Acute respiratory illness (potiental COVID-19 or Influenza)

Resident with Acute Respiratory Illness or (potential COVID-19 or influenza infection) (see 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 (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 and 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 (see practice point 2) - explain to resident and substitute health decision maker; institute regular monitoring for pain, discomfort or distress
2. Undertake regular monitoring of vital signs and review Advance Care Plan with resident and substitute health decision maker
3. Where available, perform Rapid Antigen Test for COVID-19 - if positive, this is a case - refer to *Management of COVID-19 exposure or outbreak in residential aged care facility*. Where negative, continue precautions and perform COVID-19 PCR (where there is no current outbreak in the facility, consider adding 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
4. Implement active clinical surveillance of all residents and staff (if not already occurring) to identify further cases or exposure risks and refer to *Management of COVID-19 exposure or outbreak in residential aged care facility*
5. Review outbreak management plan and identify any gaps in the plan

Follow-up swab results

Unstable vitals

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

Expressed 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. 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*

Acute respiratory illness (potiental COVID-19 or Influenza) cont.

Follow-up swab results

1. If swab result is positive for COVID19, influenza or notifiable respiratory viruses, notify *Public Health Unit* and refer to *Management of COVID-19 exposure or outbreak in residential aged care facility*; and where the positive result is based on a rapid antigen test, register the result *here*.
   If swab result is negative on PCR for COVID-19, influenza and respiratory viruses but there is high suspicion of COVID-19, GP to consult *Public Health Unit* for further advice
2. Notify GP, resident and substitute health decision maker of result of tests
3. GP to assess resident diagnosed with COVID for illness severity, risk for deterioration and indications for disease- modifying treatments - refer to *National COVID-19 Clinical Evidence Taskforce clinical flowcharts* for management guidance
4. Continue to isolate and use appropriate PPE
5. 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
6. Inform Commonwealth Department of Health of confirmed COVID-19 cases through the COVID-19 Support Portal accessible via *My Aged Care provider portal*

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 degrees Celsius or history of fever –** including night sweats or chills (NOTE: may be absent in older persons) **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. Close contact of a confirmed COVID-19 case - refer to:
Isolation for diagnosed cases of COVID-19 and Management of Close Contacts Direction and Commonwealth Permissions and Restrictions Framework for Workers in Residential Aged Care Facilities - Interim Guidance for definitions of close 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*, 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 a 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 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

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 illness -** refer to national guidelines in relation to staff management if symptoms or exposures *CDNA 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

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

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