AGENDA

CITY OF HOLDFAST BAY

Alwyndor Management Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the

Alwyndor Aged Care Meeting Room and virtually via Microsoft Teams.
Dunrobin Road, Hove

Thursday 20 August 2020 at 6.30pm

Roberto Bria
CHIEF EXECUTIVE OFFICER

Please note: This agenda contains Officers' reports and recommendations that will be considered by the Council. Any confidential items listed on the agenda will be circulated to Members separately.

Alwyndor Management Committee Agenda

1. OPENING

The Chairperson, Mr K Cheater will declare the meeting open at 6.30 pm.

2. KAURNA ACKNOWLEDGEMENT

We acknowledge Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

3.1 Apologies received
3.2 Absent

4. DECLARATION OF INTEREST

If a Committee Member has an interest (within the terms of the Local Government Act 1999) in a matter before the Committee they are asked to disclose the interest to the Committee and provide full and accurate details of the relevant interest. Committee Members are reminded to declare their interest before each item.

Mr Grant Corderoy, Partner, StewartBrown in attendance at this time to provide an overview of Aged Care Finance.

5. CONFIRMATION OF MINUTES

5.1 Minutes of the Previous Meeting

Motion

That the minutes of the Alwyndor Management Committee held on 16 July 2020 be taken as read and confirmed.

5.2 Confidential Minutes

Motion

That the confidential minutes of the Alwyndor Management Committee held on 16 July 2020 be taken as read and confirmed.

6. REVIEW OF ACTION ITEMS

6.1 Action Items
6.2 Confidential Action Items

7. REPORTS/ITEMS OF BUSINESS

7.1 General Manager's Report (Report No: 30/2020)

8. CONFIDENTIAL

8.1 General Manager's Report – Confidential (Report No: 31/2020)

Pursuant to Section 90(2) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.

8.2 Finance Report (Report No: 32/2020)

Pursuant to Section 90(2) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.

9. URGENT BUSINESS – Subject to the Leave of the Meeting

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 17 September 2020 in the Boardroom Room or via audio-visual, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. CLOSURE

ROBERTO BRIA
CHIEF EXECUTIVE OFFICER

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held at Alwyndor Aged Care, Dunrobin Road, Hove on Thursday 16 July 2020 at 6.30 pm.

PRESENT

Elected Members

Councillor P Chabrel
Councillor S Lonie

Independent Members

Chairperson – Mr K Cheater
Ms J Cudsi
Mr K Whitford
Ms T Sutton
Prof L Sheppard
Prof J Searle

Staff

Chief Executive Officer – Mr R Bria
General Manager Alwyndor – Ms B Davidson-Park
Finance Manager – Ms L Humphrey
Residential Services Manager – Mr G Harding
Manager, Community Connections – Ms M Salt
Manager, People and Culture – Mr D McCartney
Manager, Projects – Ms E Burke
General Manager, Strategy and Business Services – Ms P Jackson – part of meeting
A/Manager, Innovation and Technology – Mr R Zanin - part of meeting
Personal Assistant – Ms M Dinham

1. OPENING

The Chairperson declared the meeting open at 6.30pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chairperson stated:

We acknowledge the Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

3.1 For Absence - Ms Julie Bonnici
3.2 Leave of Absence - nil

4. DECLARATION OF INTEREST

Members were reminded to declare any interest before each item.
Ms T Sutton declared that she was currently providing consultancy services to ACH while the COVID-19 epidemic continued. Ms Sutton did not believe this created a conflict with any of the matters at this meeting.

5. CONFIRMATION OF MINUTES

Motion

That the minutes of the Alwyndor Management Committee held on 18 June 2020 be taken as read and confirmed.

Moved by Cr S Lonie, Seconded by Cr P Chabrel **Carried**

Motion

That the confidential minutes of the Alwyndor Management Committee held on 18 June 2020 be taken as read and confirmed.

Moved by Cr P Chabrel, Seconded by Ms T Sutton **Carried**

6. REVIEW OF ACTION ITEMS

6.1 Action Items

The Terms of Reference were approved by Council. Cr P Chabrel informed the Committee that the presentation made by the Chair and General Manager was the best the Council had seen from Alwyndor and extended congratulations to the team on such a great result.

6.2 Confidential Action items

7. GENERAL MANAGERS REPORT

7.1 **Re-election of Office Bearers** (Report No: 24/2020)

The Alwyndor Management Committee declared the positions of Chairperson and Deputy Chairperson vacant and appointed the General Manager to act as the Returning Officer for the election of Chairperson and Deputy Chairperson.

The General Manager sought nominations for the positions of Chairperson and Deputy Chairperson.

Chairperson
As there was only one nomination for the position of Chairperson, the General Manager declared Mr K Cheater elected as Chairperson of the Alwyndor Management Committee.

Deputy Chairperson
As there was only one nomination for the position of Deputy Chairperson, the General Manager declared Ms J Bonnici elected as Deputy Chairperson of the Alwyndor Management Committee.

Motion

That the Alwyndor Management Committee:

1. **Appoints Mr Kim Cheater to the position of Chairperson until 30 June 2023 and that Council be advised accordingly.**

2. **Appoints Ms Julie Bonnici to the position of Deputy Chairperson until 30 June 2021 and that Council be advised accordingly.**

Moved Cr S Lonie, Seconded J Cudsi **Carried**

The General Manager then vacated the Chair, and Mr Cheater assumed the role of Chairperson for the remainder of the meeting.

7.2 **General Manager** (Report No: 25/2020)

7.2.1 COVID-19: Alwyndor will be holding restrictions as per current status given the recent resurgence of the virus interstate.

7.2.2 Alwyndor's My Aged Care service rating: currently sitting at four stars (out of four). This will be monitored on an ongoing basis to ensure status is maintained.

7.2.3 Royal Commission: has recommenced hearings and timelines have been extended, the final report will be released on 26 February 2020.

The General Manager outlined submissions being sought by the Commission, including Financing and Governance in Aged Care, Alwyndor will be commenting via LASA (Leading Age Service Australia) as well as preparing local submission(s) as appropriate. Submissions are due by 31 July 2020 and Alwyndor's submission will be circulated out of session for members information and comment.

Motion
That the Alwyndor Management Committee:

1. **Note that financial information for June will be provided in the end of financial year report which will be presented to the August 2020 meeting of the AMC.**
2. **Note the information regarding COVID-19 responses and actions.**
3. **Note the information provided regarding My Aged Care Service Rating.**
4. **Note the information provided regarding Royal Commission into Aged Care.**
5. **Note the information provided in the Federal Funding Increase for Home Care Packages.**

Moved by Cr P Chabrel, Seconded by Ms T Sutton **Carried**

8. CONFIDENTIAL REPORTS

8.1 Draft Alwyndor Strategic Plan 2020-23 (Report No: 26/2020)

Exclusion of the Public – Section 90(3)(d) Order

1. **That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report's and Attachments to Report No. 26/2020 in confidence.**

2. **That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No's: 21/2020 on the following grounds:**

   d. **pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.**

   In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. **The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been**

outweighed by the need to keep the information or discussion confidential.

Moved Mr K Whitford, Seconded Cr S Lonie **Carried**

RETAIN IN CONFIDENCE - Section 91(7) Order

5. That having considered Agenda Item 8.2 Alwyndor Strategic Plan (Report No: 26/20) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Cr P Chabrel, Seconded Ms T Sutton **Carried**

8.2 **Draft Alwyndor Marketing and Communications Plan 2020-23 (Report No: 27/20)**

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report's and Attachments to Report No. 27/2020 in confidence.

2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No's: 21/2020 on the following grounds:

d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Cr P Chabrel, Seconded Ms T Sutton **Carried**

RETAIN IN CONFIDENCE - Section 91(7) Order

5. That having considered Agenda Item 8.3 Alwyndor's Marketing and Communication Plan – 2020-2023 (Report No: 27/20) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Cr S Lonie, Seconded Mr K Whitford **Carried**

Ms Pam Jackson, General Manager, Strategy and Business Services, and Mr Robert Zanin, A/Manager Innovation and Technology, City of Holdfast Bay entered at 7.48pm.

8.3 Draft Alwyndor Digital and Technology Transformation Plan 2020-23 (Report No: 28/20)

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report's and Attachments to Report No. 28/2020 in confidence.

2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No's: 21/2020 on the following grounds:

d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Ms J Cudsi, Seconded Ms T Sutton **Carried**

RETAIN IN CONFIDENCE - Section 91(7) Order

5. That having considered Agenda Item 8.4 Alwyndor Technology Plan 2020-2023 (Report No: 28/20) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Cr S Lonie, Seconded Ms J Cudsi **Carried**

Ms P Jackson, Mr R Zanin and the CEO left the meeting at 8.44pm.

8.4 **General Manager's Report – Confidential** (Report No: 29/20)

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report's and Attachments to Report No. 29/2020 in confidence.

2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No's: 21/2020 on the following grounds:

d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of

Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Exclusion of the Public – Section 90(3)(d) Order

Moved Cr P Chabrel, Seconded Ms J Cudsi **Carried**

RETAIN IN CONFIDENCE - Section 91(7) Order

5. That having considered Agenda Item 8.5 General Manager's Report – Confidential (Report No: 29/20) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Cr S Lonie, Seconded Prof J Searle **Carried**

9. URGENT BUSINESS – Subject to the leave of the meeting

None

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 20 August 2020 in the Boardroom Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. CLOSURE

The meeting closed at 9.08 pm.

CONFIRMED 20 August 2020

CHAIRPERSON

AMC ACTION ITEMS

Action No.	Meeting	Agenda Item	Action Required	Responsibility	Due Date	Current Status
1	16/07/2020	7.2.3 Royal Commission	Draft submission(s) to the Royal Commission into Aged Care will be circulated to Members for their comment and information.	GM	31 July 2020	Circulated via email 30 July 2020. Completed.
2	16/07/2020	7.2 General Manager's Report	The Alwyndor CCTV Position Statement to be circulated to the Committee for their information.	GM	Jul-20	Circulated via email 22 July 2020. Completed.

