



# **COVID-19 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.*

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## Abbreviations

ABHR	Alcohol-based hand-rub
ACEOC	Aged Care Emergency Operations Centre
AGPs	Aerosol Generating Procedures
CDNA	Communicable Diseases Network of Australia
CDPU	Communicable Diseases Prevention Unit (Public Health Services, Department of Health)
DoH	Department of Health
GP	General practitioner
ICEG	Infection Control Expert Group
OMCT	Outbreak management coordination team
OMT	Outbreak management team
PHEOC	Public Health Emergency Operations Centre
PHS	Public Health Services
PPE	Personal protective equipment
RACF	Residential aged care facility
RSV	Respiratory Syncytial Virus

## Updates since earlier versions of this document

Content within this toolkit has been reviewed since Version 7.0 to include updates for Aerosol Generating Procedures Guidelines as advised by the Infection Control Expert Panel Group (ICEG) and additional assistance available to facilities where Respiratory Illness continues but nil causative pathogen is identified from PCR testing. Revisions are highlighted in yellow and if a whole section is new or modified only the heading will be highlighted.

## Contacts

Enquiries about this Toolkit can be directed to the Communicable Diseases Prevention Unit by email on [cdpuoncall@health.tas.gov.au](mailto:cdpuoncall@health.tas.gov.au) or [aceoc@health.tas.gov.au](mailto:aceoc@health.tas.gov.au)

For queries specifically relating to COVID-19, including questions around quarantine of staff or residents, or about Public Health Directions, please email [aceoc@health.tas.gov.au](mailto:aceoc@health.tas.gov.au) or call the Public Health Hotline on **1800 671 738** and ask to speak to the COVID CNC on-call.

# Introduction

## Scope and purpose of this document

This toolkit was developed by Public Health Services (PHS), Department of Health (DoH) Tasmania, in collaboration with the Aged Care Emergency Operations Centre (ACEOC), to assist aged care providers with the prevention, control and public health management of 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 Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia](#)

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

This toolkit is primarily for RACF but can also be used for other residential settings eg military barracks, correctional facilities, and boarding schools.

## Background

While all respiratory viruses can cause outbreaks and significant morbidity and mortality, COVID-19 is a particularly significant health risk for people aged over 70 years and people with co-morbidities or low immunity. Residents, particularly the elderly, are especially vulnerable to this and other respiratory illnesses (including influenza), as communal living can facilitate the rapid spread of these and other respiratory agents.

### COVID-19, influenza, and other respiratory illnesses in residential aged care settings

COVID-19 is a new challenge, but health services and RACF have knowledge and skills to respond to this challenge based on experience with managing other respiratory outbreaks, including influenza.

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

Immunisations for both Influenza and COVID-19 are available to RACF staff and residents. Vaccination, along with other risk reduction measures are essential to protecting residents, workforces and the wider community.

The management approach to COVID-19 and influenza are similar, however there are key differences, as detailed in Table 1.

Table I Similarities and differences – COVID-19, seasonal influenza, and other respiratory viruses

	COVID-19	Influenza	Other respiratory viruses
Vaccine available	Yes  Mandatory for all residential aged care workers from 17 Sep 2021	Yes	
Fever* and acute respiratory symptoms	Yes	Yes	Yes
Notifiable under the Public Health Act 1997	Yes – confirmed case(s)	Yes – laboratory identified case(s)	No
Notification process	Notified by medical officer and/or laboratory.  RACF must contact Public Health as soon as possible to advise of confirmed cases in residents or staff.	RACF are encouraged to notify Public Health of outbreaks (3 cases of ILI within 72 hours in staff or residents)	RACF are encouraged to notify Public Health of outbreaks (3 cases of ILI within 72 hours in staff or residents)
Infection Control Precautions	Review ICEG guidelines  Airborne for aerosol generating procedures (AGPs) or as per Public Health advice.	Standard and Transmission based precautions - contact and droplet.	Standard and Transmission based precautions - contact and droplet.
Isolation of cases and suspected cases.  (eg single room with dedicated ensuite)	Yes	Yes	Yes
Important resources	<a href="#">CDNA national guidelines Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities</a>  <a href="#">Infection Control Expert Group (ICEG) guidance on infection prevention and control for residential care facilities</a>	<a href="#">CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia</a>	<a href="#">CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia</a>

\*Fever may be absent in the elderly

## Transmission of respiratory illnesses

The viruses that cause respiratory illness spread through:

- close contact with an infectious person
- contact with particles or droplets from an infected person (such as from singing, shouting, uncovered coughs or sneezes)
- aerosol-generating procedures in clinical settings (eg nebuliser)
- touching objects or surfaces (like doorknobs, sink taps and tables) that have respiratory droplets (ie from coughing or sneezing) from an infected person, and then touching your mouth, nose, or eyes.

## Signs and symptoms of COVID-19 and other respiratory illnesses

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

**Test for COVID-19 in any resident of a RACF with any new respiratory symptom, 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 eg chills, night sweats)
- acute respiratory infection (sore throat, shortness of breath, cough, runny nose)
- tiredness or fatigue.

Less common symptoms include myalgia/arthritis, nausea, vomiting and diarrhoea.

Symptoms specific to COVID-19 only are:

- loss of smell or loss of taste

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 (eg increased sputum production)
- loss of appetite

# Preparedness

RACF must ensure they are well prepared for respiratory illness cases and outbreaks. The following steps are key in ensuring preparedness.

