



CASE STUDY: Dorothy Henderson Lodge

Dorothy Henderson Lodge experienced a COVID-19 outbreak in March 2020.

Ross Low has been the Chief Executive Officer of Dorothy Henderson Lodge for the last 10 years. He has provided a first-hand account of their battle against COVID-19.

BaptistCare's Dorothy Henderson Lodge was the first aged care home in Australia to have an outbreak of COVID-19. It was the beginning of March, before Australia's borders closed and people retreated on mass into their homes. As an aged care provider, we are always prepared for outbreaks of infectious diseases. However, COVID-19 presented a unique threat. It was truly challenging being impacted by a virus that was new to the world. Especially one which we knew could have a significant impact on our most vulnerable residents.

Late on March 3, we received advice from the Public Health Unit that one of our care workers had tested positive. The staff member was an Assistant in Nursing (AIN), who had been unwell on and off for several days. Her last day at work was March 1 and she had a positive COVID-19 diagnosis on March 3. The staff member was immediately hospitalised for isolation. She had no relevant history of travel or contact with a confirmed case.

Once advised of the positive test, we immediately sent home all staff who had contact with the staff member. They were all asked to isolate.

At that time, two of our residents had already been hospitalised with respiratory issues. One was a 95 year old woman and the other an 82 year old man. They both later returned positive results for the virus.

We began immediately working with NSW Health and the Australian Government Department of Health to implement an outbreak management strategy. BaptistCare attended a briefing on Tuesday evening March 3. This involved the Australian Government Department of Health, NSW Health and the Aged Care Quality and Safety Commission. BaptistCare activated its Crisis Management Response team. The team began working on containing the spread of the virus at the home.

We immediately closed the home to visitors, but staffing quickly became an urgent issue. An emergency surge workforce, provided through Healthcare Australia, was organised by NSW Health. The Australian Government will reimburse the surge workforce cost. This workforce stepped in and cared for residents at the home when almost all our staff were isolating.

We acted quickly to implement standard infection control measures, attempting to contain the virus within the initial affected wing. The home has six wings with separate staff working in each. All residents remained within their single rooms with ensuites.

NSW Health's Local Health District and the Clinical Excellence Commission provided expert advice on infection prevention and control. An infectious diseases physician with recent experience with COVID-19 assisted us. His confidence and authority helped reassure staff and residents. We received emergency supplies of personal protective equipment (PPE), including surgical masks and gowns. These were provided mainly by the Australian Government Department of Health and NSW Health.

We transferred some residents who tested positive to hospital. Some chose to remain at the home for their care and treatment. We made these decisions after considering each resident's acute medical needs and advanced care plan. They were made in consultation with the resident and their nominated person responsible.

To manage and contain the outbreak, we held safety and training sessions with health authorities and infection control specialists. There was mandatory online training and sessions on site at the home. To further support staff, we closely monitored infection control practices. This included onsite audits by Program Manager Healthcare Associated Infections, NSW CEC, Kathy Dempsey.

COVID-19 has certainly been a challenging experience for our organisation. However, that pales in comparison to the experience of our people, the residents affected and their families. Supporting them has remained our focus throughout this experience.

Communication with families and staff was absolutely paramount. We established a centralised hotline for families to ring through at any time with questions. Knowing this was an anxious time for our residents and their families, we provided frequent and consistent updates. We even did this when there was no new information to provide.

We also created a new role and appointed a Connections Coordinator in Dorothy Henderson Lodge. Their sole focus was to connect families with their loved ones via safe visiting spaces, video or phone calls. We also encouraged families to drop off care packages for their loved ones.

Being a larger provider, BaptistCare also had the benefit of its own Customer Engagement Centre for calls. In addition, it provided support for those who speak Mandarin, Cantonese, Italian, Nepalese and Hindi. This was useful to handle large volumes of calls in the early part of the outbreak.

Frequent contact with staff members who tested positive, or were isolating in case they developed the illness, was important. We are most proud of our staff, who showed they would do anything for our residents. As an organisation, BaptistCare rallied every resource available to support staff, families and residents through this challenging time.

Throughout the outbreak we worked closely with government authorities. This included NSW Health, the Australian Government Department of Health and the Aged Care Quality and Safety Commission. This included frequent conversations with the Minister for Aged Care, Senator the Hon Richard Colbeck. We are very grateful for their expert assistance and the guidance from all involved. In total there were 21 confirmed cases, 17 residents and five staff, out of 68 residents currently in care. Sadly, six of the residents passed away. On Thursday 7 May, NSW Health declared the COVID-19 outbreak at Dorothy Henderson Lodge was over.

Advice to RACF providers:

When there is an outbreak immediately contact your Public Health Unit and the Australian Government Department of Health. The state PHU will assist with infection control management and contact tracing. The Department will appoint a case manager and assist with workforce supports and PPE. Providers facing an outbreak should provide regular updates on their PPE needs to avoid shortages.

Timeline of COVID-19 outbreak

3 March	<p>First staff member tests positive</p> <p>Two residents are in hospital with respiratory issues (they later return positive results)</p> <p>Provider notifies all staff, residents and their family members</p> <p>Infected wing isolated from other wings</p> <p>Staff members who had been in contact with infected worker go home to isolate</p>
7 May	NSW Health declare the COVID-19 outbreak over