



# COVID-19

## Information for operators of retirement villages

## Contents

Contents.....	2
Introduction.....	3
Stage 1 – Prevention and preparedness.....	5
Stage 2 – Response to a confirmed COVID-19 case in a retirement village.....	11
Stage 3 – Stand-down.....	13
Resources.....	13
Appendix 1: COVID-19 outbreak management – key activities for retirement villages.....	16
Appendix 2: Infection prevention control/PPE requirements when caring for clients.....	17
Appendix 3: Personal protective equipment for <i>contact and droplet</i> precautions.....	19
Appendix 4: Screening Tool.....	21

## Abbreviations

GP	General practitioner
PHS	Public Health Services
PPE	personal protective equipment

*We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live, and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against COVID-19 across Tasmania.*

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## Introduction

This document provides information and advice about COVID-19 that is specific for operators and staff of retirement villages in Tasmania. It should be read in conjunction with the COVID-19 Case and Outbreak Management Framework for Tasmanian Settings.

## Signs and symptoms of COVID-19

The most common symptoms of COVID-19 are:

- fever (or signs of fever, for example chills, night sweats)
- acute respiratory infection (sore throat, shortness of breath, cough, runny nose – with or without a fever)
- loss of smell or loss of taste.



**Fever may be absent in older people.**

Less common symptoms include headache, myalgia/arthralgia (muscle and joint aches and pains), nausea, vomiting, diarrhoea, loss of appetite and fatigue.

Older people may have non-classic respiratory symptoms, mild or atypical presentations, such as:

- increased confusion
- worsening chronic lung disease
- nasal or conjunctival congestion, coughing up of blood, or sputum production.



**Anyone with a new respiratory symptom, however mild, should be tested for COVID-19.**

Most people with COVID-19 experience a mild illness and recover. Some people develop potentially life-threatening complications, and some may die. People aged over 70 years are at greater risk of complications and may also experience worsening of chronic health problems such as congestive heart failure, asthma and diabetes, as a complication of COVID-19.

Older people at highest risk are those with other chronic illnesses and/or weakened immune systems.

## Transmission

The virus that causes COVID-19 spreads through:

- close contact with an infectious person
- contact with droplets from an infected person's uncovered cough or sneeze (if you are within 1.5 metres or two large steps of an infected person)
- touching objects or surfaces (like doorknobs, sink taps and tables) that have cough or sneeze droplets from an infected person, and then touching your mouth, nose or eyes.

## How are cases and outbreaks of COVID-19 controlled?

COVID-19 outbreak control is difficult and resource intensive. It can cause severe resource shortages in some settings because of the need to isolate confirmed cases and quarantine their close contacts for up to 14 days – and longer if they become unwell.

The [COVID-19 Case and Outbreak Management Framework for Tasmanian Settings](#) describes the many components of outbreak management and how they fit together.

### Those components include:

- isolation and appropriate care of the person/people who have the virus
- rapid identification and quarantining of people who have had close contact with cases while they were infectious (able to spread the virus)
- rapid risk assessment
- timely and effective communication with people associated with the setting
- widespread testing within the community to identify further cases
- enhanced physical distancing, hand and respiratory hygiene and cleaning and disinfection within the affected setting
- tracking and analysis of the spread of illness and effectiveness of public health interventions
- coordination through multi-agency outbreak management coordination team.



**Public Health Services is the lead agency in the response to a COVID-19 case in Tasmania.** PHS will advise you what to do if there is a case associated with your retirement village and will work with you to identify what you need to do to protect other people and resume normal activities safely.

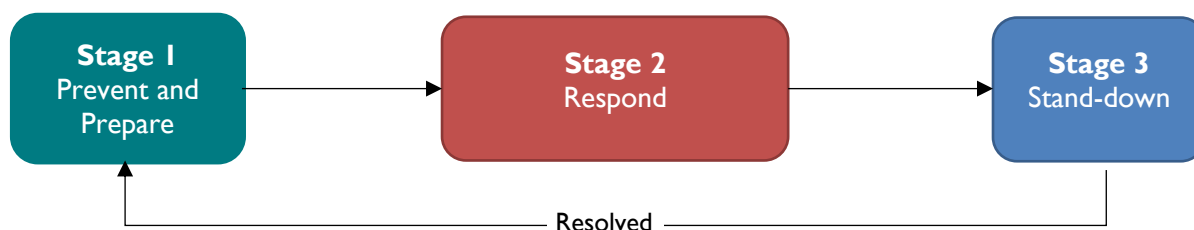
## COVID-19 in retirement villages

Retirement villages are considered a priority setting for COVID-19 due to the high number of older people living in close proximity. Compared with general settings, COVID-19 may spread more rapidly in retirement villages, have more serious consequences, and be more complex to manage.

A COVID-19 'outbreak' in a retirement village may be a **single confirmed case of COVID-19 in a resident, staff member or frequent attendee of that setting.**

Retirement village operators must prepare for and prevent COVID-19 in their villages, respond if there is a confirmed case or outbreak, stand-down the response after the case/outbreak has resolved, and continue preparedness and prevention activities as shown in Figure 1.

Figure 1: Cycle of COVID-19 stages



Appendix I shows a summary of key activities during these three stages.

## COVID-19 Safety Plans

Each retirement village is unique and should have a tailored up-to-date COVID-19 Safety Plan that incorporates all your prevention, preparedness, and response activities. See [WorkSafe Tasmania COVID Safe Workplace Guidelines for the Aged Care Industry](#)

As retirement villages are COVID-19 priority settings, it is also recommended that you detail your response activities in a separate outbreak management plan,

Plan for frequent review of your plans including in response to changes in public health measures.

