Management of potential or confirmed RACF COVID-19 outbreak

A suite of collaborative pathways for aged care providers, General Practitioners and Registered Nurses

Version 3.1
August 2021
Management of potential or confirmed COVID-19 in residential aged care facilities

Published by the State of Queensland (Queensland Health), August 2021

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Contents

Clinical pathway development process 4
How to use these pathways 5
Conditions of use 6
Overview of select residential aged care pandemic guidance documents 7
Checklist for RACF preparation for COVID-19 prevention and outbreak management 9
Acute respiratory illness (potential COVID-19 or influenza) 17
Management of potential or confirmed RACF COVID-19 outbreak 22
Recognition of the deteriorating resident 28
Management of residents with unstable vital signs 30
Checklist for contact of GP and RaSS 31
RACF acute care support services (RaSS) 32
Contacts for RaSS 33
Public Health Units 34
Contacts for Public Health Units 35
Clinical pathway development process

The “Management of potential or confirmed COVID-19 in residential aged care facilities” pathways were developed in consultation with members of the COVID-19 RACF Clinical Advisory Group, the COVID Incident Management Team, and the Improving the quality and choice of care setting for residents of aged care facilities with acute healthcare needs steering committee. Membership of these groups includes:

- General Practitioners (GPs) representatives
- Chair General Practice Liaison Officers Network
- Residential Aged Care Facility (RACF) clinicians and manager representatives
- Consumer representation via COTA for older Australians and Health Consumers Queensland
- Emergency physician representatives
- Co-Chair Queensland Emergency Department Strategic Advisory Panel (QEDSAP)
- Geriatrician representatives
- Gerontic Nursing representatives
- Chief Nurse and Midwifery Officer
- Palliative Care Physician representatives
- RACF acute care support services (RaSS) clinical leads and clinicians
- Statewide General Medicine Clinical Network Chair
- Statewide Older Persons Health Clinical Network Chairs
- Public Health representatives
- Statewide Infection Clinical Network Chair
- Infection Control representatives
- Queensland Ambulance Service Medical Director
- Chair Rural and Remote Clinical Network
- Disaster Response Lead RACFs
- Chair Queensland Clinical Senate
- Office of Advance Care Planning
How to use these pathways

These pathways are intended as clinical support tools for management of the acutely unwell patients living in RACFs who have potential or confirmed COVID-19.

The pathways are designed for use by RACF Registered Nurses in collaboration with GPs.

The pathways should not replace the clinical judgement of users. If concern exists regarding a resident’s well-being these concerns should be appropriately escalated. The suggested approach to assessment and management of people with suspected or confirmed COVID-19 may vary over the course of changing pandemic response phases.

Users must always stay within their scope of clinical practice.

Potential uses of the pathways include:

- As a clinical support tool for management of residents of aged care facilities who are acutely unwell with potential or confirmed COVID-19:
  1. Don appropriate Personal Protective Equipment (PPE)
  2. Start with assessment of residents’ current vital signs
  3. Consult Recognition of the deteriorating resident to assist in determination of whether vital signs are:
     a. Unstable = vital signs are in the red or danger area - refer to Management of residents with unstable vital signs pathway and Acute respiratory illness (suspected COVID-19 or Influenza) for important actions in relation to infection control
     b. Stable = vital signs in the green or caution area - refer to Acute respiratory illness (potential COVID-19 or Influenza)
     c. In either instance refer to Management of potential or confirmed COVID-19 outbreak
  4. Take a directed history using appropriate PPE - if cognitively impaired, seek additional history from other staff or family.
  5. Undertake a focused physical examination using appropriate PPE
  6. Select appropriate pathway in consultation with GP

*** Where these pathways suggest medications, these MUST be prescribed by the GP or nurse practitioner for the individual patient and do not constitute standing orders.

- To guide RACF COVID-19 outbreak preparation, identification and management
- As an educational resource for clinical staff across the continuum of care.
Conditions of use

Queensland Health (QH) provide no guarantee that the information provided is up-to-date or complete and in no circumstance does the information contained within constitute professional advice for management of individual patients.

You are responsible for ensuring use of clinical judgement, and if concern exists on the basis of clinical judgement, additional clinical input should be sought.

The health professional should always remain within their scope of practice.

These pathways are only endorsed for use for management of residents of aged care facilities where these are defined as facilities that:

a. Provide residential care to older persons and are funded under the Aged Care Act and are subject to Commonwealth reporting to the System for Payment of Aged Residential Care (SPARC); or
b. Are operated under the National Aboriginal and Torres Strait Islander Aged Care Program.

The pathways are only endorsed for use in QH Hospital and Health Services (HHSs) with an operational RaSS.

The use of a paper-based copy of the pathways should only be undertaken if this is known to have been endorsed by the relevant HHS RaSS and is known to be the latest version.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Guidance document</th>
<th>Rapid response phase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Phase 0: Prepare, Monitor, Activate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase 1: Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase 2: Transition to recovery</td>
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<td>Comprehensive guidance</td>
<td>CDNA National guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia</td>
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<td>Clinical governance framework for rapid response to COVID-19 outbreaks in residential aged care facilities</td>
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</tr>
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<td>Legislation</td>
<td>Aged Care Directions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aged Care Act</td>
<td></td>
</tr>
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<td>Outbreak management planning in aged care: practical guidance to support COVID-19 outbreak management planning and preparation in residential aged care facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 Outbreak management, preparing and responding, guidance for RACFs in Queensland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checklist for RACF preparation for COVID-19 prevention and outbreak management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 in residential aged care – workforce framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Principles of palliative care for residents of residential aged care facilities during COVID-19</td>
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<td>QH Personal Protective Equipment guideline</td>
<td></td>
</tr>
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<td>Infection Control Expert Group COVID-19 Infection prevention and control for residential care facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 infection control training</td>
<td></td>
</tr>
<tr>
<td>Environmental cleaning</td>
<td>Information about cleaning and disinfection for health and residential care facilities</td>
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<td>Guidance document</td>
<td>Rapid response phase</td>
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<td>Phase 0: Prepare, Monitor, Activate</td>
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<td><strong>Acute respiratory illness (potential COVID-19 or Influenza)</strong></td>
<td>Phase 1: Response</td>
</tr>
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<td></td>
<td><strong>CDNA National guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia</strong></td>
<td>Phase 2: Transition to recovery</td>
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<td><strong>First 24 hours in a COVID-19 outbreak</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Management of potential or confirmed RACF COVID-19 outbreak</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Guidance for transfer of residents of aged care facilities in event of a COVID-19 outbreak</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outbreak management</strong></td>
<td><strong>COVID-19 testing framework implementation plan: testing strategies for residential aged care</strong></td>
<td>Phase 0: Prepare, Monitor, Activate</td>
</tr>
<tr>
<td></td>
<td><strong>Transitions between hospital and RACFs during the COVID-19 pandemic</strong></td>
<td>Phase 1: Response</td>
</tr>
<tr>
<td><strong>COVID-19 testing</strong></td>
<td><strong>Guidance for managing communications and engagement actions: COVID-19 in residential aged care facilities</strong></td>
<td>Phase 2: Transition to recovery</td>
</tr>
<tr>
<td><strong>Minimising the risk of hospital transfers during the COVID-19 pandemic</strong></td>
<td><strong>Guidance for managing communications and engagement actions: COVID-19 in residential aged care facilities</strong></td>
<td>Phase 2: Transition to recovery</td>
</tr>
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Checklist for RACF preparation for COVID-19 prevention and outbreak management

