



## COVID-19: PROVIDING IN-HOME CARE TO OLDER PERSONS

Provision of care and support in the homes of older people is a high priority service, in that most care and support cannot be deferred to another day without putting individuals at risk of harm. It is therefore vital that these services are prioritised, distinguishing between essential and non-essential services. The following guidance will support you in continuing to provide high quality care, while minimising the risk of COVID-19 infection.

### COVID-19 definitions

**Confirmed case** – A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.

**Probable case** – A person with fever ( $\geq 38^{\circ}\text{C}$ )<sup>1</sup> or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) AND who is a household contact of a confirmed case of COVID-19, where testing has not been conducted.

**Suspected case** – If a person satisfies the following criteria, they are classified as a suspected case:

#### Very high risk

- Close contact (see close and casual contact definitions below) in the 14 days prior to illness onset with a confirmed case of COVID-19;
- International travel in the 14 days prior to illness onset;
- Cruise ship passengers and crew who have travelled in the 14 days prior to illness onset; and
- Fever ( $\geq 38^{\circ}$ ) or history of fever OR acute respiratory infection (e.g. cough, shortness of breath, sore throat).

#### High risk setting

- Two or more cases of illness clinically consistent with COVID-19 in the following settings: aged care and other residential care facilities, military operational settings, boarding schools, correctional facilities, detention centres, Aboriginal rural and remote communities, settings where COVID-19 outbreaks have occurred; and
- Fever ( $\geq 38^{\circ}$ ) or history of fever OR acute respiratory infection (e.g. cough, shortness of breath, sore throat).

#### Moderate risk

- Healthcare workers, aged or residential care workers; and
- Fever ( $\geq 38^{\circ}$ ) or history of fever OR acute respiratory infection (e.g. cough, shortness of breath, sore throat).

#### Background risk

- Hospitalised patients with ( $\geq 38^{\circ}$ ) AND acute respiratory infection (e.g. cough, shortness of breath, sore throat) of an unknown source.

**Close contact** – A person who meets the following criteria:

- Greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case; or
- Sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

### Steps for home care providers to maintain delivery of care

Home care providers are advised to:

- 1 Review your list of care recipients, and ensure that the list is up-to-date, including levels of informal support, emergency contacts and general practitioner contacts. Providers should consider reviewing care plans where informal care support is available in relation to how both informal and formal care can be coordinated to enhance infection control and social distancing principles.
- 2 Note the [advice](#) on 20 March 2020 from the Department of Health for increased CHSP funding flexibility and program operation changes to support business continuity.

- 3 Develop plans to implement changes to workforce rostering and management in the context of case identification (care recipient and/or staff) in order to ensure the best possible care is provided and care provision in the community is maintained.
- 4 Explore options for alternative care models, including tele-care and 'hub and spoke' models to provide advice and guidance to patients and potentially their families/informal carer networks.
- 5 Plan for maintaining viable home care provision during an outbreak of COVID-19, develop contingency plans with linkages to local services/primary health care networks, and decide on how and when escalation processes can be triggered.
- 6 Confirm arrangements to support other home care providers, including plans to share resources locally in an outbreak of COVID-19. This should include supporting workforce surge strategies, including the deployment of volunteers where it is safe to do so, and where indemnity arrangements are in place.
- 7 Consider how voluntary community groups may also support the provision of in-home care in the context of workforce shortages, and develop links with those voluntary groups.

Home care providers will routinely be seeking to procure personal protective equipment (PPE) such as gloves and aprons. LASA knows that access to PPE is an urgent and pressing issue for many home care providers. We are urgently advocating to the Department of Health on issues that you are facing as informed by Member experience.

### If a care worker is concerned they have COVID-19

If a member of staff is concerned they have COVID-19 they should contact their employer immediately and follow Department of Health advice as relates to when they [can and cannot work](#) including when they need to [isolate themselves](#) and be [tested](#). There is also a Department of Health resource for [health and residential aged care workers](#) that can be used as supplementary content.

If a staff member is a confirmed case, the people they live with and other close contacts will need to be isolated at home.

If a staff member is suspected of being infected and is waiting on test results, the people they live with may need to be isolated—even if they don't have any symptoms. This will be determined by the public health unit on a case-by-case basis.

If a staff member is a suspected or confirmed case, the local public health unit in the state or territory where home isolation is to occur would normally provide their contact details to the staff member. Staff and employers can call the National Coronavirus Health Information Line on 1800 020 080 to be redirected to the state and territory health department responsible for the local public health unit. Write down the local public health unit contact details for future reference.

### If the care recipient has symptoms of COVID-19

If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures.

Isolated at home means that care recipients need to stay at home until symptoms are no longer present and clearance has been provided by the care recipients GP. A person in isolation cannot leave to attend public places. Only people who usually live in the household or need to be in the home should be in the home. No visitors.

A care recipient with COVID-19 may be asked to put on a surgical mask if they have one available when in a room that care staff need to enter. When a care recipient cannot wear a surgical mask, care staff should not stay in the same room as the care recipient and should wear a mask if they enter the room.

### Personal protective equipment

Care workers should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk. Use alcohol hand rub before and after wearing gloves. This PPE is known as contact and droplet precautions.

New personal protective equipment must be used for each episode of care. Aged care providers that require PPE when identifying a care recipient as a confirmed case of COVID-19 must now email [agedcarecovidppe@health.gov.au](mailto:agedcarecovidppe@health.gov.au) to access PPE from the national stockpile.

