

Rapid Response – COVID-19 in a Residential Aged Care Facility (RACF)

Background

The Rapid Response – COVID-19 in a Residential Aged Care Facility (RACF Rapid Response) was developed by a joint state/Commonwealth working group with expertise in disaster planning and management, public health and aged care.

The RACF Rapid Response forms an appendix to the Queensland Whole of Government Operational Rapid Response Plan.

Aims

To ensure Queensland Government mobilises quickly and effectively and engages all relevant partners in its response to COVID-19 in an aged care facility.

The RACF Rapid Response will be enacted in the early stages of a COVID-19 incident to support local level outbreak management responses and other existing plans.

This document provides an overview of the RACF Rapid Response. It is primarily aimed at external (non-Queensland Government) Stakeholders.

Queensland Government stakeholders should contact strategicpolicy@health.qld.gov.au for further information.

Phase 0 Monitor/Activate

Monitoring and Preparation

- PHUs monitor, plan and prepare
- RACF and treating clinicians will monitor residents and test as required.
- Vigilance - staff and visitors exhibiting symptoms tested and excluded
- Ensure adequate supply of PPE
- Refer to and implement advice from QH, C-DoH and ACQSC e.g.
 1. QH: <https://clinicalexcellence.qld.gov.au/sites/default/files/docs/improvement/racf-covid-19-preparation-checklist.pdf>
 2. C-DoH: <https://www.health.qld.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-health-care-managers#aged-care-services>
 3. ACQSC: <https://www.agedcarequality.gov.au/covid-19-coronavirus-information>

Phase 1 Response

Suspected Case(s)

Notifications

- Testing GP/Clinician/RACF notifies PHU of suspected case(s)

Infection Control

- Resident: the individual is isolated. Infection control measures implemented
- Staff member: Excluded from the facility until test results known
- PHU: undertakes initial assessment. Advice and support to RACF as needed.

Communication

- Communications as required

Confirmed Case

Notifications

- Local pathology service notifies the COVID Incident Management Team (COVID IMT)/PHIC, PHU and testing GP of the positive test.
- PHU Advises Relevant Parties:
CHO C-DoH Director-General, QH RACF Chief Executive HHS PHIC DDMG QAS

Infection control

- RACF implements infection control measures, establishes OMT
- Queensland Health Rapid Response Team deployed. Site visit by Rapid Response team, HHS and PHU.
- Commonwealth Case Manager helps RACF access workforce, PPE, business continuity (financial), and other support.
- PHU undertakes assessment and implements/supports RACF to implement, infection control measures

Continuity of care

- Local Incident Management Team / Incident Lead appointed. Clinical management (and governance) locally determined between HHS and treating GPs
- Where relevant, HHS' Aboriginal/Torres Strait Islander Health Director consulted

Communication

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

Phase 2 Road to Recovery

Transitioning

- Consultation with local PHU. Decision that outbreak can be declared over
- Ongoing vigilance for further cases required from last identified case
- The RACF and C-DoH will plan for this phase, but implementation will be undertaken as per existing recovery arrangements

