



Waikato DHB COVID-19 Outbreak Response Plan for Aged Residential Care (ARC)

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REFERENCE DOCUMENTS:

- MoH Pandemic Response Policy for Aged Residential Care
- MoH COVID-19 Outbreak Response Toolkit for Aged Residential Care

Ministry of Health guidelines overarch this Waikato DHB COVID-19 outbreak response plan – [Link to updated guidelines](#)

Waikato DHB Aged Residential Care COVID-19 Outbreak Management Plan

Positive case is identified in an ARC facility



PHU notifies Ministry of Health and calls urgent meeting with the core members of ARC OMT who have pre-determined including:

Public Health Unit	Primary Care	Waikato DHB Management	ARC facility Management	Waikato DHB CNS-IPC	Waikato DHB – CNS Gerontology
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Within two business hours of notification - Core ARC OMT member meet to:

Clarify responsibility and order of action for immediate tasks (Appendix one)	Gather initial information facilities current outbreak factors) (Appendix three)	Identify critical concerns/ areas in need of support	Set time/ convene follow up OMT meeting
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Identify areas of risk and roles and responsibilities to action which will include:

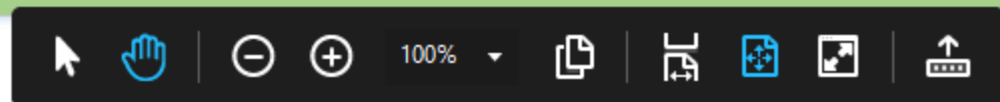


Clinical Support GP access and support Nursing- clinical advice and support. On-site testing up and running Psychosocial support required	Staffing Review Leadership Roster Cover Staff working bubbles Accommodation / Transport	Infection Control Facility Pandemic Plan Facility IPC Policy IPC training requirements IPC inspection	PPE Review of PPE stocktake Order urgent PPE through DHB supply chain Order additional PPE through MoH	Resident Positive Residents Isolation Space Level of Care Transfer necessary	Communication plan Timely and clear communication plan for residents and staff within the facility Ensure changes in information is managed carefully to enable staff and residents to be well informed All Media via Waikato DHB Communications teamC
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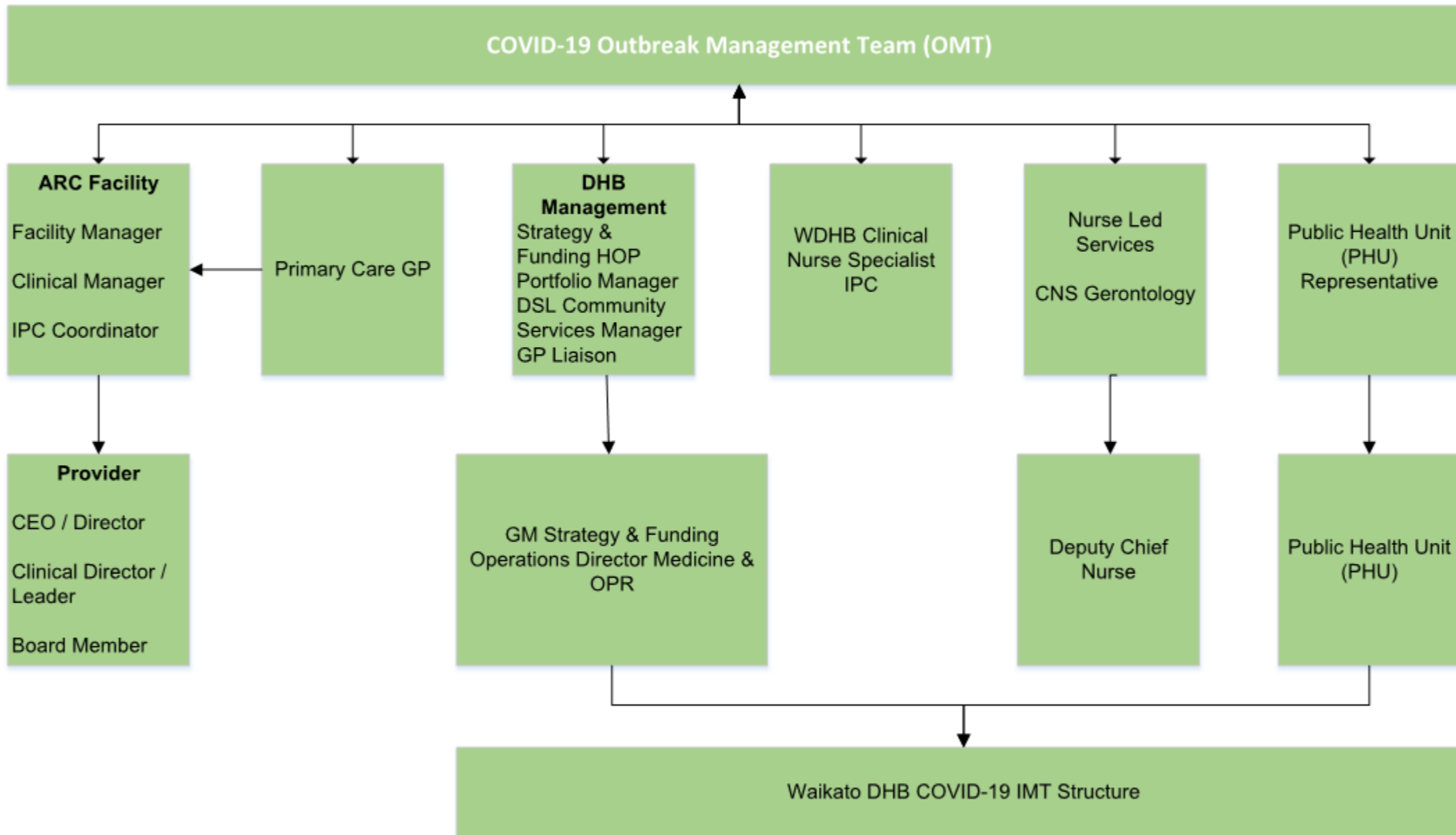
Within eight hours of notification Second ARC OMT meeting and subsequent meeting agenda Report back information gathered by each individual ARC OMT member



