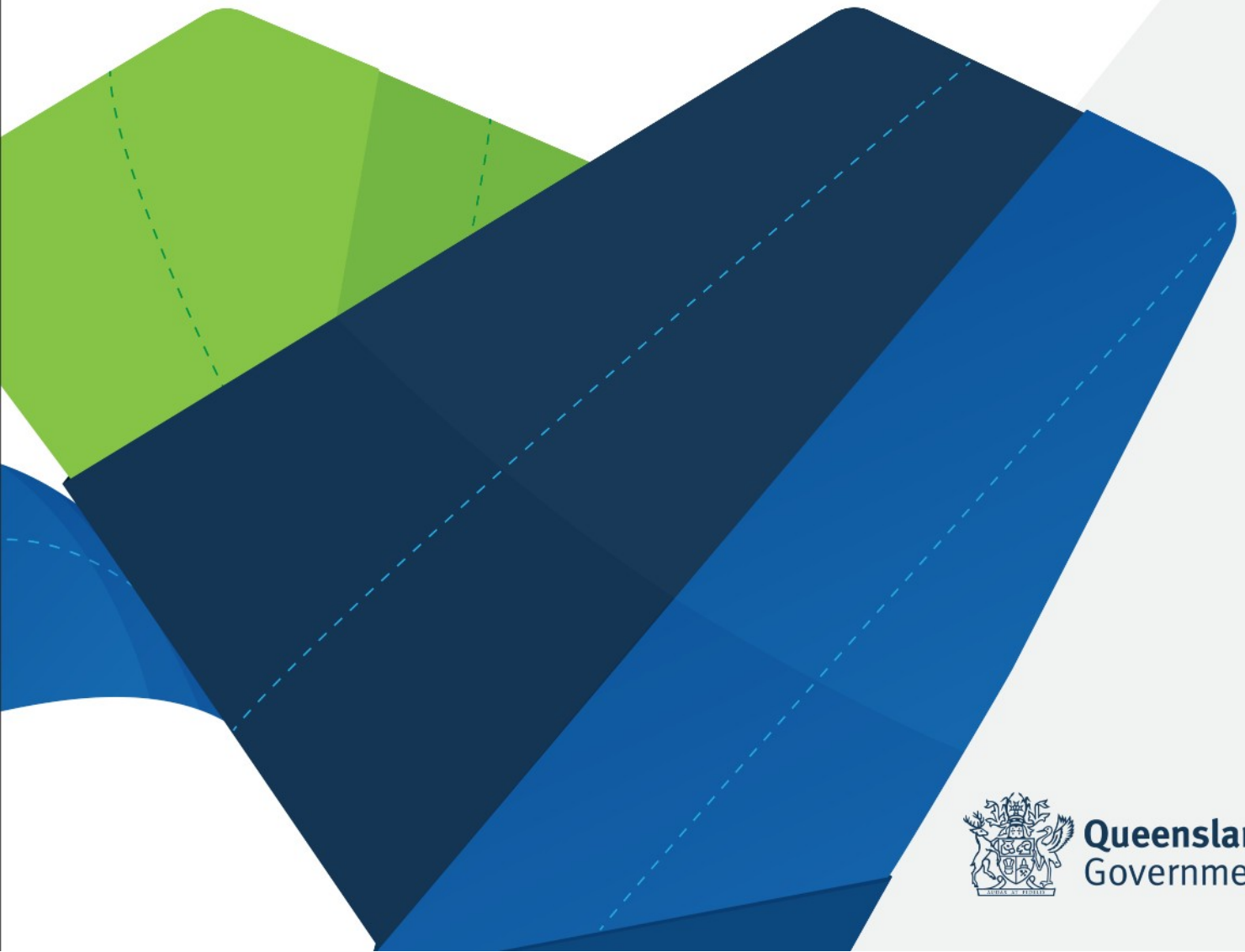
Queensland Health

Clinical Governance Framework for rapid response to COVID-19 outbreaks in residential aged care facilities



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Introduction

The following document provides a guide to clinical governance of COVID-19 outbreak prevention, preparation and management in residential aged care facilities (RACFs).

Clinical governance is defined as: "an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each consumer" (1).

In alignment with both the Australian Commission on Safety and Quality in Health Care (ACSQHC) clinical governance framework (2) and the Aged Care Quality and Safety Commission Aged Care Quality Standards (3), clear clinical governance processes will facilitate integrated response across RACF settings, General Practitioner, Queensland Health and Commonwealth agencies (including the Aged Care Quality and Safety Commission).

The goal of such clinical governance is to improve reliability, safety and quality of infection containment, resident healthcare, and resident and staff well-being during a RACF COVID-19 outbreak.

Purpose statement

The purpose of this document is to set out and provide clarity around an integrated, adaptive clinical governance system that provides optimal preparedness and facilitates a cohesive clinical response to RACF COVID-19 outbreak management, with RACF residents and families at the centre. The focus of the document is on the roles, responsibilities, accountabilities and communications required to facilitate integrated response.

RACFs are defined as facilities whose primary purpose is the provision of residential care to the older persons where these are:

- licensed Commonwealth Aged Care beds under the Aged Care Act or
- funded or operated under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

The principles underpinning this framework align to the Australian Health Protection Principal Committee (AHPCC) ethical framework (4) and include (to the extent possible without harm to others):

1. *Equity*
2. *Individual autonomy*
3. *Privacy and confidentiality of individuals*
4. *Proportionality*
5. *Protection of the public*
6. *Provision of care*
7. *Advocacy for the most vulnerable*
8. *Reciprocity*
9. *Stewardship*
10. *Trust, instilled through open and transparent communication*

RACF COVID outbreak planning and response falls within the context of broader national, state, district and local disaster response plans and clinical guidelines – the hierarchy of plans is outlined in table 1.

