



PURPLE HOUSE

PURPLE HOUSE COVID-19 Management Plan

Last updated: 3 March 2022

Current status: Recovery – phased easing of restrictions

Government COVID-19 Information:
[Commonwealth](#) [NT](#) [WA](#) [SA](#) [QLD](#) [NSW](#) [ACT](#) [VIC](#) [TAS](#)

Key phone numbers:

Purple House Alice Springs:	08 8953 6444
Purple House Panuku Darwin:	08 8985 5747
NT COVID Hotline:	1800 490 484
WA COVID Hotline:	13COVID (13 26843)
	Interstate Callers: 1800 595 206
SA COVID Hotline:	1800 253 787

Contents

What is COVID-19 and Suspect Case Criteria	3
Coronavirus (COVID-19) Management Plan.....	4
Purple House COVID-19 Response Committee	5
Purple House Service Categories	6
Purple House Site Management.....	7-8
Infection Control and Vaccination.....	9-10
Staff and Patients.....	11-13
Remote Sites	14
Travel	15-16
Clinical Management	16-17
Personal Protective Equipment	17-19
Communications, Risk and Quality	20
Reference Documents	21

What is COVID-19 (Coronavirus)

Visit the [World Health Organisation](#) for background on COVID-19.

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 and respiratory symptoms (coughing, sore throat and shortness of breath)
- other symptoms can include runny nose, acute blocked nose, headache, muscle or joint pains, nausea, diarrhoea, vomiting, loss of sense of smell, altered sense of taste, loss of appetite and fatigue

Transmission

The virus spreads from person to person in several different ways, including from:

- close contact with an infectious person
- an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe
- touching objects or surfaces (like handles or tables) contaminated by the virus
- poorly ventilated and/or crowded indoor settings

Preventing the spread of Coronavirus (COVID-19)

To help slow the spread of COVID-19 you should:

- get vaccinated if able to do so
- practise good hygiene, including
 - washing your hands frequently with soap and water and/or use hand sanitiser (especially around eating, using the toilet and after touching surfaces in public places)
 - cover your cough and sneeze with tissues and dispose of them immediately, wash your hands or use hand sanitiser (OR cough or sneeze into your elbow NOT YOUR HANDS and use alcohol-based hand sanitiser)
- practise physical distancing
- wear a mask in areas with community transmission
- isolate or quarantine if required

Suspect Case Criteria

The Northern Territory Government Centre for Disease Control (CDC) provides 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. For current suspect case criteria please visit the [NTG CDC Alert website](#). Close contact definition can be found [here](#).

COVID-19 Management Plan

This Management Plan outlines the approach taken by Purple House in responding to the COVID-19 pandemic. All patients/clients associated with Purple House services are identified as vulnerable according to WHO guidelines, therefore, extra precautions will be taken. The plan and reference documents are in the staff Dropbox under the 'COVID 19 Response' folder. Each site has a COVID-19 Safety Plan/checklist which sits under the Management Plan.

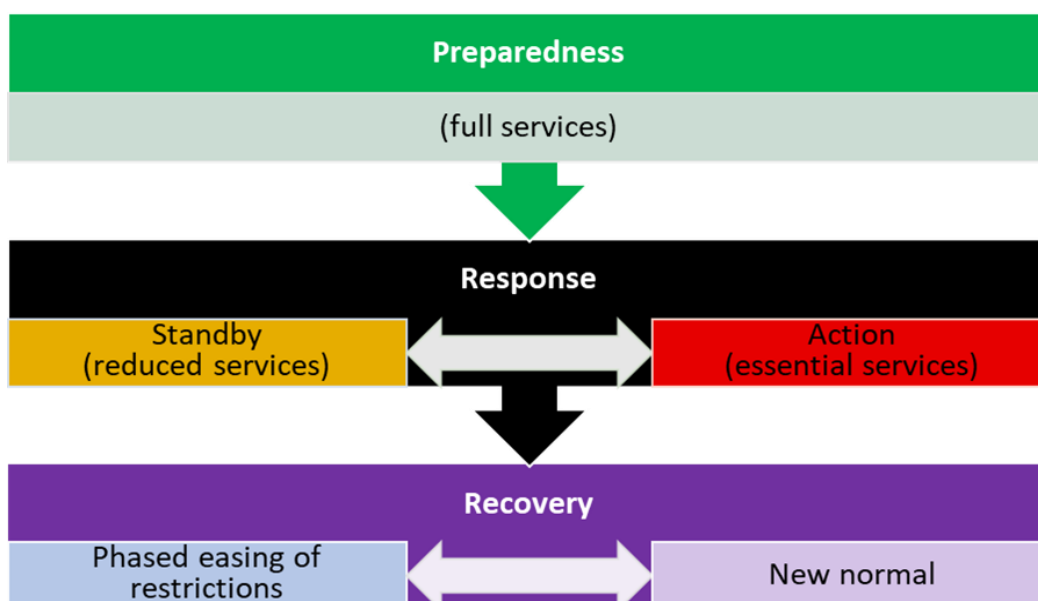
The directions of the Commonwealth, state and territory Chief Medical Officers set the foundation for Purple House's response to COVID-19, with organisation specific operational responses and additional measures determined by the Purple House CEO and COVID-19 Response Committee. All staff have a responsibility to remain up to date with the organisation's COVID-19 Management Plan and government directions.

