



Australian Government



VICTORIAN AGED CARE RESPONSE CENTRE

COVID-19 Preparedness Observational Visit with Training Component

Facility Name: _____ Facility No.: _____

Type of contact: On-Site /Telephone Date of visit: _____ Start time: _____ Finish time: _____

Team Members/Caller: _____ Role (e.g. RN, ADF, AUSMAT): _____

Nominated facility contact for follow-up; Name _____ Email _____

Question to confirm 'White' Facility		
	YES	NO
<p>Have you have a suspected / confirmed case of COVID -19 in a resident, staff member, contractor or visitor in the last 14 days?</p> <p>If no, proceed with assessment.</p> <p>If Yes: Resident Staff Contractor Visitor</p> <p>Date of COVID test (if known): ___/___/___</p>		
<p>If Yes, check that facility has/ will notify (1) Public Health Unit (PHU) if confirmed COVID case (2) notified VACRC Early Warning System if suspected/ confirmed COVID case (E: VACRC.COVID19Notifications@health.gov.au)</p> <p>If Yes however not DHHS PHU directive, refer to flowchart</p>		
<p>If Yes to above and applies to staff/contractor:</p> <p>When did they last work/attend this facility? ___/___/___</p> <p>Do they work/ attend at any other Aged Care Facilities?</p> <p>Name of Facility they have worked (if known)</p> <p>_____</p> <p>_____</p> <p>If Yes, refer below to actions if (1) on-site assessment (2) telephone assessment.</p> <p>(1) On-site assessment</p> <ul style="list-style-type: none"> - Give site contact checklist and request facility review and prepare responses. - Advise facility they will receive a follow-up phone call for that information - Flag for priority site visit <p>(2) Telephone assessment</p> <ul style="list-style-type: none"> - Proceed to rest of checklist - Flag for priority site visit 		
<p>Document outcome:</p>		

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Facility Name: _____

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Date: _____

Section 1: Facility Outbreak Management Plan Checklist			
Serial	REQUIREMENT	YES	NO
1*	Is there a Facility Outbreak Management Plan available? Ask to see it.		
2	Does this include a list of people with allocated roles and contact details		
3	Do you have an Infection Control Lead or Resource? Are they on site (i.e. facility staff) or contracted?		
4*	(a) Is there a floor plan with identified rooms/zones; If No - Response prompt (b) Does the floorplan identify PPE donning/doffing station locations		
5	Are all residents in single rooms with an ensuite?		
6	Are there dedicated clean (cold) and dirty (hot) zones in staff areas, existing or planned if no cases		
7	Are staff dedicated to clinical areas/zones to minimise staff contact with large numbers of different residents/staff		
8	Do you have a staffing plan if your workforce was reduced by 25%, 50%, 75% reduction or loss of staff? If yes, ask to see the plans.		
9	Is there a list of all residents including recent photos and room numbers		
10*	Do you have a current list of all resident next of kin, including phone numbers and emails, to be able to provide timely and ongoing communications in the event of a COVID-19 case		
11	Is there signage to identify areas that are red/active COVID-19 patient zone/cohorts if applicable (if not applicable write N/A in YES Box)		
12	Is there a COVID -19 screening process and log available for all visitors/ contractors/ agency staff/ transport staff to sign in and out to assist with contact tracing if required (you should have signed in with this when entering a facility)		
13	Are Medicare numbers documented in resident's records		
All no responses require more detail			

Section 2: PPE Checklist			
Serial	REQUIREMENT	YES	NO
1*	Is everyone (except residents) in the facility wearing a) masks and, b) in clinical areas, face shields as well; If No-response prompt		
2*	PPE is readily available - masks, gowns, gloves, face shields		
3	Are staff observed not to be touching their face or mask?		
4	Is PPE stored securely and able to be accessed at all times by a designated person		
5	Is PPE usage monitored and someone responsible for ordering stock to avoid gaps in availability		
6	Is there separated Donning and Doffing areas/stations		
7	Is there appropriate waste bins available at the doffing stations		
8	Are there posters/instructions on donning/doffing PPE available		
9*	Are staff donning and doffing PPE as required		
10	Are staff, contractors and residents correctly applying PPE – gloves above wrist, bare below elbows, no casualwear over gowns		
All no responses require more detail. If telephone assessment: Have staff been trained in donning and doffing PPE?			

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Section 3: Hand Hygiene Checklist			
Serial	REQUIREMENT	YES	NO
1	Is Hand Hygiene product readily available in all areas of the facility; If N – response prompt		
2	Are staff changing gloves and using hand hygiene product between residents		
3	Is there hand wash available at all hand basins and in bathrooms		
All no responses require more detail			

Section 4: Isolation/Quarantine Precautions Checklist (If applicable)			
Serial	REQUIREMENT	YES	NO
1	Are all suspected/confirmed or Quarantined cases in a single room with ensuite or cohorted in shared rooms		
2	Is there contact/droplet or airborne/droplet signage outside the resident room/red zone COVID area to advise of required PPE		
3	Are suspected/confirmed or Quarantined cases remaining in the room/area		
All no responses require more detail			

Section 5: Environment Cleaning and Waste Management Checklist			
Serial	REQUIREMENT	YES	NO
1*	Do you have a waste management plan that includes waste segregation and an escalation plan for increased volume of waste and clinical waste with your management provider?		
2	Are you able to access additional clinical waste bins if required?		
3	Are there sufficient clinical bins available and they are not overfilled or spilling over?		
4	Does your cleaning team understand the appropriate disinfectants/chemicals to undertake a "deep clean" or do you have an escalation plan to engage external cleaning contractors to undertake these cleans?		
5	Is all shared equipment being cleaned with a disinfectant wipe between residents		
6	Are shared equipment such as telephones and computers, door handles and other high touch items being cleaned with disinfectant wipes after use		
All no responses require more detail			

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Section 6: Other Preventative Strategies Checklist

Serial	REQUIREMENT	YES	NO
1	Are staff socially distanced in the clinical areas where able		
2*	Is there social distancing in communal staff areas such as tea room/nurses station/offices/changerooms – If No-response prompt		
3	Are tea breaks split to ensure minimal numbers of staff in communal areas		
4*	Is there signage to identify total number of staff able to be in communal areas – If No, response prompt		
5*	Are all staff and residents screened daily for symptoms (fever and acute respiratory symptoms and change in behaviour in residents) – If No, response prompt		
6*	Do you have a COVID-19 safe plan? If N response prompt.		
All no responses require more detail			

PPE training

Number of staff trained:

Comments (e.g. train the trainers, if no reason why such as already booked in elsewhere)

Team Notes on facility:

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