



# FIRST 24 HOURS – MANAGING COVID-19 IN A RESIDENTIAL AGED CARE FACILITY

29 June 2020

## The first 24 hours

Residential aged care facilities should follow these steps in order, following the identification of a COVID-19 positive case.

The Communicable Diseases Network Australia (CDNA) has developed national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities. You can find the CDNA guidelines [here](#).

The Commonwealth Department of Health is referred to as the Commonwealth in this document to avoid confusion with state and territory departments.

## First 30 minutes

### 1. Isolate and inform the COVID-19 positive case(s)

If the COVID-19 positive person is a staff member they must immediately:

- leave the premises and isolate at home as directed by the public health unit (PHU). They must stay in isolation until the PHU clears them.

If the COVID-19 positive case is a resident they:

- should be immediately isolated in a single room with an ensuite, if possible.
- may be transferred to hospital or other accommodation if clinically required.

Use PPE for any interactions with positive cases.

Place all of the following outside affected residents' rooms –

- 1) Contact and droplet precaution signs
- 2) Alcohol-based hand rub
- 3) Appropriate PPE and hands-free bins for used PPE

Sensitively inform the resident and their family of their diagnosis. Place a template for this conversation in your outbreak management plan.

## 2. Contact your local Public Health Unit (PHU)

Immediately notify the PHU. It will coordinate the public health response to the outbreak.

- NSW - 1300 066 055
- WA - 08 9222 8588 or 08 6373 2222 (if confirmed COVID-19)
- SA – 1300 232 272
- NT - 08 8922 8044
- ACT - (02) 5124 9213 After Hours: 02 9962 4155
- QLD - 13 432 584 (13 HEALTH)
- TAS - 1800 671 738
- VIC - 1300 651 160

## 3. Contact the Commonwealth Department of Health

Immediately notify the Commonwealth Department of Health at [agedcareCOVIDcases@health.gov.au](mailto:agedcareCOVIDcases@health.gov.au) of any cases of COVID-19 among residents and staff.

The Commonwealth will appoint a case manager who is the Commonwealth's single point of contact for the residential aged care facility.

The case manager will connect you with resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and access to primary and allied health care.

## 4. Lockdown the residential aged care facility

Review the visitor log to determine who is on site.

Evacuate non-essential people from the residential aged care facility.

Ask all residents to remain in their rooms. Providers must sensitively inform residents of the reason for the lockdown.

Avoid resident transfers if possible.

Reinforce standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.

## Minutes 30-60

### 5. Convene your outbreak management team

The provider is responsible for managing the outbreak and taking a strong leadership role with support from the PHU.

The PHU will investigate cases and contacts and advise on infection control and isolation.

Bring together the outbreak management team to direct, monitor and oversee the outbreak. They will provide key decision making and crisis management during the outbreak. The team should include:

- upper management
- on-the-ground facility management, and
- a person who can report on the current status and implement actions agreed by the outbreak management team.

Nominate an outbreak coordinator, and designate and agree key roles and responsibilities.

This team should comprise:

- Chairperson (facility Director, Manager or nursing manager)
- Secretary
- Outbreak coordinator (nurse infection control practitioner or delegate)
- Media spokesperson
- Visiting GPs
- Public health officers

A small number of staff may need to perform multiple roles in the team.

### 6. Activate your outbreak management plan

Activate your outbreak management plan.

Identify any gaps that need to be addressed.

Distribute the plan to all involved stakeholders so they are across the plan.

### 7. Establish screening protocols

Establish screening protocols for all people entering the residential aged care facility.

Screen new and returning residents entering the facility for respiratory symptoms and fever.

You can find advice on entry screening for residential aged care facilities [here](#).

## 8. Release an initial communication

Inform residents, staff, families and key stakeholders of a COVID-19 diagnosis within the residential aged care facility.

Providers with multiple services should consider communications for other sites.

An effective outbreak management plan should have some pre-prepared email templates already drafted for this initial communication.

