13th May 2022

To: Coroner Leveasque Peterson Coroners Court of Victoria

Via email only: cpuresponses@coronerscourt.vic.gov.au

Dear Coroner Peterson,

RE: FINDING INTO THE DEATH WITHOUT INQUEST OF MELISSA CUNNINGHAM COR 2019 002936

Response

We annexe a copy of a table summarising actions taken by Annecto in response to the recommendations. We set out below in more detail an explanation of the actions taken.

Recommendation 1

Develop a policy and procedure for residents with CPAP machines to ensure that carers:

i. *conduct an assessment as to whether the resident is able to independently use, operate and/or clean the CPAP machine. Such an assessment should be undertaken in conjunction with the resident's treating clinicians. An initial assessment should be completed when the CPAP machine is implemented, and reviewed at regular intervals and earlier if there is a substantive change in the resident's condition which may affect their capacity to use, operate and/or clean the CPAP machine.*
ii. *document the results of the assessment in the resident's specific health management plan, along with, as appropriate: 1. strategies used to support the person to perform this procedure are detailed in the resident's specific health management plan; and/or 2. provide directives to carers as to the use, operation and cleaning of the CPAP machine as necessary; and*
iii. *where carers are required to assist in the use, operation and cleaning of the CPAP machine, that this assistance is documented and recorded in the resident's daily case notes.*

Response:

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Annecto has developed a “Respiratory Aerosol Policy” and the “Respiratory Aerosol Operation and Cleaning Schedule” and this has been embedded in Annecto’s Continuous Improvement Quality System. Where carers are required to assist in the use, operation and cleaning of the CPAP machine, this assistance is documented and recorded in the “Respiratory Aerosol Operation and Cleaning Schedule”.

A copy of the policy and schedule are **annexed** to this response. As part of the development of the policy, the Specific Health Management Plan was updated. A copy of the updated Plan is also **annexed**.

Recommendation 2

Conduct an audit of resident’s individual care plans to ensure that all residents who utilise a CPAP machine have been appropriately assessed to ascertain whether the resident has capacity to independently use, operate and clean the CPAP machine and that where appropriate:

i. strategies used to support the person to perform this procedure are detailed in the resident’s specific health management plan; and/or

ii. where the resident is unable to independently use, operate and/or clean the CPAP machine, this is documented in the resident’s specific health management plan and directives given to carers as to the use, operation and cleaning of the CPAP machine as necessary.

Response:

In December 2021, all residents who utilise a CPAP device were identified and assessed with their independence to use and clean the device and a Specific Health Management Plan was developed for each individual.

The Respiratory Aerosol Policy has been embedded in Annecto’s Continuous Improvement Quality System and will be implemented by the third quarter of 2022, including an audit of residents’ support plans to ensure that all residents who utilise a CPAP machine have been appropriately assessed on their capacity to manage their own health, strategies documented and implemented as part of their support plan where support is required, and staff trained and supported to implement this.

Recommendation 3

Provide internal education to staff about the expectations and requirements for:

i. documenting information received at medical appointments, such as equipment cleaning schedules, in the resident’s care plans to ensure such information is adequately provided to other carers at the facility;

ii. adequately documenting instructions provided by family members or clinicians on utilising medical equipment, including CPAP machines, in the resident’s health management plan; and

iii. complying with Annecto’s ‘Specific Health Management Policy’.

Response:

In December 2021, all staff caring for an identified resident with a CPAP device were provided with internal education regarding all aspects of the CPAP device, and its use by the resident and compliance with the SHMP. This included by way of:

- Video links from the CPAP provider
- CPAP device instruction manuals

The Respiratory Aerosol Policy has been embedded in Annecto's Continuous Improvement Quality System and this recommendation will be further implemented by the provision of education to staff in accordance with that Policy by the third quarter of 2022.

Please do not hesitate to contact me should Your Honour require further information.

Yours sincerely

Cheryl De Zilwa

Chief Executive Officer

Annecto Inc.

CG P02 – Respiratory Aerosol Policy

Policy Statement:

Annecto is committed to ensuring the safety of clients who are using a Respiratory Aerosol device in a disability residential care setting.

1. Purpose

1.1 To provide direction on the use of aerosol-generating respiratory therapies and devices, such as continuous positive airway pressure (CPAP) nebulisers, cough assist, tracheostomy changes, suctioning of airways and chest physiotherapy within residential disability care services.

2. Scope

2.1 This policy applies to all staff and carers that are assisting with the care of clients with a disability in a residential care setting who require the use of a respiratory aerosol device.

2.2 Droplet and aerosol generation can occur during aerosol-generating procedures (AGPs) such as CPAP or nebuliser use and natural processes known as aerosol-generating behaviours (AGBs). These behaviours can include coughing, singing, and sneezing.

