



COVID-19 Update

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Acknowledgement to country

I would like to show my respect by acknowledging the traditional owners of the land on which we meet. I would like to pay my respects to elders, past present and emerging.



Overview

- Quick summary
- Current situation internationally, nationally and local
- The players
- Planning
 - Preparedness
 - Prevention
 - Response
 - Recovery



COVID-19

- Caused by a new virus SARS-CoV-2
- Symptoms range from nil to pneumonia and multi-organ failure
- Spread rapidly from person-to-person
- Spread by droplets, fomites, ? Aerosol
- Incubation period 1-14 days (av. 5-6 days)
- Infectious period: 48hours prior to symptoms until 10 days post onset
- World-wide pandemic

COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Total Confirmed
16,262,481

Confirmed Cases by
Country/Region/Sovereignty

4,234,020	US
2,419,091	Brazil
1,435,616	India
811,073	Russia
445,433	South Africa
390,516	Mexico
375,961	Peru
345,790	Chile
301,020	United Kingdom
291,172	Iran
274,289	Pakistan
272,421	Spain
266,941	Saudi Arabia



Cumulative Confirmed Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate Hospitalization Rate

188

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#).
Lead by [JHU CSSE](#). Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support: [JHU](#), [NSF](#), [Bloomberg Philanthropies](#) and [Stavros Niarchos Foundation](#). Resource support: [Slack](#), [Github](#) and [AWS](#). Click [here](#) to donate to the CSSE dashboard team, and other JHU COVID-19 Research Efforts. [FAQ](#). Read more in this [blog](#). [Contact US](#).

Global Deaths
648,937

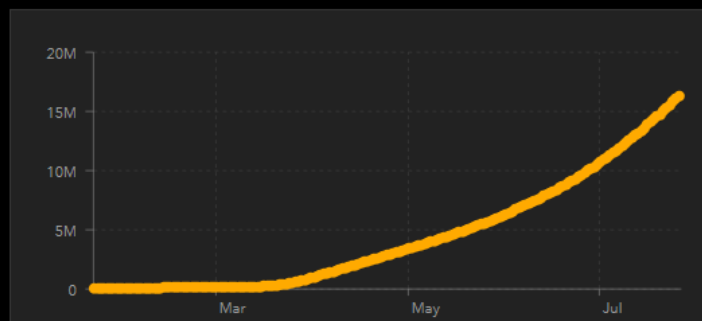
146,935 deaths	US
87,004 deaths	Brazil
45,837 deaths	United Kingdom
43,680 deaths	Mexico
35,107 deaths	Italy
32,771 deaths	India
30,195 deaths	

Global Deaths

US State Level
Deaths, Recovered

32,630 deaths, 72,716 recovered	New York US
15,787 deaths, 32,133 recovered	New Jersey US
8,529 deaths, 96,452 recovered	Massachusetts US
8,448 deaths, recovered	California US
7,590 deaths, recovered	Illinois US
7,127 deaths, 80,568 recovered	Pennsylvania US
6,400 deaths, 57,502 recovered	

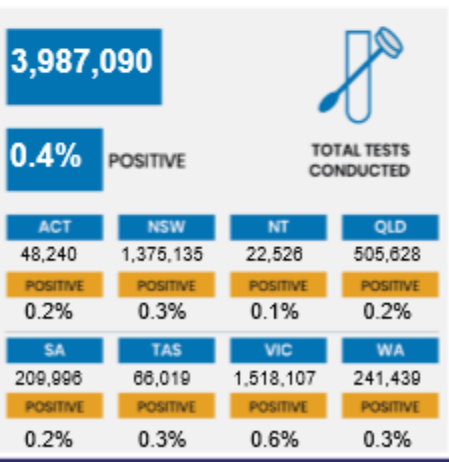
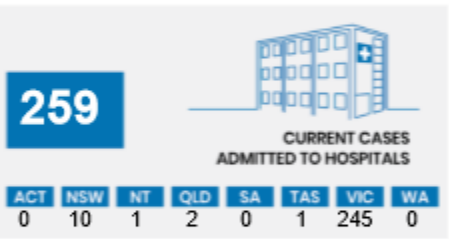
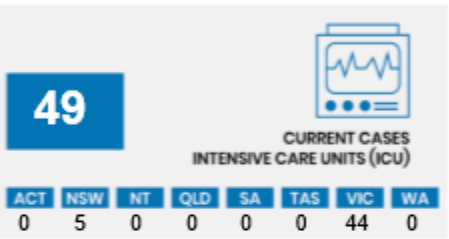
US Deaths, Recovered



