

# Timbertop Campus Emergency Response Plan 2024

## COVID-19 Outbreak Management Plan

---

### 1. Response to a Boarding Student Suspected Case of COVID-19

- 1.1 The School will ensure Boarding Students with suspected or confirmed COVID-19 shall receive appropriate healthcare support, including access to their primary care provider for medical management.
- 1.2 Special considerations in the management of Boarding Students with suspected or confirmed COVID-19 are:
  - 1.2.1 immediate isolation of ill Boarding Students and minimal interaction with other Boarding Students.
  - 1.2.2 if COVID-19 is suspected, the School will implement a low threshold for requesting medical review and testing.
  - 1.2.3 if possible, the School will have the Boarding Student collected by a parent and guardian to allow them to quarantine outside the School.
  - 1.2.4 The School will arrange transfer of Boarding Students to hospital only if their condition warrants. If a transfer is required, we will advise the transport service provider and hospital, in advance, that the Boarding Student is being transferred from the School where there is potential or confirmed COVID-19.
  - 1.2.5 The School will notify the appropriate authorities (section 3 below).

### 2. Response to an Employee Suspected Case of COVID-19

- 2.1 School Employees who develop symptoms of respiratory illness shall immediately be excluded from the School and remain away whilst a diagnosis is sought.
- 2.2 If COVID-19 is excluded, the School Employee may be able to return to work once cleared and asymptomatic.
- 2.3 If a diagnosis of COVID-19 is verified, the School Employee must be excluded until they meet the criteria for release from isolation outlined in the Communicable Diseases Network Australia COVID-19 Interim National Guideline.
- 2.4 The School will make appropriate notification to the relevant authorities (section 3 below).

### 3. Notification to Authorities

- 3.1 The School will provide the following information to the Victorian Public Health Unit (**PHU**) (contact number 1300 651 160):
  - 3.1.1 information on the setup of the School;
  - 3.1.2 total number of Boarders and/or School Employees with fever and/or an Acute Respiratory Infection (**ARI**);
  - 3.1.3 date of onset of illness of each person;
  - 3.1.4 symptoms of each person;
  - 3.1.5 number of people admitted to hospital with fever and/or ARI (if applicable);
  - 3.1.6 number of people with influenza-like symptoms who have died (if any);
  - 3.1.7 total number of School Employees that work at the School and in the affected area;
  - 3.1.8 total number of Boarders in the facility and in the affected area;
  - 3.1.9 whether appropriate respiratory specimens have been collected; and
  - 3.1.10 results of any respiratory specimens already tested.
- 3.2 The PHU will advise and assist with the following:
  - 3.2.1 confirming the presence of an outbreak;
  - 3.2.2 identifying the control measures that need to be in place; and
  - 3.2.3 testing of the initial respiratory specimens.
- 3.3 The PHU will provide the School with a preferred case list (also called a 'line list') template to use when an outbreak is notified. If any deaths occur during an outbreak, the PHU must be notified as soon as possible within 24 hours. Hospitalisation of Boarders should be noted on the case list and sent to the PHU daily (see section 5).

### 4. Outbreak Response

- 4.1 A potential COVID-19 outbreak is defined as:
  - 4.1.1 two or more cases of ARI in Boarding Student or employees of the School within 3 days (72 hrs).
- 4.2 A confirmed COVID-19 outbreak is defined as:
  - 4.2.1 two or more cases of ARI in Boarding Student or School Employees within 3 days (72 hrs), and
  - 4.2.2 at least one case of COVID-19 confirmed by laboratory testing.
- 4.3 While the definitions above provide guidance, the PHU will assist the School in deciding whether to declare an outbreak.

### 5. Establish an Outbreak Management Team

- 5.1 An internal Outbreak Management Team (**OMT**) will be established to direct, monitor and oversee the outbreak, confirm roles and responsibilities and liaise with the Department of Health and Human Services (**DHHS**).
- 5.2 Several functions are critical within the OMT, and some roles may be performed by the same person.

