



PURPLE HOUSE COVID-19 Response Plan

March-June 2020

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What is Coronavirus

Coronaviruses are a large family of viruses that can make humans and animals sick. They cause illnesses ranging from the common cold to more severe diseases. This new Coronavirus originated in Hubei Province, China and the disease outbreak is named COVID-19. It was first reported in December 2019 in Wuhan City, China and in January 2020 in Australia. Other Coronaviruses include Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

What are the symptoms:

Symptoms can range from very mild illness to pneumonia symptoms. Some people will recover easily, others may get very sick very quickly and it can be fatal. People with Coronavirus (COVID-19) may experience:

- fever
- coughing, sore throat and fatigue
- headaches
- shortness of breath

How is it transmitted:

The virus spreads from person to person through:

- close contact with an infectious person
- contact with droplets from an infected person's cough or sneeze, touching objects or surfaces (like doorknobs or tables) that have cough or sneeze droplets from an infected person, and then touching your mouth or face

How can we help prevent the spread of Coronavirus (COVID-19)?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your cough and sneeze with tissues and then dispose of tissues immediately. Immediately wash your hands or use hand sanitiser.
- if no tissues available, cough or sneeze into your elbow NOT YOUR HANDS and use alcohol-based hand sanitizer, and
- if unwell, avoid contact with others (touching, kissing, hugging, and other intimate contact).

Suspect Case Criteria

The Northern Territory Government Centre for Disease Control (CDC) release regular updates outlining the latest criteria for COVID 19 testing.

If the patient satisfies Epidemiological A, B, C, or D and clinical criteria, they are classified as a suspect case. If they are presenting with only clinical criteria, they will meet the requirements for Enhanced Testing. These criteria are reviewed and updated frequently and can be reviewed at [reference document 2](#).

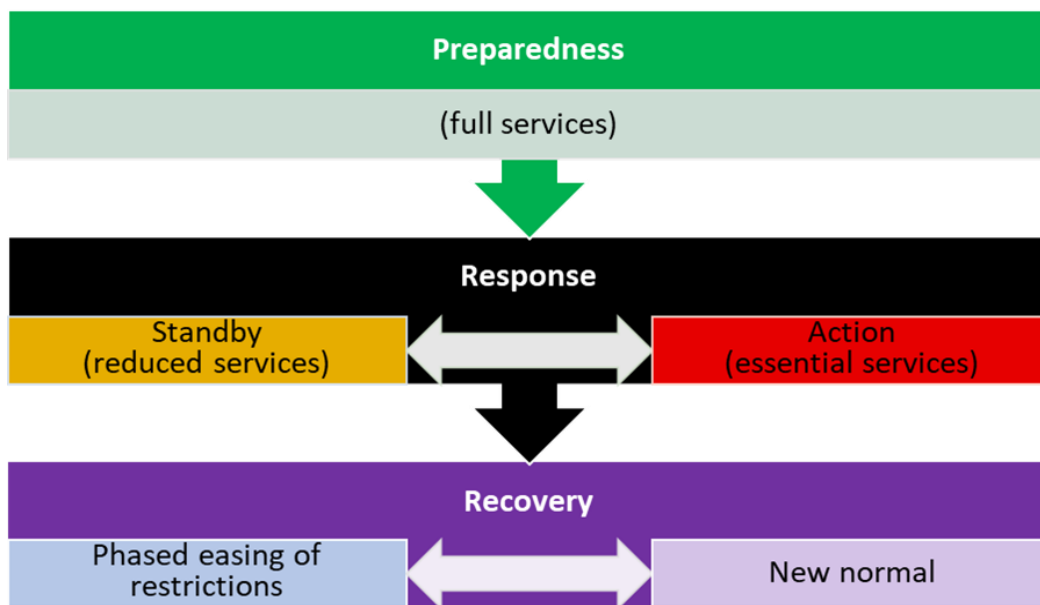
Coronavirus (COVID-19) Response Plan

This Response Plan outlines the approach taken by Purple House in responding to the Coronavirus (COVID-19) pandemic. This plan links in with services in the local, regional and national-level responses. References to the corresponding response stage will be found throughout the plan.

Our strategic objectives are to:

- Minimise transmissibility, morbidity and mortality
- Support and minimise the burden on health services
- Inform, engage and empower patients and staff

Response stages:



Current status: Recovery – Phased easing of restrictions

All areas of the plan should be implemented as outlined in this version, noting specific updates marked as the situation evolves, and with reference to other specific plans and policies, including [reference document 30, the Response Plan – Recovery Timeline](#), and [Recovery Transition Tracker, Reference Document 32](#).

Purple House COVID Response Committee

Committee Role	
CEO	Sarah Brown
Coronavirus (COVID-19) Response Coordinator	Megan Neil
Coronavirus (COVID-19) Response Deputy Coordinator	Lauren Penman
HR Manager	Kerri Mitchell
Business Manager	Gabriel Waterford
Communications Coordinator	Kate Clark
Central Australian Dialysis Services Manager	Deb Lillis
Top End Dialysis Services Manager	Heather Hall
Social Support Services Coordinator	Anthony Librizzi
Aged and Disability Services Manager	Kirsty Lord
Clinical Educator and Infection Control Officer	Penny Clough
Central Australian Stores Coordinator	Rita Anderson
Top End Stores Coordinator	Michelle Misener
Logistics Coordinator	Cherie Hughes
Essential Worker Permit Coordinator	Stacy Lee Hughes
Crisis Management Consultant/Mentor	Karolynn Maurice

Emergency response team:

Sarah Brown, Gabriel Waterford, Megan Neil, Deb Lillis or Heather Hall.

