Outbreak management planning in aged care

Practical guidance to support COVID-19 outbreak management planning and preparation in residential aged care facilities

November 2020
## Contents

### Introduction

| Message to residential aged care providers | 4 |
| Executive summary | 5 |

### Context

| Who is this guidance for? | 7 |
| What is this guidance for? | 7 |
| How to use this guidance | 7 |
| When to use this guidance | 8 |
| How can this guidance help you? | 8 |
| How do my responsibilities in relation to outbreak management intersect with my broader approved provider responsibilities? | 9 |

### Outbreak management planning

| Critical elements of outbreak management planning | 10 |
| Principles for outbreak management planning | 11 |
| Ongoing review | 12 |
| Evaluation and continuous improvement | 12 |
| Key documents | 12 |

### Infection prevention and control

| Infection control procedures | 14 |
| Screening, monitoring and testing | 17 |
| Isolating and cohorting consumers | 21 |
| Personal protective equipment | 26 |
| Cleaning | 29 |
| Waste management | 32 |
### Contents

#### Human resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and management</td>
<td>34</td>
</tr>
<tr>
<td>Workforce</td>
<td>36</td>
</tr>
</tbody>
</table>

#### Communications

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with residents and their representatives</td>
<td>44</td>
</tr>
<tr>
<td>Communicating with staff and other service providers</td>
<td>48</td>
</tr>
<tr>
<td>Liaising with external agencies</td>
<td>51</td>
</tr>
</tbody>
</table>

#### Supporting access

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor access and restrictions in response to an outbreak</td>
<td>54</td>
</tr>
<tr>
<td>Supporting access for service providers and partners in care</td>
<td>58</td>
</tr>
</tbody>
</table>

#### Care and service delivery

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery of care during an outbreak</td>
<td>61</td>
</tr>
<tr>
<td>Supporting resident wellbeing during an outbreak</td>
<td>67</td>
</tr>
<tr>
<td>Kitchen and food services</td>
<td>70</td>
</tr>
<tr>
<td>Laundry services</td>
<td>73</td>
</tr>
<tr>
<td>Transferring consumers to hospital and other settings</td>
<td>75</td>
</tr>
<tr>
<td>New and returning consumers</td>
<td>79</td>
</tr>
<tr>
<td>Care of deceased</td>
<td>82</td>
</tr>
</tbody>
</table>

#### The end of an outbreak

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returning to COVID-19 normal operations following an outbreak</td>
<td>84</td>
</tr>
</tbody>
</table>

#### Useful links

- Commonwealth Department of Health                         | 87   |
- Aged Care Quality and Safety Commission                   | 87   |
- Royal Commission into Aged Care Quality and Safety       | 87   |
- State and Territory health departments                    | 88   |
- Industry bodies                                           | 88   |
Introduction

Message to residential aged care providers

As the country approaches a state of ‘COVID normal’, the risk of COVID-19 persists, even where there is no detectable level of community transmission and no positive cases in your local area.

A COVID normal environment is one in which you need to continuously monitor for, and actively manage, the risk of COVID-19. You will need to practise an adaptive approach to managing COVID-19, escalating and deescalating your service’s activities in response to changing conditions and risks. As a provider of aged care, you have an ongoing duty of care in relation to outbreak management planning. You must understand your responsibilities around outbreak management and remain vigilant, including by practising enhanced infection prevention and control and being ready to act at a moment’s notice.

We cannot become complacent. As a sector, we have learned much from this pandemic and it is important we continue to embed these learnings into our practice to ensure the health, safety and wellbeing of people receiving care, their families, staff and the broader community.

Janet Anderson PSM
Commissioner
Introduction

This document provides guidance to assist residential aged care providers to support their workers, care recipients, families and visitors to prevent, prepare for and manage outbreaks of COVID-19.

People over the age of 65 are particularly vulnerable to the adverse effects of COVID-19. As a provider of aged care, you have direct responsibility for preparing for, and managing, any outbreaks of COVID-19. You must do everything in your power now to prepare your service, prevent the risk of an outbreak and minimise the impact of COVID-19 should an outbreak occur.

This includes:
• having an outbreak management plan
• clearly identifying who is responsible for what and ensuring your governance arrangements support rapid, risk-based decision making
• regularly testing your outbreak management plan and making necessary adjustments
• reviewing infection prevention and control guidance and ensuring all staff are trained in infection prevention and control. Continually remind each other (as well as residents and visitors) about its critical importance
• constantly reviewing local, State or Territory and national updates about COVID-19 and ensuring you appreciate the changing environment (including where risk of community transmission might be heightened) and that you know what is required of you, your staff, care recipients and their families
• ensuring you:
  – have effective infection prevention and control procedures and vigilantly monitor this in practice
  – have sufficient personal protective equipment (PPE) and other cleaning and hygiene supplies available
  – closely monitor (and where necessary, test) residents
  – engage with staff, residents and their families so they know what you may collectively face, how you are preparing for this and what they need to do
  – plan how you will cohort residents in different scenarios, including what this means for the layout of your service, the way staff move about the service and how you use equipment across the service

1 In the event of a suspected or confirmed case of COVID-19, you will need to divide your service into zones to cohort consumers and limit the risk of transmission.
Introduction

– have considered the workforce impacts of an outbreak and take measures to minimise these. You need to have contingency staffing arrangements in place, know how to utilise furloughed staff and have processes to support (and where necessary, train) staff in new or different roles. You also need processes to maintain business continuity where regular staff are furloughed or otherwise absent, including to ensure that IT, documents and records are readily accessible to those who need them

– identify how you will adjust the way you deliver care and services in the event of an outbreak. Think through every detail so you can best ensure that your staff have confidence in what they need to do and to ensure people receiving care are protected

– plan the support services you may need (or changes to these) as community transmission increases or if you experience an outbreak at the service. Think about what this might mean for visiting health professionals, laundry services, food services, etc.

– continually review and improve your outbreak management following an outbreak.

The people receiving care at your service (and their families), your staff, the other individuals and organisations that support your service delivery (such as visiting health professionals and ancillary service providers), and government agencies are key to your preparation and response. Involving these key partners in the development, testing and review of your planning will help to optimise your preparation and ensure the best outcomes for all. State and Territory directives also provide important guidance and specify certain requirements relevant to each jurisdiction.

The experience of providers through the challenging months of 2020 highlights how critical effective planning and preparation is – it literally makes the difference between life and death, between confidence and panic.

This document draws on the collective experience of providers, older people receiving care and their families, staff and governments to identify the key considerations and practical actions you can take to ensure your service is best placed to prevent and manage an outbreak.
Context

Who is this guidance for?
The guidance is designed to support aged care providers to plan and prepare for a COVID-19 outbreak¹ in a residential care service.

What is this guidance for?
This document provides practical, action-oriented guidance and tips to help providers of residential care to understand the relevant considerations in preparing for an outbreak.

It is informed by the Aged Care Quality and Safety Commission (the Commission’s) experience engaging with providers, workers and older people managing outbreaks and provides examples of the types of things that need to be planned and practised, well in advance of any community transmission or COVID-19 outbreak.

How to use this guidance
There has been a significant number of resources published by different agencies (including the Commission, the Commonwealth Department of Health, State and Territory health departments, peak bodies, etc.) to help guide providers in preparing for an outbreak.

This document is not intended to duplicate existing resources. It provides an overarching structure and framework for your outbreak management planning, bringing together a number of key documents and directing you to helpful (more detailed) resources wherever possible.

You should address each of the key points in this document as relevant to your service when planning for a COVID-19 outbreak to ensure your outbreak management plan is comprehensive. You must also ensure your plan aligns with the specific requirements in your State or Territory and other legislative requirements.

---

¹ An outbreak is a single confirmed case of COVID-19 in a consumer, staff member or frequent attendee of a service (excluding a single case in an infrequent visitor of the service). To determine whether someone is a frequent or infrequent visitor, you are to consider the frequency of visits, time spent in the setting, and number of contacts within the setting (CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia).
When to use this guidance

The majority of guidance in this document relates to things that should be done now (where possible, prior to any community transmission in your area or outbreak in your service). You should review your planning in response to any changes in the environment. You should practise and test your plan in different ways to ensure it will be effective in the event of an outbreak. Collaborative scenario testing with staff at your service and with key response partners (such as your local public health unit, case officers from the Commonwealth Department of Health and the Commission, local hospitals and health services, general practitioners, etc.) will enable you to identify any areas for improvement in your planning, build relationships and respond effectively in the event of an outbreak.

If community transmission starts to occur in your area, you must increase your vigilance and escalate your response, particularly around infection prevention and control. Where an outbreak occurs in a service, additional elements of your plan will need to be put into action.

How can this guidance help you?

Effective outbreak management planning and preparation, as supported by this guidance, can help your service to:

- prevent or significantly reduce the likelihood of an outbreak at your service
- significantly reduce the extent of an outbreak at your service
- act immediately and decisively in the event of an outbreak
- prepare the residents at your service (and their families) for any changes to the delivery of their care and services that might occur in the event of an outbreak
- ensure that staff are prepared with appropriate education, training and resources to undertake their roles and responsibilities safely in the event of a suspected or confirmed outbreak
- prepare the staff at your service for any changes to their role and responsibilities that might occur in the event of an outbreak
- protect the safety, health and wellbeing of people receiving care and staff at the service and the broader community
- meet your regulatory obligations.

