COVID-19, Influenza, Respiratory Syncytial Virus, and other viral respiratory illness outbreaks in Residential Aged Care Facilities

Toolkit to support planning, preparedness, and response
We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against respiratory illness across Tasmania.
Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABHR</td>
<td>Alcohol-based hand-rub</td>
</tr>
<tr>
<td>ACEOC</td>
<td>Aged Care Emergency Operations Centre</td>
</tr>
<tr>
<td>AGPs</td>
<td>Aerosol Generating Procedures</td>
</tr>
<tr>
<td>CDNA</td>
<td>Communicable Diseases Network of Australia</td>
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<tr>
<td>CDPU</td>
<td>Communicable Diseases Prevention Unit (Public Health Services, Department of Health)</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>GP</td>
<td>General practitioner</td>
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<td>ICEG</td>
<td>Infection Control Expert Group</td>
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<td>ILI</td>
<td>Influenza-like illness</td>
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<td>IPC</td>
<td>Infection Prevention and Control</td>
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<tr>
<td>OMCT</td>
<td>Outbreak management coordination team</td>
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<tr>
<td>OMT</td>
<td>Outbreak management team</td>
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<td>PCR</td>
<td>Polymerase chain reaction</td>
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<tr>
<td>PHEOC</td>
<td>Public Health Emergency Operations Centre</td>
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<td>PHS</td>
<td>Public Health Services</td>
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<tr>
<td>PPE</td>
<td>Personal protective equipment</td>
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<tr>
<td>RACF</td>
<td>Residential aged care facility</td>
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<tr>
<td>RAT</td>
<td>Rapid Antigen Test</td>
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<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
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<tr>
<td>TIPCU</td>
<td>Tasmanian infection prevention and control unit</td>
</tr>
</tbody>
</table>

Updates since earlier versions of this document

Content within this toolkit has been extensively reviewed since version 7.3 to align with updated CDNA guidance and state and national winter planning and preparedness activities. Revisions are highlighted in yellow and if a whole section is new or significantly modified, only the heading will be highlighted.

Enquiries about this Toolkit can be directed to Public Health Services by email.

Contacts

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reasons to contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Services (PHS) outbreak response team</td>
<td>Notify outbreaks of COVID-19, influenza, respiratory syncytial virus (RSV), influenza-like-illness or other respiratory viruses</td>
<td><a href="mailto:respiratory.outbreaks@health.tas.gov.au">respiratory.outbreaks@health.tas.gov.au</a></td>
</tr>
<tr>
<td>Aged Care Emergency Operations Centre (ACEOC)</td>
<td>Notify outbreaks of COVID-19, influenza, respiratory syncytial virus (RSV), influenza-like-illness or other respiratory viruses</td>
<td><a href="mailto:aceoc@health.tas.gov.au">aceoc@health.tas.gov.au</a></td>
</tr>
<tr>
<td>Tasmanian Infection Prevention Control Unit (TIPCU)</td>
<td>Queries relating to infection prevention and control</td>
<td><a href="mailto:tipcu@health.tas.gov.au">tipcu@health.tas.gov.au</a></td>
</tr>
</tbody>
</table>
Introduction

Scope and purpose of this document

This Toolkit was developed by the Communicable Diseases Prevention Unit (CDPU) and the Public Health Emergency Operations Centre (PHEOC) within Public Health Services (PHS) in the Department of Health (DoH) Tasmania, in collaboration with the Aged Care Emergency Operations Centre (ACEOC) and the Tasmanian Infection Prevention and Control Unit (TIPCU). The purpose of this Toolkit is to assist aged care providers with the prevention, control, and public health management of COVID-19, influenza, RSV, and other viral respiratory illness outbreaks in residential aged care facilities (RACF) in Tasmania. It has been adapted to the Tasmanian context from the following national guidelines:

- CDNA national guidelines [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)
- Infection Control Expert Group [Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities](#)
- CDNA national guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia

The information about viral respiratory illness in this toolkit is purposely concise with links to key documents. The knowledge and understanding of viral respiratory illnesses such as COVID-19 and the public health impact continues to evolve. It is recommended that staff involved in planning, preparing and responding to viral respiratory illness outbreaks in RACF review the linked documents above regularly.

This toolkit is primarily for RACF but can also be used for disability residential care facilities and other residential settings.

Background

All respiratory viruses can cause outbreaks and significant morbidity and mortality for people aged over 65 years and people with co-morbidities or low immunity. Aged care facility residents are especially vulnerable, as communal living can facilitate the rapid spread of COVID-19, influenza, and other respiratory viruses.

**COVID-19, influenza, RSV, and other viral respiratory illnesses in residential aged care settings**

Health services and RACFs have knowledge and skills to respond to the challenges posed by COVID-19, influenza, RSV, and other respiratory viruses.

COVID-19 may present in a similar way to other respiratory viruses, and robust systems for preventing, detecting, and managing outbreaks of viral respiratory illnesses safely are a key feature of the COVID-19 response in RACF. Additionally, influenza, RSV, and COVID-19 might occur together. Information for RACFs on preparing for respiratory illness cases and outbreaks can be found in Appendix 1: Preparedness.

The management approach to COVID-19, influenza, RSV, and other respiratory pathogens are similar, however there are key differences, as detailed in [Table 1: Overview of Similarities and Differences - COVID-19, Influenza, Respiratory Syncytial Virus (RSV), and other Influenza-like Illnesses (ILI)](#).
<table>
<thead>
<tr>
<th>Hdr</th>
<th>COVID-19</th>
<th>Influenza</th>
<th>Respiratory Syncytial Virus (RSV) and other ILI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccine available</strong></td>
<td>Yes</td>
<td>Yes, annual vaccine recommended</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Mandatory* for all residential aged care workers to be up to date with COVID-19 vaccination. *This may be subject to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Notifiable under the Public Health Act (1997)</strong></td>
<td>Yes – laboratory confirmed, and RAT identified case(s)</td>
<td>Yes – laboratory confirmed case(s)</td>
<td>Laboratory confirmed Respiratory Syncytial Virus (RSV) will be notifiable from July 1st, 2022.</td>
</tr>
<tr>
<td></td>
<td>Individual cases: notified by laboratory (PCR) or by case or RACF (RAT).</td>
<td>Individual cases: notified by laboratory</td>
<td>Individual cases: notified by laboratory (RSV)</td>
</tr>
<tr>
<td></td>
<td>Outbreaks: RACF should notify Public Health of outbreaks by emailing <a href="mailto:respiratory.outbreaks@health.tas.gov.au">respiratory.outbreaks@health.tas.gov.au</a> AND <a href="mailto:aceoc@health.tas.gov.au">aceoc@health.tas.gov.au</a></td>
<td>Outbreaks: RACF should notify Public Health of outbreaks by emailing <a href="mailto:respiratory.outbreaks@health.tas.gov.au">respiratory.outbreaks@health.tas.gov.au</a> AND <a href="mailto:aceoc@health.tas.gov.au">aceoc@health.tas.gov.au</a></td>
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</tr>
<tr>
<td><strong>Outbreak definition</strong></td>
<td>2 or more cases in residents within 5 days <em>OR</em> 5 or more cases in staff, visitors, or residents within 7 days</td>
<td>3 cases of influenza within 72 hours in staff or residents</td>
<td>3 cases of RSV or ILI within 72 hours in staff or residents</td>
</tr>
<tr>
<td><strong>Infection Control Precautions</strong></td>
<td>As per Infection Control Expert Group (ICEG) guidance on infection prevention and control for residential care facilities</td>
<td>Standard and Transmission based precautions - contact and droplet.</td>
<td>Standard and Transmission based precautions - contact and droplet.</td>
</tr>
<tr>
<td></td>
<td>PPE as per Guidance on the use of personal protective equipment (PPE)</td>
<td>PPE as per Guidance on the use of personal protective equipment (PPE)</td>
<td>PPE as per Guidance on the use of personal protective equipment (PPE)</td>
</tr>
<tr>
<td><strong>Isolation of cases and suspected cases.</strong></td>
<td>Yes, recommended. Currently required under the Public Health Act 1997</td>
<td>Yes, recommended</td>
<td>Yes, recommended</td>
</tr>
<tr>
<td><strong>Outbreak Stand down</strong></td>
<td>7 days with no new resident cases, negative test results for proximate residents on tests completed no earlier than day 6, and in consultation with Public Health</td>
<td>No new cases within 8 days following onset of symptoms in last resident case and in consultation with Public Health</td>
<td>No new cases within 10 days following onset of symptoms in last resident case and in consultation with Public Health</td>
</tr>
<tr>
<td><strong>Important resources</strong></td>
<td>CDNA national guidelines Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities</td>
<td>CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia</td>
<td>CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia</td>
</tr>
</tbody>
</table>
Prevention