Please note that this checklist for preparation is presented as a guide only and is not an exhaustive list of requirements for RACF pandemic preparation. It should be used in conjunction with the following:

1. **CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia**
2. **Infection Control Expert Group COVID-19 Infection Prevention and Control for Residential Care Facilities**
3. **Outbreak management planning in aged care: practical guidance to support COVID-19 outbreak management planning and preparation in residential aged care facilities**
4. **COVID-19: Are you alert and ready? A resource for residential aged care services**
5. The COVID-19 situation is rapidly evolving and each RACF should check Commonwealth updates and Queensland Health updates on an at least daily basis.
6. **Aged Care Directions**
7. **COVID-19 Outbreak management, preparing and responding: Guidance for Residential Aged Care Facilities in Queensland**
8. **COVID-19 escalation tiers and Aged Care Providers Responses**

RACFs must fulfill their legal responsibilities in relation to infection control by adopting standard and transmission-based precautions as directed in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). RACFs are also required to operate under the Aged Care Act 1997, comply with Aged Care Quality Standards and comply with all advices, notices and directions made in respect of State and Commonwealth legislation and policy as it is made or provided in relevant persons or entities for ensuring the safety of residents receiving services in RACFs in Queensland.

Reduce risk of a COVID-19 outbreak

- Establish a single secure point of entry and exit, allowing risk screening and assessment for all staff, visitors, contractors, and delivery drivers
- Familiarise all staff (clinical and non-clinical) with work exclusion / isolation requirements
- Distribute and explain COVID-19 consumer resources to residents and families
- Ensure that all residents receive current vaccinations (unless contraindicated or resident declines) for:
  - COVID-19: document type and date/s of vaccination
  - Seasonal influenza
  - Pneumococcus

Where resident immunisation is not current, document reason – ensure that residents and substitute health decision makers have been provided verbal and written information in their primary language to ensure that they are able to make an informed decision; ensure that GP is informed and reviews the resident, if resident declines vaccination

- Facilitate staff vaccination program for COVID-19 and seasonal influenza and maintain register of staff
- Ensure that staff, visitors and residents comply with the current Aged Care Direction and:
  - Maintain physical distance (more than 1.5m) from other people (unless providing direct clinical or personal care)
  - Avoid large gatherings and crowded indoor spaces
  - Practice hand hygiene before and after each contact and after contact with potentially contaminated surfaces or objects – places signs to remind all
  - Observe cough etiquette and respiratory hygiene
  - Wear PPE as guided by the current Aged Care Direction
Reduce risk of a COVID-19 outbreak (cont'd)

☐ Provide alcohol-based hand sanitiser and soap / hand-washing facilities at the entrance to the facility and at other strategic locations

☐ Implement regular and sufficiently deep cleaning of the environment to minimise risk of transmission

☐ Develop a workforce management plan that is compliant with current Aged Care Direction and:
  - Minimises employee, contractor or volunteer movement across multiple facilities (health-care and aged care)
  - Requires employees, contractors and volunteers to notify the RACF operator if they become aware of a COVID-19 case at an additional place of employment

☐ Ensure that all residents who are received from hospital to a RACF are managed in accordance with their assessed COVID-19 risk as described in the Transitions between hospital and residential aged care facilities during the COVID-19 pandemic guidance document

Reduce potential size of an outbreak

☐ Educate all staff (clinical and non-clinical) on recognising symptoms and signs of COVID-19 (typical and atypical) and actions to take if they recognise symptoms in themselves, residents, staff or visitors

☐ Implement systematic screening including for COVID-19 symptoms (typical and atypical), epidemiological risk factors and temperature in:
  - Residents
  - Staff prior to each shift commencing
  - Visitors prior to entry to the facility

☐ Ensure EARLY implementation of outbreak management plan and associated infection control and ensure that all staff are familiar with the outbreak management and infection control plans

☐ Implement enhanced cleaning of residents rooms and communal areas with frequently touched surfaces cleaned often - list items and areas that will require increased cleaning including residents' rooms, common areas, staff working areas and frequently touched items (e.g. tables, chairs, rails, light switches, door handles, computers, telephones etc)

☐ Replace shared equipment with single-use equipment where feasible; where shared equipment is essential, ensure adequate cleaning and disinfection between residents consistent with infection control standards

☐ Identify changes that can be made to the environment to facilitate enhanced cleaning e.g. removal of extraneous furniture

☐ Implement roster adjustments to prevent or reduce cross infection through cohorting of staff within wings or defined geographic areas within the facility (including designated break areas and bathrooms for staff working in different zones, and staggering of break times)

☐ Where feasible minimise movement of staff, residents and visitors across wings

☐ Arrange GP review of all residents who are currently prescribed nebulisers (regular or as required) to evaluate change of these to metered aerosols with spacers where clinically appropriate and ensure all GPs utilise appropriate infection control measures between residents
Improve ability to respond rapidly and effectively in the event of an outbreak

A. Outbreak management plan and outbreak kit

☐ Ensure review and update of RACF outbreak management plan (including surge workforce plan) and incorporate timelines consistent with Federal recommendations

☐ Develop and maintain an outbreak kit that includes all equipment to facilitate rapid implementation of the facility outbreak management plan. Examples of content of equipment to keep in the kit include:

- Initial outbreak management PPE (and posters to guide staff in donning and doffing PPE) and hand hygiene equipment
- Prepare Infection control signage (pre-printed and laminated) to place at each of: building entry, each unit entry and outside each and every room or residents
- Printed and laminated large (at least 1m x 1m) floorplan (at least 2 copies) of the facility with consideration of where COVID positive residents would best be cohort in the event of an outbreak
- Printed, laminated photo with resident names, with magnet / blue tac of residents to place on the floor plan when resident movements occur to allow a visual demonstration of where residents will be moved to
- Resident identification arm-bands and labels
- Printing paper and spare ink cartridges to print resident medications and care plans in case of need to transfer to hospital or alternate accommodations
- Additional clinical waste bags
- A copy of the associated outbreak management plan, contact lists, communications (including draft communications)

B. Staff training:

☐ Train and maintain training logs for all staff in all aspects of outbreak management including:

- Identification of COVID-19 symptoms and signs
- Infection control guidelines and how to implement these
- Training and competency in hand hygiene
- Training and competency in donning and doffing of PPE
- Handling and disposal of clinical waste
- Processing of reusable equipment
- Environmental cleaning
- Safe handling and laundering of linen
- Safe food handling and cleaning of used food utensils

☐ Ensure that clinical staff have training and competency in end-of-life care including subcutaneous infusion pump competency (e.g. NIKI pump) and appropriate management of the deceased

☐ Ensure that your team, in the event of an outbreak, is supported by leads and sub-leads – ensure that alternative leads and sub-leads are identified and appropriately trained to ensure that there is always someone familiar with the service and its residents, in the event that key team members are unavailable, ill or furloughed

☐ Develop and test a mechanism for monitoring whether the training and induction needs of existing and new staff have been addressed
Improve ability to respond rapidly and effectively in the event of an outbreak (cont’d)

C. Workforce management

☐ Develop, test and update a business continuity workforce plan for leadership, clinical and non-clinical staff during a COVID-19 outbreak to ensure there is the ability to respond to an outbreak, despite potential workforce impacts of COVID-19

☐ Determine minimum staffing requirements during an outbreak – staffing numbers will be higher than usual to support cohorting, care delivery, safe PPE use and potential for a high proportion of staff requiring quarantine or sick leave

☐ Identify appropriately skills staff to care for residents with suspected or confirmed COVID-19

☐ Implement strategies to limit staff movement and risk of such movement between both aged care and healthcare environments, where these are permitted by the Aged Care Direction

☐ Identify staff who are willing to work during an outbreak and explore any particular arrangements required to allow their ongoing work e.g. requirements for accommodation support, assigning responsibilities that can be performed remotely

☐ Identify and address risks of work-related fatigue

☐ Identify and ensure staff are aware of mental health supports

☐ Identify how you could effectively utilise staff who are furloughed or otherwise unable to work on site to continue to support the service e.g. provision of advice /clinical updates to new staff; virtual orientation of new staff; managing discussions with resident’s families and providing informed advice for care strategies, particularly for care of residents who they know well – ensure that you have the necessary equipment / IT ready and available to support remote working

☐ Develop, test and update a plan for rapidly engaging, inducting and managing additional staff including:
  - Development and maintenance of a contact list for casual staff
  - Establish agreements with external agencies to enable immediate activation of a surge workforce
  - Maximise continuity of staff through strategies for retention and recruitment
  - Engage supernumerary registered nurses
  - Develop processes to quickly on-board a large number of new staff including consideration of IT access and training requirements across a 7-day, 24 hour spectrum (with a strong focus on infection prevention and control, COVID-19 symptoms and signs, COVID-19 testing arrangements and processes for escalation of clinical concerns, safe handling and laundering of linen, safe food handling and cleaning of used food utensils)
  - Develop and maintain a system for tracking which staff are in isolation or quarantine and when they are due for testing, retesting and return
  - Consider external trainers to support staff upskilling, particularly regarding infection prevention and control

☐ Review, map and risk manage all staff profiles with particular reference to those moving between facilities and high movement staff or those accessing multiple zones on a daily basis, for example:
  - Leadership team (e.g. clinical manager)
  - Maintenance staff
  - GPs and other visiting healthcare providers
  - Cleaning staff
Improve ability to respond rapidly and effectively in the event of an outbreak (cont’d)

D. Advance care planning and resident support

☐ Ensure that each resident has a current Advance Care Plan (statement of choice). Fax or email Statement of Choices, Advance Health Directive, Enduring Power of Attorney, QCAT orders and revocation documents to the Office of Advance Care Planning (Fax: 1300 008 227, email: acp@health.qld.gov.au) to make these accessible to Queensland Health clinicians, Queensland Ambulance Service and authorised GPs and RACF clinicians

☐ Ensure that needs of residents are prioritised throughout and that appropriate support is provided to prevent negative impacts of isolation, including:
  - Support of family and care providers – consider use of technologies to allow ongoing support throughout all phases of pandemic response
  - Provision of cognitively stimulating activities
  - Maintenance of oral intake and addressing of nutritional needs
  - Delirium prevention strategies including orientation prompts (verbal and signed), particularly where changes to environment are required
  - Prevention of falls and maintenance of mobility
  - Continuity of disability support services where relevant

E. Surety of supplies

☐ Ensure adequate supplies of baseline and outbreak kit stock and confirm secure supply chains for:
  - **Personal protective equipment** (PPE) including gloves, long-sleeved fluid resistant gowns, surgical and N-95 masks, protective eyewear;
    - Understand baseline use and use a PPE burn-rate calculator to estimate PPE outbreak requirements – published estimates range from 10 to 14 sets of PPE per resident per day
    - Ensure that all PPE stocked and used by RACF meets or exceeds Therapeutic Goods Administration (TGA) standards – Nb. Vinyl gloves are NOT recommended for the clinical care of residents; powder-free latex or nitrile gloves are superior in clinical care and less likely to be breached
    - Perform fit-testing of staff for respirators (P2/N-95 masks) and ensure appropriate face-fitting respirators are available
    - Ensure that staff are familiar with the processes to access surge supply of PPE – where PPE cannot be sourced through usual supply channels, RACF clinical managers to email agedcareCOVIDPPE@health.gov.au
  - Hand hygiene product
  - Diagnostic equipment e.g. swabs, electronic thermometers, batteries where required
  - Cleaning supplies
  - Imprest medication, with emphasis on the core palliative medications
  - Oxygen supply (cylinders and concentrators) and associated consumables
  - Subcutaneous infusion devices and associated consumables e.g. NIKI pumps.
F. Isolation and zoning:

- Determine how residents may be isolated to single rooms with single bathroom in the event of a COVID-19 outbreak and if this is not geographically possible, where residents may be moved to facilitate this; ensure that, where possible, isolation rooms meet infection control criteria including, for example:
  - Hand-wash basin in the room (hands-free operation if possible)
  - Single-use paper hand towels
  - Hands-free covered large rubbish bins (e.g. pedal bins) for safe disposal of tissues, gloves, masks, paper hand towels etc.
  - Ensuite bathroom (shower, toilet, hand-wash basin)
  - Room has door with door self-closer (if possible)
  - Room restriction signs including required PPE for entry
  - Independent air conditioner / filter system if available

- Plan how to cohort / zone residents into green, amber and red zones with the RACF. Where indicated, commission engineering advice to identify structural requirements to facilitate zoning and optimise infection control through:
  - Controlled access and dedicated reception or access control system
  - Segregation of zones by closed doors
  - Wall and floor signage displaying warning of segregated areas to control entry
  - Minimisation of thoroughfares between zones while maintaining fire safety
  - Designated areas to don and doff PPE, undertake appropriate hand washing
  - Designated storage area to facilitate safe storage of PPE
  - Safe waste management with separation of food service / delivery and clinical waste pathways
  - Ensuring doors are of sufficient width to allow passage or resident beds