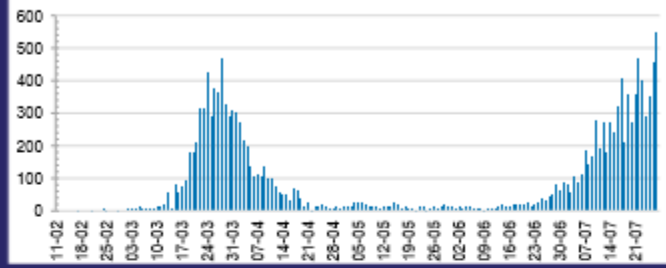
Confirmed Logarithmic Daily Cases



CURRENT STATUS OF CONFIRMED CASES



DAILY NUMBER OF REPORTED CASES

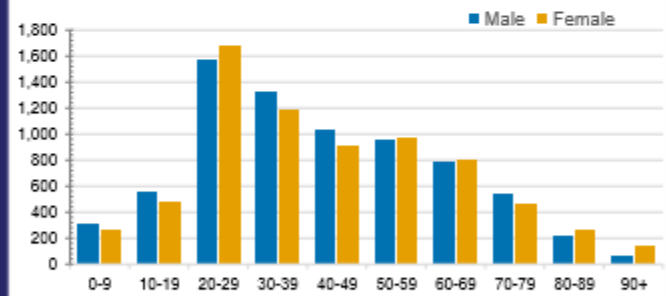


CASES IN AGED CARE SERVICES

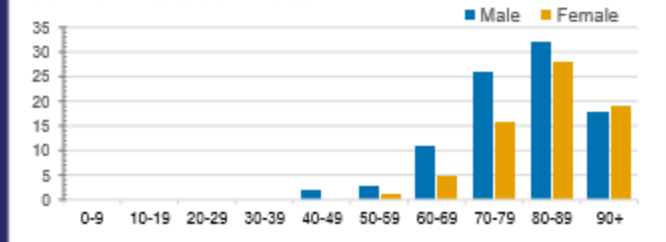
Confirmed Cases	Australia	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Residential Care Recipients	495 [41]	0	61 [32] (29)	0	1 (1)	0	1 (1)	432 [9] (36)	0
In Home Care Recipients	49 [30] (5)	0	13 [13]	0	8 [8]	1 [1]	5 [3] (2)	21 [5] (2)	1 (1)

Cases in care recipients [recovered] (deaths)