The Commission expects that providers will use this document to inform their outbreak management planning and to have adequately considered the key messages and implemented actions against each topic in preparing for an outbreak at the service.
How do my responsibilities in relation to outbreak management intersect with my broader approved provider responsibilities?

Your responsibilities in relation to outbreak management are part of your broader responsibilities as a provider of residential aged care.

These responsibilities are described in the aged care legislation (including under the Aged Care Quality Standards (the Quality Standards) and the Charter of Aged Care Rights). Providers also have responsibilities under other legislative schemes, including in relation to Work Health and Safety (WHS), diversity and anti-discrimination and privacy.

The Commission produces a range of resources offering guidance about your responsibilities as an approved provider. These should also inform how you ensure infection control, how you plan the delivery of care (including preparation for outbreaks) and how you manage risk.

While COVID-19 will necessarily change the way you deliver care, it does not change the requirement for you to meet your core responsibilities as an approved provider.

You will need to work with people receiving care, their representatives, staff and other health professionals and service providers to minimise the risk of harm to residents (and staff) while ensuring this does not unnecessarily impact their quality of life. This may be challenging but effective risk assessment and management, along with open and transparent consultation and communication, are key to achieving the best outcomes for all.

Your responsibilities to deliver quality care and services in line with the Quality Standards will become even more important during this time, as the people receiving care at your service are likely to be more vulnerable and isolated than usual. Throughout this document, some provider responsibilities have been specifically drawn out to support you to consider how you can continue to meet these responsibilities in an outbreak environment.

It is also your responsibility as an employer to maintain the health and safety of your workforce in the event of an outbreak. This will be critical to staff wellbeing and workforce retention. Planning and preparing in close consultation with your workforce is critical to enable you to respond effectively to an outbreak. You are responsible for ensuring the continuity of your business in the event of a crisis. Effective outbreak management planning will support you to build in redundancies that can enable you to continue to operate during and after an outbreak at your service.

Important note
This guide relates specifically to outbreak management in the context of COVID-19.

Following this guidance can support you to prepare for outbreaks of other (similar) viruses and can help you to continuously improve as an aged care provider.
Outbreak management planning

Critical elements of outbreak management planning

Outbreak management planning is not for providers in the midst of an outbreak. You must be acting now to prevent an outbreak from occurring at your service and be ready at all times to respond to an outbreak should it occur.

Your outbreak management plan should:

- be documented and available upon request
- be developed by someone at the service who is familiar with the service’s residents, staff, processes and systems
- be developed in collaboration with staff, health professionals, service providers and other community organisations, and in consultation with residents and their representatives
- include a range of actions that can be escalated and de-escalated in response to risk (see COVID-19 Escalation Tiers And Aged Care Provider Responses)
- address all elements outlined in this document as appropriate for your service
- be fit for purpose, practical and able to be activated
- be specific and detailed enough that any person could pick it up and put it into action
- be tested with staff at the service and response partners (including key government agencies)
- be communicated to residents and their representatives
- be regularly reviewed and updated, including to account for changes in the local environment and risks to the service
- be consistent with Australian Government Department of Health Australian Health Sector Emergency Response Plan for Novel Coronavirus, the CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia and other guidance issued by the Department of Health (the Department), the Commission and State or Territory governments (noting that guidance is being updated frequently)
- comply with the requirements in your State or Territory, including in working with the public health unit.
Principles for outbreak management planning

The following principles should guide your outbreak management planning:

- the safety, health and wellbeing of residents (and their families), staff and the broader community are of primary importance
- a rapid, risk-based approach to decision-making must be adopted
- your response must evolve to match situational change
- there must be clearly identified people responsible for implementing the plan
- actions must be tailored to your service, and the people receiving care at your service and be fit for purpose
- consultation should occur as often as possible (including with residents, their families, staff and other service providers/agencies)
- understand the businesses that support your service and involve these businesses in your planning
- resident and staff support enables faster implementation of your response
- you must consider the impact of actions on consumer dignity and choice
- timely information sharing with government agencies, staff, residents and their families is critical
- maintain good organisational governance to effectively lead, manage, document and monitor your response to an outbreak
- address lessons learned from previous outbreaks (at your service and others).
Ongoing review
You must review and test your outbreak management plan regularly, particularly in response to any change in risk at your service and within the broader community. Practically testing and running through your plan with all staff involved in its implementation will support your service to rapidly put it into action in the event of an outbreak. You should undertake audits of all key aspects of your outbreak management planning and preparation, including testing organisational processes, staff knowledge and practices, consumer outcomes and regulatory compliance.

Ensure you have a good understanding of the risks at your service and make changes to your plan to manage these as needed. As new and updated pandemic related guidance is released, this should be considered in the context of your outbreak management plan, with changes made to your plan and communicated to residents, staff and other key response partners as necessary.

Evaluation and continuous improvement
Following an outbreak, you will need to evaluate your service’s preparedness and the efficacy of your outbreak management planning. Consider what elements of your planning enabled your service to respond well and what more could have been done to enable a timely and coordinated response. Any lessons learned from your evaluation should be incorporated into your planning to enable continuous improvement.

Key documents
Key documents that have informed this resource and are referenced throughout include:

- CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia
- Australian Government Department of Health Australian Health Sector Emergency Response Plan for Novel Coronavirus
- First 24 hours – managing COVID-19 in a residential aged care facility
- Are you alert and ready? A resource for residential aged care services
- Coronavirus (COVID-19) outbreak management in residential care facilities
- Infection Control Expert Group: COVID-19 infection prevention and control for residential care facilities
- Environmental cleaning and disinfection principles for health and residential care facilities.
Infection prevention and control

Effective infection prevention and control is a key part of the operation of residential care services. This includes matters such as infection control processes (hand hygiene, respiratory etiquette, physical distancing), screening and testing, cohorting, use of PPE (Personal Protective Equipment), cleaning and clinical waste management.

A variety of resources are available in relation to infection prevention and control, as this has long been a part of the approved provider responsibilities, including under the Quality Standards.

In the context of COVID-19, these requirements take on a heightened importance; ensuring there are protocols in place to prevent and mitigate the spread of infection is key to effective outbreak management planning. Adopt a ‘just in case’ approach to preparing your service rather than a ‘just in time’ approach. For example – ensure your service has sufficient stock of PPE readily available ‘just in case’ of an outbreak, rather than scrambling to obtain this ‘just in time’.

For specific guidance on infection prevention and control see the following:

- Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities
- Guidelines for infection prevention and control in residential care facilities
- Environmental cleaning and disinfection principles for health and residential care facilities
- Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission
- Guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities.

Infection control requirements may differ across jurisdictions so you should also refer to State and Territory guidance.
Infection prevention and control

Infection control procedures

**Key messages**

- Infection prevention and control is core business for aged care providers. However, this fundamental measure takes on a heightened importance in the context of COVID-19.
- Mistakes and oversights can have a widespread impact.
- Providers must review their procedures in line with the latest COVID-19 infection prevention and control guidance, ensure all staff are trained in infection prevention and control and continually remind staff, people receiving care, and visitors of their responsibilities in relation to infection prevention and control.

**Context**

In order to minimise the risk of an outbreak and to protect residents and staff, increased vigilance in relation to infection prevention and control is a critical part of outbreak management planning.

**At all times**, you must ensure infection prevention and control procedures are up to date and all staff are appropriately trained and reminded of these, with regular refresher training. Monitor compliance and encourage feedback loops.

In areas with community transmission, your service should follow any State and Territory-specific guidance. Staff may need to take extra precautions, and residents and visitors to the service should also be reminded of infection control practices.

In the event of an outbreak, the service will need to significantly escalate infection control practices. Ensure procedures are in place in relation to:

- hand hygiene
- use of PPE (see personal protective equipment)
- cough etiquette and respiratory hygiene
- physical distancing across all areas of the service
- cohorting/separating residents and staff
- isolating residents with suspected and confirmed COVID-19
- enhanced cleaning and disinfection of the environment and equipment (see cleaning)
- provision of alcohol-based sanitiser
- management of clinical waste (see waste management).

See detailed guidance [here](#).
Infection prevention and control

Provider responsibilities

Consistent with requirement 3(3)(g) of the Quality Standards, providers must ensure they are minimising infection-related risks through standard and transmission-based precautions to prevent and control infection. Providers are responsible for ensuring that staff have the necessary training, including in infection control practices and procedures and in the appropriate use of PPE (including gloves, surgical masks, face-fitting respirators, face shields or eye protection and gowns). Providers must also have procedures in place for managing and disposing of waste (including used PPE) in line with infection control requirements.

Action

To ensure your service is prepared for significantly increased infection prevention and control processes in the event of an outbreak:

Ensure your infection prevention and control procedures are up to date and comprehensive

- Additional procedures will need to be ready to put in place when there is:
  - community transmission of COVID-19 in your area
  - a suspected or confirmed outbreak at the service.

- In areas with significant community transmission, aged care workers should take extra precautions, even where an outbreak has not occurred at the service.

- Be aware of best practice expectations regarding infection prevention and control for COVID-19 (and of any specific requirements in your jurisdiction) and ensure your service’s procedures reflect these. See further guidance here and here.

