Preparation and Rapid Response - COVID-19 in Residential Aged Care

Queensland Approach
Rapid Response – COVID-19 in a Residential Aged Care Facility

Monitoring and Preparation
- PHUs monitor, plan and prepare. RACFs plan and prepare (QH ACOSC) Follow relevant guidelines (CDNA, C-DoH).
- RACF and treating clinicians will monitor residents and test as required (ARI Pathway).
- Vigilance - staff and visitors exhibiting symptoms or meeting exclusion criteria outlined in Aged Care Direction excluded from RACF and advised to seek testing.
- Ensure adequate supply of PPE to meet requirements (PPE in residential aged care and disability accommodation services).

Suspected Cases
Notifications
- Testing GP/Clincian/QAS/RaSS notifies PHU of suspected case(s) as per requirements of notifiable conditions.

Infection Control
- Implement steps to manage the potential outbreak. Follow ARI Pathway and Outbreak Management Pathway.
- Affected Resident: the individual is isolated. Infection control measures implemented. Affected Staff member: Excluded from the facility until test results known and cleared to return. Visitor: Symptomatic visitors excluded. PHU provides advice.
- Commence testing and implement proportionate infection control measures.
- PHU undertakes initial assessment. Advice and support to RACF as needed.

Communication
- Communications as required – including resident family and staff.

Staff Member or Resident Determined to be a Close Contact
- Staff member excluded until quarantine complete and final negative test received. PHU to advise RACF of next steps.
- Resident close contact to be advised by PHU to RACF. Test and monitor for symptoms. Quarantine with ongoing testing and infection control precautions.

Confirmed Case
- Take steps in the first 24 Hours including RACF establishing OMT. Follow Outbreak Management Pathway and CDNA Guidelines.

Notifications
- RACF to notify PHU by telephone of any positive results among residents or staff (if not already contacted by PHU).
- Local pathology service notifies the COVID Incident Management Team (COVID IMT), PHU and testing GP of the positive test.
- COVID-IMT Advises Relevant Parties: CHO C-DoH Director-General, QH RACF HHS HEOC Chief

Communications
- RACF to notify staff, families and GPs.
- HHS/Queensland Health initiate external communications processes.

Continuity of care
- Clinical Management guided by HHS response team and GP in consultation with resident or substitute health decision maker and RACF. Clinical Governance to be confirmed locally by HHS, RACF and treating GP. Where relevant, HHS' Aboriginal/Torres Strait Islander Health Director consulted.

Infection Control
- Implement steps to manage the potential outbreak.
- Resident is isolated. Staff member: Excluded from the facility until test results known. Visitor: Symptomatic visitors excluded. PHU provides advice.
- Testing and proportionate infection control measures. Consideration of vaccinations to reduce risk of transmission as per CDNA Guidelines.

Declare Outbreak Over
- PHU declares the outbreak over and notifies COVID-IMT and RACF Outbreak Management Team.
- Ongoing vigilance for further cases (RACF to continue to monitor residents and staff for symptoms) and Infection Control measures.

Whole of Government Response Stakeholders (Glossary)

Public Health Partners
- Public Health Unit (PHU)
- Hospital and Health Service (HHS)
- Chief Health Officer (CHO)
- COVID Incident Management Team (COVID IMT)
- Public Health Incident Controller (PHIC)

Service/Care Partners
- Residential Aged Care Facility Support Service (RASS)
- Commonwealth Department of Health (C-DoH)
- Commonwealth Case Manager
- Queensland Police Service (QPS)
- Queensland Ambulance Service (QAS)

Disaster Coordination Partners
- State Health Emergency Coordination Centre (SHECC)
- Health Emergency Operations Centre (HEOC)
- Local/District Disaster Management Committee (LDMC/DDMC)
- Queensland Health Emergency Operations Centre (QHEOC)
- Queensland Emergency Operations Centre (QEOC)

Coordination – Aged Care Health Emergency Operations Centre (ACHEROC)
Where there is significant system strain, for example outbreaks in multiple facilities across multiple regions, the ACHEROC will be activated by agreement between the Commonwealth Chief Medical Officer and Queensland Chief Health Officer or their delegate, to support coordination, resources deployment, response and communication activities.
Preparation and Rapid Response
Recommended Steps for Residential Aged Care Providers
Residential Aged Care Providers – Preparing and Responding to COVID-19