More information on COVID-19 planning, including templates, is here:

- [www.coronavirus.tas.gov.au/business-and-employees/covid-19-safe-workplaces-framework](http://www.coronavirus.tas.gov.au/business-and-employees/covid-19-safe-workplaces-framework)
- [WorkSafe Tasmania COVID-19 Safe Workplaces Framework](#)
- [www.health.tas.gov.au/outbreakmanagement](http://www.health.tas.gov.au/outbreakmanagement)

## Stage I – Prevention and preparedness

### Prevention

It is vital that you maintain and implement your COVID-19 Safety Plan to help prevent introduction and transmission of COVID-19 within your retirement village. There are simple measures that will help.



**A diagram showing key prevention and preparedness activities for COVID-19 priority settings is on the Department of Health website [here](#)**

#### Hygiene measures

- Support and encourage hand and respiratory hygiene by residents, staff and visitors:
  - provide hand washing stations and alcohol-gel stations throughout the premises especially in communal areas
  - provide tissues and rubbish bins throughout the precinct/community
  - provide [signage](#) and education to staff, residents and visitors.
- Support and encourage all residents and staff to stay at home if they are unwell and/or have any respiratory symptoms and get tested for COVID-19.

#### Physical distancing and PPE

- Support and encourage physical distancing.
- Stay up to date with the current restrictions on household visitors, gatherings and density limits, at: [www.coronavirus.tas.gov.au/families-community/gatherings-density-and-physical-distancing](http://www.coronavirus.tas.gov.au/families-community/gatherings-density-and-physical-distancing)
- Ensure communal spaces have clear signage on person density restrictions, for example 'No more than four people can safely gather in this space'.
- Ensure organised communal activities meet physical distancing guidelines.



**Use of PPE is not recommended unless the resident has symptoms, has been diagnosed with COVID-19, or is identified as a close contact of a confirmed COVID-19 case.**

Workers who come into contact with residents do not need to wear masks or other personal protective equipment (PPE), unless the resident has symptoms, has been diagnosed with COVID-19 (is a confirmed case), or is identified as a close contact of a confirmed COVID-19 case.

Appendix 2 includes tables showing when PPE is required.

## Visitors

Visitor restrictions for residential aged care facilities (outlined at [www.coronavirus.tas.gov.au/families-community/aged-care-facility-visits](http://www.coronavirus.tas.gov.au/families-community/aged-care-facility-visits)) do **not** apply to retirement villages.

However, to reduce the risk of transmission, it is recommended that retirement village operators implement the following measures **where it is practicable to do so**.

- Require all visitors to sign in before visiting anyone in the village and place signage at the entrance to advise of the process. If this is not practical, request that your residents keep a record of all their visitors, including date, time, duration of visit, and contact details. This will support contact tracing should a case occur within the precinct.
- If there are multiple entrances to the village, designate a single entrance point to enable monitoring of visitors entering the village.
- Consider screening questionnaires and temperature screening (<37.5 °C) for all visitors and staff to monitor for symptoms of respiratory illness, or whether they should be in quarantine due to travel restrictions or contact with a confirmed case of COVID-19. (See sample at Appendix 4.)
- Encourage residents to limit the number of visitors in keeping with current physical distancing guidelines.
- Display [signage](#) and advise all visitors and staff to stay away from the village while they are unwell and/or have any respiratory symptoms, even if mild. Visitors and staff must not enter the village if they have symptoms of COVID-19.

## Influenza vaccination

Influenza vaccination is the most effective way to protect against influenza, which can be very serious and cause hospitalisation and death, especially in older Tasmanians and those with chronic diseases. Some people are eligible for free influenza vaccine, including people aged 65 years and over and Aboriginal people aged 50 and over. Further information can be found here:

[www.coronavirus.tas.gov.au/keeping-yourself-safe/what-you-can-do/influenza-vaccination](http://www.coronavirus.tas.gov.au/keeping-yourself-safe/what-you-can-do/influenza-vaccination)

Influenza vaccine will not protect against COVID-19, but older people are at higher risk of both COVID-19 and influenza. If older people get sick with both viruses at the same time, they are at even higher risk of severe illness and potentially death.

Since 1 May 2020, it is a mandatory requirement under the [Direction under the Public Health Act 1997](#) that visitors and staff in residential aged care facilities must have had the 2020 influenza vaccine. It is **not** mandatory for carers, staff, or visitors in community-based aged care or retirement villages to have the influenza vaccine. However, influenza vaccine for staff is highly recommended to protect yourself and your clients.

## Environmental cleaning

Cleaning and disinfecting frequently touched surfaces will help to slow the spread of COVID-19. Where possible, clean and disinfect high-touch surfaces at least twice daily within retirement village communal areas. Also clean surfaces and fittings immediately when visibly soiled and after any spillage.

Common contact surfaces include: lift buttons, door and cupboard handles, handrails, switches, taps, tables and chairs (including underneath), kitchen and food contact surfaces.

## How to clean and disinfect

You need to clean *and* disinfect surfaces; both steps are essential. The first step is cleaning, which means wiping dirt and germs off a surface. You can use common household detergent products for cleaning, they are stocked at supermarkets.

Cleaning alone does not kill germs. The next step is to disinfect the surface. Disinfection means using chemicals to kill germs on surfaces. Again, supermarkets stock common household disinfection products – it is important to use products that are labelled ‘disinfectant’ and to follow the instructions on the label.

Consider keeping cleaning logs and make them visible in all relevant shared workplaces and publicly accessible areas, recording dates and times of each clean, the name of the cleaner, and the cleaning protocol including the frequency of cleaning and contact person.

Refer to [this](#) document for further details.

## Staff absenteeism

Staff members should stay home if they are unwell and/or have any of the following symptoms, even if mild: fever (or signs of fever, for example chills or night sweats), cough, sore/itchy throat, runny nose, shortness of breath or loss of taste or smell.

Staff who have been advised to be in isolation or quarantine by Public Health Services (PHS) should also stay home until advised that they can return to work. Depending on the type of work they do and provided they are well, alternative working arrangements (for example, working from home) may be suitable for quarantined staff.