Surveillance Phase



COVID-19 Aged Residential Care Outbreak Waikato Management Structure



OMT Management Contact List

Role	Name	Contact phone number
Strategy & Funding, Health of Older People, Funding & Relationship Manager	Rachel Haswell	027 2691665
Clinical Nurse Specialist, Gerontology	Aloha Sisson	027 2176935
Waikato DHB GP Liaison Team Primary Care Response Unit		0800111 336
Waikato DHB Infection Prevention Control		07 839 8899 ext:23136
Public Health Unit		0800 800 977 07 383 2569

Appendix one: extracted from the National Aged Related Residential Care Outbreak Response Toolkit

ARC facility	DHB	PHU
<ul style="list-style-type: none"> • Participate in daily ARC OMT meetings. • Notify GP/NP of resident of positive test. • Notify HealthCERT of an outbreak. • Complete and submit 'ARC Facility Outbreak Investigation Information for PHU' to PHU (Appendix 11). • Tailor and implement COVID-19 Outbreak Response Plan. • Establish and maintain ARC Facility COVID-19 Outbreak Log. • Establish and maintain Daily ARC Facility Situation Report. • Identify and manage close contacts of cases within the ARC facility. • Appoint GP/NP to work with PHU to develop testing plan. • GP/NP or PHU to highlight to laboratory to prioritise tests. • Implement strengthened IPC measures, including PPE retraining. • Implement alternative rostering arrangements to minimise transmission. • Implement surge staffing plan. • As appropriate, liaise with Māori NGOs or other providers to provide additional support to residents and their whānau. Consider how to cohort health care and support workers to look after specific groups of patients and minimise movement within ARC facility. • Consider how rosters may be managed to reduce the number of sites or facilities health care and support workers are working across (including GP/NP). • Screen health care and support workers at the start of each shift, and implement ongoing self-monitoring for symptoms. • Implement physical distancing. • Review roles and responsibilities of vulnerable health care and support workers. • Maintain clinical monitoring, assessment, and testing of residents and on-site health care and support workers. • Monitor residents for acute respiratory symptoms, fever, or other deterioration. Notify GP/NP as required and place in isolation. • Communicate with residents and their whānau any changes to visiting requirements. • Implement detailed visiting policies and protocols 	<ul style="list-style-type: none"> • Facilitate daily ARC OMT meetings. • Support development and implementation of tailored COVID-19 Outbreak Response Plan. • Provide IPC support and advice and identify the control measures that need to be in place. • Following initial assessment of ARC facility conditions, coordinate any required additional clinical, cultural, or workforce support. • Support ARC facility with any identified areas of concern, including linking to Māori NGOs for extra support. • Support ARC facility with testing as guided by PHU. • Provide resource support with testing. This may include a mobile service. • Support ARC OMT with media queries. • Assist with assessment of cases, consideration of hospitalisation, or staffing support in place (including gerontology nurse specialist, community geriatrician, or cultural assessment and support) 	<ul style="list-style-type: none"> • Receive notification of positive test result from laboratory. • Confirm an outbreak. • Convene the core ARC OMT meeting within 2 hours of notification. • Participate in ARC OMT meetings. • Lead outbreak investigation plan through ARC OMT. • Lead the contact tracing of probable and confirmed COVID-19 cases. • Support development and implementation of tailored COVID-19 Outbreak Response Plan. • Advise on testing requirements. • Advise on isolation and quarantine requirements. • Monitor for severity of illness (record deaths and hospitalisations). • Inform relevant stakeholders of outbreaks, including local whānau, hapū, iwi and Māori communities, where appropriate. • Work in partnership with GP/NP to develop testing plan for residents. • Monitor outbreak progress. • Decide when to declare an outbreak 'over'.

