

COVID-19

STANDARD OPERATING PROCEDURES

RESIDENT SUPPORT AND CARE SERVICES

STANDARD OPERATING PROCEDURES - RESIDENT SUPPORT AND CARE SERVICES

Policy Code	Compiled by	Approved by	Effective from	Signature
COVID-19_03	R. de Jager, Clinical Care	Victor Southwell, Leader: Business & Growth	20 May 2020	

New in this version:

These procedures have been updated to incorporate important Covid-19 guidelines for Long Term Care Facilities published on 19 May 2020:

- *“Practical guidelines for the prevention and management of Coronavirus infection in Long Term Care Facilities (ltcf)”*
 - **Department of Health, in cooperation with the Department of Social Development, Western Cape;**
- *Protocol For Funded Residential Facilities Where There Are Suspected Positive Or Confirmed Positive Covid 19 Cases, 19 May 2020*
 - **Department of Social Development, Western Cape.**

Additional measures have been included as follows:

- Screening and monitoring of residents twice a day,
- visitors screening measures regarding cloth masks, automated doors and exiting of visitors,
- Support and care of a resident under investigation and precautionary isolation,
- Support and care for a resident who has been diagnosed with Covid-19 and is in isolation,
- de-isolation of residents,
- Handling of suspected or confirmed Covid-19 residents who pass away in the facility.

1. BACKGROUND

- 1.1. Coronavirus disease (Covid-19) is an infectious disease caused by a newly discovered coronavirus.
- 1.2. Most people infected with the Covid-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.
- 1.3. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.
- 1.4. The best way to prevent and slow down transmission is to be well informed about the Covid-19 virus, the disease it causes and how it spreads.
- 1.5. It is an enveloped virus which makes it fragile and vulnerable to heat, chemicals and ultraviolet sunlight.
- 1.6. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently, not touching your face.
- 1.7. The Covid-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes and droplets land on environmental surfaces surrounding the infected person.
- 1.8. Therefore, it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow, immediately dispose of tissues in a separate plastic bag, or a bin, preferably one with a foot pedal lid).
- 1.9. The Covid-19 virus can stay alive outside the body for a limited amount of time, particularly on hard, metallic, plastic or polished surfaces, such as doorknobs, rails, table surfaces, crockery and cutlery and cell phones. It is transmitted through surface to hand to face contact, for example when a person touches their face after opening a door.
- 1.10. At this time, there are no specific vaccines or treatments for Covid-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.
- 1.11. In GERATEC workplaces you can help to protect our employees and residents by knowing and meticulously implementing Covid-19 prevention and control measures as set out in this, and other GERATEC Covid-19 standard operating procedures and policies.

2. PROCEDURES

- 2.1. In developing the standard operating procedures in this document GERATEC has drawn from:
 - 2.1.1. The **GERATEC Covid-19 Response Plan**,

- 2.1.2. Regulations published by the the **Department of Co-operative Governance and Traditional Affairs** in terms of the National Disaster Management Act,
- 2.1.3. Covid-19 Direction on Health and Safety in the Workplace issued by the **Minister of Employment and Labour** in terms of Regulation 10(8) of the National Disaster Management Act,
- 2.1.4. Protocols and guidelines published by:
 - 2.1.4.1. The **Directorate: Communicable Diseases, South African National Department of Health**: *“Standard Operating Procedures for preparedness, detection and response to Coronavirus (2019-NCOV) outbreak in South Africa”*, 30 January 2020, and updated, 10 March 2020,
 - 2.1.4.2. **The Head of Health: Western Cape Government**: *Guidelines for Care Facilities and Old Age Homes*, Circular H70 of 2020, *“Preventing and Managing Coronavirus Infection in the Workplace”* and Circular H77 OF 2020 “: *“Prevention and Management of Coronavirus Infection in Healthcare Facilities”*,
 - 2.1.4.3. **The Western Cape Government, Directorate Special Programme for Older Persons**: *“Containment measures for Covid-19 at residential facilities (old age homes) for older persons”*, 7 May 2020,
 - 2.1.4.4. **The Department of Health, in cooperation with the Department of Social Development, Western Cape**: *“Practical guidelines for the prevention and management of Coronavirus infection in Long Term Care Facilities (ltcf)”*, published on 19 May 2020,
 - 2.1.4.5. **Department of Social Development, Western Cape**: *“Protocol For Funded Residential Facilities where there are Suspected Positive or Confirmed Positive Covid 19 cases”*, 19 May 2020,
 - 2.1.4.6. **The Institute for Occupational Health, Department of Health**: *“Guidance Note V5”*, 14 May 2020,
 - 2.1.4.7. **The World Health Organisation (WHO)**: *“Infection Prevention and Control guidance for Long-Term Care Facilities in the context of Covid-19, (Interim guidance, 21 March 2020)”*,
 - 2.1.4.8. Covid-19 response plans of **national and international long term residential facilities for older persons** similar to the facilities where GERATEC operates, and
 - 2.1.4.9. Covid-19 response plans developed by the Covid-19 IPC officer and management of a **facility where GERATEC operates**.

2.2. Covid-19 Progress Levels (“CPL”)

- 2.2.1. The specific measures to be implemented at any time in a facility where GERATEC operates depend on the **Covid-19 Progress Level** (“CPL”) for the area where the facility is located.
- 2.2.2. Covid-19 Progress Levels are defined as follows in the **GERATEC Covid-19 Response Plan and Process Flow**:

CPL 1	<ul style="list-style-type: none"> No cases of Covid-19 detected in SA
CPL 2	<ul style="list-style-type: none"> Confirmed Covid-19 in South Africa No evidence of community transmission in area where GERATEC operates
CPL 3	<ul style="list-style-type: none"> Confirmed community infection in an area where GERATEC Operates
CPL 4	<ul style="list-style-type: none"> Suspected or confirmed Covid-19 infection in a facility where GERATEC Operates

- 2.2.3. These operating procedures must be read with the **GERATEC Covid-19 - Standard Operating Procedures** for

- 2.2.3.1. **Preparedness, Prevention, Detection and Control Framework,**
- 2.2.3.2. **Human Resources Management,**
- 2.2.3.3. **IP, Housekeeping, Laundry & Hygiene,**
- 2.2.3.4. **Food Service Operations, and**
- 2.2.3.5. **Procurement.**

2.3. Ongoing review

- 2.3.1. This is a working document, and it will remain so until further notice due to the rapid spread of Covid-19.
- 2.3.2. The measures herein will be reviewed on an ongoing basis and updated in line with new or additional regulations and guidelines published by the South African and international health authorities and according to the progress of Covid-19 in the area.