During the pandemic, Purple House has continued to flexibly modify services and activity across its sites in response to changing risk levels, always taking a conservative approach given the vulnerability of our patients and their communities. Service interruptions have varied from closing down the site except for essential services and moving to a scaled down outreach model, to full-service provision with enhanced infection control practices and scaled down group activities. The focus is to maintain core services where possible, including dialysis, Primary Health Care, Aged Care and NDIS services, and outreach social services, while reducing non-essential visitors to Purple House facilities and maintaining infection control practices.

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:



Purple House COVID-19 Response Committee

Committee Role	
CEO COVID-19 Response Manager	Sarah Brown
HR Manager	Kerri Mitchell
Business Manager	Gabriel Waterford
Communications Manager	Kate Clark
Dialysis Services Co-Managers	Penny Clough/ Karolynn Maurice
Panuku Manager	Heather Hall
Social Support Services Coordinator	Anne Ronberg
Aged and Disability Services Manager	Barbara Goodwin
Central Australian Stores Coordinator	Rita Anderson
Top End Stores Coordinator	Michelle Misener
Clinical Logistics Manager	Cherie Hughes
Essential Worker Permit Coordinator	Stacy Lee Hughes
Medical Advisor	Dr Simon Quilty

Emergency response team:

Sarah Brown, Gabriel Waterford, Penny Clough, Karolynn Maurice, Heather Hall, Kate Clark, Simon Quilty

Emergency email: ceo@purplehouse.org.au or communications@purplehouse.org.au

For the full list of COVID-19 Committee Roles and Responsibilities see *reference document 1 (COVID 19 Response - Roles and Responsibilities)*.

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 Alice Springs/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 weekly • Physio 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"> • GP weekly- telehealth only • No inhouse 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 "COVID-19 care plans" only • Increased phone contact for wellbeing checks. No regular social support patient contact in person - 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 -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 has been completed **as per COVID-19 guidelines

Purple House Site Management

No one who meets the suspected case criteria may enter Purple House facilities. If a suspected case has entered the facilities, the relevant guidelines must be followed. Purple House will adhere to all government health directions and may take additional measures given the vulnerability of our client group. Checking in, hand hygiene and physical distancing should be practiced at all response levels at Purple House premises by everyone on site.

People at Purple House Premises

STATUS: RESPONSE (Standby/Action)

- a) no visitors, only staff delivering/supporting essential services (other staff work at home if possible), only patients/clients on site for dialysis treatment or essential Aged Care/NDIS services following a wellness screening, some essential services may be delivered by outreach OR
- b) only patients/clients on site for dialysis treatment or essential Aged Care/NDIS services, all staff, approved essential visitors may enter after a wellness screening.

STATUS: RECOVERY (Phased easing of restrictions)

- All staff and patients/clients (in managed numbers) may be on site.
- A limited number of non-essential visitors may enter Purple House facilities.

Gatherings at Purple House facilities

Given the vulnerability of Purple House patients, extra precautions around group gatherings will be implemented at Purple House facilities.

STATUS: RESPONSE (Standby/Action)

Depending on the risk level and directions in place, either:

- a) no patient gatherings or activities will be undertaken (essential services only) OR
- b) small group gatherings may be undertaken by outreach offsite and outside.

STATUS: RECOVERY (Phased easing of restrictions)

Patient activities will be slowly re-introduced in limited numbers and undertaken offsite or spread across sites where possible.