Ensure staff are trained in relation to infection prevention and control

(including matters specific to COVID-19 and appropriate use of PPE, hand hygiene, sneeze and cough etiquette and fit testing of respirators – see page 27 for further guidance on the use of face-fitting (N95 or P2) respirator masks.

- Ensure that existing staff have received up to date infection prevention and control training and that all new staff (including contractors and agency staff) have received appropriate training before commencing at the service – you should not assume that agency staff or contractors are aware of current infection control procedures.

- Undertake competency assessment in infection control procedures to ensure all staff (including new, agency or surge staff) understand the service’s protocols.

- Online infection control courses are available here.

- This is discussed further under workforce.

Continually remind staff about their infection prevention and control responsibilities

- Ensure staff are reminded on an ongoing basis of their responsibilities in relation to infection control, including appropriate hand washing techniques, physical distancing, use of PPE and waste disposal.
Infection prevention and control

- Identify staff responsible for monitoring compliance with infection control responsibilities (including PPE) and provide feedback for each shift.
- Appoint an on-site clinical lead for infection control.

Prepare infection control and prevention resources

- Distribute infection prevention and control resources (such as factsheets and posters) that can be made available to staff, people receiving care and visitors, reminding people of infection control processes such as hand washing, cough etiquette and respiratory hygiene, physical distancing and the use of alcohol-based hand sanitiser.
- Determine density limits for different areas of the service (i.e. to maintain physical distancing requirements) and ensure these are clear to all people at the service (for example, through the use of posters).
- Prepare and print additional resources that may be required at the outset of an outbreak and consider where these will be placed.

Ensure you have sufficient stock of hand sanitiser and soap

- Identify where alcohol-based hand rub/sanitiser and liquid soap will be stored and how they will be secured.
- Determine how you will source and store sufficient supplies in the event of an outbreak.
- Consider where in the service hygiene facilities and supplies will be made available to staff and residents and identify who will be responsible for monitoring these.

Test your outbreak management plan:

- How do you know that your infection control processes align with the current minimum expectations regarding infection prevention and control for COVID-19 and of any specific requirements in your jurisdiction?
- How do you know that all staff at the service understand their infection control responsibilities?
- What infection control protocols will visitors at the service need to observe?

Consider who is responsible for:

- ensuring the service’s infection control processes can be quickly escalated in line with the current situation
- reminding staff of their infection control responsibilities
- monitoring hygiene supplies available around the service and replenishing these
Screening, monitoring and testing

Key messages
- Undertake routine screening of all people entering the service, including staff, visiting health professionals, service providers and visitors.
- Closely monitor people receiving care for signs of COVID-19 regularly and know the local pathway for testing.
- Ensure you can quickly identify the close contacts of all staff (including health professionals and others visiting the service) and consumers to identify who may have contracted COVID-19 and put mechanisms in place rapidly to reduce further transmission.

Context
Given the vulnerability of older people to COVID-19, a precautionary approach has been adopted across the aged care sector to screen and where necessary, restrict entry to residential care services.

At all times, care recipients must be regularly monitored to detect any COVID-19 symptoms as early as possible, including those that are mild and atypical. Be aware of the local pathway to refer residents for timely testing for COVID-19.

Undertake routine screening of all people prior to allowing entrance to the service – this includes all staff (including new, agency and emergency staff), attending health professionals and visitors. You should be familiar with the screening requirements under the relevant State or Territory public health directions.

Where there is a suspected case, the public health units must be contacted and (in some jurisdictions) can assist with coordinating testing.

In the event of an outbreak, you will need a system in place to identify and contact all relevant close contacts (including regular, new, emergency and agency staff) to attend for testing. You should be aware of the definition of a close contact and be ready to work with the public health unit to identify close contacts. Note that whilst testing is critical, individuals have a right to refuse to be tested. Advice should be sought from the public health unit about such refusals.

During an outbreak, continue to monitor those receiving care at your service, and screen staff and any visitors (such as visiting health professionals). You may need to undertake multiple rounds of testing.
**Action**

To ensure you are undertaking effective screening and monitoring of consumers:

**Develop a process for the ongoing monitoring and testing of residents**

- See guidance on developing and implementing a screening tool [here](#).
- Ensure staff have been trained in relation to effective outbreak recognition and can identify typical and atypical signs of COVID-19, noting that atypical symptoms can be a key driver of outbreaks. See information about COVID-19 symptoms [here](#).
- Ensure there is routine assessment of residents for respiratory illness and atypical symptoms.
- Ensure there is a process for documenting the outcomes of monitoring and testing and that these records are maintained and readily available if required.

**Ensure you are familiar with your local pathway to refer care recipients for COVID-19 testing and the role of your public health unit in relation to testing**

- See [here](#) for links to information about pathways for testing in each State or Territory.
- Testing (including repeat testing) and ongoing actions for individuals in the defined setting should be undertaken in line with the CDNA COVID-19 National Guidelines for Public Health Units.
- Your State or Territory public health unit will advise on (and may facilitate) testing – this is dependent on your jurisdiction.
- Utilise asymptomatic testing where this is available (through the Commonwealth or your local public health unit).

**Develop a strategy for notifying residents and their representatives of a positive test result for COVID-19**

- This needs to be communicated to the person receiving care and their loved ones in a timely, sensitive and compassionate way by someone known and trusted.
- Consider developing a script or some talking points to support this communication.

To support the service to prevent or limit the spread of an outbreak and quickly identify a positive case, you should:

**Review the service’s human resource policies and leave arrangements to ensure they require staff to stay home if they are unwell**

- Communicate regularly with staff regarding expectations around cohorting, physical distancing, staying home when unwell and the importance of infection prevention and control.
- Inform staff of any financial assistance that may be available to them if they are unwell or need to isolate (e.g. information about accessing payments when staff cannot go to work and specific State or Territory support payment advice).
Develop a process for the routine screening of staff and any visitors to the service (including visiting representatives, health professionals and government officials)

- Services should undertake routine screening of staff and visitors on entry to the service, including through temperature monitoring and asking a routine set of screening questions.
- See entry screening advice here and in the CDNA guidance.
- Notify staff, residents, their representatives and other regular visitors to the service of the screening arrangements prior to their introduction.
- Ensure visiting medical and allied health practitioners are aware of their responsibilities when attending the service.
- Document screening outcomes (considering how this information will support contact tracing) and ensure these records can be readily provided to the public health unit.

- Ensure you are familiar with the visitor access requirements in your State or Territory and develop a plan for complying with these. You may also consider restricting the areas within the service that visitors can access to limit potential transmission. See visitor restrictions in response to an outbreak.

**Test your outbreak management plan:**

- How do you know that staff can identify typical and atypical signs of COVID-19?
- What is your local pathway for COVID-19 testing?
- In the event of an outbreak, how do you know that you have all the information required to support efficient contact tracing of all residents, staff and visitors to the service?
Infection prevention and control

To support rapid contact tracing:

**Maintain a visitor log and ensure all visitors entering the service sign in and out**

- Include details such as name, contact phone number, visiting times and locations they visited within the service (e.g. care recipient’s room, the dining room, etc.).
- You should also maintain an outings log, including resident (and accompanying staff or representative) names, locations visited, dates, times, etc.

**Maintain accurate records of staff attendance**

- You will need to maintain accurate records of the staff that attended the service each day. This should be reflective of what actually occurred (i.e. not just a roster) and available in a readily accessible format that can be provided to support contact tracing.

**Consider who is responsible for:**

- overseeing the screening of staff and visitors to the service
- overseeing the screening and monitoring of care recipients
- liaising with the public health units about testing
- managing contact tracing with the public health unit during an outbreak

- Establish and implement a system for monitoring staff allocations and contacts to support contact tracing – this should include visiting health professionals and contracted staff. Keeping detailed staff allocation records will enable the service to quickly identify staff and residents who have been in close contact and respond quickly to minimise further transmission.

**Assign a person who will be responsible for supporting contact tracing and consider how they will obtain information to support contact tracing in the event of an outbreak**

- Your State or Territory public health unit will advise on (and may facilitate) contact tracing – this is dependent on your jurisdiction.
- Ensure this person understands how they will be expected to work with the public health unit to support contact tracing and is familiar with relevant definitions, such as ‘close contact’.
- Maintain a list of staff that work at, or regularly visit, the service (including primary care or allied health services) that can be provided to the public health unit. The list should include names, contact details, date of birth and whether they work across multiple residential care services.
- Information provided to close contacts needs to be consistent with the jurisdictional requirements for quarantine and testing.

**Develop a system to manage close contact testing**

- You will not only need a system for contacting all close contacts to attend for testing but also for managing testing results where samples are analysed offsite.
Infection prevention and control

Isolating and cohorting residents

Key messages

- Separating residents that are COVID-19 negative from residents that are COVID-19 positive is a fundamental part of your response to an outbreak. Residents with confirmed COVID-19 need to be isolated away from consumers with suspected COVID-19 and from consumers without symptoms (or who are otherwise not suspected to have contracted COVID-19).
- To enable this, you will need to prepare to physically relocate (or otherwise separate) care recipients, their equipment and possessions.
- In the event of a suspected or confirmed case of COVID-19, you need to be ready to divide your service into zones or to otherwise separate different cohorts of residents to limit the risk of transmission.

Context

At all times, you must have a plan for separating COVID-19 negative residents from COVID-19 positive residents to help prevent the spread of the virus.