For the full list of COVID Committee Roles and Responsibilities see [reference document 1](#).

Purple House Service Categories

FULL SERVICES	REDUCED SERVICES	ESSENTIAL SERVICES	RECOVERY
<ul style="list-style-type: none"> - Drop in and transport services for social visits to Purple House and Panuku for patients and families - External visitors, volunteers, students, contracted staff - Full outreach support and health care services <ul style="list-style-type: none"> • Banking or shopping • Social services • Wellbeing checks • Aged care home services • Clinical review • Hospital visits - Transport and advocacy at appointments - PHC services <ul style="list-style-type: none"> • GP 2x weekly • Physio 2x weekly • Podiatry weekly • Full time RN - Dialysis 6 days/week (town and remote) 	<ul style="list-style-type: none"> - No drop in/transport services for social visits at Purple House for patients/families - No external visitors, volunteers, students, contracted staff* - Only outreach support and health care services to patients <ul style="list-style-type: none"> • Banking or shopping • Social services • Wellbeing checks • Aged care home services • Clinical review • Hospital visits (in house essential aged care/NDIS services only if unsafe to conduct these services at home) - Transport and advocacy at appointments (reduced 'non-essential' appts - reschedule as able) - Decreased PHC services <ul style="list-style-type: none"> • 1x GP weekly- telehealth only • No in house podiatry • Outreach RN/physio unless essential the patient needs to be reviewed in a clinical space - Reduced patient gatherings** - Patient transport restrictions** - Dialysis 6 days/week (town/remote), no patient transfer remote communities 	<ul style="list-style-type: none"> - No drop in/transport services for social visits at Purple House for patients/families - No external visitors, volunteers, students, contract staff* - Reduced outreach patients support services <ul style="list-style-type: none"> • Implementing essential aged care and NDIS packages as per "emergency care plans" only • Increased phone contact for wellbeing checks. No regular social support patient contact - Transport to essential health care appointments only, and only if renal transport unavailable - PHC services <ul style="list-style-type: none"> • Telehealth GP, physio and RN only - No patient gatherings of any kind - Patient transport restrictions* - Continuation of dialysis services to be reviewed on a case by case basis, in relation to locality. - Nephrology Telehealth Clinics introduced to provide clinical management to remote dialysis sites 	<ul style="list-style-type: none"> -Service delivery and staff planning as per the Pandemic Response- Recovery Timetable ..\General\COVID 19 Purple House Response plan and reference documents\PH Pandemic Response Plan- Recovery Timetable.docx -Maintain strict infection control processes such as hand hygiene, physical distancing, respiratory etiquette, surface cleaning practices. -regular communications with staff and patients about the internal and external changes related to the Pandemic Plan.

*unless essential and relevant screening and declarations have been completed **as per COVID-19 guidelines

Purple House Premises

Current status: Essential visitors and small off-site patient gatherings only. Changes are outlined in the Response Plan Recovery Timetable [reference document 30](#)).

Visitors to Purple House Premises

All non-essential visitors to Purple House facilities should cease during the response stages, ensuring that regular clients, family, and other visitors are of essential nature only. All approved visitors should present to an entrance that does not have direct contact with patients. Any person entering Purple House premises, who is not a direct employee (for example, external contractors or tradespeople), is required to complete wellness screening. The “Permission to enter Purple House Alice Springs during COVID-19 restricted access period: Visitors, Tradespeople and Associates – Declaration’ needs to be completed before commencement of work, or before any direct interaction with staff or patients, found at [reference document 6](#).

Any visitors who meet the criteria for a suspected case may not enter Purple House facilities. If they have already entered, the guidelines for staff/patient suspected cases must be followed.

Gatherings at Purple House facilities

All patients associated with Purple House services are identified as vulnerable according to WHO guidelines. Therefore, extra precautions around group gatherings will be implemented at all Purple House facilities. These restrictions will depend on what phase of the pandemic we are facing. The Coronavirus Response Coordinator will be responsible for ensuring all staff are aware of which pandemic phase we are in, to ensure the correct responses are being implemented. For full details about patient gatherings, see the guidelines at [reference document 10](#).

Infection Control

Cleaning guidelines

Purple House is regularly reviewing cleaning processes, undertaking daily cleans of high-risk areas, and ensuring that cleaning equipment/products are adequate for elimination of COVID-19.

COVID-19 is transmitted by droplet and contact mechanisms. Cleaning equipment and the patient environment between patients minimises the risk of infection to other patients and staff. Any item deemed disposable by manufacturer's recommendation should be used for a single patient only, and then disposed of. If a suspected infectious patient leaves the room or vehicle, it is recommended to close off the area and wait 30 minutes before cleaning.

Disinfectants used for cleaning surfaces should be identified by the manufacturer for use in antiviral activity, such as chlorine-based disinfectants. Ready-made disinfection products can be used if available, however, it is also acceptable to use diluted bleach or disinfectants listed on the Australian Register of Therapeutic Goods. For safety, it is essential that manufacturer's instructions are followed for appropriate dilution and use. Gloves should be worn and disposable cloths used when cleaning surfaces with bleach solution. Dispose of gloves and cloths in a leak proof plastic bag after cleaning. Wash hands well using soap and water afterwards and dry with disposable paper or single-use cloth towel. If water is unavailable, alcohol-based hand rub is acceptable.