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<b>Outbreak management plan</b>	<ul style="list-style-type: none"><li>• It is each service's responsibility to have an up to date <b>COVID-19 and respiratory illness outbreak management plan</b> (see Appendix 2 for more details regarding the key actions in COVID-19 outbreak management)</li><li>• <b>Talk with visiting GPs</b> and involve them in the planning process.</li><li>• Train staff in <b>activation</b> of your outbreak management plan.</li></ul>
<b>PPE</b>	<ul style="list-style-type: none"><li>• Ensure <b>appropriate and sufficient PPE available for an outbreak</b> (to last at least 72 hours but one week's supply is recommended)</li><li>• Identify how PPE will be sourced, stored and disposed of during an outbreak</li><li>• Ensure staff have been trained in how to use different types of PPE, donning and doffing</li><li>• Identify donning and doffing stations within the facility in the event of an outbreak</li><li>• Prepare <a href="#">signage</a> demonstrating donning and doffing PPE</li><li>• Aged care providers that require additional PPE should email all requests to <a href="mailto:agedcarecovidppe@health.gov.au">agedcarecovidppe@health.gov.au</a></li><li>• Train staff in the correct use of PPE and infection control practices, particularly Standard Precautions, transmission-based Droplet and Contact Precautions and safe donning and doffing.</li></ul>
<b>Communication plan and resources</b>	<ul style="list-style-type: none"><li>• <b>Provide information</b> to residents and their families about infection control policies (including isolation protocols) and communicate restrictions and guidelines.</li><li>• Prepare a <b>communication plan</b> for communicating with staff, residents, volunteers, family members, GPs and other service providers (eg cleaners) during an outbreak.</li><li>• Ensure appropriate <b>signage</b> is readily available.</li><li>• Confirm you have the latest contact details for each resident's nominated representative</li><li>• Ensure you have an <b>up to date list of your GPs</b> (with contact email and phone numbers) and develop an engagement process to support communication before, during and after an outbreak.</li><li>• Prepare <b>communication resources</b> that you may need in an outbreak (eg templates of letters to staff, residents, and families; signage/posters) ahead of time.</li><li>• Prepare how you will facilitate communication and <b>social connection</b> between residents and their families in the event of an outbreak.</li></ul>
<b>Workforce planning</b>	<ul style="list-style-type: none"><li>• Prepare <b>staffing contingency plans</b></li><li>• Plan for a <b>dedicated staffing model</b> to be implemented, in which staff (clinical and non-clinical) do not work across units or sites.</li><li>• Have laminated hard copy maps of the facility which identify services and residents.</li><li>• Employee cohorting within the service where possible, this should be negotiated before any escalation of response and clearly documented.</li><li>• Keep a register of staff who work across multiple sites/facilities/workplaces.</li></ul>

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<b>Vaccination</b>	<ul style="list-style-type: none"> <li>• Ensure all staff who are employed, or engaged, by or on behalf of the RACF are vaccinated against COVID-19 as per the direction <a href="https://www.coronavirus.tas.gov.au">Mandatory Vaccination of Certain Workers No. 1 (coronavirus.tas.gov.au)</a>.</li> <li>• Maintain records of all persons sufficiently vaccinated and those who are exempt and provide these records to authorized officers upon request.</li> <li>• Comply with the Australian Government's COVID-19 vaccination reporting requirements.</li> <li>• For further information visit the webpage regarding COVID-19 vaccination in RACFS: <a href="#">Information for aged care providers, workers and residents about COVID-19 vaccines</a></li> <li>• Encourage all residents and staff to be vaccinated against influenza</li> </ul>
<b>Cleaning and waste management</b>	<ul style="list-style-type: none"> <li>• Prepare for additional <b>cleaning</b> requirements: <ul style="list-style-type: none"> <li>○ Ensure adequate cleaning supplies</li> <li>○ Liaise with contractors or hire extra cleaners as required</li> <li>○ Increase frequency of cleaning for high-touch surfaces.</li> </ul> </li> <li>• Consider waste management strategies for dealing with an increase in volume of contaminated items including the safe storage and removal of waste.</li> </ul>
<b>Care plans for residents</b>	<ul style="list-style-type: none"> <li>• Discuss with residents and their families their preferences for treatment including transfers to hospital in the event of a severe respiratory illness diagnosis. <b>Medical interventions should consider the resident's condition and their preferences for care.</b> Ensure preferences and choices are clearly documented.</li> <li>• Have <b>advanced care directives</b> and <b>goals of care</b> in place for appropriate clinical management in the event of severe respiratory illness.</li> </ul>
<b>Information for PHS</b>	<ul style="list-style-type: none"> <li>• Provide a <b>map/plan</b> of your facility.</li> <li>• Ensure <b>resident and staff details</b> are current and collated in an Excel spreadsheet, including correct names (ie not nicknames), date of birth and contact details. PHS will provide the RACF with a line list (in the form of an Excel spreadsheet) to record key information about cases (Appendix 7). In the event of an outbreak, <b>the RACF should update the line list and send it to PHS daily at <a href="mailto:covid.response@health.tas.gov.au">covid.response@health.tas.gov.au</a></b></li> </ul>
<b>Engage with your visit GPs</b>	<p>Talk with your visiting GP about your COVID-19 and respiratory illness outbreak management plan. Some areas for engagement include:</p> <ul style="list-style-type: none"> <li>• Maintain an up-to-date list of visiting GPs and their contact details, including out of hours arrangements</li> <li>• Involve GPs in discussions about goals of care and advance care directives for your residents</li> <li>• 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 oseltamivir in the event of a confirmed influenza outbreak.</li> <li>• 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.</li> </ul>

# Prevention

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

## Implement hygiene measures

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

- support and encourage hand and respiratory hygiene by residents, staff and visitors
- provide hand washing stations and ABHR 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 and education to staff, residents and visitors
- support and encourage physical distancing.

## Restrict entry to your facility

### Managing transfers into the RACF

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

All residents being transferred into the RACF should be screened for symptoms of respiratory illness. If any symptoms are identified, organise testing and manage the resident with droplet and contact infection control precautions in line with the national 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 epidemiology in Tasmania. For the latest testing recommendations in Tasmania, see: [www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19](http://www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19)

Droplet and contact precautions and use of PPE is not recommended unless the resident has symptoms or is identified as a close contact of a confirmed COVID-19 case, in which case PHS will advise the RACF as quickly as possible.

### Restricting visitors

Current restrictions and directions can be found at [www.coronavirus.tas.gov.au/resources](http://www.coronavirus.tas.gov.au/resources).

RACF are required to collect information from visitors, staff and contractors for the purpose of contact tracing. This requirement also applies to facilities where there are separate or dispersed residences without a main entrance (such as facilities based in larger retirement villages). Currently, RACFs are required to use the Check-in TAS app for the purposes of collecting such information as per the direction [Contact tracing – No.9 under section 16 of the Public Health Act 1997](#). All staff and visitors entering aged care facilities must also be screened for symptoms of COVID-19 and their recent travel history.

