COVID-19 Outbreak Management

Guidance for Transfer of residents of aged care facilities to hospital in the event of a COVID-19 outbreak

Queensland Government

Guidance for Transfer of residents of aged care facilities in the event of a COVID-19 outbreak

Background

COVID-19 presents a higher risk to residents of aged care facilities due to their often advanced age, frailty and increased likelihood of underlying health conditions.

During the pandemic, the approach to managing COVID-19 risks and outbreaks in residential facilities has evolved rapidly, in response to evolving body of knowledge and the significant impacts of COVID-19 outbreaks on aged care residents and staff around the world.

The management of COVID-19 outbreaks in residential aged care facilities (RACF) in Queensland is guided by the Communicable Diseases Network Australia (CDNA) Guidelines and the Rapid Response – COVID-19 in Residential Aged Care.

These two documents and the associated linked guidelines provide the basis of a collaborative approach between the Commonwealth and Queensland Governments, aged care providers and primary care providers in managing an outbreak and ongoing care needs of residents during an outbreak.

Transfer to hospital

The transfer of aged care residents to hospital raises some potentially contesting considerations, including:

- the relative capacity and ability to provide specialist care and infection control in aged care facilities and hospitals
- the wishes of residents and their families, especially in the context of aged care facilities being a resident's home
- the potential for transfer and hospitalisation to cause stress and emotional distress, particularly for people with dementia
- broader situational factors such as the rate of community transmission, public health requirements and the capacity of the healthcare system

Transfer to a public hospital to meet the acute care needs of a resident where this is clinically indicated should always be an option, with the decision based on clinical assessment and the resident's goals of care as expressed by themselves, and / or family, appointed representative or person responsible (including through advance care plans).

Transfer to hospital / alternative location may also be used as part of an outbreak management plan to facilitate the isolation/cohorting of residents who are either COVID-19 positive or COVID-19 negative, but where a clinical assessment does not indicate a need for acute care in a hospital.

This decision is made by the Outbreak Management Team (including the local public health unit representative) based on a risk assessment as per the governance and policy context outlined in the CDNA Guidelines and the Rapid Response – COVID-19 in Residential Aged Care.

The transfer of COVID-negative residents forms part of a suite of potential infection control measures that will be implemented in the event of an outbreak in an aged care facility.

A flexible, case by case approach will be applied to decisions about relocating any residents to a hospital setting.

Guidance for Transfer of residents of aged care facilities in the event of a COVID-19 outbreak

Purpose

This Guidance Document builds on the learnings from COVID-19 outbreaks in residential aged care, both in Queensland and in other jurisdictions. It is informed by national and state policy directions and the views of Queensland clinicians and consumers.

This document sets out the factors that will be considered when determining the suitability of relocating residents of residential aged care facilities during COVID-19 outbreaks and the priority given to those factors.

The guidance is intended to inform Aged Care providers COVID-19 Outbreak Management Plans and Hospital and Health Service's COVID-19 Response Plans.

It is designed to be consistent with the approach of other jurisdictions, while allowing local flexibility.

Impact of COVID-19 Vaccination in Residential Aged Care on Decision Making

The Australian COVID-19 Vaccine National Rollout Strategy prioritised residents and staff of RACFs (classified as 1a priority) in recognition that frail older persons are particularly vulnerable during this pandemic.

There is growing evidence of the efficacy of vaccination in decreasing the risk of serious illness and death from COVID-19 and reducing forward transmission.

Experience in other jurisdictions indicates that many residents who are COVID-19 positive and fully vaccinated, will remain well, or have milder symptoms and are much less likely to require acute clinical care.

However, there are instances of vaccinated people who have died with COVID-19.

The vaccination status of COVID positive residents and the rate of vaccination of other residents in the RACF will be reflected in the approach to outbreak management in a facility and will influence decision making regarding the transfer of residents.

In many cases the protection provided by vaccination, along with monitoring and surveillance testing, will support residents to remain in their aged care home setting, unless their individual clinical situation requires otherwise, or if the Outbreak Management Team (including the local public health unit representative) has determined that transfer to another location is required.

Providers should comply with vaccination requirements as outlined in Queensland's Public Health Directions, including the Public Health Direction for Residential Aged Care.

Principles to Support Decision Making

The following principles should be applied in decision making about transfer to hospital.

- All Australians should be able to access healthcare and live with dignity, regardless of their age and where they live.
- All RACF residents continue, as do other people in the community, to have a right to access public health services (including hospital) based on their clinically assessed need.
- Decision makers should consider the needs and preferences of each resident and their representative (including through advance care plans), and the circumstances of the RACF at which they reside.
- Decisions on location of care should be consumer-centred and recognise that the clinical and welfare needs of residents are paramount.
- Decisions on the most appropriate clinical care, including location of the care and whether transfer to hospital is required, should be made in consultation with clinical staff and residents (and, where indicated, their representatives).
- Decisions should be regularly reviewed, made on an individual basis and in consideration of any changes in the resident's clinical presentation and care needs.
- All decisions need to balance the wishes of an individual resident and their family / person responsible and the safety and welfare needs of all residents and staff in the RACF.
- The RACF is the person's home and their choice to remain at home may be a factor in their overall wellbeing.