G. Communication:

- Review [Guidance for managing communications and engagement actions: COVID-19 in residential aged care facilities](#) and ensure that a robust communications plan is documented that describes communication with:
  - Residents and their families
  - Staff including visiting clinicians and contractors
  - Government support agencies including Commonwealth Department of Health, Public Health, RaSS and incident management team/s
  - Media

- Prepare templates for email / communication to:
  - Advise residents and their representatives of a COVID-19 case at the service
  - Advise staff and service providers of a COVID-19 case at the service
  - Address FAQs of residents or their representatives at various outbreak stages
  - External agencies notifying them of an outbreak
Checklist for RACF preparation for COVID-19 prevention and outbreak management references


# Checklist for RACF preparation for COVID-19 prevention and outbreak management version control

<table>
<thead>
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| Relevant standards | Aged Care Quality Standards:  
Standard 2: ongoing assessments and planning with consumers  
Standard 3: personal care and clinical care  
Standard 8: organisational governance |
## Acute respiratory illness
(potential COVID-19 or Influenza)

### 1. Immediately isolate the resident and place under standard and transmission-based precautions
- Staff apply appropriate personal protective equipment (PPE) - review QH RACF PPE guidance
- Where possible, place the resident in a single room with an unshared bathroom and minimise interaction with others
- Ensure implementation of enhanced environmental hygiene

### 2. Check vital signs
3. If not immediately life-threatening review Checklist for contact of GP or RaSS and ring GP

#### Stable vitals

In consultation with GP (with support of HHS RaSS if required):
1. Continue to isolate the resident and implement enhanced infection control measures (review practice point 2) - explain to resident and substitute health decision maker; institute regular monitoring for pain, discomfort or distress
2. Where goals of care are for life prolonging treatment: Undertake regular monitoring of vital signs and review Advance Care Plan with resident and substitute health decision maker
3. GP to notify PUBLIC HEALTH UNIT
4. Arrange appropriate swabs for COVID-19 PCR, influenza PCR and respiratory virus PCR – call 1800 570 573 to facilitate testing; if service unavailable in a timely manner, contact local pathology provider or refer to CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia for detailed advice on how to collect a swab
5. Implement ACTIVE surveillance of all residents and staff (if not already occurring) to identify further cases or exposure risks - if 2 or more cases of acute respiratory illness are identified in residents or staff within 3 days (72 hours) - refer to Management of potential or confirmed RACF COVID-19 outbreak
6. Review outbreak management plan and identify any gaps in the plan

#### Follow-up swab results
1. Notify GP, resident and substitute health decision maker of result of tests
2. Continue to isolate and use appropriate PPE
3. If swab result is positive for COVID-19, influenza or notifiable respiratory viruses, contact PUBLIC HEALTH UNIT for further instructions and refer to Management of potential or confirmed RACF COVID-19 outbreak pathway; if swab result is negative for COVID-19, influenza and respiratory viruses but there is high suspicion of COVID-19, GP to consult Public Health Unit for further advice
4. Monitor for complications of febrile illness and seek review by GP at any time if condition worsens or fails to resolve or at 24 hours after resolution of symptoms; contact HHS RaSS for additional support at GP discretion
5. Inform Commonwealth Department of Health of confirmed COVID-19 cases via: agedcareCOVIDcases@health.gov.au

#### Unstable vitals

Expressed choice to have comfort care in RACF

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

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

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

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

Consider COVID-19 in individual residents, staff or frequent attendees if there is any of the following:

**A. Clinical features:**
1. **Fever >/=37.5°C or history of fever** – including night sweats or chills (NOTE: older persons may not mount febrile response) OR
2. **Acute respiratory infection symptoms** – including shortness of breath, new or worsening cough (dry or productive), sore throat, increased respiratory rate or drop in oxygen saturation
3. **Loss of smell or loss of taste**
   
   NOTE: older people may also present with atypical symptoms - these may include nausea, vomiting, acute loss of appetite, diarrhoea, increased confusion or delirium, haemoptysis, malaise, new fatigue, headache, myalgia (muscle pain), arthralgia (joint pain), nasal congestion, conjunctival congestion (red eyes), worsening of chronic disease of lungs

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

#### (2) Infection control procedures in potential or confirmed COVID-19 infection in an RACF resident

1. **Use appropriate personal protective equipment (PPE)** when caring for residents with potential or confirmed respiratory infection: see Queensland Health Pandemic Response Guidance Personal Protective Equipment (PPE) in Residential Aged Care and Disability accommodation services for specific advice on PPE in the RACF setting
   
   NOTE: all staff should be trained and deemed competent in the proper use of PPE including donning and doffing procedures; RACF clinical staff should further receive training in collection of nasopharyngeal swabs in regions where timely access to pathology providers is not available. Follow CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

2. **Isolate resident** with potential infection in a room with the ability to close the door and with a separate toilet, where they should remain and have meals delivered until the test result is known. Where a single room is not available – follow guidance CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

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

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

5. **Implement enhanced environmental cleaning and disinfection of the resident’s environment and disinfect shared equipment** (for example monitors, BP cuffs, thermometers, glucometers) frequently with a neutral detergent followed by a disinfection solution (TGA-registered hospital grade disinfectant). More information on environmental cleaning and disinfection is available in the Commonwealth Department of Health factsheet – Environmental cleaning and disinfection principles for COVID-19. It is imperative to ensure that resident environments are frequently cleaned, decluttered and that particular attention is paid to appropriate cleaning of soft furnishings and appropriate waste management.

6. **Respiratory hygiene and cough etiquette** – encourage residents to cover their nose and mouth with the elbow when they cough or sneeze or use tissues and dispose of them into a rubbish bin and perform hand hygiene

---

*This information does not replace clinical judgement. Printed versions are uncontrolled.*
### Infection control procedures in potential or confirmed COVID-19 infection in an RACF resident (cont.)

7. **Monitor staff and ALL residents for symptoms of fever or acute respiratory illness** - refer to national guidelines in relation to staff management if symptoms or exposures. [CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](https://www.cdna.org.au/content/download/1499/9882927/file/national_guidelines_covid19.pdf)

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

9. **Communicate clearly** with the resident and / or the resident’s substitute health decision maker including:
   - The symptoms and signs of concern
   - The immediate required response
   - A senior clinician (RACF clinical manager / GP) should undertake shared decision making with the resident and / or their substitute health decision maker to determine the planned course of action including testing and required infection control procedures including isolation and use of PPE by staff and the proposed site of care (based on clinical need / stability, resident’s goals of care and ability to achieve effective isolation)
   - Communicate and update predicted time-line to receiving results and the likely management in the event of either a positive or negative result
   - Communicate results of testing and together with the resident plan the ongoing course of management

