

Acute respiratory infection (potential or confirmed COVID-19 or Influenza)

Resident with Acute respiratory infection
(see practice point 1)

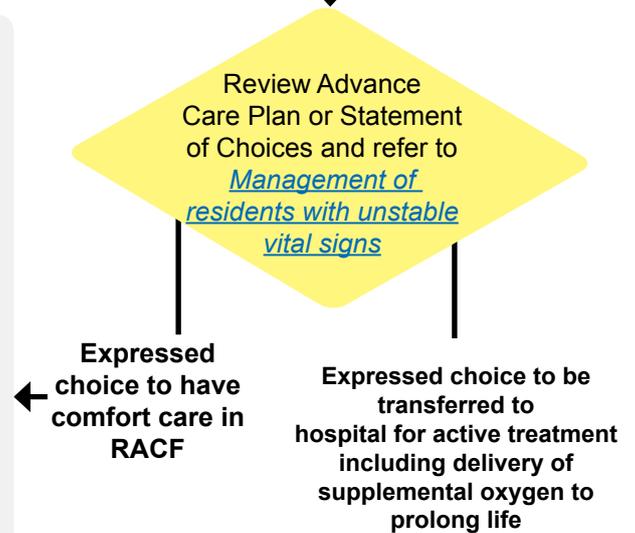
1. Immediately isolate the resident and place under *standard and transmission-based precautions* as per *Australian Guidelines for the Prevention and Control of Infection in Healthcare*
 - Staff apply appropriate personal protective equipment (PPE) - review *QH RACF PPE guidance*
 - Where possible, place the resident in a single room with an unshared bathroom and minimise interaction with others (in limited circumstances, use of a single room with a commode toilet may assist)
 - Ensure implementation of *enhanced environmental hygiene*
2. Check vital signs
3. If not immediately life-threatening review *Checklist for contact of GP or RaSS* and ring GP

Stable vitals

Unstable vitals

In consultation with GP (or at discretion of GP, with support of HHS RaSS):

1. Continue to isolate the resident and implement enhanced *infection control measures* (see practice point 2) - explain need for isolation to resident and substitute health decision maker
2. Undertake regular monitoring of vital signs and monitor resident for pain, discomfort or distress, and with GP support, institute appropriate management to alleviate symptoms
3. Review and update or, where relevant, develop Advance Care Plan with resident and substitute health decision maker
4. Where available, perform Rapid Antigen Test (RAT) for COVID-19 - if positive, this is a case. Where negative, continue precautions and perform COVID-19 PCR. During periods of influenza circulating in the community, regardless of RAT result, perform parallel PCR for COVID-19 and influenza A and B
5. With GP perform clinical risk assessment of resident - where influenza is currently circulating in community, GP to consider commencement of oseltamivir prior to return of PCR results
6. Implement active clinical surveillance of all residents and staff (if not already occurring) to identify further cases or exposure risks and refer to *National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities*
7. Review and update outbreak management plan



1. Ensure a staff member wearing appropriate PPE remains with resident: apply oxygen to maintain oxygen saturations at 92 to 96 per cent (or if history of Chronic Obstructive Pulmonary Disease, 88 to 92 per cent) and support in position of comfort
2. Call QAS on 000 - notify operator of resident with symptoms consistent with COVID-19
3. Ring GP if not yet aware
4. Prepare transfer documentation (review *Checklist for contact*)
5. Notify substitute health decision maker
6. Notify relevant *HHS RaSS*

Follow-up swab results

Vital signs unstable and expressed choice to be transferred to hospital for active treatment

1. If swab positive for *notifiable respiratory pathogen*, ensure the responsible clinician undertakes required mandatory notifications
2. For guidance on outbreak prevention, identification and management, refer to *National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities*
3. Where the positive swab result is a rapid antigen test for COVID-19 register the result *here*
4. Initiate management appropriate to swab results and where indicated, commence disease modifying treatments including *relevant antiviral therapy* - see practice point 3
5. Perform regular vital signs and escalate to GP or at GP discretion *HHS RaSS* if resident deteriorates

