

St John's Catholic College

Residential facility

COVID-19 management plan 2020

To be read in conjunction with
SJCC Pandemic Plan

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Acronyms	Full form
CHO	Chief Health Officer
DoE	Department of Education
DoH	Department of Health
MSC	Missionaries of the Sacred Heart (Accommodation building)
NGS	Non-government schools
NTG	Northern Territory Government
QBT	Qantas Business Travel (Abstudy Travel Management)
SJCC	St John's Catholic College

Acronyms	Full form
DOB	Director of Boarding
DDOB	Deputy Director of Boarding

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Requirement to stay informed

A pandemic is an evolving and changing event. Accordingly, advice provided in this plan, particularly relating to physical distancing, hygiene, travel, health, self-isolation and workplace closure is likely to change as more information is available and the event progresses.

In addition to understanding and implementing this plan in the workplace, it is also the school's responsibility to monitor and follow communications from the Northern Territory Government, and check the Secure NT website at <https://secent.nt.gov.au/> regularly.

Introduction

The *SJCC Residential COVID-19 Management Plan 2020* establishes risk management strategies and other arrangements for the boarding facility at St. John's Catholic College for prevention, preparedness, response and recovery actions during a pandemic, in line with Australian and Northern Territory (NT) Government directions. The plan supplements the school's *Pandemic Plan* and must be read in conjunction with it.

During events that affect the NT on a broad scale, the boarding sector will look to DoE, Health Department and Federal agencies for guidance on:

- up-to-date advice
- good practice for prevention, preparedness and response to threats to staff and student health, safety and wellbeing
- closures of boarding facilities
- travel in and out of remote communities including those designated under the *Biosecurity Act* (Commonwealth)

Information on educational programs for international students is in the International Education sub plan.

Overview of the boarding facility

- The SJCC Residential facility is located at 10-54 Salonika Street, The Gardens, and caters for students in Years 7 to 12 at St John's Catholic College
- The boarding facility has 72 beds.
- The boarding facility is currently undertaking a consolidation project where by all Boarding will be located on the Chevalier Campus. Resulting in a 72 bed facility: 32 boys and 40 girls.
- Current numbers within the Boarding House (15/09/2020):
 - Males – 17 on role, 13 in attendance – capacity of 32 (16 rooms twin accommodation)
 - Females – 29 on role, 20 in attendance – capacity of 40 (40 rooms single accommodation)
- 17 staff (fulltime, part time and casual) provide services and support for the facility
- The majority of residential students come from remote and regional centres across the Northern Territory and Western Australia

Target audience

Boarding sector staff, governing bodies, boarding students and their families, outside service providers.

Staged Approach to re-entry:

Students will be brought back to the College in a staged approach based on current living arrangements and the impact of the Biosecurity Act and border restrictions. Students will return in the following groups;

Group 1

- NT residents NOT living in a designated Biosecurity area – student returned
- Yr. 11 and 12 students residing in the NT – students returned

Group 2

- NT residents living in a designated Biosecurity area – students returned Group 3
- Interstate residents – only 1 student has returned

Key principles for the Northern Territory

Personal and community responsibility

- Ensure you are following these principles in your daily life.
- Encourage your family and friends to follow these principles in their daily life.
- Take responsibility - it is only if the community work together that we will keep the NT safe.

Physical distancing

- Observe physical distancing where practical.
- Reduce the size of gatherings.

Hygiene principles

- Avoid touching your face and cough and sneeze into a tissue or into your elbow, use tissues which are deposited directly into a separate bin with a closed lid
- Hand washing with soap and water for 20 seconds or use hand sanitizer before and after any contact with surfaces such as playground equipment that is used by more than one person.
- Regularly cleaning and disinfecting surfaces that are touched by more than one person – e.g. phones, door handles, benches, equipment, toys etc.
- Avoid sharing cups, utensils, toothbrushes, toiletries, mobile phones etc.

Resource allocation

Sufficient physical and human resources are required to maintain business continuity. Some resources may need to be redistributed to support critical service for boarding operations. The Director of Boarding will assess the resources available within the facility to maintain critical service provision, including supervisors, kitchen and cleaning staff, tutors, teachers and any necessary administrative or boarding supervision support.

Staff whose role is considered critical to SJCC residential operations during a pandemic, in particular the Director of CENT, Principal of the College, the Director of Boarding and the Deputy Director of Boarding.

Communications

Following consulting with the Board, it is the responsibility of the Principal to inform all parents, staff and students about changes or possible changes to boarding facility arrangements.

Immediately after advising government health authorities, boarding facility providers should advise DoE of:

- proposed boarding facility closures
- instances of voluntary home quarantine of staff or students
- confirmed cases of COVID-19 within the boarding facility or wider school community

In the case of an occurrence at SJCC residential facility, the parent or authorised emergency contact of each child at the service is notified as soon as practicable. Notifying all families of the occurrence of an infectious disease should be done in a manner that is not prejudicial to the rights or privacy of any student or staff member.

