



Aged Care and Disability Services

JUNE 2022 | WINTER NEWSLETTER



Message from the Director

Megan Reilly

As I write this message today, WA has recorded 5,770 reported new COVID-19 cases with 28,770 active cases and 837,683 recovered cases. The majority of active cases are located in metropolitan Perth (Source: [Covidlive](#)). To the 12 May, there have been 4,522 outbreaks in residential aged care facilities, with 761 active outbreaks (NSW 205, SA 272, VIC 191, WA 103, QLD 100, ACT 19, TAS 17, NT 6) at the time of reporting.

The cumulative resident cases since the beginning of the pandemic is 39,780 and 35,034 staff cases with regrettably 2,335 deaths (Source: [Australian Government DoH](#)). Data is not easily to hand for disability residential and supported accommodation facilities.

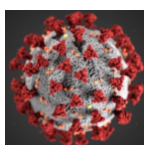
As we transition slowly to living with COVID-19 we must be mindful that influenza season is upon us, arriving earlier than usual. Vaccination against influenza this year is even more important. Over the COVID-19 period there has been lower exposure to influenza virus due to public health and social measures and lower levels of influenza vaccine coverage compared to previous years. With borders reopening a possible resurgence of influenza can occur in 2022. Hence, this edition of our newsletter focuses on this important acute infectious respiratory illness and how you can adequately prepare.

Take care and stay safe.

Kind regards,

Megan

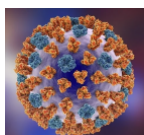
In this issue



Coronavirus (COVID-19)



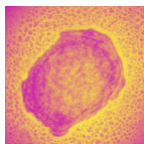
NHHI E-learning & Resources



Influenza



Aged Care NAPS



COVID-19 Vaccination Update

Booster Doses

ATAGI recommends a winter COVID-19 booster dose for people at increased risk of severe COVID-19. The additional winter booster is recommended for other people at increased risk, to be given 4 months after their first booster dose or 3 months after COVID-19 infection (if applicable).

- adults aged 65 years and older
- residents 16 years and older of aged care or disability care facilities
- Aboriginal and Torres Strait Islander adults aged 50 years and older
- people aged 12 years and older with a medical condition that increases the risk of severe COVID-19 illness ([see Table for details](#))
- People aged 12 years and older with disability with significant or complex health needs or multiple comorbidities which increase risk of poor outcome from COVID-19

Comirnaty (Pfizer) or Spikevax (Moderna- 50µg) are recommended for use as a booster vaccine, and both are considered equally acceptable. AstraZeneca can be used for people who have contraindications to the Pfizer and Moderna vaccines. Novavax can be used if no other COVID-19 vaccine is considered suitable for that person.

For more information, refer to the ATAGI statements on booster vaccinations: for [16 years and over](#) and for [people aged 12-15 years](#).

Extended deadline

Aged Care COVID-19 Support Grants

Extension of the COVID-19 Aged Care Support Program Extension Grant (GO4863)

The Australian Government continues to support approved aged care providers with the additional costs associated with managing COVID-19 and has extended the closing date for applications for the [COVID-19 Aged Care Support Program Extension grant](#) to **14:00 AEDT on 31 January 2023**.

The grant has been implemented to support approved aged care providers with additional costs to manage a direct impact of COVID-19 up to 31 December 2022. For more information, including what the grant covers and eligibility guidelines, please see the updated [Grant Opportunity Guidelines \(Grant Opportunity - GO4863\)](#) and responses to frequently asked questions available on [GrantConnect](#).

Support for Aged Care Workers in COVID-19 (SACWIC) Grant Opportunity

The SACWIC Grant Opportunity reimburses approved providers for eligible expenses associated with implementing single site worker arrangements in the hotspots / high-risk locations (published in Appendix 1 of the Grant Opportunity Guidelines on [GrantConnect](#)).

Applications for this grant close at **14:00 AEST on 30 June 2022**.

If you have any questions, contact the Department of Health via email at: GrantATM@health.gov.au.