**If staff remain well during quarantine and do not develop any symptoms of COVID-19 (even mild), they do not need clearance testing to return to work after completing quarantine, unless specifically requested by PHS.**

## Preparedness

Staff responsible for retirement homes should ensure they are well prepared for COVID-19 cases and outbreaks. Being prepared will help your organisation respond well and quickly within a vigorous multi-agency response, potentially save lives and minimise disruption to normal services and activities.

### What you can do to prepare

The following steps are key in ensuring preparedness.

#### I. Plan for suspect or confirmed cases.

The actions you will take if there is a suspected case or confirmed case linked to your retirement village should be outlined in your COVID-19 Safety Plan (under ‘*Responding to an incident of COVID-19 in the workplace*’). As retirement villages are COVID-19 priority settings, it’s important to also prepare a more detailed, separate outbreak management plan Use the information and resources on the Department of Health website for [COVID-19 priority settings](#)

Check that your plan includes:

- who staff/residents should tell if they have symptoms of COVID-19 and are getting tested
- how to ensure residents/staff getting a COVID-19 test are safely isolated while they await results
- the contact number for PHS if there is a confirmed case (Public Health Hotline 1800 671 738)
- the person who will lead your response and be the main contact person for PHS and membership of your internal outbreak response team, if it needs to be activated
- how you will manage and support residents who are identified as confirmed cases or close contacts throughout their isolation/quarantine periods.

## **2. Develop an outbreak communication plan.**

In the event of a confirmed case in your village, you will need to communicate clearly with staff, residents, and visitors. PHS will support this and assist with key messages to be communicated.

You can prepare by developing a list of key stakeholders that you will need to communicate with, considering how you will communicate with each group, keeping an up-to-date contact list, and pre-preparing signage and letters/emails, that can be adapted with input from PHS.

## **3. Ensure staff are trained and educated about COVID-19.**

## **4. Consider whether you need additional consumables such as cleaning supplies or PPE.**

## **5. Develop workforce contingency plans for if your staff are isolated or quarantined due to COVID-19 and consider how you will maintain business continuity.**

## **6. Ensure you have information that PHS may need in an outbreak.**

- Prepare a map/plan of your facility.
- Ensure your resident and staff details are current and collated in an Excel spreadsheet, including correct names (ie not nicknames), date of birth and contact details.
- Collect and store information to support contact tracing if required. This includes information about who spends time in your premises (when and where) (for example visitor logs, staff rosters, attendance lists for communal events), and keeping frequent visitor contact information up to date.

## **7. Stay up to date**

Monitor changes to COVID-19 guidelines and restrictions in Tasmania at [www.coronavirus.tas.gov.au](http://www.coronavirus.tas.gov.au)

## **Testing for COVID-19**

Early identification of COVID-19 cases and a rapid response is key to minimising transmission of COVID-19 to others and the broader community.

In line with national guidelines, patients being discharged from hospitals to residential aged care facilities or retirement homes do not need to be tested if they do not have symptoms of COVID-19.

If any staff or residents become very unwell or have difficulty breathing, call Triple Zero (000) and ask for an ambulance.



## When should staff or residents get tested for COVID-19?

Unwell staff or residents should be assessed and clinically managed by their GP.

It is important to encourage any staff member or resident to get tested for COVID-19 if they have or have had any of the following symptoms in the past seven days, even mild:

- fever (or signs of fever, eg chills, night sweats)
- cough
- runny nose
- sore/itchy throat
- shortness of breath
- loss of taste or smell.

COVID-19 can also present with the following symptoms that can occur on their own or combined with the other symptoms:

- headaches
- muscle and joint pain
- nausea, vomiting
- diarrhoea
- loss of appetite
- fatigue.

Anyone experiencing these symptoms – especially health and aged care workers – should consider a COVID-19 test as part of managing their illness, in liaison with their GP.

Testing is also encouraged for:

- symptomatic household members of healthcare and aged care workers
- close contacts of confirmed cases between days 10 and 12 from their last contact with the confirmed case
- people quarantining in government-designated accommodation on days 5 and 12 of their quarantine period
- Tasmanians in home quarantine on day 12 of their quarantine period.

## How to organise a test

Tests can be organised by calling the Public Health Hotline on 1800 671 738.

If a resident is immobile and unable to visit a testing clinic, encourage them to call their GP or the Public Health Hotline and advise that they have mobility difficulties.



**If staff need to be tested for COVID-19, make sure they know to tell their GP or testing centre that they work in retirement village.**

More information on where testing can be done is here:

[www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19](http://www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19)

## What does the test involve?

The COVID-19 test involves a healthcare worker taking samples with a swab from your nose and throat. The swabs will be sent away for testing.

To protect themselves when they are in close contact with you, healthcare workers will wear protective equipment, including a facemask, gown and safety goggles.

## After getting tested for COVID-19

**Residents** of retirement villages must stay at home and self-isolate while waiting for COVID-19 results. This means staying within their own home and garden and not going to other parts of the village. If residents require home care services during this time, they should inform their carers that they have been tested for COVID-19. Persons entering their home should protect themselves, including by using PPE when in close contact with the resident. Please refer to Appendix A for further details.

**Staff members** must stay at home and self-isolate while waiting for COVID-19 results. They should not return to work until they no longer have symptoms (depending on the condition) **and** the test result has come back as negative. Remind staff of their leave entitlements if they are need to self-isolate.

