Acute respiratory illness (suspected COVID-19) in RACF resident (**this pathway supersedes the Influenza-like Illness pathway**)

1. **Resident with Acute Respiratory Illness or suspected COVID-19 infection (review practice point 1)**

   1. **Immediately isolate the resident and place under contact and droplet precautions.**
   - Staff apply personal protective equipment (PPE) using contact and droplet precautions (review practice point 2)
   - Place the resident in a single room with an unshared bathroom and minimise interaction with others

   2. **Check vital signs** (review #Recognition of the deteriorating resident)
   - NOTE: given the increased risk of hospital transfer during the COVID-19 pandemic, a resident with isolated temperature > 39 degrees Celsius and otherwise normal vital signs, should be discussed with the GP or **HHS RaSS** prior to being classified as having “unstable vital signs”

   3. If not immediately life-threatening review #Checklist for contact and ring GP

2. **Stable vitals**

   In consultation with GP (with support of **HHS RaSS** if required):
   1. Continue to isolate the resident and implement **enhanced infection control** measures (review practice point 2) - explain to resident and substitute health decision maker

   2. Notify local **PUBLIC HEALTH UNIT** by phone

   3. Arrange appropriate swabs for COVID-19 PCR, influenza PCR and respiratory virus PCR (refer to CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia for detailed advice on how to collect a swab if your local pathology provider does not offer this service)

   4. Where goals of care are for active treatment: Undertake regular monitoring of vital signs and review Advance Care Plan with resident and substitute health decision maker

   5. **Implement ACTIVE surveillance of all residents and staff** (if not already occurring) to identify further cases or exposure risks - if 2 or more cases of acute respiratory illness are identified in residents or staff within 3 days (72 hours) - refer to #Management of suspected COVID-19 outbreak pathway

   6. Review outbreak management plan and identify any gaps

3. **Unstable vitals**

   - Call QAS on 000 - notify operator of suspected COVID-19
   - Ring GP if not yet aware
   - Prepare transfer documentation (review #Checklist for contact)
   - Notify substitute health decision maker
   - Notify relevant **HHS RaSS** and local **PUBLIC HEALTH UNIT**

4. **Expressed wish to be transferred to hospital for active treatment including delivery of supplemental oxygen to prolong life**

5. **Expressed wish to have comfort cares in the RACF contact GP**

   - Notify GP and substitute health decision maker

   - Contact local **PUBLIC HEALTH UNIT** for further instructions in relation to resident and staff screening and resident management

   - Inform Federal Department of Health of any confirmed COVID-19 cases via agedcareCOVIDcases@health.gov.au

   - Contact **HHS RaSS** for additional support at GP discretion

6. **Positive for COVID-19 or influenza**

   - Continue to isolate and use appropriate PPE

   - Monitor for complications of febrile illness

   - Where there is a high suspicion of COVID-19 refer to **PUBLIC HEALTH UNIT** for further instructions

   - Seek review by GP 24 hours after resolution of symptoms or at any time if condition worsens or fails to resolve

   - Contact **HHS RaSS** for additional support at GP discretion

7. **Negative for COVID-19 or influenza**

   - Continue to isolate and use appropriate PPE

   - Monitor for complications of febrile illness

   - Where there is a high suspicion of COVID-19 refer to **PUBLIC HEALTH UNIT** for further instructions

   - Seek review by GP 24 hours after resolution of symptoms or at any time if condition worsens or fails to resolve

   - Contact **HHS RaSS** for additional support at GP discretion

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Version 4.1 effective 15 May 2020
Acute respiratory illness (suspected COVID-19) in RACF resident practice points

(1) When to suspect COVID-19 infection in an RACF resident
(NOTE: facilities should institute pre-emptive surveillance of all residents for symptoms to facilitate early detection)

Suspect COVID-19 in individual residents or staff if there is any of the following:
A. Either of:
1. Fever $\geq 38^\circ$C or history of fever (NOTE: older persons may not mount febrile response) OR
2. Acute respiratory infection symptoms - this may be suspected by:
   i. shortness of breath or
   ii. new or worsening cough (dry or productive)
   iii. sore throat or nasal congestion or rhinorrhoea
   iv. hemoptysis

   NOTE: older people may also present with atypical symptoms - these may include vomiting / diarrhoea / loss of appetite / headache / malaise / new fatigue / myalgia (muscle pain) / arthralgia (joint pain) / conjunctival congestion / increased confusion / exacerbation of chronic disease (e.g. COAD or heart failure or asthma or diabetes)

OR
B. Moderate or severe community-acquired pneumonia and no other cause is identified

(2) Infection control procedures in COVID-19 infection in an RACF resident
(refer to CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia for more detailed information)

1. Use appropriate personal protective equipment (PPE) when caring for residents with suspected or confirmed respiratory infection: perform hand hygiene (5 moments) before putting on gown, eye protection (goggles or face shield), mask (see below regarding selection of appropriate mask type) and gloves.

   - For routine care of and collection of deep nasal, oropharyngeal or other specimens from a person under investigation or who is a suspected or confirmed case with:
     - mild or no symptoms: apply surgical mask
     - severe symptoms: apply a P2 / N95 respirator or mask that is fit-checked. Fit-checking should occur with each use.