- Effective identification and management of a COVID-19 confirmed case or outbreak in a facility is dependent upon preparedness. Since the start of the COVID-19 pandemic, a number of resources have been developed to support facilities in preparing for and responding to outbreaks.
- As part of its preparedness activities, every facility should develop an outbreak management plan and determine an outbreak management team.
- Facilities should liaise with response partners, including their local Hospital and Health Service, Public Health Unit, the Commonwealth Department of Health, the Aged Care Quality and Safety Commission and, where applicable, their head office in relation to outbreak management teams and plans.
## Phase 0
### Monitor/Activate

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Read</td>
<td>CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia</td>
</tr>
<tr>
<td>Read</td>
<td>COVID-19 Outbreak Management, Preparing and responding – Guidance for Residential Aged Care Facilities in Queensland</td>
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<tr>
<td>Comply with</td>
<td>Aged Care Directions. Implement screening processes. Review visitor access in line with industry recommendations.</td>
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<tr>
<td>Complete</td>
<td>Checklist for Residential Aged Care Facility (RACF) preparation for COVID-19 prevention and outbreak management</td>
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<td>Consider</td>
<td>Palliative Care</td>
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<tr>
<td>Develop an Outbreak Management Plan that complies with CDNA Guidelines. Refer to guidance from Aged Care Quality And Safety Commission</td>
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<tr>
<td>Assess and maintain PPE supply</td>
<td>Ensure staff are trained in the use of PPE</td>
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<tr>
<td>Comply with guidance on PPE use</td>
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<tr>
<td>Develop a Communications and Engagement plan. See Guidance for Managing Communications and Engagement - COVID-19 in Residential Aged Care Facilities</td>
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<tr>
<td>Ensure understanding of governance and roles and responsibilities during the outbreak</td>
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<tr>
<td>Refer to the Aged care Quality and Safety Commission advice on COVID-19</td>
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<tr>
<td>Consider how you will support residents with dementia and high care needs</td>
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<tr>
<td>Ensure staff can identify symptoms and signs of COVID-19. Monitor and Test</td>
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<tr>
<td>Train staff in Infection Prevention and Control; ensure Environmental Cleaning; and review the ICEG Guidelines</td>
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<tr>
<td>Facilitate COVID-19 and influenza vaccination among residents and staff</td>
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Providers – Steps in a Suspected Case / Staff Member or resident is determined to be a close contact

**Phase 1**
**Response – Suspected Case - Resident**

1. Actively screen residents and staff to support early identification

2. Where a resident with symptoms is identified refer to [Acute Respiratory Illness (potential COVID-19)](https://racf.health.gov.au) in RACF Resident Pathway

3. Isolate the resident in a single room with ensuite and place under contact and transmission-based precautions [PPE in residential aged care and disability accommodation services](https://agedcare.health.gov.au)

4. Arrange testing of symptomatic resident(s) or staff via GP or call 1800 570 573 (ClinPath Aged Care Hotline)


6. Contact resident’s **GP**

7. Screen all residents and staff for symptoms

8. Ensure implementation of [environmental cleaning and disinfection](https://agedcare.health.gov.au) and ensure zoning/cohorting of residents and staff

9. Ensure adequate PPE. Additional PPE can be requested by emailing [agedcareCOVIDPPE@health.gov.au](mailto:agedcareCOVIDPPE@health.gov.au)
Phase 1
Response – Confirmed Case

Refer to First 24 hours – managing COVID-19 in a residential aged care facility

Declare an outbreak and refer to Management of potential or confirmed RACF COVID-19 outbreak

Isolate affected residents in single rooms with unshared bathroom. Follow ICEG Guidelines.

Contact the local public health unit as soon as possible by phone to notify any positive cases in residents or staff

Email agedcarecovidcases@health.gov.au to notify the Commonwealth Department of Health and obtain Case Manager

Establish Outbreak Management Team in accordance with CDNA guidelines.