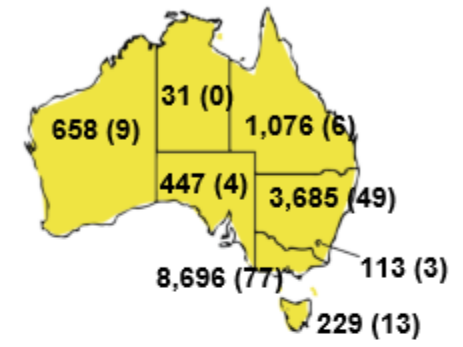
CASES BY AGE GROUP AND SEX



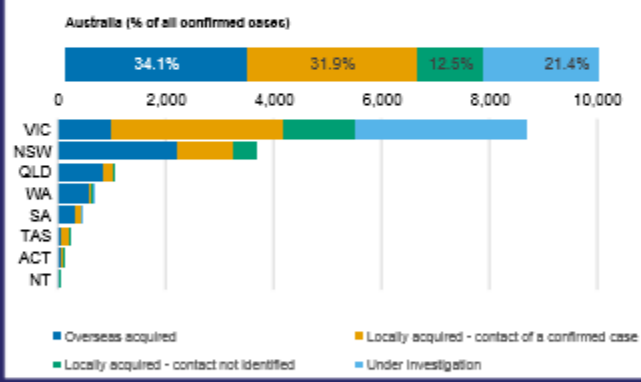
DEATHS BY AGE GROUP AND SEX



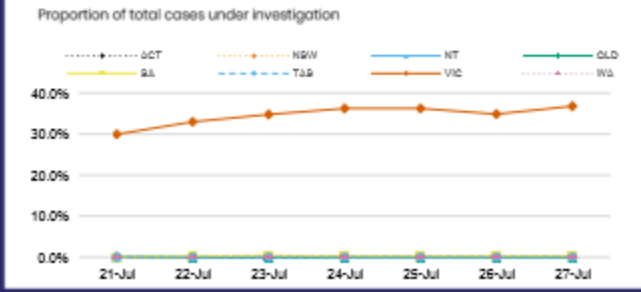
CASES (DEATHS) BY STATE AND TERRITORIES



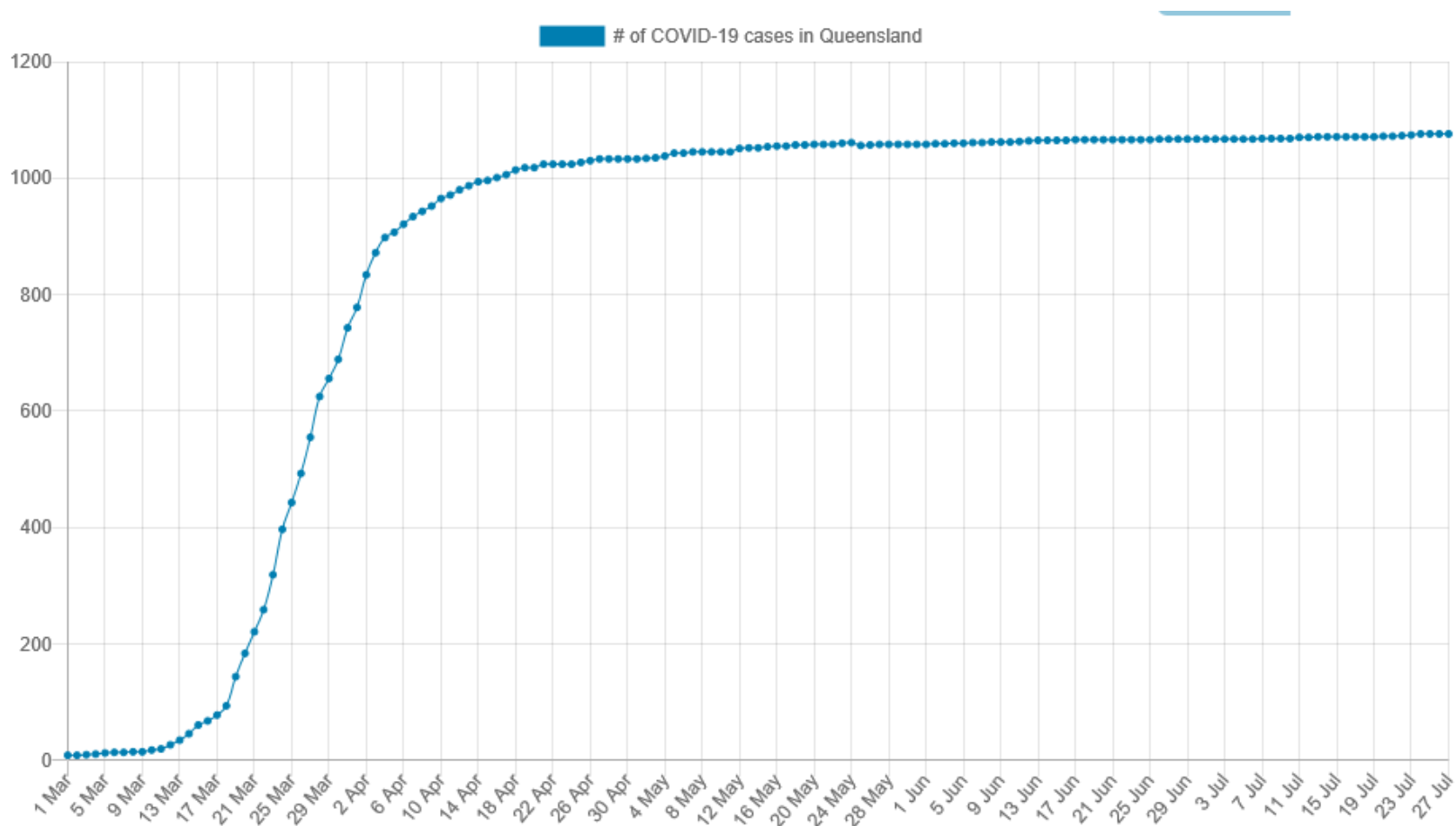
CASES BY SOURCE OF INFECTION



PUBLIC HEALTH RESPONSE MEASURE

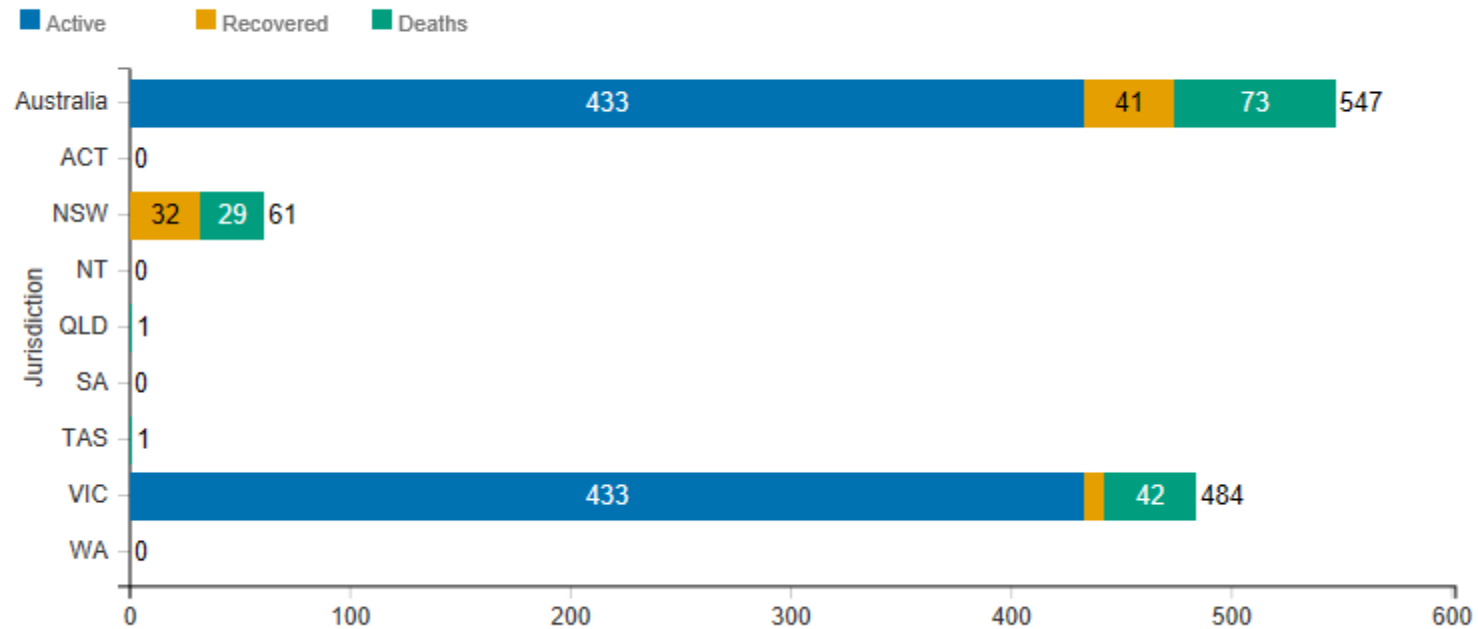


Total cases in Queensland over time



Cases in Aged Care Services

Source: Department of Health 28/7/2020



What we know

- COVID-19 complications are more likely in the elderly and the frail
- Spread of the disease is more likely in residential facilities (RACFs, boarding schools, correctional facilities).
- The elderly may not have the classic symptoms of the disease e.g. may not get a fever
- Multiple players are involved in the management of an outbreak in an RACF



The players

- Queensland Health
- The Public health unit
- Commonwealth Department of Health
- Aged care facility/ provider
- Aged care Quality and safety commission



Queensland Health

- Support clinical governance
- Determine the clinical lead and outreach model with specialist clinician support
- Support staff/ GPs
- Liaise regularly and provide information and support to GPs
- Determine appropriate care e.g. resident to remain in RACF or transferred to hospital
- Assess and consider providing support e.g. for infection control
- Liaise with other Govt. agencies and DDMGs

Public Health Unit

- Acts in an advisory role