3. PURPOSE

- 3.1. The standard operating procedures in this document provide:
- 3.1.1. practical guidance for GERATEC service managers who provide services at long term residential facilities (“**facilities**” or a “**facility**”) where GERATEC operates on the prevention, detection and control of Covid-19 in services work areas,
 - 3.1.2. particulars of specific Covid-19 infection prevention and control (“**IPC**”) measures to be implemented by all GERATEC employees in GERATEC managed work areas,
 - 3.1.3. a framework of standard GERATEC IPC measures to be discussed with, and agreed on with a facility Covid-19 IPC officer or facility management for implementation by GERATEC employees in a facility , taking into account Covid-19 response plans and measures in place at the facility, Covid-19 health and safety risks that have been identified, and the particular needs and circumstances of the facility and its residents, and
 - 3.1.4. particulars of GERATEC programmes to:
 - 3.1.4.1. raise awareness, educate and inform GERATEC employees about Covid-19, **GERATEC’s Covid-19 Response Plan**, and the progress of Covid-19,
 - 3.1.4.2. train GERATEC employees in the implementation of Covid-19 IPC measures prescribed herein, over and above other applicable GERATEC standard operating procedures already in place at a facility.
- 3.2. All GERATEC Covid-19 measures implemented must strengthen health and safety, hygiene and sanitation practices at a facility where GERATEC operates.
- 3.3. GERATEC employees must receive training and have a demonstrable understanding of the fundamental principles of the Occupational Health & Safety Act (OSH Act 68 of 1998).
- 3.4. All GERATEC Covid-19 IPC measures and standard operating procedures are risk based, taking into account:
- 3.4.1. the particular workplace risks identified at a facility where GERATEC operates,
 - 3.4.2. the individual circumstances of any person at a facility where GERATEC operates, including GERATEC employees, facility employees and representatives and the residents of the facility, and
 - 3.4.3. the progress of Covid-19 at any time in the area where the workplace or facility is located.

4. APPLICATION

- 4.1. These procedures and measures apply:
 - 4.1.1. in all GERATEC managed work areas at a facility where GERATEC operates,
 - 4.1.2. to all GERATEC employees, and
 - 4.1.3. to any person who enters in a GERATEC managed work area.

5. ALIGNMENT WITH FACILITY RESPONSE PLANS

- 5.1. These procedures and measures must be aligned with the Covid-19 response plans and measures in place at a facility where GERATEC operate, taking into account the quality of life and requirements of the older persons who reside in the facility, according to the principles of person directed support and care and international best practices for Covid-19 in care, nursing, or retirement homes.
- 5.2. Refer to the **GERATEC Covid-19 - Standard Operating Procedures: Preparedness, Prevention and Control Framework** for full particulars of GERATEC alignment with facility response plans.

6. IMPLEMENTATION

- 6.1. The GERATEC Leader: Business and Growth is designated as the **GERATEC Covid-19 IPC officer**.
- 6.2. The GERATEC Covid-19 IPC officer is responsible for:
 - 6.2.1. the coordination of all GERATEC Covid-19 IPC activities and programmes,
 - 6.2.2. oversight over the implementation of the **GERATEC Covid-19 Response Plan, all Standard Operating Procedures** and other measures and procedures adopted to prevent and manage Covid-19 in all GERATEC work areas, and in relation to all employees managed by GERATEC.
- 6.3. The GERATEC Area Manager must:
 - 6.3.1. monitor and report to the GERATEC Covid-19 IPC Officer on:
 - 6.3.1.1. the progress of Covid-19 in the area where a facility is located,
 - 6.3.1.2. the implementation of the **GERATEC Covid-19 Response Plan, all Standard Operating Procedures** and other measures at area facilities,
 - 6.3.1.3. Covid-19 risks identified at area facilities,

- 6.3.2. coordinate the conduct of risk assessments at area facilities on an ongoing basis and report to the GERATEC Covid-19 IPC Officer,
- 6.3.3. develop standard operating procedures for all GERATEC facilities in the area where GERATEC operates to give effect to the general principles and guidelines provided in this document and risks identified at all area facilities,
- 6.3.4. communicate particulars of the **GERATEC Covid-19 Response Plan** and relevant **Standard Operating Procedures** to the facility Covid-19 IPC officer, focal point or other persons designated by the facility,
- 6.3.5. liaise with GERATEC clients, facility Covid-19 officers, focal points, task teams or other designated persons on all Covid-19 matters including, but not limited to:
 - 6.3.5.1. facility health and safety risks,
 - 6.3.5.2. Individuals at risk at a facility,
 - 6.3.5.3. the particulars of facility Covid-19 response plans and measures,
 - 6.3.5.4. alignment between GERATEC and the facility for risk based Covid-19 response plans and measures for the facility in its entirety,
 - 6.3.5.5. resident and employee safety measures,
 - 6.3.5.6. liaise with facility management on GERATEC service delivery issues, including:
 - 6.3.5.6.1. shortages or threatened shortages of food products, household, laundry and other supplies, PPE,
 - 6.3.5.6.2. staff shortages or threatened shortages,
 - 6.3.5.6.3. supply chain disruptions, or threatened disruptions,
 - 6.3.5.6.4. plans to mitigate against shortages and disruptions including, community donations, resident volunteers and other measures,
 - 6.3.5.6.5. agreement on variations to service levels or GERATEC services, if necessary,
 - 6.3.5.7. Investigate and take action to eliminate any incidents or circumstances at the facility, including non compliance with the procedures and measures contained herein that may pose a risk or threaten the health and safety of the employees, residents or other persons at the facility.

- 6.4. The GERATEC services manager at a facility where GERATEC operates must:
- 6.4.1. implement the **GERATEC Covid-19 Response Plan**, all **Standard Operating Procedures** and other GERATEC measures at a facility in relation to GERATEC service operations, work areas and employees,
 - 6.4.2. cooperate with and support facility Covid-19 IPC officers or other designated persons in the implementation of facility Covid-19 response plans and measures, and
 - 6.4.3. report to the GERATEC Area Manager on incidents, or circumstances at a facility that pose a risk to the health and safety of the employees, residents or other persons at a facility.

7. COMMUNICATION AND RAISING AWARENESS

CPL 1 - 4

- 7.1. At all **Covid-19 Progress Levels**, the GERATEC Covid-19 IPC Officer must:
- 7.1.1. Implement a general communication and awareness raising programme for employees, residents (at a facility where GERATEC provides resident support and care services) and other persons in a GERATEC managed work area to:
 - 7.1.1.1. give an overview of Covid-19,
 - 7.1.1.2. inform them about the virus, the disease it causes and how to protect themselves from infection,
 - 7.1.1.3. provide Covid-19 Infection Prevention and Control ("IPC") training to all GERATEC employees on the following:
 - 7.1.1.3.1. physical distancing practices,
 - 7.1.1.3.2. hand hygiene and respiratory etiquette,
 - 7.1.1.3.3. to avoid sharing of personal devices (mobility devices, books, electronic gadgets),
 - 7.1.1.3.4. wearing a cloth mask when in public and at work,
 - 7.1.1.3.5. the appropriate use and disposal of PPE,
 - 7.1.1.3.6. standard precautions to be implemented by all GERATEC employees, and
 - 7.1.1.3.7. Covid-19 transmission precautions,
 - 7.1.1.4. address employee or workplace representative concerns and keep them informed on Covid-19,

- 7.1.1.5. display approved posters and notices with the consent of facility management in work areas not managed by GERATEC, with information on Covid-19, the disease it causes and how individuals can protect themselves against infection,
- 7.1.1.6. conduct regular, approved information sessions, using online communication channels and social media as required, to support emotional health and wellbeing and provide practical assistance to residents, employees and client representatives at a facility,
- 7.1.1.7. regularly audit IPC practices (hand hygiene compliance) and provide feedback to employees,
- 7.1.1.8. monitor and support employees and residents to maintain the highest standard of hygiene and sanitation practice.