10. **Where residents are isolated in the RACF**, there is increased risk of psychological distress and physical deterioration - ensure that there is attention to:
   - Increased access to usual primary care provider and frequent review by RACF clinical staff
   - Continuity of support of family and care providers - use technologies such as video-conferencing to allow ongoing support throughout all phases of pandemic response, and visiting windows where clinically feasible
   - Allow access to usual primary care provider and frequent review by RACF clinical staff: enable use of technology eg videoconferencing if possible and only allow staff trained in correct use of PPE to enter the room
   - Ensure regular communication with residents and families to update on current situation and provide cultural, emotional and spiritual support; where indicated ensure an interpreter is used - refer to [COTA QLD and Health Consumers Queensland Communications Checklist](https://www.cotaqld.org.au/about-us/corporate-and-commercial/communication-and-celebration/communication-checklist/
   - Provision of cognition appropriate activities
   - Maintenance of oral intake and addressing of nutritional needs
   - Delirium prevention strategies including orientation prompts (verbal or signed), particularly where changes to environment are required
   - Prevention of falls and maintenance of mobility
   - Continuity of disability support services, where relevant
Acute respiratory illness (potential COVID-19 or influenza) references


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

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### Checklist for potential or confirmed COVID-19 OUTBREAK¹

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<tr>
<th>RESPONSE</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>IDENTIFY</td>
<td>Escalate to RACF clinical manager (or nominated delegate) and confirm that facility meets definition of a potential outbreak – review practice point 1</td>
</tr>
<tr>
<td>DECLARE</td>
<td>Declare a potential outbreak and stand-up internal Outbreak Management Team (OMT) – review practice point 2 if COVID-19 confirmed, declare a confirmed outbreak and stand-up an inter-agency OMT</td>
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<tr>
<td>IMPLEMENT CLINICAL CARE &amp; INFECTION CONTROL</td>
<td>Isolate / cohort ill residents – Place affected residents in single rooms with an unshared bathroom and minimise resident contact with others: refer to the Infection Control Expert Group’s COVID-19 Infection Prevention and Control for Residential Care Facilities for principles that guide resident placement in settings where a single room is not available Place ALL of the following outside affected residents’ rooms – 1. Standard and transmission-based precaution signs 2. Alcohol-based hand rub 3. Appropriate personal protective equipment (PPE) Notify GP/s and arrange appropriate care and testing of individual unwell residents review Acute respiratory illness (potential COVID-19) in RACF resident Implement clinical review and ongoing surveillance of all residents and staff for symptoms and / or signs of fever or acute respiratory infection - review Acute respiratory illness (potential COVID-19) in RACF resident Ensure that all staff are screened for acute respiratory symptoms or fever prior to entry to facility each day and that any unwell staff are immediately excluded from the facility and advised to seek appropriate medical review and testing Reinforce standard precautions (hand hygiene, cough etiquette and social distancing in communal areas) throughout the facility – to support resident well-being during social distancing, additional staff may be required to assist with diversional therapy, provide support for residents in use of internet-based communication with family and provision of social and psychological supports to residents Ensure that all staff are trained in standard and transmission-based precautions, including donning and doffing of PPE Display outbreak signage at entrances to the facility Increase the frequency of environmental cleaning (minimum twice daily) and review waste management processes – refer to Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities Appoint an infection prevention and control audit officer to attend the site daily during the outbreak to observe infection control practices and feedback to staff and OMT on any required changes Collect appropriate respiratory specimens from ill residents and staff – (call 1800 570 573 to facilitate testing – if service unavailable in a timely manner, contact local pathology provider)</td>
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## Management of potential or confirmed RACF COVID-19 outbreak

### Checklist for potential or confirmed COVID-19 OUTBREAK

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<tr>
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<tr>
<td><strong>NOTIFY</strong></td>
<td>Notify local <strong>PUBLIC HEALTH UNIT</strong> by phone; these units will support confirmation and management of the outbreak</td>
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<tr>
<td></td>
<td>Notify <strong>HHS RaSS</strong></td>
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<tr>
<td></td>
<td>Notify all of the facility’s GPs and any other visiting health professionals or ancillary workers of the outbreak – refer to <a href="https://www.cdna.com.au/documents/CDNA_Guidelines_CoVID19_RCF">CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 outbreaks in Residential Care Facilities in Australia</a> for draft notification letter for GPs</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Inform residents, substitute health decision makers, relatives and all staff (clinical and non-clinical) of outbreak</td>
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<td></td>
<td>Inform the Commonwealth Department of Health of any confirmed COVID-19 cases via <a href="mailto:agedcareCOVIDcases@health.gov.au">agedcareCOVIDcases@health.gov.au</a> – this will facilitate Commonwealth support for PPE and staff supplementation; aged care providers may contact the Queensland Commonwealth Department of Health office on 1800 300 125 for assistance to manage an emergency</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Inform the Aged Care Quality and Safety Commission</td>
<td>☐</td>
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<tr>
<td><strong>RESTRICT</strong></td>
<td>Assign specific RACF staff to care for affected residents in isolation and restrict movement of staff between areas of the facility</td>
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<td></td>
<td>Avoid non-essential resident transfers:</td>
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<tr>
<td></td>
<td>- for public or private specialist outpatient reviews, contact specialist or outpatient departments (OPD) to determine potential for telehealth review</td>
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<td></td>
<td>- for emergency department attendances – review vital signs and if stable, at GP discretion, contact <strong>HHS RaSS</strong></td>
<td>☐</td>
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<tr>
<td></td>
<td>Cancel non-essential group activities</td>
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<tr>
<td></td>
<td>Entry of staff and visitors to RACF continues to comply with any Commonwealth or State directives – review Chief Health Officer Aged Care Directive/s</td>
<td>☐</td>
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<tr>
<td><strong>MONITOR</strong></td>
<td>Monitor outbreak progress through increased observation of residents and staff for fever and/or acute respiratory illness – see <a href="https://www.cdna.com.au/documents/CDNA_Guidelines_CoVID19_RCF">Acute respiratory illness (potential COVID-19) in RACF resident</a></td>
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<td></td>
<td>Update case list daily with results of positive and negative test results and update local <strong>PUBLIC HEALTH UNIT</strong></td>
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<td></td>
<td>Monitor levels of, and ensure timely ordering of additional, essential supplies including:</td>
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<tr>
<td></td>
<td>- PPE – if PPE stocks low and/or supply chains are compromised, email <a href="mailto:agedcareCOVIDPPE@health.gov.au">agedcareCOVIDPPE@health.gov.au</a> and notify <strong>HHS RaSS</strong> if supply critically low</td>
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<tr>
<td></td>
<td>- Alcohol-based hand rub, paper towels and cleaning materials</td>
<td>☐</td>
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<td></td>
<td>- Imprest medication, particularly antibiotics and end of life medications</td>
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<td></td>
<td>- Supplies to ensure daily care needs are met e.g. food, continence aids etc.</td>
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<tr>
<td></td>
<td>Monitor staff sick levels and institute workforce management plan to ensure timely activation of surge workforce should an outbreak occur</td>
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</tr>
<tr>
<td></td>
<td>Monitor ability to maintain business continuity</td>
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1. In consultation with local **PUBLIC HEALTH UNIT** declare outbreak over
2. Review and evaluate outbreak management and amend outbreak management plan if needed

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No new cases 14 days from date of isolation of most recent case
Management of potential or confirmed RACF COVID-19 outbreak practice points

(1) Definitions: When to suspect a COVID-19 outbreak

A **potential outbreak** exists when two or more of any of resident or staff member or frequent attendee has identified symptoms or signs of COVID-19 in a 72 hour period, or close contact of a resident or staff member or frequent attendee with a person with confirmed COVID-19.