Acute respiratory infection practice points

1) When to consider COVID-19 or influenza infection in an RACF resident

(NOTE: facilities should institute active surveillance for symptoms / signs to facilitate early detection)

Consider COVID-19 or influenza if there is recent or new onset of:

A. Clinical features:

1. Acute respiratory symptoms – including new or worsening shortness of breath or cough (dry or productive), sore throat, runny nose or nasal congestion, increased respiratory rate or drop in oxygen saturation
2. Fever ≥ 37.5 degrees Celsius or history of fever including night sweats or chills, can occur, however, fever is less common in older persons
3. Older people may also present with atypical symptoms - these may include:
 - Nausea, vomiting, diarrhoea, loss of smell, loss of taste or acute loss of appetite
 - Increased confusion or delirium or change in baseline behaviour
 - Falls
 - New fatigue, headache, myalgia (muscle aches), arthralgia (joint pain)
 - Worsening of chronic disease of lungs

B. Close contact of a confirmed COVID-19 case - refer to [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities](#)

2) Infection control procedures in potential or confirmed COVID-19 infection in an RACF resident

1. **Use appropriate personal protective equipment (PPE)** when caring for residents with potential or confirmed respiratory infection: see [Queensland Health Pandemic Response Guidance Personal Protective Equipment \(PPE\) in Residential Aged Care and Disability accommodation services](#) for specific advice on PPE in the RACF setting
NOTE: all staff should be [trained and deemed competent in the proper use of PPE](#) including donning and doffing procedures; RACF clinical staff should further receive training in collection of nasopharyngeal swabs in regions where timely access to pathology providers is not available. Follow [National Guidelines for the Prevention, control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities](#)
2. **Isolate resident** with potential infection in a room with the ability to close the door and with a separate toilet, where they should remain and have meals delivered until the test result is known. Where a single room is not available - follow [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities](#)
3. **Place [standard and transmission-based precautions signs](#)**, PPE and alcohol-based hand rub (ABHR) outside the residents room making it easy to perform hand hygiene, along with a hands free waste receptacle for immediate waste disposal
4. Ensure all hand wash areas have adequate amounts of liquid hand soap, disposable paper towels and a hands free waste receptacle for immediate waste disposal. ABHR products should also be placed throughout the facility for staff, residents and visitors to perform hand hygiene. Using hand hygiene signage around the facility may assist with educating anyone entering the facility on the importance of clean hands
5. **Implement enhanced environmental cleaning and disinfection of the resident's environment and all shared equipment** (for example monitors, BP cuffs, thermometers, glucometers) - clean frequently with neutral detergent followed by a disinfection solution or use detergent and disinfectant impregnated wipes ([TGA-registered hospital grade disinfectant](#)). More information on environmental cleaning and disinfection principles is available in [Environmental cleaning and disinfection principles for COVID-19](#) and in [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#). It is imperative to ensure that resident environments are frequently cleaned, decluttered and that particular attention is paid to appropriate cleaning of soft furnishings and appropriate waste management
6. **Respiratory hygiene and cough etiquette** - encourage residents to cover their nose and mouth with the elbow when they cough or sneeze or use tissues and dispose of them into a rubbish bin and perform hand hygiene

Acute respiratory infection practice points

2) Infection control procedures in potential or confirmed COVID-19 infection in an RACF resident (cont.)