- Assist facilities to confirm outbreaks
- Provide advice on obtaining samples for testing
- Guidance on outbreak management
- Monitoring for severity of illness (hospitalisations, deaths)
- Informing relevant stakeholders of outbreaks: QH
- Liaise with clinical providers of HHS e.g. AGES team



Commonwealth Dept. of Health

- Provide subsidy funding
- Support viability and capacity of service
- Allocate a state based 24/7 case manager
- Facilitate access to primary care for residents
- Facilitate access to resources
- Support relocation and decanting of cohorts based on clinical advice from and in partnership with QH
- Provide rapid response testing

Aged care facility/ provider

- Lead and manage the response to the outbreak
- Regularly communicate with residents and representatives
- Implement public health and clinic directions and advice
- Activate Outbreak Management Plan
- Notify and liaise with PHU and Commonwealth DoH
- Establish an OMT
- Contingency planning
- Work with govt agencies QH and Commonwealth to ensure high standards of infection control



Aged care Quality and Safety Commission

- National regulator
- Independently accredit, assess and monitor RACFs against the Aged care Quality Standards including infection control
- Resolve complaints
- Provide education to providers



Planning Guide –planning phases

- Prevention
- Preparedness
- Response
- Recovery



Public health assumptions to consider

- Will affect entire health system
- Coordinate with other plans in community
- ↓number HCWs (up to a third)
- Disruption to supplies
- No treatment or vaccine
- Meeting community needs
- Communication with families and friends

Prevention

- **AIM**
 - To stop the introduction of the virus into the facility
- Minimise spread throughout the facility
- Protect residents and staff against other diseases that may occur concurrently that may complicate any infection



Prevention

- Influenza vaccination: at least 95% residents and staff
- Documentation: Influenza vaccination registers for both residents and staff
- Influenza vaccination declination form
- Pneumococcal vaccination for residents who have not received this.

Prevention - continued

- Screening of staff and visitors prior to entry to facility
- Active screening of resident admissions/ readmissions
- Single entry into facility
- Staff member at entry to check visitors
- Visitors to sign a declaration they are well
- Signage at all entrances
- Implementation of non pharmaceutical measures
 - Hand hygiene
 - Cough and sneeze etiquette
 - Environmental cleaning
 - Isolation and cohorting
 - Social distancing

Preparedness

- Prior to an outbreak occurring, assess the risks and develop pre-planned responses
- Document response activities (OMP)
- Develop and maintain a high level of knowledge and competency re: the infection control practices required to manage the outbreak
- Situational analysis: Map of facility, no. of residents, no. of staff, where residents are located, etc.)