****Declaring a potential outbreak MUST NOT BE DELAYED to await pathology test results – it must be declared on basis of symptoms and signs or close contact alone, with urgent implementation of infection control measures – delaying until confirmatory laboratory testing may result in avoidable morbidity and mortality****

A potential outbreak becomes a **confirmed outbreak** when:
- At least one case of COVID-19 is confirmed by laboratory testing among residents or staff or frequent attendees

**NOTE:** an outbreak should be actively looked for when any single resident or staff member or frequent attendee is identified to have any clinical or epidemiological features of COVID-19.

Consider COVID-19 in individual residents, staff or frequent attendees if there is any of the following:

A. Clinical features:
   - Fever >/=37.5°C or history of fever - including night sweats or chills (NOTE: older persons may not mount febrile response) OR
   - Acute respiratory infection symptoms - including shortness of breath, new or worsening cough (dry or productive), sore throat, increased respiratory rate or drop in oxygen saturation
   - Loss of smell or loss of taste

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

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

(2) Outbreak management legal framework

RACFs are responsible for identifying and complying with relevant legislation and regulations and must fulfil their legal responsibilities regarding infection control by adopting standard and transmission-based precautions as directed in the Australian Guidelines for the Prevention and Control of infection in healthcare and complying with any directives by Commonwealth and State public health authorities. RACFs are also required to operate under the Aged Care Act 1997 in order to be accredited - accreditation requires adherence to infection control standards and Aged Care Quality Standards.
(3) Outbreak Management Team

The Outbreak Management Team (OMT) is responsible for directing and overseeing the management of an outbreak in the RACF and implementing the facility’s outbreak management plan.

The OMT should meet daily to monitor the outbreak progress, initiate changes as required and liaise with GPs and the local PUBLIC HEALTH UNIT. Refer to the CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 outbreaks in Residential Care Facilities in Australia for details on roles within an OMT.

The OMT should have multidisciplinary representation (nursing, medical, infection management, and RACF management at a minimum). In the first 24 hours after confirmation of an outbreak, this team should, where feasible, include: Co-chairs including RACF executive and public health unit lead, secretary, infection prevention and control practitioner, public health unit contact tracer, public health unit epidemiologist, communications officer from the RACF, Commonwealth Department of Health case officer, Aged Care Quality and Safety Commission case officer, RACF clinical oversight manager, infectious disease physician, HHS site medical lead. The OMT should perform the following functions:

1. Direct and oversee management of outbreak and implement the RACFs outbreak management plan including:
   • Appointment of an outbreak coordinator to implement infection control decisions of the OMT and to co-ordinate activities to contain and investigate the outbreak
   • Review and implement infection control measures including refresher training of all staff in infection control and PPE procedures (including donning and doffing)
   • Completion of all tasks as outlined on first page of the Management of potential or confirmed RACF COVID-19 outbreak
   • Co-ordination, minuting and implementation of actions arising from daily meetings of the OMT and daily reports to the local PUBLIC HEALTH UNIT

2. Implement a communication strategy to ensure that:
   • Initial and update notifications of local PUBLIC HEALTH UNIT, facility GPs, facility staff, residents and their families are undertaken in a timely and appropriate manner – in particular, it is imperative to ensure that the communication strategy facilitates communication between residents and families
   • Appointment of a media spokesperson

3. Implement the following to ensure RACF business continuity:
   • Monitor resources and implement procurement strategy to secure maintenance of essential supplies including clinical consumables including clinical monitoring equipment, appropriately textured food and fluids, imprest medications, oxygen and oxygen concentrators, PPE, disinfectants, toiletries, mobility aids, cleaning equipment
   • Workforce Management Plan to ensure timely activation of appropriately trained surge workforce if required
   • Ensure security of access to IT equipment particularly in terms of clinical documentation systems and IT to facilitate communication between residents and their families
   • Ensure RACF disaster management plan updated

4. Ensure restriction of admissions of new residents to the facility during a COVID-19 outbreak (potential or confirmed)

5. Delegate staff to ensure that strategies are implemented to reduce anxiety and depression among residents and to maintain physical health and well-being during restrictions

6. The OMT should seek further advice from the local PUBLIC HEALTH UNIT and, where additional support required, the HHS RaSS if any of the following occur:
   i. The outbreak comprises more cases than can be managed
   ii. The rate of new cases is not decreasing
   iii. Three or more residents are hospitalised related to COVID-19
   iv. A COVID-19 related death has occurred
Management of potential or confirmed RACF COVID-19 outbreak references


# Management of potential or confirmed RACF COVID-19 outbreak version control

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## Recognition of the deteriorating resident*

Any rapid deterioration in condition should be treated with suspicion: the parameters below should not replace clinical judgment; change in residents’ behaviours may also be an indication of deterioration and should prompt review of vital signs as below; successive vital sign measurements are more sensitive to change; if you are concerned about a resident call the GP and discuss.