Date of Assessment:

FACILITY DEMOGRAPHICS

Facility Name:

District in which the facility is located:

Facility / Clinical Manager:

Facility Phone:

Facility E-mail address:

Level of care provided:

Hospital

Rest home

Dementia

Psychogeriatric

Total number of beds in the facility: ____

a) Single rooms with en suite:

b) Single rooms:

c) Double rooms:

d) Others, please specify:

Total number of residents in the facility: ____

Total number of serviced apartments/ units within the facility (if applicable): ____

Vaccination rate: Covid-19: ____ Influenza: ____

Legend:

Red: Critical -Requires immediate action; resolved or plan of action identified within the 2nd ARC OMT meeting

Yellow: Important but not immediate ; resolved or plan of action identified within the 72 hours

Green: continue monitoring or no action required

INDICATORS	CRITICAL	MODERATE	LOW	IDENTIFIED ARC OMT MEMBER WHO WILL MONITOR
Pandemic Plan and General infection & Prevention Control (IPC)				

Staffing				
Resident				
PPE				
Communication				
Clinical Support				
Psychosocial Support				

1) Pandemic Plan and General infection & Prevention Control (IPC)

a) Does the ARC facility have a robust Pandemic Plan, Covid-19 outbreak response plan and capability in place?

Yes No Unknown

b) Have you provided staff members update on the pandemic plan?

Yes No Unknown

Infection & Prevention Control

a) Does the ARC facility have an IPC policy that has been reviewed in the last 2 years?

Yes No IPC officer: _____

b) Have you provided staff members infection control update related to Covid-19? Attendance rate:

(i) Hand Hygiene:

90-100% 60-90% >60%

(ii) Transmission-based precautions:

90-100% 60-90% >60%

(iii)

90-100% 60-90% >60%

Proper Donning/ Doffing of PPE:

*****IPC team lead to arrange walk-around inspection: Date/ Time:**

Support Services:

- Are laundry services able to be managed by the ARC facility? YES/NO
- Are suitable food services able to be managed by the ARC facility? YES/NO
- Is the environmental cleaning able to be managed by the facility? YES/NO
- Is the waste disposal able to be managed by the ARC facility? YES/NO

2) Staffing

Total number of staff in the facility: _____

Number of nurses (ENs and RNs): _____

Number of healthcare assistants: _____

Number of service staff (kitchen, housekeeping): _____

Number of staff on 14-day isolation: _____

Number of staff awaiting result: _____

- a) Is there sufficient leadership or management of the ARC facility site on-site (ie clinical manager, facility manager or similar familiar knowledge)?
 yes no
- b) Is there appropriate skill mix available to meet resident's needs (including IPC, RN/EN) ?
 yes no needs reinforcement
- c) Is the ARC facility able to cover the roster for the next 24 hours?
 yes no needs reinforcement
- d) Does the ARC facility belong to an organization where a workforce pool is available? Or partnerships with other healthcare?
 yes no
- e) Is social distancing being enforced among HCPs (e.g. scheduled breaks)?
 yes no
- f) Are staff movement limited in terms of the area they work in?
 yes no
- g) If applicable, how long is the shortage anticipated?
 One-off situation
 Planned resolution for 1-2 weeks
 No definite resolution for the next 2-4 weeks; no potential replacement/s