8. PREPARATION AND READINESS MEASURES

CPL 1 - 3

- 8.1. GERATEC will endeavour to the best of its ability to provide contracted resident and support services without interruption at **CPL 1**, **CPL 2**, and **CPL 3**.
- 8.2. We note however, that there is a high probability of moderate to severe interruption of services at **CPL 4**.
- 8.3. The GERATEC Area Manager must at all times:
 - 8.3.1. keep facility management and/or Covid-19 IPC officers informed on the implementation and maintenance of Covid-19 IPC measures in GERATEC managed work areas at the facility.
 - 8.3.2. report to facility management and/or Covid-19 IPC officer on any matters, developments or factors that may pose a threat to the health, safety and quality of life and wellbeing of the residents, staff and all other persons at the facility, including:
 - 8.3.2.1. any persons in the workplace may who are suspected or has been diagnosed with Covid-19,
 - 8.3.2.2. screening and monitoring measures,
 - 8.3.2.3. managing suspected and confirmed cases of Covid-19,
 - 8.3.2.4. contact tracing in the event of a PUI worker or resident,
 - 8.3.2.5. employees and residents returning to the facility after isolation being diagnosed,
 - 8.3.2.6. staff transport disruptions,

- 8.3.2.7. staff absenteeism due to illness, isolation or quarantine measures,
 - 8.3.2.8. Covid-19 lockdown regulations or levels in place,
 - 8.3.2.9. food product scarcities,
 - 8.3.2.10. stock shortages,
 - 8.3.2.11. supply chain disruptions.
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- 8.3.3. meet regularly with facility management and Covid-19 officers to discuss issues reported,
 - 8.3.4. develop facility plans in order to address Covid-19 and service delivery challenges through cooperation and collaboration, and
 - 8.3.5. report to the GERATEC COvid-19 IPC officer on all matters relating and obtain consent on any proposed agreements or actions plans at a facility.
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- 8.4. All plans and facility measures must be implemented in a GERATEC work area only in terms of a written agreement between GERATEC and the facility Covid-19 IPC officer or facility management, entered into as described in paragraph above.
 - 8.5. If agreement is cannot be reached with the facility Covid-19 IPC officer or facility management, the GERATEC area manager must report the matter to the GERATEC Covid-19 IPC manager for further engagement in terms of the contracted service agreement between the parties.
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- 8.6. **Risk assessments**
 - 8.6.1. **Workplace risks:**
 - 8.6.1.1. GERATEC Area Managers must coordinate a programme of ongoing risk assessment at all facilities and workplaces where GERATEC Operates and report to the GERATEC Covid-19 officer.
 - 8.6.1.2. The GERATEC services manager or another designated GERATEC employee and must undertake risk assessments of all GERATEC work and resident areas, as instructed by the GERATEC Area Manager to give effect to the minimum Covid-19 measures required by South African health and safety regulations, taking into account the specific circumstances of each facility.
 - 8.6.1.3. Refer to the **GERATEC Covid-19 - Standard Operating Procedures: Preparedness, Prevention and Control Framework** for full particulars of GERATEC workplace risk assessments.

8.6.2. **Employee risk assessment:**

- 8.6.2.1. The GERATEC HR Department must perform an employee risk assessment to identify staff at increased risk for severe disease (e.g. older staff members, diabetic, immunocompromised) and make appropriate arrangements for employees at risk as per GERATEC policy.
- 8.6.2.2. Refer to the **GERATEC Covid-19 - Standard Operating Procedures: Human Resources Management** for full particulars of GERATEC employee risk assessments.

8.7. **Facility Covid-19 CPL 4 Resident Support and Care Services Plan**

- 8.7.1. At a facility where GERATEC is responsible for support and care services, the GERATEC healthcare manager of a facility must submit proposals to the facility Covid-19 IPC officer and/or facility management for the development of a **Facility Covid-19 CPL 4 Resident Support and Care Services Plan**.
- 8.7.2. A CLP 4 resident support and care management plan must:
 - 8.7.2.1. be implemented only after agreement with facility Covid-19 IPC officer and facility management,
 - 8.7.2.2. be implemented at **CPL 4**,
 - 8.7.2.3. be suitable for the facility, practical, adaptable, take into account the physical design and layout of the facility available staff and other resources, and the need to maintain the quality of life of residents,
 - 8.7.2.4. be based on national and international guidelines and best practices in the control and management of Covid-19 in long term residential facilities, and
 - 8.7.2.5. as far as possible, take into consideration “zoning” cross contamination precautions, as they have been defined for application in a long term resident facility during the Covid-19 pandemic, as set out below:
 - 8.7.2.6. **Zoning principles**
 - 8.7.2.7. In the event of suspected Covid-19 case or confirmed case, the facility may be divided according to the following zones:
 - 8.7.2.7.1. **Green Zone:** areas where there is a low risk of infection, including communal areas, therapy rooms, offices, room, units or flats of residents who are asymptomatic, employee bathroom, changing and break facilities,
 - 8.7.2.7.2. **Orange Zone:** areas where there is some risk of infection, including living units, rooms or flats of a residents who are in self-isolation, as PUIs or as a precautionary measure on their return from the hospital, services and care coordination areas, PPE

donning and doffing areas; employee bathroom, changing and break facilities, and

8.7.2.7.3. **Red Zone:** areas where there is a high risk of infection, such as the rooms, units or flats of residents who have been diagnosed with Covid-19, services and nursing coordination stations, PPE donning and doffing areas, employee bathroom, changing and break facilities.

8.7.2.8. Zones must be clearly marked so that all residents and employees know exactly where what zone starts and ends.

8.7.2.9. When dividing the employees into different sections, their name badges can be clearly marked with the applicable colour in order to manage and control entry into different zones.

8.7.2.10. In a facility where zoning measures are in place resident support and care services are delivered in terms of strict maintenance of movement and contact controls between different zones, including resident, staff and equipment movement.

9. ALL DEPARTMENTS

STANDARD PRECAUTION MEASURES

CPL 2, 3 and 4

9.1. Standard precautions in relation to the matters listed below must be implemented at all times by all GERATEC employees and all authorised visitors to GERATEC managed workplaces:

9.1.1. early detection,

9.1.2. access restrictions,

9.1.3. daily screening and monitoring,

9.1.4. general hand hygiene,

9.1.5. cough etiquette & respiratory hygiene,

9.1.6. physical distancing,

9.1.7. personal protection equipment ("PPE"),

9.1.8. immunisation,

9.1.9. cloth masks,

9.1.10. uniforms,

- 9.1.11. shoes,
- 9.1.12. ventilation, and
- 9.1.13. waste management.

- 9.2. Refer to the **GERATEC Covid-19 - Standard Operating Procedures: Human Resources Management** for full particulars of standard standard precautions in all GERATEC managed workplaces.
- 9.3. For specific guidance on measures to be implemented by all GERATEC employees who provide Resident Support & Care see the sections below: **Additional standard precaution measures (CPL 2, 3 & 4)** and **Infection control measures & service delivery (CPL 4)**.