A [Staff and Visitor Screening Tool](#) has been developed to support RACFs.

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

Individuals who are in quarantine arriving from areas or premises declared medium or high-risk who wish to enter a RACF must complete an exemption application by selecting the appropriate application within the [Good to Go \(G2G\) PASS](#) system. **These exemptions are typically only provided for end-of-life care.** The steps required for this process typically include:

- 1 Applicant discusses the visit with the manager of the RACF
- 2 If the facility manager is supportive of visit, they issue a letter of support naming the visitor
- 3 The applicant obtains a letter from the resident's treating doctor, certifying that the resident is nearing end-of-life
- 4 The applicant applies for exemption to visit the RACF through the [G2G website](#) select the category 'leaving isolation to enter an aged care facility' and uploads supporting information, including the letter of support from the RACF and letter from the resident's doctor.

If exemption is granted, the applicant will receive a letter of exemption by email to the email address provided in the G2G application. If exemption is not approved, they will be notified by email.

For more information, call **1800 671 738** or email [covid.response@health.tas.gov.au](mailto:covid.response@health.tas.gov.au)

### Staff members who have been in quarantine

In Tasmania, any person who has arrived from a medium or high-risk area for COVID-19, or has been in contact with a confirmed case of COVID-19, is required to quarantine for 14 days from their arrival or most recent date of contact.

RACF staff in quarantine cannot go to work and should inform their employer. Quarantining staff may discuss alternative work arrangements with their employer, such as working from home.

### Staff members returning from sick leave

Staff members who have been sick with a respiratory illness should only return to work when they no longer have symptoms.

If staff have been tested for COVID-19 they must remain isolated and not return to work until testing has excluded the infection.

If staff have confirmed COVID-19, they must not return to work until they have been released from isolation by their healthcare provider and PHS.

## Identification of respiratory illness in an RACF

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

### Assessment of residents with fever or respiratory illness

Unwell residents should be assessed and clinically managed by their GP. 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 respiratory illness or COVID-19:

- 1 Isolate the resident (in a private room with ensuite if possible) and use contact and droplet precautions.
- 2 Inform the GP - Provide a comprehensive clinical history, current clinical observations and facility details.

Tell the GP if there is an outbreak or suspected outbreak within the facility.

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

## When to test residents for COVID-19 and other respiratory pathogens

### If a resident has a fever, respiratory symptoms or may be a suspected case of COVID-19:

- 1 Test for COVID-19 and other respiratory pathogens. Testing for other respiratory viruses at the same time as COVID-19 is recommended by Public Health. Clinical decisions should be discussed with the resident's medical practitioner.
- 2 While waiting for the test result, isolate the resident in a private room with ensuite if possible and manage under contact and droplet precautions.

### How to arrange testing

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 Commonwealth to provide COVID-19 testing support in residential aged care facilities.

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 for COVID-19 (as above), liaise with the treating GP and call the Sonic Healthcare ACF COVID-19 hotline on [1800 570 573](tel:1800570573) (8:00 am to 6:00 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 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 specimen that is just for COVID-19 testing can be collected by a nasopharyngeal or combined throat and deep nasal swab
- 3 Complete the request form with a request for '**COVID-19, influenza and other respiratory viruses**'. Write on the form that the resident meets testing criteria for COVID-19 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

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

## Obtaining results

The results of COVID-19, Influenza and Respiratory Syncytial Virus (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 through, but sent electronically to the referring doctor and by fax to the RACF by approximately 1700 hours on the day of testing.

In the event of a positive COVID-19 test, Public Health Services will be in contact with further advice and a team will be sent to the RACF to collect specimens from all residents and staff. In the event of a positive Influenza or RSV result, Communicable Diseases Prevention Unit (CDPU) within PHS will be in contact with further advice. See Appendix 3 for a summary flowchart of this process.

While awaiting test results, please follow the infection prevention and control measures outlined in the national guidelines.

For testing in residential care facilities other than aged care, please follow site-specific protocols or call PHS to discuss.

## Assessment of staff with fever or respiratory illness

Any RACF worker with clinical symptoms should not come into work and organise for COVID-19 testing.

Staff should notify management, isolate themselves, seek appropriate medical attention and be tested for COVID-19. It is recommended that medical practitioners do not test or treat themselves but seek medical care from another medical practitioner.

To arrange testing, staff may call the Public Health Hotline on [1800 671 738](tel:1800671738).

**Any staff with any symptoms, even mild, must not attend work and must self-isolate until they receive their test results, as per national and state guidelines.**

More information on COVID-19 testing in Tasmania is available at [Testing for COVID-19](#).

# Case and Outbreak Management

## Information sharing

### Notification to Public Health Services

## COVID-19

Laboratory confirmed COVID-19 is a notifiable disease in Australia. PHS is notified by the laboratory of all positive tests and will undertake a case interview and contact tracing upon notification. However, **the RACF must notify PHS immediately of any confirmed case of COVID-19 in a resident, staff member or frequent attendee of the RACF.**

Please email the following information to [covid.response@health.tas.gov.au](mailto:covid.response@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
- names and date of birth of all residents and staff tested
- date of specimen collection.

Alternatively, call the Public Health Hotline on **1800 671 738**.

### Notification to the Australian Government Department of Health

In the event of an outbreak of COVID-19, the RACF should also notify the Australian Government DoH by email to [agedcareCOVIDcases@health.gov.au](mailto:agedcareCOVIDcases@health.gov.au). The Department will work with the RACF to ensure they have 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. PHS is notified by the laboratory of all positive tests and will follow up on receipt of a notification. **RACF are encouraged to notify PHS of influenza-like-illness outbreaks (three cases of ILI within 72 hours in staff or residents).** Notification can occur by email to [cdpu.outbreaks@health.tas.gov.au](mailto:cdpu.outbreaks@health.tas.gov.au) or call the Public Health Hotline on **1800 671 738**.