Key strategies for preventing introduction of respiratory illness into the facility are outlined below.

Vaccination

Annual seasonal influenza planning should be integrated into planning for COVID-19, as influenza and COVID-19 might occur together.

Immunisations for both influenza and COVID-19 are available and strongly encouraged for RACF staff and residents and are mandated in some instances. Vaccination, along with other risk reduction measures are essential to protecting residents, workforces, and the wider community.

Reinforce hygiene measures

The following measures can help prevent introduction and transmission of respiratory illness within the facility:

- support physical distancing where practicable
- support and encourage hand and respiratory hygiene by residents, staff, and visitors
- encourage appropriate use of PPE
- provide hand washing stations and alcohol-based hand rub throughout the facility
- provide tissues and rubbish bins throughout the facility
- ensure liquid soap, paper towels and rubbish bins are available at all hand basins
- provide signage on hygiene promoting behaviours
- provide education to staff, residents, and visitors
- require that staff and visitors do not enter the facility if unwell with respiratory symptoms

Restrict entry to your facility

Managing transfers and admissions into the RACF

Residents being admitted to RACF from other health facilities should be assessed by appropriate medical/clinical staff before admission to the facility.

All residents being transferred or admitted into the RACF should be screened for symptoms of respiratory illness. If any symptoms are identified, organise testing and manage the resident with transmission-based precautions in line with a risk assessment and national ICEG guidelines.

Asymptomatic residents being transferred into an RACF from an acute care facility are NOT recommended to be routinely tested for respiratory illnesses. This may change based on the COVID-19 or influenza epidemiology in Tasmania. For the latest testing recommendations in Tasmania, see Testing for COVID-19 | Coronavirus disease (COVID-19) and review When to test residents for respiratory viral pathogens

Visitor Restrictions

At the time of publication, all staff and visitors to RACFs are mandated to wear a face covering (mask) while on the premises as per Direction under Section 16 of the Public Health Act 1997. Current Public Health directions can be found here: Resources | Coronavirus disease (COVID-19)

Public Health recommends all staff and visitors entering RACFs are screened for acute respiratory infection symptoms. This may be required under current Public Health directions. If staff or visitors have symptoms, they should be advised not to enter the RACF until symptoms resolve or, where entrance to the facility is a necessity, ensure adequate IPC measures are attended to (i.e., wear a face mask).
mask, minimise movement through the RACF etc.)

A Staff and Visitor Screening Tool has been developed to support RACFs and can be found at Aged care facility visits | Coronavirus disease (COVID-19)

The Industry Code for Visiting Residential Aged Care Homes during COVID-19 provides a nationally consistent approach to ensure that residents can receive visitors while also minimising the risk of COVID-19 spread.

**RACF visitor restriction exemption process**

At time of publication, individuals who wish to enter a RACF and are required under the Public Health Act 1997 to be in isolation or avoid high risk settings, must seek exemption from the Director of Public Health or their delegate. **These exemptions are typically only provided for end-of-life care.**

For more information email respiratory.outbreaks@health.tas.gov.au

**Staff members who have contact with a case of COVID-19**

RACF staff who have been in close contact with a case of COVID-19 must follow Public Health requirements for close contacts and inform their employer. Identified staff close contacts may apply for a critical worker exemption to attend a high risk setting to return to work (refer to Registration for temporary exemption from close contact - Aged Care | Coronavirus disease (COVID-19))

Staff who are required to avoid high risk settings may wish to discuss alternative work arrangements with their employer, such as working from home.

RACF staff who have contact with a case of influenza, RSV or other respiratory pathogens are not required to quarantine or avoid high risk settings and can continue to work if they are well and do not have any symptoms.

**Staff members returning from sick leave**

Staff members who have been sick with an acute respiratory illness should only return to work when they no longer have symptoms and have tested negative for COVID-19.

If staff have COVID-19, they must not return to work until they have been released from isolation (refer to Isolation | Coronavirus disease (COVID-19)).
Identification of viral respiratory illness in a RACF

Early identification of cases and rapid response is key to minimising transmission of viral respiratory illness within a RACF.

Transmission of respiratory viruses

The viruses that cause respiratory illness spread through:

- most common: inhalation of respiratory aerosols and droplets of various sizes from an infectious person
- less common (or rarely): touching objects or surfaces (like doorknobs, sink taps and tables) that have respiratory aerosols and droplets of various sizes (i.e. from coughing or sneezing) from an infectious person, and then touching your mouth, or nose.

Signs and symptoms of viral respiratory illnesses

When residents develop acute respiratory illness, it is not possible to know whether it is due to influenza, COVID-19 or another respiratory virus prior to testing.

Test for COVID-19, influenza, and RSV (e.g., multiplex PCR testing) in any resident of a RACF with any new respiratory symptoms, however mild.

The most common symptoms of any viral respiratory illness are (in the absence of an alternative diagnosis that explains the clinical presentation):

- fever (or symptoms of fever e.g. chills, night sweats)*
- acute respiratory infection symptoms (sore throat, shortness of breath, cough, runny nose)
- tiredness or fatigue.

Other common symptoms include:

- muscle and joint pains
- nausea, vomiting, and diarrhoea
- headache
- loss of smell or loss of taste (more frequent with COVID-19)

Older people may have mild or atypical presentations, such as:

- new or increased confusion
- irritability
- withdrawal from normal activities
- worsening symptoms of chronic lung disease (e.g. increased sputum production)
- loss of appetite

*fever may be absent in the elderly
Assessment of residents with fever or acute respiratory illness

Unwell residents should be assessed and clinically managed by their GP or other treating medical practitioner. Maintaining the health and wellbeing of residents and ensuring their care needs are met is the responsibility of the RACF.

If a resident has fever or symptoms of acute respiratory illness:

1. Isolate the resident (in a private room with en suite if possible) and use P2/N95, protective eyewear, gown and gloves when providing direct care.
2. Inform the GP. Provide a comprehensive clinical history, current clinical observations, and facility details.

Tell the GP if there is a suspected or confirmed outbreak of ILL, influenza, COVID-19 or another pathogen within the facility.

If it is after hours, contact the after-hours or locum service as per standard processes.