2.3 Asthma puffers are excluded from this policy.

3. Definitions

3.1 CPAP – Continuous Positive Airway Pressure

3.2 AGP – Aerosol generating procedures

3.3 AGB – Aerosol generating behaviors

3.4 PPE – Personal Protective Equipment

3.5 SHMP – Specific Health Management Plan

4. Roles and Responsibilities

Managers

Managers are responsible for ensuring Annecto's policies and procedures are met, and must ensure that:

- there are adequate systems and processes in place for the identification of respiratory aerosol generating devices in use with the services we provide, and implement control measures associated with the use, cleaning, maintenance, storage, training and documentation.
- there are processes for monitoring compliance with this policy.
- workers are aware of and understand the application of this policy.
- all reported incidents and/or near misses are investigated and that hazards and risks are identified.
- the level of investigation to be carried out will depend on the severity of the incident and its consequences.
- that workers are aware of the reporting process in line with Annecto's ORG P43 - Incident Injury Reporting Procedure (Hazards, Incidents, Injuries and Near Misses).

Workers

Workers are responsible for:

- ensuring that they are aware of and understand the application of this policy.
- following all policies and procedures and cooperating with any reasonable instruction given by Annecto relating to the use, cleaning, maintenance, storage, training and documentation of respiratory aerosol devices.
- ensuring they are aware of Annecto's ORG P43 - Incident Injury Reporting Procedure (Hazards, Incidents, Injuries and Near Misses).
- informing and reporting to their manager if they believe that this procedure has been breached and seek advice from their manager before undertaking an action or activity that may be contrary to Annecto's policy.

5. Procedure

5.1 Respiratory tract infections are predominantly transmitted through respiratory droplets, produced by infectious individuals. They may also be spread through aerosols which are smaller particles, which can remain suspended in the air for longer durations (ranging from minutes to hours) and distances (greater than two metres). These aerosols can also adhere to surfaces and equipment, if adequate cleaning and maintenance is not applied. There is also a potential for fungal, mould and yeast growth in equipment, which can be blown into a user's lungs causing respiratory issues, if adequate cleaning is not maintained.

5.2 Procedures currently at Annecto that are believed to have the potential to generate aerosols or droplets as a source of infection are:

- continuous positive airway pressure (CPAP)
- nebuliser treatments
- cough assist devices
- suction of the airways
- tracheostomy changes
- chest physiotherapy
- spacers

The use of respiratory aerosol therapies and devices must, be recommended and prescribed by a Health Practitioner.

Aerosol generating behaviors (AGB's) are not included in the above list, however these behaviours should be considered, with physical distancing and mask wearing as appropriate, and with reference to HSW P34 – Personal Protective Equipment Policy.

5.3 Infection prevention and Control

5.3.1 Screening for a respiratory health condition of all clients prior to respiratory aerosol therapies and use of devices must be conducted routinely to establish and mitigate risk.

5.3.2 An alternative means of treatment should be considered where possible, if the client has any signs or symptoms of a respiratory health condition. Contact the Health Practitioner and/or discuss with direct line manager.

5.3.3 All respiratory aerosol therapies and devices must be conducted in a private room with the door closed.

5.3.4 If feasible, CPAP, or nebuliser therapy should be administered by the client themselves to reduce the risk of infection transmission to others.

5.3.5 Only essential staff who are required to assist with the procedure should be present.

5.3.6 When providing respiratory therapy assistance or care to suspected or confirmed COVID-19 cases:

- Use of PPE for airborne and contact precautions (N95 mask, face-shield, long sleeved gown & gloves) are recommended for healthcare staff and carers.
- The door to the private room where the procedure is undertaken should remain closed for one hour post the procedure.

5.4 Assessment for Independence

5.4.1 A treating clinician must conduct an assessment as to whether the client is able to independently use, operate and/or clean the respiratory aerosol device/CPAP machine. An initial assessment should be completed when the respiratory aerosol device is implemented, and reviewed at regular intervals and earlier if there is a substantive change in the client's condition, which may affect their capacity to use, operate and/or clean the respiratory aerosol device.

5.4.2 A Respiratory Aerosol Independence Assessment Form is to be completed by the health practitioner and attached to the client's record in AlayaCare as a minimum requirement annually

5.5 Maintenance

5.5.1 Maintenance of respiratory aerosol devices must be adhered to as per the manufacturer's instructions.

5.5.2 Dismantling and re-assembling of the equipment must always be in line with the manufacturer's instructions.

5.5.3 If the respiratory device has a filter, this must be cleaned and replaced as per the manufacturer's instructions.

5.6 Cleaning of equipment

5.6.1 All parts of the machine/equipment should be cleaned and disinfected according to the manufacturer's instructions – these include but are not limited to:

- Hoses, filters, humidifies, tracheostomy tubes, suction tubing, tapes, face masks, straps and electric devices/machines.

5.6.2 Surfaces in rooms where CPAP or nebuliser therapies are performed, should be cleaned and disinfected according to facility cleaning schedules.

5.6.3 In at-home care settings, enhanced cleaning and disinfection after each use should largely be focused on hard surfaces, within an approximate one-metre radius of where these therapies are performed, in addition to regular cleaning schedules.

5.7 Training for staff and carers

5.7.1 All clients with a respiratory aerosol device/procedure are to be identified at intake and whenever there is a referral by a Health Practitioner that the client use a respiratory aerosol device/procedure.