### Notification to treating GPs and other healthcare workers

In addition to notifying PHS, the RACF must 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 PHS before activating your communications plan.**

The RACF must also inform other healthcare providers (including transport/ambulance staff) before they attend the RACF.

## Information sharing with CDPU

When a respiratory illness outbreak is suspected or confirmed and notified to PHS, they will be in contact with the facility daily. PHS 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

PHS will provide the RACF with a line list (in the form of an Excel spreadsheet) to record key information about cases (Appendix 5). The RACF should update the line list and send it to PHS daily by email to [cdpu.outbreaks@health.tas.gov.au](mailto:cdpu.outbreaks@health.tas.gov.au).

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

Where test results are negative for COVID-19, influenza, and other respiratory illnesses in residential settings, but residents or staff remain symptomatic, facilities can request additional assistance and guidance by emailing the Communicable Diseases Prevention Unit at [cdpuoncall@health.tas.gov.au](mailto:cdpuoncall@health.tas.gov.au).

## Roles and responsibilities in an outbreak of COVID-19 or other respiratory illness

There are many stakeholders involved in outbreak management, particularly in the situation of a COVID-19 outbreak. The following table outlines the key responsibilities of the main organisations involved.

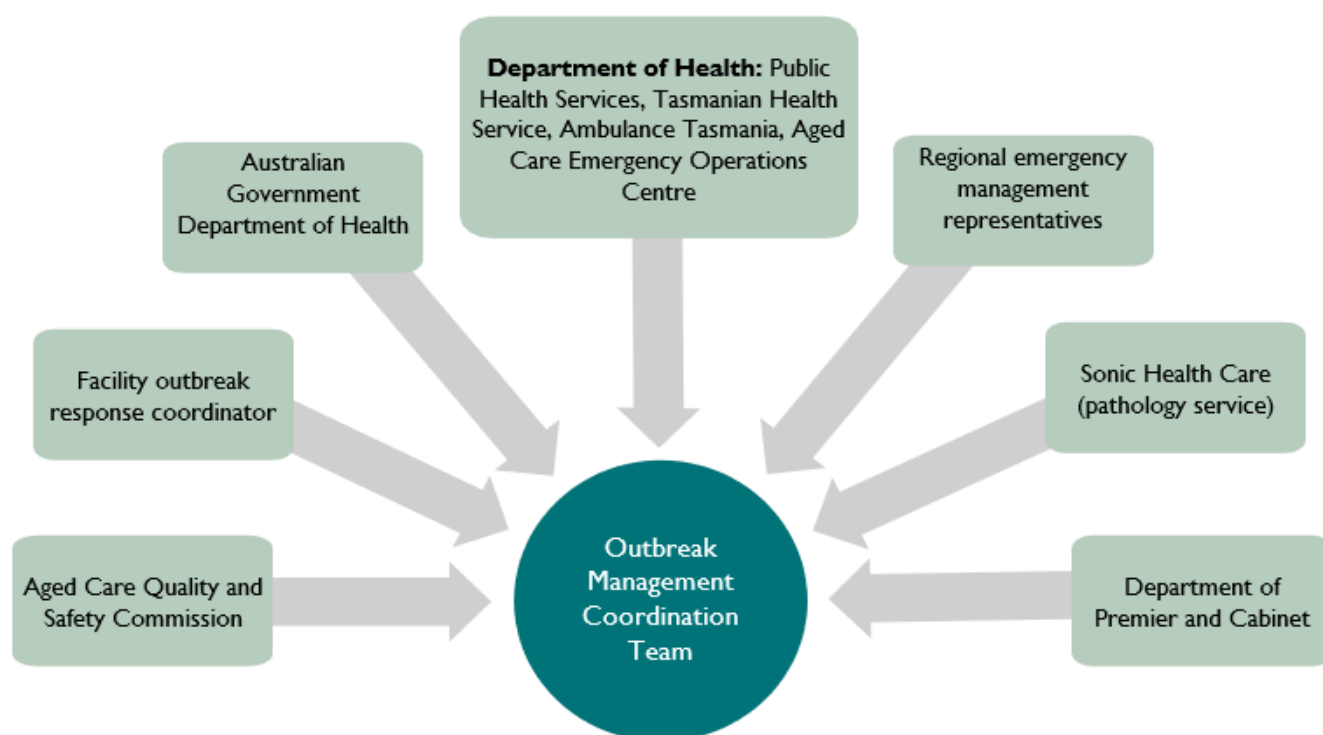
Stakeholder	Key role and responsibilities
<b>The facility</b>	<ul style="list-style-type: none"> <li>• Has main responsibility for managing ILI and COVID-19 outbreaks in that setting</li> <li>• Activates an internal outbreak response team</li> <li>• Implements its outbreak management plan and manages the outbreak in accordance with guidelines</li> <li>• Ensures infection prevention and control measures for confirmed and suspect case(s) are followed</li> <li>• Supports PHS with contact tracing</li> <li>• Continues to provide high quality care to residents</li> <li>• Liaises with GPs and other clinical care providers</li> <li>• Communicates with residents, staff and families, in liaison with PHS</li> <li>• Manages staffing</li> <li>• Monitors and supports health and wellbeing of residents.</li> </ul>
<b>Visiting GPs</b>	<ul style="list-style-type: none"> <li>• Provide clinical care for residents</li> <li>• Assist with outbreak management</li> <li>• Liaise with secondary and tertiary care providers.</li> </ul>
<b>PHS</b>	<ul style="list-style-type: none"> <li>• Assists the organisation responsible for the facility with communications about the outbreak</li> <li>• Provides outbreak management advice and support</li> <li>• Leads and coordinates the public health outbreak response including contact tracing and management of close contacts</li> <li>• Advises on the management of confirmed cases</li> <li>• Monitors and reports on the outbreak</li> <li>• Coordinates communication activities</li> <li>• Coordinates on-site investigations, if needed.</li> <li>• Has legal responsibilities under the Public Health Act, including enactment and enforcement of Public Health Directions, such as the Direction for Aged Care, which serves to protect RACF residents.</li> </ul>
<b>The Australian Government DoH</b>	<ul style="list-style-type: none"> <li>• Appoints a state-based 24/7 case manager to connect RACF to Australian Government support (COVID-19 only)</li> <li>• Provides access to a First Nurse Responder who can assess infection prevention and control and provide ongoing oversight and training (COVID-19 only)</li> <li>• Supports surge workforce supply</li> <li>• Supports PPE supply</li> <li>• Supports testing (via Sonic Healthcare and in coordination with PHS).</li> </ul>