Risk management

Table 1 sets out risks specific to the boarding facility and identifies actions to mitigate these risks, in line with, and incorporating the key principles outlined on page 5, and the Australian Health Protection Principal Committee (AHPPC) statement on risk management for re-opening boarding schools and school-based residential colleges.

The table is broken into three sections which outline 1) how we manage contact tracing, 2) how we ensure physical distancing and hand hygiene practices and 3) how we ensure cleaning processes are complied with.

Refer to **Table 2** to identify risk likelihood in Risk Level column.

Table 1: Risk Management and Control measures

Control Measures						
	Existing measures	How we will ensure Contact tracing?	How we will reduce contact & promote physical distancing?	How we will ensure appropriate cleaning & hygiene practices?	Risk Level	Comments
Travel arrangements	<p>Drop off by QBT staff or by family</p> <p>No restrictions on entry by family or other adults</p> <p>*QBT are the travel management company used by ABSTUDY</p> <p>*Grand Touring are the transport company used by QBT to transport students by road, or to transfer from the airport to the College</p>	<p>Travel as arranged through QBT / Grand Touring. External staff names to be noted in the journal</p> <p>Appropriate greetings/ physical distancing</p> <p>Handwashing upon arrival</p> <p>If arriving with a parent/guardian, parent/guardian to limit entry to the facility</p> <p>Initial briefing on arrival for students</p>	<p>Restrict movement of adults entering the boarding area. Adults to remain in a seated area outside of boarding and staff can come outside to meet with them</p> <p>Hand hygiene practices to be encouraged</p> <p>Physical distancing practices followed</p> <p>Briefing of students on arrival</p> <p>Sanitiser placed outside front entrance and anyone coming to the College will be asked to wash their hands</p> <p>In the event of an imminent closure of the facility, travel will need to be arranged ASAP either through ABSTUDY or by the College in consultation with family</p>	<p>Hand sanitiser in duty office for arrival and exit</p> <p>All common areas cleaned daily by Compass Cleaning Contractors</p> <p>Surface areas (desks, seats, door handles, doors and windows) cleaned by staff at least 2 hourly or as required.</p> <p>Keyboards wiped down and disinfected after use</p> <p>Signs to indicate priority of hand washing and restrictions of movement at the front of boarding</p>		QBT and Grand Touring will have separate policy for their staff

Sleeping arrangements	1 and 2 bedrooms used in different areas	Students accommodated in either single or twin rooms.	Each gender group will act as a bubble and students should not socialise with the other unless specified and cleaning routines are followed immediately after.	All areas to be cleaned daily by Compass staff Sanitiser and disinfectants to be placed in dorm areas		
	Students allocated rooms according to relations / friendship groups	Students able to enter into their own room at any stage, but not others.	Students assigned a room allocation should not move from there including for sleepovers or for change of rooms unless specifically approved by DOB/DDOB	Staff to maintain regular cleaning of common surface areas (door handles, surface areas)		
	Sleepovers and access to other rooms acceptable in your dorm area	Other adults entering the area need to be documented. All staff movements will be documented in the boarding journal.	All dorm areas opened up as required to accommodate sleeping arrangements: Pod 1 – Boys – 16 (max) Pod 2 – Boys -16 (max) Connolly House – Girls -29 (max) Burke House – Girls - 14 (max) Harmony – Back Up – 20 (max) MSC House – Isolation Area	Students are to maintain rooms in a clean and tidy way to allow for regular cleaning.		
	Rooms swept out daily, mopped thrice per week and other areas cleaned weekly	A register will be created and left in the duty office of each boarding area to be completed by Team Leader's for boarding staff and by Compass cleaning staff for themselves on a daily basis. Students to remain in individual dorm areas		Students to empty bins in rooms each night Students to take clothes and towels out of rooms for washing each day, removed from rooms by students and placed in laundry bins. All students to have a access to hand sanitiser to use in their dorms.		

Ablutions – Showers and toilet	<p>Shower and toilet blocks located in dorm areas and used by students as required</p> <p>Areas cleaned daily by COMPASS staff</p>	<p>Each dorm area assigned to a specific toilet/shower block</p> <p>Students to be assigned specific shower / toilet / basin to use each time.</p> <p>4-5 students will be sharing a single shower and toilet</p>	<p>Students to use the same shower / toilet / basin each day</p> <p>Shower blocks to be cleaned in the morning directly after students leave for school</p> <p>Evening showers to be disinfected after use by students</p> <p>Toilets to be disinfected after each use by students</p>	<p>All areas to be cleaned daily by Compass staff</p> <p>Disinfectant to be made available for student use Staff to maintain cleaning of common areas (basins, benches, door handles)</p> <p>Increased signage to promote hand hygiene practices</p> <p>Increased cleaning of bathrooms including showers and toilets are required with increase in student numbers</p>		<p>Cleaning techniques and expectation must be given to all students and staff, including Compass staff</p>
Dining Room functioning	<p>All students sit together during breakfast, maximum 6 per table. Dinner is served by gender, girls sitting first followed by boys.</p> <p>Hand washing is encouraged before and after eating</p>	<p>Students to sit in assigned seats and in bubble groups</p> <p>Other adults entering the area to be documented in the register</p> <p>Spacing of students to reflect physical distancing practices</p>	<p>Dorm bubbles to eat at different times or eat in separate areas</p> <p>Arrangements for lining for food up to reflect physical distancing practices</p> <p>Seating arrangements to reflect physical distancing practices</p> <p>Afternoon tea and late supper to be served by staff according to physical distancing practices in common areas</p>	<p>All areas to be cleaned daily by Compass staff. Dining room to be disinfected after each meal by Compass staff</p> <p>Staff to maintain cleaning of common areas after each meals (tables, benches, seats, door handles)</p> <p>Compulsory hand washing before and after every meal</p>		<p>Contactless serving from Compass staff, no interaction with students</p>