For example, you may employ the use of coloured zones for confirmed cases (red zone), suspected cases (orange/amber zone) and for residents who have no symptoms (green zone). Symptomatic care recipients awaiting test results are to be kept separate from confirmed cases and those without symptoms. Your local public health unit can provide guidance on zoning, including how different areas of your service might best be utilised in an outbreak.

Consider how you will manage the movement of residents and staff around the service to minimise risk of transmission – this is particularly important for residents with cognitive impairment, wandering behaviours or dementia. You should consider the location of cohorted groups, entry points and directional flow of traffic for care recipients, staff and equipment. This will necessarily involve having systems in place for each of the cohorted zones to easily identify where residents, staff and equipment should be located.
A readily available floorplan of the service is an essential tool to help plan how you might cohort residents within the service depending on their risk of exposure and care needs in the event of an outbreak. This may require you to move residents from their usual rooms.

Information around cohorting care recipients can be found in the Coronavirus guidelines for infection prevention and control in residential care facilities, the Outbreak management in residential aged care and the CDNA guidelines for residential care facilities. You must consider this in your planning.

**In areas where there is community transmission**, reducing the number of contacts between different staff and residents at the service (for example, moving to a model where staff work with fewer designated residents) can drastically reduce the risk of spread.

**In the event of an outbreak**, work with the relevant public health unit to manage isolating consumers who have confirmed or probable COVID-19. Staff caring for residents with COVID-19 should not care for other residents.

**When planning how you will cohort or separate residents, consider:**

- where you will zone/place different cohorts of care recipients and reduce contact (including moving residents within the service, physically separating residents who are sharing a room via a curtain or introducing a commode into rooms where there is one shared bathroom)
- how you will manage care recipients with cognitive impairment, dementia or wandering behaviours
- how you will ensure vulnerable or high needs care recipients have access to the equipment and care they require
- how you will ensure equipment (for example, food trays, medicine trolleys, commodes, communication devices, lifters, slings etc.) does not move between cohorts or does not present a source of contamination
- how you will ensure stations for donning and doffing PPE are secure and appropriately stocked
- how you will manage contaminated waste including laundry
- how you will coordinate meal services for different cohorts of residents
- how you will cohort staff and prevent cross-contamination between staff
- seeking input on your plan from your local public health unit or a qualified infection control practitioner.
Infection prevention and control

**Action**
To enable you to rapidly cohort or separate residents in the event of an outbreak:

**Communicate with people receiving care and their representatives prior to any outbreak**
- Note that residents may be required to move rooms temporarily to support cohorting arrangements and protect their safety.
- See communicating with consumers and their representatives.

**Using your floorplan, develop a plan for cohorting residents**
- Clearly mark the relevant zones where different resident cohorts could be placed and the associated bathrooms, donning and doffing areas, food preparation areas, waste disposal routes, etc.
- To reduce contamination and cross-over between cohorted groups, identify directional flows and separate entry and exit points for different cohorts.
- Follow the guidance outlined here.

**Identify the additional equipment you would require to cohort care recipients**
- Cohorting residents will likely require you to access additional equipment. You should therefore identify what additional equipment you will need and how you can access this at short notice in the event of an outbreak.
- You may need to divide rooms and turn common areas into areas for the delivery of care – consider what equipment you will need to do this.

**Provider responsibilities**
Consistent with requirement 8(3)(e) of the Quality Standards, providers must have an effective clinical governance framework that includes minimising the use of restraint. This applies at all times including in the context of an outbreak. It is expected that providers will comply with the Quality of Care Principles 2014 in relation to the use of restraint, noting that services must minimise the use of restraint. Where restraint is necessary, it must be a last resort and the requirements of Part 4A of the Quality of Care Principles 2014 must be met (including for, example, that an approved health practitioner has assessed the care recipient).
Prepare a template for recording which residents have tested positive, have been in close contact with a positive case or are showing symptoms, and where residents are located/cohorted and ensure that this is included on the floorplan.

- See example table template here.

Consider how you will physically relocate residents

- Identify who will be responsible for physically relocating care recipients (including their possessions/equipment).
- Develop a plan for moving residents, including where they will be moved to while rooms/common areas are being cleaned, where/how their possessions will be stored and how you will track where residents are moved.

Prepare signage to display at the entrance to isolation areas

Test your outbreak management plan:

- Check that your plan for cohorting residents aligns with the advice provided by the Department of Health, the Commission and the public health unit.
- What do you need to do with regards to cohorting consumers at the service, including in relation to the size and layout of your service and the care needs of the consumers?
Determine how you will manage care recipients with wandering behaviours

- Ensure staff who are familiar with residents with high needs will remain engaged in the care of these residents even if furloughed. Staff can assist remotely with possible strategies for behaviour management.
- Engage specialist services where necessary and ensure care planning documentation is detailed and current (see delivery of care during an outbreak).
- Consider creating areas where wandering behaviours can be managed, for example, repurpose common areas to allow people receiving care to wander within a defined area (noting that cohorts should always remain separate).

Identify how you will manage residents who have completed their isolation period following a confirmed case, and their placement in the service

- Confirmed (or in some jurisdictions, probable) cases will generally be required to have had at least 10 days from the onset of symptoms and three days completely symptom free to be released from isolation. This differs between States and Territories; guidance should be sought from your local public health unit. Decisions on release from isolation must be made in consultation with the public health unit and treating doctor.
- You should review the release from isolation guidance in the CDNA COVID-19 National Guidelines for Public Health Units and be prepared to have a plan in place to transition residents out of cohorting gradually.

Consider who is responsible for:

- communicating with people receiving care and their representatives prior to an outbreak to discuss possible impacts
- leading the development of a plan for cohorting residents
- preparing signage and templates to support cohorting arrangements
- managing the cohorting of equipment
Infection prevention and control

Personal protective equipment

**Key messages**

- Ensure you have sufficient PPE on hand prior to an outbreak occurring.
- Ensure you have procedures for safely donning and doffing PPE and disposing of used PPE.
- Staff must be trained in how to use PPE appropriately and the types of PPE required in different circumstances.

**Context**

At all times, the service must have sufficient supplies of PPE such as gloves, gowns, surgical masks, face-fitting respirators, eyewear and face shields. Consider your PPE needs and estimate how much PPE may be required – this is likely to be greater than initially estimated. Ensure that in preparing for an outbreak, the service has sufficient PPE on hand for at least the first 48 – 72 hours of an outbreak (and that you can quickly obtain additional PPE in the event of an outbreak).

Ensure appropriate stocks of different levels of PPE are available and stored in locations that are easily accessible in the event of a suspected case.

Staff must be trained in the use of PPE and the zones for donning and doffing (see isolating and cohorting residents), as well as fit tested for face-fitting respirators.

**During an outbreak**, undertake regular stocktake to identify when supplies need to be replenished and ensure relevant staff know how to request additional PPE. Plan ahead to ensure staff (including new, agency and emergency staff) can quickly be trained on the service’s PPE arrangements.

**Important note**

You will need to estimate the frequency of PPE in line with the recommendations on the donning and doffing of PPE, for each resident, for each episode of care, noting that PPE will need to be estimated for use by all staff across the service.
Infection prevention and control

Action

To ensure your service is prepared to use PPE in the event of an outbreak:

Ensure you have sufficient supplies of PPE for 48 – 72 hours

- PPE includes gloves, gowns, surgical masks, face-fitting respirators, eyewear and face shields.
- If you are in the situation where you need to use face-fitting (N95 or P2) respirator masks, it is best practice to have a respirator protection program in place (that covers selection of appropriate respirators, sizing and fit testing, and training on the use, storage and maintenance of respirators). More information on respiratory protection programs can be found in the Australian/New Zealand Standard: Selection, use and maintenance of respiratory protective equipment (AS/NZS 1715:2009).

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

- Identify the types of PPE that are appropriate for an outbreak and ensure you have a supply of the correct PPE in accordance with the current guidance (for example, ensuring the appropriate masks are available and that gloves are the right material), noting that you will also need to accommodate ordering many sizes.
- Assign responsibility for the regular stocktake and ordering of PPE.
- Identify the different sources of PPE and have the contact details and order forms ready (this should include processes around ordering PPE through the National Medical Stockpile when services cannot access PPE through normal commercial channels).
- Identify where PPE will be stored, noting that PPE may arrive in large quantities and services will need to identify locations for secure storage that won’t be accessible to people receiving care, or that is prone to weather damage.
- Plan for the disposal of used PPE (see waste management).

Ensure staff have been trained on how to use different types of PPE

- This includes when to use different types of PPE, the order in which to don and doff PPE, the use of hand sanitiser before putting on and during the process of removing PPE and how to dispose of PPE.
- Staff must be fit tested for respirators to ensure that appropriate face-fitting respirators are available.
- Guidance on the use of PPE can be accessed here and here. A video demonstrating how to wear PPE for aged care workers can be accessed here. See the CDNA Guidelines for educational and promotional materials on the use of PPE.

Test your outbreak management plan:

- How do you know that infection control measures will be taken, and PPE will be appropriately used by staff and visitors to the service?
- How will the service source additional PPE during an outbreak?
Infection prevention and control

- Use competency assessment for all staff including new, agency and emergency staff as part of onboarding to ensure PPE use is consistent within the service.
- Regularly run sessions with staff to practise donning and doffing PPE and plan how these sessions will continue during an outbreak.