Table 1: Hierarchy of disaster and pandemic response plans and COVID-19 clinical guidelines

Level	Multi-agency plan	Health & RACF Plan	Clinical guidelines
National	Commonwealth Disaster Plan	Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)	• CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia • Coronavirus disease (COVID-19) CDNA national guidelines for public health units • First 24 hours in a COVID-19 outbreak • Outbreak management planning in aged care
State	Queensland Whole-of-Government Pandemic Plan	Queensland Health Disaster and Emergency Incident Plan including appendix: RACF rapid response plan	• Checklist for RACF preparation for COVID-19 prevention and outbreak management • Management of suspected or confirmed COVID-19 in residential aged care facilities • COVID-19 outbreak management, preparing and responding – guidance for residential aged care facilities in Queensland • RACF resident relocation in event of a COVID-19 outbreak • COVID-19 testing framework implementation plan: testing strategies for residential aged care • Pandemic response guidance – personal protective equipment in residential aged care and disability accommodation services • Transitions between hospital and RACF during COVID-19 pandemic
District	District Disaster Management Plan	HHS Disaster and Emergency Incident Plan including RACF disaster response sub-plan	N/A
Local	Local Disaster Management Plan	Hospital Disaster and Emergency Incident Plan including RACF disaster response sub-plan	HHS policies, procedures and guidelines
		RACF Outbreak Management plan & RACF business continuity plan	RACF policies, procedures and guidelines

Responsibility assignment matrices for RACF COVID-19 outbreaks

It is clear from prior COVID-19 outbreaks in RACFs in other jurisdictions (nationally and internationally), that clarity of response groups' **r**esponsibility, **a**ccountability, **c**onsultation and **i**nformation (RACI) sharing is key to successful outbreak management.

As the capability and capacity of the aged care sector varies considerably across Queensland it is noted that a flexible tailored approach is required and that during an outbreak there is a requirement for regular review periods to ensure all stakeholders are aware of and able to fulfill their roles and responsibilities, and to escalate concerns to accountable parties. During a response, where clinically indicated, the HHS Incident Controller may then institute a stronger command and control response, with consequent change to clinical governance. This may include either relocation of residents to a hospital setting or enrolment of residents in a Hospital in the Home model of care, as guided by principles outlined in RACF resident relocation in event of a COVID-19 outbreak, with consequent transfer of clinical governance from GPs to the admitting hospital clinicians while the hospital program or response is activated.

Tables 2 to 4 depict RACI matrices (5) to ensure that stakeholders develop a shared understanding of roles and accountabilities in RACF outbreak prevention, preparation and response.

Roles of response parties include being:

1. **Responsible** – these stakeholders complete the task or provide continual ongoing work to fulfill the objective or make the relevant decisions. Several response parties may be jointly responsible

2. **Accountable –** these stakeholders are the owners of the work who hold accountability for undertaking the described task and for review, constant management of risk related to the task and documentation of evidence of task performance

3. **Consulted –** stakeholders who need to give input before the work can be done and signed-off; *all stakeholders consulted are accountable and responsible for the quality of their clinical advice*

4. **Informed –** stakeholders who need to be informed or updated on progress or decisions but do not need to be formally consulted

In RACF outbreak response and management there is a significant overlap between clinical governance, risk governance, financial governance and other governance (such as business governance and human resources etc.). The scope of this document encompasses clinical governance – in the below RACI matrices there is reference to some accountabilities / responsibilities that may equally be seen to fall under risk, financial, or business governance; they are included in the matrix as absence of clarity of responsibility and accountability for these tasks has significant potential clinical consequence. However, it is acknowledged that the below RACI matrices do not incorporate all tasks relevant to clinical governance, risk governance, financial governance, and other governance – they are presented as a guide only.

Some overarching responsibilities and accountabilities are not specifically articulated in the RACI matrix as they are applicable broadly, rather than against specific tasks. These over-arching responsibilities and accountabilities are outlined in the RACF rapid response plan and include:

1. **Responsibility and accountability of the Commonwealth in funding and regulation of aged care,** and **funding of and equity of access to primary healthcare**

2. **Aged Care Quality and Safety Commission in regulation of aged care**; additionally, ACQSC may request information from approved providers to determine compliance with the Aged Care Quality and Safety Standards against any of the specified responsibilities or accountabilities of RACFs. ACQSC has published COVID-19 resources to assist providers.

3. **Primary Health Networks (PHNs) are responsible for supporting general practices and ensuring continuity of primary care** in their regions. As such, they consult with HHSs, General Practitioners (GPs), Aboriginal & Torres Strait Islander Community Controlled Health Organisations (A&TSI CCHOs) and RACFs to facilitate continuity of primary care and inform general practices, A&TSI CCHOs, and RACFs through provision of education, training, communication and other support activities.

4. **Responsibility and accountability of Queensland Health in leading the public health response and in provision of public hospital-level care for Queenslanders where indicated, including provision of hospital in the home where relevant.**

5. **Queensland Health accountabilities and responsibilities as an Approved Provider of Aged Care services** are included under the RACF provider column of the RACI matrices.

6. The role of non-governmental organisations in providing advocacy for, and assisting, residents and families

For each task where RACFs have accountability and / or responsibilities, additional to the requirement to undertake the specified actions, for each of these tasks, there is a requirement to be able to provide evidence of having performed the actions to relevant regulatory authorities.

Co-ordination of response in RACF COVID-19 outbreak management: roles and responsibilities

Optimisation of inter-agency support to aged care providers in COVID-19 outbreak management requires a clear understanding by all response parties of their roles and responsibilities in order to facilitate rapid, agile and effective response.

To assist in development of a shared understanding, roles and responsibilities of response parties are further outlined in Table 5.

It should be highlighted that the roles and responsibilities may require rapid, agile revision if:

- The capacity of any single response party is overwhelmed, or business continuity is threatened
- The RACF provider is assessed by all response parties to not require additional external support where such support is not a requirement of legislation or Federal or state directions
- Pandemic response phase reaches Levels 4 or 5 of QH COVID-19 pandemic response framework.

Response parties should collaborate to achieve a consumer-centred response underpinned by rapid communication. Each response party should have clearly articulated clinical governance and reporting structures that are transparent and understood by all staff. The clinical governance structure for the QH RACF outbreak response is outlined in Figure 2. It is acknowledged that this structure will require updating when arrangements for the Joint Aged Care Health Emergency Response Operations Centre are finalised.