			<p>Snacks to be given separately in gender groups</p> <p>Kitchen staff to maintain physical distancing practices</p>	<p>Sanitisers to be made available at entry point</p> <p>No self-service of food</p> <p>Increased signage to encourage hand hygiene</p>		
Dormitories	Students only allowed into dorm areas that they live in.	<p>No sleepovers or changing rooms unless approved by DOB/DDOB</p> <p>Staff assigned to work in specific dorm areas</p>	<p>Student to minimise movement within the common areas of the dorm, to stay inside rooms as much as possible</p> <p>Doors to be wedged open during normal hours to allow for air flow and restrict use of handles</p> <p>Windows to be open as much as possible to allow air flow</p> <p>Harmony – Back up Dormitory MSC House – Isolation Dormitory On standby should risk level in Darwin significantly increase and/or AHPPC advice shift</p>	<p>Dorm areas to be cleaned daily by Compass staff</p> <p>Staff to maintain cleaning of common areas (door handles, benches, surface areas, high use areas)</p> <p>Hand Sanitisers at the entry points for all dorms</p>		
Recreation, common areas	Students can access common areas with permission of Team Leader or by agreed structured times	<p>Use of common areas to be limited to each bubble at one time</p> <p>Other adults entering the area need to be</p>	<p>Recreation time to be limited to each bubble at a time</p> <p>Physical distancing practices to be maintained in indoor and outdoor areas</p>	<p>To be cleaned daily by Compass staff</p> <p>Staff to maintain cleaning of common areas (door handles, benches,</p>		

	Cleaning by COMPASS swept and mopped thrice weekly	documented in the register	Common areas use structured to specific times	equipment, controllers etc.) Sanitisers and disinfectants to be made available in the Common area Areas to be cleaned after each use by a group		
Laundry process	Individual laundry taken down by students and washed as required on a daily basis. Uniforms washed each day. Bed sheets and linen washed weekly, taken down by students on boys side, girls staff collect and bring laundry over by vehicle	All adults entering the laundry area to be documented in the register Non-contact process for washing laundry Students to place laundry by non-contact process Linen to be washed in dorm area groups	Contactless processes for laundry drop off and pick up Students to use laundry bags to transport clothes and towels	Clothing and towels to be washed daily if possible No shaking of washing to avoid spread of virus Bed linen to be washed weekly as per normal process, transport of linen to be in individual laundry bags Dissolvable bags used in conjunction to protect laundry staff		
Tutoring	Senior students work together in one room during the evening from 7pm-9pm	Students able to study together but ,must follow hand hygiene process afterwards Other adults entering the rooms to be	Study areas to comply with social distancing guidelines including seating and desks Student's allocated seat and desk area to remain the same throughout.	To be cleaned daily by Compass staff Staff to maintain cleaning of common areas (door handles, desks, surface		

	<p>Middle school students study as a group in the library after school from 345pm-445pm</p> <p>All study conducted from Monday-Thursday</p>	documented in the register		<p>areas, computer keyboards)</p> <p>No sharing of devices or equipment (calculators, phones, pens, pencils, phones etc.)</p> <p>Sanitiser and disinfectant to be available in classroom areas</p>		
Health Centre	<p>Students able to access the Health Centre each morning as required to see the Nurse</p> <p>Used as a drop in clinic during recess and lunch as a safe space to congregate and promote health information</p>	<p>Students not to remain in Health Centre unless an appointment is made</p> <p>Student will need to make an appointment through the front desk at school or through Team Leaders before entering the Health Centre</p> <p>No more than three students in waiting area</p> <p>All staff and students entering the area to be documented</p>	<p>Physical distancing guidelines to be followed at all times</p> <p>Anyone entering the area needs to wash their hands or use sanitiser</p> <p>Maximum number of students in the waiting room and students to move out once seen by the nurse.</p> <p>No waiting around or visiting the Health Centre</p> <p>If respiratory symptoms or high temperature are present the student will need to wear a mask before presenting to the Nurse</p>	<p>To be cleaned daily by Compass staff</p> <p>Staff to maintain cleaning of common areas (door handles, benches, surface areas, used equipment)</p> <p>PPE equipment available as required</p>		
Staff		Staff movements to be documented on each shift in the boarding	Physical distancing should take place for all staff areas	All work rooms to have sanitiser and disinfectant		