3) Resident

Measure	Numerator	Denominator	Result
Percentage of residents who receive a laboratory test	Number of residents who receive a laboratory test for Covid-19	Number of residents in the facility	
Percentage of residents who are screened using the clinical assessment tool	Number of residents who are screened using the clinical assessment tool	Total number of residents in the facility	
Number of residents who have care escalated who are Covid-19 negative	Number of residents with care escalated	People who are positive on the clinical assessment tool but negative on a laboratory test	

Which of the following situations apply to the facility? (Select all that apply)

- Cases of Covid-19 identified in the facility (either among HCP and/or residents)
 If yes, please specify the number of cases among residents___ and among HCPs___
- Cluster of influenza-like illness in facility (either among residents and/or residents)

If yes, please specify the number of cases among residents___ and among HCPs___

- Cases reported in the surrounding community
- Sustained transmission reported in the community
- No cases of Covid-19 currently reported in the surrounding community

Resident-related Infection Prevention and Control

- a) Will the resident/s who is/are unwell with Covid-19 symptoms benefit from or require hospitalization?
 yes needs further assessment no
- b) Can the ARC facility provide the level of care the resident/s requires?
 yes refer to transfer requirements no
- c) Can the resident/s be safely isolated, with adequate monitoring, within the facility?
 yes no needs further assessment
- d) Do the residents have advanced care plan in place?
 yes no unknown

*** [Link to the Covid-19 pandemic toolkit – Appendix 12: ARC Resident Transfer Risk Consideration Matrix ; Clinical Assessment](#)

Physical setting:

- a) Does the facility have a dedicated space in the facility to care for residents with confirmed Covid-19. This could be a dedicated floor, unit or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with Covid-19.
 yes requires modification no
- b) Can the area be physically separated from rooms with residents not known to be infected?
 yes requires patient room movement no
- c) Has the ARC facility stopped communal dining/ activities?
 yes no

*** [Link to the Covid-19 pandemic toolkit – Appendix 13: Covid-19 Outbreak Practice Scenario Evaluation Checklist](#)

3) Personal Protective Equipment (PPE) and other monitoring equipment

If facility PPE remains in its current supply and demand, how long will each of the following supplies last?

- a) Eye protection (face shields/ goggles)
 <72hours 2-4weeks >4weeks
- b) N95 mask
 <72hours 2-4weeks >4weeks
- c) Full protective gown
 <72hours 2-4weeks >4weeks
- d) Gloves
 <72hours 2-4weeks >4weeks

- <72hours 2-4weeks >4weeks
- e) Hand sanitizer / Alcohol-based hand rub 60-95%
- <72hours 2-4weeks >4weeks

EQUIPMENT Stock take	
Pulse oximeters	
Thermometers	
Blood pressure monitors	
Oxygen cylinders	
Oxygen concentrators	

4) **Communication** – (Letters or circulars, points of discussion guidance and phone scripts, signage, FAQs, ARC facility websites)

Communication Audience	Identified contact person, contact number and email address	Comments
People and organizations involved in managing the outbreak	Outbreak Management Team leader -	
Internal communications – health care and support workers, residents and residents' whanau	ARC	
External communication – other health and disability service providers, media	Outbreak Management Team	

5) **Clinical Support**

Primary care service:

a) Do you have a facility GP/NP service (i.e. one contracted to facility rather than all residents keeping the GP they have before admission)?

Yes No Medical Center: _____

b) Do you have an after-hours GP/NP service?

Yes No if not the usual medical center: _____

c) Do you have an agreed process of referral in the event of a Covid-19 outbreak?

Yes No Yet to be discussed: _____

On-site testing capacity: (Directed by PHU)

a) Do you have swabs available on site? YES/ NO How many? _____

b) Do you have competent staff member/s who can perform nasopharyngeal swabbing?

Yes No Name: _____

6) Psychosocial Support

Does the ARC facility have the capability to manage the psychosocial health, including anxiety, of health care and support workers during the outbreak?