It is recommended that at the conclusion of each outbreak, all response parties contribute to a debrief on outbreak recognition, response and management to identify lessons learnt. Lessons learnt should inform changes to outbreak preparations and responses and should be transparently shared to improve future outcomes across the healthcare sector.

Table 2: RACI matrix for PHASE 0: RACF COVID-19 outbreak prevention

Objective	Task	Residents & their families	RACF Approved Provider	General practitioner (GP) or Aboriginal & Torres Strait Islander Community Controlled Health Organisation (A&TSI CCHO)	Queensland Health (QH)*	Commonwealth agencies**
Prevention of COVID-19 outbreaks in RACFs	Development & communication of Aged Care Directions	-	-	-	R for informing relevant stakeholders; A - CHO	I - DOH & ACQSC
	Implementation of & compliance with Aged Care Directions	I; R for complying with directions	R for implementation & complying with directions; A for implementation & ensuring compliance	I; R for complying with directions	R for QH staff complying with directions; A for regulating Direction	I on visiting; R for Common-wealth staff complying with directions
	Familiarise RACF staff (clinical & non-clinical) with work exclusion / isolation requirements	I	R for education of staff; A for education of staff	I	-	-
	Implement infection prevention & control strategies to reduce infection risks to staff & residents	I	R for development & implementation; A for development & implementation	I	-	-
	Workforce management strategies (movement of staff across RACFs, cohorting staff within work zones)	I	R for development & implementation; A for development & implementation	I	-	-
	Distribute & explain resident & family COVID-19 information sheet	C; I	R for implementation; A for implementation	-	-	-
	Develop & communicate guidelines to facilitate safe transitions between hospital & RACFs	C; I	C; I	C; I	R for development & communication; A for development & communication	-

*CHO = Chief Health Officer **DOH = Commonwealth Department of Health, ACQSC = Aged Care Quality and Safety Commission;

Table 3: RACI matrix for PHASE 0: RACF COVID-19 outbreak preparedness

Objective	Task	Residents & their families	RACF Approved Provider		GP or A&TSI CCHO		Queensland Health (QH)*		Commonwealth agencies**		
RACF COVID-19 outbreak prepared-ness	Implementation of strategies for preparation for COVID-19 outbreak management - see RACF pandemic preparation checklist & CDNA RACF outbreak guideline (6)	I	R for implementation	A	C where GP action required	I	I - HHS Health Emergency Operations Centre where RACF providers identify need for support		I		
	Development & communication to all RACF staff of an RACF outbreak management plan (see CDNA RACF outbreak management guideline) & regular review of plan	I	R	A	C where the plan requires GP action	I	-		R for monitoring & supporting sector preparedness (DOH & ACQSC)		
	Develop & implement business continuity plan – ensure consultation of relevant stakeholders e.g. GPs are consulted about support of ongoing primary care during an outbreak; suppliers are consulted about security of supply chains	C	R to develop plan in collaboration with relevant stakeholders & suppliers - escalate concerns to DOH	A	C	R for delivery of primary care	I where RACF providers identify need for support & no resolution with escalation to PHN & DOH		A for access to primary care & PPE (DOH)	C PHN, DOH	I as indicated
	Ensure adequate training of staff across all aspects of outbreak management, infection control & leadership roles	I	R	A for implementation & regular review	I		C - HHS PHU or ICP where support is required		R for monitoring compliance		I
	Review resident medications, cease those no longer indicated & streamline administration schedules to minimise PPE	C	A		R		-		-		
	Support the review or development of resident advance care plans & confirm choices in active consultation with resident & substitute decision maker/s, where residents choose to document choices	C	R for coordinating discussions & lodging plans with Office of Advance Care planning	A for development of systems to support resident choice & advance care planning;	R to initiate advance care planning with residents &/or substitute decision makers		C - HHS Specialist palliative care or RaSS support where referred	I – Lodge with Office of Advance Care Planning	I - on request of ACQSC who may request to facilitate review against Aged Care Quality Standard 3		
	Develop & communicate QH and HHS RACF disaster response plans	C	C	I	C	I	R	A	C	I	

*PHU = Public Health Unit, ICP = Infection Control Practitioner, HHS = Hospital & Health Service **DOH = Commonwealth Department of Health, ACQSC = Aged Care Quality and Safety Commission

R = responsible	A = accountable	C = consulted	I = informed	- = nil specific additional to the overarching responsibilities & accountabilities outlined on p4

Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery

Objective	Task	Residents & their families	RACF Approved Provider	GP or A&TSI CCHO	Queensland Health (QH)*	Commonwealth agencies**
Early recognition & appropriate initial management of residents or staff with suspected COVID-19 & response to any notified close contacts	Implementation of systems to screen residents & staff for symptoms or signs of, or epidemiological risks for, COVID-19	I	R for referring residents with symptoms or signs to GP; A	C for residents; I	-	-
	Implementation of screening of visitors at external access points	I	R; A	I	-	-
	Exclusion of any RACF staff or visitors with symptoms or fever or epidemiological risks for COVID-19	-	R; A	-	-	-
	Declare a potential outbreak & stand-up internal Outbreak Management Team (OMT)	I	R; A	C; I	C - HHS PHU	I - DOH
	Early isolation & quarantine of cases & contacts & implementation of infection control procedures for any resident in RACF with suspected COVID-19 – refer to RACF PPE guideline & CDNA RACF outbreak guideline (6)	I	R; A	C; I	C - HHS PHU where indicated	I - DOH
	Timely testing of residents with suspected COVID-19 – refer to RACF testing framework	C; I	R for facilitating testing as required; A for facilitating testing as required	R for assessing resident & ordering tests; A for assessing resident & ordering tests	C – HHS PHU; R for assessing resident & ordering appropriate tests if resident in QH hospital; A where resident is in QH hospital	A for ensuring access to pathology testing under Sonic contract (DOH)
	Timely notification of GP & RACF of positive result or close contact to a positive case in resident, staff member or frequent visitor (where tests performed by private pathology providers these providers are accountable and responsible for timely notification of PHU, RACF & GP of results)	I	I	R – inform RACF if notified of a positive result of resident or staff member; I	R – GP informed by QH clinician if QH performed or ordered test; RACF clinical manager informed by PHU where risk identified via reporting or contact tracing; A where QH performed or ordered test	A under Sonic contract (DOH) for ensuring timely notification to RACF & GPs by Sonic laboratories where they performed test