Implement the facility Outbreak Management Plan

Inform residents, substitute decision makers, relatives and staff of outbreak. See Communications and Engagement Actions - COVID-19 in Residential Aged Care Facilities

Follow directions of Public Health Unit

Consider Clinical Governance

Consider the guidelines on RACF resident relocation in the event of a COVID-19 outbreak

Hold daily outbreak Management Team meetings. Ensure all relevant people are invited.
Phase 2 Transition to Recovery

No new cases 14 days from date of isolation of most recent case

The Public Health Unit will formally declare the outbreak over and inform the Residential Aged Care Facility of this decision

Review and evaluate response and amend Outbreak Management Plan if required

Continue to monitor for symptoms

Consider communications and engagement activities

Communications and Engagement Actions - COVID-19 in Residential Aged Care Facilities
Rapid Response – COVID-19 in a Residential Aged Care Facility

Single Site Response
• To ensure an appropriate, rapid response can be implemented for a COVID-19 event in an aged care facility in Queensland, a joint state/Commonwealth working group with expertise in disaster planning and management, public health and aged care was established to undertake an integrated planning process.


• The RACF Rapid Response help to ensure that all parties including the Commonwealth Government, which is the regulator and funder of aged care, can be quickly and effectively mobilised to respond to an outbreak in a Queensland RACF.

• The **Clinical Governance Framework for rapid response to COVID-19 outbreaks in residential aged care facilities** provides detailed information about roles and responsibilities in an outbreak.

The RACF Rapid Response facilitates four core responses to a COVID-19 incident:

- **Public health responses to support an RACF to control the infection**
- **Continuity of care (clinical) for residents including ensuring they can receive healthcare in situ where appropriate e.g. through in-reach services**
- **Service continuity supports to ensure the facility continues to operate and provide an appropriate level of service to residents**
- **Communication strategies to ensure stakeholders, including the families of residents, are kept up to date about the emerging situation and responses.**
Suspected / Potential COVID-19 case in resident, staff member or frequent visitor to RACF

Follow Communicable Diseases Network Australia (CDNA) Guidelines Residential Facilities PHU Refer to Resources For Aged Care Clinicians and Guidance on Preparing and Responding

Queensland Health Emergency Operations Centre (HEOC)
Queensland Ambulance Service (QAS)
and Guidance on State Health Emergency Coordination Centre (SHECC)

Negative Test

Rapid Response
Health Action

RACF Action

Follow (CDNA) Guidelines
Residential Facilities PHU
Refer to First 24 Hours
Notify Public Health Unit by phone as soon as possible

Pathology service notifies COVID Incident Management Team, Public Health Unit and testing GP of the positive test.

COVID Incident Management Team advises the following parties*

Chief Health Officer
Director-General, Queensland Health Chief Executive HHS
District Disaster Management Group

Commonwealth Department of Health
Residential Aged Care Facility
Public Health Incident Controller
Queensland Ambulance Service

Whole of Government Response Initiated

Public Health Responses
Service Continuity Responses
Continuity of Care Responses
Communications Responses


Whole of Government Response Stakeholders

Public Health Partners
- Public Health Unit (PHU)
- Hospital and Health Service (HHS)
- Chief Health Officer (CHO)
- COVID Incident Management Team (COVID IMT)
- Public Health Incident Controller (PHIC)

Service/Care Partners
- Residential Aged Care Facility (RACF) RACF Outbreak Management Team (OMT)
- Residential Aged Care Facility Support Service (RASS)
- RACF Approved Provider
- Commonwealth Department of Health (C-DoH) Case Manager
- Treating Clinicians/General Practitioner (GP)
- Hospital and Health Service (HHS)
- Aged Care Quality and Safety Commission

Disaster Coordination Partners
- State Health Emergency Coordination Centre (SHECC)
- Local/Disaster Management Committee (LDMC/DDMC)
- Health Emergency Operations Centre (HEOC)
- Queensland Police Service (QPS)
- Queensland Ambulance Service (QAS)

Positive Test

Undertake Test
Testing GP/RACF Support Service (RaSS) or Queensland Ambulance Service advises local Public Health Unit of suspected/potential case *

Public Health Unit Undertakes initial Assessment
Provides advice/ support.
Escalates requests for additional support to Hospital and Health Service/State Health Emergency Coordination Centre

Negative Test

Continue to follow CDNA Guidelines
RACF PHU

Monitor Situation

Whole of Government Response Initiated

Queensland Health Undertakes Initial Site Visit where resources available
Facility level discussions via daily Outbreak Management Team Meetings

* Process may include some redundancies to help ensure all relevant parties are notified
Outbreak Management Team – Implemented at each site