Yes

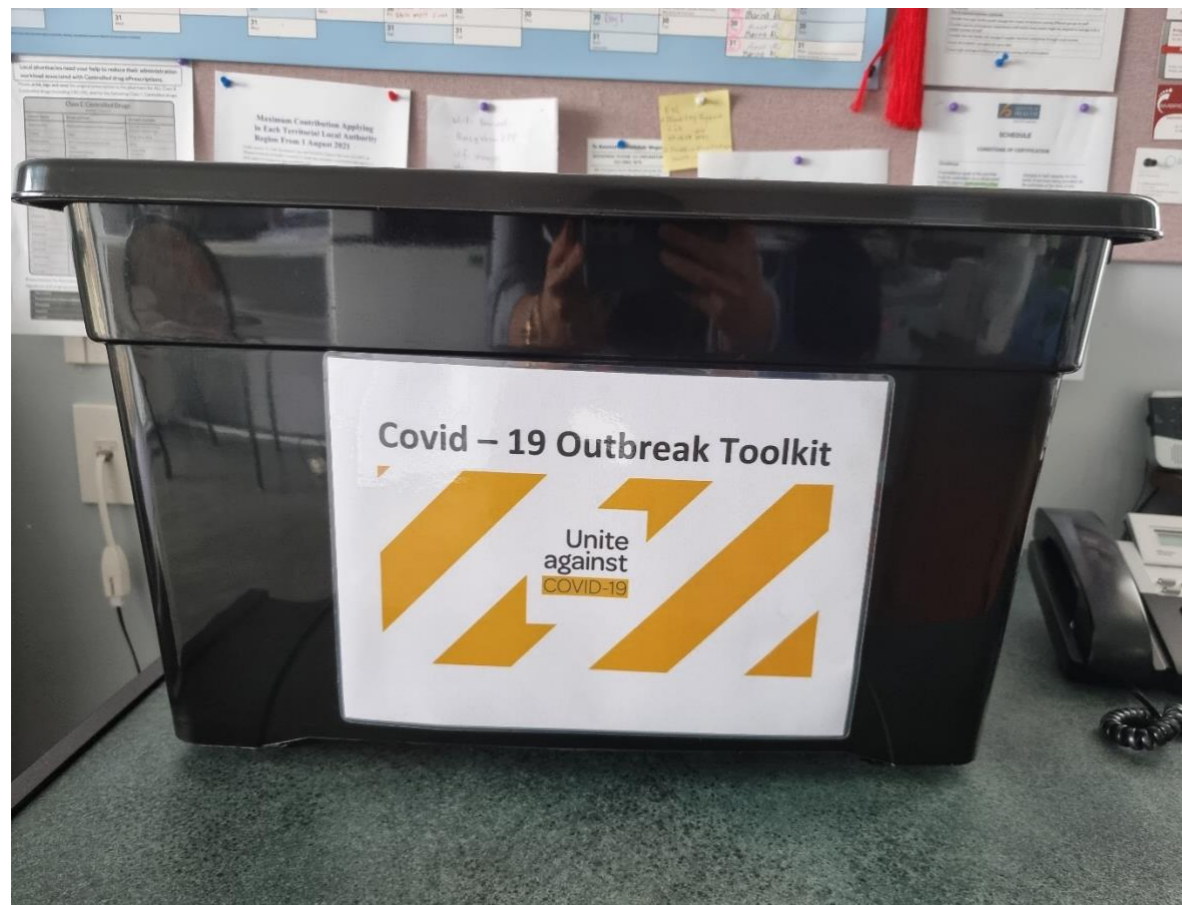


No

External Support: _____

***** *Link to Appendix 4: Health care and support worker welfare and psychosocial support***

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DOCUMENTATION TO BE PROVIDED TO ARC OMT	
	A full list of all residents in the whole facility (not just the infected area/unit), including their NHIs, where they are residing and room numbers
	A full list of health care and support workers and their work areas
	Total number and names of residents and/ or health care workers with under investigation or confirmed Covi-19 and where they are residing or working
	A floor map with site of any affected patients and health care and support workers
	Date of onset of illness of each person and symptoms of each person
	A list of visitors to establish who may have been close contacts
	Whether any respiratory samples have been collected and date of testing
	Results of any Covid-19 samples tested
	Number and names of people admitted to hospital with acute respiratory infection, or under investigation or confirmed Covid-19

Reference: Appendix 11: ARC Facility Outbreak Investigation Information sheets for PHU

Declaring the outbreak over: Surveillance and Review Phase

It is likely an outbreak will be considered 'closed' after 28 days after the last day of exposure to a confirmed case. The 28-day count will start on the day after the last day of isolation of the last confirmed or probable resident case and/or on the last day of contact with a health care or support worker or visitor case. Close contact residents who have not completed their quarantine period should finish that period if the outbreak is declared over.