10. RESIDENT SUPPORT AND CARE SERVICES

ADDITIONAL STANDARD PRECAUTION MEASURES

CPL 2, 3 & 4

- 10.1. The measures in this section must be implemented and maintained by GERATEC resident support and care services employees in all facilities at **CPL 2 and higher**.
- 10.2. These measures must be implemented in addition to the measures to be implemented by all GERATEC employees as prescribed the **GERATEC Covid-19 - Standard Operating Procedures: Human Resources Management**, section: **All departments: standard precaution measures (CPL 2, 3 & 4)**.
- 10.3. **Monitoring and review**
 - 10.3.1. The GERATEC healthcare manager must continuously monitor, conduct reviews and report to the GERATEC area manager: healthcare services on the implementation and maintenance of these standard operating procedures.
 - 10.3.2. The GERATEC area manager: healthcare services must report to the GERATEC Covid-19 IPC officer on the implementation of these measures and steps taken to address non-compliance or eliminate any Covid-19 risk factors that are identified.
 - 10.3.3. All resident support and care services employees must be trained in standard operating procedures: support and care, isolation area housekeeping and laundry procedures as well as in general Infection Control Practices for Covid-19 prevention
 - 10.3.4. All resident support and care standard operating procedures, as prescribed in the **GERATEC Resident Pathway** and an **Individual Resident Care Plan** remain applicable and must be implemented at all times during the Covid-19 outbreak

10.4. Hand hygiene

- 10.4.1. For general hand hygiene measures to be implemented refer to the sections on hand hygiene in the **GERATEC Covid-19 - Standard Operating Procedures: Preparedness, Prevention, Detection and Control of Covid-19** for general guidance on hand hygiene measures to be implemented by all GERATEC employees in all GERATEC managed workplaces.
- 10.4.2. In addition, at a facility where GERATEC provide resident support, care and clinical services employees must:
- 10.4.2.1. strictly implement the “**WHO 5 Moments for Hand Hygiene**”:
 - 10.4.2.1.1. before touching a resident,
 - 10.4.2.1.2. before any clean or aseptic procedure,
 - 10.4.2.1.3. after exposure to body fluid,
 - 10.4.2.1.4. after touching a resident, and
 - 10.4.2.1.5. after touching a resident’s surroundings.
 - 10.4.2.2. Encourage and support residents and authorised visitors to perform hand hygiene frequently, in particular:
 - 10.4.2.2.1. when hands are soiled, before and after touching other people (although this should be avoided as much as possible),
 - 10.4.2.2.2. after using the toilet,
 - 10.4.2.2.3. before and after eating, and
 - 10.4.2.2.4. after coughing or sneezing.
- 10.4.3. It is the responsibility of the GERATEC area manager: housekeeping services to assist the GERATEC area manager: healthcare to obtain permission from the facility Covid-19 IPC officer or facility management to install hand hygiene stations in resident support and care areas of the facility, especially outside and inside residents’ rooms or living areas.
- 10.4.4. It is the responsibility of the GERATEC area manager: housekeeping services with the assistance of the housekeeping staff at the facility to install and maintain hand hygiene stations in agreed resident support and care as well as public areas around the facility, as agreed.
- 10.4.5. Particulars of hand hygiene station maintenance and replenishment measures are prescribed in the **GERATEC Covid-19, Standard Operating Procedures: Infection Prevention and Control, Housekeeping, Laundry and Hygiene**.

10.5. Resident screening and monitoring

- 10.5.1. All residents must be screened 2 x daily for the symptoms of Covid-19.
- 10.5.2. The GERATEC healthcare manager must closely monitor resident screening records to detect a resident who may be at risk or regarded as a **Person Under Investigation** (“**PUI**”) for purposes of infection control and tracing protocols of the NICD.
- 10.5.3. The health status of any new residents must be assessed on moving in to determine if the resident has signs of a respiratory illness including fever and cough or shortness of breath.
- 10.5.4. All GERATEC Care Staff must document and maintain ongoing vigilance for the development of the symptoms or risk factors of Covid-19.

10.6. Physical distancing

10.6.1. Behaviour:

- 10.6.1.1. In addition to the general physical distancing measures (as described in the GERATEC Covid-19 - Standard Operating Procedures: Human Resources Management or any specific measures in place in facility areas not managed by GERATEC), GERATEC resident support and care employees must request residents and authorised visitors to avoid:

- 10.6.1.1.1. touching and displaying physical forms of affection e.g. hugging, holding, kissing, shaking hands, gathering for group photos, selfies, leaning on each other or any other friendly physical/contact gestures which are not a work requirement, an

- 10.6.1.1.2. clustering at/in lifts. Lifts should not take more than 50% of their carrying capacity.

10.6.1.2. Residents rooms,flats or apartments:

- 10.6.1.2.1. Maintain adequate bed distance between residents.

- 10.6.1.2.2. Bed distances to be at least 1.5 m apart.

10.6.1.3. Visitors:

- 10.6.1.3.1. At **CPL 2** the GERATEC healthcare manager should discuss measures to limit the number of visitors to the facility with the facility Covid-19 IPC officer and/or management.

- 10.6.1.3.2. At **CPL 3**, according to Covid-19 management guidelines published for long term residential facilities, visitors may not be allowed to enter facilities.

- 10.6.1.3.3. Consider virtual visitations where possible e.g. using video conferencing. Alternatives to in-person visiting will be explored, including the use of telephones or video, or the use of plastic or glass barriers between residents and visitors.
- 10.6.1.3.4. Where medical consultation is required (e.g. with an off-site medical specialist), consider online consultation by the Health Care Manager with the doctor.
- 10.6.1.3.5. Measures to counteract the effects of the comprehensive restrictions and Covid-19 on mental health and wellbeing, as described in paragraph 7 below should be introduced and offered to support residents and other persons at the facility.
- 10.6.1.3.6. GERATEC will support with facility Covid-19 IPC officer and/or facility management to develop a policy or house rules to allow visitors in exceptional circumstances for compassionate and end of life reasons, provided that:
- comprehensive Covid-19 prevention and control measures are in place in all parts of the facility,
 - a high degree of compliance with such Covid-19 measures has been measured and maintained at the facility, and
 - implementation of such measures by everyone in the is monitored and enforced on an ongoing basis by the facility Covid-19 IPC officer and/or facility management.
- 10.6.1.3.7. The GERATEC healthcare manager must be:
- consulted in the development of an exceptional circumstances visitor policy, and
 - informed in advance of an authorised visit.
- 10.6.1.3.8. Authorised visitors must:
- be screened, have their temperature taken and complete the prescribed access control documentation before entering.
 - All visitors need to wash or sanitise hands before entering and when exiting the premises.
 - receive instruction on hand hygiene practices, respiratory etiquette, physical distancing and other Covid-19 precautions to observe during their visit.

- wear cloth masks and additional PPE, as required by the facility Covid-19 IPC officer or GERATEC healthcare manager or prescribed.
- receive instruction on the use of additional PPE, if prescribed for use in a long term residential facility, or the facility Covid-19 IPC officer or GERATEC healthcare manager.