When to test residents for respiratory viral pathogens

If a resident has a fever or acute respiratory symptoms

1. Test for COVID-19, influenza, and RSV.

Performing a RAT for COVID-19 prior to completing a PCR test is supported by Public Health, particularly where there is a high prevalence of COVID-19 in the community and/or PCR testing is not readily available. A follow-up PCR may be recommended, particularly where the RAT result is negative, the resident is the first COVID-19 case in the facility, community prevalence of COVID-19 is low, or as per other Public Health advice.

Clinical decisions should be discussed with the resident’s GP or other treating medical practitioner.

2. While waiting for the test result, isolate the resident in a private room with en suite if possible and use a P2/N95 mask, eyewear, gown, and gloves when providing direct care.

How to arrange testing

Information on testing for COVID-19 and other viral respiratory illnesses, including a flowchart for managing testing and notification of results, can be found in Appendix 3: Summary of testing process for COVID-19 and other viral respiratory illnesses in RACF.

Assessment of staff with fever or acute respiratory illness

Any RACF worker with acute respiratory symptoms, even mild, should self-isolate, notify their manager and not attend work. They should get tested as per current state and national guidelines and seek medical attention as required.

More information on testing specifically related to COVID-19 is available at Testing for COVID-19 | Coronavirus disease (COVID-19) and at PCR tests | Coronavirus disease (COVID-19)
Clinical care of unwell residents

Decisions regarding the clinical care of unwell residents, including whether the resident(s) should be managed in the RACF or transferred to hospital, should be made on a case-by-case basis. This applies even in the event of an acute respiratory illness outbreak in a RACF. This also applies to residents who are in hospital for any reason, though the preference is for the resident to be cared for in the RACF, where clinically suitable. The needs of residents who test positive to a respiratory virus should be balanced with the needs and wellbeing of other residents in the RACF, and the infection control risks.

The needs of the resident(s) will be considered in consultation with the resident, their family, the facility, clinicians, Public Health and the ACEOC.

Readmission of residents from hospital or another residence to the RACF should be facilitated once the resident is well enough.

Considerations for whether to provide care in a RACF or to transfer to hospital

Clinical and environmental factors should be considered before deciding the appropriate setting for care of a confirmed case(s).

Clinical factors include:

- goals of care and advance care directives for the resident and competency of the resident and their wishes or the wishes of their family/nominated representative
- clinical status of the resident (eg if asymptomatic, mild, or severe symptoms)
- presence of comorbid conditions and particular clinical care needs
- the potential detrimental impact on the resident (eg delirium or functional decline) of transfer to hospital from their home
- how to proactively support residents with complex behaviours including dementia and mental health diagnosis.

Environmental factors include:

- capacity of the RACF to appropriately isolate the resident and manage with transmission-based precautions
- capacity of the RACF (including adequate staffing) to deliver appropriate clinical care and adequately monitor the resident
- access to appropriate medical care should the resident deteriorate eg workforce capacity of the RACF and availability/capacity of visiting GPs or other clinical in-reach services
- the extent of the outbreak, including numbers of residents affected and if the acquisition source is known
- confidence in the RACF ability to maintain adequate infection prevention and control and prevent transmission
- access to adequate PPE supplies.

Release from isolation

Cases of COVID-19 (residents/staff) can be released from isolation (RFI) once they meet the Tasmanian COVID-19 RFI criteria. Confirmed cases of influenza and RSV can be RFI 5 days after symptom onset or, for influenza, 72 hours after commencement of antivirals. Clinical queries about RFI for individuals with unknown or another pathogen should be discussed with the managing clinician. Additional information regarding RFI for COVID-19, influenza, and RSV can be found in the section Key actions for the RACF for specific outbreaks.
Key Actions for Case and Outbreak Management

Key Initial actions for the RACF on identification of a symptomatic resident(s)

As soon as acute respiratory symptoms are first identified in a resident(s), manage as if COVID-19 is the likely cause until proven otherwise. A flowchart summarising the following advice and recommendations can be found at Appendix 2: Key Actions for Case and Outbreak Management – Flowchart.

The following initial actions are recommended:

- **Implement IPC measures:**
  - Isolate the symptomatic resident(s). A single room with en suite is recommended.
  - For direct care of symptomatic resident(s), a P2/N95 mask, eyewear, gown, and gloves should be worn.
  - P2/N95 and eyewear are recommended for staff providing care to proximate areas to symptomatic residents e.g., asymptomatic residents sharing the same wing in the RACF as the symptomatic resident.
  - Implement enhanced environment cleaning.

- **Conduct testing:**
  - Test the symptomatic resident(s) for COVID-19, influenza, and RSV (multiplex PCR). A RAT for COVID-19 prior to taking a PCR is supported by Public Health, particularly where there is a high prevalence of COVID-19 in the community and/or PCR testing is not readily available.

- **Consider:**
  - Minimising visitors to facility and reducing movement within the facility.
  - Cohorting staff and residents within the facility.
  - Reducing or suspending group activities.

Key general actions for the RACF in an outbreak

As soon as an outbreak of COVID-19, influenza, RSV, or other ILI is identified, the RACF should stand up the outbreak management team (see Appendix 1: Preparedness/Key Actions for Case and Outbreak Management) in accordance with their outbreak management plan. This team will be responsible for directing, monitoring, and overseeing the RACF outbreak response and management.

Scenarios may arise where a RACF is managing more than one respiratory virus within their facility. Where more than one pathogen is present, even when an outbreak definition is not met, the RACF should contact Public Health and the ACEOC to discuss an appropriate response, which will be considered on a facility-by-facility basis. Additionally, in this instance, it is important that cohorting of residents occurs in such a way that residents with the same pathogen are cohorted together.

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Isolate cases and symptomatic residents</td>
<td>• Isolate all cases and symptomatic residents</td>
</tr>
<tr>
<td></td>
<td>• Allocate specific staff to care for the confirmed case(s).</td>
</tr>
<tr>
<td>Notify outbreaks</td>
<td>• Notify Public Health and the ACEOC.</td>
</tr>
<tr>
<td></td>
<td>• Notify the Australian Government DoH for COVID-19 outbreaks only.</td>
</tr>
<tr>
<td>Activate outbreak management team</td>
<td>• Activate the internal RACF outbreak management team.</td>
</tr>
<tr>
<td></td>
<td>• Appoint outbreak management coordinator.</td>
</tr>
<tr>
<td></td>
<td>• Meet and assign roles and responsibilities.</td>
</tr>
<tr>
<td>Action</td>
<td>Details</td>
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</tr>
</tbody>
</table>
| **Ensure appropriate clinical management of case** | - Liaise with the treating GP and provide appropriate clinical care.  
- Arrange transfer if required for clinical care.  
- Ensure all visiting health professionals are aware of outbreak.  
- Review and communicate current Advanced Care Directives.  
- Provide appropriate antiviral treatment in line with current national guidance for COVID-19 and influenza and in consultation with the GP. |
| **Activate communication plan** | - Provide information relating to the case and facility as requested by both Public Health and Australian Government Agencies to assist outbreak management.  
- Allocate staff to manage communications. |
| **Support contact tracing** | - Where indicated, identify contacts of cases and manage in line with current Public Health guidance.  
- Where required, provide a detailed site map and a line list of resident and staff cases to Public Health and the ACEOC. |
| **Enhance infection prevention and control** | - Ensure current infection prevention control and guidance is implemented and followed as per national guidelines [Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)](https://safetyandquality.gov.au) and relevant disease specific national guidelines. Cohort residents where possible.  
- Enhance hand hygiene, respiratory hygiene and physical distancing.  
- Review current stock of PPE, obtain additional supplies from the usual supplier and if unavailable and required for COVID-19 outbreaks, request additional PPE via the Australian Government at: agedcarecovidppe@health.gov.au.  
- Implement enhanced environmental cleaning and disinfection for all outbreaks. For a useful reference, see [Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities | Australian Government Department of Health](https://www.health.gov.au) |
| **Limit visitors and movement of persons into and within the facility** | - Identify visitors who can be recognised as essential partners in care and allow them to visit during an outbreak.  
  - Essential visitors should comply with any RACF requirements (e.g., vaccination, PPE requirements, screening etc) and should not be allowed to move between affected and non-affected areas.  
  - Ensure non-essential visitors do not visit residents who are cases or have been exposed.  
  - Admissions of new residents into the affected area(s) of the facility during an outbreak should be avoided where possible. |
| **Surveillance for additional cases** | - Monitor for symptoms in staff and residents.  
- Arrange testing for symptomatic staff and residents.  
- Maintain an up-to-date line list with information regarding staff and resident cases and share line list with Public Health and the ACEOC.  
- Support any additional testing of staff and residents as per Public Health advice. |
| **Manage staff** | - Allocate specific staff to care for residents in isolation.  
- Cohort staff where possible.  
- Actively screen staff for symptoms.  
- Recommend staff work at a single site only during an outbreak.  
- Restrict staff close contacts who are returning to work with a critical worker exemption to a single site only.  
- Plan for staffing shortages where large numbers of staff may be furloughed. |
<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Monitor and support health and wellbeing of residents and staff** | • Maintain primary and routine care.  
• Support wellbeing of residents, including nutrition, physical activity, boredom, loneliness and fear.  
• Support residents with similar exposure or risk level to be cohort together in an area away from other residents.  
• Support morale and mental wellbeing of staff. |
| **Declare the outbreak over** | • Liaise with Public Health and ACEOC about announcing the outbreak is over.  
• Return to routine activities.  
• Review and debrief on outbreak response.  
• Review and revise the outbreak management plan as required. |