Please remember that regular cleaning is only useful when it is accompanied by meticulous hand hygiene practices by both patients and staff.

Note: cleaning solutions and hand sanitizers lose potency if exposed to heat for lengths of time. DO NOT leave cleaning products or hand rubs in vehicles between trips.

Further information about environmental cleaning can be found at [reference document 24](#).

Physical environment preparation

Town based sites

Town based Purple House facilities should include the following modifications to reduce risks associated with infection transmission:

- Ensure hand hygiene facilities are available in all clinical areas, especially entry and exit points
- Provide non touch bins to facilitate easy disposal of household waste
- Ensure stockpiles of supplies and equipment for all frontline staff and services

Further modification may be considered should our current situation worsen regarding COVID-19 transmission within any NT community. The implementation of increased modification processes for facility management will be at the discretion of the COVID-19

coordinator, in conjunction with the COVID-19 committee. Plans for this can be found at [reference document 25](#).

Remote based sites

Each remote unit differs according to space, number of chairs, staffing and patients. During a pandemic, modification must be made to the physical clinic environment to ensure a healthy environment for clients and staff. This includes:

- Creating a process for deliveries
- Staggering patient load across shift:
One nurse two patients - dialyse on opposite days instead of together
Eight patients two nurses - run a morning shift and an afternoon shift so that only two patients are there at the same time
We understand that not all units will have space or nurse availability to stagger their shifts, contact your manager to discuss your options.
- Creating at least 1.5m distance between dialysis stations
- Configure dialysis machines and chairs to maximise distance between patient chairs (For example: [chair-machine], [machine-chair], rather than [chair-machine], [chair-machine] See [reference document 14](#), "Generic floor plans for remote dialysis units")
- Clearing any clutter in your unit – keep surfaces clear and visible
- Increasing your cleaning routine

Infection Control Education

Knowledge is power, and in this case, empowerment and safety. Education around infection control practices will be provided regularly with any updates to practices, or on an 'as needs' basis. Record of staff education will be kept by the Clinical Educator and Infection Control Officer.

Information will be released repeatedly on different platforms to increase awareness of good infection control practices such as social distancing and hand hygiene practices.

Annual Influenza vaccine

To reduce the concurrent burden of influenza on communities and the confusion regarding diagnosis/causes of outbreaks, influenza vaccination should be strongly promoted. Annual influenza vaccines should be available in April 2020 and all staff and patients should be encouraged to be vaccinated. Remote Primary Health Care services will be able to administer this to remote patients and staff. Patients who remain in town will receive their annual vaccine at their regular dialysis unit, assisted where able by the Purple House Primary Health Care team. Alice Springs staff will be offered their vaccine on site, to be administered by the Primary Health Care Manager.

Staff

Current status: Government restrictions with all activities are lifting, and internal NT and WA travel open from 5/6/20 - physical distancing and hygiene requirements still in place. Purple House staff quarantine guidelines are modified as per the Response Plan Recovery Timetable ([Reference Document 30](#)).

Frontline staff

Frontline staff are more vulnerable to contracting the COVID-19 virus or passing on the virus due to regular contact with clients and other community members. Ongoing education should be provided to these staff members to keep everyone up to date with current guidelines and recommended practices. Preventative measures such as regular handwashing, social distancing, use of PPE as per guidelines, and regularly using patient screening tools will assist in keeping staff and patients safe. All Purple House staff are encouraged to keep up to date with the NT vaccination schedule, particularly the annual influenza vaccination.

Further details about education, PPE and prevention strategies are outlined in the Purple House premises, patient and staff sections of this document. For 'Frontline staff contingency planning and service categories', see [reference document 3](#).

Staff health and wellbeing

Our number one priority is to keep our staff and patients safe. Please take care of yourself and contact us if you become unwell or concerned about the pandemic or any other matter. If you start to feel unwell, we advise that you immediately notify your direct manager. The Purple House HR team have prepared a support document on how to look after yourself during pandemics. It can be found at [reference document 4](#).

If your role enables you to work from home, or work with flexible work hours, these options may be taken in discussion with your manager. Staff who are identified as high risk, or who have family at risk who live with them, including young children, elderly parents/family members or partners who are health workers, should be encouraged to work from home where possible. This recommendation also can extend to staff who are in mandatory isolation (i.e. have had contact with a suspected or confirmed case of COVID-19). Ensure a 'Working From Home Safety and Wellbeing Checklist' ([reference document 27](#)), has been completed, and consult with the HR team if you want to know more about flexible working arrangements, and working from home.

Staff screening

Screening of staff to identify those at high risk of infection or transmission is of high priority to protect other staff, visitors and patients. It is the responsibility of all staff to self-monitor for

respiratory symptoms or fever and stay home if unwell. Staff returning to work from any type or duration of leave are required to complete a 'Staff Travel and Wellness Declaration', found at [reference document 5](#) and return to your direct manager and the HR team for filing on Employment Hero.

Should COVID-19 transmission increase within any NT community, individual staff screening before commencing daily duties will be considered. This will involve daily temperature recordings, and completing wellness declarations, confirming you do not meet any suspected cases criteria. Implementation of this screening will commence at the discretion of the Coronavirus Response Coordinator, in discussion with the COVID response committee. Further details in [reference document 22](#).