10.6.1.3.9. Doors and gates:

- If automated doors are not available, minimum people should touch the door/handle, thus, place some-one at the door, to open and close for visitors.
- If not possible, instruct visitors to sanitize hands after touching the door/handle.
- If automated and opened by remote, only one person should work the remote in good time to prevent the visitor from touching the sensor to activate the door to open or to ring the bell.
- Put up a notice to advise visitors not to touch doors or gates that are opened remotely and to wait until the door or gate opens before entering.
- limited their movement and have access only to part of the facility required by the purpose of their visit.
- be chaperoned by the facility Covid-19 IPC officer and/or management and/or GERATEC healthcare manager during their visit.
- remain in the facility only for as long as required for the purpose of their visit.

10.6.1.4. **Group activities:**

10.6.1.4.1. At **CPL 2** encourage physical distancing during activities,

10.6.1.4.2. At **CPL 3** discontinue all group activities.

10.6.1.5. **Meals:**

10.6.1.5.1. At **CPL 2:** stagger meals, move dining room tables further apart, remove all non essential cutlery & crockery table decorations to ensure that physical distance is maintained between residents.

- 10.6.1.5.2. At **CPL 3**: Close all dining rooms and serve meals in residents' rooms/units.
- 10.6.1.5.3. By agreement with the facility Covid-19 IPC officer and/or facility management, some **CLP 2** dining room services may be reintroduced provided that:
- comprehensive Covid-19 prevention and control measures are in place in all parts of the facility,
 - a high degree of compliance with such Covid-19 measures has been measured and maintained at the facility, and
 - implementation of such measures by everyone in the is monitored and enforced on an ongoing basis by the facility Covid-19 IPC officer and/or facility management.
- 10.6.1.5.4. Particulars of physical distancing measures relating to food service delivery at **CPL 2** and **CPL 3** are contained in the **GERATEC, Covid-19 Standard Operating Procedures: Food Service Operations**.
- 10.6.1.5.5. Particulars of physical distancing measures relating to housekeeping and laundry service delivery at **CPL 2** and **CPL 3** are contained in the **GERATEC Standard Operating Procedures: Infection Prevention and Control, Housekeeping, Laundry, & Hygiene**.

11. RESIDENT SUPPORT AND CARE:

INFECTION CONTROL MEASURES & RESIDENT SUPPORT AND CARE SERVICE DELIVERY

CPL 4

- 11.1. All measures to be implemented and GERATEC resident support and care services must be delivered in terms of an agreed **facility CPL 4 Resident Support and Care Services Plan**, as set out above.
- 11.2. Measures and service levels agreed to in a facility CPL 4 may only be deviated from by written agreement between GERATEC and the facility Covid-19 IPC officer and/or facility manager.

11.3. Detection and management of PUI

11.3.1. Residents:

11.3.1.1. GERATEC resident support and care staff must immediately report a suspected case to the GERATEC healthcare manager or designated employee on duty.

11.3.1.2. The healthcare manager or designated GERATEC manager must take action as follows:

11.3.1.3. Immediate first steps:

11.3.1.3.1. Assess the resident PUI for further investigation and requirement for isolation and testing for Covid-19.

11.3.1.3.2. Place a medical mask on the resident.

11.3.1.3.3. Ask the resident to wash his or her hands.

11.3.1.3.4. Chaperone the resident to isolate in their room, flat or apartment or another single room allocated by the facility.

11.3.1.4. Immediate second steps:

11.3.1.4.1. Notify the facility Covid-19 IPC officer and/or facility manager.

11.3.1.4.2. Notify the GERATEC area manager and Covid-19 IPC officer.

11.3.1.4.3. Arrange for the resident to be tested for Covid-19, as prescribed.

11.3.1.4.4. Assess the risk of transmission to others in the facility.

11.3.1.4.5. Disinfect the area or make arrangements for area decontamination and disinfection (Refer to the sections, **Touch Area Sanitising** and **Decontamination and Disinfection, GERATEC Covid-19 SOP, IPC: Housekeeping, Laundry & Hygiene.**)

11.3.1.4.6. Screen other residents and employees who may be at risk for self-isolation and/or testing purposes.

11.3.1.5. Next steps:

11.3.1.5.1. Notify other staff/residents at the facility who may be affected.

11.3.1.5.2. Notify the Western Cape Department of Health: **021 928 4102**

11.3.1.5.3. Notify the local branch of the Department of Social Development.

11.3.1.5.4. Notify the NICD: **0800 029 999**

- 11.3.1.6. It is the responsibility of the facility Covid-19 IPC officer and/or facility manager to notify the family of the resident PUI and other facility functionaries, as may be required.

11.3.2. Employees

- 11.3.2.1. Full particulars of employee monitoring and screening measures at GERATEC workplaces are contained in **GERATEC Covid-19 - Standard Operating Procedures: Human Resources Management.**

11.3.3. Visitors

- 11.3.3.1. Visitors who display any of the symptoms or additional symptoms of Covid-19, particularly fever or any respiratory illness should be denied access to the facility.

11.3.3.2. Immediate first steps:

- 11.3.3.2.1. Deny the person access to the facility.
- 11.3.3.2.2. If the person has entered the facility, they must be chaperoned off the premises.

11.3.3.3. Immediate second steps:

- 11.3.3.3.1. Notify the facility Covid-19 IPC officer and/or facility manager.
- 11.3.3.3.2. Notify the GERATEC healthcare manager.
- 11.3.3.3.3. Assess the risk of transmission.
- Identify and screen residents and employees who may be at risk for self-isolation and/or testing purposes.

- 11.3.3.3.4. Disinfect the area.

11.4. Authorised visitors

- 11.4.1. If the resident being visited has been diagnosed with Covid-19 or suspected to have Covid-19 and visitors will be in close contact with the resident, visitors must wear a medical facemask, goggles, apron and gloves.(Full PPE).
- 11.4.2. If the resident is not suspected of having Covid-19, authorised visitors must wear a cloth face mask and disposable gloves.

11.5. Resident support and care service delivery

11.5.1. Designated Employees:

- 11.5.1.1. GERATEC recommends that all support and care, meal delivery, housekeeping and cleaning services in isolation areas should be provided by a selected number of employees, preferably carepartners, designated by the GERATEC healthcare manager.
- 11.5.1.2. It is the responsibility of the GERATEC area manager: food services to make proposals and agree with the facility Covid-19 IPC officer and/or facility manager on kitchen shielding and food services to residents in isolation areas.
- 11.5.1.3. It is the responsibility of the GERATEC area manager: housekeeping to make proposals and agree with the facility Covid-19 IPC officer or facility manager before allocating any housekeeping responsibilities to healthcare workers.
- 11.5.1.4. If GERATEC food services or housekeeping employees have to work in isolation areas by necessity, they must be designated in consultation with the GERATEC facility services managers.
 - 11.5.1.4.1. Designated employees must be experienced or senior employees.
 - 11.5.1.4.2. Designated employees must be trained and undergo practical evaluation in the IPC measures, particularly the use of PPE prescribed for service delivery to residents in isolation.
 - 11.5.1.4.3. New or inexperienced designated employees must be monitored until they have demonstrated their competence in donning, doffing and using prescribed PPE to the satisfaction of the GERATEC area manager: housekeeping and the facility Covid-19 IPC officer or Healthcare Manager.
 - 11.5.1.4.4. Designated employees who are performing duties in isolation areas must report to the GERATEC healthcare manager after an agreement has been reached with the facility Covid-19 IPC officer and/or facility management.
 - 11.5.1.4.5. An isolation area must be clearly marked with the appropriate signage, as prescribed (see *Figure 1*).