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**Key actions for the RACF for specific outbreaks**

**COVID-19**

| Notification | PCR confirmed cases are notified by laboratories to PHS.  
RAT identified cases must be notified through the online RAT registration portal on the coronavirus website by the case or the RACF.  
RACF should notify Public Health and ACEOC of outbreaks by emailing: respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au |
| **Outbreak definition** | Two (2) or more resident cases within 5 days  
OR  
Five (5) or more staff, visitor, or resident cases within 7 days, and have been onsite at any time during their infectious period. |
| Testing | Initial testing sweep once outbreak declared of whole facility  
OR  
Proximate areas as per Public Health advice.  
Ongoing testing of residents and staff as advised by Public Health |
| Infection prevention and control | Isolate cases and cohort where possible.  
P2/N95 mask, eyewear, gown and gloves are recommended for staff providing direct care to cases.  
P2/N95 and eyewear are recommended for staff working in affected or proximate areas or when providing care to identified close contacts.  
Continue enhanced environment cleaning. |
| Isolation of cases | Isolate cases ideally in a single room with an en suite bathroom.  
Cases can be released from isolation as per RFI criteria (currently 7 days from their positive test, or 10 days if symptoms persist on day 7) |
| Close contacts | Identify contacts and ensure Public Health requirements for close contacts are attended to. |
| Monitoring for cases | Monitor for fever and acute respiratory symptoms in residents and staff and test accordingly |
### Antivirals

<table>
<thead>
<tr>
<th>Case management:</th>
<th>Provide in line with current national guidance <a href="https://www.covid19evidence.net.au">Home - National COVID-19 Clinical Evidence Taskforce (covid19evidence.net.au)</a> and in consultation with the GP.</th>
</tr>
</thead>
</table>
| Postexposure prophylaxis: | Consider in line with current national guidance and local availability and in consultation with the GP.  
| Obtain pre-consent for the use of antivirals. Additional information about obtaining consent and procurement of antivirals for COVID-19 can be found here: [Use of Lagevrio® (molnupiravir) in residential aged care (health.gov.au)](https://www.health.gov.au) |

### Other considerations

| Minimise visitors to the facility |
| Reduce resident movement within the facility |
| Cohort staff and residents within the facility |
| Reduce or suspend group activities |

### Stand down

| An outbreak may be stood down, along with outbreak IPC precautions, once: |
| 7 days have passed with no new resident cases identified (where day zero is the date the case/s enter isolation or was last on-site) |
| The advised testing regime of proximate residents has been completed |
| A full round of negative testing of proximate residents has occurred no earlier than day 6 |
| An outbreak may be declared over 14 days after the last case was diagnosed. |
| New staff cases where appropriate PPE has been worn and where there were no breaches, should not delay the standing down of an outbreak where the above criteria are otherwise met |

### Influenza

| PCR confirmed cases notified by laboratory. |
| RACF should notify Public Health and ACEOC of outbreaks by emailing: respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au |
| Three (3) or more resident cases within 72 hours |
| Symptomatic residents and staff only |
| Isolate cases and cohort where possible. P2/N95 mask, eyewear, gown and gloves are recommended for staff providing direct care to cases |
| P2/N95 and eyewear are recommended for staff working in proximate areas to cases |
| Continue enhanced environment cleaning. |
| Isolate cases ideally in a single room with an en suite. Cases can be released from isolation 5 days after symptom onset or 72 hours after antivirals commenced |
| Not applicable |
| Monitor for new onset of acute respiratory symptoms in residents and test accordingly |
| Case management: Provide in line with current national guidance and in consultation with the GP. |
| Postexposure prophylaxis: Provide in line with current national guidance [CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia](https://www.health.gov.au) and in consultation with the GP. |
Obtain pre-consent for the use of antivirals

Other considerations

- Minimise visitors to the facility
- Reduce resident movement within the facility
- Cohort staff and residents within the facility
- Reduce or suspend group activities

Stand down

A decision about standing down and closing an outbreak is made by the RACF in consultation with Public Health. An outbreak may be stood down once:

- No new cases occur within 8 days following the onset of symptoms in the last resident case, with 8 days being the sum of the usual 5-day infectious period plus the maximum 3-day incubation period

RSV and other respiratory viruses

<table>
<thead>
<tr>
<th>Notification</th>
<th>PCR confirmed RSV cases notified by laboratory. RACF should notify Public Health and ACEOC of outbreaks by emailing: <a href="mailto:respiratory.outbreaks@health.tas.gov.au">respiratory.outbreaks@health.tas.gov.au</a> and <a href="mailto:aceoc@health.tas.gov.au">aceoc@health.tas.gov.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak definition</td>
<td>Three (3) or more resident cases within 72 hours</td>
</tr>
<tr>
<td>Testing</td>
<td>Symptomatic residents and staff only</td>
</tr>
<tr>
<td>Infection, prevention and control</td>
<td>Isolate cases and cohort where possible. P2/N95 mask, eyewear, gown and gloves are recommended for staff providing direct care to cases. P2/N95 and eyewear are recommended for staff working in proximate areas to cases. Continue enhanced environment cleaning.</td>
</tr>
<tr>
<td>Isolation of cases</td>
<td>Isolate cases ideally in a single room with an en suite. Cases can be released from isolation once symptoms have resolved or when a clinician has determined that the acute phase of illness is over.</td>
</tr>
<tr>
<td>Close contacts</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Monitoring for cases</td>
<td>Monitor for new onset of acute respiratory symptoms in residents and test accordingly</td>
</tr>
<tr>
<td>Antivirals</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Other considerations</td>
<td>Minimise visitors to the facility Reduce resident movement within the facility Cohort staff and residents within the facility Reduce or suspend group activities</td>
</tr>
</tbody>
</table>
| Stand down | A decision about standing down and closing an outbreak is made by the RACF in consultation with Public Health An outbreak may be stood down once: 
- No new cases occur within 10 days following the onset of symptoms in the last resident case |
Declaring the outbreak over and transition to business as usual

The decision to ‘stand down’ an outbreak and wind back IPC precautions, or declare an outbreak over, is guided by Public Health in conjunction with the ACEOC and the facility.

