COVID-19 QUARANTINE VICTORIA

Safer Care Victoria recommendations

March 2021

Developing and implementing minimum ventilation and engineering standards

- Six recommendations, including three which were underway or completed prior to the review, focused on undertaking ventilation reviews, developing and implementing minimum ventilation and engineering standards, training staff in those standards, undertaking required building upgrade works and reducing room capacity for family groups.

- There were a further four site-specific recommendations for the Park Royal on ventilation requiring the replacement or cleaning of filters and on-site record keeping of these works.

CQV key actions:

- **Independent ventilation assessments:** assessments at all quarantine hotels were already underway (please see Ventilation Assessments document for further detail)

- **Ventilation standards and training:** Until February 2021, there were no state or national guidelines for ventilation in a hotel sitting. In collaboration with DH, there is now a standard provided, and the CQV assessments and rectification are well underway. Prior reference points included standards for health care – however, hotels are not designed for this standard nor are these standards achievable. The Department of Health (DH) will lead discussions for a national ventilation standard for hotels. A comprehensive training and assurance program will be developed to deliver against any finalised policies.

- **Room capacity:** CQV has existing policies on the number of occupants per room, including providing adjoining rooms where possible, and CQV had already introduced buffer rooms between larger family groups and other residents. CQV is also exploring mitigation strategies for larger groups (including air-scrubbers and portable air cleaners) and has asked the independent ventilation assessor to map maximum occupancy for family rooms.

- **Park Royal:** these recommendations will be actioned in consultation with the hotel and also against the outcomes of the independent ventilation assessment.

Infection prevention and control uplift, including increased use of N95 masks

- Six recommendations, including two which were underway or completed prior to the review, focused on improving cleaning audit practices and compliance with residents wearing masks before opening their door, commencing N95 fit testing, increasing PPE Tier 3 use and reconsideration of the frequency of soft furnishing cleaning.

CQV key actions:

- **N95 fit testing and increasing PPE Tier 3 use:** N95 fit testing and increased PPE Tier 3 use was already occurring across all CQV sites prior to the review. More than 2200 staff members have undergone N95 mask fit testing and refresher training, to support the requirement for anyone working in, or entering, a Red Zone to wear a properly fitted N95 mask. CQV now has 20 of its own

accredited fit testers and works closely with the DH Respiratory Protection Program to ensure proper training for any new staff.

- **Cleaning:** Existing cleaning audit practices have been improved through the use of UV markers, while CQV will engage DH's Infection Prevention Control Advice and Response team to inform evidence-based advice on frequency of soft furnishing cleaning.

- **Residents wearing masks:** Prior to the SCV report, CQV increased its communication to residents about the requirement to wear their mask before opening their door (for food deliveries or testing). Residents are provided with written instructions and visual aids, while staff are also instructed to remind residents of the requirements where necessary.

- **Rejected recommendation:** A recommendation that staff should wear gloves if they're required to assist residents with their luggage was rejected. Advice from CQV Infection Prevention and Control (IPC) leads and the program's healthcare providers is that these measures would increase IPC and staff safety risks.

  Hand hygiene is best practice for CQV staff who are trained in proper hand hygiene techniques and who must frequently sanitise throughout their shifts. Sanitiser kills the virus and reduces its spread to other surfaces.

  By comparison, using gloves reduces hand sanitising, which can increase the spread of the virus to other surfaces through touch.

  Clinical staff, such as doctors and nurses, use gloves to reduce the risk of coming into contact with bodily fluids such as blood and saliva. Cleaning staff use gloves for the same reason when cleaning rooms, and also to protect their hands from cleaning chemicals.

Adjustments to operations to further minimise resident-staff contact

- Five recommendations, including three which were completed prior to the review, including staggering resident mealtimes, introducing room buffers, increasing resident testing and screening residents for prohibited medical devices.

CQV key actions:

- **Staggered meal deliveries and room buffers:** these measures were introduced in February prior to the review, with room buffers to be reconsidered against the independent ventilation assessment findings.

- **Increase resident testing:** In consultation with the Chief Health Officer, resident testing has been doubled with tests to now be conducted on days zero, four, 12 and 14. Once returned travellers have left quarantine, the Department of Health will also contact them on day 16 for a symptom check and recommend they get further tests on day 17 and 21

- **Medical devices:** prior to the SCV review, additional screening measures were introduced for medical devices, including clear signage at the airport and nurse spotters working with Australian Border Force to identify any aerosol generating devices. The returned travellers form, which residents complete prior to arriving in Melbourne, also specifically asks about the use of nebulisers and CPaP/BiPap use.