### Phase 1
**Response – Confirmed Case**

#### Infection Prevention and Control
- Restriction of resident movement/cohorting and zoning of facility
- Designate facility infection control lead/champion
- Restriction of visitor access
- Rapid audit of infection prevention and control
- Refresh IPC training
- Access to and correct usage of PPE
- Daily update of case list with test results and symptoms
- Increased frequency of environmental cleaning
- Review waste management processes

#### Assess workforce and surge planning
- Additional clinical support to meet increased care needs
- Additional allied health staff to avoid deconditioning of quarantined residents
- Additional staff to support changes in practices due to infection control
- Additional lifestyle staff to support enhanced communication with families and changes in activities due to quarantining
- Recommend activating the Commonwealth workforce surge program (if required).
- Consideration to be given to roles that could be done off site (e.g. Communications) to reduce the number of people in the facility.

#### Ensure resources are adequate, including:
- PPE
- Workforce
- Laboratory and testing
- Clinical monitoring equipment
- Imprest medications
- Oxygen
- Cleaning Equipment

#### Communication
- Ensure a communication strategy is in place for each resident and their representative (use external expertise as required i.e. OPAN)
- Support communication between all stakeholders

### Membership
Key participants who must, at a minimum, participate in meetings in the first 24 hours include:
- CEO, facility manager or other facility/provider representative who can report on operational issues and has authority to implement directions of the OMT (Chair)
- Queensland Health Public Health Unit Lead (co-Chair where possible)
- Commonwealth Case Manager
- Infection Prevention and Control Practitioner
- Communications Officer from facility

Additional representatives should be invited as required e.g.
- Public Health Unit Contact Tracer
- Public Health Unit epidemiologist
- Aged Care Quality and Safety Commission Case Officer
- Clinical Oversight Manager
- Infectious Disease physician

### Ensure strong and effective management structures to manage the outbreak

#### Develop and oversee the implementation of the OMP

#### Identify and investigate all positive COVID-19 cases

#### Establish approach to clinical care including escalation pathway

#### Implement communications plan

#### Implement workforce strategies

#### Identify where there is inconsistent advice or conflict within the OMT and refer to the Health Emergency Operations Centre

#### Identify alternate accommodation options, if required

#### Document agreed actions, including points of dissent

#### Report and escalate progress, issues and learnings to the local Health Emergency Operations Centre

#### Support the escalation of significant issues through HEOC to State Health Emergency Coordination Centre
Roles and Responsibilities in the Event of a Confirmed Case

**Aged Care Facility/Provider**
- Lead and manage the response to the outbreak in the RACF as required by legislation, including the Aged Care Act 1997, the CDNA Guidelines and relevant legislation.
- Regularly communicate with residents and representatives.
- Implement public health and clinical directions and advice.
- Activate outbreak management plan.
- Notify and liaise with PHU and the Commonwealth DoH.
- Establish an Outbreak Management Team.
- Contingency planning in the event of significant staff loss and surge staff planning.
- Work with Queensland Health and the Commonwealth to ensure the highest standards of infection control, clinical care and wellbeing.
- Enable access and respond to aged care advocates, provide to residents and their representatives communications, collateral and materials provided by advocacy services.
- See COVID-19 Outbreak Management, Preparing and Responding: Guidance for Residential Aged Care Facilities in Queensland for further information about steps providers should take.

**Queensland Health – Hospital and Health Service**
- Provide clinical support to RACFs.
- Determine clinical lead and outreach model (e.g. HITH) with specialist clinician support (e.g. geriatrics, infectious diseases, RaSS palliative care).
- Support staff/GP to deliver patient-centred care and review/develop advance care plans.
- Liaise regularly and provide information and support to GPs.
- Determine appropriate care, including care in RACF and/or transfer to hospital or other facility based on public health requirements, clinical advice and the resident’s wishes.
- Assess and consider provision of support for the RACF including infection prevention and control, PPE, workforce, communications.
- Liaise with other government agencies and disaster management bodies to ensure infection control, continuity of care, service continuity and communications.

**Queensland Health – Public Health Unit/Incident Management Team**
- Conferring the outbreak, undertaking risk assessment and liaising with the facility to activate their outbreak management plan.
- Determining appropriate outbreak control strategies and providing oversight in the implementation of those strategies.
- Lead public health response and support the RACF.
- Notify and liaise with relevant parties.
- Active surveillance, investigation and management of cases in staff and residents.
- Contact tracing and management.
- Ensure public health and infection control measures are implemented to contain the outbreak.