In general, an outbreak may be stood down once:

• no new resident cases are identified over a specific time period (the time period specified depends on the virus involved; see Key actions for the RACF for specific outbreaks for further details relating to individual pathogens).

• Any required testing of close contacts and recommended testing regimens of other staff and residents have been completed

Once an outbreak has been declared over a transition to business as usual requires a return to preventative and preparatory activities.
Guidance on the use of personal protective equipment (PPE)

Where residents have, or are suspected to have, COVID-19, influenza, RSV, or another influenza-like illness (ILI), an increased level and use of PPE is required to protect staff, visitors and residents. The level of PPE required by staff and visitors in RACFs is dependent on the known or suspected diagnosis of the resident and the activity being undertaken.

 Undertake all putting on (donning) and taking off (doffing) of PPE with a PPE buddy wherever possible to ensure PPE is worn correctly and that a fit check of the P2/N95 has been performed.

At designated PPE donning and doffing stations display signs outlining the:
- appropriate PPE needed for various roles and circumstances.
- correct sequence of donning and doffing of PPE.

PPE used in RACFs are:
- correct sequence of donning and doffing of PPE.
- Surgical mask – single use
- P2/N95 mask – single use
- Protective eyewear – single use or reusable
- Face shield – single use or reusable
- Gown – single use
- Gloves – single use

The PPE required is task specific and is outlined in Table 2: PPE requirements for different activities. Prior to the first testing sweep of residents for respiratory illness, wear PPE as if all residents are positive for a viral respiratory virus as per Table 2: PPE requirements for different activities. The sequence for putting on and taking off PPE is outlined in Table 3: Sequence for putting on and taking off PPE.

Replace masks if they become damp, visibly soiled, accidently dislodged or have been in place for four hours. Do not touch the outside of the mask or leave the mask under the chin.

Staff who wear P2/N95 masks should ideally complete an initial fit test and must perform a fit check each and every time they don a P2/N95 mask. Where fit testing has not been performed and a P2/N95 mask is recommended for use, a fit-checked P2/N95 mask is preferred to a surgical mask.

To watch a fit check see Personal Protective Equipment demonstration videos | Tasmanian Department of Health

The level of PPE required for visitors to wear is dependent on the infectious status of the resident and whether the visit is indoors or outdoors.

Visitors must be made aware of the risks of visiting during a declared outbreak and must be instructed and observed on the use of PPE and how to perform hand hygiene.

Residents who have a diagnosed viral respiratory illness should wear a surgical mask when possible, during face to face visiting.
Definitions

- Direct care – where the resident is being physically touched by the carer. Most often occurs during assistance with activities of daily living.
  - Examples – assisting with bathing, dressing, toileting, ambulation; performing a procedure such as a wound dressing or catheterisation;
- Indirect care – where care is provided but there is no physical touching of the resident by the carer
  - Examples – dispensing medication, putting a meal tray down in the resident’s room, giving the resident an electronic device such as an iPad.
- Direct contact with the physical environment
  - Example – cleaning a resident’s room, cleaning high touch surfaces in common areas, cleaning bathrooms, waste removal
- No direct or indirect care or contact with the physical environment
  - Example – preparing food in the kitchen, office work, administrative work.
- Visiting/Visitors
  - Example – people not employed by the RACF such as friends or relatives or pastoral care

Table 2: PPE requirements for different activities

<table>
<thead>
<tr>
<th>Activity (work task or duty)</th>
<th>COVID-19 positive resident</th>
<th>COVID-19 close contacts</th>
<th>Residents negative and asymptomatic for a viral respiratory illness</th>
<th>Residents who have ceased isolation following a diagnosed viral respiratory illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care</td>
<td>P2/N95 mask</td>
<td>P2/N95 mask</td>
<td>Wear PPE as required as per Standard Precautions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye protection or face shield</td>
<td>Eye protection or face shield</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gown</td>
<td>Other PPE as required as per Standard Precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect care</td>
<td>P2/N95 mask</td>
<td>P2/N95 mask</td>
<td>Wear PPE as required as per Standard Precautions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye protection or face shield</td>
<td>Eye protection or face shield</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other PPE as required as per Standard Precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct contact with the physical environment</td>
<td>P2/N95 mask</td>
<td>P2/N95 mask</td>
<td>Wear PPE as required as per Standard Precautions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye protection or face shield</td>
<td>Eye protection or face shield</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gown</td>
<td>Other PPE as required as per Standard Precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No direct or indirect care</td>
<td>PPE as per current mandate</td>
<td>PPE as per current mandate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Visiting – face to face visits indoors (e.g. end of life) | Resident - Surgical mask if able to be worn  
Visitor – N95/P2 mask and eyewear.  
Gloves not required but hand hygiene must be performed | Resident - Surgical mask if able to be worn  
Visitor – N95/P2 mask and eyewear.  
Gloves not required but hand hygiene must be performed | Resident – no PPE required  
Visitor – no PPE required |
| Visiting - face to face outside | Resident – surgical mask if able to be worn  
Visitor – P2/N95 mask and protective eyewear | Resident – surgical mask if able to be worn  
Visitor – P2/N95 mask and protective eyewear | Resident – no PPE required  
Visitor – no PPE required |
| Visitors – window visiting with window closed | No PPE required | No PPE required | No PPE required |

Table 3: Sequence for putting on and taking off PPE

<table>
<thead>
<tr>
<th>PPE</th>
<th>Putting on (donning) sequence</th>
<th>Taking off (doffing) sequence</th>
</tr>
</thead>
</table>
| Mask + protective eyewear/face shield | 1. Hand hygiene using ABHR  
2. Put on mask  
3. Hand hygiene using ABHR  
4. Put on protective eyewear/face shield  
2. Take off protective eyewear  
Dispose of disposable eyewear/face shield  
**OR**  
Clean reusable eyewear  
3. Hand hygiene using ABHR  
4. Take off mask  
5. Hand hygiene using ABHR |
| Mask + protective eyewear/face shield + gown | 1. Hand hygiene using ABHR  
2. Put on mask  
3. Hand hygiene using ABHR  
4. Put on protective eyewear/face shield  
5. Hand hygiene using ABHR  
6. Put on gown | 1. Hand hygiene using ABHR  
2. Take off gown  
3. Hand hygiene using ABHR  
4. Take off protective eyewear/face shield  
Dispose of disposable eyewear/face shield  
**OR**  
Clean reusable eyewear  
5. Hand hygiene using ABHR  
6. Take off mask  
7. Hand hygiene using ABHR |
| Mask + protective eyewear + gloves + gown/apron | 1. Hand hygiene using ABHR  
2. Put on mask  
3. Hand hygiene using ABHR  
4. Put on protective eyewear/face shield  
5. Hand hygiene using ABHR  
6. Put on gown  
7. Hand hygiene using ABHR  
8. Put on gloves | 1. Take off gloves  
2. Hand hygiene using ABHR  
3. Take off gown  
4. Hand hygiene using ABHR  
5. Take off protective eyewear/face shield  
Dispose of disposable eyewear/face shield  
**OR**  
Clean reusable eyewear  
6. Hand hygiene using ABHR  
7. Take off mask  
8. Hand hygiene using ABHR |
Table 4: Sequence for changing PPE