Item No: 7.1

Subject: **General Manager Report**

Date: 20 August 2020

Written by: Beth Davidson-Park
General Manager, Alwyndor

SUMMARY

This report is to update and inform the Alwyndor Management Committee (AMC) regarding items, initiatives and issues of relevance to Alwyndor business specifically and to the aged care sector more generally.

RECOMMENDATIONS

That the Alwyndor Management Committee:

1. **Approves the Alwyndor COVID-19 Preparedness and Outbreak Management Plan.**
2. **Note the submission to the Royal Commission.**

REPORT

1. **COVID-19**

   As advised via email on 28 July 2020 we are continually reviewing our approach to COVID-19 management. We have reviewed our *COVID-19 Preparedness and Outbreak Management Plan (the Plan)*. The Plan, as at 13 August 2020, forms Attachment 1 to this report

   In the event of a positive COVID-19 case and/or outbreak the CEO CHB, General Manager, Manager People and Culture, Manager Residential, and Manager Community Connections will jointly collaborate on the most appropriate response as per the Plan.

   The Plan is presented as a single document for the business but is structured in such a way that it addresses overarching organisational matters and then addresses specific actions for Residential and Support at Home.

   We monitor the local and national COVID-19 situation on a daily basis and make changes to the Plan as per current Federal and State legislative directives and health alerts. We actively participate in industry updates (eg Leading Age Services Australia

(LASA)) and we maintain an open channel of communication with the Southern Adelaide Local Health Network (SAHLN) to ensure a fully informed and integrated COVID-19 response plan.

Staffing continues to be a focus for us. *Emergency Management Direction for Residential Aged Care # 7* (the Direction) was issued by the SAPol Commissioner on 14 August 2020. This Direction includes a 'sole worker' requirement in residential aged care to be effective from 27 August, this is focussed on residential carers only ie not nurses or therapists. We have completed an audit of employees who work for more than one organisation and People and Culture are actively talking to these carers to ensure we are as well positioned as possible for these new requirements. As noted in email of 28 July we commenced this work several weeks ago given the experience interstate (and globally) of staff shortages in times of COVID-19 outbreaks – just now some 'hotspot' Victorian Residential Aged Care organisations are experienced an 80% staff reduction.

The Direction also introduces the requirement for wearing appropriate personal protective equipment (PPE). The Direction requires all residential aged care employees to wear appropriate PPE when less than 1.5m from a resident. This PPE will take the form of minimum quality level 1 surgical grade masks from 27 August. PPE requirements will of course escalate in the case of an outbreak.

Alwyndor has a stock of masks and other appropriate PPE which we believe is adequate for 6 weeks in current conditions. It should be noted that in the case of a COVID-19 outbreak Commonwealth supplies will become available, meanwhile the additional expense incurred is borne by Alwyndor. To date since 1 July approximately $25k has been invested in additional PPE for this purpose.

The Direction also requires the preparation of both a *Workforce Management Plan* and an *Infection Control Plan* by 27 August 2020. The preparation of both is currently underway noting that whilst our current Plan (as attached) is robust we are required to develop another for 'communal areas' and are awaiting the template from SA Health to finalise this work.

2. Royal Commission submission

As circulated to AMC via email on 30 July 2020 a general submission was made to the Royal Commission. For completeness, a copy forms Attachment 2 to this report.

Alwyndor

ATTACHMENT 1

COVID-19

Preparedness and Outbreak Management Plan

as at 13 August 2020

subject to change on a daily basis

Contents

PART 1 – OVERARCHING ORGANISATIONAL PREPAREDNESS

OPERATIONAL ENVIRONMENTS

Alwyndor provides residential care, therapy services and support at home from the operations hub located at 52 Dunrobin Road, Hove.

For the purposes of COVID Prevention and Management the following principles have been applied:

1. Visitor restrictions are enforced for entry into the residential care environment via single point of entry marked on the map below
2. Organisational operational support services have adopted strict COVID-19 prevention and management processes to support:
    a. Compliance with COVID-19 management requirements within residential care.
    b. Optimal COVID-19 prevention strategies for each operational division of the organisation.
3. In the event of an outbreak in residential care, the entire hub will be put into lockdown and all adjunct services will be closed for business – allied health services, gym, café, hairdresser.
4. In the event of a community outbreak Support at Home services will be reviewed on a case by case basis to ensure clients who have a high need for services are supported.

ORGANISATION PLANNING AND PREPAREDNESS

1. The Executive and Senior Management monitor the local and national COVID-19 situation on a daily basis and make changes to the preparedness plan as per current legislation and health alerts.
2. In the event of an outbreak the CEO CHB, General Manager Alwyndor, Manager People and Culture, Manager Residential and Manager Community Connections will jointly collaborate on the response as per the guidelines below.
3. The organisation will maintain a list of staff and their Medicare details for contact testing and tracing.
4. Alwyndor maintains a list of resident/clients who are at risk or vulnerable in the event of a Coronavirus infection based on medical diagnoses and/or their Client Vulnerability Rating score.
5. All staff and visitors are required to wear a face mask (minimum quality of level 1 surgical) whilst moving through the building or otherwise within 1.5m of a resident.

PREVENTION

Essential standard operational requirements

- Signage at appropriate locations outlining access restrictions/arrangements (including room capacity) and required infection prevention measures.
- provision of alcohol-based hand sanitiser at entrance and other strategic locations.
- single point of entry into residential care.
- single point of entry into therapy and wellness services.
- screening questions and temperature checking for all visitors to residential care and/or other operational areas.
- checking and registration of influenza vaccinations for all visitors to residential care and/or other onsite services.
- hand hygiene before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean). Gloves are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off.
- social distancing wherever possible. We acknowledge that social distancing is not always possible within the health care environments, and so hand hygiene between episodes of care or other operational interactions is essential.
- cough etiquette and respiratory hygiene. Cough into a tissue (and discard the tissue immediately) or into the bend of the elbow; perform hand hygiene.
- regular cleaning of the environment and equipment.
- compulsory COVID-19 and infection prevention training for all staff.
- adequate stocks and regular monitoring of PPE for each operational division-residential, support at home, and therapy & Wellness.
- cleaning of reusable equipment before/after each resident/client.

Restriction of visitors into Residential Care (RCF) - Emergency Management Directive 6 (SA)

A person is prohibited from entering, or remaining on, the premises of a residential aged care facility in South Australia unless:

- the person is a **resident**
- the person is an **employee or contractor**
- the person's presence at the premises is for the purposes of providing:

  (i) **goods or services** that are necessary for effective operations

  (ii) other **professional services**.

- the person's presence is for the purposes of **providing health, medical or pharmaceutical services** to a resident of the residential aged care facility
- the person's presence is for the purposes of a ***care and support visit** to a resident of the residential aged care facility on a particular day and the visit:

  (i) is the only care and support visit made to the resident on that day

  (ii) is an additional care and support visit (2nd visit) made to the resident on that day approved by the operator of the residential aged care facility

  *Definition of care and support visit: a visit made to the resident by one person, or 2 persons together, for the purposes of providing care and support to the resident (and includes a visit by a family member or friend of the resident for the purposes of providing social support to the resident)

- the person's presence at the premises is for the purposes of **end of life support** for a resident of the residential aged care facility for whom death is imminent (likely within 2 weeks)
- the person's presence at the premises is required for the purposes of **emergency management or law enforcement**
- the person's presence at the premises is required for the purposes of **regulatory functions** or duties, including inspections
- the person is a **legal practitioner** and their presence at the premises is for the purposes of the provision of legal advice or services.

However, a person must not enter or remain on the premises of a residential aged care facility in South Australia if:

- during the 14 days immediately preceding the entry, the person arrived in South Australia from a place outside of South Australia and was not a low community transmission zone arrival-***low community transmission zone*** is comprised of Northern Territory, Queensland, Tasmania, Western Australia
- during the 14 days immediately preceding the entry, the person had known contact, other than contact during which the person wore adequate personal protective equipment, with a person who has a confirmed case of COVID-19
- the person has a temperature of 38 C or higher, or has a history of fever or chills in the preceding 72 hours, or symptoms of acute respiratory infection or loss of taste and smell
- *the person has not been vaccinated against 2020 seasonal influenza.

*does not apply to a person employed or engaged in the provision of emergency services from entering or remaining on the premises of a residential aged care facility in the event of an emergency.

Important exemptions for end of life care:

Where a resident is receiving end of life care and the life expectancy is less than 14 days a person may visit the facility even if s/he has come from interstate and/or has not been vaccinated for 2020 influenza.

Under these circumstances the following legislative and organisational protocols apply:

- must self-quarantine when s/he is not in attendance at the aged care facility
- must wear PPE at all times whilst in the facility
- must only visit in the resident's private room or in an external garden
- If the individual has not been able to access a 2020 influenza vaccination before visiting a resident receiving palliative care, s/he is able to visit once and must then take all reasonable steps to access the influenza vaccine as soon as practicable after their initial visit.

Other exemptions for 2020 influenza vaccination exist for:

- a medical contraindication to the influenza vaccine (such as a person who has a history of anaphylaxis, or has had Guillain-Barré Syndrome, following vaccination, or who is taking checkpoint inhibitor medication for cancer treatment)
- children under 6 months of age are exempt from the vaccination requirement.

Visitors, clients and external providers/contractors/delivery drivers

The following directives must be communicated and monitored:

- undertake screening at reception and sign in/out; delivery drivers for hotel services/catering are screened at the rear entrance and sign in/out.
- visit only one resident or staff member as per the reason for the visit.
- go directly to the resident's room or area designated by staff and avoid shared areas.
- Practice social distancing by staying 1.5 metres from others wherever possible.
- use alcohol-based hand rub or wash their hands before entering and on leaving the building and the resident's room.
- practise cough etiquette.
- if visiting a resident who is in isolation or quarantine, follow contact and droplet precautions, as directed by staff.

Staff management

Staff returning from interstate or overseas

- Must self-isolate and not return to work for a minimum of 14 days.
- Must communicate via phone or email with Dan McCartney - Manager People and Culture: dmccartney@alwyndor.org.au during this 14 day isolation period to discuss progress. Alwyndor will discuss with any employees who feel at risk of exposure to ensure the safety and wellbeing of themselves and Alwyndor connected people.