Mask wearing

Purple House abides by all CHO directions regarding mask wearing and may take additional measures to reduce risk. If there are positive cases in locations where we operate, the Purple House facilities in that region will require masks to be worn by all those working in or entering the facility – even if there is not a CHO mask mandate.

Layout and signage at Purple House facilities

All Purple House sites will arrange the layout of furniture, activities and services to promote physical distancing. Dialysis units will arrange dialysis chairs to allow for the maximum distancing possible. (see floorplans) Entry and exit points at all sites will be managed so that people do not group in these areas. (see Infection Control section for more detail)

All sites will display signage regarding staying home if unwell, physical distancing, hygiene practices, wellness screening and masks (when relevant), maximum number of people in a space, entry/exit points and check in. Signage will be culturally appropriate and will be translated into language where infographics/visual communication is insufficient.

Check in process and data management

Visitors, staff and patients must check in via a site-specific government QR code or paper form. Data will be securely held for 28 days by each site and then destroyed. All Purple House sites must scan the paper check in document and saved in the Dropbox under their site's folder on a weekly basis. In the event of an outbreak this will enable Purple House headquarters to provide contact tracing data to the relevant authorities in a timely way.

Purple House site list

Alice Springs (3 sites: headquarters at 69 Flynn Drive Gillen, North Side and East Side)

Darwin - Panuku

Ampilatwatja Renal Unit

Docker River Renal Unit

Elcho Island Renal Unit

Ernabella Renal Unit

Groote Eylandt Renal Unit

Hermannsburg Renal Unit

Kintore Renal Unit

Kalkarindji Renal Unit

Kiwirrkurra Renal Unit

Lajamanu Renal Unit

Mt Liebig Aged Care (non-residential) *see Mt Liebig Aged Care COVID-19 Local Response Plan*

Mt Liebig Renal Unit

Papunya Renal Unit

Santa Teresa Renal

Utopia Renal Unit

Wanarn Renal Unit

Warburton Renal Unit

Yirrkala Renal Unit

Yuendumu Renal Unit

Yuendumu Old People's Program (non-residential aged care) *see Yuendumu Aged Care COVID-19 Local Response Plan*

Infection Control

Cleaning guidelines

Purple House is committed to continuous improvement in its cleaning processes and has heightened its infection control practices in response to COVID-19. Daily cleans of high-risk areas are undertaken and cleaning equipment/products have been reviewed to ensure they are appropriate for the elimination of COVID-19.

Given the transmission of COVID-19, 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.

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

Further information at [Australian Government DOH environmental cleaning guidelines](#).

Physical environment preparation

Town based sites

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

Further modifications may be considered should COVID-19 transmission risks increase in Purple House sites/communities at the discretion of the CEO and COVID-19 Committee.

Remote based sites

Each remote unit differs according to space, number of chairs, staffing and patients. When in the 'Response' phase, modification must be made to the physical clinic environment to ensure the safety of clients and staff. This includes:

- A process for deliveries
- Staggering patient load across shift where possible:
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. *Note: not all units will have the space or staffing 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 (Remote dialysis unit floor plan)*)
- Clearing any clutter in your unit – keep surfaces clear and clean
- Increasing your cleaning routine

Infection Control Education

Education around infection control practices will be provided regularly with updates to practices provided as the situation changes. 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 physical distancing and hygiene practices.

COVID-19 and Influenza vaccination

Staff: *The Chief Health Officer Covid-19 Directions (No.55) 2021 ("the Directions") made under the Public and Environmental Health Act 2011 apply to all workers at Purple House.*

Purple House strongly encourages all patients to be vaccinated against COVID-19, unless there is a documented medical reason not to do so. Purple House will abide by all government directions regarding mandatory vaccination for staff working with vulnerable populations. As per the decision of the Purple House Board Directors, only vaccinated patients will be supported for travel to remote communities to minimise the risk of transmission to highly vulnerable populations.

To reduce the concurrent burden of influenza on communities and the confusion regarding diagnosis/causes of outbreaks, influenza vaccination is also strongly promoted. Access to annual influenza vaccines is facilitated for staff and patients. 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.

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 will be provided to staff members to keep everyone up to date with current guidelines and recommended practices. Preventative measures such as regular handwashing, physical distancing, use of PPE as per guidelines, and patient screening tools will assist in keeping staff and patients safe. Further details are outlined in other sections of this document. Also see *reference document 3 (Frontline staff contingency planning)*. Volunteers are considered staff.

