

# 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 fulfil 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 to 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 vaccination status
- 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](#)

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## **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 (include 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

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## 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 of residents
  - Printed and laminated large (at least 1m x 1m) floor-plan (at least 2 copies) of the facility with consideration of where COVID positive residents would best be cohorted in the event of an outbreak
  - Printed, laminated photos with resident names, with magnet / blue tack 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 medication 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*, sneeze and cough etiquette
  - *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

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

## 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 skilled 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 whom 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 use )
  - 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

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## 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](mailto: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;
    - o 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
    - o 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
    - o Perform fit-testing of staff for respirators (P2/N95 masks) and ensure appropriate face-fitting respirators are available
    - o 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](mailto: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

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## Improve ability to respond rapidly and effectively in the event of an outbreak (cont'd)

### E. 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 within 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 whilst 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 of resident beds

### F. 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
  
- Update contact lists and ensure that relevant staff have ready access to these; include contact details for:
  - Nominated substitute health decision maker for each resident - check and update on regular basis
  - Staff including reference to roles and responsibilities in an outbreak, so that new staff can readily access the appropriate person
  - Nominated General Practitioner (GP) and allied health/ support staff for each resident
  - Local [Public Health Units](#)
  - [RaSS](#)
  - Palliative care services ([Specialist Palliative Care Hub and Spoke Service](#) and [Pallconsult](#))
  - Private pathology laboratories