* PHU = Public Health Unit, HHS = Hospital & Health Service, RaSS = RACF acute care support service **DOH = Commonwealth Department of Health, ACQSC = Aged Care Quality and Safety Commission

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Objective	Task	Residents & their families	RACF Approved Provider	GP or A&TSI CCHO	Queensland Health (QH)*	Commonwealth agencies**
Outbreak management: first 30 minutes – immediate infection control process & urgent notifications	Confirm isolation of case & implement appropriate infection control procedures	I	R / A	I	C - HHS PHU & ICP / I	I - DOH
	Sensitive notification of resident & family of result of testing	I	R if GP unavailable in a timely manner	R / A	R if resident an inpatient / A if resident an inpatient	-
	Notification to PHU of positive result in resident, staff member or frequent visitor	-	R if resident, or staff member	R if GP ordered the test / A if GP ordered test	R if QH clinician ordered test or QH laboratory used / A if QH clinician ordered test or QH pathology laboratory used	-
	Notification of Health Emergency Operations Centre & COVID incident management team	-	-	-	R - HHS PHU / A - HHS PHU	-
	HHS Incident controller (or delegate) contacts RACF clinical manager for initial situation report & consultation on initial HHS response plan	-	C	I	R - HHS incident Controller / A - HHS HEOC	I - DOH
	Review and perform vital signs for affected resident/s using appropriate PPE; develop care plan in consultation with resident, GP, HHS Clinical Lead & PHU; refer to RACF resident relocation in the event of a COVID-19 outbreak for considerations in relation to resident hospital transfer	C	R / A	C	C - HHS Clinical lead & PHU / R - where relocation indicated due to public health imperatives, PHU lead facilitates; where clinically indicated, HHS clinical lead facilitates hospital transfer or HITH admission	-
	Notify Commonwealth Department of Health	-	R / A	-	-	I - DOH
	Lockdown/ restrict access to RACF: evacuate non-essential personnel, restrict residents to own rooms & reinforce standard precautions including hand hygiene, cough etiquette and physical distancing (1.5m) throughout facility	I	R / A	I	I - HHS PHU	I - DOH
	Appoint Commonwealth site case manager	I	I	I	I	R- DOH / A - DOH

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Objective	Task	Residents & their families	RACF Approved Provider	GP or A&TSI CCHO	Queensland Health (QH)*	Commonwealth agencies**
Outbreak management: 30 – 60 minutes	Convene multi-agency outbreak management team (OMT) including Facility manager – refer to CDNA RACF outbreak guideline (6) for detailed description of suggested membership of OMT	-	R / A	C	C - HHS PHU & Clinical Lead	C – DOH site case manager
	Activate outbreak management plan	-	R / A	I	I	I
	Appoint communications officer responsible for primary communication with residents & families	I	R / A	I	I	I
	Undertake initial communication with RACF staff (including visiting staff) & residents & families	I	R / A	I	I	I
	Deploy HHS RACF rapid response team (Clinical lead & PHU lead)	I	C	I	R HHS Incident Controller / A - HHS HEOC & HHS PHU	I
	Distribute detailed RACF floor plan to OMT members including PHU, ICP & Commonwealth site case manager; multiple (1x1m minimum) laminated copies should be available to facilitate cohorting	-	R / A	-	C - HHS PHU lead & ICP	C – DOH Site case manager
Outbreak management: hours 2 – 3	Clinical screening of all residents & staff (typical & atypical symptoms & vital signs) – isolate & develop care plans for symptomatic or unwell residents; exclude symptomatic staff from facility	C / I	R / A	C where indicated	C - HHS Clinical lead support where indicated	I - DOH Site case manager
	Apply resident identification arm-bands & print current care plans including resident photo & medication list	I	R / A	-	-	-

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Objective	Task	Residents & their families	RACF Approved Provider	GP or A&TSI CCHO	Queensland Health (QH)*	Commonwealth agencies**
Outbreak management: hours 2 – 3 (cont'd)	To a pre-compiled list of all residents, include current COVID-19-like symptoms, symptom onset date, current vital signs, testing status, location & staff contacts	I	R A	I	C - HHS PHU collate into line list	I - DOH Site case manager
	Update pre-compiled list of all staff (employees, contractors & visiting professionals) of RACF (including names, contact details, DOB, Medicare number) – ensure that there is a note made if staff work across multiple aged care facilities	-	R A	C	C - HHS PHU collate into line list	I - DOH Site case manager
	Contact tracing	C I	C	C	R - HHS PHU lead A - HHS PHU lead	I - DOH Site case manager
	PPE stock-take	-	R for ensuring sufficient PPE stock A for PPE stock	-	I	I - DOH Site case manager
	RACF to ensure surge supply of PPE & escalate PPE requirements to Commonwealth via: agedcareCOVIDPPE@health.gov.au	-	R for initial surge supply; notification to Commonwealth of need for surge supply of PPE A for initial surge supply; notification to Commonwealth of need for surge supply of PPE	I	A for provision of surge supply of PPE in the interim to access to National Stockpile (reimbursed by Commonwealth) – HHS HEOC I	A for funding & surge supply of PPE from National Stockpile I
	Implement media communication plan	-	I	-	R for media enquiries A for media enquiries	A for media enquiries related to Commonwealth response

* PHU = Public Health Unit, ICP = Infection Control Practitioner, HHS = Hospital & Health Service, RaSS = RACF acute care support service, HEOC = Health Emergency Operations Centre