- 5.3 The OMT should refer to the COVID-19 Outbreak Preparedness Checklist (Appendix A) in the event of an outbreak.
- 5.4 The OMT will initially meet daily to:
- 5.4.1 direct and oversee the management of the outbreak
  - 5.4.2 monitor the outbreak progress and initiate changes in response, as required
  - 5.4.3 liaise with GPs and the DHHS, as arranged.
- 5.5 The OMT should include the following roles and functions:

Role	Function
Chairperson (Head of Campus and Senior Nurse in consultation with Senior Medical Officer)	The chairperson is responsible for co-ordinating outbreak control meetings, setting meeting times, agenda and delegating tasks.
Secretary	The secretary organises OMT meetings, notifies team members of any changes, and records and distributes minutes of meetings.
Outbreak Coordinator (Senior Nurse in consultation with Senior Medical Officer)	The coordinator ensures that all infection control decisions of the OMT are carried out, and coordinates activities required to contain and investigate the outbreak. This role is often given to an Infection Control Practitioner (ICP) or delegate.
Media Spokesperson (Principal)	Significant media interest in outbreaks in Boarding Schools is common, especially if there are adverse outcomes. The department may be available to assist facilities should media interest arise. It is recommended that facilities liaise with the department in this instance prior to making media statements.
Visiting General Practitioners	Some GPs may be available to participate in the OMT and their role should be identified during the Planning process. It is valuable to identify a clinical lead amongst those GPs who attend a facility. In the management of an outbreak, the role of this person is important in facilitating assessment and management of ill Boarders, and in working with the Boarding School and the department to implement control strategies.
Public Health Officers	An understanding of what assistance can be provided by PHUs and role/responsibility clarification should be confirmed at the initial OMT meeting, although it is usually not necessary for PHUs to be part of the OMT.

## 6. Implement Infection Prevention and Control Measures

- 6.1 A Boarding Student with an ARI should be placed in a single isolation room with their own ensuite facilities, if possible, while a diagnosis is sought.
- 6.2 Once Boarding Student isolation or cohorting measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific School Employees to the care of Boarding Students in isolation.
- 6.3 The School will ensure there is access to a Registered Nurse at the facility to allow this, which may require surge staffing.
- 6.4 A register of School Employees caring for patients with COVID-19 will be maintained by the School.
- 6.5 The School will ensure that School Employees:
- 6.5.1 do not move between their allocated room / section and other areas of the School, or care for other Boarding Students.
  - 6.5.2 self-monitor for signs and symptoms of acute respiratory illness and self-exclude from work if unwell.
  - 6.5.3 do not work in other facilities even if asymptomatic.

## 7. Standard Precautions

- 7.1 Infection prevention practices used in healthcare settings, will be used in the School in the event of a suspected or confirmed COVID-19 outbreak.
- 7.2 Standard precautions will be adopted including performing hand hygiene before and after every episode of Boarding Student contact, the use of PPE (including gloves, gown, appropriate mask and eye protection) depending on the anticipated exposure, good respiratory hygiene and regular cleaning of the environment and equipment.
- 7.3 Standard precautions consist of:
- 7.3.1 hand hygiene, as consistent with the 5 moments for hand hygiene;
  - 7.3.2 the use of appropriate personal protective equipment;
  - 7.3.3 respiratory hygiene and cough etiquette;
  - 7.3.4 the safe use and disposal of sharps;
  - 7.3.5 regular cleaning of the environment and equipment;



- 7.3.6 reprocessing of reusable medical equipment and instruments;
- 7.3.7 aseptic technique;
- 7.3.8 waste management; and
- 7.3.9 appropriate handling of linen.
- 7.4 School Employees must wear appropriate PPE when caring for infected Boarding Students requiring contact and droplet or airborne precautions. PPE requirements for caring with Boarding Students with suspected or confirmed COVID-19 are outlined in the ICEG IPC guideline and include;
  - 7.4.1 Use of a gown, surgical mask, protective eyewear, and gloves. Protective eyewear can be in the form of safety glasses, eye shield, face shield, or goggles.
- 7.5 School Health Staff must change their PPE and perform hand hygiene after every contact with an ill Boarding Student, when moving from one room to another, or from one Boarding Student care area to another.
  