		<p>journal and in the register</p> <p>Staff assigned to teams that cover certain areas of boarding</p> <p>Sign in and out of areas on shift to be documented</p> <p>Staff allocated areas of boarding to work in and with specific students to maintain contact tracing protocols</p>	<p>Hand hygiene to be followed completely at all times</p> <p>Hand washing on entry and exit of shift.</p> <p>Staff to show best practice as an example for others to follow</p> <p>No sharing of equipment</p>	<p>Staff to maintain control of cleaning in common areas</p> <p>Any shared equipment (mobile phones) need to be cleaned before sharing otherwise not to be shared</p> <p>Hand hygiene practices to be maintained</p> <p>PPE made available as required (stock on hand in office areas)</p>		
Visitors	<p>Visitors are required to sign in to the duty office on entering the boarding area</p> <p>Visitors not allowed into dorm areas</p>	<p>All visitors to wash hands on arrival (sanitiser)</p> <p>All visitors to be documented as per normal SJCC procedures</p> <p>Visitors to be confined to duty office area or the red tables area or other outdoor areas in front of boarding only</p> <p>Visitors not to make contact with other students</p>	<p>Physical distancing guidelines while visitors are on site</p> <p>Hand hygiene practices to be reinforced</p> <p>Checklist of symptoms daily for students and staff via sign-off sheet to aid early detection. Visitors monitored as per current procedure / questionnaire</p> <p>https://www.healthdirect.gov.au/symptom-checker</p> <p>for further health advice:</p>	<p>Signage at the front of the duty office reinforcing expectations of visitors</p> <p>Sanitisers and disinfectants available for use</p>		

		Visitors will be asked to complete CEO form for symptoms of COVID-19	Health Direct 1800 022 222			
Sign Outs	<p>Students are allowed to sign out with parents / guardians or registered persons who are approved by the parents / guardians</p> <p>Students are to notify staff of impending sign outs each week</p> <p>Sign Out forms are completed on exit and entry by the person responsible</p>	<p>Parents / guardians of students to be signed out, otherwise close relatives as per sign out procedure</p> <p>Parents / guardians to ensure notification of contact with others who have been unwell or fall into category of risk</p>	<p>Parents/ guardians to follow expectations of social distancing and hand hygiene on arrival as per visitors</p> <p>Students to be collected from the foyer area of the duty office only</p> <p>Parents/ guardians to wash hands on arrival and departure and follow all protocols as requested</p>	<p>Signage at the front of the duty office reinforcing expectations of visitors</p> <p>Sanitisers and disinfectants available for use</p>		
Excursions	All activities are structured through the Deputy Director of Boarding, risk management processes are in place and must be finalised before	<p>All excursions to be documented with students and staff that have attended</p> <p>Excursions to limit contact with people outside of the College and to document any</p>	<p>Physical distancing guidelines to be in place, including in vehicles</p> <p>Where possible, use smaller groups to attend with separate staff</p>	<p>All equipment including vehicles to be disinfected after use</p> <p>Take sanitisers and disinfectant sprays on the excursion</p>		

	the event and signed off by the Principal	close contact that has been made Excursions to follow risk assessment guidelines In public areas, follow safe physical distance practices in line with general public guidelines				
Policy adjustments		Documentation of staff and student movements to be included in any policy adjustments WHS policy to be adjusted to include additional staff safety procedures	All policies to be adjusted to include social distancing and hand hygiene requirements This document and all policies subject to change as the situation demands, information to be communicated as quickly as possible All staff to be made aware of policy adjustments and requirements to be made on the ground through an information session			
Vulnerable students	Managed by the Nurse and boarding staff in accordance with guideline indicated by the Nurse	Students have the opportunity to work from home if required	Students to maintain careful physical distancing and hand hygiene requirements PPE made available if required	Extra Sanitiser and disinfectant to be provided as required		

Vulnerable adults	Casual staff to cover illnesses	Staff are given the opportunity to work from home as required – approval required by the Principal	All staff are requested to stay home if unwell	Pool of casual staff increased to cover any staff losses through ill health		
Cleaning regime	Cleaning structure set in place by Compass management in line with agreement with SJCC	Compass staff policy	Compass staff policy Other staff to maintain regular cleaning of common touch areas including door handles and surface areas and shared equipment	Compass staff policy Other staff to maintain regular cleaning of common touch areas including door handles and surface areas and shared equipment		
Staff training	Staff are trained in first aid and medical administration techniques relating to health All staff sign off on risk management and WHS protocols	Training on what to look for concerning COVID-19 symptoms and on new policies and procedures for staff Training on effective PPE use including effective disposal Training on following procedures for outbreak response Training on self-care	https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training			
Transport		All vehicle use to be recorded with staff and student names of when used. Register kept in vehicles.	Indoor of vehicles to be cleaned and disinfected after each use	Sanitiser and disinfectant to remain in vehicles		