The ARC OMT may continue to provide oversight after the outbreak is over at their discretion. After the PHU declares an outbreak is over, the ARC facility moves on to the [Review phase](#).

Surveillance phase	ACTION	COMMENTS	ARC OMT RESPONSIBLE
	1) The end of an outbreak should be declared by the ARC OMT based on the parameters for declaring an outbreak over and in consultation with Public Health Unit.		
	2) ARC OMT would discuss what protocols will be eased and the steps to transition the facility back to business as usual operations.		
	3) Identify the infection prevention and control measures that will remain in place (e.g. maintaining bubbles, reduce staff movement) <ul style="list-style-type: none"> Returning staff should receive training for IPC measures. Refreshers should continue periodically. 		
	4) Daily resident symptom monitoring and staff declaration to continue to ensure there is no re-introduction or previously undetected ongoing transmission.		
	5) Determine escalation processes and contacts remain in place during the surveillance phase.		
	6) Communication – Identify communication to staff, residents and family/whanau and the modalities that will be utilized (e.g. Clinical leaders to inform and residents; Email from facility manager family/whanau ; nursing staff to follow-up with phone calls/ text)		
	7) Support for residents – Consider what supports will be required with the changes in the residents' routine, as procedures will be eased. <ul style="list-style-type: none"> Continue to provide psychosocial support for the residents. 		
	8) Support for staff - Consider what supports will be required for staff <ul style="list-style-type: none"> Continue to provide psychosocial support for the staff. (Links provided in appendix 4) Provide opportunity for staff to feedback on what else could be improved. 		
	9) Conduct review of the outbreak and how planning and management can be improved in the event of future outbreak. Determine the requirement for another ARC OMT prior to the official declaration of the end of the outbreak.		

	Activity	What worked well?	What could work better next time?	Recommendations
Review Phase	Debrief			
	Outbreak summary			
	Timeline of events			
	Feedback from stakeholders			
	Data captured			
	Actions and recommendations			
	Deactivation of the OMT			
	Psychosocial support for residents and health care and support workers			
	Final report			
	Avenues for shared learning			
	Other issues/General comments			

Reference: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-aged-care-disability-and-hospice-providers/covid-19-aged-care-providers/covid-19-outbreak-response-toolkit-aged-residential-care/covid-19-7>

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Appendix two: Community Pandemic Aged Care Team (ComPACT) SERVICE

Community Pandemic Aged Care Team (ComPACT) SERVICE

The Nurse Led Service and Chronic Care and Community Medical Services of the Waikato District Health Board are working together to support care across the district via a geographically based multidisciplinary team(MDT) that will capitalise on the knowledge and skill across the groups.

Building on work already put in place by the Nurse Practitioners (NP) Chronic Care and Community Medical Services the NPs will develop relationships with the primary health and aged care providers in their areas. Further links will be built across other DHB community services building an MDT approach to meet the needs of the population providing clinical support and advice for acute and long-term community health services and aged residential care facilities for the duration of Covid-19 pandemic.

The teams will work across seven geographical based on the strategy and funding work on case mix. These areas are

1. Thames-Coromandel-Hauraki
2. North Waikato
3. Greater Hamilton
4. Waitomo-Otorohanga,
5. North Ruapehu,

6. South Waikato, and
7. Matamata-Piako.

The team will utilise approved digital applications made available through the Waikato DHB Information and technology services that are different platforms and providers.

The teams will meet regularly to develop plans of care to support wellness and independence for people with identified needs. Collaboration will carried out in partnership with the primary care provider. This approach promotes a comprehensive collaborative approach that constantly refers the patient back to their primary care home.

The service will also have a referral process were Primary care, aged care and others can request a review and advice. The NP team will collaborate as needed, sharing skills and advice based on areas of expertise. The current NP team have expertise in gerontology, wound and skin integrity and long term condition management.