- 8. Environmental Cleaning and Disinfection**
  - 8.1 Regular, scheduled cleaning of all School areas will be performed during an outbreak.
  - 8.2 Frequently touched surfaces closest to Boarding Student shall be cleaned more often.
  - 8.3 During a suspected or confirmed COVID-19 outbreak, an increase in the frequency of cleaning with a neutral detergent will be enacted.
  - 8.4 Cleaning and disinfection will be enacted during a COVID-19 outbreak. Either a 2-step clean (using detergent first, then disinfectant) or 2-in-1 step clean (using a combined detergent/disinfectant) will be deployed.
  - 8.5 The following principles will be adhered to:
    - 8.5.1 Boarding and communal areas cleaned daily.
    - 8.5.2 Frequently touched surfaces will be cleaned more often, including:
      - 8.5.2.1 light switches
      - 8.5.2.2 remote controllers
      - 8.5.2.3 doorknobs
      - 8.5.2.4 sinks
      - 8.5.2.5 surfaces and equipment close to Boarders
      - 8.5.2.6 handrails and tabletops in facility communal areas
      - 8.5.2.7 nurses station counter tops.
    - 8.5.3 Isolation rooms of ill Boarding Students will be cleaned and disinfected as follows:
      - 8.5.3.1 frequently touched surfaces at least daily;
      - 8.5.3.2 equipment after each use; and
      - 8.5.3.3 surfaces that have been in direct contact with, or exposed to, respiratory droplets at least twice daily or as they occur.
    - 8.5.4 Rooms will undergo a 'terminal clean' when an ill Boarding Student is moved or discharged.
    - 8.5.5 Cleaners should:
      - 8.5.5.1 wear impermeable disposable gloves and a surgical mask plus eye protection or a face shield while cleaning.
      - 8.5.5.2 if there is visible contamination with respiratory secretions or other body fluid, the cleaners should wear a full-length disposable gown in addition.
      - 8.5.5.3 Adhere to the cleaning product manufacturer's recommended dilution instructions and contact time.
      - 8.5.5.4 Use a Therapeutic Goods Administration (TGA) listed disinfectant with virucidal claims (kills viruses).
    - 8.5.6 Equipment and items in patient areas should be kept to a minimum. Ideally, reusable Boarding Student care equipment should be dedicated for the use of an individual Boarding Student. If it must be shared, it must be cleaned and disinfected between each Boarding Student use.
  
- 9. Signage**
  - 9.1 The School will place signs at the entrances and other strategic locations within the facility to inform visitors of the infection prevention control requirements.
  - 9.2 A droplet precaution sign must be placed outside symptomatic Boarding Student rooms to alert School Employees and visitors to the requirement for transmission-based precautions.
  
- 10. Visitors and Community Activities**
  - 10.1 During a COVID-19 outbreak, where possible, the movement of visitors into and within the facility should be restricted.
  - 10.2 The School shall implement the following:
    - 10.2.1 suspend all group activities, particularly those that involve visitors (e.g. musicians).
    - 10.2.2 postpone visits from non-essential external providers (e.g. tutors).
    - 10.2.3 inform regular visitors and families of Boarding Students of the COVID-19 outbreak, and request that they only undertake essential visits.
    - 10.2.4 Young children should not visit the School as they are generally unable to comply with standard precautions and PPE requirements.