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery

Objective	Task	Residents & their families	RACF Approved Provider		GP or A&TSI CCHO	Queensland Health (QH)*		Commonwealth agencies**	
Outbreak management: hours 4 – 6	First meeting of OMT	-	R	A	C - GP representative where agreed to by GP	C - HHS PHU & / or HHS Clinical Lead representation		C (DOH)	
	Confirmation & endorsement of outbreak management governance & roles & responsibilities	-	R	A	R	R		R	
	Implement surge staffing plans	I	R for implementation & for escalation of current or anticipated staffing needs	A for implementation & for escalation of current or anticipated staffing needs	-	R for bridging surge work-force to DOH response	A for bridging surge work-force to DOH response	R to support surge staffing (DOH)	A to support surge staffing (DOH)
	Undertake systematic resident & staff testing	I	R for contacting pathology provider	A for implementing the testing strategy recommended by PHU	R for ordering of appropriate tests	R - HHS PHU for advising testing strategy in accordance with QH RACF COVID testing strategy	A for PHU testing strategy recommendations	A under Sonic contract for timely performance & turn-around time of testing (DOH)	
	Cohorting & relocation or residents where indicated & consistent with RACF resident relocation in the event of a COVID-19 outbreak	C I	R	A	I	C - HHS PHU & ICP advise on cohorting strategy	R - where relocation indicated due to public health imperatives, PHU lead facilitates; where clinically indicated, HHS clinical lead facilitates hospital transfer or HITH admission	A – DOH to support relocation / decanting of cohorts based on clinical advice & in partnership with QH	

* PHU = Public Health Unit, ICP = Infection Control Practitioner, HHS = Hospital & Health Service, HITH = Hospital in the Home **DOH = Commonwealth Department of Health

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Objective	Task	Residents & their families	RACF Approved Provider		GP or A&TSI CCHO	Queensland Health (QH)*	Commonwealth agencies**
Outbreak management: hours 4 – 6 (cont'd)	Implement three times daily symptom screening & vital signs & where indicated, detailed clinical review of residents	I	R for performing & escalating concerns to GP or Clinical lead	A for performing & escalating concerns to GP or Clinical lead	R for review where referred by RACF - escalate concerns to HHS Clinical Lead	C where referred by RACF or GP (HHS Clinical Lead)	-
	Implementation of Infection prevention & control & enhanced environmental cleaning (minimum twice daily)	I	R	A	R to comply with required IPC	C - HHS PHU & ICP	
	Ensure continuity of primary care provision to residents	C	R to escalate to PHN (& where ongoing to Commonwealth) concerns regarding primary care access; ensure IT & staffing available to support		R for primary care provision	-	A to ensure access to primary care; C PHNs; I as indicated
Outbreak management: hours 12 – 24	In active consultation with residents & substitute decision makers, where residents have documented advance care plans or advance health directives, identify whether documented choices remain current	C; I	R for lodging advance care plans to the Office of Advance Care planning	A	R to offer discussion with residents & / or substitute health decision makers	C - HHS clinical lead where indicated	-
	Ensure all staff inducted in infection control (IC) procedures & are competent in donning & doffing PPE	-	R	A	I; R to comply with required IC procedures	C- HHS ICP; R to comply with required IC procedures	I
	Implement systems to support resident social & psychological well-being including facilitation of contact with family	C; I	R	A	-	-	I
	Provision of daily updates to and communication with residents & families	C; I	R	A	C	C - HHS clinical lead	I

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Objective	Task	Residents & their families	RACF Approved Provider		GP or A&TSI CCHO	Queensland Health (QH)*		Commonwealth agencies**
Outbreak management: beyond the first 24 hours	Undertake daily outbreak management team (OMT) meeting & ensure governance structure reviewed, confirmed and communicated each day	-	R	A	C	C - HHS PHU & / or HHS Clinical Lead		C – DOH & ACSQC
	Daily update of list of residents including current COVID-19-like symptoms, onset date of symptoms, testing status, location in RACF & staff contacts	I	R	A	-	C - HHS PHU collate into line list		I
	Daily communication with and provision of updates to staff & other stakeholders	-	R	A	I where indicated	I where indicated		I where indicated
	Ongoing isolation of residents & implementation of infection control procedures	I	R	A	C where indicated	C - HHS PHU where indicated		I
	Ongoing three times daily screening & vital signs review of residents & where indicated, detailed clinical review of residents	I	R for performing & escalating any concerns to GP or Clinical lead	A for performing & escalating any concerns to GP or Clinical lead	R for review where referred by RACF – escalate concerns to HHS Clinical Lead	C where referred by RACF or GP to HHS Clinical Lead		-
	Confirm & implement ongoing testing strategy for residents & staff – refer to RACF testing framework	C I	R for referral to GP or Clinical site lead for ordering of tests	A for implementation of testing strategy	R for assessing resident & ordering appropriate tests if resident in RACF & not admitted to HITH	R for communication of testing strategy to RACF & GP (PHU lead) & R for assessing resident & ordering appropriate tests if admitted to HITH (Clinical lead or delegate) or if resident in	A to develop testing strategy (PHU)	A for ensuring access to pathology testing under Sonic contract (DOH)

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Objective	Task	Residents & their families	RACF Approved Provider		GP or A&TSI CCHO		Queensland Health (QH)*		Commonwealth agencies**	
Outbreak management: beyond the first 24 hours (cont'd)	Sensitive notification of resident/s & their families of results of testing	I	R if GP unavailable in a timely manner		R	A	R if resident an inpatient	A if resident an inpatient	-	
	Development & implementation of care plan for resident/s testing positive for COVID-19	C	R for implementation	C	R for development of care plan		A	C - HHS PHU	-	
	Ongoing infection control, enhanced environmental cleaning, laundry & waste management	I	R for planning & implementation	A for planning & implementation	R to comply with required IPC		C - HHS PHU & ICP	I	-	
	Daily assessment at each shift workforce capacity	-	R for assessment of workforce capacity, actioning any short-fall & escalation of any concerns to DOH	A	-		R for bridging surge work-force to DOH response	A for bridging surge work-force to DOH response	I - HHS HEOC	R for support of surge work-force supply (DOH)	A for support of surge work-force supply (DOH)
	Daily assessment at each shift of workforce well- being	-	R for assessment of workforce well-being	A	-		C - HHS PHU		-	