Additional Risk Planning

Should an outbreak of COVID-19 occur in an urban location, additional emergency plans have been created, to ensure the safety of our staff and patients. Please refer to the [Emergency Response Planning](#) section of this document, and [reference document 3](#) for the frontline staff contingency plans.

In the event of a suspected or confirmed case

If a staff member at any Purple House facility develops symptoms and meets the criteria for suspected COVID-19 they should NOT come to work. They are advised to contact their local GP, or present to the nearest hospital for testing as soon as possible. Alert your direct manager so we can begin contact tracing and ensure the health and safety of all Purple House staff and patients. Staff identified as having had contact with a suspect case of COVID-19 will be required to stay home and self-monitor for respiratory symptoms and fever until results return. The definition of a 'close contact' can be found in [reference document 17](#).

If a staff member or patient has been confirmed positive for COVID-19, the infected person should follow medical direction for appropriate treatment. The staff member will not return to work unless documentation from a medical professional is provided.

All staff will be notified immediately and a comprehensive clean will take place if that staff member has entered a Purple House facility. If you have had contact with the infected person, you should self-isolate and monitor yourself for symptoms for 14 days and take your temperature twice a day. Please notify anyone in your personal life that your work has had a case of COVID-19. Anyone you have had contact with should also self-isolate and monitor themselves for symptoms.

If you are required to self-isolate, and are concerned about taking leave, contact the Purple House HR team, who can assist in working out a plan.

Details about how to self-isolate are in the linked document, [reference document 9](#).

Travel

It is currently a nationally enforced regulation that people practice 'self-isolation' in their homes at all times. Exceptions to this include when going to and from work, shopping, health care needs, and outdoor exercise in small groups only.

ALL people travelling from interstate must remain in quarantine for 14 days after arriving, regardless if they have tested negative to COVID-19 within this time period ([see reference document 7](#)).

Once completed the full 14-day quarantine period, staff are required to complete a 'Staff Wellness and Travel Declaration' before returning to normal duties. If you have met any of the suspected cases criteria, as described above, or have been tested for COVID-19 during your quarantine, this declaration must be accompanied by a medical certificate clearing you to return to the workplace.

For details relating to remote travel for staff, refer to the [Remote Communities](#) section of this plan.

Patients

Current status: Modification to COVID-19 Patient transport guidelines, to allow for 2 patients per vehicle, as per Response Plan Recovery Timetable ([Reference Document 30](#)).

Education for patients and families

Patients should be offered information to keep them up to date with the current pandemic and response efforts. Information about the following topics has and will continue to be given to patients at every opportunity:

- hand hygiene
- cough and sneeze etiquette
- social distancing
- environmental cleaning in the home
- the importance of continuing to attend dialysis as scheduled
- calling the dialysis unit and/or PHC clinic if they feel unwell or have any “flu like” symptoms rather than presenting in person
- our COVID-19 Response Plan and all the extra measures to keep them safe.

Methods of communicating with patients should be culturally appropriate and language barriers must be considered. These include:

- posters/signs/newsletters
- one on one education
- videos or audio recordings
- phone calls or messages
- interpreters
- language app
- patient preceptors and mentors

Supply of soaps, hand sanitizer and tissues can always be made available to patients.

Patient screening

All frontline staff (including town or remote, health professionals or social support workers) who have daily contact with patients are required to complete the patient screening tool for every patient, upon every encounter. This document is developed in line with current guidelines from the NT CDC. The screening criteria will be updated as the situation develops and in response to new recommendations or guidelines. Each vehicle should have a screening kit that includes:

- patient screening tool
- thermometer
- surgical masks
- hand sanitiser
- cleaning products
- gloves

The screening tool is designed to identify suspected cases of COVID-19. If a patient meets the criteria, do not bring them into the Purple House Facility. Place a surgical mask on patients with active coughing and maintain physical distancing of at least 1.5m from others.

Call the local Primary Health Care provider for that patient for advice on referral processes and clinical screening (outlined in '[clinical management](#)' section of this document). Your direct manager should be advised asap when you have had an encounter with a patient who meets the suspected cases criteria, and they are required to directly alert the Coronavirus Response Coordinator. Assistance will be provided to navigate the next steps.

Record of all completed screening tools will be kept electronically.

- Patient screening tool for town-based services, and the associated referral pathway, [Reference documents 11 and 23](#).
- Patient screening tool for remote services, and the associated referral pathway 'COVID screening and suspected/confirmed case management in remote dialysis units', [reference documents 12 and 18](#).

For full guidelines on transporting patients safely during COVID, see [reference document 13](#). *Please view the Response Plan Recovery Timetable for changes to Patient Travel ([Reference document 30](#)).*

In the event of a suspected or confirmed case (patient)

If a patient develops symptoms which meet the criteria for suspected COVID-19, OR if they have had contact with someone who has tested positive for COVID-19, additional precautions need to be put into place to ensure safety of staff and other patients. In the case of a patient being diagnosed with COVID-19, the infected person should follow medical direction for appropriate treatment. This direction will differ, based on how unwell the patient is, and whether they are residing in town or in a remote community.

Patients or staff who are identified as having been in contact with a person tested positive to COVID-19 will be required to self-isolate for 14 days. These patients will be required to wear a surgical mask and ensure hand sanitizing processes are followed upon any interaction with Purple House staff, and while they are in a Purple House vehicle or facility. Ongoing monitoring for development of symptoms is required. Definition of a 'close contact' can be found at [Reference Document 17](#).