**Please provide the following advice to residents and staff that are required to isolate:**

- Do not leave your home or garden. Do not attend other locations within the village.
- Ask a friend, family member or retirement village managers to assist if you need help with supplies or essential tasks outside your home. Supplies can be left at the door. If you don't have someone to help, call the Public Health Hotline on 1800 671 738 for support.
- Cover coughs and sneezes. If you don't have a tissue, use the inside of your elbow. Put used tissues in the rubbish straight away and wash your hands.
- If you share your home, consider if you or other members of your household can stay elsewhere, especially if they are elderly or have underlying medical conditions, including diagnosed conditions affecting their immunity. If this isn't possible:
  - stay at least 1.5 metres (two big steps) away from other household members; wear a facemask if you need to be closer to household members
  - sleep in a separate bed and use a separate bathroom if you can
  - keep personal items (like towels, face washers and toothbrushes) separate
  - do not share food or drinks
  - stay away from shared spaces, like the kitchen (a shared garden is okay).
- Do not have visitors while in self-isolation, even if they are also in self-isolation or quarantine. Tell family, friends and neighbours not to visit. Consider putting a note on your door to let people know.
- Wash your hands often with soap and water (alcohol-based hand rub is okay if your hands do not look dirty). Viruses can survive for a short time on surfaces and spread through hand contact.
- Know when and how to seek further help.
  - If you get very sick or have trouble breathing, call Triple Zero (000) for an ambulance. Tell them you may have COVID-19.
  - If you feel stressed or anxious while you wait for your results, talk with someone. Lifeline has set up a new service to help Tasmanians effected by COVID-19. Call [1800 984 434](tel:1800984434) from 8:00 am to 8:00 pm, seven days.

### **COVID-19 test results**

It usually takes a day or two to get the result from a COVID-19 test.

If the result is negative, the person tested will get a text message or be phoned by their doctor. If the symptoms have stopped (and the person isn't in quarantine as a recent arrival to Tasmania or with a close contact with someone known to have COVID-19), they can then leave home isolation. They still need to follow the rules in place for the whole community.

If the result is positive, PHS will contact the person tested and provide instructions on what to do.

## Stage 2 – Response to a confirmed COVID-19 case in a retirement village

### PHS response to a confirmed case

Laboratory-confirmed COVID-19 is a notifiable disease in Australia. PHS is notified by the laboratory of all positive tests and will initiate the response. If you become aware of a confirmed COVID-19 case within your retirement village and you have not already been in contact with PHS, please call the Public Health Hotline on 1800 671 738.

PHS will:

- ensure that the case can be safely isolated and gets the appropriate medical care; this may involve being transferred to hospital, but this is assessed on a case-by-case basis and is informed by the care needs and living arrangements of the case
- interview the case and identify who has been in close contact with them while they were infectious (contact tracing)
- instruct any identified close contacts of the case to quarantine for 14 days and get tested if they have any symptoms
- inform the retirement village operator that a confirmed case has been identified on their premises
- support the operator in any communications to other residents, staff, and visitors
- advise if any further testing is recommended for other residents and staff
- set up an outbreak management co-ordination team if required, to help co-ordinate support across different agencies
- declare when an outbreak is over.

**A close contact** is any person who, without recommended PPE or with failure of PPE, has:

- face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case
- shared a closed space with a confirmed or probable case for a prolonged period (more than two hours) in the period from 48 hours before the case's onset of symptoms.

Close contacts are identified on a case-by-case basis but generally include any person:

- living in the same household or household-like setting (e.g. boarding school, hostel) as a case
- who has direct and unprotected contact with body fluids or laboratory specimens from a case
- who spends two hours or more in the same room (such as a GP waiting room, classroom) as a case
- who was in the same hospital room when an aerosol-generating procedure is undertaken on a case
- who was an aircraft passenger seated in the same row as a case and in the two rows in front and behind.

## Retirement village response to a confirmed COVID-19 case

If COVID-19 is diagnosed in a resident or staff member of your retirement village, PHS may ask you to:

- activate your outbreak management plan
- activate your internal outbreak response team to coordinate the response within your setting and provide to PHS the name and contact details of your preferred contact person/s
- support contact tracing, for example provide information about residents, staffing, visitors, or communal activities
- support risk assessment by providing information about your setting (for example site plan, outbreak management plan) and advising on risks specific to the setting
- while maintaining confidentiality of cases and contacts, communicate with your staff and residents that you have a confirmed COVID-19 case and what you need them to do, for example be vigilant for symptoms and get tested if required; PHS will support any communications, including to ensure consistency of messages, timing and tone
- protect others by displaying outbreak signage
- enhance infection prevention and control measures such as physical distancing, hand hygiene, and environmental cleaning
- restrict visitors and movement of residents within the premises, for example cease communal activities
- support the health and wellbeing of all residents and staff, including those isolating as a confirmed case or quarantining as a close contact, for example by facilitating access to healthcare, testing and essential items
- continue to provide essential services
- join the multiagency outbreak management coordination team when activated by PHS.



**A diagram showing key response activities for COVID-19 priority settings is on the Department of Health website [here](#)**



**If the confirmed case is an employee, you may also need to notify WorkSafe Tasmania immediately. This is a legal requirement.**



**Please liaise with PHS before activating your communication plan.**

## Release from isolation

Residents and staff who are confirmed cases will be released from isolation by PHS in liaison with the treating clinician, when their symptoms have resolved and they are no longer considered infectious, as per the national guidelines.

PHS will provide instructions and a letter confirming that the resident or staff member can leave isolation. Staff can only return to work once they have been released from isolation.



**Confirmed cases must remain isolated until they receive a letter from PHS confirming they can leave isolation.**

## Stage 3 – Stand-down

PHS will declare when the outbreak is over. Key activities for the retirement village will include:

- communicating that the outbreak is over with your residents, staff, visitors, and other key stakeholders
- removing outbreak signage
- standing down your outbreak response team
- debriefing with your staff and residents
- evaluating what went well and what could have gone better
- updating your plans to reflect lessons learned.



