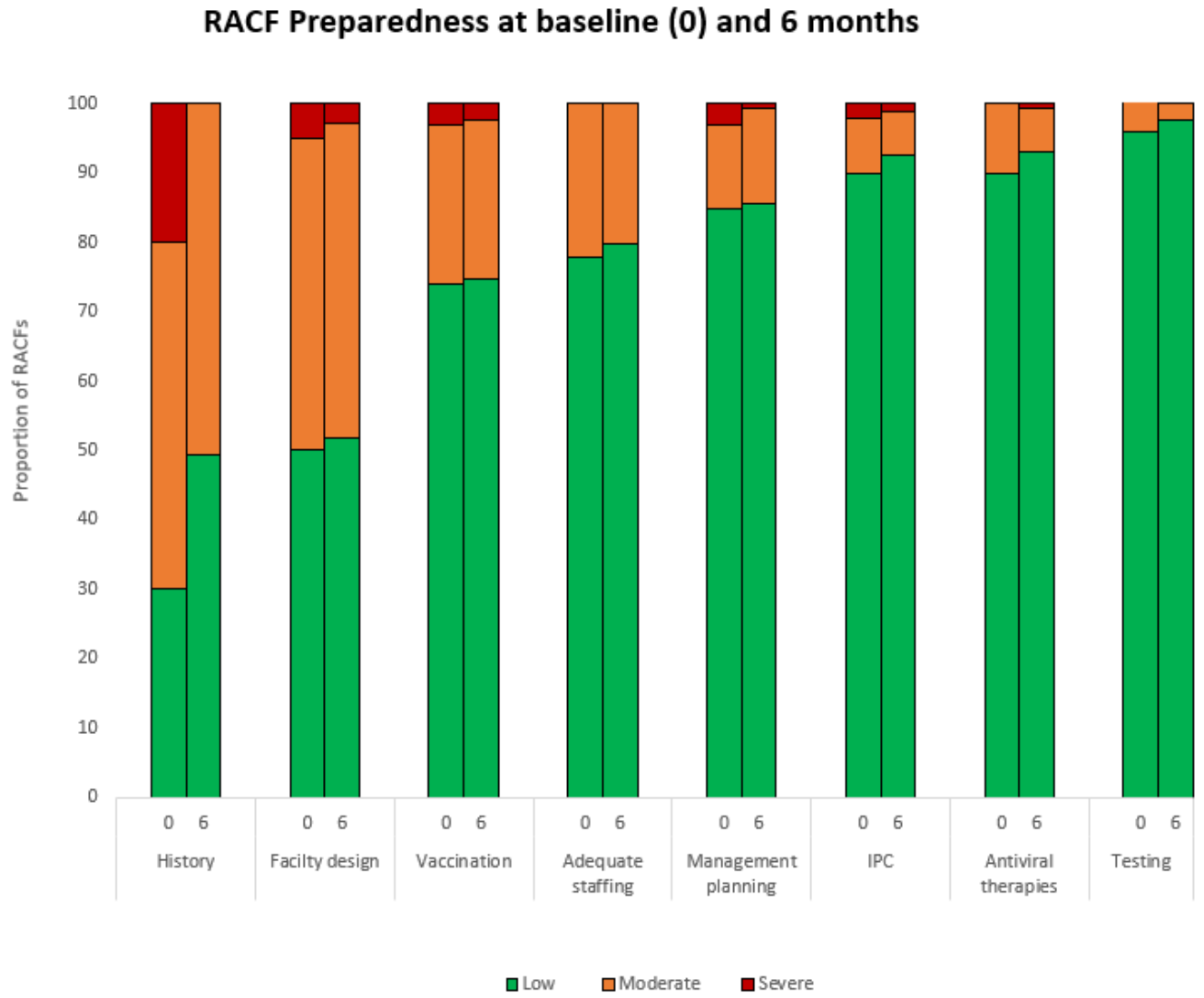
# Improvements implemented

- Metro LPHU facilitated – RACF IPC Leads Community of Practice
- IPC consultant role continuing at NEPHU
- Ongoing IPC support to facilities
- IPC and preparedness advocacy at multiple levels
- Embed preparedness into NEPHU Outbreak Management System (OMS)

# 6 month follow up

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# Future directions

- Consistent approach at state level
- Revise preparedness framework and protocol to suit current situation
- Extend preparedness support to other communicable diseases (e.g. gastroenteritis)
- Expand preparedness activities to other sectors (e.g. disability, childcare settings)

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