Stakeholder	Key role and responsibilities
<b>Aged Care Quality and Safety Commission</b>	<ul style="list-style-type: none"> <li>• Continues to act as regulator</li> <li>• Resolves complaints about the delivery of aged care services</li> <li>• Provides support as required.</li> </ul>
<b>Aged Care Emergency Operations Centre</b>	<ul style="list-style-type: none"> <li>• Coordinates and supports integrated COVID-19 planning, preparedness and response across aged care services in Tasmania (COVID-19 only)</li> </ul>

## The Outbreak Management Coordination Team

In the event of an outbreak of COVID-19, PHS will activate a multi-agency Outbreak Management Coordination Team (OMCT), whose key role is to coordinate the various agencies involved in responding to the outbreak. The OMCT reports to the Director of Public Health. The membership of the OMCT will vary depending on the specific outbreak, but may include representation from the organisations shown below:



## Key actions for the RACF in a COVID-19 outbreak

As soon as an outbreak of COVID-19 is identified, the RACF should stand up the outbreak management team in accordance with their outbreak management plan. This team will be responsible for directing, monitoring and overseeing the RACF outbreak response and management.

The Australian Government DoH outlines the actions required in the first 24 hours of an outbreak at [First 24 hours – managing COVID-19 in a residential aged care facility](#)

In particular, this document outlines the actions in the first 30 minutes:

- Isolate and inform the COVID-19 positive case(s)
- Contact your local Public Health Unit
- Contact the Commonwealth Department of Health
- Lockdown the residential aged care facility

Further key things to consider in an outbreak management plan are:

- How will you activate your internal outbreak response team?
- Who will lead the outbreak response and be the key liaison to PHS, as the outbreak management coordinator?
- How will you isolate and cohort confirmed COVID-19 cases?
- How will you quarantine residents who are close contacts of confirmed cases?
- How will communication with staff, residents, and families be managed (in co-ordination with PHS)?
- Ensure you include in your plan what will happen if a positive case is confirmed out-of-hours. What are your arrangements for primary care cover out-of-hours and what are your contingency plans if your usual GPs are unavailable?

During an outbreak, or as directed by the Tasmanian Director of Public Health, residents of the RACF should not leave the premises except for:

- 1 urgent medical or dental treatment
- 2 transfer to hospital
- 3 to self-quarantine at another location, including a family home, only as approved by an authorised officer.

Persons working at the RACF during a prescribed quarantine period (during a declared outbreak) are prohibited from attending any other place of employment during the prescribed quarantine period.

## Models of care, including place of care

In the event of an outbreak of respiratory illness in a RACF, decisions about models of care, including whether the resident(s) should be managed in their home RACF or transferred to hospital, will be made on a case-by-case basis. The needs of residents who test positive to a respiratory illness should be balanced with the needs and wellbeing of other residents in the facility, and the infection control risks.

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

## 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:

- clinical status of the resident (eg if asymptomatic, mild, or severe symptoms)
- presence of comorbid conditions and particular clinical care needs
- goals of care and advance care directives for the resident and competency of the resident and their wishes or the wishes of their family/guardian
- 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 in a single room with an ensuite, and manage with contact and droplet precautions
- capacity of the RACF to deliver appropriate clinical care and adequately monitor the resident; this may be adversely affected by quarantining of staff who are close contacts and absenteeism due to illness, staff anxiety and stress
- 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

Confirmed cases (residents/staff) will be released from isolation post completion of a 'Release from Isolation' interview with PHS. The treating clinician is required to notify PHS where a case(s) meets criteria for release as per the Series of National Guidelines for Coronavirus. Once the case has met the eligibility criteria for release, PHS will provide a letter confirming that the case can be released from isolation. This document for residents may be provided to the Resident/Facility Manager and/or Next of Kin and stored as per the facility documentation requirements.