<table>
<thead>
<tr>
<th>PPE</th>
<th>Sequence</th>
</tr>
</thead>
</table>
| Change gown and gloves with mask and protective eyewear remaining on | 1. Take off gloves  
2. Hand hygiene using ABHR  
3. Take off gown  
4. Hand hygiene using ABHR  
5. Put on new gown  
6. Hand hygiene using ABHR  
7. Put on new gloves |

Useful IPC Resources

Communicable Diseases Network Australia (CDNA)

Infection Control Expert Group (ICEG) – endorsed infection prevention and control guidance
- Revised guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19
- Statement on revised guidance
- Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls
- Guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities
- Guidelines for infection prevention and control in residential care facilities
- Environmental cleaning and disinfection principles for health and residential care facilities

Tasmanian Infection Prevention and Control Unit (TIPCU) PPE video series
- Personal Protective Equipment demonstration videos | Tasmanian Department of Health
Information sharing

Notification to Public Health Services

For all notifications of respiratory virus outbreaks in RACF, please email the following information to respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au

- name, address and type of facility
- contact details and role/position of person notifying
- number of residents and staff in facility
- number of residents and number of staff unwell
- respiratory pathogen (if known)
- names and date of birth of all residents and staff cases
- date of specimen collection.

COVID-19

COVID-19 is a notifiable disease in Australia. Public Health is notified by the laboratory of all positive PCR tests. RAT identified cases should be notified by the case themselves or by the RACF. In addition, the RACF should notify Public Health and the ACEOC of any outbreaks of COVID-19. Notification should occur by email to respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au.

Notification to the Australian Government Department of Health

In the event of an outbreak of COVID-19, the RACF must notify the Australian Government DoH by email to agedcareCOVIDcases@health.gov.au. The Department will appoint a case manager to the RACF to assist the RACF with the resources and support required during the outbreak.

PHS may also liaise with the Australian Government DoH and/or the Aged Care Quality and Safety Commission so that additional support can be offered.

Other Respiratory illnesses

Laboratory confirmed influenza is a notifiable disease in Australia. From July 1, 2022, laboratory confirmed RSV will be a notifiable disease in Tasmania. Public Health is notified by the laboratory of all positive tests. RACF should notify Public Health and the ACEOC of any outbreaks of influenza, RSV, and influenza-like-illness outbreaks. Notification should occur by email to respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au.

Notification to treating GPs and other healthcare workers

In addition to notifying Public Health, the RACF should notify all visiting GPs at the start of the outbreak. A template letter can be found in the appendices of Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities. Please liaise with Public Health before activating your communications plan.

The RACF should also inform other healthcare providers (including transport/ambulance staff) before they attend the RACF.
Information sharing with Public Health and the ACEOC

When a viral respiratory illness outbreak is suspected or confirmed and notified to Public Health and the ACEOC, they will be in contact with the facility regularly. Public Health and/or ACEOC staff may request the following additional information from the RACF:

- resident and staff details, including total number of residents in the facility and in the affected area
- description of the RACF in terms of size, buildings, layout, infrastructure, and staffing
- total number of residents and staff with symptoms
- date of onset and details of symptoms of each person
- total number of staff that work in the facility and the affected area
- capacity to isolate/cohort cases
- whether respiratory specimens (nose and throat swabs) have been collected
- number of people admitted to hospital with an acute respiratory illness
- number of people with an acute respiratory illness who have died.

Line lists

Public Health will provide the RACF with a line list (in the form of an Excel spreadsheet) to record key information about cases (Appendix 6). The RACF should update the line list and send it to Public Health and the ACEOC daily by email to respiratory.outbreaks@health.tas.gov.au AND aceoc@health.tas.gov.au. See Appendix 6 for an example of a line list.

Negative test results for COVID-19, influenza, RSV, and other respiratory illness

Where test results are negative for COVID-19, influenza, RSV, and other respiratory illnesses in residential settings, but residents or staff remain symptomatic, facilities can request additional assistance and guidance by emailing Public Health at respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au.
Key Resources

For additional and supporting information, please see:

- [CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia](https://www.health.gov.au) for additional guidance regarding influenza and ILI outbreaks
- [First 24 hours managing COVID-19 in a residential aged care facility, Australian Government, Department of Health](https://www.gov.au)
## Appendix 1: Preparedness

RACF must prepare for respiratory illness cases and outbreaks. The following steps are key in ensuring preparedness. A useful checklist for RACF preparedness can be found at: [Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities](https://health.gov.au) (health.gov.au)

### Outbreak management plan

- It is each service’s responsibility to have an up-to-date COVID-19, influenza, and respiratory illness outbreak management plan.
- **Talk with visiting GPs** and involve them in the planning process. [See Appendix 4: Roles and responsibilities in a respiratory virus outbreak](#) for the responsibilities of main organisations in COVID-19 outbreak management.
- Train staff in activation of your outbreak management plan.
- Include in your plan what will happen if a positive case is confirmed out-of-hours, such as arrangements for primary care cover out-of-hours and contingency plans if usual GPs are unavailable.

### Communication plan and resources

- **Provide information** to residents and their families about infection control policies (including isolation protocols) and communicate restrictions and guidelines.
- Prepare a communication plan for communicating with staff, residents, volunteers, family members, GPs and other service providers (e.g. cleaners) during an outbreak.
- Confirm you have the latest contact details for each resident’s nominated representative.
- Ensure you have an up-to-date list of your GPs (with contact email and phone numbers) and develop an engagement process to support communication before, during and after an outbreak.
- Prepare communication resources that you may need in an outbreak (e.g. templates of letters to staff, residents, and families; signage/posters) ahead of time. This should also consider management of media enquires.
- Prepare how you will facilitate communication and social connection between residents and their families in the event of an outbreak.

### Workforce planning

- Prepare staffing contingency plans.
- Plan for a dedicated staffing model to be implemented, in which staff (clinical and non-clinical) do not work across units or sites.
- Employee cohorting within the service where possible; this should be negotiated before any escalation of response and clearly documented.

### Vaccination

- Encourage all staff who are employed, or engaged, by or on behalf of the RACF are up to date with COVID-19 vaccinations vaccinated against COVID-19 and comply with relevant current Public Health requirements for vaccination.
- Encourage staff, residents, and visitors to be vaccinated against influenza every year.
- Encourage all residents and visitors to be up to date with their COVID-19 vaccinations.
- Maintain records of all persons sufficiently vaccinated and those who are exempt.
- Comply with the Australian Government’s COVID-19 vaccination reporting requirements.
- For further information on COVID-19 and influenza vaccination in RACF, visit: [Information for aged care providers, workers and residents about COVID-19 vaccines and Responsibilities of residential aged care providers](#).

### Care for residents

- Discuss with residents and their families their preferences for treatment including transfers to hospital in the event of a severe respiratory illness diagnosis. Medical interventions should consider the resident’s condition and their preferences for care. Ensure preferences and choices are clearly documented.
- Have advanced care directives and goals of care in place for appropriate clinical management in the event of severe respiratory illness.
• Prepare for treatment of residents by establishing processes to support timely access and appropriate administration of antiviral medication for COVID-19 and influenza, in accordance with local regulations.

Information for PHS

• Provide a map/plan of your facility.