Decisions on whether hospital transfer is appropriate is not based on age or location but is based on defined and validated clinical tools that determine the individuals' capacity to benefit from hospital transfer.

A flexible approach: factors to be considered when making decisions about transfer to hospital

Any decisions regarding relocating residents must be based on the following in order of priority:

1 Infection control practices:

- the level of transmission risk to staff in acute facilities and/or residential aged care facilities, community members and/or residents, and staff working across multiple facilities
- the availability of infrastructure, personal protective equipment and personal care attendant knowledge and skills to support isolation/quarantine requirements and infection control measures
- the suitability of the environment for the appropriate isolation of a COVID-19 positive resident
- Vaccination rates in staff and residents, including the vaccination status of individual residents being considered for hospital transfer.
- COVID-19 positive resident/s (or close or secondary contact/s, particularly where unvaccinated) with any of the following:
    - requirement for aerosol generating procedure/s such as non-invasive ventilation, nebulisers or suctioning that are deemed essential
    - difficulty in remaining in isolation due to cognitive impairment
    - potentially aerosol generating behaviours such as shouting, spitting, or vomiting.

2 The wishes of the resident and their family:

- resident and family wishes expressed at the time and/or in end of life and advance care planning conversations and/or documents (such as Advance Health Directives or Statement of Choices) should be respected, including preferences in relation to life-prolonging treatment

3 Clinical need:

- Assessment of the clinical care need in the context of the residents' comorbidities, disability, frailty, mental health and/or dementia and wandering

- clearly defined goals of care and clinical appropriateness which guides the decision for an acute facility admission
- risk of rapid deterioration in transit or in an unfamiliar environment noting that remaining local is the ideal, where clinically appropriate and concordant with goals of

care

- The psycho-social needs of the resident/s including impact of an unfamiliar environment for residents with significant behavioural and psychological symptoms of dementia
- How to best minimise the use of restrictive practices and ensure their safe use where required on a temporary basis to manage risks.
- Consideration of potential impact of hospitalisation – increased anxiety and confusion, hospital acquired complications, nosocomial infection, falls, delirium, malnutrition, pressure injuries and physical deconditioning of residents. Particularly for residents with delirium, pre-existing cognitive impairment and/or dementia.

4 Capacity of the system / pandemic stage

- the capacity of the hospital sector to accommodate Emergency Department presentations and inpatients should only be considered when all available public hospital and private hospital disaster responses have been activated or where the impact of hospital sector resource load will be of such detrimental impact to the resident that it is judged by senior clinicians, in consultation with the resident and, where indicated, their family, to result in risk that outweighs the potential benefit of hospital transfer

Transfer of Residents

When to Transfer COVID-19 Positive Residents to Hospital

Residents with COVID-19 who are acutely unwell with COVID-19 or another illness during a COVID-19 outbreak may be transferred to hospital if that is the decision that is deemed most appropriate by the resident, and/ or their representative decision maker and the clinical team responsible for their care. This decision is informed by the responsible clinicians at the RACF who have assessed the resident. and is expected to consider:

- The wishes of the resident and/or their representative
- The expected benefit of a hospital admission for the resident in relation to the acute care need
- The potential harms associated with hospital admission e.g. delirium

This decision can be made at any point during the illness.

Any resident with clinical needs, regardless of COVID-19 status of the resident or facility, who requires emergent transfer to hospital will continue to be managed via 000. Where acute clinical decision support is required or to access the RaSS mobile emergency assessment and care team, the local HHS RaSS telephone triage clinician may be contacted.

If the transfer is considered in stable residents solely for public health reasons, it is expected that the local public health unit is contacted and involved in decision making.

Destination requirements

Health services receiving residents need to be able to respond to the care needs of the residents.

A comparative assessment of suitable hospital alternative accommodation that supports isolating/cohorting of residents should consider the following:

- Bed availability
- Suitability of physical environment, including ability to isolate from other patients
- Staffing capacity
- Potential risk of seeding COVID-19 in acute care settings.

If the transfer is for public health reasons, it is expected that the receiving facility can provide an improved level of infection prevention and control and safety in relation to managing COVID-19.

Transfer of residents (whether COVID-19 positive or not) to a public hospital should always be available as an option when clinically indicated or when the circumstances unique to the RACF require it.

However, transfer should not be a default response as part of an isolation/cohorting strategy when managing an outbreak in a RACF.

Leaving Residential Aged Care Facilities to be cared for by Family/Other Care setting

In some cases, including in the event of an outbreak, residents and their families may wish to move to another place of care e.g. family member's home for care.

Where this is a COVID positive resident or a close or secondary contact, guidance must be sought from the local PHU regarding the suitability of these arrangements. In all cases public health considerations must be paramount and the relocation destination must be able to offer adequate infection and prevention and control protections in accordance with the requirements of the PHU.

Standards of care must also be able to be maintained and careful consideration should be given to the ability to meet the resident's care needs on an ongoing basis as facilities may place restrictions on returning where there is a risk of COVID transmission.

Caregivers should be given information about the level of care required and provide informed consent regarding the level and duration of commitment required. It is strongly recommended that there is consultation with the resident's primary care provider and the RACF clinical care manager to ensure that primary healthcare needs are considered, and a robust plan put in place to ensure continuity of care.