A diagram showing key stand-down activities for is on the Department of Health website [here](#)

## Resources

### Australian Government Department of Health resources

- [Subscribe to aged care sector announcements and newsletters](http://www.health.gov.au/using-our-websites/subscriptions/subscribe-to-aged-care-sector-announcements-and-newsletters)  
www.health.gov.au/using-our-websites/subscriptions/subscribe-to-aged-care-sector-announcements-and-newsletters
- Older Persons COVID-19 Support Line on 1800 171 866
- Fact sheets:
  - [Fact sheet: Coronavirus \(COVID-19\) advice for retirement villages](http://www.health.gov.au/sites/default/files/documents/2020/09/coronavirus-covid-19-advice-for-retirement-villages.pdf)  
www.health.gov.au/sites/default/files/documents/2020/09/coronavirus-covid-19-advice-for-retirement-villages.pdf
  - [Fact sheet on the older persons support line](http://www.health.gov.au/sites/default/files/documents/2020/07/older-persons-covid-19-support-line-coronavirus-covid-19-older-persons-covid-19-support-line.pdf)  
www.health.gov.au/sites/default/files/documents/2020/07/older-persons-covid-19-support-line-coronavirus-covid-19-older-persons-covid-19-support-line.pdf
  - [Fact sheet for older Australians: Seeing family and friends and living in the community](http://www.health.gov.au/sites/default/files/documents/2020/07/older-persons-covid-19-support-line-coronavirus-covid-19-older-persons-covid-19-support-line.pdf)  
www.health.gov.au/sites/default/files/documents/2020/07/older-persons-covid-19-support-line-coronavirus-covid-19-older-persons-covid-19-support-line.pdf
  - [Living well in the COVID-19 pandemic](http://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-living-well-in-the-covid-19-pandemic.pdf)  
www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-living-well-in-the-covid-19-pandemic.pdf
- Templates and guidelines
  - [COVID-19 action plan template](http://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-action-plan.pdf) for persons at higher risk of COVID-19 designed to be developed in partnership between GPs and individual patients.  
www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-action-plan.pdf
  - [Coronavirus \(COVID-19\) Guide for Home Care Providers](http://www.health.gov.au/resources/publications/coronavirus-covid-19-guide-for-home-care-providers)  
www.health.gov.au/resources/publications/coronavirus-covid-19-guide-for-home-care-providers

- Apps
  - [Coronavirus Australia app](#)  
www.health.gov.au/resources/apps-and-tools/coronavirus-australia-app
  - [COVIDSafe app](#)  
www.health.gov.au/resources/apps-and-tools/covidsafe-app
- Education videos
  - [Coronavirus video – Older Australians](#)  
www.health.gov.au/resources/videos/coronavirus-video-older-australians
  - [Coronavirus video – Social distancing](#)  
www.health.gov.au/resources/videos/coronavirus-video-social-distancing
  - [Coronavirus video – Help Stop the Spread](#)  
www.health.gov.au/resources/videos/coronavirus-video-help-stop-the-spread
  - [Coronavirus video – Good Hygiene Starts Here](#)  
www.health.gov.au/resources/videos/coronavirus-video-good-hygiene-starts-here
  - [Coronavirus video – Stay Informed](#)  
www.health.gov.au/resources/videos/coronavirus-video-stay-informed
- Infection prevention and control
  - [Environmental cleaning and disinfection principles for health and residential care facilities](#)  
www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf
  - [Hand hygiene](#)  
www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene
  - [Online COVID-19 infection control training](#)  
www.covid-19training.gov.au/

## Tasmanian Government resources

- Websites
  - [Tasmanian coronavirus website](#) (information for the general public)  
www.coronavirus.tas.gov.au
  - [Tasmanian Department of Health website](#) (information for health and aged care workers)  
www.health.tas.gov.au
  - [WorkSafe Tasmania website](#) (information for employers and employees)  
www.worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus
- Guidelines, plans and frameworks
  - [COVID-19 Guideline – Home visits risk assessment and risk minimisation](#)  
www.coronavirus.tas.gov.au/\_\_\_data/assets/pdf\_file/0034/89674/COVID-19-Guideline-Home-Visits-Risk-Assessment-and-Risk-Minimisation.pdf
  - [Tasmanian Case and Outbreak Management Framework for Tasmanian Settings and related resources](#)  
www.health.tas.gov.au/outbreakmanagement