Should a patient be confirmed as a positive case of COVID-19, all staff who have had direct contact with the patient will be notified immediately. If the patient has been in contact with a Purple House facility or vehicle, a comprehensive cleaning of the premises will be undertaken. Anyone who has had contact with the infected person, should self-isolate and monitor themselves for symptoms for 14 days and take your temperature twice a day. Please notify anyone in your personal life that your work has had a case of COVID-19 - anyone you have had contact with should also self-isolate themselves and monitor themselves for symptoms. For full details on suspected or confirmed cases in remote communities, see '[remote communities](#)' section of this document.

Remote Communities

Current status: Territory and Commonwealth Biosecurity Zone restrictions are lifting from 5/6/20 allowing staff and patients travel within NT. Quarantining no longer required for staff/patient remote travel (within NT). Interstate requirements remain, other than those with exemptions. See Response Plan–Recovery Timetable for details [Reference Document 30](#)

Essential staff remote travel UPDATE: Biosecurity restrictions lifted as of 5/6/20

It is mandatory that any person wishing to travel to a remote community in the NT and WA must complete 14 days of quarantine before travel. Exceptions may apply for those deemed as essential worker'. Several permits and essential worker exemption applications are required to be completed as well as declaration of wellness and essential services status. These permits and exceptions are being managed by the Purple House HR team. For further information about remote travel, contact the Remote Travel Hotline 1800 518 189. For information about additional requirements for staff travelling from interstate, refer to [reference document 7](#).

Once staff are posted to their remote community, it is illegal to travel out of the designated biosecurity area and return, or cross through other biosecurity areas, except in essential circumstances. This is for the safety of the staff, our vulnerable dialysis patients, and the rest of the community. For full details about these restrictions, and a list of essential circumstances, refer to Remote Staff short trips policy, [reference document 8](#).

Suspected or confirmed cases in remote communities

While in remote communities, staff and patients should comply with the local Primary Health Care Clinic plan being implemented. Consult the local clinic for full details.

All patients should undergo a screening process when Purple House staff are initiating contact with patients (i.e. picking them up for dialysis). See [reference document 12](#) for the screening tool. Remote dialysis services must be delivered in a way that ensures the safety of all our patients and staff during this turbulent time. The preferential method of managing a suspected or confirmed case of COVID in a remote community would be to evacuate the community member and all close contacts, to prevent onward transmission. The ability to evacuate is based on the resources available in town at the time of outbreak. Additional methods that may be used to manage a community during an outbreak have been proposed in the 'Contain and Test' document ([reference Document 32](#)).

Close contact definition can be found at [reference document 17](#).

The severity of the patient's symptoms will help determine if it is safe for the patient to dialyse in the remote setting. In consultation with the PHC, Purple House dialysis management team and nephrologist, a decision can be made about the patient's dialysis plan.

The full policy outlining COVID Screening and Suspected/Confirmed Case Management in Remote Dialysis Units can be found at [reference document 18](#).

Remote patient travel **UPDATE: Biosecurity restrictions lifted as of 5/6/20**

Remote communities in the NT and WA are closed to all people that have not completed 14 days of self-isolation before their travel. This includes community residents travelling outside their designated biosecurity area for even a short trip. There are police road barriers at the entry of each biosecurity area monitoring compliance for these rules. Patients should be informed about the importance of staying in 'one place' to prevent the spread of infection and keep remote communities safe.

All patients should be assessed for symptoms and recent travel prior to commencement of each dialysis session and be made aware of risks of transferring between designated biosecurity areas.

There are special circumstances where patients can be given permission to enter their community without completing the required 14 days of self-isolation. In these cases, a medical professional is required to write a letter, declaring the patient is safe to travel. [Reference document 19](#) has more details about biosecurity zone travel for remote dialysis patients.

In the circumstance that a patient is able to travel to a remote community for their dialysis treatment, they are required to complete the Patient Travel and Wellness Declaration on top of the usual work up process. This document can be found in [Reference Document 31](#).

Barriers in remote communities

Attempting to ensure isolation recommendations are being followed will present challenges in remote communities. The importance of family and culture in remote communities must be taken into account. Special considerations include:

- isolation of cases and contacts away from older individuals (over 50) should be prioritised
- isolation should be augmented by supplying PPE for vulnerable individuals sharing a house with a case or contact.
- Suggested ways this could be achieved include:
 - communities should be encouraged to identify culturally appropriate social distancing measures using a strengths-based approach
 - utilising non-residential community buildings for isolation purposes
 - provision of essential material requirements if household preparations prove inadequate - these would include food for preparation; prescribed medications; essential commodities e.g. disposable nappies, hygiene requirements, etc. NOTE: as delivery would be by well population, protocol regarding social distancing and hand hygiene should be established.
- monitoring of the household situation, initially through social contact via telephone - this may be a non-clinical person telephoning daily to ask questions according to a protocol regarding material needs, emotional status, and any worsening of symptoms.

- contact via telephone by registered nurse, if social contact identifies worsening of symptoms - clients without a telephone may need home visits, with sufficient distance maintained by contact person i.e. speak to household through window or from gate.
- selectively isolating at-risk individuals within the community to protect them from the virus e.g. the elderly.

Additional risk planning

Should an outbreak of COVID-19 occur in a remote location, additional emergency plans have been created, to ensure the safety of our staff and patients. Please refer to the [Emergency Response Planning](#) section of this document, and [reference document 3](#) for the frontline staff contingency plans.

