



Australian Government



VICTORIAN AGED CARE
RESPONSE CENTRE

Information to support the repatriation of residents – general guidance

Factsheet: September 2020

Background

This factsheet provides a brief overview the process for preparing to return residents back to their RACF from hospital. The focus on this fact sheet is where a number of residents are being returned to their home.

Where there are individual residents (not admitted as part of a larger cohort) who may have been admitted to hospital for clinical reasons and meet the clearance criteria (if relevant) and are ready for discharge and the RACF can receive the resident, these transfers can occur as part of the health services discharge planning processes directly with the RACF. Please ensure communication with both the facility and the family.

The approach to returning residents is underpinned by the following principles:

- A focus of decision making that puts the preferences of resident and their families at the centre.
- Ensuring residents return to a safe environment through sharing information and communication.
- A staged and planned approach in line with the capacity of the receiving facility and the associated logistical support (such as transport system).
- Reducing any risk of transmission for the returning residents and any residents on site.
- Ensuring ongoing capacity in the hospital system to meet demand for clinical admissions.

When can a resident be discharged from a hospital back to their RACF?

Returning large cohorts of residents back to an RACF (repatriation) requires coordination and planning and will be phased to support individual residents as they return, avoid destabilising the RACF and to ensure the associated logistical support (such as planned patient transport) is available.

For residents returning to their aged care home:

Hospitals will be asked to:

- Determine the patient is suitable for discharge to be managed in the RACF
- Submit resident details to public health to clear residents in line with the 'clearance from isolation' guidance (see below).
- Nominate a key liaison to work with VACRC, the facility, resident and families (and advocate where appointed) to prepare for the transfer.
- Provide VACRC with a resident list to support Ambulance Victoria transfer planning.

RACFs will be asked to:

- Undertake a safety plan. The plan will be assessed by the Aged Care Quality and Safety Commission. In some instances, an ICP assessment will also form part of the safety plan.
- Nominate a key liaison to work with VACRC, the hospital, the resident and families to prepare for the transfer.

VACRC will:

- Establish an initial repatriation meeting to assist with the development of a plan on a case by case basis. The meetings will include the Public Health Unit, Commonwealth DOH Outbreak lead and the Aged Care Quality and Safety Commission to review the specific outbreak situation and agree a repatriation plan.
- The Agreement of all parties to proceed with repatriation plan for sites of concern will be documented.
- The VACRC Aged Care Hub lead and the Commonwealth Outbreak lead will work with the hospital, RACF and Ambulance Victoria (AV) to implement the repatriation plan, including communication with families. Where the Aged Care Quality and Safety Commission has determined that an RACF must contract an independent adviser that adviser may also be involved in the repatriation planning process.
- **Planned repatriation transfers will be coordinated through VACRC and the VACRC AV Liaison Officer. Please do not book transport directly with AV as this will create double bookings.**

Clearance from isolation guidance

Many residents have been transferred to hospitals due to public health issues (such as supporting the RACF to cohort or manage a reduced workforce) and have no or mild COVID symptoms. Overall, these residents have not been transferred based on clinical need and as a result, the following clearance process is likely to be:

- the person is clinically ready for hospital discharge;
- at least 10 days have passed since the onset of symptoms; and
- there has been resolution of all symptoms of the acute illness for the previous 72 hours.

This is consistent with the *Department of Health and Human Services Coronavirus disease2019 (COVID-19): Case and contact management guidelines for health services and general practitioners (10 July 2020 Version 23)* and the *Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units* updated on 23 August 2020. Both documents can be found here:

- <https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19>
- <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

What if residents want to make alternative arrangements?

It is foreseeable that some residents or families may decide to seek other options. In these cases, the Commonwealth will assist the family, resident and hospital to explore options for ongoing care (including caring for resident at their family home).

Further advice on this can be found at < <https://www.dhhs.vic.gov.au/taking-a-resident-home-from-residential-aged-care-in-an-outbreak-coronavirus-covid-19-doc>

The table below sets out the likely scenarios and whether patients can be returned.

RACF circumstance	Resident criteria	RACF criteria
RACF completely decanted	COVID positive residents can NOT return to these facilities. Returning residents must be: <ul style="list-style-type: none"> • Negative; or • Cleared using CDNA aligned clearance criteria 	RACF has meet the requirements of the Aged Care Quality and Safety Commission.
RACF has experienced COVID-19 outbreak (now resolved)	COVID positive residents can NOT return to these facilities. Returning residents must be: <ul style="list-style-type: none"> • Negative; or • Cleared using CDNA aligned clearance criteria 	Where required, RACF has meet the requirements of the Aged Care Quality and Safety Commission.
RACF currently experiencing COVID-19 outbreak	COVID negative residents can NOT return to these facilities. Returning residents can be: <ul style="list-style-type: none"> • Positive; or • Cleared using CDNA aligned clearance criteria 	Where required, RACF has meet the requirements of the Aged Care Quality and Safety Commission. The RACF has workforce capacity and appropriate infection control measures in place. Decisions about returning residents to RACFs still in outbreak must consider: <ul style="list-style-type: none"> • Resident choice; and • The benefits/risks to the resident of returning (this may include, for example, the capacity of the facility to zone residents in order to create a home-like environment; reduce the need for isolation; and the stage of the outbreak).
RACF has reported no COVID-19 cases	COVID positive residents can NOT return to these facilities. Returning residents can be: <ul style="list-style-type: none"> • Negative; or • Cleared using CDNA aligned clearance criteria 	The RACF has workforce capacity and appropriate infection control measures in place.