LASA is also working proactively with Members to secure additional PPE supplies via LASA Affiliates and through other means as an extension of standard PPE supply channels that are currently at capacity. We will keep Members regularly up to date on the allocation of ordered stock and our engagement with a number of suppliers as we aim to fast-track the production, quality assurance and distribution of equipment ongoing. Rest assured we are doing everything we can to address the current, urgent and potentially ongoing need for PPE in the sector.

Please [let us know](#) if you are facing critical difficulties and we will escalate with the Department.

It is essential that personal protective equipment, once used, is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin.

## Cleaning

If care workers undertake [cleaning](#) duties, then they should use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly.

If care workers are cleaning the care recipient's room, they should put on a mask before entering the room. They should wear gloves while cleaning, and use alcohol hand rub before and after wearing gloves.

Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

## Laundry

If care workers support the individual with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Appropriate PPE should be used when handling soiled linen.

Linen should be washed and sanitised using hot water (>65 degrees for 10 minutes) and standard laundry detergent. Linen should be dried in a dryer on a hot setting.

Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, the items should be put aside for at least 72 hours; the laundry can then be taken to a public laundromat for washing.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

## Going outside

If the care recipient lives in a private house, then it is safe for them to go outside into their garden or courtyard. If they live in an apartment, it is also safe for them to go outside into the garden but they should wear a mask to minimise risk to others. They should move quickly through any common areas and wear a mask. It is also safe for them go onto their balcony if they have one.

Care workers should wear a mask when accompanying the care recipient outside and should wear gloves when assisting/touching the care recipient. They should use alcohol hand rub before and after wearing gloves.

## Other people in the care recipient's home

Only household members who are essential to the care of the care recipient should stay in the home. Other people living in the home should consider staying elsewhere if possible. Other elderly people and those with compromised immune systems or chronic health conditions should stay away.

If the care recipient is sharing the home with others, they should stay in a different room from other household members, or be separated as much as possible. They should use a separate bathroom, if available and avoid shared or communal areas, wearing a surgical mask when moving through these areas. Surfaces in shared areas such as door handles, taps and benches should be cleaned daily with household disinfectant or a diluted bleach solution.

## Care recipient does not have symptoms but is part of a household that is isolating

Self-isolation will occur when someone:

- has COVID-19,
- has been in close contact with a confirmed case of COVID-19, and/or
- has arrived in Australia after midnight on 15 March 2020.

If the care recipient is well (without symptoms) but is self-isolating, then others that live with and/or interact with the care recipient (including care staff) do not need to self-isolate unless they also meet one of the isolation criteria specified above. No personal protective equipment is required above and beyond normal good hygiene practices while providing care to the care recipient. Good social distancing practices also apply.

Depending on anticipated exposure, the wearing of appropriate personal protective equipment may be warranted.

Persons suspected to have COVID-19 in the household should be encouraged to immediately isolate themselves and minimise interaction with other household members. Elderly people and those with compromised immune systems or chronic health conditions should stay away from the suspected case. Staff and employers can advise the household to contact the National Coronavirus Health Information Line on 1800 020 080 to be redirected to the state and territory health department responsible for the local public health for advice.

If COVID-19 is suspected in the care recipient, then home care providers should have a low threshold for requesting medical review and testing, contacting the care recipient's GP and using increased vigilance of personal protective equipment. If the suspected COVID-19 case is confirmed positive and staff who were in close contact with the client did use appropriate PPE, these staff can continue to provide care to the client, and other clients, and do not need to self-quarantine.

If care staff are required to self-isolate in response to being in close contact with a suspected case of COVID-19 they should follow the directions in the section - *If a care worker is concerned they have COVID-19*.

## Supporting care recipients in isolation

Being in isolation can be stressful. Support can be offered by care staff to care recipients to respond to changes in their routine that result from self-isolation. Changes in routine should be trialled and reviewed to determine the benefits/challenges experienced by care recipients. Where benefits are apparent the frequent use of these strategies should be encouraged and structured into a revised routine. Where challenges occur adjustments and additional support should be considered in response.

Suggestions include care recipients:

- Keep in touch with family members and friends via telephone, email or social media;
- Learn more about coronavirus and talk with others, as understanding the coronavirus and control measures being applied will reduce anxiety;
- Where possible, keep up normal daily routines, such as eating and exercise (exercise is a proven treatment for stress and depression);
- Reflect on their resilience and how they have coped with difficult situations in the past, remembering that isolation won't be for long.
- Treat quarantine as an opportunity to do different/new activities that may be beneficial or interesting.

## If neither the care recipient nor the care worker have symptoms of COVID-19

If neither the care worker nor the care recipient is symptomatic or self-isolating, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity and keeping the home properly ventilated by opening windows whenever safe and appropriate. Care workers should follow preventative advice:

- Practicing and encouraging good hand hygiene and good cough/sneeze etiquette.
- Depending on anticipated exposure, wearing appropriate personal protective equipment.
- Maintaining a distance of 1.5 metres from household members, and encouraging care recipients to do the same.

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au)

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of your state or territory public health agency is available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts)

LASA has also prepared a [checklist for home care providers](#) as you manage your response to the impact of Coronavirus COVID-19.

If you have concerns about your health, speak to your doctor.

### References:

[www.health.nsw.gov.au/Infectious/diseases/Pages/2019-ncov-case-definition.aspx](http://www.health.nsw.gov.au/Infectious/diseases/Pages/2019-ncov-case-definition.aspx)

[www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision](http://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision)

[www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm](http://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)

**Don't forget** that as part of your LASA membership you can contact us for all your specific needs. Please reach out to us during normal business hours by calling **1300 111 636**.