## Declaring the outbreak over and transition to business as usual

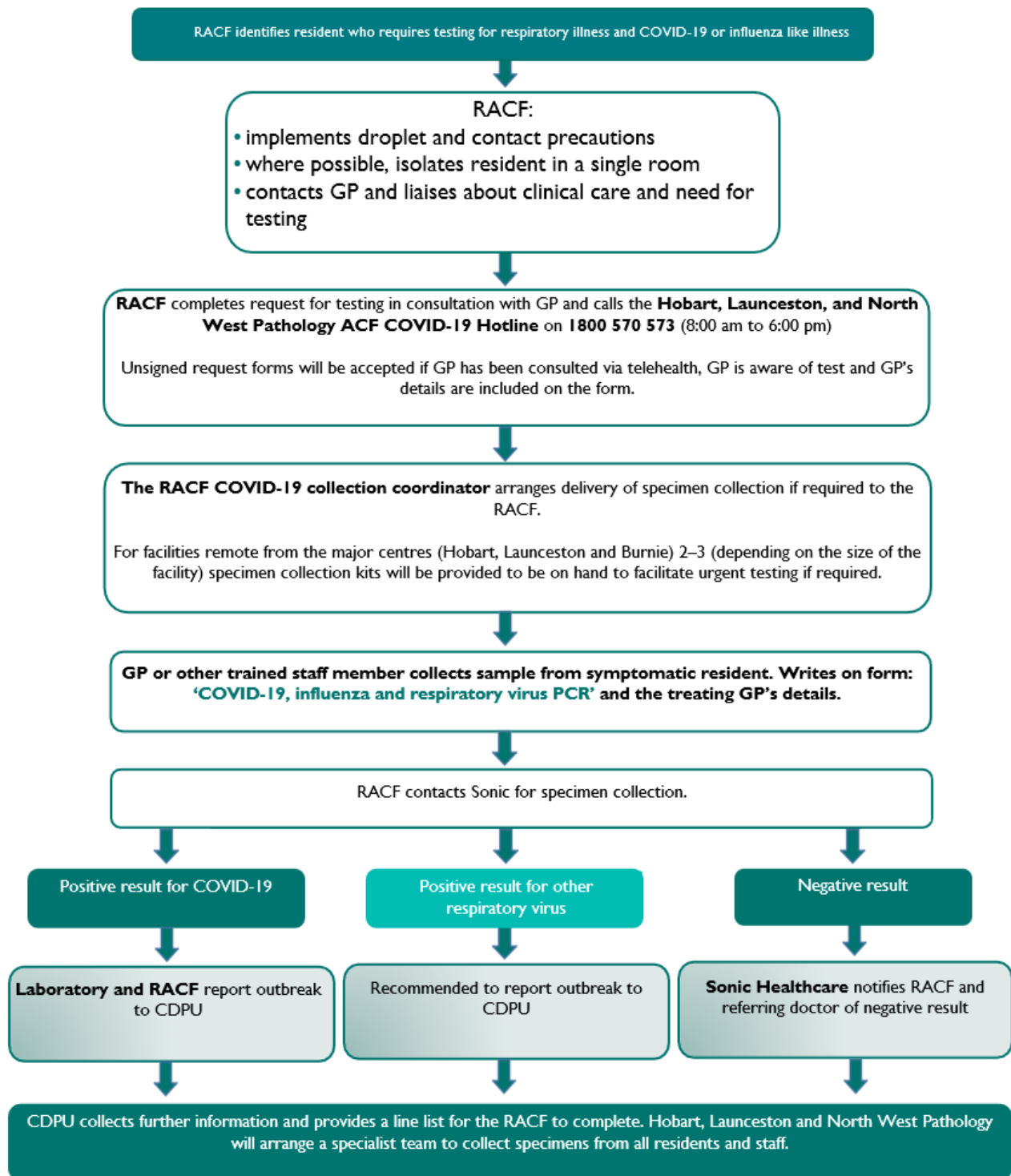
The decision to declare an outbreak over is guided by PHS in conjunction with the facility director. Once an outbreak has been declared over a transition to business as usual requires a return to preventative and preparatory activities.

# Key Resources

For additional and supporting information, please see:

- [Aged Care | COVID-19 \(health.tas.gov.au\)](https://health.tas.gov.au) for additional resources relating to COVID-19
- [CDNA Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia](#) for additional guidance regarding influenza and ILI outbreaks
- [ICEG guidance on infection prevention and control for residential care facilities \(health.gov.au\)](https://health.gov.au)
- Outbreak Management Planning in Aged Care – guidance from the Aged Care Quality and Safety Commission [ACQSC Outbreak Management Planning \(agedcarequality.gov.au\)](https://agedcarequality.gov.au)
- [First 24 hours managing COVID-19 in a residential aged care facility](#), Australian Government, Department of Health

# Appendix I: Summary of testing process for COVID-19 and other respiratory illnesses in RACF



# Appendix 2: COVID-19 Outbreak management Plan

Key actions in COVID-19 outbreak management. Please see [Coronavirus \(COVID-19\) guidelines for outbreaks in residential care facilities](#) for further details.

Action	Details
<b>Isolate the case</b>	<ul style="list-style-type: none"> <li>Isolate and manage with contact and droplet precautions.</li> <li>Allocate specific staff to care for the confirmed case(s).</li> </ul>
<b>Notify</b>	<ul style="list-style-type: none"> <li>Notify PHS.</li> <li>Notify the Australian Government DoH.</li> <li>Precautions and outbreak signage in place.</li> </ul>
<b>Activate outbreak management team</b>	<ul style="list-style-type: none"> <li>Activate the internal RACF outbreak management team.</li> <li>Appoint outbreak management coordinator.</li> <li>Meet and assign roles and responsibilities.</li> </ul>
<b>Ensure appropriate clinical management of case</b>	<ul style="list-style-type: none"> <li>Liaise with the treating GP and provide appropriate clinical care.</li> <li>Transfer if appropriate (see sections on transfer of COVID-19 cases below).</li> <li>Ensure all visiting health professionals are aware of outbreak.</li> <li>Review and communicate current Advanced Care Directives.</li> </ul>
<b>Activate communication plan</b>	<ul style="list-style-type: none"> <li>Provide information relating to the case and facility as requested by both PHS and Commonwealth Agencies to assist outbreak management.</li> <li>Liaise with PHS before activating your communication plan.</li> <li>Allocate staff to manage communications.</li> </ul>
<b>Support contact tracing</b>	<ul style="list-style-type: none"> <li>Support PHS with identification of contacts of the case and facilitate quarantine of those contacts.</li> <li>This may involve providing staff rosters and other information for contact data.</li> <li>PHS will undertake contact tracing to determine contact classifications and actions required.</li> </ul>
<b>Enhance infection prevention and control</b>	<ul style="list-style-type: none"> <li>Enhance hand hygiene, respiratory hygiene and physical distancing.</li> <li>Enhance environmental cleaning and disinfection.</li> <li>Use contact and droplet precautions for all cases, potential cases, and quarantined residents.</li> <li>Review current stock of PPE and request additional PPE via Commonwealth at: <a href="mailto:agedcarecovidppe@health.gov.au">agedcarecovidppe@health.gov.au</a></li> <li>Ensure current infection prevention control and guidance is implemented and followed as per National Guidelines (SoNG).</li> </ul>
<b>Limit visitors and movement of persons into and within the facility</b>	<ul style="list-style-type: none"> <li>Lockdown the facility</li> <li>Ensure non-essential people are excluded from the facility.</li> <li>Ask residents to remain in their rooms; suspend communal activities.</li> <li>Do not accept new admissions.</li> </ul>