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Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Objective	Task	Residents & their families		RACF Approved Provider		GP or A&TSI CCHO		Queensland Health (QH)*		Commonwealth agencies**
Outbreak management: beyond the first 24 hours (cont'd)	Daily stock take & reordering of consumables including PPE etc.	-		R	A	-		R for facilitating distribution from National Medical stockpile state holdings		A for facilitating access to PPE from National Medical stockpile (DOH)
	Ongoing three times daily symptom screening & vital signs & where indicated, detailed clinical review of residents & collaborative development of care plans	C	I	R for escalating any issues in access to medical care to accountable team	A for escalating any issues in access to medical care to accountable team	R for delivery of primary care to residents	A for delivery of primary care to residents	R for delivery of hospital level care to residents	A for ensuring access of residents to hospital care where indicated	A for ensuring access of residents to primary care (DOH)
	Declare outbreak over when no new cases for 14 days from date of isolation of most recent case	I		R in consultation & agreement with PHU	A in consultation & agreement with PHU	I		C - HHS PHU		I - DOH & ACQSC

* PHU = Public Health Unit, ICP = Infection Control Practitioner, HHS = Hospital & Health Service, HEOC = Health Emergency Operations Centre **DOH = Commonwealth Department of Health

R = responsible	A = accountable	C = consulted	I = informed	- = nil specific additional to the overarching responsibilities & accountabilities outlined on p4

Table 4: RACI matrix for Phases 1 & 2: Response to RACF COVID-19 outbreak & road to recovery (cont'd)

Table 5: Roles and responsibilities in RACF outbreak management (7)

Lead agency	Responsibilities	Response agency	Role	Tasks	Communications
Aged Care Quality & Safety Commission	• Provide regulatory oversight of RACFs to protect safety, health, well-being & quality of life of RACF residents	ACQSC	Regulatory oversight	○ Provide regulatory oversight of RACFs to protect & enhanced the safety, health, well- being & quality of life of people residing in the RACF ○ Monitor compliance with *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018* ○ Respond to identified compliance issues ○ Work with provider to resolve complaints received about the service	○ RACF provider – Aged Care Quality and Safety Commission liaison ○ Referral to the Commission of concerns about Aged Care Providers ○ Complaints management escalation & resolution
Commonwealth Department of Health (DOH)	• Primary responsibility for preparedness & support of RACF capacity to manage outbreak including support of surge staffing, primary care, PPE & RACF pathology services	DOH site case manager	Support RACF capacity to manage outbreak	○ 24/7 support to RACF provider ○ Facilitate adequate access to primary care for RACF residents ○ Facilitate access to resources including surge workforce & PPE ○ Facilitate relocation of cohorts requiring non-hospital relocation ○ Provides rapid response on-site pathology testing services ○ Assists providers with access to aged care advocacy services for residents & representatives ○ Liaison with QH agencies & response teams	○ Responds to media requests directed to the Commonwealth Department of Health ○ Commonwealth-RACF provider communication liaison ○ Commonwealth-state communication liaison ○ Support to RACF provider in consumer communication
	• Provide funding for & regulation of aged care services including preparation for & response to COVID-19 outbreaks	Residential Aged Care Facility (RACF) provider	Primary lead for outbreak preparation & management, RACF business continuity, resident wellbeing & resident / family communication	Prior to outbreak: Ensure compliance with Aged Care Health Direction ○ In consultation with GPs or A&TSI CCHO: - develop, lead & manage implementation of, a comprehensive outbreak management plan (OMP) to support safety, care & wellbeing of residents & staff as required by legislation including *Aged Care Act 1997*, relevant Queensland legislation, RACF pandemic preparation checklist & *CDNA RACF outbreak management guidelines* - develop a primary care continuity plan - implement systems to support early recognition of resident or staff illness & timely response including screening, isolation, notification & testing ○ Implement workforce management strategies to limit movement of staff across RACFs & facilitate cohorting of staff within work zones ○ Ensure adequate training of staff in all aspects of outbreak management, infection control & leadership roles	Prior to outbreak ○ Communicate COVID-19 information & symptoms to all staff, residents & families ○ Communicate outbreak management plan to all staff (including GPs & A&TSI CCHO) & confirm their roles ○ Communicate staff exclusion criteria to all staff (clinical & non-clinical) ○ Escalate issues with primary care access to PHN & where significant ongoing issues, to Commonwealth DOH

R = responsible	A = accountable	C = consulted	I = informed	- = nil specific additional to the overarching responsibilities & accountabilities outlined on p4

Table 5: Roles and responsibilities in RACF outbreak management (7) (cont'd)

Lead agency	Responsibilities	Response agency	Role	Tasks	Communications
Commonwealth Department of Health (DOH)	(cont'd from above) • Facilitate access to primary care for RACF residents including support of outbreak management consultations, telehealth consultations, advance care planning & health care management consultations with substitute decision makers	Residential Aged Care Facility (RACF) Provider (cont'd)	See above	<u>Prior to outbreak (cont'd)</u> ○ Support GP to review & update resident advance care plans ○ Refer residents on nebulisers to GP for review & consideration of change to metered aerosols with spacer <u>Outbreak management</u> ○ Refer any resident with suspected COVID-19 to GP for urgent review, isolate resident & contact RaSS at GP discretion ○ Declare a potential outbreak if suspected / potential COVID-19 & stand-up an internal Outbreak Management Team ○ Lead, direct, monitor & oversee outbreak response in RACF ○ Implement infection prevention & control (IPC) measures in consultation with GPs or A&TSI CCHO & Infection control practitioners, including: - Isolating & cohorting of staff & residents - Instructing staff on PPE, hand & cough hygiene, enhanced environmental cleaning & waste management & ensuring ready access to resources to enable compliance; ensure staff are instructed on how to minimise infection risk to their families - Daily PPE induction / spotting every shift - Routine, standard & transmission-based IPC measures as indicated - Assess RACF for potential breaches of IPC (e.g. food trolleys, medication trolleys) - Display visible IPC signage throughout RACF - Designate an infection control practitioner role to support adherence to PPE - Ensure all staff entering RACF are oriented & trained in IPC & PPE - Appropriate waste disposal & management	Escalate business continuity concerns to DOH <u>Potential outbreak</u> ○ Notify & consult GP ○ Notify Public Health Unit <u>Confirmed Outbreak:</u> ○ Notify all of: - Resident & family if GP or ordering clinician not available to do so - Public Health Unit - Commonwealth DOH - GP/s or A&TSI CCHO - All staff, residents & families ○ Primary liaison with Clinical lead & public health lead ○ Timely communication with attending GPs or A&TSI CCHO across the spectrum of prevention, preparedness, outbreak declaration & outbreak management ○ Escalate medical concerns to GP, A&TSI CCHO, or HHS Clinical lead as indicated ○ Timely & responsive communication with residents & families including ensuring updates on outbreak, outbreak response & resident well-being

