

31 July 2020

### Q&A log for Family and Friends of Maroba Community

We are pleased to provide our community with additional information on how we would manage an outbreak of Covid should this occur, with thanks to a family member who has asked us these pertinent questions.

- 1. I understand a separate isolation area is available and this was used recently for residents who had contracted Picornavirus.**

*Yes, it has been very effective in protecting the remaining residents in Waratah unit and greatly reduced exposure to staff and other residents across the facility. This unit is used constantly for anyone showing the slightest symptoms of cold and flu until Covid clear and symptom free.*

- 2. Can you confirm staff training levels for COVID-19 in infection control, wearing of PPE by staff and best practice in use of face mask wearing?**

*We have reviewed numerous education packages and have enacted what we believe to be best practice for our circumstances. 93% of all staff have completed training, 7% are on maternity or extended leave for various reasons and are not working.*

- 3. Are masks mandatory now for staff as has been declared for all Public Hospitals?**

*Masks will now be worn by all staff in close contact with residents. At Maroba be aware that there is no current directive for us to be following the same requirements as Public Hospitals. Our decision is based on our own risk assessment and commitment to our resident's safety.*

- 4. Does Maroba have enough PPE equipment for the worst case scenario?**

*We continually monitor requirements and availability and continue to order more supplies when available to ensure a robust baseline and capacity for an initial phase of an outbreak. We are constantly assured by the Federal Government that there is a stockpile to be made available to Aged Care upon declaration of an outbreak.*

- 5. If transmission took place, what is Maroba's policy in the care of residents, staff ratio for seriously ill patients, staff ratio for residents unaffected and at what point is a decision made to transfer residents with COVID-19 to a general hospital? Do families have a say in this or will transfer to a General Hospital be based on acute symptoms?**

- a. Baseline rosters would continue in care areas of non-infected residents, keeping in mind baselines are continually reviewed pre-Covid and currently to enable Maroba to adjust care hours as the needs of each area do change from day to day.*

*Staff ratios are difficult to predict as we do not know the number of residents affected, however we will assess the actual resident profile and care needs on a*

*shift by shift basis with a commitment to increase baseline ratios and care hours as required.*

- b. Decisions about transfer to hospital if a resident is Covid positive will be made in conjunction with the resident, their enduring guardian and medical team.*

*Maroba's philosophical view is that every Australian, regardless of age or where they live has the absolute right to access acute medical care in a hospital setting. It is vital that residents Advance Care Plans are up to date and completed to support this decision making process. Maroba is also negotiating with private patient transport companies eg. St Johns Ambulance and Private Ambulance Services to ensure transport availability if required.*

**6. Does the Mater hospital have a relationship with Maroba and would it be the receiving hospital in such situations? What strategies are in place by NSW Health for such serious situations?**

*Yes, we do have a positive relationship with the Mater Hospital and we are in their catchment, however, it will depend on bed availability at the time. Fortunately, we are part of a large District Health Service and decisions about bed allocation will be outside Maroba's jurisdiction. NSW Health have a designated unit to plan and prepare NSW Health Services for this type of serious situation.*

**7. What plans are already in place for communication with relatives if such an awful situation arose, as this appears to be a serious lack in the current Melbourne environment?**

*Our general Covid Updates will continue as and when the situation changes. In the event of a Covid outbreak at Maroba our communication plan includes:*

- Providing the main key contact for each resident with a phone call if your relative has tested positive for Covid-19. We suggest that families set up their own phone trees for family communication to pass on important information, as you must appreciate that phone lines will be heavily in use to ensure the exchange of critical information with many stakeholders is achieved. Remember we have over 150 families to keep informed. Maroba is preparing for and will announce dedicated phone numbers to ensure optimal communication is available when the time comes.*
- The entire Maroba Community will be notified by special announcement that the service is now under outbreak conditions. This communication will be via email, website, facebook and any other current communication method to suit particular circumstances.*

*However, please note that if the NSW Federal Health Authorities assume control of the Maroba Services, communications will no longer be in our control. Maroba does have contingency plans in place that should this occur, continuity of resident care and relative communication should be enabled.*

8. **If staff levels are affected at Maroba, are there back up plans for retaining and securing extra staff?**

*We will assess usual arrangements for staff backups and will then have access to Government surge workforce arrangements in the event of an outbreak. We continue to explore options and have made contact with surge workforce providers as this is clearly one of the most challenging aspects of an outbreak as we see it played out in Victoria. Maroba cannot guarantee an ongoing continuity of the workforce in the worst case scenario. However, we have a dedicated team who continue to show up with a great attitude and desire to support all of our residents through these challenging times.*

9. **Is Maroba prepared to release unaffected residents into the care of family members and can Maroba be prepared for such a scenario?**

*Maroba is committed to residents dignity, choice and decision making, so will do all we can to support resident's going into family care under social leave/emergency leave arrangements. However, the ultimate decision will be made by the health authorities, but rest assured we will be advocating for your loved ones safety and dignity.*

10. **For Covid tracing purposes, what is a close or casual contact?**

*A **casual contact** is defined as someone who has face to face contact for less than 15 minutes cumulative over the course of a week, or been in the same closed space for less than 2 hours, with a person with a Covid-19 infection while they were infectious. This may include healthcare workers, other patients, or visitors who were in the same closed healthcare space as a case, but for shorter periods than those require for a close contact. Other closed settings may include schools or offices.*

*Casual contacts are not required to self-isolate in their homes unless they develop symptoms.*

*Ref: NSW Government. [www.health.nsw.gov.au](http://www.health.nsw.gov.au) COVID-19 casual contact Fact sheet*

*'**Close contact**' means having face-to-face contact for more than 15 minutes with someone who has a confirmed case of coronavirus (COVID-19) – or alternatively sharing a closed space with them for more than two hours.*

*Close contact can happen in many ways, but examples include:*

- *living in the same household or household-like setting (for example, a boarding school or hostel)*
- *direct contact with the body fluids or laboratory specimens of a confirmed case*
- *being in the same room or office for two hours or more*
- *face-to-face contact for more than 15 minutes in some other setting such as in a car or a lift or sitting next to them on public transport.*

*Ref: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#how-do-you-define-close-contact>.*