Action	Details
<b>Surveillance for additional cases</b>	<ul style="list-style-type: none"> <li>• Monitor for symptoms in staff and residents and record in a line list.</li> <li>• Arrange testing for symptomatic staff and residents.</li> <li>• Share line list daily with PHS.</li> <li>• Support testing of asymptomatic staff and residents by Sonic Health Care in consultation with PHS.</li> </ul> <p>Testing of all staff and residents (including asymptomatic) may be organised and managed by Sonic Health Care in consultation with PHS.</p>
<b>Manage staff</b>	<ul style="list-style-type: none"> <li>• Allocate specific staff to care for residents in isolation.</li> <li>• Actively screen staff for symptoms.</li> <li>• Restrict staff working in other facilities, until the outbreak is over.</li> <li>• Plan for staffing shortages in case staff need to be quarantined. Liaise with the Australian Government Case Manager about workforce support if required.</li> </ul>
<b>Monitor and support health and wellbeing of residents and staff</b>	<ul style="list-style-type: none"> <li>• Maintain primary and routine care.</li> <li>• Support social connection eg using phone and video technology.</li> <li>• Support wellbeing of residents, including nutrition, physical activity, boredom, loneliness and fear.</li> <li>• Support morale and mental wellbeing of staff.</li> </ul>
<b>Declare the outbreak over</b>	<ul style="list-style-type: none"> <li>• Liaise with PHS about announcing the outbreak is over.</li> <li>• Return to routine activities gradually.</li> <li>• Review and debrief on outbreak response.</li> <li>• Review and revise the outbreak management plan as required.</li> </ul>

# Appendix 3: PPE Indications for use and purchasing guidance

## Personal protective equipment for COVID-19

### Indications for use and purchasing guidance

Personal Protective Equipment (PPE) is used to protect mucous membranes, airways, skin and clothing from infectious agents.

This document describes the minimum requirements for PPE for health workers during the COVID-19 response and indications for use. These guidelines are based on the [Coronavirus Disease 2019 CDNA National Guidelines for Public Health Units](#).

The use of PPE within RACFs should be determined through a risk assessment. For guidance around how to do a risk assessment and what should be considered in a risk assessment, refer to the latest guidance from the Infection Control Expert Group (ICEG) at: [ICEG guidance on infection prevention and control for residential care facilities \(health.gov.au\)](#).

### PPE required for COVID-19 includes:

- gown – fluid impervious long sleeve
- gloves – non-sterile
- protective eyewear/face shield
- surgical mask or P2-N95 respirator (see Indications for use)

### Indications for use of PPE for COVID-19

Contact and droplet precautions are used for:

- routine care of residents in quarantine or with confirmed, probable, or suspected COVID-19
- collecting respiratory specimens regardless of whether respiratory symptoms are present (excluding residents with severe symptoms, see contact and airborne precautions).

PPE for contact and droplet precautions requires the above PPE and a **surgical mask**.

### Airborne precautions:

Airborne precautions are recommended, in addition to all other contact and droplet precautions, when performing certain high-risk (aerosol generating) procedures (AGPs) on patients with COVID-19. These procedures include, but are not limited to, tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy and use of high flow nasal oxygen (note: nebulisers should be avoided). Generally, AGPs are performed infrequently in RACF.

Prior to performing any AGPs please review the ICEG recommendations for these procedures.

Where a risk assessment identifies possible high-risk of transmission, ICEG guidance is to use a particulate filter respirator (PFR), such as P2/N95 respirators, rather than surgical masks, along with the other required PPE as specified in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021). For further information regarding what constitutes a high-risk of transmission, refer to the ICEG guidance at: [ICEG guidance on infection prevention and control for residential care facilities \(health.gov.au\)](#).



Health and aged care workers who use a P2 or N95 respirator must be trained in their correct use. This includes how to perform fit-checking and how to put them on and remove them safely.

See the '[Personal Protective Equipment for contact and airborne precautions](#)' factsheet for more information.

## 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 \(health.tas.gov.au\)](#)

Aged care providers can request PPE from the Australian Government DoH by emailing [agedcarecovidppe@health.gov.au](mailto:agedcarecovidppe@health.gov.au).

# PPE purchasing guidance for COVID-19

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); or
- equivalent and relevant Australian Standards or ISO Standards.

Item	Characteristics	Australian Standard/ ISO Standard
<b>Gown</b>	Fluid impervious, long sleeved; single use.  Barrier performance levels 1–4 may be used depending on task being undertaken.	<ul style="list-style-type: none"> <li>• A/NZS 4501.1:2008 Occupational protective clothing – Guidelines on selection, use, care and maintenance of protective clothing</li> <li>• AS/NZS 4501.2:2006 Occupational protective clothing – General requirements</li> <li>• ISO 22610: 2018 Surgical drapes, gowns and clean air suits, used as medical devices, for patients, clinical staff and equipment – Test method to determine the resistance to wet bacterial penetration</li> <li>• ASTM F1670M – Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Synthetic Blood.</li> </ul>
<b>Gloves</b>	Single use; non-sterile; natural rubber latex (NRL) or synthetic (eg nitrile).	<ul style="list-style-type: none"> <li>• AS/NZS 4011.1:2014 Single-use medical examination gloves, Part 1: Specification for gloves made from rubber latex or rubber solution (ISO 11193-1:2008)</li> <li>• AS/NZS 4011.2:2014 Single-use medical examination gloves, Part 2: Specification for gloves made from poly (vinyl chloride) (ISO 11193- 2:2006).</li> </ul>
<b>Protective eyewear / face shield</b>	Single use or reusable when cleaned according to manufacturer instructions; anti fog; eyewear provides eye protection from multiple angles; face shield provides chin to crown protection.	<ul style="list-style-type: none"> <li>• AS1337.12010 Personal eye protection, Part 1 Eye and face protectors for occupational applications</li> <li>• ISO12311:2013 Personal protective equipment – Test methods for sunglasses and related eyewear</li> <li>• ISO 12312:2015 Eye and face protection – Sunglasses and related eyewear.</li> </ul>
<b>Surgical mask</b>	Fluid impervious; covering nose and mouth. <b>Level 1 masks</b> for use on people where there is a risk of droplet transmission to others eg patients under droplet precautions.  <b>Level 2 masks</b> protect from droplet exposure to microorganisms and minimal blood exposure. For COVID-19, masks must be a minimum of level 2 and may be worn with a face shield for additional fluid spray protection. Level 3 masks required in perioperative setting.	<ul style="list-style-type: none"> <li>• AS4381:2015 Single-use face masks for use in healthcare.</li> </ul>
<b>P2/N95 respirators</b>	Raised dome or duckbill; facial fit covering nose and mouth.  <b>Standard</b> – suitable where a fluid spray beyond a cough or sneeze is unlikely. Worn with a face shield provides fluid spray protection not provided by the mask.  <b>Surgical</b> – where there is a risk of exposure to high velocity splashes or sprays.	<p>P2 masks:</p> <ul style="list-style-type: none"> <li>• AS/NZS 1715 Selection, use and maintenance of respiratory protective equipment</li> <li>• AS/NZS 1716:2012 Respiratory protective devices N95 masks meet a US NIOSH classification (not the Australian Standard) so must be listed on the ARTG.</li> </ul>