5.7.2 Training for staff and carers should occur prior to the client admission and at the time of referral by a Health Practitioner.

5.7.3 Printed information of the manual/guidelines should be available to the client and all relevant staff supporting the client, in hard copy and/or online.

5.7.4 Refresher training should occur annually and/or when a device/therapy is new or altered (i.e. nebuliser medication is changed).

5.7.5 Information regarding the device from other clinicians will be shared, and disseminated with the client, carers and staff as required.

5.8 Documentation

5.8.1 A written Care Plan must be established, such as a Specific Health Management Plan (SHMP) – refer to ORG P45 – Specific Health Management Policy.

5.8.2 In developing a Specific Health Management Plan, an independence assessment as to the client's ability to undertake this procedure should be undertaken taking into consideration the treating clinician's recommendations that have been documented in the Respiratory Aerosol Independence Assessment Form.

5.8.3 Where carers are required to assist in the operation and cleaning of the CPAP machine, then this assistance is documented and recorded in the **CG T01 – Respiratory Aerosol Operation and Cleaning Schedule (**refer to Respiratory Aerosol Independence Assessment form).

5.8.4 The Respiratory Aerosol device must be taken to treating clinician appointments. Any changes or alterations to the use, operation or cleaning of the device must be documented in the client's progress notes. Information regarding these changes must also be disseminated with staff and carers, and any further training requirements are to be put in place.

6. Relevant references and links

- CPAP Victoria
- Australian Sleep Association
- CG T01 - Respiratory Aerosol Operation and Cleaning Schedule
- CG F01 - Respiratory Aerosol Independence Assessment Form
- HSW P34 – Personal Protective Equipment Policy
- ORG P45 – Specific Health Management Policy
- ORG P43 - Incident Injury Reporting Procedure (Hazards, Incidents, Injuries and Near Misses)

Annecto

Actions taken to respond to Coroner's recommendations - CPAP devices

Recommendations	Implementation	Timeline
1. Develop a policy and procedure for residents with CPAP machines	- A "Respiratory Aerosol Procedure" was issued out in January 2022 as a pilot. - This document was subsequently updated to a "Respiratory Aerosol Policy" in May 2022, to incorporate amendments after a review of the pilot undertaken. This included the development of a new form to capture assessment of independence.	January, 2022 May, 2022
2. Conduct an audit of resident's individual care plans to ensure that all residents who utilise a CPAP machine have been appropriately assessed to ascertain whether the resident has capacity to independently use, operate and clean the machine or they require assistance from others	- All residents that utilise a CPAP device have been identified. - Specific Health Management Plans have been developed with the treating clinicians.	December 2021 A re-assessment was conducted in May 2022 using the newly developed form.
3. Provision of internal education to staff about the expectations and requirements for using, cleaning and maintaining the CPAP device	All staff caring for an identified resident with a CPAP device were provided with internal education regarding all aspects of the CPAP device, and its use by the resident and compliance with the SHMP. This included by way of: - Video links from the CPAP provider - CPAP device instruction manuals	December 2021

CG T01 – Respiratory Aerosol Operation and Cleaning Schedule

Note: This template is to be customised in accordance with the manufacturer's instructions by the Site Coordinator in consultation with a Coordinator/Manager. Put N.A. if the device does not have a particular cleaning item e.g. the device does not have a humidifier. Where carers are required to assist in the operation and cleaning of the Respiratory Aerosol Device, then this assistance is documented and recorded in this Schedule**. Refer to the client's Specific Health Management Plan.**

Month: **Year:**

Client Name:		**Client ID:**		**Template customised by (Name/Date):**	

Name of the Respiratory Aerosol device:		**Water Type:** There are different cleaning requirements for the different water types	☐ Tap ☐ Distilled ☐ N.A.

Refer to the client's Specific Health Management Plan for details.
Is assistance required for the operation of the Respiratory Aerosol device: ☐ Yes ☐ No
Is assistance required for the cleaning of the Respiratory Aerosol device: ☐ Yes ☐ No

Full name of staff	**Initials**

CG T01 – Respiratory Aerosol Operation and Cleaning Schedule

Daily attachment of the device (please initial as this occurs) ☐ Not Applicable

Date		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Attachment of the device (daily)	Staff Initial																															

Daily removal of the device (please initial as this occurs) ☐ Not Applicable

Date		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Removal of the device (daily)	Staff Initial																															

CG T01 – Respiratory Aerosol Operation and Cleaning Schedule

Daily cleaning (please add in additional cleaning items as per manufacturer's instructions) ☐ Not Applicable

Date		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
General wipe down of device (daily)	Staff Initial																															
Mask (daily)	Staff Initial																															

Humidifier cleaning (please state frequency as per manufacturer's instruction e.g. daily/every 3 days etc.): ☐ Not Applicable

Date		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Humidifier	Staff Initial																															

Weekly cleaning (please add in additional cleaning items as per manufacturer's instructions) ☐ Not Applicable

Date		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Straps (Weekly)	Staff Initial																															
Hoses (Weekly)	Staff Initial																															
Filter (Weekly)	Staff Initial																															