			Students and staff to maintain separation in vehicles according to guidelines			
Unwell students	<p>Unwell students are taken to the Health Centre if open or to the local GP or in more serious cases to the RDH Emergency department</p> <p>Communication can be made to the School Nurse if required or utilise the health advice form HEALTH DIRECT</p>	<p>Unwell students to be sent to the Health Centre after contacting the School Nurse, otherwise monitor in separate room until arrangements can be made.</p> <p>Procedures in place for outbreak of virus and isolation of student, contact tracing and cleaning routines to be followed</p> <p>Mask to be placed on student suspected of COVID-19, call School Nurse or follow directions from Health Direct</p>	<p>Follow symptom checks via Dept. of Health website and follow advice</p> <p>Temperature check for anyone who is presenting unwell</p> <p>Contact School Nurse or Health Direct on 1800 022 222 if concerned.</p> <p>If symptoms of COVID-19 are suspected, isolate student in MSC house bedroom with ensuite until a COVID test can be arranged</p> <p>DOB/DDOB and Family must be contacted immediately</p> <p>https://www.healthdirect.gov.au/symptom-checker/tool/basic-details</p>	<p>Deep cleaning to occur if student proves to be COVID positive</p> <p>Cleaning of all areas of student contact should be implemented immediately following isolation of student</p> <p>PPE to be provided for staff as required</p>		
Gatherings	No restrictions on gatherings of students	<p>Group meetings to be held in dorm groups</p> <p>Adults in the groups to be documented in the Register</p>	<p>Physical distancing guidelines to be kept in place according to indoor and outdoor regulations</p> <p>Sanitisers to be used</p>	Hand sanitising and disinfecting after gathering		

Students coming to boarding who are currently living in a RESTRICTED AREA (Biosecurity)	Students are normally allowed to travel to and from their home communities freely. Either for reasons related to family, funeral, cultural, grieving, cultural obligation, behavioural, mental health, suicide risk, spiritual, students could be requested to or asked to travel back home to be with family and to ensure safety.	Student would not need to be isolated for 14 days prior to travelling home unless a specific area has been declared as a hot spot or locked down. Isolation could occur on site or in a separate location	Staff or family members would need to support the student in the period of isolation Restrictions would need to be placed on the student and staff or family members to ensure the student was properly isolated for the 14 day period Staff would need to maintain appropriate social distancing and hand hygiene practices to ensure health security Notification of appropriate line-managers required i.e. Notify Principal, Director of CEO, families, COVID-19 Hotline	Staff would need to manage the cleaning regime to ensure hygiene practices are followed and health security is maintained Deep clean of facility following the exit of the student		Having at risk student's who may be suffering from mental health issues in isolation for a 14-day period is not an acceptable risk
Outbreak management	SJCC boarding facility must ensure space is available to quarantine staff or students showing symptoms of infection. Anyone showing symptoms of infection should be directed to go home and self-	As per Outbreak Management Plan	As per Outbreak Management Plan	As per Outbreak Management Plan		Appendix 1

	<p>isolate as soon as possible.</p> <p>SJCC boarding facility must have supplies and instructions to clean spaces that may have been exposed to the virus. Protocols for cleaning and disinfecting affected areas are available from the Australian Dept. Of Health.</p>					
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Table 2: Risk Matrix

Hazard analysis and risk assessment matrix with proposed actions					
HAZARD SEVERITY					
HAZARD LIKELIHOOD	Critical Illness or Injury	Severe Illness or Injury	Moderate Illness or Injury	Minor Impact	Negligible Impact
Very Likely	Requires Control	Requires Control	Requires Control	Manageable	Manageable
Likely	Requires Control	Requires Control	Manageable	Manageable and Tolerable	Tolerable
Possible	Requires Control	Manageable	Manageable and Tolerable	Tolerable	Acceptable
Unlikely	Manageable	Tolerable	Tolerable	Acceptable	Acceptable
Highly Unlikely	Tolerable	Acceptable	Acceptable	Acceptable	Acceptable

Appendix 1:

Outbreak Management Plan

The information in this session should be read in conjunction with *Coronavirus Disease 2019 (COVID-19) Guidelines for Outbreaks in Residential Care Facilities*.

Information regarding the COVID-19 pandemic is continually evolving, so please ensure that you regularly review the information at the Australian Government Department of Health, as well as your local state or territory health department.

A **potential** COVID-19 outbreak is defined as:

- Two or more cases of ARI (Acute Respiratory Illness) in boarders or staff at SJCC residential facility within 3 days (72 hrs).