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

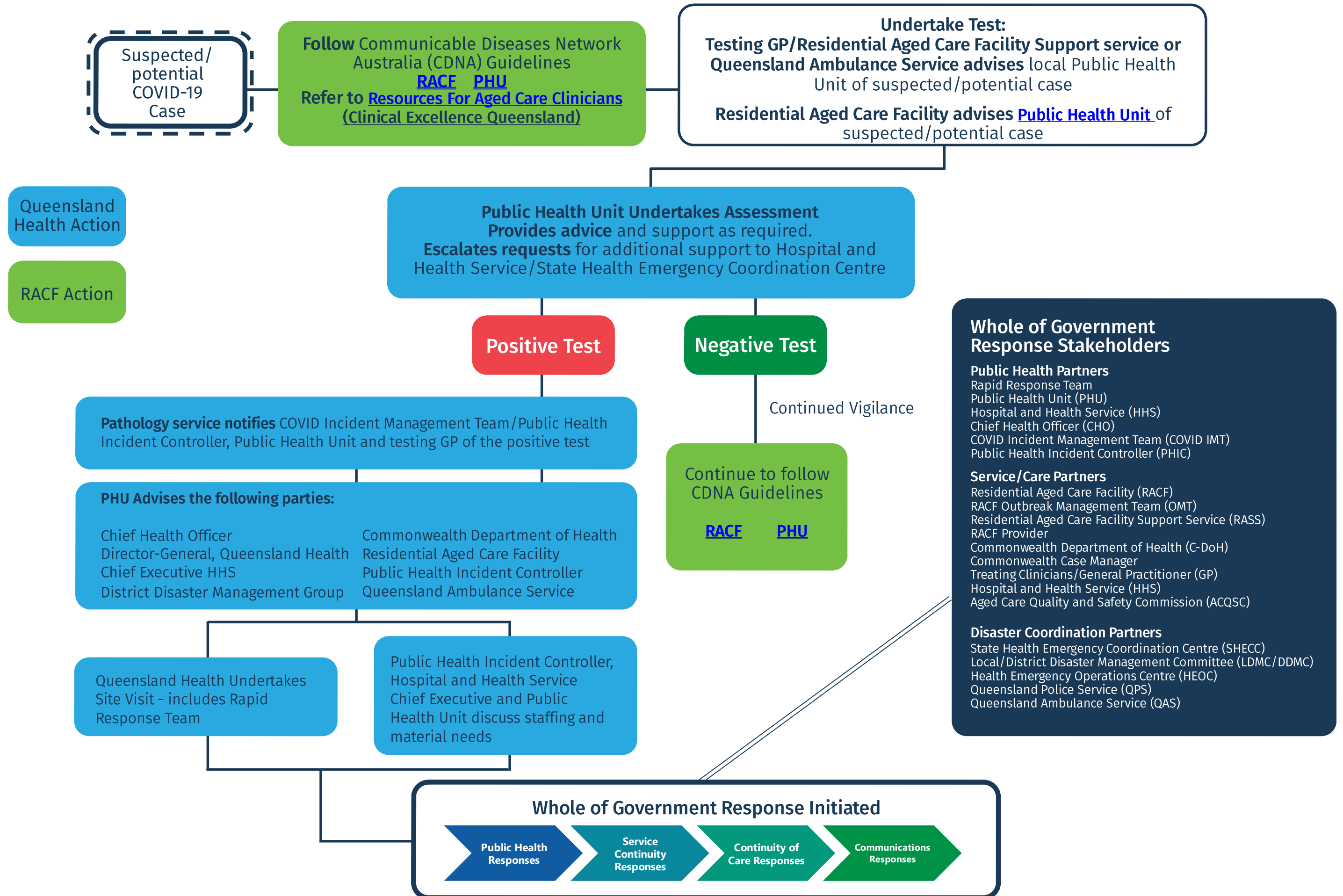
Residential Aged Care Facility (RACF)
RACF Outbreak Management Team (OMT)
Residential Aged Care Facility Support Service (RASS)
RACF Provider
Commonwealth Department of Health (C-DoH)
Commonwealth Case Manager
Treating Clinicians/General Practitioner (GP)
Hospital and Health Service (HHS)
Aged Care Quality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

Disaster Coordination Partners

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

Supports implementation of and augments other stakeholders' specialist/ local plans and actions e.g. RACF Outbreak Management Plan, Workforce Plan, Business Continuity Plan etc.

Rapid Response – COVID-19 in a Residential Aged Care Facility (RACF) – Trigger Process



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Roles and Responsibilities in the Event of a Confirmed Case

Queensland Health

Support clinical governance in RACF.

Determine clinical lead and outreach model (e.g. HITH) with specialist clinician support (e.g. geriatrics, infectious diseases, RaSS palliative care).

Support staff/GPs 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

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.

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.

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.

Aged Care Quality and Safety Commission

Provide regulatory oversight of RACFs. Provide guidance and advice to support the provider's compliance with Commonwealth legislation.

Monitor compliance with the Aged Care Act 1997 and Aged Care Quality and Safety Commission Act 2018.

Respond to identified compliance issues. Work with the provider to resolve complaints about the service.