Clinical Management

Refer to Suspected Case Criteria, [Reference Document 2](#).

Clinical presentation

COVID-19 presents as a mild illness in young, healthy people, but can be life threatening for the elderly, frail or those with chronic diseases. There is currently no medical prevention (vaccine) or treatment for COVID-19. Hand hygiene, respiratory etiquette and social distancing are recommended for EVERYONE in preventing the transmission of this virus.

Common presenting symptoms of people being diagnosed with COVID-19 include

- fever
- dry cough
- sore throat
- shortness of breath
- weakness/lethargy

Referral Processes

Patients or staff who are unwell should not present directly to a Purple House facility. The following options have been specifically designed to cater for the needs of symptomatic, suspected or confirmed cases of COVID-19.

- Alice Springs Hospital (via emergency department)
- Royal Darwin Hospital (Via emergency department)
- Danila Dilba Health Service (Top End)
- CAAC Central Australian Aboriginal Congress Aboriginal Corporation (Alice Springs)
- Remote Primary Health Care clinics

If you are unsure if an unwell person meets the criteria for testing, you can phone the Purple House Primary Health Care nurses, your direct Purple House Manager, or the CDC helpline for any advice. Alice Springs: 8951 7540, Darwin: 8922 8044

Criteria for testing

Currently there are two categories for testing people for COVID-19. They include the 'suspect cases' and the 'enhanced testing' criteria. These are more broadly defined above, in Suspected Case Criteria.

Suspect cases

People fit the suspect cases category if they have both clinical and epidemiological criteria which indicate there is a strong possibility, they have had exposure to, or contact with another person confirmed to have COVID-19. It also includes those who reside in facilities that could

be densely populated, or have confined spaces, due to the increased risk of transmission in these settings.

Enhanced testing

Also known as sentinel or covert testing, this category specifies the need to test anyone with clinical criteria indicating an acute respiratory infection or fever (where no other clinical focus of infection or alternate explanation of the patient's illness is evident). People tested in this category are not suspected to have COVID-19, however would be deemed infectious for other respiratory illnesses, and should stay home until symptoms resolve. The idea of introducing this enhanced testing category, is to inform a step by step process of reducing social distancing measures.

Procedure for testing

As suggested above, if upon screening a patient, you realise they meet the criteria for suspected or enhanced testing, refer the patient to the listed health care services who are specifically equipped for testing of COVID-19. If a patient or staff member has already entered a Purple House facility and is noticed to be unwell with the symptoms meeting the clinical criteria for testing, ensure the person is isolated from others (a radius of at least 2 metres) and ask them to wash or sanitize their hands and wear a surgical mask if actively coughing. The local Primary Health Care service should be notified immediately. Testing at Purple House facilities is not available. The only exception to this is the Purple House Primary Health Care team in Alice Springs.

For full procedure for testing, refer to COVID 19 testing: pathology collection, notification and referral process, [reference document 26](#) and its associated documents:

- pathology testing for COVID, [reference document 15](#)
- CDC notification form, [reference document 16](#).

Data collection

All screening tools completed by Purple House staff (both town based and remote) are to be stored electronically. This will be completed by Primary Health Care clinical administration. All screening tools completed should be forwarded to your direct manager for electronic storage.

Any screening tool that returns a positive or abnormal finding should be flagged in the patient's electronic health record (Communicare) with the appropriate clinical item data collection and reporting requirements. This means that remote staff should report any patients presenting with symptoms to their direct manager and to Coronavirus Coordinators as soon as possible. For full information about the internal data collection process, see COVID 19 testing: pathology collection, notification and referral process, [Reference document 26](#).

Personal Protective Equipment (PPE)

PPE is important for frontline staff who have contact with high risk patients. Remember that hand washing is the first step in protecting yourself and those around you.

Procurement of PPE

There are national shortages of PPE. Purple House is using pre-existing and new sources of stock providers to keep our facilities stocked. If the pandemic escalates Purple House may implement PPE conservation strategies or alternatives based on national best practice recommendations.

Staff need to understand the importance of appropriate PPE use to protect the stock available. All staff should follow existing Purple House infection control policies. It is also recommended that staff keep up to date with current best practice. (see 'What PPE to Use and When', below).

It is the responsibility of the team manager or leader of the facility (in remote sites) to conduct a regular stocktake of all items, including PPE, hand sanitising and cleaning supplies, and ensure continuous communication with the Central Australian or Top End Store Coordinator. Purple House Stores Coordinators are keeping records of all facility stocktakes to identify need and are arranging distribution of stock as required.

What PPE to use and when

Surgical masks: Ask a patient to wear a surgical mask if they are actively coughing
If the patient is suspected or confirmed to have COVID-19, staff should wear surgical masks for routine cares and for cleaning the area after patient has left
Staff should wear surgical masks when collecting respiratory swabs for pathology testing

P2/N95 mask: These masks should only be used in situations of aerosol generating procedures or if the patient has severe uncontrolled or productive coughing (i.e. for collecting pathology swabs)

Long sleeve gowns: Should be used in routine care of suspected or confirmed COVID-19 cases, and for cleaning the area after patient has left
Staff should wear long sleeved gowns when collecting respiratory swabs for pathology testing

Eye protection: In addition to regular practice, eye protection (including face shields, visors, safety glasses) should be used in routine care of suspected or confirmed COVID-19 cases, and for cleaning the area after patient has left

Staff should wear eye protection when collecting respiratory swabs for pathology testing