   Ensure that collection of nasopharyngeal specimens in those with severe symptoms is only undertaken in a room from which air does not circulate to other areas and the door should be closed during the specimen's collection.

   At completion of cares, remove gloves, perform hand hygiene, remove gown, perform hand hygiene, remove eye protection, perform hand hygiene, remove mask and perform hand hygiene. Do not touch the front of any item of PPE during removal.

   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. Follow CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

2. Isolate resident with suspected 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 possible, the resident requiring droplet precautions should be restricted to their room. Where a single room is not available - follow CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

3. Place standard, contact and droplet precaution signs, alcohol-based hand rub and PPE outside resident's rooms (with a hands-free mechanism to allow for safe disposal of PPE items) to remind staff and visitors about the requirement for strict infection control procedures. NOTE: alcohol-based hand rub is gold standard for hand hygiene in healthcare settings when hands are not visibly soiled. However, if hands are visibly soiled or have had direct contact with body fluids they should be washed with liquid soap and running water then dried thoroughly with disposable paper towel.
4. **Reinforce hand hygiene** with staff and any visitors - ensure adequate supplies of liquid soap, alcohol-based hand-rub and papertowels with hands-free mechanism for disposal.

5. **Clean resident environments** and shared equipment (for example, monitors, BP cuffs, thermometers, glucometers) frequently with a neutral detergent followed by a disinfection solution (TGA-registered hospital grade disinfectant or 1000 ppm sodium hypochlorite). More information on environmental cleaning and disinfection is available in the Commonwealth Department of Health factsheet – *Environmental cleaning and disinfection principles for COVID-19*.

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.

7. **Monitor staff and ALL residents for symptoms** of fever or acute respiratory illness - refer to national guidelines in relation to staff management if symptoms or exposures.

8. **Comply with federal and state directives related to RACF visitors** during this pandemic period.
CORRECT PROCESS FOR FITTING PPE

1. Perform hand hygiene

2. Put on long sleeved fluid-resistant gown
   - Ensure the gown is large enough to allow unrestricted freedom of movement without gaping.
   - Fasten the back of the gown at the neck and waist.

3. Put on surgical mask or P2/N95 respirator
   - Secure ties (for surgical masks) or elastic bands (for respirators) at the middle of the head and neck.
   - Fit flexible band to nose bridge.
   - Ensure mask is fitted snug to face and below the chin.
   - For respirator use, perform a fit check according to manufacturer instructions.

4. Put on protective eyewear/face shield
   - Place protective eyewear/face shield over eyes/face and adjust to fit.

5. Put on gloves
   - Extend to cover wrist of long sleeved gown.

CORRECT PROCESS FOR REMOVING PPE

1. Remove gloves
   - The outside of gloves is contaminated. Remove gloves being careful not to contaminate bare hands during glove removal.
   - Discard gloves into clinical waste.

2. Perform hand hygiene

3. Remove gown
   - The gown front and sleeves are contaminated. Untie or break fasteners and pull gown away from body, touching the inside of the gown only.
   - Discard gown into clinical waste.

4. Perform hand hygiene

5. Remove protective eyewear/face shield
   - The outside of protective eyewear/face shield is contaminated.
   - Remove eyewear/face shield by lifting the head forward and lifting the head band or ear pieces. Avoid touching the front surface of the eyewear/face shield.
   - Reusable items should be placed in a designated receptable for reprocessing.
   - Place disposable items in clinical waste.

6. Perform hand hygiene

7. Remove P2/N95 respirator or surgical mask
   - Do not touch the front of the P2/N95 respirator or surgical mask.
   - Remove respirator or surgical mask by holding the elastic straps or ties and remove without touching the front.
   - Discard P2/N95 respirator or surgical mask into clinical waste.

8. Perform hand hygiene

IMPORTANT: Maintain standard precautions when fitting and removing PPE when caring for confirmed, probable or suspected cases of COVID-19!

IMPORTANT: Only remove mask after exiting the patient room!

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## PPE RECOMMENDED FOR:

### Routine care (confirmed, probable or suspected cases)

<table>
<thead>
<tr>
<th>Staff</th>
<th>Patient</th>
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| - Perform hand hygiene  
- Recommended PPE for contact and droplet precautions:  
  1. [Long sleeved fluid-resistant gown](#)  
  2. [Surgical mask](#)  
  3. [Protective eyeware / faceshield](#)  
  4. [Gloves](#) | - Place the patient in a single room with the door closed (a room from which the air does not circulate to other areas is preferred) if available  
- Move patient within facility only when medically necessary  
- Place a surgical mask on patient during transfer out of their single room if possible or when other people enter the room |

### Aerosol-generating procedures including those receiving routine home CPAP or BIPAP  
- Care of confirmed, probable or suspected case with severe symptoms suggestive of pneumonia  
- Prolonged or very close patient contact

<table>
<thead>
<tr>
<th>Staff</th>
<th>Patient</th>
</tr>
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</table>
| - Perform hand hygiene  
- Recommended PPE for contact and airborne precautions:  
  1. [Long sleeved fluid-resistant gown](#)  
  2. [P2/N95 respirator](#)  
  3. [Protective eyeware / faceshield](#)  
  4. [Gloves](#) | Place the patient in a single room  
Move patient within facility only when medically necessary  
If possible, place a surgical mask on patient during transfer out of their single room, or when other people enter the room |