- Evidence of a negative test must be provided dated after the 14 days self-isolation and before returning to work.

All employees

- Any staff member with and respiratory-like illness should not work while they are symptomatic.
- Testing for COVID-19 is required if staff meet the suspect case definition (fever AND acute respiratory illness).
- You must communicate via phone or email with Manager, People and Culture to discuss. Alwyndor will discuss with any employees who feel ill or at risk of exposure to ensure the safety and wellbeing of themselves and Alwyndor connected people.
- Evidence of a negative test must be provided before returning to work.
- There may be other instances where a staff member is directed to isolate from work, such as through casual or familial contact of suspected case.

Testing Stations in Adelaide

https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid+2019/covid-19+response/covid-19+clinics+and+testing+centres

Monitoring staff at work

- All staff on site will have their temperature taken at the beginning of their shift by the nurse in the area, or by customer care at reception, or by Team Leader Support at Home in Cheater House.
- If staff have a temperature of 37.5C or greater, they are to be stood down from work for 24 hours and paid in accordance to individual leave entitlements.
- Staff will monitor themselves for the development of Upper Respiratory Tract Infection, and if asymptomatic may return to work.

Flu Vaccinations

It is a requirement of employment at Alwyndor that all staff (residential, support at home, therapy and wellness, customer care) have the 2020 influenza vaccination. There are some exemptions in the Aged Care legislation.

IDENTIFICATION

Symptomology

COVID-19 is a contagious viral infection that generally causes respiratory illness in humans. Presentation can range from no symptoms (asymptomatic) to severe illness with potentially life-threatening complications, including pneumonia.

The most common signs and symptoms include:

- fever (though this may be absent in the elderly)
- dry cough.

Other symptoms can include:

- shortness of breath
- sputum production
- fatigue
- sore throat
- loss of taste
- loss of smell
- diarrhoea
- nausea or vomiting.

Less common symptoms include:

- headache
- myalgia/arthralgia
- chills
- nasal congestion
- diarrhoea
- haemoptysis
- conjunctival congestion.

Older people may also have the following symptoms:

- increased confusion
- worsening chronic conditions of the lungs
- loss of appetite.

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days).

Most people with COVID-19 have mild disease and will recover. Some people can develop complications which may be life-threatening and can result in death.

Elderly people may experience a worsening of chronic health problems such as congestive heart failure, asthma and diabetes.

COVID–19: IDENTIFYING THE SYMPTOMS

Coronavirus (COVID–19)

SYMPTOMS	COVID-19 Symptoms range from mild to severe	COLD Gradual onset of symptoms	FLU Abrupt onset of symptoms
Fever 	Common	Rare	Common
Cough 	Common	Common	Common
Sore Throat 	Sometimes	Common	Common
Shortness of Breath 	Sometimes	No	No
Fatigue 	Sometimes	Sometimes	Common
Aches & Pains 	Sometimes	No	Common
Headaches 	Sometimes	Common	Common
Runny or Stuffy Nose 	Sometimes	Common	Sometimes
Diarrhea 	Rare	No	Sometimes, especially for children
Sneezing 	No	Common	No

Modes of transmission

COVID-19 is most commonly spread through:

- Direct contact with droplets from an infected person's cough or sneeze. This can be minimised by cough etiquette and physical distancing.
- Close contact with an infectious person.
- Touching objects or surfaces (e.g. bed rails, doorknobs or tables) that have been contaminated with respiratory droplets from an infected person and then touching the face, especially mouth, nose or eyes.

Points to consider

Faecal incontinence: Faecal shedding of the virus has been demonstrated in some patients, and viable virus has been identified in some cases. Although the faecal-oral route does not appear to be a driver of COVID-19 transmission, if diarrhoea is a feature of the COVID-19 illness it may become important to manage as a source of infection. Therefore, cases with ongoing diarrhoea or uncontained faecal incontinence who may have limited capacity to maintain standards of personal hygiene should continue to be isolated until 48 hours after the resolution of these symptoms.

Nebuliser use: Airborne spread may occur during certain aerosol-generating procedures conducted in health care settings, such as nebulisers. Consider replacing nebuliser use with aerosol puffer if clinically appropriate.

Admissions into residential care

At this time, prospective residents are able to visit to inspect the premises. Those who attend with a prospective resident must follow the same restrictions as all other visitors ie have had a 2020 influenza vaccination and are limited to 2 people.

There are currently no isolation requirements for new admissions – permanent or short stay.

These arrangements may change without notice.

PART 2 – RESIDENTIAL OUTBREAK MANAGEMENT

OUTBREAK MANAGEMENT

Residents who are symptomatic (suspected case)

COVID-19 should be suspected in any resident with fever or acute respiratory infection (with or without fever).

The resident must be **isolated as per isolation protocol, including:

- contact and droplet precaution signs
- alcohol-based hand rub
- appropriate PPE and hands-free bins for used PPE including gown, surgical mask, protective eyewear, and gloves.
- isolation protocols may not be achievable in the memory support unit or where residents exhibit challenging behaviours-consider small group cohorting and/or dedicated staff member.

**where high rates of community transmission exist, consider the use of plastic sheeting to create an enhanced isolation scenario (e.g. to block off/contain corridors).

Unwell residents must be reviewed by their GP regardless of whether an outbreak is present or not. A COVID-19 test is indicated, and a negative test result will be required before ceasing isolation protocol.

Notes: Elderly patients often have non-classic respiratory symptoms; RCF should consider testing any resident with any new respiratory symptom.

Management of positive cases of COVID-19 – the first 24 hours

First 30 minutes

1. Isolate and inform the COVID-19 positive case(s)

If the COVID-19 positive person is a staff member they must ***immediately*** leave the premises and isolate at home as directed by the public health unit (PHU). They must stay in isolation until the PHU clears them.

If the COVID-19 positive case is a resident, they:

- should be ***immediately*** isolated in a single room with an ensuite, if possible.
- may be transferred to hospital or other accommodation if clinically required

NB in South Australia all aged care COVID-19 positive cases will be accommodated and managed within the acute sector (subject to capacity).

Use of plastic sheeting to create an enhanced isolation scenario (eg to block corridors or rooms).

PPE must be used for any interactions with positive cases.

Place the following outside affected residents rooms:

- contact and droplet precaution signs
- alcohol-based hand rub
- appropriate PPE and hands-free bins for used PPE including gown, surgical mask, protective eyewear, and gloves.
- isolation protocols may not be achievable in the memory support unit or where residents exhibit challenging behaviours-consider small group cohorting and/or dedicated staff member.

Sensitively inform the resident and their family of their diagnosis.

NB Alwyndor CNs (not agency), Associate RSM or RSM will inform resident and family of a positive test result.

Log cases on the infection log.

Infection prevention and control measures when a resident has suspected or confirmed COVID-19.

Standard precautions are used routinely with a suspected or proven COVID-19 outbreak and apply to all staff and all residents.

Key elements are:

- hand hygiene before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
- gloves are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off.
- use of PPE if exposure to body fluids or heavily contaminated surfaces is anticipated (gown, surgical mask, protective eyewear, and gloves).
- cough etiquette and respiratory hygiene. Cough into a tissue (and discard the tissue immediately) or into the bend of the elbow; perform hand hygiene.
- regular cleaning of the environment and equipment.
- provision of alcohol-based hand sanitiser at the entrance to the facility and other strategic locations.

Transmission-based precautions are used in addition to standard precautions, to reduce transmission due to the specific route of transmission of a pathogen.

Respiratory infections, including COVID-19, are most commonly spread by contact and droplets. Airborne spread may occur during aerosol generating procedures.

These precautions apply to staff during the clinical consultation and physical examination of residents with suspected or confirmed COVID-19, or who are in quarantine.

- standard precautions (as above).
- use of PPE including gown, surgical mask, protective eyewear, and gloves when in contact with an ill resident. Protective eyewear can be in the form of safety glasses, eye shield, face shield, or goggles.

- isolation of ill residents in a single room. If a single room is unavailable see: 'Placement of residents with suspected or proven COVID-19 (above).
- appropriate signage in place.
- enhanced cleaning and disinfection of the ill resident's environment
- limit the number of staff, health care workers, and visitors in contact with the ill resident.
- nebulisers have been associated with a risk of transmission of respiratory viruses and their use should be avoided. A spacer or puffer should be used instead.

NB when caring for an asymptomatic resident in quarantine, contact and droplet precautions should be followed (PPE includes a gown, surgical mask, protective eyewear, and gloves). Eye protection is optional. If the resident later develops symptoms or is confirmed to have COVID-19, staff who did not wear eye protection do not need to quarantine if they:

- followed all other precautions
- remain well
- had no direct contact with respiratory secretions (i.e. a cough or sneeze directly into to the face).

2. Contact your local Public Health Unit (PHU) & Safework SA (if applicable)

Immediately notify the PHU. It will coordinate the public health response to the outbreak.

- SA – 1300 232 272

Where a staff member is infected with COVID-19 and it can reasonably be attributed to workplace exposure, a report to Safework SA is required.

- Safework SA - 1300 365 255

3. Contact the Commonwealth Department of Health (the Commonwealth)

Immediately notify the Commonwealth at agedcareCOVIDcases@health.gov.au of any cases of COVID-19 among residents and staff.

The Commonwealth will appoint a case manager who is the Commonwealth's single point of contact for the residential aged care facility.

The case manager will connect you with resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and access to primary and allied health care.

4. Lockdown the residential aged care facility

Review the visitor log to determine who is on site.

Evacuate non-essential people from the residential aged care facility. Examples of non-essential would include visitors, operational supports such as project officers, work-experience students, ancillary services such as hairdresser and barista.

Ask all residents to remain in their rooms; cohort those in memory support where room isolation is not achievable.

Ensure residents are appropriately informed of the reason for the lockdown.

Avoid resident transfers if possible.

Reinforce standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.

Minutes 30-60

5. Convene your outbreak management team

The provider is responsible for managing the outbreak and taking a strong leadership role with support from the PHU.

The PHU will investigate cases and contacts and advise on infection control and isolation.