A **confirmed** COVID-19 outbreak is defined as:

- An outbreak is declared for a single confirmed case of COVID-19 in a resident, staff member or frequent attendee at the College

At least one case of COVID-19 confirmed by laboratory testing

In the event of an outbreak of COVID-19 at SJCC, SJCC is required to:

- Establish an Emergency Control Team with support of local health services
- Contact NT Public Health Unit: 08 8922 8044 who will assist with advice and guidance on appropriate follow on actions.
- Detect and manage outbreaks in accordance with https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf
- Confirm and declare an outbreak
- Ensure appropriate Infection Prevention Control (IPC) measures are used
- Isolate and protect staff and students of the residence in line with SJCC procedure

- Confirm and declare when outbreak is over

SJCC Procedure:

- a) The outbreak management of staff or student will take place if;
 - They have a temperature above 37.5 degrees, or history of fever (e.g. night sweats, chills) OR
 - Acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever OR
 - Loss of smell or loss of taste with or without
- b) The initial process will include but not be limited to;
 - Report to the Team Leader
 - Contact the School Nurse or if unavailable,
 - Contact the Health Direct hotline 1800 022 222
- c) Follow advice given by the Health professional, plus; the following people will need to be notified:
 - Director of Boarding (Principal)
 - Principal (Director of Catholic Education)
 - Family of the person/people involved
- d) If a student is recognised as having signs or symptoms of COVID-19, we will;
 - Place the individual in an isolated room with an ensuite bathroom (MSC building)
 - Give PPE equipment to the student to keep in the room (masks)
 - Ensure the student has their belongings and essentials with them, including bedding and toiletries

- Contact family members and report signs and symptoms of COVID-19
- Arrange testing of the student as soon as possible, if transport is required this will be done by a staff member wearing a mask and with the person in the back of the vehicle
- Student to be fed in the room
- Maximum two (2) staff members assigned to care for the student on a rotating basis
- Those staff to be given PPE to use when engaging with the student
- Do not enter the room unless necessary
- Follow hand hygiene and physical distancing practices

e) If a staff member is recognised as having signs and symptoms of COVID-19

- Ask them to remain at home and get tested as soon as possible
- If at work, ask them to return home and get tested as soon as possible
- Provide PPE equipment for the staff member

f) If a student tests positive to COVID-19

- Contact the COVID-19 hotline and report
- Follow advice as to contact tracing
- Widespread testing of residential students and staff
- Notify family
- Notify DOB, Principal, Director of Catholic Education, Department of Education, Department of Health

All residential staff and students would remain on site until further notice and follow directions from the Department of Health

Appendix 2

COVID-19 Outbreak Preparedness Checklist

Planning actions

- ☐ Does your RCF have a respiratory outbreak plan that covers all the areas identified below?
- ☐ Has your RCF updated its respiratory outbreak plan this year?
- ☐ Have the relevant health care providers/organisations in the community (e.g. associated GPs, infection control consultants) been involved in the planning process?
- ☐ Are all RCF staff aware of the plan including their roles and responsibilities?

Staff, resident and family education

- ☐ Has your RCF staff undergone education and training in all aspects of outbreak identification and management, particularly competency in infection control and appropriate PPE use?
- ☐ Has your RCF run one or more staff education sessions (see section 3 for suggested content)?
- ☐ Has your RCF provided resident families with information regarding prevention of transmission?

Staffing actions

- ☐ Does your RCF have a staffing contingency plan in case 20% to 30% of staff fall ill and are excluded for 14 days? Are you cohorting staff to limit the number of close contacts if someone becomes unwell?
- ☐ Has your RCF developed a plan for cohorting staff in an outbreak (see section 5 for detail)?

Stock levels

- ☐ Has your RCF acquired adequate stock of PPE, hand hygiene products, nose and throat swabs and cleaning supplies?

Outbreak recognition actions

- ☐ Does your RCF routinely *assess* residents for respiratory illness, particularly for fever or cough (with or without fever)? Do you document changes in resident's behaviour or health?
- ☐ Does your RCF *support and encourage* staff to report COVID-19 symptoms during the pandemic?
- ☐ Does a process exist to notify the facility manager and the state/territory Department of Health and Human Services as soon as practicable (and within 24 hours) of when a COVID-19 case is suspected?

Communication actions

- ☐ Does your RCF have a contact list for the state/territory health department and other relevant stakeholders (e.g. facility GPs and infection control consultants)?
- ☐ Does your RCF have a plan for communicating with staff, residents, volunteers, family members and other service providers (e.g. cleaners) during an outbreak?
- ☐ Does your RCF have a plan to restrict unwell visitors entering the facility as well as limitation of well visitors during an outbreak to reduce risk of transmission both within the facility and externally (e.g. security, signage, restricted access)?

Cleaning

- ☐ Does the plan identify who is responsible for overseeing increased frequency of cleaning, liaison with contractors or hiring extra cleaners as necessary?

Appendix 3

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 cases 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

Appendix 4

Managing COVID-19 timeline

Suspected case → confirmed case COVID-19

Residential facilities should immediately commence these actions following identification of a suspected case of COVID-19:

Stage 1	1. Isolate and inform	<p>If the COVID-19 suspected person is a staff member they must immediately;</p> <ul style="list-style-type: none">• leave the premises, isolate at home and arrange to have a COVID-19 test. They must remain isolated until symptoms have resolved and the PHU has cleared them. <p>If the COVID-19 suspected case is a student they should:</p> <ul style="list-style-type: none">• Given a mask and appropriate PPE• be immediately isolated in a single room with an ensuite, if possible• notify Line Manager• arrange a COVID-19 test <p>PPE should be used for all interactions. Place ALL the following outside affected residents' room/s:</p> <ol style="list-style-type: none">1. Appropriate signs2. Alcohol based hand rub3. Appropriate PPE with hands-free bins for disposal <p>Sensitively inform the students and their family of the suspected diagnosis.</p>
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		DOB contact number: Principal: School Nurse:
	2. Contact the Public Health Unit	Notify the PHU of a suspected case. They will coordinate the public health response to a confirmed outbreak. NT - 1800 008 002 (business hours). After-hours (Royal Darwin Hospital switchboard 8922 8888 and ask for on-call public health physician). By email: CDC.Covid@nt.gov.au
	3. Inform SJCC staff	All clinical and non-clinical staff on-site to be informed of suspected case.