General Practitioners/Specialist Services				
North Waikato	Thames-Coromandel-Hauraki/ South Waikato	Greater Hamilton	Waitomo-Otorohanga/ North Ruapehu	Matamata-Piako/ South Waikato
Nurse Practitioner (DSL/ Nurse-Led Services)				
Clinical Nurse Specialist Gerontology				
DSL Coordinators	DSL Coordinators	DSL Coordinators	DSL Coordinators	DSL Coordinators
Mental Health Services for Older People	Mental Health Services for Older People	Mental Health Services for Older People	Mental Health Services for Older People	Mental Health Services for Older People
Aged Care Facilities	Aged Care Facilities	Aged Care Facilities	Aged Care Facilities	Aged Care Facilities

Appendix four: Psychosocial Support Links



The MH Foundation resources are particularly of benefit, <https://mentalhealth.org.nz/me-time>

When you click on the 'Need Extra Help' you will find the link below

<https://mentalhealth.org.nz/getting-through-together/having-a-hard-time-getting-through/managing-mixed-emotions-through-the-levels/managing-mixed-emotions-at-level-4>

Websites:

- [Sleepio](#) - sleep improvement programme
- [Healthy minds programme](#)
- [Mentemia](#) - mental wellbeing support
- [COVID-19 - Melon](#) - self care and support for NZers
- <https://mentalhealth.org.nz/workplaces>
- <https://www.allright.org.nz/>

Resources:

- <https://www.winsborough.co.nz/blog/overcoming-fear>
- <https://www.healthnavigator.org.nz/healthy-living/g/gratitude/>
- <https://www.healthnavigator.org.nz/healthy-living/s/sleep/>
- <https://www.healthnavigator.org.nz/media/3766/sleep-healthy-sleep-hygiene-poster.pdf>
- 5 Tips to protect your mental health <https://www.youtube.com/watch?v=2l943-gP904>
- Your brain and coronavirus: Why are you feeling so tired? <https://www.youtube.com/watch?v=98wZm5nK6s4>
- Ease your brain out of survival mode <https://www.youtube.com/watch?v=rS3egckk6mc>
- Sleeping well for health care workers <https://vimeo.com/370756074>

<https://mentalhealth.org.nz/workplaces>

Anyone needing support can also see their GP



COVID-19 Outbreak Response Toolkit for Aged Residential Care

Appendix 14: ARC outbreak summary report
suggested headings example

August 2021

Brief summary of outbreak events

[Narrative or timeline]

12 July morning	Confirmed case notified and PHU convened OMT. Initial OMT leadership meeting.
12 July	Case investigation and contact tracing. Some health care and support workers and visitors required to quarantine. No residents identified as close contacts. Testing performed for relevant people (residents and health care and support workers as advised by PHU).
First wider OMT meeting	Staffing levels acceptable for the next 48-hour period. IPC review of facility and advice regarding isolation, cleaning and use of PPE refresher given.
12 July evening	Decision made that case was unwell enough to require hospitalisation and transferred by ambulance.
13 July	Health care or support worker who is isolating tested positive – case investigation and contact tracing for this person initiated. Two further health care or support workers required to quarantine.
OMT meeting	Planning for 14 July regarding staff levels. Identified the need for support from DHB to maintain business continuity. DHB staff briefed and information packs provided virtually in advance by ARC facility.
14 July	DHB staff deployed to facility to support resident cares. Well health care or support workers in isolation provided support virtually to DHB staff, including resident video calls as required.
14 July	...

Key decisions made and rationale

Resident transferred to hospital due to clinical condition.

Health care and support worker support required from DHB due to number of health care and support workers required to isolate because they were close contacts. In their planning, the facility had pre-determined that if a certain number of health care and support workers were required to isolate, there would be a requirement for staff support from the DHB.

Summary of debrief session

Recommendations and action plan in response to debrief session



August 2021
HP 7742

References:

- 1) Aged Care Quality and Safety Commission. (2021, July). *Outbreak Management Planning in Aged Care*. <https://www.agedcarequality.gov.au/resources/outbreak-management-planning-aged-care>
- 2) Centers for Disease Control & Prevention. (2021, November). *Nursing homes and Long-Term Care*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>. <https://www.agedcarequality.gov.au/resources/outbreak-management-planning-aged-car>
- 3) Ministry of Health. (2022, January). *Covid-19: Aged Care Providers*. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-aged-care-disability-and-hospice-care-providers/covid-19-aged-care-providers>.

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