Preparedness

- Ensure vaccination against influenza
- Education of support staff, residents and families during the outbreak (staff and families do not visit attend work if sick)
- Workforce management (contingency plans)
- Identify staff who work across multiple facilities
- Staff education and training
- Communication with residents and families (how will this occur during an outbreak?)



Outbreak Management Plan (OMP)

- Key document for facility
- ALL FACILITIES MUST HAVE AN OMP IN PLACE

What should the OMP include?

- Governance arrangements (outbreak management team and external agencies)
- Communications
- Management of staff, residents and families
- Infection control measures
- Pathology testing
- Maintaining stock of relevant consumables (masks, gowns, gloves, etc.)
- When the plan needs to be reviewed

Appendix 2. COVID-19 Outbreak Preparedness Checklist

Planning actions	<input checked="" type="checkbox"/>
Does your RCF have a respiratory outbreak plan that covers all the areas identified below?	
Has your RCF updated its respiratory outbreak plan this year?	
Have the relevant health care providers/organisations in the community (e.g. associated GPs, infection control consultants) been involved in the planning process?	
Are all RCF staff aware of the plan including their roles and responsibilities?	
Staff, resident and family education	
Has your RCF staff undergone education and training in all aspects of outbreak identification and management, particularly competency in infection control and appropriate PPE use?	
Has your RCF run one or more staff education sessions (see section 3 for suggested content)?	
Has your RCF provided resident families with information regarding prevention of transmission?	
Staffing actions	
Does your RCF have a staffing contingency plan in case 20% to 30% of staff fall ill and are excluded for 14 days? Are you cohorting staff to limit the number of close contacts if someone becomes unwell?	
Has your RCF developed a plan for cohorting staff in an outbreak (see section 5 for detail)?	
Stock levels	
Has your RCF acquired adequate stock of PPE, hand hygiene products, nose and throat swabs and cleaning supplies?	
Outbreak recognition actions	
Does your RCF routinely assess residents for respiratory illness, particularly for fever or cough (with or without fever)? Do you document changes in residents behaviour or health?	
Does your RCF support and encourage staff to report COVID-19 symptoms during the pandemic?	
Does a process exist to notify the facility manager and the state/territory Department of Health and Human Services as soon as practicable (and within 24 hours) of when a COVID-19 case is suspected?	
Communication actions	
Does your RCF have a contact list for the state/territory health department and other relevant stake holders (e.g. facility GPs and infection control consultants)?	
Does your RCF have a plan for communicating with staff, residents, volunteers, family members and other service providers (e.g. cleaners) during an outbreak?	
Does your RCF have a plan to restrict unwell visitors entering the facility as well as limitation of well visitors during an outbreak to reduce risk of transmission both within the facility and externally (e.g. security, signage, restricted access)?	
Cleaning	
Does the plan identify who is responsible for overseeing increased frequency of cleaning, liaison with contractors or hiring extra cleaners as necessary?	

Response

- Minimise the impact of an outbreak and ensure appropriate responses are implemented
- Prevent further spread throughout facility
- Implement the outbreak response

- Respond rapidly and comprehensively (timing is of the essence!)
- A single case of COVID-19 is an outbreak

Stages of response

- Pre-outbreak
- Surveillance for Acute Respiratory Illness in residents and staff
- Remember that residents with COVID-19 infection may not have classic symptoms so look out for:
 - Confusion or behavioural change
 - Worsening of chronic conditions of the lungs
 - Loss of appetite
- If staff or resident exhibit any of these symptoms:
 - Residents- test and isolate
 - Staff – test and send home (isolate)

Stages of response

- A single positive COVID-19 test in an RACF is an outbreak!
- If the case is a resident they need to be isolated
- If the case is a staff member they need to be isolated
- Notify the Public Health Unit immediately
- Business Hours: 46998240
- After hours: 3646 1699
- Activate the Outbreak Management Team (will need to meet daily)