**Commonwealth Department of Health**
- Provide subsidy funding for aged care services and support the RACF’s capacity to manage the outbreak.
- Support viability and capacity of service.
- Allocate state-based 24/7 case manager.
- Facilitate access to primary care for residents.
- Facilitate access to resources, including surge workforce and PPE and deploy clinical first responder.
- Support relocation/decanting of cohorts based on clinical advice and in partnership with Queensland Health.
- Provide rapid response COVID-19 in-reach pathology testing services, if required.
- Assist providers with access to aged care advocacy services for residents and notify national and state-based advocacy services of outbreaks.
- Respond to media requests directed to the Department, in consultation with Queensland Health.

**Commonwealth Quality and Safety Commission**
- Provide regulatory information and intelligence, including service/provider risk ratings.
- Provide quality and safety information, including supporting response centres to provide alerts and messaging to the aged care sector, in consultation with QH.
- Monitor and support providers for infection control and other risks, including targeted monitoring programs.
- Integrate the Commission regulatory case coordination with operational outbreak management.
- Establish direct liaison with response centres.
- Provide regulatory oversight of RACFs.
- Provide guidance and advice to support the provider’s compliance with Commonwealth legislation.
- Respond to identified compliance issues.
- Work with the provider to resolve complaints about the service.

Detailed information about outbreak governance, roles and responsibilities is available [here](#).
Response to Multiple Significant Outbreak Incidents

Coordinated whole of government response
Aged Care Health Emergency Response Operations Centre (ACHEROC)

- The Queensland Aged Care Health Emergency Response Operations Centre (ACHEROC) will be implemented as a cell of the State Health Emergency Coordination Centre (SHECC). This enables the ACHEROC to draw on the capabilities, systems and resources of SHECC, whilst providing dedicated aged care intelligence gathering and coordination capabilities.
- The ACHEROC will provide system support and coordination to the Health Emergency Operations Centres (HEOC) and Outbreak Management Teams at the local level.
- The decision to stand up the ACHEROC will be jointly agreed by the Queensland and Commonwealth Governments (Chief Health Officer and Chief Medical Officer or their delegates) to respond to significant system strain e.g. multiple outbreaks across multiple regions.
Key Guidance Documents
### Planning and Preparedness

**Queensland Health**
- COVID-19 Outbreak Management, Preparing and Responding - Guidance for Residential Aged Care Facilities in Queensland
- Rapid Response – COVID-19 in a Residential Aged Care Facility
- Checklist for RACF preparation for COVID-19 prevention and outbreak management
- Clinical Governance Framework for rapid response to COVID-19 outbreaks in Residential Aged Care
- Managing Communications and Engagement - COVID-19 in Residential Aged Care Facilities
- COVID-19 in Residential Aged Care - Workforce Framework

**Other Sources**
- CDNA - National Guidelines for the Prevention Control and Public Health Management of COVID-19 Outbreaks in Residential Aged Care
- CDNA - Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units
- ACQSC - Outbreak Management Planning in Aged Care

### Outbreak Management

**Queensland Health**
- Management of Potential or Confirmed RACF COVID-19 Outbreak
- Checklist for potential or confirmed COVID-19 outbreak
- Communications and Engagement Actions - COVID-19 in Residential Aged Care Facilities

**Other Sources**
- Cth DoH - Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities
- Cth DoH - First 24 hours – managing COVID-19 in a residential aged care facility
- Infection Control Expert Group – COVID-19 Infection Prevention and Control for Residential Care Facilities

### Clinical Guidance

**Queensland Health**
- COVID-19 Testing framework implementation plan
- Personal protective equipment in Residential Aged Care and Disability accommodation services
- Acute respiratory illness (potential COVID-19 or influenza) in RACF resident pathway
- Guidance for transfer of residents of aged care facilities in the event of a COVID-19 outbreak
- Transitions between hospital and residential aged care facilities during COVID-19
- Principles of palliative care for residents of residential aged care facilities during COVID-19

**Queensland Health**
- Management of Potential or Confirmed RACF COVID-19 Outbreak
- Checklist for potential or confirmed COVID-19 outbreak
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