



alzheimer's
QUEENSLAND

Partners in Car



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Partners in Care



Partners in Care is a program that allows an existing, close and established relationship of a resident to continue to offer support to that resident in the event of a COVID 19 outbreak in a residential care facility.

It is subject to strict guidelines and practices.

It requires a formal signed agreement between the facility and the nominated partner of care and requires the consent of the resident or their nominated decision maker.



This is a voluntary program by both AQ and the Participants and is informed by the current advice and legislation and includes

- Public Health Orders
- Clinical advice by the relevant Public Health Authorities
- Commonwealth Department of Health Guidelines
- Aged Care Quality and Safety Commission
- Work Place Health and Safety Legislation
- Relevant privacy legislation

Types of assistance



It may cover a broad range of assistance and is individualised to each resident

Physical activity and exercise

Grooming

Assistance with meals

Social conversation

Reading

Puzzles

Culturally specific activities

**IT IS NOT A SUBSTITUTE FOR CLINICAL CARE
DELIVERED BY OUR PERSONNEL**

Participation requirements



- Understand this is a voluntary program and participation is voluntary
- Over 18 years of age
- Fully vaccinated including booster
- Physically capable of completing agreed upon tasks
- Be able to communicate clearly
- Only visit your resident and on the agreed upon dates and times & to deliver the support documented
- Must comply with all WH&S requirement including infection control and PPE usage
- Attend all education & complete competencies as required
- RAT test prior to commencing on each occasion
- Be screened on entry
- A signed agreement must be in place

EXCLUSIONS



No agreement will be entered into or the agreement terminated if :-

You work in an area of higher risk of COVID exposure such as flight crew, health care worker, quarantine facility worker

You do not meet all the requirements of the program

If you do not follow the directions of staff

Any breach or attempt to breach privacy and confidentiality of our residents, staff or other visitors

Deviate from the signed agreement

If, at any time, AQ deem the risk to be too high

You decide not to be a part of the program

Essential care partners provide support when there are COVID-19 cases in our facilities, it is important to understand you may be at increased risk of exposure to infection. Following Alzheimer's Queensland protocols will minimise the risk to you. You will need to consider how the risk of becoming infected may impact on your own personal life and wellbeing. If you have underlying medical condition/s or have other caring responsibilities, this role may not be appropriate to you.

Training requirements



Privacy and Confidentiality

Workplace Health and Safety

Infection Control

Personal Protective Equipment (PPE)

Screening requirements

Communication

Our residents have the right to personal privacy.

Be mindful that you are visiting your resident and no one else.

You cannot enter, view or impinge on any residents privacy or personal space.

Recognize that it may not be appropriate for you to attend to some tasks that you may wish to – AQ will always advocate on behalf of our resident's privacy e.g. showering, toileting

Confidentiality:



The right of our residents, staff and other visitors to be assured that the information that they supply to AQ is private and secure, and that AQ control who sees it.

This information may be written, electronic or verbal. Any information that you may see or hear about other residents, staff or visitors cannot be shared or redistributed in any manner.

You may not enter or access areas where information is stored and this includes nurses' stations and computer systems.

- At all times, you must speak in a respectful and polite manner
- Take reasonable care for your health and safety.
- You must also take reasonable care for the health and safety of others who may be affected by what you do or don't do.
- Follow instructions from AQ staff about any action they take to comply with the WHS Act or Regulations.
- Don't intentionally or recklessly interfere with or misuse anything
- Do not undertake any tasks that are outside the agreement
- Do not undertake manual handling of any resident unless it is part of the agreement and you have been trained to do so
- Do not use equipment that you have not been specifically trained to use by appropriate AQ staff
- Attire – closed in shoes, nails short and hair tied back

Emergency situations



You must at all times follow the direction of AQ staff

Fire

Locate and have knowledge of the designated fire exits.

Know where the assembly areas are that are relevant for where you are having support visits

Be alert for and know the meaning of the alarm system tones.

Follow all instructions by AQ staff

You are to be responsible for only yourself in the event of any emergency unless instructed otherwise – do not attempt to evacuate anyone else including your resident

Clinical Emergencies

Vacate the area

Do not interfere with clinical staff

Follow all directions issued by AQ staff

Infection Control is paramount.