# Appendix 4: Personal protective equipment for contact and droplet precautions.

## Personal Protective Equipment for Contact and Droplet Precautions

Contact and droplet precautions must be used for routine care of residents with suspected, probable and confirmed COVID-19. Use 'Contact and Airborne Precautions' for aerosol-generating procedures including intubation and bronchoscopy and for care of critically ill residents with suspected, probable or confirmed COVID-19.

Use the following personal protective equipment (PPE):

- gown – long sleeve
- gloves – non-sterile
- surgical mask (replace the surgical mask with a P2/N95 mask for Contact and Airborne Precautions)
- protective eye wear.

### Sequence for putting on PPE

#### 1 Gown

- Perform hand hygiene.
- Unfold the gown and slide your arms into the arm holes and through the cuffs
- Secure the top of the gown at the back of the neck and tie the waist ties.



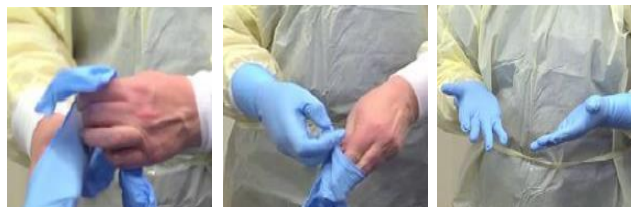
#### 2 Mask and protective eyewear

- Put on the surgical mask. Press the nosepiece to conform with the bridge of your nose and cheekbones.
- Place eyewear over your eyes (and prescription glasses if worn) and adjust to fit.



#### 3 Gloves

- Perform hand hygiene
- Put on the gloves
- Extend the gloves to cover the wrist/cuff of your gown.

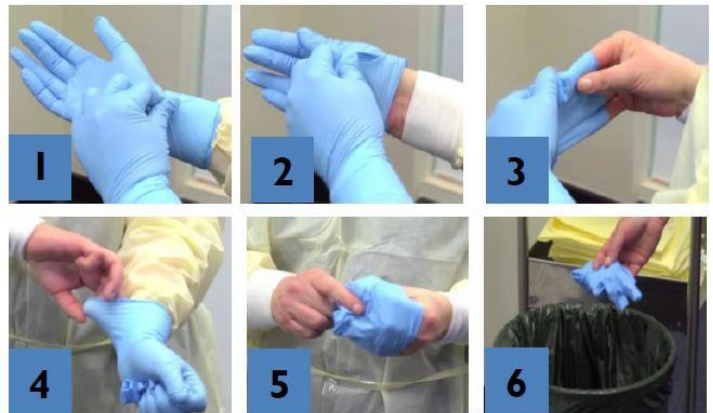


## Sequence for removing PPE for Contact and Droplet Precautions

There are two approved sequences for removing PPE; steps 2 and 3 can be reversed with hand hygiene between (ie remove gown,hand hygiene, remove eyewear, hand hygiene).

### 1 Remove Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in the gloved hand.
- Slide the fingers of your un-gloved hand under the remaining glove at the wrist.
- Peel the second glove off over the first glove.
- Discard gloves in waste container.
- Perform hand hygiene.



### 2 Remove protective eyewear or face shield

- Handle the eyewear or face shield by the headband or earpieces.
- Place in designated receptacle for reprocessing or in waste container.
- Perform hand hygiene.



### 3 Remove gown

- Unfasten ties.
- Touching the inside of the gown only, pull the gown away from your neck and shoulders.
- Turn the gown inside out.
- Roll the gown down away from your body, continuing until the gown is in a ball.
- Discard in waste container.
- Perform hand hygiene.



### 4 Remove mask

- Unfasten the bottom tie and then the top tie.
- Lean forward and pull the mask away from your face by using the tie or bands.
- Hold the ties or band and discard directly into the waste container.
- Perform hand hygiene.



# Appendix 5: Example Line List from CDPU

## RESPIRATORY ILLNESS OUTBREAK INVESTIGATION - ILLNESS REGISTER (LINE LISTING) IN RESIDENTS

Date: 5/05/21

Facility Name: Magnolia Crescent RACF

Total Number of Residents at facility: 120

**SUSPECT CASE: Clinical criteria for a suspect case includes Fever ( $\geq 37.5^{\circ}\text{C}$ ) OR history of fever (e.g. night sweats, chills)  
OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR loss of smell or loss of taste**

*Note that fever may be absent in elderly persons. Have a high index of suspicion for COVID-19 for behaviour change or general malaise in addition to the symptoms listed above.*

Resident Details						Symptoms (Y/N)														Testing						
Wing Name	Surname	Given Name/s	Gender	Date of Birth	Date of symptom onset	Sudden onset of symptoms	Cough	Sore throat	Shortness of breath	Fever ( $>37.5^{\circ}\text{C}$ )	Runny Nose	Diarrhoea	Nausea / Vomiting	Headache	Irritability / Confusion	Muscle aches / pain	Chest pain	Abdominal Pain	Joint Pain	Altered sense of taste or	Pneumonia	Fatigue	Loss of appetite	Other	Date of respiratory swab	Results of Testing
Magnolia	Brown	Mary	Female	2/01/50	26/04/21	Y	Y	Y	Y														Y		26/04/21	Confirmed COVID19
Manor	Smith	Edith	Female	7/06/40	1/05/21	Y				Y			Y												2/05/21	Confirmed COVID19
Manor	Plant	Donald	Female	30/05/29	5/05/21	Y				Y					Y							Y	Y		5/05/21	Suspected COVID19