Stage 2	4. Case consultation regarding transfer of resident/s	<p>If not clinically required, and the student can be safely isolated within SJCC, transfer to hospital may be deferred until the COVID test result is known.</p> <p>This decision will be made in consultation between SJCC, PHU, treating GP/ local health service and receiving hospital.</p> <p>If the resident is to be transferred after the case discussion, notify the retrieval service of the suspected case and:</p> <ul style="list-style-type: none"> • In Darwin-the oncall-COVID-19 Resource Nurse via switchboard- 8922 8888,
	5. Notify your outbreak management team	<p>Notify the OMT of the suspected COVID -19 case.</p> <p>This team should comprise:</p> <ul style="list-style-type: none"> • Strategic Leadership Team • School Nurse • WHS Manager <p>The provider is responsible for managing the outbreak and taking a</p>

		<p>strong leadership role with support from the PHU.</p> <p>The PHU will investigate cases and contacts and advise on infection control and isolation.</p> <p>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.</p> <p>Nominate an outbreak coordinator, designate, and agree key roles and responsibilities. Note: the same person may have multiple roles.</p>
	6. Activate your outbreak management plan on CONFIRMATION OF A POSITIVE CASE	<p>Activate your facility's outbreak management plan.</p> <p>Identify any gaps that need to be addressed.</p> <p>Distribute to all involved stakeholders so they are across the plan.</p>
	7. Establish screening protocols	<p>Establish screening protocols for all people entering the facility.</p> <p>Place appropriate and clear signage across the facility.</p> <p>Signage should inform all students and visitors that the facility is now in lockdown and responding to a COVID-19 outbreak.</p> <p>Screen new and returning students entering the facility for respiratory symptoms and fever.</p>

	8. Release an initial communication	<p>Inform students, staff, families and key stakeholders of a COVID-19 diagnosis within the residential facility.</p> <p>Providers with multiple services should consider communications for other sites.</p> <p>An effective outbreak management plan should have some pre prepared email templates already drafted for this initial communication.</p>
Stage 3	9. Contact tracing	<p>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.</p> <p>The PHU may send some staff home to quarantine and you may need to bring other staff on site.</p> <p>Increase monitoring of students for any symptoms, however mild, of COVID-19 and take clinical observations two to three times per day.</p>

	10. Key document identification	<p>Both the PHU and the NT Department of Health will need:</p> <ul style="list-style-type: none"> a) A detailed floor plan including students rooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area. b) An up to date list of students. It should identify students with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts. c) A list of all staff employed by the facility <ul style="list-style-type: none"> i) Include their names, contact details, dates of birth and Medicare numbers. ii) Include people providing primary care or allied health services. iii) Note if staff work across multiple services (including other residential facilities, home care, etc.) d) A list of the respiratory specimens collected and the results of tests <p>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.</p>
	11. PPE stocktake	<p>Carry out an analysis of current PPE stock levels and estimate what will be required over the coming fortnight.</p> <p>The email to organise additional (free) PPE in an outbreak is: agedcarecovidppe@health.gov.au</p> <p>The PHU may be able to help you access state and territory stocks until the supplies arrive from the Commonwealth</p>

	12. Communication support	<p>Expect and be prepared to manage a very high volume of calls from families and the media.</p> <p>Appoint designated staff to manage communications and take the calls.</p> <p>Establish a single point of contact for media queries.</p> <p>Develop a script or talking points to assist those taking the calls.</p> <p>Prepare a holding statement (a brief account of what the provider knows and what actions it is taking) and update as appropriate.</p>
Stage 4	13. First meeting of the Outbreak Management Team	<p>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.</p> <p>The outbreak management team will be supported by:</p> <ul style="list-style-type: none"> • A 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. • Catholic Education Office