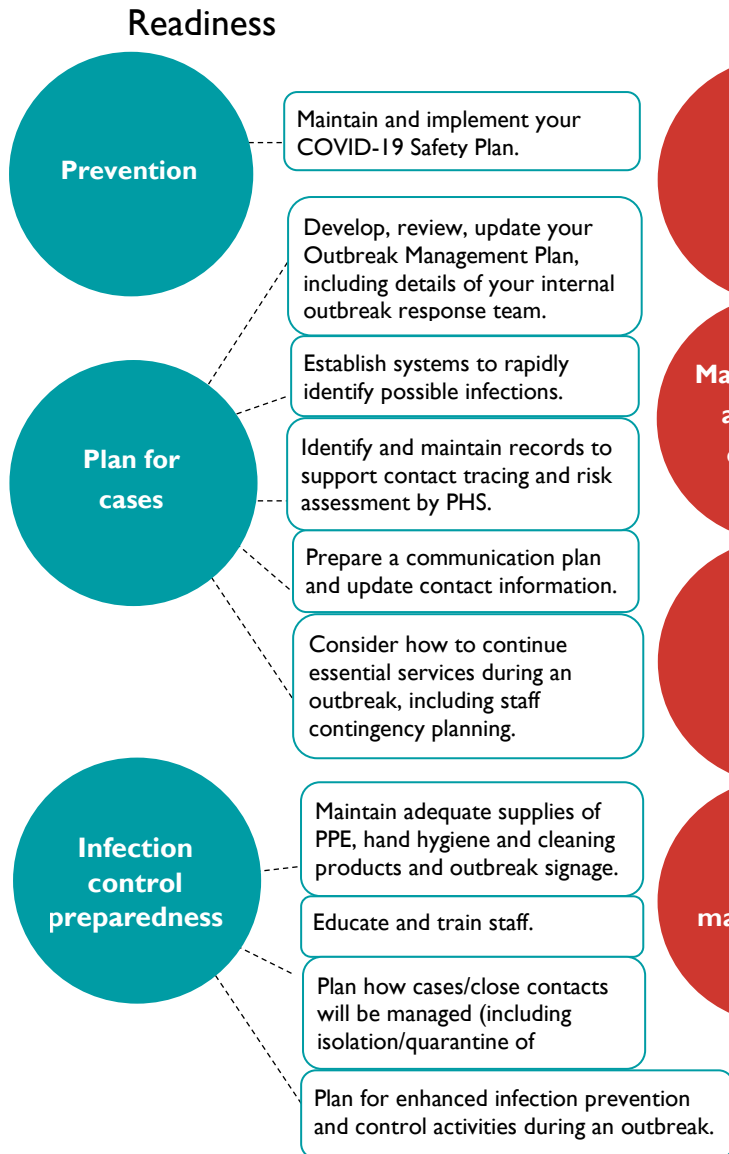
- [WorkSafe Tasmania COVID-19 Safe Workplaces Framework](http://www.worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus/covid-safe-workplaces-framework)  
www.worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus/covid-safe-workplaces-framework
- [Worksafe COVID Safe Workplace Guidelines Aged Care Industry](http://www.worksafe.tas.gov.au/__data/assets/pdf_file/0010/570574/COVID-Safe-Workplace-Guidelines-Aged-Care.pdf)  
www.worksafe.tas.gov.au/\_\_data/assets/pdf\_file/0010/570574/COVID-Safe-Workplace-Guidelines-Aged-Care.pdf.
- Infection prevention and control
  - [Tasmanian Infection Prevention and Control Unit – PPE demonstration videos](http://www.dhhs.tas.gov.au/publichealth/tasmanian_infection_prevention_and_control_unit/healthcare_worker_education/proper_use_of_personal_protective_equipment)  
www.dhhs.tas.gov.au/publichealth/tasmanian\_infection\_prevention\_and\_control\_unit/healthcare\_worker\_education/proper\_use\_of\_personal\_protective\_equipment
  - [PPE for Contact and Droplet Precautions](http://www.coronavirus.tas.gov.au/__data/assets/pdf_file/0035/87974/PPE-for-Contact-and-Droplet-Precautions.pdf)  
www.coronavirus.tas.gov.au/\_\_data/assets/pdf\_file/0035/87974/PPE-for-Contact-and-Droplet-Precautions.pdf

## Aged care non-government resources

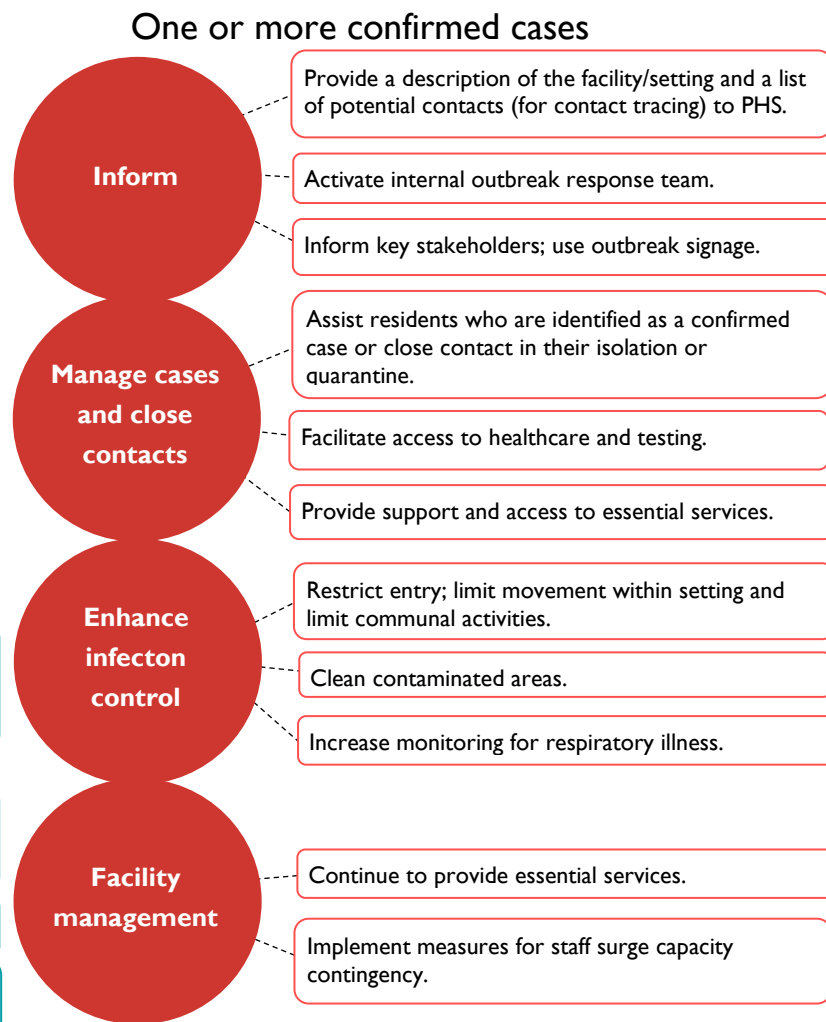
- Advance care directives: [Advice from Advance Care Planning Australia](http://www.advancecareplanning.org.au/footer-menu/faqs#/)  
www.advancecareplanning.org.au/footer-menu/faqs#/#/
- Palliative care
  - [Practice tips for care workers in aged care from palliAged](http://www.palliaged.com.au/Portals/5/Documents/Practice-Tip_Sheets/Practice-Tips-for-Careworkers-in-Aged-Care-SET.pdf)  
www.palliaged.com.au/Portals/5/Documents/Practice-Tip\_Sheets/Practice-Tips-for-Careworkers-in-Aged-Care-SET.pdf
  - [Palliative Care Australia: www.palliativecare.org.au/](http://www.palliativecare.org.au/)
- Grief and bereavement: [Australian centre for grief and bereavement www.grief.org.au/](http://www.grief.org.au/)