Infection control is not one action or one process but is a whole series of actions and processes that minimise the risk of infection.

The aim is stop or reduce the spread of pathogens in this case (COVID) a virus that enters via the respiratory system.

It is important to understand how it is spread and how we work to stop the spread.

Direct transmission

An infected person comes into contact with another person and the virus is passed directly to them e.g. hugging, kissing or holding hands

Indirect Transmission

Droplet & Airborne – small particles of virus that are in the air that fall to surfaces or remain in the air for a prolonged period

Stopping the spread

Hierarchy of controls



Elimination - physically remove the hazard – screening, RAT, stop visitors, vaccination to protect against severe disease, social distancing, hand hygiene, cough etiquette

Substitution - change or modify procedures e.g. nebulisers Vs puffers , cleaning

Engineering control - reduction of entry points, ventilation – outside visits, windows and doors open, cohorting of residents , Perspex screens

Administrative controls - training , policies and procedures

PPE – type and scope of PPE governed by risk of transmission

Gold standard is soap and water

Hand sanitiser must be above **70% alcohol**

When?

- Upon entry to the facility and before contact with any resident
- At the appropriate stages of PPE application and removal
- If you inadvertently touch your face or mask
- Before and after eating food
- After using the toilet
- After any contact with the resident
- After blowing your nose, coughing, or sneezing
- After touching garbage or refuse e.g. tissues
- When hands are visibly soiled you must wash with soap and water

How to wash your hands



1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3. Wash your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

4. Rinse your hands well under clean, running water.

5. Dry your hands using a clean paper towel .

Sanitisers should cover all surfaces of the hands and rub in like hand lotion and this should continue until skin is dry – about 20 seconds

PPE

Personal Protective Equipment



Equipment is designed to protect you and all our residents and staff and in particular your respiratory system – nose ,mouth and eyes.

N95 masks, eye protection, gown and gloves

It must be worn appropriately

It must be put on in the right order (donning)

It must be taken off in the right order (doffing)

It must be disposed of appropriately

Breeches in PPE must be rectified and reported immediately

Donning

Order:

1. Gown first
2. Hand hygiene
3. Mask - & fit check
4. Hand hygiene
5. Eye protection
6. Hand hygiene
7. Gloves
8. Minimise movement – do not wave your hands, Do not touch your face or play with your mask.
9. The front of your person – gown, gloves, mask and eye protection is a no go zone

Doffing – risky business



Gloves:

Hand hygiene

Gowns – do not take over face –break ties and neck piece & fold inward

Hand hygiene

Eye protection – only touch the ear piece/arms of goggles or elastic head band of face shield

Hand hygiene

Masks – by straps only

Hand hygiene

All PPE must be disposed of immediately upon doffing or cleaned before leaving area

Screening requirements



Check in via check in app

Truthfully answer the screening questions

Have a negative RAT test performed

Only present at the agreed upon times

Present to the Registered nurse on duty

on arrival and departure

Sign in the visitors' books as this acts as a

roll in case of emergency

Communication



Between the facility and partners will be in the main via email

In some circumstances we will need to communicate by phone – please ensure your details are up to date

If you have a concern please immediately bring it to the attention of the Registered Nurse on duty

The Director of Care or Clinical Nurse can be contacted during business hours Monday to Friday

On site orientation



Tones of fire alarm & their meaning

Where to locate fire maps and associated evacuation points

PPE station locations

PPE demonstration

Paperwork

Handwashing competency with glitter bug

Donning and Doffing Competency (N95)

Where applicable sign off by AHP for manual handling tasks

Hard copy of Partner in Care agreement

Where applicable the agreement must be signed by resident or their decision maker

Hardcopy of Vaccination certificate inclusive of booster

References



Guidance on the use of PPE : *Infection Control Expert Group*

Partnership in care: *ACQ&SC*

Aged Care: Safety Basics : *Work safe Queensland*
PPE helps to manage risks: *Work safe Australia*
A Guide to Privacy and Confidentiality: *Banfields Aged Care*

Minimising risk of infectious respiratory disease transmission in the context of COVID 19:
Department of Health
Hand Hygiene Australia