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 will provide support and resources on an ongoing basis.

Depending on the current risk levels and health directions working at home may be required or recommended. Please discuss this with your manager. At specific times, 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, may be encouraged to work from home where possible. This recommendation may extend to staff who are in mandatory isolation/quarantine. Ensure a *Working From Home Safety and Wellbeing Checklist (reference document 27)*, has been completed, and consult with the HR team and your Manager if you want to discuss flexible working arrangements, and working from home.

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 following international or interstate travel, or travel to an area of concern within your state/territory, are required to complete the online 'Staff Travel and Wellness Declaration' before return to work. Please notify the HR team ahead of any travel which fits in the above categories.

Should COVID-19 transmission increase within a community in which Purple House has a presence, individual staff screening before commencing daily duties will be implemented. This will involve daily screening to ensure you do not meet any suspected cases criteria. Further details in *reference document 22 (Staff Screening Process)*.

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 nearest testing location 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 symptoms until a negative result is returned.

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 may not return to work unless documentation from a medical professional is provided.

All staff will be notified immediately and a comprehensive clean undertaken if a staff member with COVID-19 has entered a Purple House facility. If staff have had contact with the infected person, they should follow the health directions, including isolating for 14 days and getting tested. Please notify personal contacts that your work has had a case and anyone you have had contact with should 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. [Isolation guidelines here](#).

Patients

Purple House clients are some of the most vulnerable to COVID-19 and all precautions will be taken to support their health and wellbeing, while maintaining cultural safety. During escalation periods, in addition to maintaining essential dialysis services, Emergency Care Plans will be implemented by the Aged Care, NDIS and social support teams to ensure those considered 'high risk' are being prioritised and all essential services are being delivered.

Education for patients and families

Patients will be provided with information in different mediums 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:

- vaccination
- hand, cough and sneeze hygiene
- physical distancing
- calling the dialysis unit and/or PHC clinic if they feel unwell or have any 'flu like' symptoms rather than presenting in person
- enhanced cleaning practices
- the importance of continuing dialysis
- government health directions and support available
- Purple House COVID-19 measures to keep them safe

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

- posters/signage/letters
- one on one engagement
- group information sessions
- videos or audio recordings
- phone calls or messages
- interpreters
- language app
- patient mentors

Patient screening

During the 'Response' phase of the plan frontline staff in town and remote sites who have daily contact with patients are required to complete the patient screening tool. 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 (remotes sites*)
- surgical masks
- hand sanitiser
- cleaning products
- gloves

* thermometers are available at all town site

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 immediately when you have had an encounter with a patient who meets the suspected cases criteria, and they are required to directly alert the Primary Health Care Manager and CEO. Assistance will be provided to navigate the next steps.

Records are to be kept of all completed screening tools.

- Patient screening tool for town-based services, and the associated referral pathway, *reference documents 11/23 (Patient screening tool remote/Positive screening tool referral pathway)*.
- 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 (Patient screening tool remote and COVID screening and suspected/confirmed case management)*.
- Dialysis patient screening will be recorded on Communicare at the start of each dialysis shift.

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.

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 is considered a close or casual contact of the infected person must follow the relevant government guidelines, including immediate isolation.

For full details on suspected or confirmed cases in remote communities, see 'remote communities' section of this document.

Remote Sites

All Purple House sites must have a COVID Safety Plan lodged with the relevant jurisdiction. Each site must have COVID safety signage, hand hygiene facilities and a check in process for contract tracing (QR code and paper based).

Suspected or confirmed cases in remote communities

While in remote communities, staff and patients should comply with the local Primary Health Care Clinic plan and all government directions.

All patients should undergo a screening process at first contact with Purple House staff (car or unit). See *reference document 12* for patient screening tool remote. Remote dialysis services must be delivered in a way that ensures the safety of all our patients and staff. The preferential method of managing a suspected or confirmed case of COVID-19 in a remote community is to evacuate the community member and close contacts to prevent onward transmission. However, this may not be possible. Other responses are being developed.

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-19 Screening and Suspected/Confirmed Case Management in Remote Dialysis Units can be found at *reference document 18 (COVID screening and suspected/confirmed case management)*.

Challenges for remote communities to isolate positive cases

The ability to isolate is a major challenge in remote communities and the importance of family and culture in remote communities must be taken into account. Considerations include:

- isolation of cases and contacts away from vulnerable patients should be prioritised
- isolation should be augmented by supplying PPE for vulnerable individuals sharing a house with a case or contact.
- communities should be encouraged to identify culturally appropriate physical 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.
- 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.