7. **Monitor staff and ALL residents for symptoms of fever or acute respiratory infection** - refer to national guidelines in relation to staff management if symptoms or exposures [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities](#)
8. **Comply with Commonwealth and State directions and advice**
9. **Communicate clearly and frequently** (particularly as changes arise during outbreak) with the resident and / or the resident's substitute health decision maker including:
 - The symptom and signs of concern
 - The immediate required response
 - A senior clinician (RACF clinical manager / GP) should undertake shared decision making with the resident and / or their substitute health decision maker to determine the planned course of action including testing and required infection control procedures including isolation and use of PPE by staff and the proposed site of care (based on clinical need / stability, resident's goals of care and ability to achieve effective isolation)
 - Communicate and update predicted time-line to receiving results and the likely management in the event of either a positive or negative result
 - Communicate results of testing and together with the resident plan the ongoing course of management
10. **Where residents are isolated in the RACF**, there is increased risk of psychological distress and physical deterioration - ensure that there is attention to:
 - Increased access to usual primary care provider and frequent review by RACF clinical staff
 - Continuity of support of family and care providers - facilitate phone calls or use of technologies such as video-conferencing to allow ongoing support throughout all phases of pandemic response, and visiting windows where clinically feasible
 - Allow access to usual primary care provider and frequent review by RACF clinical staff
 - Enable use of technology (e.g. video-conferencing) where appropriate and only allow staff trained in correct use of PPE to enter the room
 - Ensure regular communication with resident and families to update on current situation and provide cultural, emotional and spiritual support; where indicated ensure an interpreter is used - the [Older Persons Advocacy Network \(OPAN\)](#) offers guidance and assistance for providers in communicating with both residents and families during an outbreak. For further information, refer to [National COVID-19 Residential Aged Care Emergency Communication guide](#)
 - Provision of cognition appropriate activities
 - Maintenance of oral intake and addressing of nutritional needs
 - Delirium prevention strategies including orientation prompts (verbal or signed), particularly where changes to environment are required
 - Prevention of falls and maintenance of mobility
 - Continuity of disability support services, where relevant

Acute respiratory infection practice points

3) Management guided by swab result

1. Notify GP, resident and substitute health decision maker of results of tests
2. Continue to isolate and use [standard and transmission based precautions](#) - for residents with PCR positive for COVID-19 or influenza, continue isolation until, in consultation with [Public Health Unit](#) resident meets criteria for release from isolation. For residents who test negative to COVID-19 and influenza, continue isolation until all symptoms and fever have resolved
3. Monitor for complications of febrile illness and seek review by GP at any time if condition worsens or fails to resolve or at 24 hours after resolution of symptoms; contact [HHS RaSS](#) for additional support at GP discretion
4. With GP and resident or substitute health decision maker, review and document goals of care and update / confirm Advance Care Plan
5. If resident tests **positive for COVID-19**:
 - a. Continue appropriate infection control and refer to [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities](#)
 - b. Where positive result is a rapid antigen test (RAT), register result [here](#)
 - c. For all positive COVID-19 results (PCR or RAT), notify:
 - i. [Public Health Unit](#)
 - ii. Commonwealth Department of Health via the [COVID-19 Support Portal](#) accessible via [My Aged Care service provider portal](#)
 - d. GP to assess resident diagnosed with COVID-19, guided by [QH COVID-19 treatment guidelines for mild/ moderate disease \(adults\)](#), for illness severity, risk for deterioration and indications for:
 - i. Disease-modifying treatments including antiviral therapy - ensure each resident is assessed for eligibility for antiviral therapies and other disease-modifying therapies
 - ii. Symptomatic and supportive treatments
 - iii. Antibiotics where secondary bacterial infection is suspected
6. If tests positive for influenza A or B:
 - a. GP to assess resident diagnosed with influenza for illness severity, risk for deterioration and indications for:
 - i. Antiviral therapy - Where not commenced on syndromic grounds, GP to consider commencement of oseltamivir
 - ii. Symptomatic and supportive treatments
 - iii. Antibiotics where secondary bacterial infection is suspected
 - b. Notify [Public Health Unit](#) who will consider the use of oseltamivir for post-exposure prophylaxis in an outbreak setting and will co-ordinate the response with the RACF and GP

Note: Co-infection with COVID-19 and influenza is uncommon - management should be guided by [Public Health Unit](#). Where additional support required, at GP discretion refer to [HHS RaSS](#)

Acute respiratory infection references

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Acute respiratory infection version control

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