Prepare signage to guide staff in donning and doffing PPE
- This may include using posters (see examples here), which show how to correctly put on and take off PPE when entering or leaving areas with confirmed cases (red zones), suspected cases (amber zones) or no cases (green zones).
- Signage/posters can be strategically placed in donning and doffing zones during an outbreak.

Develop a strategy for monitoring appropriate use of PPE
- Designate an infection control practitioner responsible for monitoring and supporting adherence to PPE protocols within the service.
- Implement a system like a spotter or a buddy to observe that staff are continuing to use PPE safely and appropriately and provide feedback.
- Prepare signage about the need for visitors (such as visiting health practitioners) to use PPE such as masks and eye protection, such as face shields or goggles.

Ensure that PPE will be accessible for staff close to where they need it
- Based on your plan for cohorting care recipients (see isolating and cohorting residents), identify locations within the service where PPE is to be donned and doffed. Be mindful that donning and doffing of PPE should occur in completely separate zones and ideally should be located directly outside isolation areas (to minimise the amount of movement around the service while wearing PPE). Hand sanitiser should be readily available to staff where they are donning and doffing.
- Consider how you will identify donning and doffing stations, including by using floor markings or signage.
- Consider how used PPE will be disposed of securely (see waste management).

Consider who is responsible for:
- identifying and preparing donning and doffing stations
- monitoring and ordering PPE and replenishing PPE in donning and doffing stations
- training staff in the use of PPE and monitoring how staff use PPE
Infection prevention and control

Cleaning

Key messages
- Cleaning of the service environment and equipment takes on heightened importance during a pandemic.
- You should have processes in place to ensure confidence in the adequacy of your cleaning services and that cleaning staff and/or cleaning service providers are competent to undertake cleaning in line with your outbreak management plan and government advice.
- Be prepared to increase cleaning (particularly of frequently touched equipment and surfaces) in the event of an outbreak.

Context
At all times, ensure that you have adequate and sufficiently deep cleaning to minimise the risk of transmission. Also plan for increased, regular cleaning of the service environment and equipment to minimise the risk of contamination where there is community transmission in your area or during an outbreak.

Where there is community transmission, increase cleaning of the service.

During an outbreak, enhanced cleaning of resident rooms and communal areas will be required, and frequently touched surfaces should be cleaned often. All equipment used in the delivery of care and services to residents should be cleaned and disinfected between uses or used exclusively for individual residents.
Infection prevention and control

Provider responsibilities
Effective organisation-wide systems for preventing, managing and controlling infections is critical to the delivery of safe and quality care and a key expectation of the Quality Standards (refer requirement 8(3)(e)).

Service environments and equipment must be clean and safe for consumers as per requirements 5(3)(b) and 4(3)(g) of the Quality Standards. Providers are expected to ensure that routine and increased cleaning of the service environment and equipment occurs throughout an outbreak.

Action
To enable adequate and increased cleaning in the event of an outbreak:

Ensure cleaning supplies are available
- Identify the cleaning products required for different areas within the service – see the TGA list of disinfectants for use against COVID-19.
- Ensure sufficient stock is available prior to an outbreak occurring and identify how cleaning products can be sourced and ordered during an outbreak and assign responsibility for the regular stocktake and ordering of cleaning products.

Develop a plan for enhanced cleaning of the service environment during an outbreak
- See the ICEG guidelines on environmental cleaning and the CDNA Guidelines for advice on cleaning.
- Determine the frequency of cleaning in the event of an outbreak and consider the changes required to staffing and rostering to accommodate this. You may need to consider engaging additional cleaning staff during an outbreak.
- Determine PPE requirements for cleaning staff – noting that cleaning staff should wear impermeable disposable gloves, a surgical mask and eye protection or a face shield while cleaning.
- List the items and areas within the service that will likely require increased cleaning, including residents’ rooms, common areas, staff working areas and frequently touched items (such as tables, chairs, rails, light switches, door handles, computers, telephones, etc.).
- Develop processes for cleaning high risk areas – particularly where COVID-19 positive residents are being cohorted.
- Identify what changes can be made to the service environment to facilitate enhanced cleaning (including moving extraneous furniture).
**Infection prevention and control**

**Develop processes for using and cleaning equipment during an outbreak**

- Identify which equipment can be adequately cleaned to be shared by care recipients and which items of equipment will need to be cohorted, used exclusively or replaced by disposable equipment.
- Consider how you will manage equipment between resident cohorts and whether additional equipment needs to be sourced (by hiring or purchasing) to minimise cross contamination.
- Develop processes to ensure regularly touched surfaces and equipment (including remote controllers, commodes, sinks, walking frames, food trays, medicine trolleys, blood pressure cuffs, telephones, etc.) are cleaned between use.
- Identify (for example, by tagging or labelling) equipment that cannot be reused, cannot be shared or can only be used by certain cohorts of residents.

**Ensure staff are trained in relation to environmental cleaning practices and the cleaning of reusable equipment**

- Further guidance about environmental cleaning and disinfection principles for residential services is accessible [here](#).

**Test your outbreak management plan:**

- How will the service access additional cleaning supplies during an outbreak?
- How do you know that the service will be able to meet additional cleaning requirements should your cleaning staff become furloughed or need to be replaced?
- How do you know that equipment will not be a source of contamination between people receiving care or staff?

**Consider who is responsible for:**

- managing your cleaning program, including rostering cleaning (and surge) staff
- managing the stocktake and ordering of cleaning products
- ensuring cleaning staff are appropriately trained and equipped
- checking to ensure cleaning is being carried out in line with the outbreak management plan and government advice
Waste management

**Key messages**

- Waste management is critical during an outbreak as you are likely to have significantly increased levels of potentially contaminated waste.
- Waste can be a source of transmission and you must have a plan for mitigating this risk.

**Context**

In the event of an outbreak, there will be an increased amount of used non-reusable equipment, used PPE and clinical waste that will need to be managed. Safe removal of this waste is a key element of infection prevention and control.

At all times, you must know how you will manage different types of waste. Different types of waste have different waste management procedures that need to be followed and ensuring that your service does not stockpile contaminated waste will help reduce the likelihood of recontamination. As such, the frequency of waste removal should be planned for and increased during an outbreak.

**Action**

To ensure the waste management procedures are appropriate in the event of an outbreak:

**Consider how you will ensure waste is stored safely on site**

- Ensure that staff can differentiate between contaminated and non-contaminated waste and differing arrangements for managing this waste. See guidance [here](#).
- Consider whether your will need additional waste containers at the service for the secure disposal of used PPE.
- Identify where additional waste will be securely stored for removal. Where possible, minimise the distance that contaminated waste needs to travel to be collected. Remember that contaminated waste can be a source of transmission so must be managed carefully.

**Important note**

Be mindful that the amount of waste associated with an outbreak can be substantial and that you require significant space to securely store waste (such as used cleaning products, contaminated PPE and clinical waste) until it can be safely removed.
Removal of contaminated waste during an outbreak

- Identify how you will remove contaminated waste during an outbreak, including whether you need to hire/purchase additional waste containers and increase the frequency of waste removal.
- Contact your waste management provider to determine their capacity for increased frequency of waste removal, including clinical waste and contaminated PPE. Ensure you know how to request additional waste containers/receptacles/storage bins in the event of an outbreak.
- Identify other options for the removal of secure waste – you may be required to find other providers to assist should your current provider not be able to meet increased demand.
- Ensure you have processes for ensuring your waste management provider will be aware of outbreak arrangements in place at the service and how this impacts them. Consider how you will communicate critical information to your waste removal provider (for example, about waste collection points, access to the service, additional waste storage requirements, PPE requirements for staff collecting waste, etc.).
- See guidance here and here.

Ensure staff have undergone training on handling and disposal of the different types of waste.

Test your outbreak management plan:

- How will the service access additional waste removal services during an outbreak?
- How do you know that your waste will be handled safely even where your usual staff may be furloughed?
- How will you safely store waste?

Consider who is responsible for:

- ensuring contaminated waste can be securely disposed of
- coordinating waste removal services
- ensuring new staff are trained in waste management protocols
Human resources

Leadership and management

Boards, CEOs and service management must ensure effective organisational governance at all times. As per Standard 8 of the Quality Standards, your governing body is ultimately accountable for the delivery of safe and quality care and services. As such, it is imperative that you have effective organisation-wide governance systems and processes in place to enable the Board, CEO and service management to identify, assess and manage or respond to risks to the health, safety and wellbeing of consumers. During a pandemic, effective leadership and governance take on an enhanced importance and will be key to your rapid response to any outbreak at the service.

Standard 7 requires providers to have a workforce that is sufficient, skilled and qualified to provide safe, respectful and quality care and services. This is particularly important when preparing for and managing a COVID-19 outbreak. Your leadership group is responsible for creating a culture of readiness and vigilance throughout the workforce at all times, including to ensure staff continue to practise enhanced infection prevention and control and are ready to implement your outbreak management response at a moment’s notice. You are ultimately responsible for business continuity and should have a plan to ensure this, including where regular staff are not available.

There may be multiple service providers and government agencies involved in supporting your service’s response to an outbreak. There must be a clear structure in place to support communication between these parties and a coordinated response. A clear chain of command and reporting structure should be established in advance of any outbreak, including systems to enable delegation of tasks and responsibilities where required.