<table>
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<tr>
<th>VITAL SIGN</th>
<th>RED (DANGER) = Potential life-threat, urgent medical review indicated: see #Management of residents with unstable vital signs</th>
<th>YELLOW (CAUTION) = Medical review indicated</th>
<th>NORMAL = Medical review as indicated by presenting complaint</th>
<th>YELLOW (CAUTION) = Medical review indicated</th>
<th>RED (DANGER) = Potential life-threat, urgent medical review indicated: see #Management of residents with unstable vital signs</th>
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<tr>
<td>Respiratory rate (breaths per minute)</td>
<td>Less than 6</td>
<td>6 to 9</td>
<td>10 to 24</td>
<td>25 to 29</td>
<td>More than 29</td>
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<td>Respiratory effort</td>
<td>Obvious distress and/ or cyanosis (despite oxygen)</td>
<td>Unusually laboured or noisy breathing</td>
<td>Typical for this resident</td>
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<td>Pulse oximetry (oxygen saturations)</td>
<td>Less than 88 per cent despite oxygen</td>
<td>88 to 91 per cent despite oxygen or new oxygen requirement to maintain saturations above 92 per cent</td>
<td>92 to 100 per cent with or without oxygen and usual for this resident</td>
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<td>Heart rate (beats per minute)</td>
<td>Less than 40</td>
<td>40 to 49</td>
<td>50 to 100 (persistently)</td>
<td>101 to 130</td>
<td>More than 130</td>
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<tr>
<td>Systolic blood pressure (systolic = top; mmHg) (mmHg)</td>
<td>Less than 90</td>
<td>90 to 109</td>
<td>110 to 180 (or in range specified by GP for this patient)</td>
<td>181 to 200 (or higher in an otherwise well resident)</td>
<td>More than 200 with symptoms</td>
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<tr>
<td>Response and cognition</td>
<td>Responsive to pain only or newly unresponsive or sudden change in mental state</td>
<td>Not alert but responsive to voice</td>
<td>Alert (or cognition that is normal for this resident)</td>
<td></td>
<td></td>
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<tr>
<td>Blood glucose (mmol/L)**</td>
<td>Less than 4 and unresponsive to treatment</td>
<td>Persistently 4 to 5.9 or less than 4 and responsive to treatment</td>
<td>6 - 15 or in range specified by GP for this patient</td>
<td>Persistently more than 15 and resident well</td>
<td>Persistently more than 15 and resident unwell</td>
</tr>
<tr>
<td>Temperature</td>
<td>Less than 35 degrees Celsius</td>
<td>35 to 35.4 degrees Celsius</td>
<td>35.5 to 37.4 degrees Celsius</td>
<td>37.5 to 39 degrees Celsius</td>
<td>More than 39 degrees Celsius</td>
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<tr>
<td>Pain</td>
<td>Clearly distressed (despite recent pain-relieving medication)</td>
<td>Obvious discomfort (despite pain-relieving medication)</td>
<td>Nil or tolerable (with or without pain-relieving medication)</td>
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* Vital sign reference ranges should always be interpreted in the context of the individual’s baseline vital signs
** Check resident’s medical notes for GP documented reportable blood glucose levels
Recognition of the deteriorating resident references


Recognition of the deteriorating resident version control

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Standard 3: personal care and clinical care particularly 3(3)  
Standard 8: organisational governance |
Management of residents with unstable vital signs

Resident has unstable vital signs: review Recognition of the deteriorating resident

1. Ensure a staff member wearing appropriate PPE remains with resident: apply oxygen to maintain oxygen saturations at 92 to 96 per cent (or if history of Chronic Obstructive Pulmonary Disease / COPD, 88 to 92 per cent) and support in position of comfort
2. Consult resident’s medical chart and The Viewer for current Advance Health Directive or Acute Resuscitation Plan or Advance Care Plan.
3. If not immediately life-threatening review Checklist for contact and ring GP

Is resident on a palliative pathway?

YES

- Determine appropriate management with relevant palliative care provider**
- Where usual palliative care provider not contactable or where additional specialist palliative care support indicated, contact HHS specialist palliative care or where unavailable, contact PallConsult
- Refer to relevant clinical pathway for guidance on management of specific conditions

NO

Does resident have a documented choice in relation to hospital transfer?

YES

Documented choice to transfer to hospital or no documented choices identified

1. Call QAS on 000
2. Ring GP if not yet aware - review Checklist for contact
3. Prepare transfer documentation
4. Notify substitute health decision maker
5. Notify HHS RaSS

NO

Documented choice to remain in RACF

GP / after-hours doctor reviews and determines appropriate management in consultation with the resident (or their substitute health decision maker)

NEED FOR FURTHER SUPPORT

Refer to relevant HHS specialist palliative care services or HHS RaSS at GP discretion

** Palliative care provider is the nominated clinician over-seeing the resident’s palliative care - this may be, for example, the resident’s GP or a nominated palliative care service
## Checklist for contact of GP or RaSS

<table>
<thead>
<tr>
<th>STEP</th>
<th>ACTION</th>
<th>DONE?</th>
</tr>
</thead>
</table>
| 1    | Collect **resident’s medical record** and **medication chart** including:  
- Results of recent tests  
- Recent changes to medications  
- Substitute health decision maker contact details (enduring power of attorney (e.g. EPOA))  
- Contact details for treating GP | ☐ |
| 2    | Have a copy of the relevant **RACF decision support tool** in front of you | ☐ |
| 3    | Check the resident’s **Advance Health Directive (AHD) / Acute Resuscitation Plan (ARP) / Advance Care Plan (ACP)** for documented wishes | ☐ |
| 4    | Undertake a full set of **vital signs** including:  
- Response and cognition  
- Airway and breathing assessment (respiratory rate and effort; oxygen saturations)  
- Circulation assessment (pulse and blood pressure)  
- Disability assessment (including blood glucose)  
- Temperature and pain assessment (use cognition appropriate tool) | ☐ |
| 5    | **Pen and paper** available to document any instructions | ☐ |
| 6    | **Prepare to discuss with GP or a RaSS in the ISBAR format**  
**Identify** yourself, your role and where you are calling from  
**Situation** or the reason for your call and the current problem e.g. Chest pain  
**Background** including past medical history of resident and usual level of function  
**Assessment** including  
- Vital signs  
- Other relevant clinical findings including any recent behavioural changes  
- Confirmation of resident choices  
- Recent medication changes  
- Recent investigation results  
**Recommendations** arrived at in collaboration with GP or RaSS | ☐ |
| 7    | If resident is to be reviewed in facility by GP or RaSS or to be transferred to hospital – prepare documentation including copies of:  
- Facility name and 24 hour contact details for RN or clinical manager  
- Summary of reason for transfer and recent vital signs  
- Past medical history and baseline level of function  
- Recent medical notes, results of investigations  
- Recent changes to medications  
- Current (regular, prn and short-course) medication AND sign-off charts  
- Advance Health Directive or Acute Resuscitation Plan or Advance Care Plan  
- Contact details for next of kin and substitute health decision makers | ☐ |
| 8    | Where resident lacks capacity or consents, **notify next of kin / substitute health decision maker** of resident condition and ensure they are involved in care planning | ☐ |
Support Services (RaSS)

RaSS are Queensland Health funded services that provide some or all of the following acute care services to residents of aged care facilities:

- **Telephone triage** – telephone assessment of acute care needs and matching the care need to the most appropriate care delivery service
- **Gerontic nursing assessment** for RACF residents presenting to Emergency Department (ED) or admitted to hospital
- **Discharge planning, co-ordination and transitional communication** for RACF residents presenting to ED or admitted to hospital, including for residents who have presented to and been discharged from ED after-hours
- **Follow-up of all RACF residents** at 7 days (earlier if clinical need requires) to ensure fulfillment of referrals, resolution of care needs
- **ED substitutive care** – acute care in the RACF environment as an alternative to ED transfer; the types of care able to be delivered will be determined by the scope of practice of individual RaSS staffing models; and
- **Specialist consultative services via telehealth** to RACF residents
<table>
<thead>
<tr>
<th>HHS</th>
<th>Facility</th>
<th>Service Name</th>
<th>Telephone Triage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairns</td>
<td>Cairns Hospital</td>
<td>Older Persons Integrated Health Service</td>
<td>0408 816 916</td>
</tr>
<tr>
<td>Central Queensland</td>
<td>Rockhampton Hospital</td>
<td>Geriatric Evaluation and Rapid Intervention Team (GERI)</td>
<td>4920 6211</td>
</tr>
<tr>
<td>Central Queensland</td>
<td>Gladstone Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darling Downs</td>
<td>Toowoomba Hospital</td>
<td>AGES - RaSS</td>
<td>4616 6671</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>Gold Coast University Hospital</td>
<td></td>
<td>1300 004 242</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>Robina Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metro North</td>
<td>Royal Brisbane and Women’s Hospital</td>
<td>RADAR RBWH</td>
<td>3647 4627 CN 1300 072 327 NN</td>
</tr>
<tr>
<td>Metro North</td>
<td>The Prince Charles Hospital</td>
<td>RADAR TPCH</td>
<td>3139 6896 CN 1300 072 327 NN</td>
</tr>
<tr>
<td>Metro North</td>
<td>Redcliffe Hospital</td>
<td>RADAR Redcliffe</td>
<td>3046 6868 CN 1300 072 327 NN</td>
</tr>
<tr>
<td>Metro North</td>
<td>Caboolture Hospital</td>
<td>RADAR Caboolture</td>
<td>5316 5444 CN 1300 072 327 NN</td>
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<tr>
<td>Metro South</td>
<td>Princess Alexandra Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metro South</td>
<td>Queen Elizabeth II Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metro South</td>
<td>Logan Hospital</td>
<td></td>
<td></td>
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<tr>
<td>Metro South</td>
<td>Redland Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td>Sunshine Coast University Hospital</td>
<td>RaSS</td>
<td>0437 173 358</td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td>Nambour Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td>Gympie Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Townsville</td>
<td>Townsville Hospital</td>
<td>Frailty Intervention Team</td>
<td>4433 7533</td>
</tr>
<tr>
<td>West Moreton</td>
<td>Ipswich Hospital</td>
<td>RaSS</td>
<td>3810 1530</td>
</tr>
<tr>
<td>Wide Bay</td>
<td>Fraser Coast Hospital</td>
<td>RaSS</td>
<td>4325 6601</td>
</tr>
<tr>
<td>Wide Bay</td>
<td>Bundaberg Hospital</td>
<td></td>
<td>4303 8194</td>
</tr>
</tbody>
</table>
Public Health Units

Public Health Units are located within HHSs across the State. Some Public Health Units provide services for more than one HHS.

Public Health Units focus on:
- protecting health
- preventing disease, illness and injury
- promoting health and wellbeing at a population or whole of community level.

This is distinct from the role of the rest of the health system which is primarily focused on providing healthcare services to individuals and families.
## Contacts for Public Health Units

Contact the Public Health Unit of the [HHS in which the RACF is geographically located](#).

<table>
<thead>
<tr>
<th>Public Health Unit</th>
<th>Location</th>
<th>Telephone (general enquiries)</th>
<th>Report notifiable conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metro North (Brisbane North)</strong></td>
<td>Bryden Street, Windsor Qld 4030&lt;br&gt;Locked Bag 2, Stafford DC Qld 405</td>
<td>(07) 3624 1111</td>
<td>Fax: (07) 3624 1129&lt;br&gt;Phone: general enquiries number</td>
</tr>
<tr>
<td><strong>Metro South (Brisbane South)</strong></td>
<td>Level 1, 39 Kessels Road, Coopers Plains Qld 4108&lt;br&gt;PO Box 333, Archerfield Qld 4108</td>
<td>(07) 3156 4000</td>
<td>Phone: general enquiries number&lt;br&gt;Fax: (07) 3156 4006 (Public Health Nurses)</td>
</tr>
<tr>
<td><strong>Tropical Public Health Services (Cairns)</strong></td>
<td>William McCormack Place II, Level 7, 5 Sheridan Street, Cairns Qld 4870&lt;br&gt;PO Box 1103, Cairns Qld 4870</td>
<td>(07) 4226 5555</td>
<td>Use general contact details&lt;br&gt;Fax: (07) 4226 5555</td>
</tr>
<tr>
<td><strong>Gold Coast</strong></td>
<td>5 Chisholm Road, Carrara Qld 4121&lt;br&gt;PO Box 318, Nerang Qld 4211&lt;br&gt;Email: <a href="mailto:GCPHU@health.qld.gov.au">GCPHU@health.qld.gov.au</a></td>
<td>(07) 5667 3200</td>
<td>Fax: (07) 5667 3281</td>
</tr>
<tr>
<td><strong>Mackay</strong></td>
<td>Mackay Base Hospital, 475 Bridge Road, Mackay QLD 4740&lt;br&gt;PO Box 5580 Mackay MC QLD 4741</td>
<td>(07) 4885 5800</td>
<td>CDC Fax: (07) 4885 5818&lt;br&gt;Phone: use general enquiries number</td>
</tr>
<tr>
<td><strong>North West (Mount Isa and Gulf)</strong></td>
<td>26-28 Camooweal Street, Mount Isa Qld 4825&lt;br&gt;PO Box 1097, Mount Isa Qld 4825</td>
<td>EH Officer&lt;br&gt;(07) 4744 7178&lt;br&gt;PH Nurse&lt;br&gt;(07) 4744 7186</td>
<td>Use general contact details&lt;br&gt;Fax: (07) 4744 7192</td>
</tr>
<tr>
<td><strong>Sunshine Coast</strong></td>
<td>60 Dalton Drive, Maroochydore QLD 4558&lt;br&gt;PO Box 577, Maroochydore Qld 4558&lt;br&gt;Email: <a href="mailto:SCPHU@health.qld.gov.au">SCPHU@health.qld.gov.au</a></td>
<td>1300 017 190</td>
<td>Use general contact details&lt;br&gt;Fax: (07) 5202 9889</td>
</tr>
<tr>
<td><strong>Townsville</strong></td>
<td>242 Walker Street, Townsville Qld 4810&lt;br&gt;Locked Bag No 4016, Townsville Qld 4810</td>
<td>(07) 4433 6900</td>
<td>Use general contact details&lt;br&gt;Fax: (07) 4433 6901</td>
</tr>
<tr>
<td><strong>Wide Bay (Bundaberg)</strong></td>
<td>L1, 14 Branyan Street, Bundaberg Qld 4670&lt;br&gt;PO Box 185, Bundaberg Qld 4670</td>
<td>(07) 4303 7500</td>
<td>Use general contact details&lt;br&gt;Fax: (07) 4303 7599</td>
</tr>
<tr>
<td><strong>Wide Bay (Hervey Bay)</strong></td>
<td>Suite 11/17 Hershel Court, Urraween, Qld 4655&lt;br&gt;PO Box 724, Hervey Bay Qld 4655</td>
<td>(07) 4184 1800</td>
<td>Use general contact details&lt;br&gt;Fax: (07) 4184 1809</td>
</tr>
</tbody>
</table>