Bring together the outbreak management team to direct, monitor and oversee the outbreak. They will provide key decision making and crisis management during the outbreak. The team should include:

- upper management
- on-the-ground facility management
- a person who can report on the current status and implement actions agreed by the outbreak management team.

Nominate an outbreak coordinator and designate and agree key roles and responsibilities.

This team should comprise:

- Chair - General Manager
- Administration/Communications - Executive Assistant
- Outbreak coordinators:
    - Residential Services Manager
    - Manager Community Connections
    - Manager People and Culture
- Media spokesperson - General Manager
- Visiting GPs
- Public health officers

A small number of staff may need to perform multiple roles in the team.

6. Activate your outbreak management plan

Use the outbreak management Checklist

Identify any gaps that need to be addressed.

Distribute the plan to all involved stakeholders so they are across the plan.

7. Ensure screening protocols

Reinforce screening protocols for all people entering the residential aged care facility.

Reinforce the screen new and returning residents entering the facility for respiratory symptoms and fever.

8. Release an initial communication

Inform residents, staff, families and key stakeholders of a COVID-19 diagnosis within the residential aged care facility.

NB NOK email and telephone numbers are recorded; pre-prepared comms are in place.

Hours 2-3

9. Contact tracing

The local PHU will lead contact tracing. They will identify anyone who has spent 15 minutes or more, within 1.5 metres of the COVID-19 positive person. The PHU may send some staff home to quarantine and you may need to bring other staff on site.

Increase monitoring of all residents for any symptoms, however mild, of COVID-19. Take clinical observations two to three times a day.

10. Identify key documents

Both the PHU and the state branch of the Commonwealth will need:

- A detailed floor plan. It should include residents' rooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area.
- An up-to-date list of residents. It should identify residents with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts.
- A list of all staff employed by the facility.
    - Include their names, contact details, dates of birth and Medicare numbers.
    - Include people providing primary care or allied health services.
    - Note if staff work across multiple aged care services (including other residential facilities, home care, etc).
- A list of the respiratory specimens collected and the results of tests.

This information will likely be collated on a line list with assistance from the PHU. A line list describes people infected in terms of time, place and person.

11. PPE stocktake

Carry out an analysis of current PPE and hand sanitiser stock levels. Estimate what you will require over the coming fortnight.

The email to organise additional (free) PPE in an outbreak is: mailto:agedcarecovidppe@health.gov.au

The PHU may be able to help you access state and territory stocks until the supplies arrive from the Commonwealth.

12. Communication

Expect and prepare to manage a very high volume of calls from families and the media. Incoming calls within the first 24 hours alone could be 1,000 - 2,000.

Appoint staff to manage communications and take the calls.

Establish a single point of contact for media queries.

Develop a script or talking points to assist those taking the calls.

Prepare a holding statement and update as appropriate.

Services like **OPAN** can assist.

A dedicated email account has been created to communicate with stakeholder for issues related to COVID-19. COVID@alwyndor.org.au

13. First meeting of the Outbreak Management Team

The outbreak management team should meet within 4-6 hours of identifying a case. It should continue to meet daily to direct and oversee the management of the outbreak.

The outbreak management team will be supported by:

- A State/Territory Department of Health representative responsible for in-reach services
- A case manager from the Commonwealth to assist with providing PPE, access to supplementary pathology testing (if required), and surge workforce.
- The Aged Care Quality and Safety Commission who are concerned with the safety and welfare of residents.

14. Bolstering staff and rostering

Residential will need more staff and a higher proportion of RN staff than usual. Keep in mind up to 80-100% of the workforce may need to isolate in a major outbreak. There may be difficulty recruiting agency staff during an outbreak.

The provider should fill the roster through usual workforce arrangements and agency contacts as far as possible.

Where the provider is unable to sufficiently staff the facility, the Commonwealth case manager can assist. They can facilitate access to a **temporary surge workforce** through one or more of the following suppliers:

Mable	Healthcare Australia (HCA)	Recruitment Consulting Staffing Association (RCSA)	Aspen Medical

You should allocate separate staff for COVID-19 positive, COVID-19 suspected and non-COVID-19 residents.

Please refer to the Frequently Asked Questions for more details.

15. Conduct testing

Urgently test all residents and staff for COVID-19 to understand the status of the outbreak.

In conjunction with the PHU, establish a staff and resident testing regime. The PHU will undertake testing.

The Commonwealth can support testing through Sonic Healthcare if required following consultation with the PHU. The Commonwealth's case manager can assist with this.

Encourage staff to be tested through Sonic to ensure rapid results. Sonic are contracted to provide results rapidly.

16. Clinical management of COVID-positive cases

Clinically manage COVID-19 positive cases to address all their needs. Consider whether the resident's condition warrants a transfer to hospital. Do this in consultation with the resident.

Unwell residents must be reviewed by their GP regardless of whether an outbreak is present or not.

If a COVID-19 outbreak is present, all visiting GPs should be informed at the start of an outbreak. The facility should be engaging with the PHU and other relevant clinicians in these matters.

Hours 6-12

17. Cohorting and relocation

Cohorting of residents to groups should be undertaken to ensure separation of staff, such as:

- the attached care groups (last page) should be used as a template for 24/7 care and building division.
- staff should be allocated to small groups of residents and not cross care groups; doubling up of staff into pairs will be required.
- positive COVID-19 cases should be cared for individually, including cohorting. positive cases into a care group where possible.
- staff must not enter other divided areas of the building.
- residents should not be allowed to move through or into other areas.

Important notes:

Confirmation from SALHN (SA Health) that aged care resident who test positive for COVID-19 will, as a preference, will be accommodated in the acute sector.

We are currently entering into arrangements with residents in Wisteria 1 to 6 as an alternative cohorting 'ward'.

18. Move to a command-based governance structure

Clearly communicate the command and governance structure for every shift. All staff must be aware of who will be in charge, at all points in time, at the facility.

Clearly spell out for every shift:

· everyone's roles and responsibilities

· what the escalation processes are.

Ensure thorough briefing and orientation of new staff each shift, including education on PPE usage.

Ensure handovers for all staff at the start of a new shift including clinical and care needs.

19. Rapid PPE supply

The Commonwealth will help facilitate rapid delivery of PPE if required.

Residential aged care facilities should be mindful of where the large volume of PPE can be safely and securely stored.

20. Infection control

Appoint an infection control lead for the service.

Review the systems and processes of the residential aged care facility to minimise risk of material, surfaces or equipment moving between areas.

This would include, where possible:

- replacing all servery items such as trays, cutlery and crockery with disposable items
- ensuring there is sufficient medical equipment like thermometers for each separate zone of the residential aged care facility
- reviewing laundry arrangements.

Staff should refresh their infection control training.

Commence enhanced environmental cleaning twice daily at a minimum.

Clean well residents' rooms daily. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails) more often.

The rooms of ill residents should be cleaned and disinfected.

Hours 12-24

21. Clinical First Responder from Aspen to commence

The Commonwealth will arrange an Aspen Clinical First Responder on day 1 or 2 to assist:

- reviewing preparedness for managing the outbreak
- analysing workforce capacity
- reviewing infection control processes
- assessing PPE stocks and competencies
- recommending enhanced cleaning protocols
- assisting with any significant capability gaps.

22. Review advance care directives

Note any advance care directives for residents on the list of residents. Update where necessary and use the list to inform any clinical decisions about residents who develop COVID-19.

23. Establish strong induction and control processes

Determine who will be the on-the-ground infection control lead. Identify this role on the roster for each shift.

The responsible person must ensure:

- robust induction for all new agency and surge workforce staff coming onsite, and
- that all staff working are competent using PPE.

Consider having workforce competency reviews for all staff.

24. Maintaining social contact

Consider how you will enable staff to assist with Facetime / Whatsapp etc. where these are available to residents. Test the impact on IT infrastructure from increased use of technology.

Ensure your IT support contact information is readily available to staff. Alert your IT support team in advance that issues will need to be prioritised.

You will need extra staff to assist residents with communications/use of technology.

Note:- see Supporting Residents to Stay Well (below)

25. Follow up communications

Establish a clear and consistent pattern of daily follow-up outbound communications. This will ensure residents, families and stakeholders are informed of developments as they unfold.

OPAN can assist with communications with residents and families if needed.

26. Continue primary health care

Ensure there is strong ongoing governance of 'routine' care. Understand residents will be anxious and need reassurance.

Notify residents' GPs who may contribute to monitoring, care planning and discussions.

Consider governance structure to maintain and monitor normal activities as far as possible. This includes nutrition, physical activity, and preventing boredom, loneliness and unhappiness. Additional psychological care may be required.

27. Support your staff

Start establishing fatigue management plans. Ensure Employee Assistance Program (EAP) information is readily available.

Establish pathways to maintain contact with staff who are isolating or quarantining.

28. Continue to monitor state / territory guidelines

Daily monitoring of media and departmental websites (SA Health, SAPOL, Department of Health) is to be undertaken on an ongoing basis.

Supporting residents to stay well

Alwyndor exists to support older individuals to live the best life they can, by providing person-centred care.

Where visitor restrictions and/or periods of clinical isolation occur, it is imperative that additional supports are put in place to enable the maintenance of emotional, social and physical wellbeing.

An outbreak situation would mean the roll-back of a number of on-site therapy services. These allied health staff, where appropriate and achievable, will contribute to supporting residents wellbeing – physical, social and emotional.

Valued family and social connections, and physical activity are an important part of personal identity and a source of wellbeing for residents. Additional interventions *based on assessed need* are currently being implemented, including:

- facilitated Skype and telephone sessions between residents and family/friends.
- daily review of residents to identify residents at risk of social isolation.
- increased one-on-one visits by staff members/volunteers.
- in-room personal training sessions by gym instructor.
- increase in exercise-based activities, including outside in the grounds wherever possible.
- daily resident updates on activities – time and location.

Food & Beverage – COVID-19 precautionary operating changes

Additional precautions to reduce the possibility of mass infection across Alwyndor through the production and service delivery of Food and Beverage.

The kitchen will effective immediately be compartmentalised into 3 sections of isolation, kitchen staff will not cross these sections during shift or be rostered across multiple sections, the sectioning of the kitchen in effect is as illustrated below in figure 1.