R = responsible	A = accountable	C = consulted	I = informed	- = nil specific additional to the overarching responsibilities & accountabilities outlined on p4

Table 4: RACF roles and responsibilities in RACF COVID-19 outbreak management & (7) (cont'd) Table 5: Roles and responsibilities in RACF outbreak management & (7) (cont'd)

Lead agency	Responsibilities	Response agency	Role	Tasks	Communications

Commonwealth Department of Health (DOH)	See above	Residential Aged Care Facility (RACF) Provider (cont'd	See above	○ If COVID-19 confirmed, establish multi-agency Outbreak Management Team (OMT) in consultation with Public Health Unit & chair daily meetings of OMT until outbreak is declared over
				○ Placement of resident identification arm bands on each resident at commencement of outbreak & print current care plan & medication lists
				○ Share site map & floor plan of each unit / wing with response parties
				○ Development & daily update of resident line lists including current COVID-19 symptoms, symptom onset date, testing status, results of pathology, location & contacts
				○ Work with GPs or A&TSI CCHO & allied health providers to:
				  ○ Facilitate pathology request forms & timely specimen collection
				  ○ Ensure continuity of primary care
				  ○ Maintain resident mobility & psychological well-being
				  ○ Maintain resident nutrition
				○ Ensure business continuity is maintained through all phases of pandemic response including:
				  ○ Assess staff resources & implement contingency plans & surge staff plans (clinical & non-clinical staff)
				  ○ PPE & infection control consumables stock, prediction & monitoring of PPE burn rate & pre-emptive ordering
				  ○ Access to imprest medications
				  ○ Access to monitoring equipment (single-use consumables where feasible)
				  ○ Access to management equipment e.g. subcutaneous infusion devices, oxygen
				  ○ Waste management services
				  ○ Information services
				○ Facilitate access & respond to aged care advocates, substitute decision makers, guardians, decision-making supporters & vital carers
					○ Escalate issues with primary care access or business continuity to Commonwealth DOH

		Primary Health Networks	Support Commonwealth Department of Health and RACF provider to ensure continuity to primary care	○ Support Commonwealth Department of Health & RACF provider to ensure continuity of access of residents to GPs ○ Provide support roles otherwise delegated by Commonwealth Department of Health site case manager ○ Support needs of GPs	○ Liaise with DOH site case manager ○ Liaise with & support GPs

Table 5: Roles and responsibilities in RACF outbreak management (cont'd) (7)

Lead agency	Responsibilities	Response agency	Role	Tasks	Communications
Commonwealth Department of Health (DOH)	• Primary responsibility for support of RACF capacity to manage outbreak • Provide funding for aged care services	General practitioners	Provide continuity of primary care services to RACF residents & support resident well-being	○ In consultation with RACF provider ensure that: - Each resident is provided the option to confirm or develop an advance care plan - Resident medications are reviewed &: • nebulisers changed to metered aerosols with spacer where appropriate • Pre-emptively rationalize medications: cease low-benefit medications • Rearrange / streamline medication administration times to conserve PPE where clinically appropriate - Where residents are nearing end of life, ensure prescribing to maintain comfort & dignity – consult specialist palliative care services where indicated - For residents with behavioral & psychological symptoms of dementia, there is a behavioral management plan implemented, where indicated in consultation with dementia specialist services ○ Provide ongoing primary care support to RACF residents throughout outbreak ○ Escalate any clinical concerns about residents or resident care to site lead medical officer & RACF OMT	○ Liaise with site lead medical officer & RACF OMT ○ Liaise with RACF to provide support to residents & families