• Ensure resident and staff details are current and collated in an Excel spreadsheet, including correct names (i.e. not nicknames), date of birth, contact details and vaccination status if available. Public Health will provide the RACF with a line list (in the form of an Excel spreadsheet) to record key information about cases (Appendix 6). In the event of an outbreak, the RACF should update the line list and send it to Public Health and the ACEOC daily to respiratory.outbreaks@health.tas.gov.au and aceoc@health.tas.gov.au

Engage with your visiting GPs

• Talk with your visiting GPs about your respiratory illness outbreak management plan including management of COVID-19 and influenza. Some areas for engagement include:
  - Maintain an up-to-date list of visiting GPs and their contact details, including out of hours arrangements
  - Involve GPs in discussions about goals of care and advance care directives for your residents
  - Involve GPs in planning and preparedness activities; ensure they are aware of your outbreak management plan and their role in an outbreak. This may include establishing arrangements for prescribing and dispensing therapies for respiratory illnesses including COVID-19 and influenza.
  - Consider contingency plans for delivering primary care to residents if your usual GPs are unable to attend in person during an outbreak; consider the arrangements for telehealth and GP cover.

PPE

• Train staff in the correct infection control practices, particularly Standard Precautions, Transmission-Based Precautions and safe PPE donning and doffing. Personal Protective Equipment Demonstration Videos | Public Health (dhhs.tas.gov.au)

• Ensure appropriate and sufficient PPE available for an outbreak (to last at least 72 hours but one week’s supply is recommended)

• Where possible, staff should be fit tested for use of P2/N95 masks and ensure a fit check is performed each time a P2/N95 mask is worn

• Identify how PPE will be sourced, stored and disposed of during an outbreak

• Identify donning and doffing stations within the facility in the event of an outbreak

• Prepare signage demonstrating donning and doffing PPE

• For COVID-19 outbreaks only, aged care providers that require additional PPE should email all requests to agedcarecovidppe@health.gov.au

Cleaning and waste management

• Prepare for additional environmental cleaning and disinfection requirements:
  - Ensure adequate cleaning and disinfection supplies
  - Liaise with contractors or hire extra cleaners as required
  - Increase frequency of cleaning and disinfection for high-touch surfaces.
  - Use a disinfectant that contains a minimum1000ppm of sodium hypochlorite or hydrogen peroxide OR makes label claims against COVID-19

• Prepare waste management strategies including the safe storage and removal of waste, for dealing with an increase in volume of waste particularly PPE.
## Appendix 2: Flowchart - Key Actions for Case and Outbreak Management

**Respiratory Illness Outbreaks in Residential Aged Care**

<table>
<thead>
<tr>
<th>RACF identifies a single resident with acute respiratory symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IPC measures</strong></td>
</tr>
<tr>
<td>Isolate symptomatic resident. Wear P2/N95 mask, eyewear, gown and gloves when providing direct care to symptomatic resident</td>
</tr>
<tr>
<td><strong>Test</strong></td>
</tr>
<tr>
<td>RAT or PCR for COVID-19 as per facility preference. If RAT negative, complete a multiplex PCR test (COVID-19, influenza or RSV). In some instances, follow-up PCR may be recommended if RAT positive</td>
</tr>
<tr>
<td><strong>Outbreak of COVID-19, influenza or other ILI is identified</strong></td>
</tr>
</tbody>
</table>

### COVID-19

**Outbreak definition:** 2 or more resident cases within 5 days OR 5 or more staff, visitor, or resident cases in 7 days.

**Testing:** Once outbreak declared, initial and ongoing testing as per Public Health advice.

**IPC:** Staff providing direct care to cases are recommended to wear a P2/N95 mask, eyewear, gown and gloves. Staff working in affected or proximate areas, or when providing care to identified close contacts, are recommended to wear a P2/N95 mask and eyewear. Continue enhanced environment cleaning.

**Isolation of cases:** Isolate cases in a single room with en suite and cohort where possible. Release cases from isolation 5 days after their positive test, or 10 days if symptoms persist on day 7.

**Antivirals:** Administer treatment to cases in accordance with national guidance. [Home - National COVID-19 Clinical Evidence Taskforce (covid19provence.net.au)] and in consultation with GP. Provide postexposure prophylaxis in line with current national guidance and local availability.

**Close contacts:** Identify contacts and ensure adherence to Public Health close contact requirements.

**Stand down:** In consultation with Public Health, once 7 days have passed with no new resident cases identified, an outbreak may be stood down, and outbreak IPC precautions removed. Provided the recommended testing regime has been completed and a full round of negative testing of proximate residents has occurred no earlier than day 6.

### Influenza

**Outbreak definition:** 3 or more resident cases within 72 hours

**Testing:** Multiplex PCR test for symptomatic residents only

**IPC:** Staff providing direct care to cases are recommended to wear a P2/N95 mask, eyewear, gown and gloves. Staff working in proximate areas to cases are recommended to wear a P2/N95 and eyewear. Continue enhanced environment cleaning.

**Isolation of cases:** Isolate cases in a single room with en suite and cohort where possible. Release cases from isolation 5 days after symptom onset or 72 hours after antivirals commenced.

**Antivirals:** Administer postexposure prophylaxis in accordance with CDNA guidelines for Influenza Outbreaks in RACF and in consultation with GP. Provide treatment to cases in line with current national guidance.

**Close contacts:** N/A

**Stand down:** In consultation with Public Health, once no new cases occur within 8 days following the onset of symptoms in the last resident case.

### RSV and other respiratory viruses

**Outbreak definition:** 3 or more resident cases within 72 hours

**Testing:** Multiplex PCR test for symptomatic residents only

**IPC:** Staff providing direct care to cases are recommended to wear a P2/N95 mask, eyewear, gown and gloves. Staff working in proximate areas to cases are recommended to wear a P2/N95 and eyewear. Continue enhanced environment cleaning.

**Isolation of cases:** Isolate cases in a single room with en suite and cohort where possible. Release cases from isolation once symptoms have resolved or when a clinician has determined that the acute phase of illness is over.

**Antivirals:** N/A

**Close contacts:** N/A

**Stand down:** In consultation with Public Health, once no new cases occur within 10 days following the onset of symptoms in the last resident case.

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**If a COVID-19 case is detected revert to COVID-19 guidelines.**

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**Mixed pathogen outbreak**

**Seek PHS guidance**
Appendix 3: PPE purchasing guidance

In Australia, all PPE used to provide healthcare, must meet:

▪ Therapeutic Goods Administration criteria for listing on the Australian Register of Therapeutic Goods (ARTG) as a Medical Device Included Class 1* (ie lowest level of potential harm)

For COVID-19 outbreaks only, aged care providers can request PPE from the Australian Government DoH, if supplies from the usual supplier are unavailable, by emailing agedcarecovidppe@health.gov.au.

Estimating the quantity of PPE required

The following formula is a guide to estimate the amount of PPE that may be required:

Total number of Staff per shift (assume all wearing full PPE) x number of care episodes (ie 20) x 7 (for calculating for 7 days on hand).

*double the total for gloves and specify the sizes required

A useful tool for estimating how much PPE might be required can be found here: PPE Estimator Guideline for use in Residential Aged (health.tas.gov.au)
Appendix 4: Summary of PCR testing process for COVID-19, influenza, RSV, and other viral respiratory illnesses in RACF

All facilities in Tasmania should have specimen collection packs available for urgent testing. Contact Sonic Healthcare (also known as Hobart, Launceston and North West Pathology) to arrange delivery of specimen collection packs if required. Sonic Healthcare has been contracted by the Australian Government to provide testing support in RACFs.