Inherent Risk Profile by section

Section 1 – Risk Level - *Extreme:* Food Prep & Production

Section 2 – Risk Level - *Very High:* Service Delivery

Section 3 – Risk Level - *High:* Scullery

NB the above risk rating is based on the likelihood of the function causing mass infection across the facility:

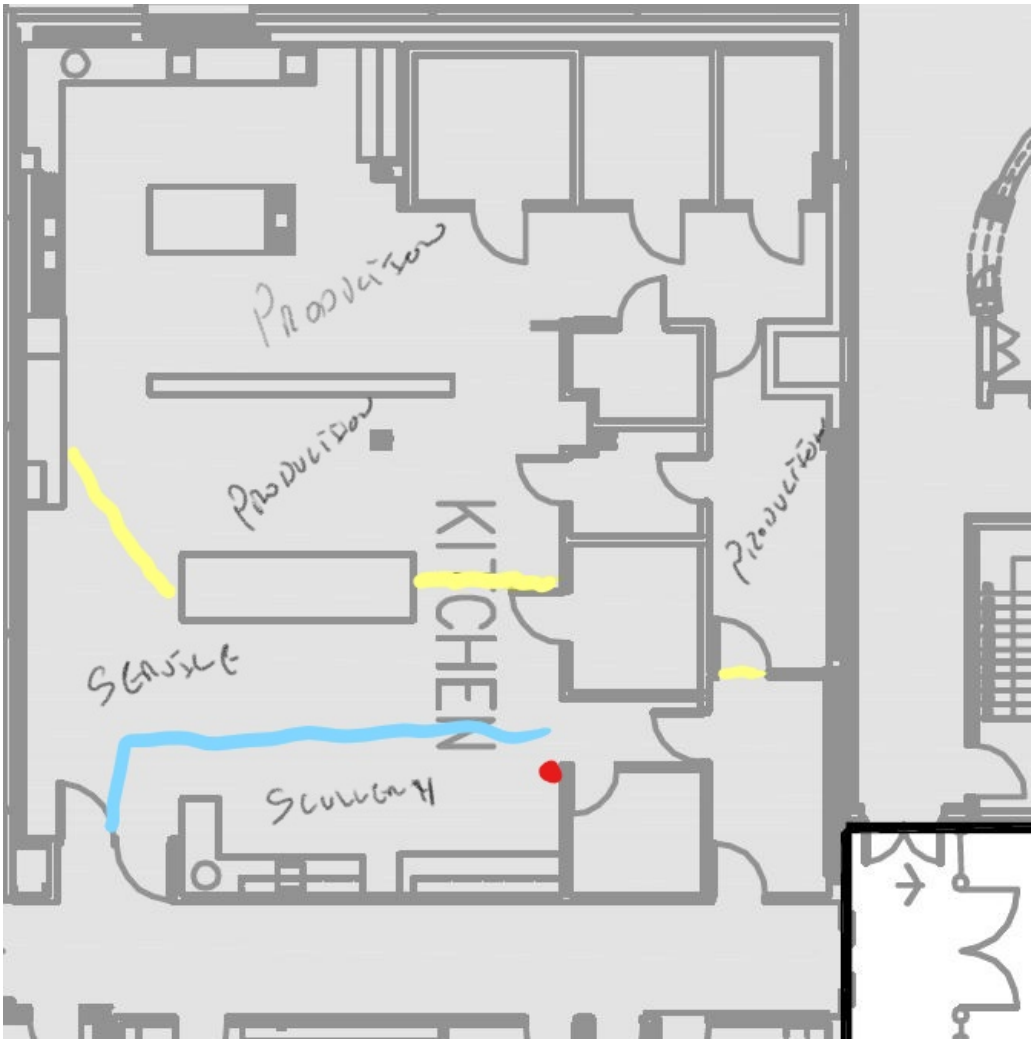


Figure 1 – Kitchen Sections

COVID-19 Operating Controls

- Production staff will enter and exit the kitchen via the dry store
- Production staff to limit access to fridges, freezers and ovens and disinfect door handles at least 3 times a day
- All portable equipment to be sanitised between operators
- Scullery staff will enter and exit the kitchen via the door near the chef's office
    - PPE (gloves) to be worn at all times
    - There will be either 2 staff in the scullery area, one handling dirty and one handling clean, where 2 staff are unavailable the scullery operator will sanitise hands and change PPE between handling dirty and clean items.
- Service staff with enter and exit the kitchen via the service doors
- The only staff to cross sections will be the Chef Manager (Paul) and the menu monitor (Kylie). Kylie should limit access across the sections as much as practicable
- All staff will sanitise hands on entry to the facility and between service periods at the service door entry.
- Where practicable kitchen staff will work in fixed areas each day and any staff working across the facility will record on the Vision sign in sheet the areas visited across Alwyndor.
- All kitchen staff will have their temperatures taken at the beginning of each shift
    - Any staff member recording a temperature of 38^0 C will be stood own for 24hrs

Residual Risk Profile by section

Section 1 – Risk Level - *Very High:* Food Prep & Production

Section 2 – Risk Level – *High:* Service Delivery

Section 3 – Risk Level – *Medium:* Scullery

In the event of a suspected or confirmed case in the facility (Resident)

- all meals to the quarantined area will be plated and trayed in the kitchen by the production team
    - all trays will contain disposable items plates, cutlery, napkins, cups etc to reduce the risk the virus returning to the kitchen and significantly reducing the risk of mass infection
    - all disposable items will be bagged within the quarantined area and treated as biohazardous waste and will be disposed of by staff working within the quarantined area(s)
- plated meals and texture modified fluids will be delivered on trollies to the quarantined area boundary by kitchen staff
- all morning/afternoon tea and supper provisions to be supplied to quarantine area kitchenette and service provided by Alwyndor staff

- trays and trolleys to be collected by kitchen staff at the quarantine boundary
    - Staff collecting trollies will wear PPE
    - Staff will take the trolleys/bain-marie and trays to a disinfection station (TBA) and wipe down all items with a bleach solution no less than 9% before returning to them to the kitchen
- meal service to non-quarantined areas to continue BAU.

In the event of a suspected or confirmed case in the Kitchen (Staff)

Suspected/confirmed case in - Section 3 / Scullery

- full disinfection of Scullery & Service area using a bleach solution of no less than 5000ppm followed by a hot soapy water wash then a disinfection clean of a bleach solution 1000ppm
- all clean crockery and cutlery will be run though a hot rinse cycle.

Estimated kitchen down time 4-6 hrs

Suspected/confirmed case in - Section 2 / Service delivery

- full disinfection of Scullery & Service area using a bleach solution of no less than 5000ppm followed by a hot soapy water wash then a disinfection clean of a bleach solution 1000ppm
- all clean crockery and cutlery will be run though a hot rinse cycle
- precautionary quarantine of the area the staff member was assigned to.

Estimated Kitchen downtime 7-9 Hrs

Suspected/confirmed case in - Section 1 / Production

- any prepared or plated food will be disposed of, and alternate food and beverage arrangements made (possibly outsourced option for the first day or two)
- implement kitchen BCP – Meals on Wheels have reserved frozen meals for 1 day supply of main meals.
- kitchen closed for full disinfection
    - Full disinfection of kitchen area using a bleach solution of no less than 5000ppm followed by a hot soapy water wash then a disinfection clean of a bleach solution 1000ppm

Estimated Kitchen downtime 8-14 Hr

PART 3 – SUPPORT AT HOME OUTBREAK MANAGEMENT

CLIENT MANAGEMENT

The client is found to be unwell or have new symptoms.

At times support workers may arrive at the home of a client and find they are unwell and have not sought medical advice. Care workers should:

- Maintain a distance of 1.5m from the client.
- Inform the coordinator of the client's symptoms. The coordinator will arrange for a Clinical Nurse to visit the client as soon as possible and complete an assessment using the ***Respiratory Symptom Checklist*** (see attached). Based on the outcomes of this assessment the Clinical Nurse will discuss with the client and/or family what actions are required.
- The support worker will discuss with the coordinator the services they are there to perform, and, unless essential, should not provide care that requires close contact until the COVID-19 status of the client has been determined, and it is clear what PPE may be needed to safely provide the care
- Advise the client to isolate until they have been assessed by their GP, an assessment may be via telehealth,
- Perform hand hygiene before and after any contact with the client.

If the person is very unwell then the care worker should call an ambulance and inform the coordinator.

The client is in quarantine, is awaiting test results or has suspected COVID-19

The coordinator in consultation with the Clinical Nurse will consider the implications for each client if the delivery of a service is interrupted. For example:

- the risk to the client might be low if the provider is unable to mow the clients lawn.
- For other essential services (such as cooking) the provider may need to consider alternative delivery models. This could include delivering premade meals to mitigate the high risk to the client.
- For immobile or palliative client's services will need to be maintained with the appropriate precautions in place or the client may need to be transferred to hospital.

The coordinator will contact the client's family members and discuss alternative delivery models if required. Identify whether the client has family or friends who can provide assistance in the short-term if the delivery of services is interrupted. For example, they may be able to cook meals for the client.

There are a range of services clients can access without having to physically interact with others and still maintain social distancing.

For example;

- have meals prepared and placed in the freezer.

- have someone complete shopping and pick up those essential items.
- have someone go to the library and get some books to read.
- have someone assist with telehealth appointments
- have garden and home maintained and well looked after.
- purchasing goods and equipment including, mobility aids, wheelchairs, IT supports and more.

Support workers will use standard, contact and droplet precautions when entering the home of a person in quarantine or under investigation or with suspected or confirmed COVID-19 infection. Staff will notify their employer of any quarantined, suspected or confirmed COVID-19 cases.

The coordinator will liaise with the rostering officer to minimise the number of staff who come into contact with the client, and consider which services are critical to keep the client safe.

With the clients consent staff should also notify their family and friends and request their assistance to monitor the client's health condition. If the clients condition deteriorates, staff should escalate to the consumer's GP or call an ambulance.

The client is confirmed with COVID-19

The Manager Community Connections will:

- Contact the local Public Health Unit (PHU)
- Immediately notify the PHU. It will coordinate the public health response to the outbreak.
- SA – 1300 232 272
- Contact the Commonwealth Department of Health
- Immediately notify the Commonwealth Department of Health at agedcareCOVIDcases@health.gov.au of any cases of COVID-19 among clients and staff.