Gloves:

In addition to regular practice, non-sterile gloves should be used in routine care of suspected or confirmed COVID-19 cases, and for cleaning the area after patient has left

Staff should wear gloves when collecting respiratory swabs for pathology testing

Donning

The following steps should be taken in order to ensure correct application of PPE

Perform

hand hygiene

Wash hands or use an alcohol-based hand rub

Gown

Fully cover torso from neck to knees, arms to end of wrists and back
Fasten at the back and neck

Mask or respirator

Coloured side is always placed to the outside
Secure ties or elastic bands at middle of head and neck
Fit flexible/metal band to nose bridge
Fit snug to face and below chin

Goggles/face shield

Place either over face and eyes and adjust to fit
NOTE: prescription glasses are not appropriate to use as PPE, goggles must be placed over the prescription glasses.

Gloves

present

Extend to cover wrist/cuff of isolation gown and ensure no gaps are present

Doffing

Correct processes for removing PPE is just as important as correctly wearing PPE, as there is a high risk of transmission during the doffing process.

Gown and gloves

- A. Grasp the gown in the front
- B. Pull away from your body so that the ties break, touching outside of gown only with gloved hands
- C. As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands
- D. Whilst removing the gown, fold or roll the gown inside out into a bundle
- E. Place the gown and glove bundle into general waste bin

Perform

hand hygiene

Wash hands or use an alcohol-based hand rub

Goggles/face shield Remove goggles or face shield from the back by lifting side arms / head band and without touching the front of the goggles or face shield. If disposable discard into general waste. If reusable place into designated receptacle for reprocessing

Mask or respirator Grasp bottom ties or elastics of the mask/respirator, then the ones at the top and remove without touching the front of the mask
Discard into general waste

Perform

hand hygiene Immediately after removing all PPE, wash hands or use an alcohol-based hand rub

How to FIT CHECK a P2/N95 mask

The wearer should forcefully inhale and exhale several times.

The mask should collapse slightly upon inhaling and expand upon exhaling.

The wearer should not feel any air leaking between face and the mask.

For a demonstration on donning and doffing PPE appropriate for droplet precautions, see the link <https://www.youtube.com/watch?v=qk6ai3JUL9U>.

Communications

Up to date information

Information on COVID-19 management strategies, community and national responses, and epidemiological statistics are continually being updated in Australia. All staff are expected to remain informed of current best practices and current statistics affecting our communities. Our response to risks is greatly influenced by this information, and it is imperative that any response is implemented in a timely manner to minimise the impact to our population. It is the responsibility of the Coronavirus Response Coordinator and Deputy Coordinator to review all new information produced by the Department of Health, Regular updates from CDC as to newest suspected cases guidelines and testing criteria, and additional information from local governing health organisation (e.g. AMSANT, PHN), daily and pass on information to the relevant person/department as required.

With staff

It is the responsibility of the Coronavirus Response Coordinator and Deputy Coordinator to ensure communication and coordination of specific staff roles for a coordinated response to the preparation and any outbreak. Evidence of the most up to date information is reflected through the Purple House COVID-19 Plan, which is updated as required. Modes of communication with staff include:

- Regular 'all staff' email updates from the CEO
- Weekly 'all staff' email updates from the HR team
- Targeted email updates and Teams meetings with specific staff groups e.g. remote nurses
- Weekly COVID-19 committee meetings to share updated information and discuss responses, so managers can cascade to their teams via team meetings and other communications
- 'As needs' information about COVID policy or guidelines updates to relevant staff (email, phone or face to face)
- Staff meetings each Monday morning
- Posters and other visual reminders

Additionally, regular in-services and education sessions will be held for staff based on relevant COVID 19 related topics. Records of these sessions can be seen at [reference document 28](#).

With Patients

There is a vast array of resources available for patient education, including posters, PowerPoint presentations, voice recordings and videos in language. It is vital that we keep our patients up to date with the efforts being made by Purple House, the Territory and nationally to keep everyone safe. Changes affecting patient safety and wellbeing should be

communicated to patients in linguistic and culturally appropriate ways. Examples of ways we are communicating with our patients include:

- Videos for patients sharing updates and educational information
- Word of mouth during welfare and opportunistic visits
- Sharing of educational materials created by an array of government and Indigenous led health organisations
- Information sharing through Directors

All educational resources for patients are stored on the staff Dropbox (General folder), accessible to all staff.

With External Stakeholders

Purple House covers a large tristate area, and due to this, we work very closely with an array of external organisations. We continue to strive to collaborate with all stakeholders to provide updates on processes that are being implemented, in order to ensure transparency and a multiservice approach to patient care. External stakeholders should be informed of the relevant Purple House COVID-19 delegates and have access to our organisational COVID-19 plan as required. Forwarding a link to the Purple House COVID response plan to relevant stakeholders is a good way to ensure this communication. The Purple House response to COVID-19, plus a downloadable version of our response plan, will be available publicly on our website. A list of all the external stakeholders and their contact details can be found in [reference document 20](#).

An overview of the key comms provided during this time can be found in [Reference Document 34](#).