	14. Bolster your staff	<p>The residential facility will need more staff and a higher proportion of 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.</p> <p>The provider should fill the roster through usual workforce arrangements and agency contacts as far as possible.</p> <p>The facility should consider implementing limitations or restrictions to prevent staff from working across multiple sites.</p> <p>Where the provider is unable to sufficiently staff the facility, the Commonwealth case manager can assist.</p> <p>Surge response can also be requested through the EOC. In the remote setting, this will be requested through the local controller.</p> <p>You should allocate separate staff for COVID-19 positive, COVID-19 suspected and non-COVID-19 residents.</p> <p>Plan what you would do if key staff or the SLT became unwell.</p>
	15. Conduct testing	<p>Urgently test all residents and staff for COVID-19 to understand the status of the outbreak. Noting that in the remote setting, testing capacity would be quickly depleted and testing may be delayed until surge resources are available.</p> <p>In conjunction with the PHU, establish a staff and resident testing regime. The PHU will undertake testing.</p> <p>Staff should be encouraged to be tested through the facility's</p>

		processes to ensure rapid results.
	16. Clinical Management of COVID-19 positive cases	<p>Clinically manage COVID-19 positive cases to address all their needs.</p> <p>The current policy is that all students who have confirmed COVID-19 will be transferred to hospital. Do this in consultation with the student.</p> <p>Unwell students must be reviewed by school nurse regardless of whether an outbreak is present or not.</p> <p>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.</p>
Hours 6-12	17. Cohorting and relocation	<p>Determine what cohorting arrangements to implement at the facility to manage infection control. This should be led by PHU in consultation with medical advice and the Incident Management Team within EOC.</p> <p>Facilities where students share rooms or bathrooms may require off site cohorting</p> <p>Facilities where students share rooms or bathrooms will likely require off site accommodation under the guidance of the PHU in consultation with medical advice and the Incident Management Team within EOC.</p> <p>Move to a model where staff work with fewer designated students, or one on one care.</p>

		Staff must not enter other areas of the building.
	18. Move to a command-based governance structure	<p>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.</p> <p>Clearly spell out for every shift:</p> <ul style="list-style-type: none"> • everyone's roles and responsibilities, and • what the escalation processes are. <p>Ensure thorough briefing and orientation of new staff each shift, including education on PPE usage.</p> <p>Ensure handovers for all staff at the start of a new shift including clinical and care needs.</p>
	19. Rapid PPE supply	<p>The Department of Health will facilitate the rapid delivery of PPE if required.</p> <p>Providers should be mindful of where the large volume of PPE can be safely and securely stored.</p>
	20. Infection control	<p>Appoint an infection control lead for the service.</p> <p>Nurse</p>
Hours 12-24	21. Nurse First Responder from Aspen to commence	The Australian Department of Health will arrange a First Responder on day 1 or 2 to assist:

		<ul style="list-style-type: none"> • reviewing preparedness for managing the outbreak, • analysing workforce capacity, • reviewing infection control processes, • assessing PPE stocks and competencies, • recommending enhanced cleaning protocols, and • assisting with any significant capability gaps.
	22. Review advanced care directives	Note any advance care directives for students. Update where necessary and use the list to inform any clinical decisions about students who develop COVID-19.
	23. Establish strong induction and control processes	<p>Determine who will be the on-the-ground infection control lead. Identify this role on the roster for each shift.</p> <p>The responsible person must ensure:</p> <ul style="list-style-type: none"> • robust induction for all new agency and surge workforce staff coming onsite, and • that all staff working are competent using PPE. <p>Consider having workforce competency reviews for all staff.</p>
	24. Maintaining social contact	Consider how you will enable staff to assist with Facetime/Whatsapp etc. where these are available to students. Test the impact on IT infrastructure from increased use of technology.

		<p>Ensure your IT support contact information is readily available to staff. Alert your IT support team in advance that issues will need to be prioritized.</p> <p>You may need extra staff to assist students with communications/use of technology.</p>
	25. Follow up communications	<p>A clear and consistent pattern of daily follow-up outbound communications should be established to ensure students, families and stakeholders are kept informed of developments as they unfold.</p>
	26. Continue primary health care	<p>Ensure there is strong ongoing governance of “routine” care. Understand students will be anxious and need reassurance.</p> <p>Notify students GPs who may contribute to monitoring, care planning and discussions.</p> <p>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 (Catholic Care)</p>
	27. Support your staff	<p>Start establishing fatigue management plans and ensure Employees Assistance Program (EAP) information is readily available.</p> <p>Establish pathways to maintain contact with staff who are isolating or quarantining.</p>

24 hours and beyond	Monitor -control support throughout	<p>Continue to screen all persons entering the facility and to monitor all students and staff for symptoms of COVID -19</p> <p>Update the Line List provided by PHU with positive and negative results and send this information daily to CDC.COVID@nt.gov.au, and if in remote area, send to PHC.COVID@nt.gov.au</p> <p>Monitor levels and ensure timely ordering of essential supplies through usual channels including;</p> <ul style="list-style-type: none"> • Student medication, particularly antibiotics • Supplies to ensure daily care needs are met (e.g. food, medications etc.) <p>Monitor staff sick levels and institute workforce management plan. If assistance is required, contact the DoH.</p> <p>Monitor ability to maintain business continuity - review business continuity plan</p> <p>Continue to communicate with students and their families on the current situation.</p>
	End Outbreak	<p>No new cases for 14 days from onset of symptoms in last case: PHU will declare the outbreak closed and RACFs can commence to return to BAU</p> <p>Send final detailed case list to CDC.COVID@nt.gov.au</p> <p>Review and evaluate outbreak management and conduct a debrief</p>