Others to notify

- Facility Management
- Commonwealth DoH
- Visiting GPs & Allied Health
- Local Hospitals
- Residents families
- Workplace Health & Safety



Information the Public Health Unit needs

- Situational analysis (map, etc) site visit may occur
- Number of staff and residents with symptoms
- Date of onset of illness in each person
- Type of symptoms
- Hospitalisations/ deaths
- No. of specimens taken
- Results of testing

Actions

- The facility will need to go into **lock down**
 - Infection control measures
 - PPE when dealing with sick
 - Contact and droplet precautions (in some instances: Airborne precautions)
 - Isolation of cases
 - Confine residents to their rooms
 - Close communal areas
 - Hand sanitiser outside resident's rooms
 - All sinks to have soap and paper towels

Actions cont.

- Exclude visitors and non-essential staff
- Increase cleaning
- Low threshold for medical review
- Surveillance for other cases
- Daily contact with PHU
- Complete daily line listing
- Designated staff looking after cases
- Signage at all entrances
- No transfers or new admissions



Droplet precautions

Put on a SINGLE-USE FACE MASK
before entering this room!

Please follow standard precautions at all times:

- **Wash your hands** thoroughly
- **Wear gloves** when touching body fluids or substances and contaminated items or surfaces
- **Wear a gown** or apron during care activities where your clothing may come into contact with body fluids or substances

Thank you for your cooperation.



Increased testing

- All residents and staff will require testing on a regular basis until the outbreak is declared over.
- SNP have been contracted to provide this service

Isolation and Cohorting

- Preferably single room with ensuite
- Droplet precautions
- If limited single rooms isolate those with low respiratory symptoms i.e. productive cough, SOB
- If no single rooms – Cohort those with similar symptoms and signs together
- If this not possible (sharing with well resident)
 - Separate beds by 1.5m
 - Draw curtains
 - Ensure influenza and pneumococcal vaccination in well resident

Isolation and quarantining of staff

- Cases that are staff will be required to isolate until medical clearance given.
- Public health will need to follow up all contacts of these staff both within and outside of the RACF
- Staff who are contacts will need to quarantine for 14 days from their last contact with a case (will be followed up by Public Health)

Care of cases (residents)

- Clinical care
- Admit under the Hospital In The Home (HITH) team
- ?Treating GP with support of HITH
- Transfer to hospital will depend on:
- Clinical advice
- Public health requirements
- Resident's wishes (Advanced Care Directives need to be in place and up to date)



Monitoring the outbreak

- Daily Line listing
- Number of hospitalisations
- Number of deaths

Declaring the outbreak over

- If no new cases occur within 14 days following date of isolation of the last case

Recovery

- Return to business as usual
- Incorporate learnings to improve future responses
- Debrief is important (involve all agencies)

Key Messages

- Make sure you have an up-to-date Outbreak Management Plan
- Staff need to stay home when they are sick (no exemptions)
- Encourage staff to be transparent about working at multiple facilities
- Prepare, prepare, prepare!

For assistance with developing an OMP or other queries

- Please contact the Public Health Unit
- Phone: 46998240 (business hours)
- Phone: 36461699 (Afterhours URGENT issues only)
- Email: DDPHUCDCIMM@health.qld.gov.au

COVID-19 resources

- **Aged Care Quality and Safety Commission:**
 - **COVID-19 information:**
<https://www.agedcarequality.gov.au/coronavirus-covid-19-information>
- **Department of Health:**
 - **COVID-19 health alert:**
https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert?utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=health-topics/novel-coronavirus-2019-ncov
 - **Advice for the health and aged care sector:**
<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector>
 - **National COVID-19 Guidelines for public health units:**
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

COVID-19 resources cont.

- **Communicable Disease Network Australia: Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities**
- <https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf>
- **Queensland Health resources:**
 - **Queensland Health Protecting Aged Care Residents**
 - <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/public-health-directions/aged-care>



Questions?