Service Continuity

Risk Management and Continuous Quality Improvement

Regular internal processes used to identify risks and guide improvement in service provision remain in place. This is particularly vital during this time of constant change, to ensure our processes and policies are regularly evaluated and focus on keeping all staff and patients safe. Examples of this include:

- Incident reporting processes
- Review of relevant internal policies to ensure relevance and compliance and reflect current needs.
- Evaluation and debriefing in recovery phase. Staff who require support will be supported to access grief or other counselling (EASA Services)
- General debrief sessions within teams to identify areas of weakness and what worked well. Information will be compiled, and resources updated as required.
- The Business Continuity Plan has been reviewed by Business Manager, with input from other managers to update as necessary to cover current pandemic circumstances

Interruption of services

The Purple House is normally a site bustling with staff, patients, family and other visitors. There is always music playing and food being prepared. During the COVID-19 pandemic, Purple House has closed down usual social gatherings to protect the most vulnerable of the Territory's population. We are focused on continuing to run core services only, including dialysis, Primary Health Care, Aged Care and NDIS services, and outreach social services, and delay non-essential visits to Purple House facility for all patients.

Many typical Purple House services will run in a modified way, to ensure compliance with Territory and Commonwealth regulations. We may be required to prioritise services for all patients to ensure essential services continue. We aim to work with patients and their families to modify services as required to meet their current needs e.g. additional shopping services if client is in isolation. See [reference document 3](#), Frontline Staff Contingency and Service Categories, as well as [reference document 21](#), Critical Functions Assessment (from Business Continuity Plan), which defines how our service provision will be delivered.

Triaging of patients

In all possible circumstances, outreach services are being used to assist patients, rather than having them transported to a Purple House facility. This is to reduce the risk of contact with other patients and staff to prevent potential transmission of infectious diseases.

Emergency Care Plans have been implemented by the Malpa team to ensure all aged and disability clients, as well as those considered 'high risk' are being prioritised and all essential services are being delivered.

The Primary health Care team (Alice Springs) have also increased their outreach services, are triaging the needs of patient reviews and using modified service provisions for GP and allied health services.

All outreach staff are required to complete a Patient Screening upon their encounter, to ensure patients are well, and again reduce the risk of potential transmission of infectious diseases. ([reference documents 11 and 12](#)).

Post COVID-19

Purple House will assess how it scales back up to full-service delivery where significant changes to workforce or client profiles have occurred. A plan will be needed based on workforce capacity to transition back to a 'new normal'.

Assessments and plans will be made by the COVID-19 Response Committee, with input from team managers and others. This information will be shared with staff, patients and other stakeholders as required, as per the modes outlined in '[Communications](#)' section of this document.

The Purple House Response Plan Recovery Timetable can be found in [reference document 30](#).

As part of the recovery plan, great consideration will be taken regarding debrief with patients and staff. This should include how we will assess and evaluate both the impact to personnel, the services as a business, and our response.

Emergency Response Criteria

Scenario planning will take place regularly with the COVID-19 emergency response team to prepare for any variation of the below criteria. Basic guides of response plans are outlined as per the following criteria.

1. Further CONFIRMED cases of COVID19 in major NT towns (Darwin, Katherine, TCK, Alice Springs)
2. Community transmission of COVID19 occurrence in major NT towns (Darwin, Katherine, Tennant Creek, Alice Springs)
3. One or more dialysis patient in town has SUSPECTED or CONFIRMED COVID19
4. Purple House (town based) frontline worker is SUSPECTED or CONFIRMED case of COVID19
5. One or more SUSPECTED case of COVID in a remote community
6. One or more CONFIRMED case of COVID in a remote community
7. Remote dialysis PATIENT is SUSPECTED COVID case in one remote community
8. Remote dialysis Staff is SUSPECTED COVID case in one remote community
9. Remote dialysis PATIENT is CONFIRMED COVID case in one remote community
10. Remote dialysis Staff is CONFIRMED COVID case in one remote community

Full details of these emergency response plans are attached in [reference document 29](#).

Reference Documents

1. [COVID Response Committee Roles and Responsibilities](#)
2. [Suspect Case Criteria \(NTG CDC alert\).](#)
3. [Frontline staff contingency plan and service categories](#)
4. [HR – staff wellbeing document: “Looking after ourselves in a Pandemic”](#)
5. [Staff travel and wellness declaration](#)
6. [Visitors Wellness Declaration](#)
7. [Staff Interstate Travel and Quarantine guidelines](#)
8. [Remote staff short trips policy](#)
9. [Self isolation guidelines](#)
10. [Patients groups gathering guidelines](#)
11. [Patient screening tool \(Town\)](#)
12. Patient screening tool (remote)
13. [Patient Transport policy](#)
14. [remote dialysis unit floor plans](#)
15. [Pathology testing for COVID](#)
16. [CDC notification form](#)
17. [Close contact definition](#)
18. [COVID screening and suspected/confirmed case management in remote dialysis units.](#)
19. [Biosecurity zone patient travel](#)
20. [External stakeholders list and contact details](#)
21. [Critical functions assessment \(from Business Continuity Plan\)](#)
22. [Staff screening guidelines \(Action phase\)](#)
23. [Positive screening tool referral pathway \(for PHC team\)](#)
24. [Australian Government DOH environmental cleaning guidelines](#)
25. [Facility Management \(Action phase\)](#)
26. [Pathology collection, referral and notification pathway \(for PHC team\)](#)
27. [Working from home safety and wellbeing checklist](#)
28. [staff education records](#)
29. [Emergency response criteria](#)
30. [Response Plan- Recovery Timeline](#)
31. [Patient Travel and Wellness Declaration](#)
32. [Recovery Transition Tracker](#)
33. [Contain and test Method](#)
34. [Key Communications](#)