The Commonwealth will appoint a case manager who is the Commonwealth's single point of contact.

The case manager will connect Alwyndor with resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and access to primary and allied health care.

The coordinator in consultation with the Clinical Nurse will review the clients care needs and health status and develop a plan to assist and support them to isolate at home. This will include:

- considering which services are critical for keeping the client safe
- minimising the number of staff who have contact with the client
- ensuring that sufficient PPE is available at the client's home, this will include at a minimum:
    - thumbs up gowns
    - goggles
    - gloves
    - masks, P2 if available or alternatively surgical masks

- ensuring PPE is disposed of correctly.
- used PPE may be 'double bagged' - placed in a disposable rubbish bags, which is then placed in another bag, tied securely and disposed of with other waste. Hand hygiene must occur (washed or sanitised) between touching each bag.

Infection Prevention and Control Measures when a consumer has suspected or confirmed COVID-19

Standard Precautions are used routinely with a suspected or proven COVID-19 outbreak and apply to all staff and all consumer

Key elements are:

- hand hygiene before and after each episode of consumer contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
- gloves are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off.
- use of PPE if exposure to body fluids or heavily contaminated surfaces is anticipated (gown, surgical mask, protective eyewear, and gloves).
- cough etiquette and respiratory hygiene. Cough into a tissue (and discard the tissue immediately) or into the bend of the elbow; perform hand hygiene.
- regular cleaning of the environment and equipment.
- provision of alcohol-based hand sanitiser at the entrance to the client's home and other strategic locations.

Transmission-based precautions are used in addition to standard precautions, to reduce transmission due to the specific route of transmission of a pathogen.

Respiratory infections, including COVID-19, are most commonly spread by contact and droplets. Airborne spread may occur during aerosol generating procedures.

These precautions apply to staff during the clinical consultation and physical examination of residents with suspected or confirmed COVID-19, or who are in quarantine.

- standard precautions (as above).
- use of PPE including gown, surgical mask, protective eyewear, and gloves when in contact with an ill client. Protective eyewear can be in the form of safety glasses, eye shield, face shield, or goggles

Staff and rostering

Support at Home and Therapy and Wellness services will fill the roster through usual workforce arrangements.

Staff will be redeployed within Alwyndor if Therapy and Wellness services are discontinued or if clients have chosen to discontinue services. Staff may be asked to take Annual or Long Service leave.

Support for staff

The Manager Community Connections and the Team Leaders of Support at Home and Therapy and Wellness are responsible for monitoring staff health and wellbeing and will be alert to issues of fatigue and mental health during an outbreak situation. We will ensure Employee Assistance Program (EAP) information is readily available.

The Team Leader's will be responsible for maintaining contact with staff who are isolating or quarantining.

Continue to monitor state / territory guidelines.

The Manager Community Connections is responsible for monitoring changes to State and Federal guidelines and ensuring that procedures are updated as required.

All staff will be kept informed of legislative requirements and organisational procedures.

Supporting Clients to Stay Well

Alwyndor exists to support older individuals to live the best life they can, by providing person-centred care.

All clients will be provided with information on aspects of the Pandemic via mail, fact sheets delivered by support staff and by newsletters.

Where clients are required or choose to self-isolate additional supports will be implemented to enable the maintenance of emotional, social and physical wellbeing.

Valued family and social connections, and physical activity are an important part of personal identity and a source of wellbeing for clients. Additional interventions *based on assessed need* are currently being implemented, including:

1. Welfare checks via telephone for all clients who are self-isolating.
2. The provision of home exercise printouts and telephone contact to discuss clients progress and provide advice and assistance as required.
3. The provision of newsletters, activity packs, and exercise programs to assessed isolated clients.
4. Shopping services for those clients who are anxious about the risks of attending shopping centres.

Alwyndor Therapy and Wellness CHSP services has recently been awarded a grant to provide home based exercises via iPads provided to the client. This program will enable the client to be observed during exercise sessions and receive advise and instruction from the Physiotherapist.

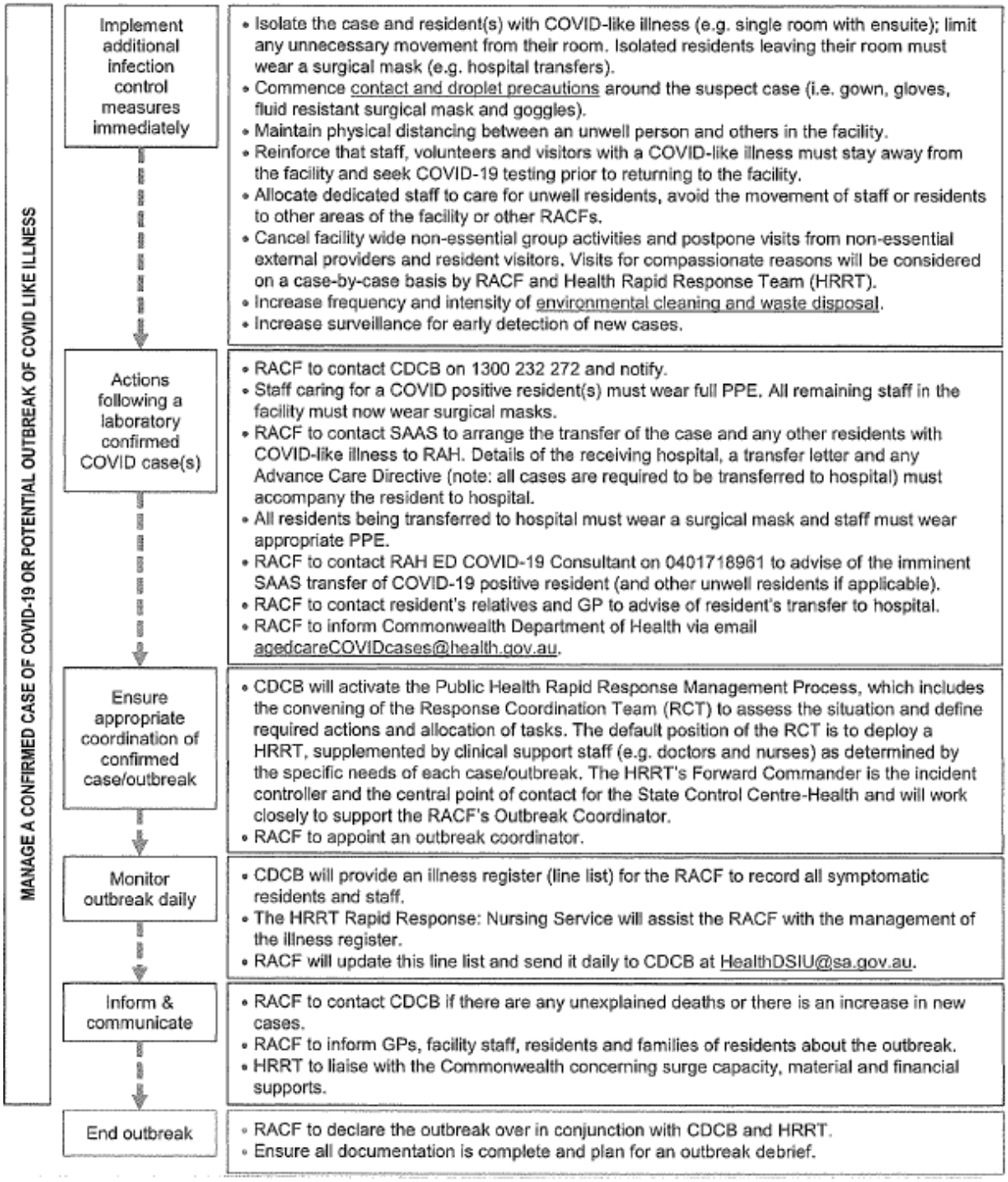
RESOURCES AND REFERENCES

COVID-19 Guideline for management in Residential Aged Care Facilities in SA

These recommendations and advice are subject to change and clinicians are advised to refer to the latest versions of the: Coronavirus Disease 2019 Communicable Diseases Network (CDNA) Australia National Guidelines for Public Health Units (SoNG) and the SA Health Public Health Alerts.
This guideline is intended for use within residential care facilities in South Australia and has been adapted from Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units. https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

	TASK	ACTION / INFORMATION
RCF PREPARE FOR COVID-19	Plan for cases	• Develop facility management plan and business continuity plan. • Review Australian Government Department of Health, Aged Care advice. • Ensure all staff and general practitioners (GPs) are aware of this plan. • Review residents' Advance Care Directive.
	Influenza Vaccination ***Note:*** *No COVID-19 vaccine is currently available*	• Ensure staff, residents and volunteers have access to influenza vaccination. • Review restrictions on entry into and visitors to aged care facilities. Vaccination with the current year's vaccine is mandatory for staff and visitors to enter facility. • Provide free influenza vaccination for all staff at all shift times. • Encourage GPs to vaccinate residents against influenza and pneumococcus (if applicable). See the Australian Immunisation Handbook. • Create a list of staff and residents by influenza vaccination status; ensure it is kept updated and accessible.
	Infection control preparedness	• Review and develop local policies and procedures based on the CDNA COVID-19 guidelines. • Ensure all staff have received current infection control training with a focus on appropriate use of personal protective equipment (PPE) and COVID-19. • Ensure PPE, hand washing facilities, alcohol based hand sanitiser and respiratory etiquette stations are available. • Encourage frequent and appropriate hand hygiene at all times (5 Moments). • Ensure infection control signage is available for use. • Develop internal contingency plans that include outbreak management, resident isolation, staffing shortages, and surge in demand for PPE. • Develop a plan that excludes unwell staff, volunteers and visitors with respiratory illness and encourage them to seek medical advice and COVID-19 testing if unwell. • Proactively promote and inform all visitors about cough etiquette and hand hygiene.
RCF RISK ASSESSMENT FOR COVID-19		• For the most up to date case definition, refer to Communicable Diseases Network Australia Series of National Guidelines (SoNG) www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm. • Regularly monitor SA Health Public Health Alerts: www.sahealth.sa.gov.au/healthalerts.
	Assess residents for signs and symptoms of COVID-19	• Fever / history of fever / chills with no other identifiable cause. • Acute respiratory infection (e.g. shortness of breath or cough) with or without fever. • Less common symptoms include headache, myalgia/arthralgia, nausea, vomiting, nasal or conjunctival congestion, haemoptysis, acute loss of sense of taste or smell, diarrhoea. • Older people may have the following symptoms: confusion or behavioral change, worsening of chronic conditions of heart and lungs, decline in functional baseline (e.g. increased falls), loss of appetite.
	Collect specimens	• Residential Aged Care Facilities (RACF) should adopt a low threshold for initiating COVID testing among residents and staff. • Unwell residents with suspected COVID-19 should be discussed with the treating GP. • Obtain laboratory request forms for respiratory viral testing **INCLUDING CORONAVIRUS.** • Request urgent testing for symptomatic resident(s). • Contact ClinPath on 1800 570 573 (dedicated RCF hotline) or SA Pathology on 8222 3000 for assistance with collection and urgent testing. • Notify Communicable Disease Control Branch (CDCB) on 1300 232 272 of any suspect cases.