Services like [OPAN](#) can assist.

## Hours 2-3

### 9. Contact tracing

The local PHU will lead contact tracing. They will identify anyone who has spent 15 minutes or more, within 1.5 metres of the COVID-19 positive person. The PHU may send some staff home to quarantine and you may need to bring other staff on site.

Increase monitoring of all residents for any symptoms, however mild, of COVID-19. Take clinical observations two to three times a day.

### 10. Identify key documents

Both the PHU and the state branch of the Commonwealth will need:

- a) A detailed floor plan. It should include residents' rooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area.
- b) An up-to-date list of residents. It should identify residents with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts.
- c) A list of all staff employed by the facility.
  - i. Include their names, contact details, dates of birth and Medicare numbers.
  - ii. Include people providing primary care or allied health services.
  - iii. Note if staff work across multiple aged care services (including other residential facilities, home care, etc).
- d) A list of the respiratory specimens collected and the results of tests.

This information will likely be collated on a line list with assistance from the PHU. A line list describes people infected in terms of time, place and person.

### 11. PPE stocktake

Carry out an analysis of current PPE and hand sanitiser stock levels. Estimate what you will require over the coming fortnight.

The email to organise additional (free) PPE in an outbreak is:

<mailto:agedcarecovidppe@health.gov.au>

The PHU may be able to help you access state and territory stocks until the supplies arrive from the Commonwealth.

## 12. Communication

Expect and prepare to manage a very high volume of calls from families and the media. Incoming calls within the first 24 hours alone could be 1,000-2,000.

Appoint staff to manage communications and take the calls.

Establish a single point of contact for media queries.

Develop a script or talking points to assist those taking the calls.

Prepare a holding statement and update as appropriate.

Again, services like [OPAN](#) can assist.

## Hours 4-6

### 13. First meeting of the Outbreak Management Team

The outbreak management team should meet within 4-6 hours of identifying a case. It should continue to meet daily to direct and oversee the management of the outbreak.

The outbreak management team will be supported by:

- A State/Territory Department of Health representative responsible for in-reach services
- A case manager from the Commonwealth to assist with providing PPE, access to supplementary pathology testing (if required), and surge workforce.
- The Aged Care Quality and Safety Commission who are concerned with the safety and welfare of residents.

### 14. Bolster your staff and plan your roster

The residential aged care facility will need more staff and a higher proportion of RN staff than usual. Keep in mind up to 80-100% of the workforce may need to isolate in a major outbreak. There may be difficulty recruiting agency staff during an outbreak.

The provider should fill the roster through usual workforce arrangements and agency contacts as far as possible.

Where the provider is unable to sufficiently staff the facility, the Commonwealth case manager can assist. They can facilitate access to a **temporary surge workforce** through one or more of the following suppliers:

Mable	Healthcare Australia (HCA)	Recruitment Consulting Staffing Association (RCSA)	Aspen Medical
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You should allocate separate staff for COVID-19 positive, COVID-19 suspected and non-COVID-19 residents.

Plan what you would do if key staff or the CEO became unwell.

Please refer to the [Frequently Asked Questions](#) for more details.

## 15. Conduct testing

Urgently test all residents and staff for COVID-19 to understand the status of the outbreak.

In conjunction with the PHU, establish a staff and resident testing regime. The PHU will undertake testing.

The Commonwealth can support testing through Sonic Healthcare if required following consultation with the PHU. The Commonwealth's case manager can assist with this.

Encourage staff to be tested through Sonic to ensure rapid results. Sonic are contracted to provide results rapidly.

## 16. Clinical management of COVID-positive cases

Clinically manage COVID-19 positive cases to address all their needs. Consider whether the resident's condition warrants a transfer to hospital. Do this in consultation with the resident.

Unwell residents must be reviewed by their GP regardless of whether an outbreak is present or not.

