



## COVID-19

### An update for members

Monday, 2 March 2020

The NZACA has sought an urgent meeting with the Associate Minister of Health, Hon Jenny Salesa, to brief her of all the risks associated with COVID-19 (formerly known as coronavirus) should there be an outbreak in an aged residential care (ARC) facility. While the ARC sector is set up to deal with viral outbreaks such as norovirus and influenza, it has neither the resource nor infrastructure to deal with what could be a significant COVID-19 outbreak.

As advised last Friday, we are also waiting for further information from the Ministry of Health (MOH) and District Health Boards (DHBs) as to how they will be supporting the ARC sector, a point we will also emphasise with the Minister. We have asked the DHBs if they have enough medical supplies for our members in the case of pandemic and we are also seeking confirmation of what other steps the DHBs have put in place to support us, particularly if we need to move a resident to a public hospital.

The NZACA and the Retirement Villages Association (RVA) are setting up a taskforce of key members and clinical advisers to act as a conduit between the wider sector and government agencies, Ministers and MPs. This is so they are aware of the impact of COVID-19 on the sector and its residents.

Should you receive any approaches from the news media about COVID-19, in the first instance could you please direct them to me at the Association.

It is important that members stay abreast of the information that is being updated regularly on the [Ministry of Health website](#) and [Immigration New Zealand's website](#).

The NZACA's clinical advisor, Rhonda Sherriff, has provided some useful information and tips below with respect to preventing, but also managing an outbreak should it occur in an ARC facility.

Simon Wallace  
Chief Executive



## COVID-19 Clinical Management in Aged Care

### **Symptoms:**

COVID-19 makes people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. Symptoms include a runny nose, cough, sore throat, headache and a fever that can last for a couple of days.

For those with a weakened immune system, the elderly, and the very young, there's a chance the virus could cause a lower, and much more serious, respiratory tract illness like a pneumonia or bronchitis.

ARC staff will need to be extremely vigilant with continued assessments of residents showing these types of symptoms; confirming diagnosis, monitoring symptoms and providing treatment due to the increased risk of residents' weakened immune systems and a higher likelihood of acute decline from pneumonia and bronchitis in the aged population.

### **How does it spread?**

Person to person transmission happens when someone comes into contact with secretions, such as droplets in a cough, from an infected person.

Depending on how virulent the virus is, a cough, sneeze or handshake could cause exposure. The virus can also be transmitted by coming into contact with something an infected person has touched and then touching your mouth, nose or eyes. Caregivers can sometimes be exposed by handling a patient's waste, according to the Centre for Disease Control (CDC).

The virus appears to mainly spread from person to person.

"People are thought to be most contagious when they are most symptomatic (the sickest)," the CDC says. "Some spread might be possible before people show symptoms; there have been reports of this occurring with COVID-19, but this is not thought to be the main way the virus spreads."

**Surveillance and Risk Assessment:** Staff will need to ensure all infection control practices are fully implemented immediately, with the resident placed into full isolation and protective measures/practices totally adhered to. This will include the wearing of masks (due to infected secretions), gowns and gloves (due to the risk of touching resident body secretions, infected surfaces, etc.), and management of all waste that exits the resident's room.



## **How is it treated?**

There is no specific antiviral treatment, but research is underway.

Experts advise seeking care early. If symptoms feel worse than a standard cold, see your doctor. Doctors can relieve symptoms by prescribing a pain or fever medication. The CDC says a room humidifier, or a hot shower can help with a sore throat or cough. Most of the time, symptoms will go away on their own.

People with COVID-19 should receive supportive care to help relieve symptoms. In some severe cases, treatment includes care to support vital organ functions, the CDC says.

People who think they may have been exposed to the virus should contact their healthcare provider immediately.

Residents will require treatment for their symptoms that includes an increase in the consumption of fluids to maintain hydration, rest, treatment for pain and high fevers (use of Panadol, tepid sponging or showering etc), similarly as for the influenza symptoms.

## **How long is the incubation period?**

Quarantine is usually set up for the incubation period - the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar illnesses.

To ensure the prevention of spread of COVID-19 it is imperative to isolate any resident with exposure to the virus or exhibiting these symptoms and implement all full isolation practices. As recommended, the quarantine period is 14 days.

## **How can you prevent it?**

There is no vaccine to protect against COVID-19, at least *not yet*.

The US National Institutes of Health is working on a vaccine, but it will be months until clinical trials get underway and more than a year until it might become available.

Meanwhile, you may be able to reduce your risk of infection by avoiding people who are sick. Cover your mouth and nose when you cough or sneeze and disinfect the objects and surfaces you touch.



Avoid touching your eyes, nose and mouth. Wash your hands often with soap and water for at least 20 seconds.

Awareness is also key. If you are sick and have reason to believe it may be COVID-19, you should let a healthcare provider know and seek treatment early.

### **Actions for facilities to undertake prior to an outbreak:**

- Read and review your outbreak/pandemic policy to ensure management and staff are familiar with all protocol.
- Keep updated with the daily updates on the [Ministry of Health website](#).
- Revisit and review your onsite infection control practices, along with educating and reinforcing these to all staff who work within your facility. Infection control practices should be reinforced at staff, resident, and family meetings. This includes repeating infection control competencies (handwashing, use of personal protective equipment, cleaning schedules, waste disposal etc).
- Review and plan how you would allocate staff to work with those affected by COVID-19. Have nursing staff specifically allocated to manage the affected residents. Identify those staff who already have health compromising issues, (i.e. pregnant, asthmatic or respiratory-compromised staff) and ensure that these staff remain safe.
- Review the delivery of communal activities (meal delivery, activities etc.) and what actions are to be taken (i.e. cancellation) until the risk to residents is considered over.
- Review the stocks of personal protective equipment on your site and ensure you have good stocks of face masks, disposable aprons, disposable gloves, etc. There appears to be limited stocks available currently from NZ suppliers, but America is increasing production to meet current world demand.
- Review and increase your current base stocks of food, fluids, chemicals and medications to ensure you have enough to manage any outbreak, as supply could be affected. These should be dated and used in general circulation if they are not required to be used during the outbreak.
- Review the supply of oxygen cylinders and oxygen concentrators you hold on site and determine whether this would be sufficient to manage higher numbers of residents who experience respiratory distress. Older severely compromised residents may develop acute respiratory distress as a result of this virus.



- Review the cleaning and waste management/disposal systems you have in place - and what is required during an outbreak (protocols for cleaning staff instructed to chemically wipe down surfaces, disposal of waste from affected residents etc) to maintain high infection control standards.
- Consider limiting access by identifying one point of entry to your facility, thereby ensuring you monitor all staff/visitors access to the site.
- Contingency planning: think about how you would manage staffing within your facility if you had significant staff sickness (i.e. staff affected by the outbreak and unable to work) and no access to bureau staff (who will unlikely be available). How would you provide continuity of care with less available staff? This will be individual to each site but document the plan for reference.
- Consider now how you will maintain communication/contact with residents, families, staff and visitors to update them with the management of an outbreak. This will include messaging, emails, phone calls etc.
- Have a system ready to implement to maintain records of infected residents, treatment and outcomes, to provide to Public Health.
- Ensure you are aware of who your local DHB Planning and Funding Contact and Infection Control specialists are and how to contact them for advice and additional resources.
- Discuss how transfers of any infected resident to hospital would occur with your local St Johns ambulance service to ensure all infection control protocols would take place (prior to an outbreak).

This advice will continue to be revised and updated as changes occur.

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