Manage a confirmed case of COVID-19 or potential outbreak



For more information

Communicable Disease Control Branch
Telephone: 1300 232 272
www.sahealth.sa.gov.au/COVID2019

OFFICIAL

Version 2.1 (Last updated 06 August 2020)

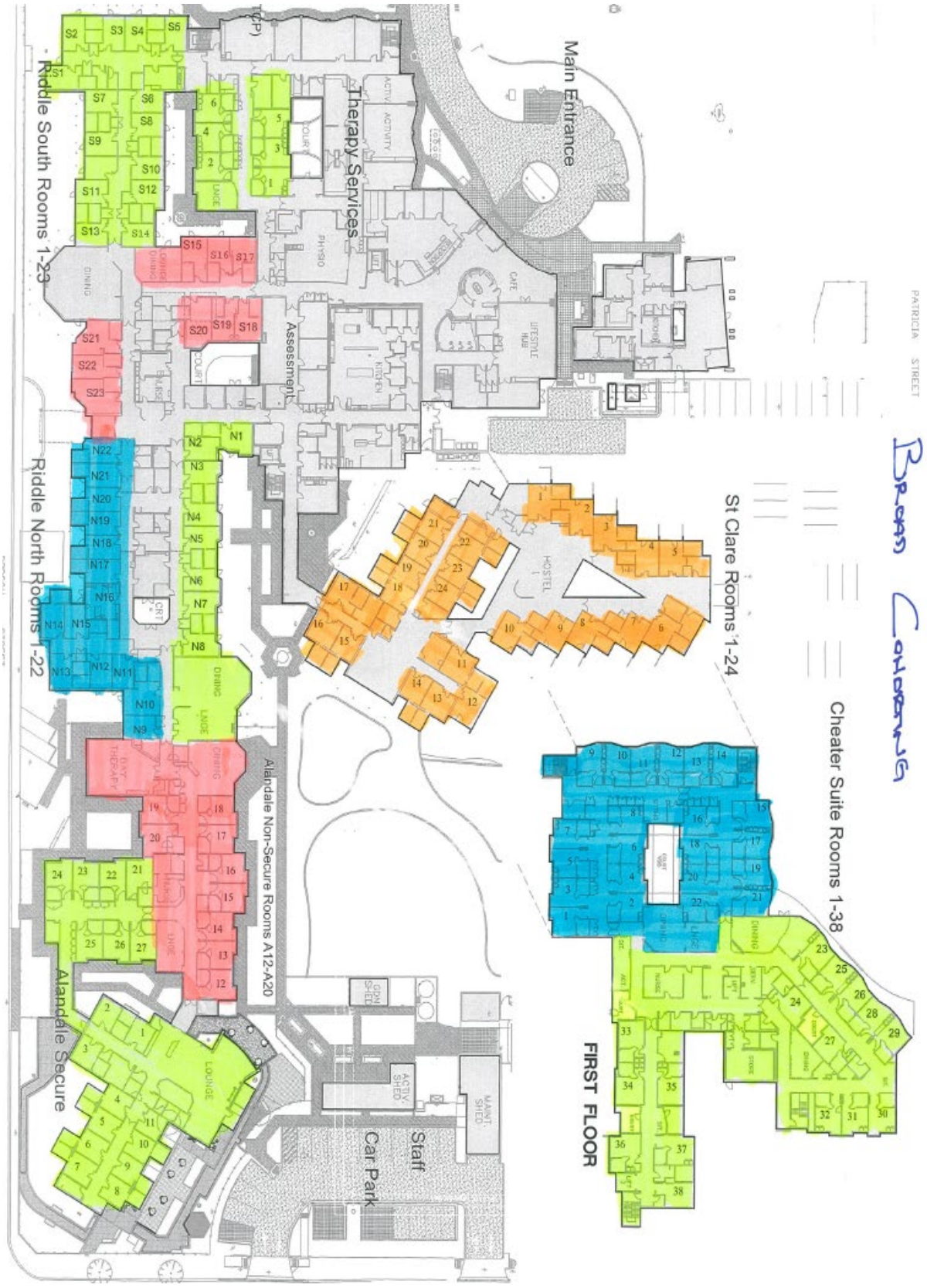
COVID-19 Outbreak Management Checklist

Appendix 8. COVID-19 Outbreak Management Checklist

	☑
Identify	
Identify if your facility has an outbreak using the definition in the guideline	
Screen staff for symptoms at the start of each shift	
Implement infection control measures	
Isolate / cohort ill residents	
Implement contact and droplet precautions	
Place additional supplies of alcohol-based hand rub at room entrance/exit points to encourage hand hygiene	
Provide PPE outside room	
Display sign outside room	
Exclude ill staff until symptom free (or if confirmed cased of COVID-19, until they meet the release from isolation criteria)	
Reinforce standard precautions (hand hygiene, cough etiquette) throughout facility	
Display outbreak signage at entrances to facility	
Increase frequency of environmental cleaning (minimum twice daily)	
Collect respiratory specimens	
Collect appropriate respiratory specimens from ill residents or staff, or from asymptomatic residents who are quarantined if undertaking repeat testing	
If it is likely that the case acquired infection in the facility, all members of the facility should be tested initially	
Notify	
The state/territory Health Department	
Contact the GPs of ill residents for review	
Provide the outbreak letter to all residents' GP's	
Inform families and all staff of outbreak	
Restrict	
Restrict movement of staff between areas of facility (e.g. to ensure staff caring for patients who are isolated and patients who are quarantined are kept separate) and between facilities	
Avoid resident transfers if possible	
Restrict ill visitors, unless absolutely necessary	

Cancel non-essential group activities during the outbreak period	
Monitor	
Monitor outbreak progress through increased observation of residents for fever and/or acute respiratory illness and undertake repeat testing, where feasible	
Update the case list daily at the facility and provide to the public health unit daily	
Add positive and negative test results to case list	
Declare	
If a repeat testing strategy has been employed, in most circumstances the outbreak can be declared over when there are no new cases 14 days from the date of isolation of the most recent case.	
Review	
Review and evaluate outbreak management – amend outbreak management plan if needed	

Broad Cohorting Site Plan



Support at Home Respiratory Checklist

SUPPORT AT HOME SERVICES

RESPIRATORY SYMPTOM CHECKLIST

Client Name: _____Date _____

RN Name: _____Signature:

PROCEDURE	***COMPLETED***
The procedure is to be followed when any client reports or is reported to have respiratory symptoms such as sneezing, coughing, sore throat, fever, shortness of breath, runny nose.	q
The registered nurse visiting the client is to wear PPE, including a gown, gloves, mask, and goggles.	q
Client History check • Have you been overseas in the last 14 days? • Have you been interstate in the last 14 days? • Have you been in contact with anyone who has been overseas or interstate in the last 14 days? • Have you been in contact with someone who has Covid-19 in the last 14 days? • Have you been in contact with anyone who has been tested for Covid-19 and is waiting for a result?	q
An assessment to be completed including • Client reported symptoms • Temperature • Oxygen Saturation • Pulse rate • Respiration rate • Blood Pressure • Air Entry	q

All equipment used wiped down thoroughly after use with Isowipes.	q
All used PPE double bagged in garbage bags and sealed and dated. Discard into normal household rubbish in 72 hours.	q
Findings and recommendations discussed with client and/or family	q
Findings documented in Home Care Manager	q
Outcome and Actions Required: Symptoms: Observations: Outcome: Actions Required:	

Fact Sheets

It ok to have home care, sent to clients

https://www.health.gov.au/sites/default/files/documents/2020/08/coronavirus-covid-19-it-s-ok-to-have-home-care-it-s-ok-to-have-home-care-fact-sheet.pdf

Six steps to stop the spread for aged care workers, sent to staff

https://www.health.gov.au/resources/publications/coronavirus-covid-19-six-steps-to-stop-the-spread-for-aged-care-workers

SUPPORT AT HOME SCREENING QUESTIONS

To be completed by all Support Workers and Home Care Assistants prior to entering a clients home.

“Before I enter your home I would like to ask you some screening questions. We are asking all our clients these questions to make sure that we keep all staff and clients safe”

1 Do you have any cold or flu like symptoms such as a cough, sore throat or runny nose, fatigue or fever?

2. Have you recently been in contact with anyone who has been tested or confirmed with Covid-19 ?

3. Have you recently been tested for Covid-19?

4. Have you travelled interstate or overseas in the last 14 days?

If the answer to any question is yes then you are to contact the coordinator for further advice immediately and before entering the home.