# Appendix 1: COVID-19 outbreak management – key activities for retirement villages

## 1. Prevent and Prepare

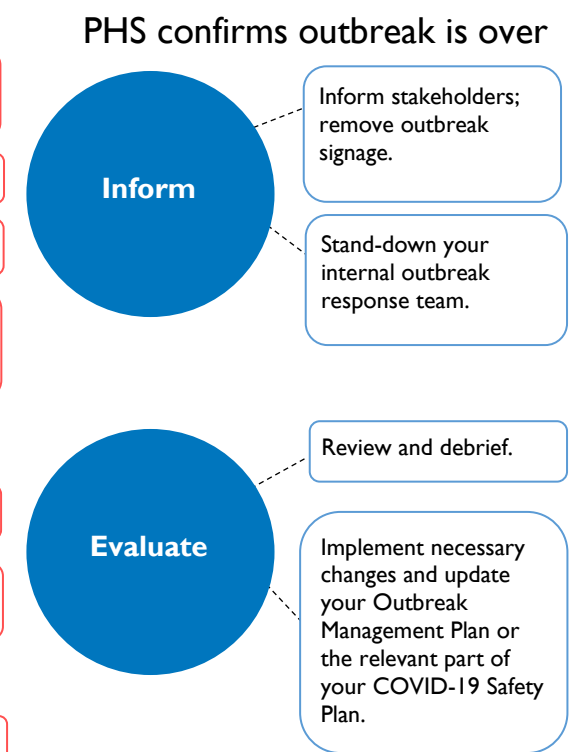


## 2. Respond



**Join the outbreak management coordination team and implement further response measures as needed.**

## 3. Stand-down



**Resume Stage 1 activities**



## Appendix 2: Infection prevention control/PPE requirements when caring for clients

The tables below outline when PPE is required in the retirement village setting, for example if someone is getting tested for COVID-19, is quarantining or is diagnosed with COVID-19 and you need to have contact with them, for example, by being within 1.5 metres or spend more than 15 minutes in the same room.

These tables are copied from [COVID-19 Guideline for Home Visits: risk assessment and minimisation](#). Please refer to this document for further information for home care providers. *Thank you to the Victorian Government Department of Health and Human Services for permission to reproduce the purple icons in Table 1 and 2.*








### Infection prevention and control when caring for a person who is very unlikely to have COVID-19

If you are providing care to someone **who is very unlikely to have COVID-19**, use the infection prevention and control guidelines outlined in Table 1.

This is for people who:

- are **not** in quarantine
- are **not** unwell and have no flu-like or respiratory symptoms
- have **not** been diagnosed with COVID-19, and
- are **not** waiting for COVID-19 test results.

Table 1: Infection prevention and control measures for clients who are very unlikely to have COVID-19

For use when:	 Hand hygiene	 Gloves	 Surgical mask	 P2/N95 respirator	 Eye protection (safety glasses/ goggles/ face shield)	 Disposable fluid repellent gown	 Plastic apron
Providing care that involves touching the client or contact with blood or bodily fluids e.g. dressing and showering.	✓	✓	Only if there is risk of splash to the carer's face from blood or bodily fluids.	✗	Only if there is risk of splash to the carer's eyes from blood or bodily fluids.	Only if there is risk of splash to the carer's body from blood or body fluids.	
Providing non-contact care or support.	✓	✗	✗	✗	✗	✗	








## Infection prevention and control when caring for a person who has or might have COVID-19

If you are entering the home of someone **who has or might have COVID-19**, use the infection prevention and control measures outlined in **Table 2**. You must also complete online Australian Government COVID-19 Infection Control Training, available at [www.covid-19training.gov.au](http://www.covid-19training.gov.au)

People who have or might have COVID-19 are:

1. People in quarantine
2. People who have flu-like or respiratory symptoms – fever (or signs of fever, for example night sweats, chills), cough, sore throat or shortness of breath – who have not yet been tested for COVID-19
3. People who are waiting for COVID-19 test results
4. People who have tested positive to COVID-19 and not yet been released from isolation by Public Health Services.

Table 2: Infection prevention and control measures for clients who **have risk factors** for having COVID-19

For use when:	 Hand hygiene	 Gloves	 Surgical mask	 P2/N95 respirator	 Eye protection (safety glasses/ goggles/ face shield)	 Disposable fluid repellent gown	 Plastic apron
Providing care that involves touching the client or contact with blood or bodily fluids e.g. dressing and showering	✓	✓	✓	✗	✓	✓	✗
Providing non-contact care or support when 1.5 metres distance <b>cannot</b> be maintained or if visit is for longer than 2 hours	✓	✗	✓	✗	✗	✗	✗
Providing non-contact care or support when 1.5 metres distance can be maintained, and the visit is for less than 2 hours.	✓	✗	✗	✗	✗	✗	✗

## Appendix 3: Personal protective equipment for contact and droplet precautions




# Personal Protective Equipment for Contact and Droplet Precautions

Contact and droplet precautions must be used for routine care of patients with suspected, probable and confirmed COVID-19. Use 'Contact and Airborne Precautions' for aerosol-generating procedures including intubation and bronchoscopy and for care of critically ill patients with suspected, probable or confirmed COVID-19.

Use the following personal protective equipment (PPE):

- gown – long sleeve
- gloves – non-sterile
- surgical mask (replace the surgical mask with a P2/N95 mask for Contact and Airborne Precautions)
- protective eye wear.