You should nominate the person who is authorised to lead and make decisions on behalf of the provider. This person should be easily identifiable and visible on site at the service and should be supported by your outbreak management team.

Your outbreak management team will lead your service’s response to the outbreak (with support from public health unit staff) and will coordinate and implement actions.

The outbreak management team should include:

- an infection prevention and control lead
- a communication lead (responsible for communicating with staff, service providers, residents and their families)
- a clinical oversight lead (with access to an infectious disease physician)
- an operations lead.
In the event of an outbreak, the team will also need to involve (and report to):

- public health unit representatives (including a lead, contact tracer and epidemiologist)
- an Australian Government Department of Health case officer
- a Commission case officer
- State or Territory government representation (based on local requirements, for example some jurisdictions require a local health district coordinator for health care in the home).

Your team should be supported by alternative leads and sub-leads to ensure there is always someone who is familiar with the service and its residents to make decisions should any key members of the team become unavailable, ill or furloughed. Each member of the outbreak management team (including back-ups) should be trained in their role and responsibilities prior to any outbreak – see here for more detail regarding the responsibilities of each member of the outbreak management team.

The outbreak management team should meet within hours of an outbreak being confirmed and following this, should meet regularly (usually daily, in person or by teleconference) at the height of the outbreak to monitor the outbreak, identify problems, initiate changes to response measures, and to discuss outbreak management roles and responsibilities.

**Important note**

You are responsible for managing the outbreak and taking a strong leadership role, with support from other parties. You need to ensure you have sufficient management capability across all parts of the service.
Human resources

Workforce

Key messages

- It is important that staff are safe to come to work and supported to undertake their role, particularly in the context of a pandemic.
- Consider the potential workforce impacts of COVID-19. You may be required to furlough some (or all) of your workforce and you may require significantly more staff to deliver care and services to residents (including to account for cohorting and enhanced infection control requirements).
- Consider how you reduce the likelihood of significant numbers of staff being furloughed (e.g. by cohorting all staff and care recipients, ensuring you have effective infection control procedures in place and facilitating a culture of vigilance).
- Understand your minimum workforce requirements and have ready access to appropriately trained staff that can hit the ground running.
- Consider how you can use furloughed staff to support your service remotely.
- Consult with staff prior to an outbreak to prepare them to undertake their responsibilities in an outbreak and continue to communicate with staff regarding their responsibilities during an outbreak.
**Human resources**

**Context**

At all times, you must have a workforce management plan in place that details your service’s approach to enabling a surge workforce and providing a safe operating environment for staff. This plan should also include a clear governance structure, including responsibilities and pathways for reporting/escalating matters.

You need to understand your minimum staffing requirements to enable care provision under outbreak conditions – these are likely to be higher than usual due to enhanced hygiene requirements (e.g. PPE usage, increased cleaning and laundry), staff and resident cohorting, additional communication needs and ongoing notification and reporting requirements. You need to ensure your service has access to additional (appropriately trained) staff and can draw on other health professionals and service providers as required. Clinical leads and Registered Nurses (RNs) will perform a critical role during an outbreak.

Staff need to be trained and equipped to undertake their role. Assigning tasks and responsibilities in advance of an outbreak, testing how these will work in practice and instructing staff in their responsibilities can help you to respond effectively and rapidly if an outbreak occurs. Undertaking refresher training across key areas (particularly regarding infection prevention and control) is important.

Ensure you are providing clear, consistent and frequent message to your workforce (including contractors, service providers and volunteers) prior to and during an outbreak about the importance of ensuring that they are tested and do not work while unwell, that they follow screening, infection control, hygiene, PPE and social distancing protocols and that they comply with any restrictions in place.

You also need to have a plan in place for cohorting staff (by shift and by area) to minimise the risk of transmission throughout the service in the event of an outbreak. Cohorting staff requires you to create two or more workforces that work independently and ensuring that staff do not mingle whilst on or offsite (including during breaks or commutes). For example, by staggering the start times and breaks to reduce the contact between staff members and separating shared facilities (including staff rooms, bathrooms, spaces, equipment or resources such as computers etc.).

**Important note**

Your outbreak management plan should prepare you for the worst case scenario. Consider if some or all of your staff had to be furloughed immediately. The best thing you can do is start putting plans and actions in place now.
When there is community transmission, cohort staff to reduce the risk of infection across the service (and minimise the number of staff that may need to be furloughed in the event of an outbreak). This applies to all staff across the service (including staff involved in direct care provision, as well as kitchen and cleaning staff). Some services employ staff that work across many sites. You need to understand your local State or Territory directions and assess the risk associated with this and consider what arrangements you can put in place to minimise the risk of cross-contamination. During an outbreak, staff must not work across multiple services if this can be avoided. Staff should be instructed and supported to stay home if they have symptoms and must not come to work.

Staff may be furloughed on paid leave and continue to work from home undertaking remote duties, or may be on paid or unpaid leave undertaking no remote duties.

In the event of an outbreak, services may be required to furlough a large number of their staff. Where services do not have effective practices in place to limit crossover and potential contamination between staff prior to an outbreak, they may be required to furlough all of their regular staff immediately. It is important to take steps to prevent this, however you need to be able to readily access additional staff as needed. These staff must be appropriately trained and equipped to ‘hit the ground running’.

Staff who are quarantining because they have been in close contact with a positive case (but are otherwise well) may be able to remotely undertake a range of tasks to support the service during an outbreak (e.g. communication roles). This should be discussed with staff and considered in your plan.

Maintaining the physical and mental wellbeing of your staff during and after an outbreak is vital. Ensure you provide a safe working environment for your staff, including by maintaining effective infection control procedures and connecting staff to necessary supports, including mental health support.

Provider responsibilities

Standard 7 of the Quality Standards requires organisations to have and use a skilled and qualified workforce, sufficient to deliver and manage safe, respectful, and quality care and services, which meet the Quality Standards. Meeting this standard will support the workforce in their day-to-day practice, mitigate risk and improve the care outcomes for consumers.
**Action**

To limit the impacts of an outbreak on your workforce and enable you to manage your workforce during an outbreak:

**Determine your minimum staffing requirements**

- Note that staffing numbers may need to be higher than usual to support cohorting, care delivery and safe PPE use. You should factor in matters such as:
  - the increased time and physical burdens of frequent PPE changes
  - staff cohorting
  - the need to minimise the number of people staff are interacting with (including residents, other staff, attending health professionals and the community)
  - the higher care needs of care recipients as a consequence of an outbreak.

- Consider what changes you may need to make to shift length and allocation, as well as replacement processes.

**Develop a plan for cohorting staff**

- You should start cohorting staff (including hospitality and ancillary staff) before an outbreak occurs (consider doing this even before there is community transmission in your area). Where an outbreak occurs, this becomes more important.
- Identify appropriately skilled staff to look after residents with suspected or confirmed COVID-19 – this will help minimise infection-related risk in those zones.

- Be aware of whether staff are working across multiple aged care sites and be familiar with the current State or Territory directions in place about whether this is permitted during an outbreak. During an outbreak, staff should not work across multiple services. Where staff work across multiple services under the same provider, consider the strategies you can employ to limit staff movement between those services.
- Involve staff (particularly your Work Health and Safety representatives) in the development of the plan.

**Identify staff who are willing to work during an outbreak and any mitigating arrangements that can be put in place in the event of an outbreak**

- Some staff may decline to work at the service during an outbreak due to their personal circumstances (such as health issues or caring responsibilities). Discuss with staff how you might support them to work in the event of an outbreak (for example, by providing accommodation support, reducing contact with care recipients, assigning responsibilities that can be undertaken remotely, etc.).
- Consider how you can assure staff that you are working to make their workplace safe – see guidance [here](#).
**Human resources**

**Identify ways to manage the increase risk of fatigue on your workforce during an outbreak**

- An outbreak can cause increased pressure and demand more from staff, which increases the risk of work-related fatigue. Consider how you can eliminate risks and provide a safe working environment to support the wellbeing of your staff. See [here](#) for more guidance.

- Identify the mental health supports available to staff and raise awareness of these. See the Department’s ‘Head to Health’ site and the digital and telephone support for mental health during COVID-19 [here](#).

**Consider how you could utilise staff that are furloughed (or otherwise unable to work on site) to continue to support the service**

- Regular staff who are familiar with the people receiving care at the service and the service’s operations should, wherever possible, be helping to support the service remotely. For example, staff can be involved in providing advice and clinical updates to new staff, virtually orienting/training new staff, managing discussions with residents’ families and providing informed advice about the delivery of care or strategies, particularly for care recipients they know well.

- See advice on suggested roles for isolated and quarantined staff [here](#).

- Ensure you have the necessary equipment/IT ready to enable staff to work from home where necessary.

**Develop a plan for quickly engaging, inducting and managing additional staff in the event of sudden staff shortages**

- Collate a contact list for casual staff (including their availability) and establish agreements with external agencies to enable immediate activation of a surge workforce.

- Where a service is one of many sites operated by the provider, identify appropriate plans for supplying a surge workforce, subject to State or Territory public health directions about staff members working across multiple sites.

- Liaise with other service providers to assess their ability to provide workforce support during an outbreak.

