



Safer Care Victoria review

March 2021

Overview of review

- CQV and the Department of Health (DH) co-commissioned Safer Care Victoria (SCV) to undertake a rapid review of three transmission events within the hotel quarantine program, which occurred in late January and early February.
- The rapid review sought to understand what has been learned from these transmission events, identify strengths and improvement opportunities, and identify and prioritise aspects of CQV systems and processes that require more in-depth review and analysis.

Findings and recommendations

- SCV found:
 - CQV staff are well-trained in PPE donning/doffing and hand hygiene and are comfortable challenging each other regarding non-compliance/safety issues
 - CQV operational improvements have resulted in minimal contact during resident check-in at some sites and has reduced the risk of air exchange between residents' rooms during meal deliveries at other sites – with further opportunities to apply these improvements, to reduce infection transmission risks.
 - despite hotel ventilation systems having been checked at a local hotel level and meeting program requirements, there is an evolving understanding that ventilation systems may need to meet higher standards and an independent ventilation review is in progress
 - Consolidating IPC functions and activities could help strengthen on-site leadership.
- SCV made 36 recommendations, focusing on:
 - developing and implementing minimum ventilation and engineering standards
 - infection prevention and control uplift, including increased use of N95 masks
 - adjustments to operations to further minimise resident-staff contact and adjusting PPE, cleaning and staff scheduling practices
 - optimising process mapping and staff roles and responsibilities
 - continuous improvement through further feedback pathways and learning from transmission events in Victoria and other jurisdictions
 - standardise incident response templates to align with DH processes.

CQV actions

- Of the SCV recommendations, [15] were already being actioned by CQV prior to the SCV review.

- CQV has accepted 21 recommendations in full, 11 in principle and two in part. Six have already been completed and the remaining 15 are in progress.
- Key actions completed or in progress include:
 - independent ventilation assessments at all quarantine hotels are underway (please see Ventilation Assessments document for further detail), with the DH to lead discussions for a national ventilation standard
 - 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
 - more than 2,200 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
 - staff sign-in processes and contact tracing have been streamlined through the roll out of a new QR app. The app also records daily staff testing and pre-emptive contact mapping
 - additional screening measures have been introduced for medical devices, including clear signage at the airport and a nurse spotter working with Australian Border Force to identify any aerosol generating devices, to better support the medical screening process
 - the program's original process mapping – who is doing what role or function and when - is being updated to reflect changes since it began on 7 December 2020
 - undertake further consultation with DH on CQV incident response templates, which were originally based off DH materials and tailored to hotel settings and operations.
- Two recommendations haven't been accepted, including that staff should wear gloves if required to assist residents with their luggage and that COVID-19 testing should occur in the resident's hotel room with the door closed. 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 due to:
 - IPC experts advise that good hand hygiene through proper sanitisation (use of hand sanitiser, regular washing) is a better protection than gloves which can give staff a false sense of safety. Residents handling their own luggage where possible, however – is already in place at all hotels. Clinical staff, such as doctors and nurses, will continue to use gloves to reduce the risk of coming into contact with bodily fluids such as blood and saliva. Cleaning staff will also continue to use gloves for the same reason when cleaning rooms, and also to protect their hands from cleaning chemicals.
 - Closing the resident's hotel door increases the risk to staff safety, and is also supported by the health care providers who would be required to implement this recommendation. To address the concern raised, a new 5 minute per room swabbing limit has been implemented to reduce the time a resident's door is open with further revisions to onsite procedures being considered as part of the ventilation assessment work that is underway.