### Sequence for putting on PPE

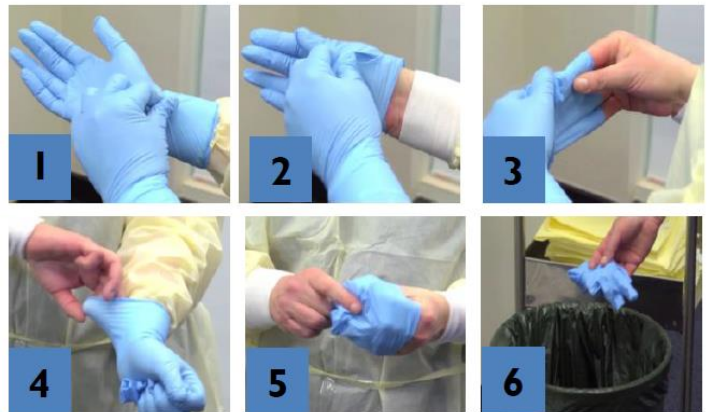
<p><b>1. Gown</b></p> <ul style="list-style-type: none"> <li>• <b>Perform hand hygiene.</b></li> <li>• Unfold the gown and slide your arms into the arm holes and through the cuffs.</li> <li>• Secure the top of the gown at the back of the neck and tie the waist ties.</li> </ul>	
<p><b>2. Mask and protective eyewear</b></p> <ul style="list-style-type: none"> <li>• Put on the surgical mask. Press the nosepiece to conform with the bridge of your nose and cheekbones.</li> <li>• Place eyewear over your eyes (and prescription glasses if worn) and adjust to fit.</li> </ul>	
<p><b>3. Gloves</b></p> <ul style="list-style-type: none"> <li>• <b>Perform hand hygiene</b></li> <li>• Put on the gloves.</li> <li>• Extend the gloves to cover the wrist/cuff of your gown.</li> </ul>	

## Sequence for removing PPE for Contact and Droplet Precautions

There are two approved sequences for removing PPE; steps 2 and 3 can be reversed with hand hygiene between. (ie remove gown, hand hygiene, remove eyewear, hand hygiene).

### 1. Remove Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in the gloved hand.
- Slide the fingers of your un-gloved hand under the remaining glove at the wrist.
- Peel the second glove off over the first glove.
- Discard gloves in waste container.
- **Perform hand hygiene.**



### 2. Remove protective eyewear or face shield

- Handle the eyewear or face shield by the headband or earpieces.
- Place in designated receptacle for reprocessing or in waste container.
- **Perform hand hygiene.**



### 3. Remove gown

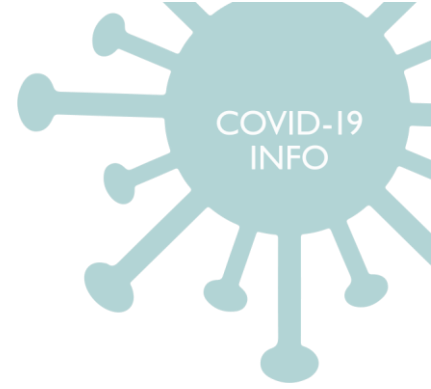
- Unfasten ties.
- Touching the inside of the gown only, pull the gown away from your neck and shoulders.
- Turn the gown inside out.
- Roll the gown down away from your body, continuing until the gown is in a ball.
- Discard in waste container.
- **Perform hand hygiene.**



### 4. Remove mask

- Unfasten the bottom tie and then the top tie.
- Lean forward and pull the mask away from your face by using the tie or bands.
- Hold the ties or band and discard directly into the waste container.
- **Perform hand hygiene.**





## Appendix 4: Screening Tool

To be completed by **all** staff and visitors before entering this retirement village/facility.

**Date:** ..... **Time of arrival:** .....

**Name:** .....

**Mobile number** ..... **Staff**  **Visitor**

**If you are a visitor, who are you visiting?** .....

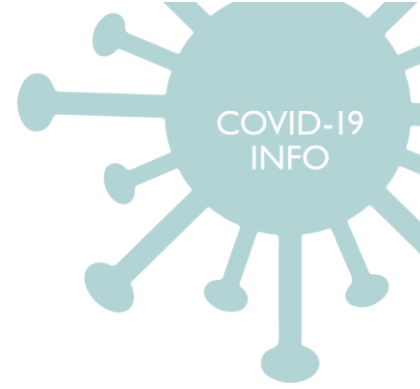
	Yes	No	What to do if 'yes'
1. Do you have a fever (or signs of fever eg chills, night sweats)? 2. Have you felt feverish or had a high temperature in the past seven days? 3. Do you have any cold or flu-like symptoms, including cough, runny nose or sore throat? 4. Do you have shortness of breath or loss of taste or smell?			Go home. Seek testing through your GP or the Public Health Hotline (1800 672 738). Stay at home except to be tested and to access urgent medical care.  If you have been tested since getting these symptoms and had a negative result, stay at home until your fever and cold/flu-like symptoms have resolved.
5. In the last 14 days, have you had close contact* with someone who is known to have COVID-19 (without wearing appropriate personal protective equipment)?			Go home. If you have not been contacted by Public Health about being a close contact, phone 1800 671 738 as soon as possible and tell them.  Stay in home quarantine for 14 days after your last contact with the person who has COVID-19.
6. In the last 14 days, have you been in an area identified as high or medium risk for COVID-19 (see <a href="http://www.coronavirus.tas.gov.au">www.coronavirus.tas.gov.au</a> )			Go home/to your place of quarantine (unless you have received written exemption to work from Public Health). Stay in quarantine for 14 days after your arrival in Tasmania.

\* for the definition of 'close contact', see over the page.

I declare the information I have provided is accurate and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: / /2020.



**A close contact is anyone who:** If had face-to-face contact (within 1.5 metres) for more than 15 minutes (cumulative over the course of a week) with a confirmed case, while that person was or may have been infectious, including in the 48 hours before symptom onset

- shared a closed space (eg waiting room, classroom) for more than two hours with a confirmed case, while that person was/may have been infectious, including in the 48 hours before symptom onset.

Close contacts do not include healthcare workers who used infection control precautions, including the recommended personal protective equipment, while caring for someone with COVID-19.