- Consider what strategies you can use to ensure continuity of staff, including retention and recruitment.

- Consider how you can increase your RN workforce, including through engaging supernumerary RNs.

- Consider all the options available to avoid the need to rely on workforce support through the Department of Health which is available if you have exhausted all other options – see FAQs about workforce support [here](#).

- Ensure you are able to quickly onboard a large number of new staff (including consideration of IT access and training requirements).
Human resources

**Identify how you plan to manage the return of furloughed staff to the service**

- Consider how you will continue to engage with and support staff that are furloughed or COVID-19 positive.
- Establish a system for tracking which staff members are isolating, including the reason (for example, close contact, displaying symptoms or positive test) and when they are due for retesting and/or return.
- Prepare return to work handovers and processes for staff that may be furloughed.
- Provide staff with information about their return to work. See Victorian Aged Care Response Centre: Aged Care Staff Return to Work.

**Consider essential training needs for new staff (with a strong focus on infection prevention and control) and assign responsibility for ensuring all new staff are appropriately inducted and trained**

- Develop orientation and training programs that can be delivered through telecommunications and are available in hard copy. Consider the different roles at your service and what information must be provided to staff in each role, noting that new staff may be unfamiliar with the service or even aged care and have limited opportunity to ask questions.
- Staff will be needed to provide training to new staff members, including at different times throughout the day and for different cohorts/ across different areas within the service (for example, at the start of each day or shift where new, agency or emergency staff may be engaged). Trainers may need to be available at short notice and may need to cohort. Consider bringing in external trainers to support staff upskilling (particularly regarding infection prevention and control).

**Test your outbreak management plan:**

- What are your minimum workforce requirements to deliver care and services in the event of an outbreak, including necessary staff numbers, roles and qualifications?
- What is your plan to quickly engage additional staff as required and what mechanisms have you put in place to ensure these staff can ‘hit the ground running’?
- How do you know that new staff have been equipped to deliver the care and services required?
Human resources

- Develop a mechanism for monitoring whether the training and induction needs of new staff have been addressed, including during night shifts.
- Where possible, ensure any new/potential surge staff have received training and induction (in advance of an outbreak) in relation to:
  - infection prevention and control, including hand hygiene, sneeze and cough etiquette and safe and appropriate use of PPE (including fit testing of respirators)
  - the care of residents, particularly for clinical staff not familiar with providing care in the aged care context
  - symptoms and signs of COVID-19
  - exposure risk levels for COVID-19
  - what to do if experiencing symptoms of COVID-19
  - COVID-19 testing arrangements
  - handling and disposal of clinical waste
  - processing reusable equipment
  - environmental cleaning
  - safe handling and laundering of linen
  - safe food handling and cleaning of used food utensils
  - service specific protocols.
- Consider how you will ensure new staff have immediate access to the information they need, including access to IT systems, guidance documents and/or hard copy care planning documentation.

Consider who is responsible for:

- identifying and documenting minimum workforce requirements
- managing cohorting of staff and arranging the requirements to manage two or more separate workforces
- communications with staff, including in relation to precautions, cohorting and their capacity to work during an outbreak
- liaising with agencies and other providers, including the Commonwealth, in relation to surge workforce during an outbreak
- managing the contact list for staff including new, agency or emergency staff
- determining which roles/functions can be undertaken remotely
- identifying the training needs of all existing staff and new, agency and emergency staff and delivering training

3 CDNA Guidelines.
Communications

Effective communications prior to and during an outbreak can significantly improve your ability to respond quickly and effectively with the cooperation of people receiving care at the service, staff and other key response partners.

You must prepare a communications plan and dedicate a staff member (with a backup) to lead communications. Your plan should describe in detail how you will communicate with residents, representatives, staff and government agencies during the outbreak.
Communicating with residents and their representatives

Key messages

- Do not underestimate the significantly increased need for communication with people receiving care at the service and their families during a time where there is significant uncertainty.
- Talk to care recipients and their representatives early and often about what might happen in the event of an outbreak at the service. Investing in building the trust and confidence of care recipients and their representatives will enable you to better manage a crisis.
- Set expectations so that residents and their families understand your approach to communicating with them during an outbreak. It will be much easier for you to manage an outbreak if residents and their families understand your approach and are working with you.
- Ensure your communication is regular, reliable and consistent.

Context

At all times, ensure you have a plan in place for how you will communicate with people receiving care at the service and their representatives prior to and during an outbreak.

You must talk to care recipients and their representatives about what will happen in the event of an outbreak. This can go a long way to making it easier to rapidly implement your outbreak management plan. Talk to residents and their families about their concerns and preferences and consider how these can be addressed. Communicate with care recipients and their representatives regularly to make sure they understand the key elements of your outbreak management plan and how this might impact them. This can help residents to prepare for potential changes to their care in the event of an outbreak.

Your communication systems must be ready as soon as an outbreak occurs to enable immediate communication with people receiving care at the service and their representatives. Guidance regarding setting up and preparing your communication systems is available here and here. There are also resources to support your communication with residents, including a video and fact sheet from the Commission.
During an outbreak, communicate with people receiving care at the service and their representatives regularly and consistently to let them know what is happening. You will need a strategy for delivering difficult news to residents and their representatives in a sensitive way. Staff should do their best to make people receiving care at the service feel informed, safe, comfortable and protected. The Older Persons Advocacy Network (OPAN) can help communicate with residents and representatives.

**Action**

Prepare your communication plan and systems to ensure you are ready and able to communicate effectively with residents and their representatives in the event of an outbreak:

**Consult and communicate with residents and representatives at all times**

- Discuss what may happen in the event of an outbreak and how this may impact the delivery of care and services, including that residents may need to be moved internally to another room or externally to another location.
- Tell care recipients and their representatives your approach to communicating with them in the event of an outbreak. Providing predictable, regular updates will help care recipients and their representatives to feel informed and may reduce the number of enquiries your service receives during an outbreak.

**Provider responsibilities**

Quality Standard 1 focuses on treating consumers with dignity and respect and enabling consumers to make informed choices about their care and services. Providers have a responsibility to provide information to consumers and to support them to exercise choice and independence. By communicating with consumers and their representatives in advance of an outbreak (and during an outbreak), you can help consumers to understand the risk that COVID-19 presents to them and how the service will be working to mitigate this risk, balanced against supporting consumers to live the life they choose.

Providers also have record keeping responsibilities, which include keeping up to date records of the name and contact details of at least one representative for each consumer (refer Records Principles 2014). In addition, requirement 1(3)(e) of the Quality Standards requires timely, accurate and easily understood information to be communicated to consumers and their representatives.

Providers have responsibilities around open disclosure. You should be open with consumers and their representatives about the challenges your service is facing, the ways risks are being managed and any problems addressed.
Communications

- Identify key concerns for each resident (e.g. diabetes management or emotional wellbeing) such that you can ensure their representatives are updated on this in the event of an outbreak.
- Consult regularly and often, particularly when there is significant community transmission in your area.

**Update your resident representative contact list** – this is an action that should be conducted regularly regardless of any emerging issue.
- Check in with representatives to ensure you have the correct contact person and their current contact details, and speak with nominated representatives about their role in communicating this information to others, etc.
- Establish and test an email distribution list for care recipients and their representatives.
- Identify residents for whom a legal guardian has been appointed and ensure you have the correct contact details for the guardian.

**Prepare a templated email to advise residents and their representatives of a COVID-19 case at the service**
- See guidance here.

**Prepare a strategy for communicating sensitive news and information to residents and their representatives**
- Prepare talking points or FAQs to support these conversations and consider any training to staff in relation to managing difficult conversations.
- Consider how updates will be provided to representatives of care recipients with COVID-19, this includes how regularly updates will be provided (and when these should be expected) and what information will be provided.

**Test your outbreak management plan:**
- How will you ensure that care recipients will be sufficiently informed and prepared for the likely changes in the event of an outbreak?
- How do you know that communications with representatives will be regular and appropriately managed?
Establish a process for providing regular advice to residents and their families

- Consider your channels of communication and how these might be best utilised during an outbreak. This may include printed materials, social media, email, phone calls, webinars and the service’s website. Consider holding regular video meetings with all resident representatives.
- See guidance here regarding ongoing communication.
- OPAN has a range of resources to support providers to plan their communications and resources (such as posters and fact sheets) that can be used to communicate with care recipients and their representatives during an outbreak.

Establish a team that will be responsible for managing inbound calls to the service

- Prepare messaging for staff involved in communications (such as talking points, FAQs and templates).
- Ensure there is a mechanism for residents and representatives to provide feedback on your communications and for recording and responding to feedback.

Consider who is responsible for:

- maintaining up to date resident and representative contact lists
- providing support materials for communications with residents and representatives
- communicating difficult news to residents and their representatives
- managing communications and coordinating updates to representatives
Communicating with staff and other service providers

Key messages

- You will need to quickly and effectively communicate with staff and other service providers in the event of an outbreak.
- Identify how you will communicate key messages to different types of staff, visiting health professionals and other service providers during an outbreak.

Context

Consulting with staff around outbreak management planning is fundamental. Staff need to know in advance of an outbreak what is expected of them when an outbreak occurs and how their day-to-day role will change. Involving staff in your planning will promote ownership of your plan and enable staff to rapidly implement actions. Having systems in place to ensure ongoing updates to staff about the service’s status during an outbreak will ensure roles and responsibilities are clear and messaging is consistent.