COVID-19 Links & Resources

[WA Health COVID-19 Framework for System Alert and Response \(SAR\)](#)

[WA Health's System Alert and Response \(SAR\) - COVID-19 Framework fact sheet](#)

[Guidance for the management of COVID-19 outbreaks in WA Residential Aged Care Facilities \(v.2.1 - March 2022\)](#)

[Infection Prevention and Control Guidelines for Western Australian Residential Care Facilities \(v2.1 - March 2022\)](#)

[COVID-19 information for aged care and community care providers](#)

[WA Health COVID-19 Website](#)

[Outbreak management planning in aged care](#)

[Checklist physical distancing - how to calculate capacity/person density \(Safe Work Australia\)](#)

[CDC Personal Protective Equipment \(PPE\) Burn Rate Calculator \(PPE Planning tool\)](#)

[COVID-19 aged care grief and trauma support resources](#)

National COVID-19 Clinical Evidence Taskforce

The COVID-19 CDNA National Guidelines for Public Health Units (v7.0 - Updated June 2022)

Infection Control Expert Group (ICEG) Guidance

COVID-19 vaccination - Disability service providers toolkit

Coronavirus (COVID-19) Easy Read resources

In focus

Influenza

Influenza, commonly referred to as the Flu, is a highly contagious viral infection that affects the respiratory tract (lungs, throat, nose). Influenza is caused by the type A, type B or the rarely type C influenza virus. Only types A and B cause major outbreaks and severe disease, while type C can cause an illness in children similar to the common cold. Although you can contract influenza year-round, it is more common in the winter.

Symptoms are variable, and can include: fever; runny or blocked nose; sneezing; sore throat; dry chesty cough; headache; dizziness; fatigue; chills; muscle and or bone aches; gastrointestinal upset; and loss of appetite. These symptoms are common to a variety of respiratory tract infections, including COVID, which is why you should test for COVID infection via RAT or PCR if you have respiratory symptoms, even if you think it is the flu. Influenza infection can be confirmed by a throat swab and laboratory testing.

Influenza infection can be serious, particularly for at risk populations such as the very young, elderly, the immune suppressed, and people with underlying health conditions including heart disease and asthma. Historically, the 1918 influenza pandemic, caused by the H1N1 influenza A virus, was responsible for the deaths of 50 million people. According to the [Australian Influenza Survey Report](#), in the year to date (at 5 June 2022), there have been 87,989 notifications of laboratory-confirmed influenza and 27 influenza-associated deaths reported. Since commencement of seasonal surveillance in April 2022, there have been 733 hospital admissions due to influenza reported.

It is also possible to have coinfection of influenza and another infection, including COVID-19 or bacterial infection. The best ways to prevent influenza is yearly vaccination, cough and sneeze etiquette, physical distancing, and performing hand hygiene. Influenza strains circulating in the community

continually change, and the immunity provided by the vaccine is temporary, which is why yearly vaccination is recommended.

Resources:

[Healthdirect - Flu \(influenza\)](#)

[Healthdirect - Cold or flu? infographic](#)

[WA Health - Facts about the influenza vaccine](#)

[COVID-19: a comparison to the 1918 influenza and how we can defeat it](#)

[ATAGI advice on seasonal influenza vaccines in 2022](#)

June 2022

Free influenza vaccinations in June

The influenza vaccine is now free to all West Australians aged 6 months and above until 30 June 2022. The free vaccines are available at participating pharmacies and GPs, and at COVID community vaccination clinics from throughout June 2022.

It is important to note that Influenza-like-illness (ILI) activity in the community this year has increased since March 2022. According to the [Australian Influenza Surveillance Report](#), as of mid-April 2022 the weekly number of notifications of laboratory-confirmed influenza reported in Australia has exceeded the 5-year average.

All people aged ≥ 6 months are recommended to have the influenza vaccine. People can receive their COVID-19 vaccine at the same time as their influenza vaccine.

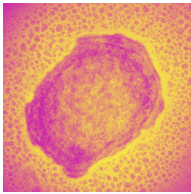
Are you prepared for winter?

Enhanced preparation within the sector and continued response capability will make sure senior and other at risk Australians continue to receive safe and quality care as aged care and disability service providers face the impacts from potential winter outbreaks. You can find more information on preparing for the winter season in the following resources:

- The Department of Health webinar [Preparing your aged care service for winter – readiness](#) is available online.
- Getting vaccinated against influenza – [Resource collection](#)
- [Communicable Diseases Network Australia \(CDNA\) guidelines for managing influenza outbreaks in residential care facilities](#)
- Australian Health Protection Principal Committee (AHPPC) [Permissions and Restrictions for Workers in Health Care Settings – Interim Guidance](#)

- Vaccination fact sheets for [in-home and community care recipients](#) and [home care and community workers](#)
- [Residential aged care facilities IPC factsheet](#)

For more information and advice, [subscribe](#) to the Protecting Older Australians newsletter.