Should an outbreak of COVID-19 occur in a remote location the government will be leading the community response and Purple House staff and patients need to comply with directions from the Chief Health Officer of the jurisdiction you're working in.

Travel

Purple House will abide by all government directions regarding travel and may take additional precautions to keep our staff, patients and their communities safe.

In addition to current health directions, Purple House may place a hold on all staff and patient travel within or between remote communities and urban locations during a 'Response' phase. Purple House may also request that staff delay personal travel where there is a significant risk, for their well-being and that of their colleagues and clients, and to manage the potential impact on our delivery of essential services.

Staff

Staff will be provided with regular updates by Purple House but are responsible for keeping up to date with the government requirements for the jurisdictions they are living and travelling in, including border entry and quarantine requirements, and hot spots/exposure sites. Unless the travel is requested by Purple House (with prior agreement about the financial arrangements), all associated costs are the responsibility of the staff member.

Staff should advise the HR team regarding personal or work travel overseas, interstate or to area of possible concern within their state/territory and must complete the online 'Staff Wellness and Travel Declaration' form before returning to a Purple House facility. (this will be emailed to you from HR) If you have met any of the suspected cases criteria or have been

tested for COVID-19 during your quarantine, HR must be notified of a negative test result before returning to the workplace.

Staff returning from interstate or international travel

Staff must abide by all CHO directions regarding travel and working with vulnerable populations.

Essential staff remote travel

Government and Purple House requirements must be followed. 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.

Remote patient travel

In the 'Response' phase of the plan patient travel may cease or be significantly reduced. All patients who are being transported should be screened prior to travel, with limited numbers per vehicle to assist with physical distancing during the 'Response' phase.

As per the decision of the Purple House Board Directors, travel to remote communities will be prioritised for vaccinated clients to minimise COVID-19 transmission risk.

Clinical Management

Refer to *current [Suspect Case Criteria](#)*.

Clinical presentation

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

- fever
- dry cough
- sore throat
- shortness of breath
- weakness/lethargy
- loss of taste/smell
- diarrhoea

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. Call before attending any facility.

- 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 team, your direct Purple House Manager, or the CDC helpline for any advice. Alice Springs: 8951 7540, Darwin: 8922 8044 or NT COVID hotline 1800 490 484.

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 the CEO 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 (Pathology Collection)*.

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. All Purple House sites were stocked with PPE kits in 2020. These are replenished in an ongoing basis as supplies are available and needed. Remote sites to include with monthly stock order.

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

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, Risk and Quality Improvement

Staff

It is the responsibility of the CEO to ensure communication and coordination of specific staff roles for a coordinated response to the preparation and any outbreak. This includes:

- Regular 'all staff' email and staff meeting updates from the CEO and HR/Operations
- Targeted email updates and meetings with specific staff groups
- SMS alerts in emergencies to staff without email access
- COVID-19 committee meetings and Management meetings
- Signage and verbal reminders
- Ongoing in-services and education sessions

Patients

A range of communication tools and engagement approaches will be used to share information with patients, acknowledge the diversity of languages, literacy levels, and cultural contexts which need to be considered. Many of the major Indigenous health organisations and media outlets are running community specific public information campaigns, including in language. Purple House has also developed unique animations in language to explain COVID-19 and the vaccine. Educational resources for patients are stored on the staff Dropbox (General folder - COVID 19 Response), accessible to all staff and updated on an ongoing basis.

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 (e.g. 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

Reference Documents (ongoing updates)

COVID Response Roles and Responsibilities
Frontline staff contingency planning
Staff travel and wellness declaration (online form)
Visitors Travel and Wellness Declaration
Yuendumu Aged Care COVID-19 Local Response Plan
Mt Liebig Aged Care COVID-19 Local Response Plan
Remote staff short trips policy
Patient screening tool (Town)
Patient screening tool (remote)
Patient Transport policy
Remote dialysis unit floor plans
COVID screening and suspected/confirmed case management in remote dialysis units.
Critical functions assessment (from Business Continuity Plan)
Staff screening process (Action phase)
Positive screening tool referral pathway (for PHC team)
Pathology collection, referral and notification pathway (for PHC team)
Working from home safety and wellbeing checklist
Emergency response criteria
Patient Travel and Wellness Declaration
Contain and test Method