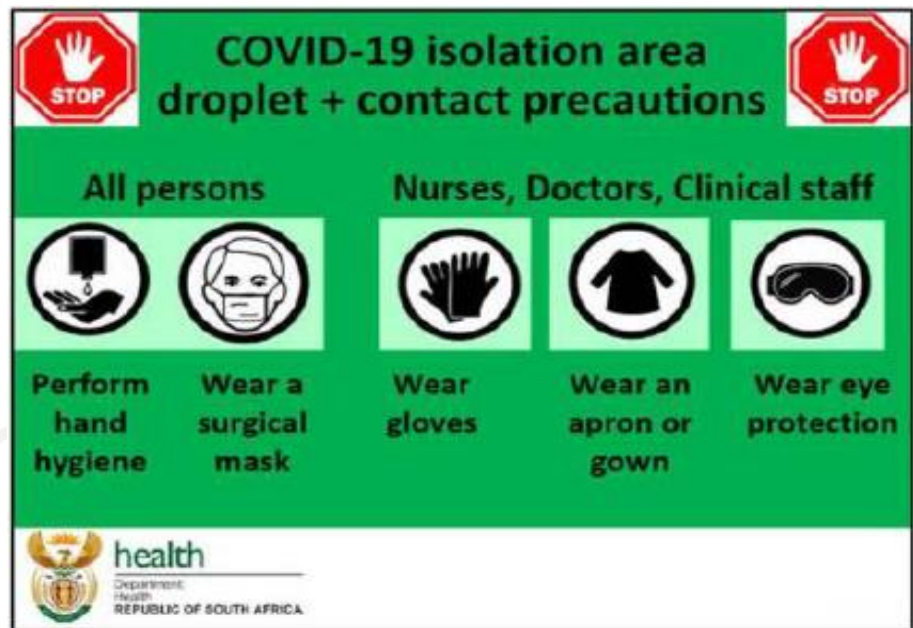


Figure 1: *National Department of Health: “Infection Prevention and Control Strategic Framework”, March 2020*

- 11.5.1.4.6. Access to isolation areas must be strictly controlled. Only designated employees, care partners, medical personnel and other authorised persons may enter an isolation area.
- 11.5.1.4.7. GERATEC employees who perform duties in an isolation area must follow all the measures to be implemented in an isolation area as described below and report to the GERATEC unit housekeeping manager.

11.5.2. **Personal Protective Equipment (“PPE”):**

- 11.5.2.1. Designated employees must wear prescribed PPE when working in an isolation area.
- 11.5.2.2. PPE should be sparingly.
- 11.5.2.3. **Do not waste precious PPE.**
- 11.5.2.4. The following PPE is prescribed for use by designated employees in an isolation area (see figure 2):



Figure 2: *PPE - Housekeeping services in isolation areas*

- 11.5.2.4.1. Apron (Gowns may be worn as alternative),
- 11.5.2.4.2. Eye protection (goggles or face shield),
- 11.5.2.4.3. Medical masks (see note below),
- 11.5.2.4.4. Gloves (see note below),
- 11.5.2.4.5. Closed, non-slip shoes that protect against spillage of liquids.

11.5.2.5. Masks:

- 11.5.2.5.1. Only medical masks may be used in an isolation area.
- 11.5.2.5.2. Cotton may not be used by designated employees because there is no filtration or protection against droplets or splashes. There is also the “wicking effect” which increases the risk of mucous membrane contamination.
- 11.5.2.5.3. If at any time surgical masks are touched by unwashed hands, get wet, are soiled, or are removed from the face, they will become contaminated and will no longer provide effective protection. They should then be discarded.
- 11.5.2.5.4. Masks that are not wet, were not touched by unwashed hands and were not removed from the face, may be worn for up to 8 hours.

11.5.2.6. Gloves:

- 11.5.2.6.1. Precautions to be taken when using rubber gloves for cleaning or disposable gloves for rendering care actions.
- 11.5.2.6.2. Always inspect your gloves before use - if they are torn DO NOT WEAR, but replace immediately.

- 11.5.2.6.3. Disposable gloves need to be disposed of after working with a resident in isolation.
- 11.5.2.6.4. Always wash rubber gloves inside and out after use with a disinfection solution, rinse clean of disinfection solution (to preserve the integrity of the rubber) and hang in such a way that it will properly air dry.
- 11.5.2.6.5. If you discover any negative effect from the wear of rubber gloves (which could be caused by the powder or the latex/rubber - report it immediately to your line manager, who will obtain appropriate advice.
- 11.5.2.7. For particulars of the measures below to be implemented by designated workers, see the sections in the **GERATEC Covid-19 - Standard Operating Procedures: Infection Prevention and Control, Houskeeping, Laundry, Higiene**, specifically:
 - 11.5.2.7.1. **Designated Equipment,**
 - 11.5.2.7.2. **Extending the use of PPE,**
 - 11.5.2.7.3. **Donning PPE,**
 - 11.5.2.7.4. **Doffing PPE, and**
 - 11.5.2.7.5. **Cleaning procedures in isolation areas.**
- 11.5.3. **Support and care**
 - 11.5.3.1. Depending on the level of support and care required, additional designated employees must be appointed to provide all services for a resident in isolation.
 - 11.5.3.2. When care partners render services to a resident in isolation, the resident must wear a mask.
 - 11.5.3.3. The appointment of additional employees, PPE, equipment and supplies will be for the account of the resident.
 - 11.5.3.4. All persons responsible for the accounts of residents in isolation must be given written notice of additional charges that may be incurred to provide support and care services.
- 11.5.4. **Resident person under investigation (PUI) and precautionary Isolation (orange zone)**
 - 11.5.4.1. If a resident has symptoms consistent with Covid-19, they should be isolated immediately in their room / flat.

- 11.5.4.2. This PUI must stay in isolation in their room until further investigation has been done regarding their health status.
- 11.5.4.3. Arrangements must be made for the resident to be tested.
- 11.5.4.4. The GERATEC healthcare manager must assess, develop and implement a person centred support plan for the resident as needed.
- 11.5.4.5. The physical condition of the resident must be monitored twice a day by taking the temperature and assessing for any symptoms of the Covid-19. This information is to be documented.
- 11.5.4.6. Limit the number of employees entering the room/flat to only designated carepartner per shift.
- 11.5.4.7. Employees must wear PPEs when entering the room/flat.
- 11.5.4.8. Quarantine other residents who came into close contact with the PUI resident.