Sandra Pedler

Team Leader Support at Home

Resources

This plan is based on the following resources:

Emergency Management (Residential Aged Care Facilities No 6) (COVID-19) Direction 2020

https://www.covid-19.sa.gov.au/__data/assets/pdf_file/0003/156612/Emergency-Management-Residential-Aged-Care-Facilities-COVID-19-Direction.pdf

Coronavirus Disease (COVID-10) Outbreaks in Residential Care Facilities

https://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf

Infection Control Expert Group COVID-19 Infection Prevention and Control for Residential Care Facilities

https://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities.pdf

COVIDSAFE: Guide for Home Care Providers

https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-guide-for-home-care-providers.pdf

Guidance for coronavirus (COVID-19) planning in the community services sector

https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19

Alwyndor

ATTACHMENT 2

A General Submission to

The Royal Commission into Aged Care Quality and Safety

31 July 2020

Alwyndor.org.au

52 Dunrobin Road, Hove SA 5048

t (08) 8177 3200 **e** customercare@alwyndor.org.au

Alwyndor partners with local communities, local, state and federal government agencies, primary health providers and educational institutions to enable older people to live their very best life. Alwyndor is a not-for-profit provider with an excellent reputation for providing high quality responsive Community, Therapy and Residential services to its local communities.

This submission focuses on specific elements of aged care requiring reform which Alwyndor views as critical to the future of the sector in Australia:

Funding

We share concerns with peak bodies and aged care providers nationally who continue to highlight the fragile financial state of aged care services across Australia.

For context it is of relevance to highlight that at the announcement of the Royal Commission into Aged Care in 2018, the Australian government simultaneously announced its commitment to 'invest heavily' into aged care. This commitment was made shortly after adjustments to the aged care funding instrument (ACFI) that would see a slowing of investment in residential aged care by at least $1 billion over subsequent years. Indeed, aged care providers are aware of the long history of decisions which resulted in downward 'adjustments' to aged care funding. A year later in 2019 Stewart Brown reported that 40% of surveyed aged care providers were losing money with many unsustainably relying on reserves to supplement the cost of care. By March 2020 the number of surveyed aged care providers running at a loss had grown to more than 60% with higher figures in regional areas.

The residential accommodation funding model requires restructuring to provide a more consistent revenue stream. An ongoing challenge for residential care providers is managing the significant variance in accommodation revenue depending on the individual needs and financial capacity of people seeking to enter care. 2020 has been exceptionally burdensome with a challenging economic climate and associated interest rate decline which has contributed to the significant gap between the income revenue benefit of a person who pays a Refundable Accommodation Deposit in full compared to the option of making a Daily Accommodation Payment. To bridge this gap care providers must consider the need to increase investment risk which is an undesirable position for providers who are already incurring deficits and facing uncertainty about their financial sustainability.

There is no doubt that aged care will require significant funding reform to ensure the provision of care as articulated in the Australian Quality Commission Standards, 2019. This necessity is augmented by the increasing cohort of older people in the Australian demographic together with the changing face of the nature and form services sought by ageing Boomers.

The quantum of the issue cannot be underestimated and we are increasingly concerned that this discourse focuses on Australia's *ability to pay* for aged care in the absence of clarity regarding the *cost of providing* adequate and appropriate options for care for older Australians. This means the current focus on funding sources can be described as fundamentally flawed in the absence of defining what is to be funded.

Its complexity therefore lies not only in seeking a sustainable funding model but in defining an agile and responsive model of care.

Choice and control

A person's quality of life is enhanced by maximising choice and control and having personal space and a suitable chosen environment to call home. In the context of aged care, the current deficit based funding arrangements often allow only a token investment into the restoration and maintenance of personal and physical strength and resilience and addressing what is often avoidable frailty. Indeed, the

dependency-based funding model is one that undermines the value and capacity of the older person who is very often defined by increasing infirmity and illness.

Frailty and associated poor quality of life can be augmented by inappropriate care, such as focusing on managing the symptoms of frailty (as driven by the ACFI) rather than investing in improved physical and emotional wellbeing. In the absence of a strengths base restorative approach in residential care, older people can lose their ability to maintain any level of independence in the context of the current funding model.

Staff matters

The value that we place on those that care for older Australians has a direct impact on the quality of care that is provided.

Aged care front-line workers make up a significant portion of the 'working poor', and it is difficult to reconcile how someone paid $21-23 per hour could be motivated to provide high quality care. Moreover, individuals that have chosen this type of work often question why a job they dedicate themselves to is viewed as less worthy than (say) a checkout operator who is paid $24-$26 on average. The risks involved in each of these industries are disproportionate to the level of remuneration received.

The issue of funding is also applicable when considering appropriate staffing and staffing models. In this context the form, capacity and capability of the workforce must be considered. The use of employee service providers or employment agencies places a significant strain on the quality and continuity of care. In addition, there is a financial impost given the higher rates demanded by employment agencies which in turn enables them to attract workers who work across multiple businesses. Defined requirements for consistent quality training including the areas of personal care, infection control and clinical management must also be considered with a view to mandated models and standards.

Whilst the notion of staff 'quotas' being mandated is gaining increasing momentum as the Commission progresses it is essential that the *requirements* of care and complementary *models* of care inform discussions of staffing requirements. It is also

essential that any ‘quotas’ enable responsiveness to local needs and agility to ensure individual choice and control,

It is noteworthy that the ACFI demands a significant portion of our most experienced staff are diverted from care delivery and coaching and mentoring carers, to manage a complex funding system. The added concern here is that the ACFI model, by design, does not have any direct relationship to restorative and holistic care and service delivery focussed on quality of life. By failing to provide sufficient funding for the engagement of adequate human resources to meet the care of our most vulnerable Australians we question how the Commonwealth has met its own duty of care to providers, who are required to remain solvent under the Act?

As we participate in this once in a generation opportunity to enhance the care and services that are provided to older Australians, we cannot ignore the imperative of ensuring that both numbers and quality of staff are sufficient to provide safe and enabling supports.

Oral and dental care

As a service provider who has invested time and money into subsidising an onsite dental clinic to address the challenges of older individuals having access to oral and dental care, it was disheartening to note the recent ‘defunding’ of this important service by the South Australian Government.

Within the current environment it is more than disappointing to see the removal of proactive oral health care that will inevitably lead to an increased cost of reactive emergency care and decrease in patient health outcomes. The evidence is clear: poor oral and dental health outcomes contribute to complications related to heart and lung disease and even cognition. Importantly, undiagnosed oral/dental pain and some cancers will now go potentially unaddressed.

Rather than an optional extra, regular oral health assessments and care planning by a registered Dental Practitioner must be made accessible to older individuals. We support the recommendation of the peak bodies that call for a Medicare-funded assessment for adults 75 years and older, and that consideration be given as to

access arrangements for the most vulnerable, such as mobile dentist clinics, which have been incredibly successful at Alwyndor until now.

Mental health

We acknowledge the significant challenges that older individuals experience as they attempt to engage with and/or transition through a complex bureaucracy with a single goal in mind – to find the right supports the live the best life possible.

Our experience in supporting older individuals through transitions in later life continues to highlight the very real lived experience of grief and loss that frequently goes underestimated by most. The loss of one's independence and the acquisition of the role of 'care recipient' are some of the most challenging experiences that older individuals and their families will ever have to face, particularly for individuals entering residential aged care.

Until now, professional mental health services for older individuals has been limited to the treatment of dementia with severe cognitive features, delirium and complex mental illnesses. We applaud the Commonwealth Government's recent funding of Mental Health Services for Residential Aged care through local Primary Health Networks, to assist older individuals to address situational mental health issues for increased quality of life.

Our hope is that this critical professional service will continue to be a feature of any future aged care funding model.

Lesbian, Gay, Bisexual, Transgender and Intersex older individual

Older LGBTI individuals are often reluctant to disclose their identity out of a fear of poor service, stigma and discrimination - whether perceived or actual. This is particularly the case where aged care providers are faith-based organisations.

Many older LGBTI individuals have never known a time of cultural safety. Whether currently receiving aged care services, or as prospective aged care consumers, our older population has lived through a time of persecution at the hands of governments, institutions, and health. These lived experiences cannot be made

benign, however there is an opportunity for a renewed commitment to supporting older lesbian, gay, bi-sexual, transgender or intersex (LGBTI) aged care service recipients. We believe that it is not enough to accept the status quo, but for a renewed commitment that will move language and actions from ‘we accept you’ to ‘we value you’.

Staying well at home

We know that an increasing portion of the older population would prefer to remain living in their own homes, and that the current demand for appropriate in-home care is far outstripping supply.

A significant number of older individuals are entering residential aged care without having accessed a home care package or whilst receiving a home care package that is less than their basic requirements.

An increase in funding for Home Care Packages and the consequent improvement in the wait time for a package (or indeed a package upgrade) that meets individual needs would see a reduction in older individuals entering residential aged care before they need to or want. Proactive supports provided at home enable people to live well at home for longer.

Indeed, we have witnessed improvements to individual health and wellbeing within residential care due to the individual having access to the 'right type' of care and services, both clinical and restorative. Health and wellbeing outcomes can be improved when care and services are responsive to the needs of the individual.

The reorientation of the health system towards meeting people's needs for in-home care is an imperative. Again the focus here is to quantify the required funding to begin to meet need (as evidenced by ACAT approvals for HCP’s) rather than what appear to be random additional funding allocations which have little or no apparent rationale or link to identified needs.

Summary

Alwyndor's experiences and reflections on the current state and desired future of aged care in Australia are not a lone voice. The specific elements which Alwyndor has focused on in this submission are by no means exclusive and offer a commentary on the ubiquitous matters of funding and staffing whilst highlighting other critical and sometimes neglected areas of oral health and mental wellbeing amongst those we see as critical to the future of the sector in Australia. Our demographic landscape is changing. As our population ages - needs change, models of care and funding mechanisms require reform. The commitment and passion of the sector to be engaged in the discussion to address these issues should not be underestimated.

ITEM NUMBER: 8.1

CONFIDENTIAL REPORT

General Manager Report

Pursuant to Section 90(2) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.

Recommendation – Exclusion of the Public – Section 90(3) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No 31/2020 in confidence.

2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 31/2020, General Manager's Report - Confidential on the following grounds:

d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

ITEM NUMBER: 8.2

CONFIDENTIAL REPORT

FINANCE REPORT

Pursuant to Section 90(2) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.

Recommendation – Exclusion of the Public – Section 90(3) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 32/2020 in confidence.

2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 32/2020, Finance Manager's Report – Confidential on the following grounds:

d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of

the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.