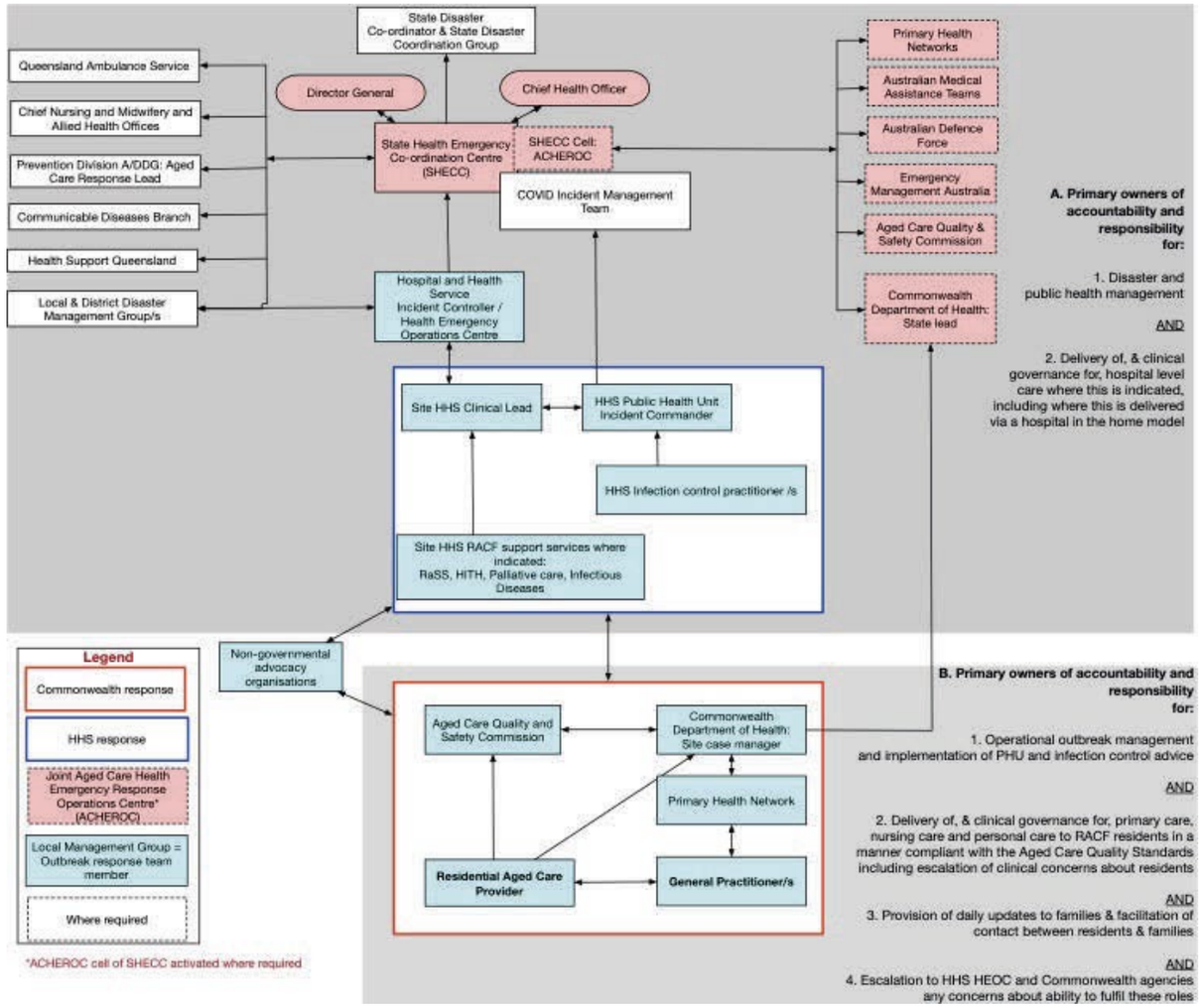
Table 5: Roles and responsibilities in RACF outbreak management (cont'd) (7)

Lead agency	Responsibilities	Response agency	Role	Tasks	Communications
Queensland Health	• Primary responsibility for public health direction to RACF OMT • Collaborative support to RACF OMT & GP • Primary responsibility to respond to RACF / GP requests to transfer residents to hospital • Plan to ensure HHS capacity to respond to RACF outbreaks	Chief Health Officer	Development & communication of Aged Care Directions	○ Development & communication of Aged Care Directions that RACF providers are responsible for implementing & complying with ○ Liaise with Commonwealth Chief Medical Officer to stand-up Aged Care Health Emergency Response Operations Centre (ACHEROC) where indicated	○ Primary QH media communications ○ Liaison with Commonwealth Chief Medical Officer
		Hospital & Health Service Incident Controller	Co-ordination of QH HHS support & public health roles	○ Support RACF with clinical advice, coordination, logistic advice, risk assessment as required ○ Determine site commander & RACF support service response model to support clinical care of residents (COVID-19 & non-COVID) specific to the individual RACF outbreak response needs ○ Co-ordinate & evaluate response needs with medical & public health leads	○ Direct communication including daily briefings & co-ordination with: - Site Commander of HHS outbreakresponse team - Commonwealth Department of Health site case manager - HHS Chief Executive & Hospital Emergency Operations Centre (HEOC) - COVID incident management team (IMT)
		Public Health	Lead public health response & support RACF in executing its role	○ Support RACF in establishment of OMT ○ Actively participate in OMT with RACF including daily meetings until outbreak is declared over ○ Collaborate with RACF OMT to determine appropriate outbreak management strategy including: - Institution of appropriate testing regiment - Transfer of residents out of facility to minimise transmission – this may involve transfer to hospital or to alternate sites ○ Coordinate testing regimen in consultation with RACF ○ Collaborate with RACF to ensure that requests of residents / families to move out of facilities are timed to minimise transmission & are associated with continuity of public health visibility of that resident ○ Collation & reporting of daily resident run lists ○ Undertake case & contact management (public health management) ○ Issue quarantine notices to staff, residents & visitors who have been identified as cases or close contacts (thus determining which staff should not be working at the facility)	○ Notify RACF clinical manager of any positive RACF residents, staff or frequent visitors ○ Primary liaison with RACF on public health support in management of outbreak ○ Twice daily situation report to HHS Incident controller & COVID Incident Management Team

Table 5: Roles and responsibilities in RACF outbreak management (cont'd) (7)

Lead agency	Responsibilities	Response agency	Role	Tasks	Communications
Queensland Health (cont'd)	See above	HHS Infection control practitioner	Support RACF provider to implement appropriate infection control	○ Support RACF infection control practitioner to ensure optimal IPC processes are implemented including: - Appropriate screening processes on entry to RACF & orientation of all entering to IPC & PPE - Appropriate IPC signage - Isolation of infected residents - Placement of hand-wash stations & PPE	Primary communication with HHS incident controller & public health lead
		Site clinical lead – this may entail both nursing & / or medical roles as required	Support RACF provider & GPs to co-ordinate clinical assessments & care of residents	○ Support RACF provider & GPs to ensure: - Minimum three times daily screening of residents for symptoms & vital signs - Confirm escalation processes for medical concerns - Confirm understanding of response to deterioration across 24/7 spectrum across all staff levels - Support RACF & GP in communication with resident / families at RACF / GP request ○ Respond to any escalation of medical or nursing concerns by RACF or GPs including consideration of resident relocation see RACF resident relocation in the event of a COVID-19 outbreak ○ Primary role in coordinating & referring to specialist RACF support services including RaSS, specialist palliative care, dementia support, HITH where indicated & consistent with public health / infection control advice & resident choice	○ Primary liaison with site GP/s & support PHU lead with OMT tasks ○ Twice daily situation report to HHS Incident controller

Figure 2: Queensland governance framework for RACF outbreak management



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