Specimens can be collected by an appropriately trained RACF staff member or GP.

1. If you have an RACF resident(s) who meets the testing criteria, liaise with the treating GP and call the Sonic Healthcare ACF COVID-19 hotline on 1800 570 573 (8 am to 6 pm) to arrange a courier to collect the specimen. After hours, please initiate appropriate precautions (including isolation of the suspect case) and call the following morning.
   - The Sonic Collection Coordinator can also arrange urgent delivery of the required number of specimen collection kits, which include detailed specimen collection instructions, swabs and specimen transport bags if required.
   - For facilities remote from the major centres (Hobart, Launceston, and Burnie) several specimen collection packs (depending on the size of the facility) will be provided to be on-hand to facilitate urgent testing if required.

2. Don the appropriate PPE as per Sonic advice and collect the sample.
   - Providing samples for nucleic acid testing requires a combined throat and nasopharyngeal swab with a flocked swab, placed into viral transport medium.
     - A combined throat and deep nasal swab is adequate if only testing for COVID-19 but may be insufficient for other viruses. Combined throat and nasopharyngeal sampling is preferred.
   - Note that for RACF, respiratory virus PCR testing will routinely include testing for COVID-19, influenza A, influenza B, and RSV.

3. Complete the request form with a request for ‘COVID-19, influenza, and RSV.’ Write on the form that the resident meets testing criteria and include the treating GP details. If the GP has been consulted by telehealth, an unsigned request form will be accepted by Sonic Healthcare IF the requesting GP’s details are included on the form. In addition, provide details of a fax number that is available and appropriate to receive a faxed copy of results from the laboratory. If the treating practitioner would like to test for other respiratory viruses, an ‘extended respiratory viral panel’ will need to be requested specifically.

Transport of specimens to the laboratory will be arranged by Sonic Health Care.

Obtaining results

The results of COVID-19, influenza, and RSV testing will generally be available within 24 hours of specimen collection. These results will be phoned to the RACF RN and sent electronically to the referring doctor as soon as they are available.

Testing for other respiratory viruses (eg Rhinovirus, Parainfluenza virus, etc.) is performed twice weekly on Tuesday and Friday. Results of this testing will not be phoned but sent electronically to the referring doctor and by fax to the RACF by approximately 1700 hours on the day of testing.

While awaiting test results, please follow the infection prevention and control measures outlined in the national guidelines and in this document under Key initial actions for the RAF on identification of a symptomatic resident.

For testing in residential care facilities other than aged care, please follow site-specific protocols or call Public Health to discuss.
RACF identifies resident who requires testing for COVID-19 or influenza-like illness

RACF:
- implements transmission based precautions
- where possible, isolates resident in a single room
- contacts GP and liaises about clinical care and need for testing
- monitors other residents and staff for symptoms.

RACF completes request for testing in consultation with GP and calls the Hobart, Launceston, and North West Pathology ACF COVID-19 Hotline on 1800 570 573 (8:00am to 6:00pm).
Unsigned request forms will be accepted if GP has been consulted via telehealth, GP is aware of test and GP’s details are included on the form.

The RACF COVID-19 collection coordinator arranges delivery of specimen collection kits if required to the RACF.
For facilities remote from the major centres (Hobart, Launceston and Burnie), 2–3 (depending on the size of the facility) specimen collection kits will be provided to be on hand to facilitate urgent testing if required.

GP or other trained staff member collects sample from symptomatic resident. Writes on form: ‘COVID-19, influenza and respiratory virus PCR’ and the treating GP’s details.

RACF contacts Sonic for specimen collection

POSITIVE result for COVID-19, influenza, RSV and other Respiratory Viruses
Laboratory and RACF notify Public Health of result.
All outbreaks should be notified to Public Health.

Sonic Healthcare notifies RACF and referring doctor of negative result.

PHS will collect further information and provide a line list for the RACF to complete. Hobart, Launceston and North West Pathology will arrange a specialist team to collect specimens from residents and staff in line with Public Health advice.
Appendix 5: Roles and responsibilities in a respiratory virus outbreak

There are many stakeholders involved in management of a respiratory virus outbreak in an RACF. The following table outlines the key responsibilities of the main organisations involved.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Key role and responsibilities</th>
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| The facility                 | • Has main responsibility for managing ILI and COVID-19 outbreaks in that setting  
• Activates an internal outbreak response team  
• Implements its outbreak management plan and manages the outbreak in accordance with guidelines  
• Ensures infection prevention and control measures for confirmed and suspect case(s) are followed  
• Manages cases and outbreaks in line with Public Health requirements  
• Provides information on cases and contacts to Public Health as required  
• Where required, undertakes contact tracing under in accordance with Public Health guidelines  
• Continues to provide high quality care to residents  
• Liaises with GPs and other clinical care providers  
• Communicates with residents, staff and families, in liaison with the ACEOC and Public Health  
• Manages staffing  
• Monitors and supports health and wellbeing of residents. |
| Visiting GPs                 | • Provide clinical care for residents, including provision of antiviral medication where indicated  
• Assist with outbreak management  
• Liaise with secondary and tertiary care providers. |
| Public Health                | • Provides outbreak management advice and support  
• Collates, analyses and disseminates information on cases and outbreaks  
• Advises on the management of cases and contacts  
• Advises on the public health aspects of the outbreak response  
• Monitors and reports on the outbreak  
• Works with the facility and the ACEOC to coordinate on-site investigations if needed.  
• Has legal responsibilities under the Public Health Act 1997, including enactment and enforcement of Public Health Directions, such as the Direction for Aged Care, which serves to protect RACF residents.  
• Advises on infection prevention and control |
| The Australian Government DoH | • Only where a COVID-19 outbreak is identified, the Australian Government DoH:  
• Appoints a 24/7 case manager to connect RACF to Australian Government support  
• Provides access to a Clinical First Responder who can assess infection prevention and control and provide ongoing oversight and training  
• Supports surge workforce supply  
• Supports PPE supply  
• Supports testing (via Sonic Healthcare and in coordination with Public Health and the |
### Stakeholder Key role and responsibilities

**ACEOC**
- Prepositions medications to RACF for treatment of COVID-19 and influenza

**Aged Care Quality and Safety Commission**
- Continues to act as regulator
- Resolves complaints about the delivery of aged care services
- Provides support as required.

**Aged Care Emergency Operations Centre**
- Coordinates and supports integrated COVID-19 planning, preparedness and response across aged care services in Tasmania
- Assists the organisation responsible for the facility with communications about the outbreak
- Coordinates communication activities
- Activates and coordinates the Outbreak Management Coordination Team (OMCT) in response to an outbreak in a RACF

### The Outbreak Management Coordination Team

In the event of an outbreak of COVID-19, a multi-agency Outbreak Management Coordination Team (OMCT) will be activated, whose key role is to coordinate the various agencies involved in responding to the outbreak. The OMCT is generally coordinated by the ACEOC. The membership of the OMCT will vary depending on the specific outbreak but may include representation from the following organisations: ACEOC, Public Health, Aged Care Quality and Safety Commission, Australian Government Department of Health, TIPCU, and representatives from the RACF.
**Appendix 6: Example Line List**

To assist management of cases and outbreaks of COVID-19, influenza, RSV, or other respiratory viruses, Public Health will provide the RACF with a line list (in the form of an Excel spreadsheet) to record key information about cases. The RACF should update the line list and send it to Public Health and the ACEOC daily by email to respiratory.outbreaks@health.tas.gov.au AND aceoc@health.tas.gov.au.

Below is an example only of information that might be included in a line list provided by Public Health for completion.