- **Rejected recommendation:** SCV recommended COVID-19 testing of residents should occur inside residents' rooms with their door closed, rather than the current practice of at the doorway with the door open. CQV discussed the recommendation with Alfred Health and Healthcare Australia, whose staff conduct the test, and both rejected the proposal due to the unacceptable risks posed to staff.

Optimising process mapping and staff roles and responsibilities

- Five recommendations, including one which was underway prior to the review, focused on updating process and role mapping to whole of operations, further limiting hotel reception and quarantine staff's direct contact with residents and tracking staff movement through a QR app.

CQV key actions:

- **Process and role mapping:** CQV's original process mapping was undertaken ahead of the program being reset in December 2020. This mapping will be updated to reflect changes since it began, including incorporating any site-specific arrangements. Role mapping will be considered once the process mapping has been updated.

- **Further limiting direct contact:** CQV is already considering alternative solutions to minimise contact and will further consider the additional IPC and resourcing requirements of both recommendations.

- **New QR app:** CQV had already developed a new Safe Workplace App to provide a digital check-in process for all quarantine accommodation staff.

  The app allows staff and contractors to use a unique code to check in and out of quarantine sites and register completion of daily staff testing requirements.

  Unlike standard QR codes, the system enables immediate updates and processing of large staff groups - which provides CQV with more efficient and faster contact mapping in the event of a transmission. The system also records daily testing of staff and pre-emptive contract mapping.

Continuous improvement

- Five recommendations, including three which were underway prior to the review, focused on increasing channels for staff and resident feedback, prioritising the creation of a fatigue risk assessment, introduction of ad hoc peer reviews and unannounced IPC audits, consideration of recommendations and factors of incidents in other jurisdictions and ensuring actions for continuous improvement are recorded.

CQV key actions:

- **Feedback:** Residents are already encouraged to provide feedback through a dedicated phone line, an online feedback portal and resident exit surveys. This feedback is considered across CQV operations and executives and addressed at a local level. In addition to existing workplace practices for staff to raise issues and complaints, CQV's IPC team will introduce a dedicated platform for anonymous feedback and monthly prompts for feedback on specific topics.

- **Fatigue:** CQV, in collaboration with WorkSafe Victoria and the CPSU, has developed and issued a Fatigue Management Police and Procedure, including risk assessment and mitigation strategies. This was in place prior to the SCV review.

- **IPC audits**: CQV's existing IPC audit processes weren't examined as part of this review, however CQV's IPC team will incorporate ad hoc peer reviews and seek DH support for spot/unannounced audits.

- **Incidents in other jurisdictions:** CQV distributes and considers key findings and recommendations from other jurisdictions, in collaboration with relevant interagency working groups.

- **Continuous improvement:** CQV has always focused on continuous improvement and will continue to look for opportunities across all elements of the program. Recommendations and actions from incidents, including those in other jurisdictions, are now a standing agenda item for IPC Steering Committee meetings.

Incident response methodology

- Five recommendations focused on standardising and adjusting incident action plans for transmission events to align with DH approaches and formally reviewing the nebuliser incident.

CQV key actions:

- **Incident management and templates**: CQV will undertake further consultation with DH on CQV incident response templates, which were originally based off DH materials and tailored to hotel settings and operations. CQV will assess the portability against its current process – which is more of an emergency management approach.

- **Nebuliser review:** CQV and our healthcare providers conducted an immediate investigation and audit of all records once CQV became aware, on Friday 5 February, that a resident had used a nebuliser. This included reviewing medical records and CCTV of staff interactions.

  This audit shows the use of the nebuliser only emerged during a formal case interview on Friday 5 February, once the man had tested positive and has been moved to the health hotel.

  Each resident undergoes an initial health screening at the airport prior to entering quarantine and a more comprehensive review within 12 hours of arrival.

  Since the case emerged, we have taken further steps to ensure residents coming into mandatory quarantine identify nebulisers as medical devices, including introducing clear signage at the airport and nurse spotters working with Australian Border Force to identify any aerosol generating devices.