11.5.5. **Cohorting residents who are PUI's**

- 11.5.5.1. Cohorting may be considered, as needed.
- 11.5.5.2. All resident PUIs must wear medical masks, if cohorted.
- 11.5.5.3. Dedicated medical equipment to be used in the room/flat and not to be shared with other residents.
- 11.5.5.4. Dispose any soiled incontinent products in medical waste as prescribed.
- 11.5.5.5. Clearly demarcate the room/flat by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room

11.6. **Resident diagnosed with Covid-19 (Red zone).**

- 11.6.1.1. If a resident PUI tests positive for Covid-19, continue to isolate, or if a resident has been tested positive for the Covid-19 virus, isolate the resident and monitor the clinical condition to evaluate whether further care is required such as hospital admission.
- 11.6.1.2. If a resident needs further medical care, the health care manager must contact the doctor of the resident.
- 11.6.1.3. The GERATEC Health care manager must assess, develop and implement a person centred support plan for a resident who has been diagnosed with Covid-19 and is symptomatic, as per standard GERATEC operating procedures.

- 11.6.1.4. As the resident is isolated in the room, flat or apartment, movement is restricted to that specific area.
- 11.6.1.5. Clearly sign the room/flat as red zone with applicable signs for IPC, indicating droplet and contact precautions at the entrance.
- 11.6.1.6. Allocate designated carepartners to the flat/room to perform care services and cleaning duties.
- 11.6.1.7. All employees need to wear PPEs as prescribed.
- 11.6.1.8. Dedicated medical equipment needs to be used in the red zone room/flat and not shared with other residents.
- 11.6.1.9. Dispose used incontinence wear as medical waste in the correct way.
- 11.6.1.10. Confirmed Covid-19 residents should not leave their room/flat.
- 11.6.1.11. If the resident needs to leave due to medical reasons, the resident must wear a medical mask.
- 11.6.1.12. **Multiple positive residents:**
 - 11.6.1.12.1. If there are multiple residents diagnosed with Covid-19 at the facility, each resident should as far as possible be isolated in their own single rooms, units, flats or apartment.
 - 11.6.1.12.2. **Cohorting**
 - Positive residents may be cohorted together.
 - In facilities where isolation in single rooms is not possible, cohorting several may be considered within a larger room or area.
 - Residents with suspected Covid-19 should be cohorted only with other residents with suspected Covid-19; they should not be cohorted with residents with confirmed Covid-19.
 - Do not cohort suspected or confirmed residents next to immunocompromised residents.

11.7. Residents living with Dementia (Orange and Red zones).

- 11.7.1. As isolation conditions can be very daunting for residents living with Dementia, it is recommended that a full time companion or care partner be with the resident in the isolation area. This will help alleviate anxiety, stress, agitation and withdrawal.

- 11.7.2. As it is difficult to understand and remember the wearing of a mask, it is important for the support employee to wear PPEs at all times; Provide practical and emotional support through contact with family members via phone calls and video calls.
 - 11.7.3. Care and Support must be rendered on a person centred basis and meaningful engagement must be according to the resident's domains of wellbeing.
 - 11.7.4. All additional employees will be appointed for the account of the resident.
 - 11.7.5. Carepartners must wear prescribed PPE with the correct donning and doffing thereof as prescribed above regarding PPE.
 - 11.7.6. Closely monitoring of the clinical condition of the resident needs to be done by the Health care manager to evaluate whether further care (e.g. hospital admission) is required.
- 11.8. **Hospital admission:**
- 11.8.1. If required, the Healthcare manager must contact the resident's medical doctor and hospital.
 - 11.8.2. If **transport** is necessary, advise the ambulance services and personnel of the diagnosis of the resident in order to wear the required PPEs.
- 11.9. **De-isolation**
- 11.9.1. De-isolate Covid-19 residents as follows:
 - 11.9.1.1. Asymptomatic : 14 days after initial positive test.
 - 11.9.1.2. Mild disease : 14 days after symptom onset.
 - 11.9.1.3. Severe disease: 14 days after clinically stable.
- 11.10. **Other services**
- 11.10.1. **Meal delivery**
 - 11.10.1.1. All meals services for a resident in isolation must be provided in residents' rooms/units.
 - 11.10.1.2. Designated employees must assist residents who need assistance in warming up their food or with eating of the food. Refer to **Covid-19 Standard Operating Procedures: Food Service Operations.**
 - 11.10.2. **Housekeeping and laundry services:**
 - 11.10.2.1. Strict separation must be maintained between zones at all times to prevent cross-contamination.

- 11.10.2.2. All housekeeping and food delivery services must be provided by designated employees only (carepartners), who have received special training to use prescribed PPE and relevant cleaning and hygiene practices.
- 11.10.2.3. The healthcare manager must instruct, monitor and direct the designated employees in the performance of their duties.
- 11.10.2.4. As far as possible, limit the number of designated employees entering an isolation room to one per shift.
- 11.10.2.5. Allocating dedicated equipment for each zone (e.g. thermometers, blood pressure cuff, trolleys, pens, notepaper, electronic devices etc.).
- 11.10.2.6. Cleaning and disinfecting dedicated equipment before reuse.
- 11.10.2.7. Restricting the sharing of personal devices (mobility devices, books, electronic gadgets) with other residents.
- 11.10.2.8. Restricting the movement of cell phones and other electronic devices between zones.
- 11.10.2.9. Clearly marking designated areas for PPE donning and doffing areas.
- 11.10.2.10. Maintaining and monitoring physical distance measures.
- 11.10.2.11. Observing hand hygiene procedures before and after entering a zone
- 11.10.2.12. Practising respiratory etiquette.
- 11.10.2.13. Regular touch area and surface sanitizing.
- 11.10.2.14. Clearly delineating zones using barriers, taped floor markings, posters and notices, indicating droplet and contact precautions, at the entrance of zones.
- 11.10.2.15. The facility healthcare manager must:
 - 11.10.2.15.1. manage entry and exit of employees and other persons between green, orange and red zones;
 - 11.10.2.15.2. determine specific IPC measures to be implemented in an isolation area in consultation with the facility Covid-19 IPC officer and/or facility management,
 - 11.10.2.15.3. determine food delivery, care and cleaning schedules for an isolations area,
 - 11.10.2.15.4. by agreement with the GERATEC unit housekeeping manager, where applicable, determine the cleaning schedule and responsibilities for resident aids, such as wheelchairs, push-carts, walking frames, commodes etc.

- 11.10.2.15.5. instruct and supervise food and housekeeping service delivery in an isolation area,
- 11.10.2.15.6. manage cleaning of ablution facilities specifically demarcated for use by PUI's - toilets, showers, hand basins, etc.,
- 11.10.2.15.7. manage cleaning of the donning and doffing/hand sanitising area in the isolation area.
- 11.10.2.15.8. maintain prescribed procedures for handling of infected laundry,
- 11.10.2.15.9. instruct and supervise designated housekeeping employees on linen changes.
- 11.10.2.15.10. replace residents personal linen with linen from the Care Department as required.
- 11.10.2.15.11. take special care not to shake any linen, which will potentially spread the virus, when removing it from the bed - rather roll it from the edges to the middle and place it in a blue laundry bag.
- 11.10.2.15.12. undertake regular audits of IPC practice and the availability in isolation areas of PPE, supplies required in ablution facilities, specifically demarcated for use by PUI's - such as toilet paper, hand soap, paper towels and sanitiser, stock, supplies and designated equipment.
- 11.10.2.15.13. monitor staffing levels, and with the Housekeeping Manager take steps to identify and train additional designated housekeeping employees,
- 11.10.2.15.14. if not responsible for isolation area housekeeping services, the GERATEC housekeeping manager must assist the facility healthcare manager with advice and IPC training for designated housekeeping employees.
- 11.10.2.15.15. Also refer to **GERATEC, Covid-19 Standard Operating Procedures: Infection Prevention and Control, Housekeeping and Laundry** and **Food Service Production**.