- 10.2.5 Ensure visitors who do attend the School to visit an ill Boarding Student are recorded on a register of visitors and comply with the following guidance:
- 10.2.5.1 report to the reception desk on arrival;
  - 10.2.5.2 visit only the ill Boarding Student
  - 10.2.5.3 wear PPE as directed by School Employees;
  - 10.2.5.4 enter and leave the facility directly without spending time in communal areas; and
  - 10.2.5.5 perform hand hygiene before entering and after leaving the Boarding Student's room and the School grounds.

#### 11. School Employee Management

- 11.1 For suspected or confirmed cases of COVID-19 it is preferable that only School Employees who have been designated to care for patients with COVID-19 provide care for these Boarding Students.
- 11.2 During a confirmed COVID-19 outbreak School Employees should attend work only if they are asymptomatic.
- 11.3 All School Employees should self-monitor for signs and symptoms of COVID-19 and self-exclude if unwell.
- 11.4 All School Employees, including casual and agency staff, should not move between School facilities to avoid potential transmission.

#### 12. Monitoring Outbreak Progress

- 12.1 Increased and active observation of all Boarding Students for the signs and symptoms of COVID-19 is essential in outbreak management to identify ongoing transmission and potential gaps in infection control measures.
- 12.2 The School will monitor and count Boarding Students and staff displaying signs and symptoms of COVID-19 daily, to ensure swift infection control measures are implemented or strengthened to reduce transmission and the duration of the outbreak.
- 12.3 Updates to information in the line list shall occur via daily meetings of the OMT, or more frequently if major changes occur.
- 12.4 The line list should be provided to the PHU each day (or as arranged) until the outbreak is declared over.
- 12.5 Updated information will be reviewed by the PHU for evidence of ongoing transmission and effectiveness of control measures and prophylaxis. The PHU will discuss this with the School OMT and advise of any required changes to current outbreak control measures.
- 12.6 The OMT should review all control measures and consider seeking further advice from PHU if:
  - 12.6.1 the outbreak comprises more cases than can be managed;
  - 12.6.2 the rate of new cases is not decreasing;
  - 12.6.3 three (3) or more Boarding Students are hospitalised related to COVID-19; or
  - 12.6.4 A COVID-19-related death has occurred: telephone to notify the PHU.
- 12.7 Specialised advice is available from the following sources:
  - 12.7.1 a local state, territory or regional PHU; or
  - 12.7.2 infection control practitioners may be available for advice in local hospitals, State and Territory health departments, or as private consultants.

#### 13. Declaring the Outbreak over

- 13.1 The time from the onset of symptoms of the last case until the outbreak is declared over can vary. Generally, a COVID-19 outbreak can be declared over if no new cases occur within 14 days (maximum incubation period) following the date of isolation of the case. A decision to declare the outbreak over may be made by the OMT, in consultation with the PHU, who may recommend a longer period prior to declaring the outbreak over.
- 13.2 The OMT may make decisions about ongoing School surveillance after declaring the outbreak over, considering the need to:
  - 13.2.1 maintain general infection control measures;
  - 13.2.2 monitor the status of ill Boarding Students, communicating with the public health authority if their status changes;
  - 13.2.3 notify any late, COVID-19-related deaths to the PHU;
  - 13.2.4 alert the PHU to any new cases, signalling either re-introduction of infection or previously undetected ongoing transmission; and
  - 13.2.5 advise relevant state/territory/national agencies of the outbreak the School, if applicable.

#### 14. Reviewing Outbreak Management

- 14.1 Following a declaration that an outbreak is over, the OMT will conduct a debrief to reflect on what worked well during the outbreak and which policies, practices or procedures need to be modified to improve responses for future outbreaks.
- 14.2 The debrief should be conducted in collaboration with DHHS.

#### 15. Associated Documents

- 15.1 Timbertop Campus Emergency Response Plan 2024
- 15.2 Timbertop Campus Staff Responsibilities 2024
- 15.3 Emergency Category Response Guides 2024



**16. Definitions**

<b>Boarder</b>	means a student enrolled at the School as a boarding student
<b>School Employee</b>	means a person employed by the School
<b>the School</b>	means Geelong Grammar School