Acute respiratory illness (potential COVID-19 or Influenza)

Resident with Acute Respiratory Illness or (potential COVID-19 or influenza infection) (review practice point 1)

1. Immediately isolate the resident and place under standard and transmission-based precautions
   - 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
   - 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

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; institute regular monitoring for pain, discomfort or distress
2. Where goals of care are for life prolonging treatment: Undertake regular monitoring of vital signs and review Advance Care Plan with resident and substitute health decision maker
3. GP to notify PUBLIC HEALTH UNIT
4. Arrange appropriate swabs for COVID-19 PCR, influenza PCR and respiratory virus PCR – call 1800 570 573 to facilitate testing; if service unavailable in a timely manner, contact local pathology provider or 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
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 potential or confirmed RACF COVID-19 outbreak
6. Review outbreak management plan and identify any gaps in the plan

Follow-up swab results

1. Notify GP, resident and substitute health decision maker of result of tests
2. Continue to isolate and use appropriate PPE
3. If swab result is positive for COVID-19, influenza or notifiable respiratory viruses, contact PUBLIC HEALTH UNIT for further instructions and refer to Management of potential or confirmed RACF COVID-19 outbreak pathway; if swab result is negative for COVID-19, influenza and respiratory viruses but there is high suspicion of COVID-19, GP to consult Public Health Unit for further advice
4. 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
5. Inform Commonwealth Department of Health of confirmed COVID-19 cases via: agedcareCOVIDcases@health.gov.au

Unstable vitals

Exposed choice to have comfort care in RACF

Expressed choice to be transferred to hospital for active treatment including delivery of supplemental oxygen to prolong life

1. Call QAS on 000 - notify operator of resident with symptoms consistent with COVID-19
2. Ring GP if not yet aware
3. Prepare transfer documentation (review #Checklist for contact)
4. Notify substitute health decision maker
5. Notify relevant HHS RaSS

Unstable vitals

Review Advance Care Plan or Statement of Choices and refer to Management of residents with unstable vital signs

Expressed choice to be transferred to hospital for active treatment including delivery of supplemental oxygen to prolong life

1. Call QAS on 000 - notify operator of resident with symptoms consistent with COVID-19
2. Ring GP if not yet aware
3. Prepare transfer documentation (review #Checklist for contact)
4. Notify substitute health decision maker
5. Notify relevant HHS RaSS

Follow-up swab results
Acute respiratory illness (potential COVID-19 or influenza) practice points

(1) Definition or when to consider COVID-19 infection in an RACF resident
(NOTE: facilities should institute pre-emptive surveillance to facilitate early detection)

Consider COVID-19 in individual residents, staff or frequent attendees if there is any of the following:
A. Clinical features:
   1. Fever >/= 37.5°C or history of fever – including night sweats or chills (NOTE: older persons may not mount febrile response) OR
   2. Acute respiratory infection symptoms – including shortness of breath, new or worsening cough (dry or productive), sore throat, increased respiratory rate or drop in oxygen saturation
   3. Loss of smell or loss of taste

   NOTE: older people may also present with atypical symptoms - these may include nausea, vomiting, acute loss of appetite, diarrhoea, increased confusion or delirium, haemoptysis, malaise, new fatigue, headache, myalgia (muscle pain), arthralgia (joint pain), nasal congestion, conjunctival congestion (red eyes), worsening of chronic disease of lungs

B. Epidemiological features - any of:
   I. Close contact with a confirmed COVID-19 case
   II. People who have been in a setting where there is a confirmed COVID-19 case
   III. People who have been in areas with recent local transmission of SARS-CoV-2
   IV. International travel
   V. Workers supporting designated COVID-19 quarantine and isolation services or international border staff or air and maritime crew or health, aged or residential care workers with potential COVID-19 patient contact

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

3. Place standard and transmission-based precautions signs, liquid soap, alcohol-based hand rub, paper towels and PPE outside resident’s room (with a hands-free mechanism to allow for safe disposal of PPE items) to remind staff and visitors about the requirements for strict infection control procedures.

4. Reinforce hand hygiene with staff and any visitors – ensure adequate supplies of liquid soap, alcohol-based hand-rub and paper towels with hands-free mechanism for disposal.

5. Implement enhanced environmental cleaning and disinfection of the resident’s environment and disinfect shared equipment (for example monitors, BP cuffs, thermometers, glucometers) frequently with a neutral detergent followed by a disinfection solution (TGA-registered hospital grade disinfectant). More information on environmental cleaning and disinfection is available in the Commonwealth Department of Health factsheet – Environmental cleaning and disinfection principles for COVID-19. 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
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. CDNA's National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

8. **Comply with Commonwealth and State directions and advice.**

9. **Communicate clearly** with the resident and/or the resident’s substitute health decision maker, including:
   - The symptoms 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 - use 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 eg videoconferencing if possible and only allow staff trained in correct use of PPE to enter the room
   - Ensure regular communication with residents and families to update on current situation and provide cultural, emotional and spiritual support; where indicated ensure an interpreter is used - refer to [COTA QLD and Health Consumers Queensland Communications Checklist](#)
   - 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 illness (potential COVID-19 or influenza) references


# Acute respiratory illness (potential COVID-19 or influenza) version control

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| **Relevant standards** | Aged Care Quality Standards:  
Standard 2: ongoing assessments and planning with consumers  
Standard 3: personal care and clinical care  
Standard 8: organisational governance |