11.11. **Medical waste:**

- 11.11.1. Refer to **GERATEC, Covid-19 - Standard Operating Procedures: Preparedness, Prevention, Detection and Control of Covid-19, and Infection Prevention and Control Housekeeping, Laundry & Hygiene**.
- 11.11.2. Ensure that all waste is safely stored in a double red waste bag until removed by a registered medical waste company.
- 11.11.3. Notify the service provider that waste was generated by a suspected or confirmed Covid-19 case.

11.11.4. All bags, bins and boxes must be adequately sealed, as not to leak any fluids, and must be wiped down with 0.05% chlorine solution before being stored or removed.

11.12. Handling of suspected or confirmed Covid-19 residents who pass away in the facility:

11.12.1. Apply standard precautions including hand hygiene before and after interaction with the body and the environment.

11.12.2. Use appropriate PPE according to the level of interaction with the body, including a gown and gloves.

11.12.3. If there is a risk of splashes from the body fluids or secretions, employees should use facial protections such as a face shield or goggles and medical mask.

11.12.4. Ensure that any body fluids leaking from orifices are contained.

11.12.5. Keep both the movement and handling of the body to a minimum.

11.12.6. Wrap body in cloth. Body bags are not necessary.

11.12.7. Contact the funeral home and inform them that the persons was Covid-19 positive.

11.12.8. The GERATEC Health care manager must notify the NICD hotline

11.13. Decontamination and disinfection procedures:

11.13.1. Deep decontamination and disinfection must not be confused with area sanitising (sometimes referred to as disinfection) which must be carried out in the following circumstances:

11.13.1.1. facility entry control and monitoring areas after an employee or visitor with Covid-19 symptoms or additional symptoms have been denied access and directed as prescribed, and

11.13.1.2. the work area or workstation of an employee who reports Covid-19 symptoms, or additional symptoms, after the employee has been removed from the workplace and referred for testing or self-isolation as prescribed.

11.13.2. In the above circumstances follow the procedures for area sanitising.

11.13.3. Areas to be deep decontaminated and disinfected:

11.13.3.1. The **living unit or area occupied by a resident with Covid-19** who has passed away or has been relocated on advice of a medical practitioner, and other facility areas at risk of contamination, as determined by the facility Covid-19 IPC officer or facility management.

11.13.4. GERATEC managed facility areas:

- 11.13.4.1. Deep decontamination and disinfection procedures must be implemented by **designated GERATEC housekeeping services employees** in a service or production area managed by GERATEC, as directed by:
 - 11.13.4.1.1. South African Occupational Health and Safety Authorities, in terms of regulations of the Department of Employment and Labour, and
 - 11.13.4.1.2. the GERATEC Covid-19 IPC officer, after an assessment of the circumstances and risk factors attendant upon a GERATEC managed workplace GERATEC where more than one employee has been diagnosed with Covid-19.

11.13.5. Facility areas not managed by GERATEC managed

- 11.13.5.1. At the request of the facility Covid-19 IPC officer and/or facility manager, and in terms of a written agreement with the facility, GERATEC employees must decontaminate and disinfect additional facility areas, not managed by GERATEC.
- 11.13.5.2. For purposes of a GERATEC proposal for an agreement, as prescribed above, the facility Covid-19 IPC officer and/or facility manager must provide the following information:
 - 11.13.5.2.1. size and description of the service area, in square meter,
 - 11.13.5.2.2. urgency and timeframe for service delivery,
 - 11.13.5.2.3. details of the measures to be implemented by the facility Covid-19 IPC officer and/or facility manager to restrict access to the agreed area at the agreed time and for the agreed period for service delivery purposes,
 - 11.13.5.2.4. service area access points from the outside the facility, if any,
 - 11.13.5.2.5. facility liaison persons and contact details,
 - 11.13.5.2.6. any risk factors identified by the Covid-19 IPC officer and/or facility managers in arriving at the decision to proceed with decontamination and disinfection.

11.13.6. Procedures:

- 11.13.6.1. The services will be provided by a team of GERATEC employees, under supervision of the GERATEC area manager: housekeeping, or another a trained and experienced GERATEC housekeeping manager.

- 11.13.6.2. Full particulars of the decontamination procedures are contained in the **GERATEC Covid-19 - Standard Operating Procedures: Infection Prevention and Control, Housekeeping, Laundry and Hygiene.**

12. Minimizing the Impact of Covid-19 measures on mental health of residents, employees, and visitors

CPL 2 and above

12.1. Considerations for resident support

- 12.1.1. Older people, especially in isolation and those with cognitive decline, dementia, and those who are highly care-dependent, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak or while in isolation.
- 12.1.2. Provide practical and emotional support through informal networks (families) and health care providers.
- 12.1.3. Regularly provide updated information about Covid-19 to residents, employees, and staff.

12.2. Support for employees

- 12.2.1. Full particulars of employee support measures are contained in the **GERATEC, Covid-19 Standard Operating Procedures: Human Resources Management.**
- 12.2.2. As much as possible, protect staff from stress both physically and psychologically so they can fulfill their roles, in the context of a high workload and in case of any unfortunate experience as a result of stigma or fear in their family or community.
- 12.2.3. Regularly and supportively monitor all staff for their wellbeing and foster an environment for timely communication and provision of care with accurate updates.
- 12.2.4. Consider rest and recuperation and alternate arrangements as needed.
- 12.2.5. Mental health and psychosocial support and psychological first aid training can benefit all staff in having the skills to provide the necessary support.
- 12.2.6. Staff need to ensure that safety measures are in place to prevent excessive worries or anxiety.

13. CONFIDENTIALITY NOTICE

- 13.1. GERATEC must keep internal business, employee and resident information confidential, specifically should there be a positive Covid-19 case at any facility;
- 13.2. Designated internal Covid-19 IPC officers must manage matters in a sensitive manner, in order to keep the confidentiality of those infected and prevent discrimination, ensure that

false news/ rumors are not spread, as well as ensure that accurate information is given to the public at the appropriate time.

- 13.3. Information about any person with Covid-19 is confidential and may not be disclosed to the public.
- 13.4. Unauthorized disclosure of internal business information relating to Covid-19 will be viewed as a serious breach of this confidentiality notice.
- 13.5. No personal information regarding an employee or residents health status may be disclosed by anyone not authorized to do so.

14. COMPLIANCE

- 14.1. We reiterate the importance of following all GERATEC Covid-19 policies, procedures and guidelines to prevent the spread of the virus within our communities.
- 14.2. As a company and together with facility management, we aim to do everything possible to protect the physical and psychological well being of our employees, colleagues and residents during this time.
- 14.3. Refer to the **GERATEC Covid-19 Standard Operating Procedures: Human Resources Management** for specific measures and procedures relating to employee management and compliance.

Review date
22 June 2020