In the news

Monkeypox

Monkeypox (MPX) was first reported in Australia on 20 May 2022, from returned travellers. It is a rare but potentially serious viral illness, typically beginning with fever and swelling of the lymph nodes and may also include headache, muscle aches, joint pain and back pain. A few days following fever, the characteristic rash usually appears on the face and then spreads to other parts of the body. Symptoms may last from 2-4 weeks.

Human-to-human transmission can occur through:

- close contact with lesions/rash on the skin
- body fluids, including respiratory droplets
- contaminated materials such as linen and towels.

Transmission via respiratory droplets is less common and usually requires prolonged face to face contact. MPX is confirmed through a combination of laboratory testing and clinical assessment.

As of 13th June there have not been any cases of monkeypox diagnosed in Western Australia, only New South Wales (5 cases) and Victoria (3 cases).

Resources:

[Poster – Monkeypox \(MPX\) Look out for the signs](#)
[Monkeypox \(Monkeypox Virus\) Laboratory Case Definition \(LCD\)](#)

Conference presentation

The Value of Adding a Full-time Infection Preventionist

A poster presentation at the Association for Professionals in Infection Control and Epidemiology (APIC)'s 49th Annual Conference in Indianapolis June 13-15, reported on how a skilled nursing facility (SNF) embedded within a California hospital improved hand hygiene rates and compliance with critical infection prevention practices during the COVID-19 pandemic. This was a result of hiring

E-learning

Updated eLearning modules

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has updated eLearning modules entitled *Preventing and managing occupational exposure to infectious agents in healthcare*, *Clean and safe healthcare environment*, *Epidemiology and outbreak prevention and management*, and *Basic of surveillance and quality improvement in healthcare*. These modules have been recently updated to ensure consistency with the National Safety and Quality Health Service Standards, specifically the *Preventing and Controlling Infections Standard*, and the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. The modules are available in the National Hand Hygiene Initiative (NHHI) LMS.



Access the modules

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Hand hygiene for patients and carers

Good hand hygiene is a simple way to stop the spread of sickness and disease.



What is hand hygiene?
Hand hygiene means washing your hands with soap and water or rubbing them with sanitizer.

When should you perform hand hygiene?

If you can see that your hands are dirty, always wash them with soap and water.

As you may not be able to see the germs on your hands, you can also use a hand sanitizer that contains at least 60% alcohol.

Always perform hand hygiene:

- When you enter or leave a hospital, a clinic or a patient's room.

Perform hand hygiene before:

- You touch a patient or start helping with their care, such as showering or changing a dressing
- Handling medicines
- Preparing or eating food
- Touching your eyes, nose or mouth

Perform hand hygiene after:

- Blowing your nose, coughing, or sneezing
- Going to the toilet
- Touching animals and pets, including therapy pets.

Australian Commission on Safety and Quality in Health Care

Why is hand hygiene important?
Good hand hygiene protects patients and carers from germs that cause sickness and disease, such as flu, gastro or COVID-19.

These germs can be on surfaces and equipment that you touch.

As a carer, you could transfer these germs to the person you care for, without knowing.



How to use hand sanitizer

1 apply
a small amount of sanitizer to the palm of your hand

2 rub
the sanitizer all over your hands, including your fingers, thumbs and wrists

3 dry
allow the sanitizer to dry

Hand Hygiene for patients and carers 1

Hand Hygiene Resources

Fact sheets

Three new NHHI factsheets have been designed to provide information on the importance of hand hygiene for patients and carers, children and carers, and mental health workers. These new factsheets are now available on the Commission's website

Find out more

ACQSC

Aged Care NAPS Audit Period

The Aged Care NAPS audit period is June - mid-December 2022. The 2022 resources to assist with the audit process are available [on the NAPS website](#).

AGED CARE
NAPS National Antimicrobial
Prescribing Survey

Guideline Update

The updated *Management of Occupational Exposure to Blood or Body Fluids in Healthcare Settings* CDCD Guideline is now available online, [here](#). It may be timely to review your OE management process.

ACIPC Short Course

Infection Prevention and Control in Aged Care Settings

A course for RNs and EN/EENs supporting Aged Care IPC Clinical Leads. This course is also suitable for Facility Managers needing up-to-date best-practice IPC knowledge and skills. Modules can be taken over a 6-8 week period. The course will be held online.

Cost: \$500. To book click [here](#) or email learning@acipc.org.au find out more information and upcoming course dates.



Quick Links



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AC NAPS

Antimicrobial
prescribing & infections
in Australian residential
aged care facilities



Australian Government
Aged Care Quality and Safety Commission

COVID-19 Information & Resources

Australian Commission
on Safety & Quality in
Health Care



HANDS-ON INFECTION CONTROL

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