If a COVID-19 outbreak is present, all visiting GPs should be informed at the start of an outbreak. The facility should be engaging with the PHU and other relevant clinicians in these matters.

## Hours 6-12

### 17. Cohorting and relocation

Determine what cohorting arrangements to implement at the facility to manage infection control. Base this on infection prevention and control advice.

Older facilities where residents share rooms or bathrooms may require off site cohorting.

Move to a model where staff work with fewer designated residents, or one on one care.

Staff must not enter other areas of the building.

### 18. Move to a command-based governance structure

Clearly communicate the command and governance structure for every shift. All staff must be aware of who will be in charge, at all points in time, at the facility.

Clearly spell out for every shift:

- everyone's roles and responsibilities, and
- what the escalation processes are.

Ensure thorough briefing and orientation of new staff each shift, including education on PPE usage.

Ensure handovers for all staff at the start of a new shift including clinical and care needs.

### 19. Rapid PPE supply

The Commonwealth will help facilitate rapid delivery of PPE if required.

Residential aged care facilities should be mindful of where the large volume of PPE can be safely and securely stored.

### 20. Infection control

Appoint an infection control lead for the service.

Review the systems and processes of the residential aged care facility to minimise risk of material, surfaces or equipment moving between areas.

This would include, where possible:

- replacing all servery items such as trays, cutlery and crockery with disposable items

- ensuring there is sufficient medical equipment like thermometers for each separate zone of the residential aged care facility, and
- reviewing laundry arrangements.

Staff should refresh their infection control training.

Commence enhanced environmental cleaning twice daily at a minimum.

Clean well residents' rooms daily. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails) more often.

The rooms of ill residents should be cleaned and disinfected.

## **Hours 12-24**

### **21. Clinical First Responder from Aspen to commence**

The Commonwealth will arrange an Aspen Clinical First Responder on day 1 or 2 to assist:

- reviewing preparedness for managing the outbreak,
- analysing workforce capacity,
- reviewing infection control processes,
- assessing PPE stocks and competencies,
- recommending enhanced cleaning protocols, and
- assisting with any significant capability gaps.

### **22. Review advance care directives**

Note any advance care directives for residents on the list of residents. Update where necessary and use the list to inform any clinical decisions about residents who develop COVID-19.

### **23. Establish strong induction and control processes**

Determine who will be the on-the-ground infection control lead. Identify this role on the roster for each shift.

The responsible person must ensure:

- robust induction for all new agency and surge workforce staff coming onsite, and
- that all staff working are competent using PPE.

Consider having workforce competency reviews for all staff.

## 24. Maintaining social contact

Consider how you will enable staff to assist with Facetime/Whatsapp etc. where these are available to residents. Test the impact on IT infrastructure from increased use of technology.

Ensure your IT support contact information is readily available to staff. Alert your IT support team in advance that issues will need to be prioritised.

You will need extra staff to assist residents with communications/use of technology.

## 25. Follow up communications

Establish a clear and consistent pattern of daily follow-up outbound communications. This will ensure residents, families and stakeholders are informed of developments as they unfold.

[OPAN](#) can assist with communications with residents and families if needed.

## 26. Continue primary health care

Ensure there is strong ongoing governance of “routine” care. Understand residents will be anxious and need reassurance.

Notify residents’ GPs who may contribute to monitoring, care planning and discussions.

Consider governance structure to maintain and monitor normal activities as far as possible. This includes nutrition, physical activity, and preventing boredom, loneliness and unhappiness. Additional psychological care may be required.

## 27. Support your staff

Start establishing fatigue management plans. Ensure Employee Assistance Program (EAP) information is readily available.

Establish pathways to maintain contact with staff who are isolating or quarantining.

## 28. Continue to monitor state / territory guidelines

- [New South Wales](#)
- [Victoria](#)
- [Queensland](#)
- [South Australia](#)
- [Western Australia](#)
- [Tasmania](#)
- [Australian Capital Territory](#)
- [Northern Territory](#)