You also need to communicate with the other service providers that support your service and work with these organisations in the development of your plan. This should include other health professionals, allied health services, lifestyle and community support services and ancillary services and suppliers (including waste removal, kitchen services and laundry services). If any of these services are not available, you should have a back-up ready.
At all times, ensure staff contact details are current and readily accessible. Have a plan for your approach to communicating with staff, visiting health professionals and other service providers.

In the event of an outbreak, you will need to quickly and effectively communicate with staff at the service and also with other service providers. This includes notifying staff of a positive case, updating staff on new arrangements within the service, advising staff of their obligations in the case of a close contact (and directing them to relevant information), disseminating relevant training and resources and providing important safety updates.

Test your outbreak management plan:

- How will all relevant staff and service providers be contacted at critical times?
- What is the procedure to ensure that new, emergency or agency staff will be quickly added to the distribution lists and contact lists to receive these communications?
- How will staff be provided with up to date information about their obligations and what is expected if they are a close contact or feel unwell, etc.?
**Action**

In order to ensure that you can communicate effectively with staff and service providers in the event of an outbreak:

**Communicate regularly with staff at all times** (regardless of any potential outbreak) regarding expectations around cohorting, physical distancing, staying home when unwell and the importance of basic infection prevention and control

**Ensure staff are familiar with the outbreak management plan and their role in it**

- Undertaking test runs of certain processes to test their effectiveness and how they could be improved is a way to ensure staff are prepared and have confidence that the service can safely manage an outbreak.

**Prepare a templated email/communication to advise staff and service providers of a COVID-19 case at the service**

**Establish a mechanism for communicating critical information to staff and service providers**

- Check with staff and service providers to ensure you have their current contact details (direct phone numbers, emails and after hours contacts) and confirm key contacts for service providers during COVID-19. This should be undertaken regardless of an emerging issue.

- Collate a staff and service provider contact list and ensure there is a process for regularly reviewing and updating this.

- Consider the most appropriate mechanism(s) for communicating different types of information to staff (for example, through an online staff portal, email updates, text messages, regular meetings (noting cohorting requirements), notices around the service) and consider how new staff (that are brought on to support the service during an outbreak) will access this information.

- If using a virtual communication platform, ensure all staff have an account set up and ready to go before an outbreak occurs.

- Include a mechanism for staff to provide feedback and ask questions about the information being provided.

**Ensure the service has devices and resources to help staff to communicate both onsite and remotely**

- For example, consider whether the service has sufficient devices and appropriate systems to manage communication onsite, whether staff are appropriately resourced to work from home and whether the service’s systems can be accessed remotely.

---

**Consider who is responsible for:**

- Collating, testing and updating the contact list for staff and service providers

- Managing different channels of communication and providing updates to staff and service providers

- Ensuring there are sufficient devices and resources for staff to work onsite and remotely
Communications

Liaising with external agencies

Key messages

- Know your reporting requirements and have the relevant contact details on hand in the event of an outbreak.
- Your response will require the support of other service providers, health professionals and government agencies. As such, you need to involve these key response partners in your outbreak management planning and preparation.
- Consider how you will manage media during an outbreak.

At all times, you must know the reporting requirements in your jurisdiction and have up to date contact details for relevant agencies on hand.

During an outbreak, you will need to liaise with a broad group of external agencies including the State or Territory departments of health, the Commonwealth Department of Health, the Commission and other relevant stakeholders (such as local public health units, which may be working in partnership with local health services, general practitioners, infection control consultants, unions).

You will also need a strategy for managing media enquiries and presence.

Action

In preparing systems for liaising with external agencies and media:

Involve other service providers and government agencies in your outbreak management planning

- Communicate and test parts of your outbreak management plan with key response partners. Use their feedback to review and improve your plan and prepare your systems.
- This is critical to optimising your response and ensuring your response partners are ready and able to support you.

Context

Communication with external agencies (including the relevant public health unit, the Department, the Commission and unions) will be essential to ensuring responsive and efficient decision making during an outbreak.
Communications

Develop a process for notifying external agencies of an outbreak

- You must know the reporting requirements in your jurisdiction. Your plan should include details around who must be notified, timeframes for notification, the process for notification (including supporting information or templates where these are required) and who is responsible for notifications.

- Create a list of contact details for key external agencies and ensure the role and responsibilities of each agency in the event of an outbreak are documented. Contact details for each State or Territory are available [here](#).

- Regularly review contact details, notification requirements and processes to ensure these are current.

Develop a strategy for managing media

- Prepare a media release in advance of an outbreak such that this can be quickly revised and released.

- Establish a single point of contact for media enquiries and develop a script or talking points to support those responding to enquiries.

- Consider that there may be a media presence outside your service in the event of an outbreak and how you might manage this to ensure the protection of care recipient and staff privacy, and minimise the impact on staff and other service providers visiting the service.

Test your outbreak management plan:

- How do you know that you will be able to comply with your obligations in relation to notifications when an outbreak occurs?

- How are you going to effectively manage ongoing communications with external agencies?

Consider who is responsible for:

- ensuring the contact details and the purposes for using the contact details are documented and remain current

- knowing when to notify and how to notify the relevant agencies

- staying up to date with the agencies’ contacts and processes

- liaising with each external agency
Supporting access

While it is important for services to implement infection prevention and control practices in line with risk (including to restrict access to the service or reduce access within the service in the event of an outbreak), this also creates other risks to residents, including as a result of isolation and disruption to usual activities, processes and supports.

Adverse impacts can include:
- malnutrition, dehydration and weight loss
- physical deconditioning, including reduced mobility, increased falls, pressure injuries
- psycho-social impacts including loneliness, anxiety, boredom, fear, depression and delirium.

See further information around managing these risks here.

Visitor access is critical to mitigating some of the risks. Family and friends are an important part of a residential aged care service’s community and can help with identifying and supporting a safe and quality environment for their loved ones. Enabling continued access wherever possible is an important part of ensuring the continued health and wellbeing of those receiving care. This includes supporting visitors to see their loved ones in the service, supporting residents to engage with their communities outside of the service and facilitating continued access to health professionals, service providers and partners in care.

The Australian Health Protection Principal Committee has published advice regarding access to residential aged care facilities and minimising the impact of COVID-19. The Commission has also published Visitation Guidelines for Residential Aged Care Facilities.

Provider responsibilities

Consistent with requirement 1(3)(c) of the Quality Standards, consumers must be supported to make decisions about the way their care is delivered, to make connections with others and to maintain relationships of their choice. This is critical during a pandemic when feelings of loneliness and isolation may be heightened.
Visitor access and restrictions in response to an outbreak

Key messages
- Residents should be supported to maintain contact with their loved ones wherever possible.
- Visitor restrictions are important to limit transmission of COVID-19 but restrictions should not be imposed unless there is an identified risk or an outbreak – this will require ongoing risk assessment in areas where there is community transmission.
- Services should be ready to impose visitor restrictions in the event of an outbreak in line with local State or Territory directions.
- Consider the impact of visitor restrictions on the wellbeing of care recipients. In the event of an outbreak, you must support residents to connect virtually with people who are important to them.

Context
You must maximise the ability for people receiving care at your service to engage with their loved ones. Wherever possible, residents should be supported to engage with their loved ones and have visitors attend the service. Residents should also be supported to leave the service to participate in activities or exercise, spend time with loved ones or receive care and services.

Your ongoing risk assessment and State or Territory directives will guide how you manage access to the service. Where access is limited, you will need to consider the possible impact of isolation on the health and wellbeing of residents and the importance of maintaining vigilant infection prevention and control procedures.

At all times, you should undertake screening of people visiting the service in line with State and Territory guidance (taking care not to unnecessarily impose restrictions on visitors).

In the event of a suspected case of COVID-19, visitor restrictions should be implemented to mitigate the risk of an outbreak spreading. Your ability to rapidly restrict access to the service and isolate/separate residents can significantly reduce the risk of further contamination and spreading.
Supporting access

Once an outbreak has been confirmed at a service, the service (in consultation with the public health unit) is to evacuate non-essential people from the site. Visitors to the service will be restricted (or may be temporarily excluded) in accordance with the relevant State or Territory directions to reduce the risk of transmission. See guidance on what to do in the first 24 hours [here](#).

Consider not just when visitor restrictions may need to be implemented but also other ways that the service can facilitate contact between residents and people who are important to them (by phone, video or other means), consistent with the Charter of Aged Care Rights and State or Territory directions.

**Important note**

In the event of an outbreak, you will need to support residents to receive visitors where possible. While you will be required to limit the number of people in the service (and in some cases, may need to temporarily exclude visitors entirely) you should consider different ways to facilitate contact between residents and people important to them. See the [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#) for guidance on different ways this can be managed.

**Action**

To enable a rapid response when a positive case is confirmed, you should:

- **Prepare signs that can be placed across the service** confirming that visitor restrictions are in place in response to a COVID-19 outbreak.

- **Determine how you will manage visitors who are not required to be onsite at the service**
  - This will include identifying a process for engaging with visitors and non-essential people to the service to limit the number of people onsite at the service and may include conversations about leaving the service and identifying alternatives to onsite visits.
  - Consider your local State or Territory requirements. Links to COVID-19 related directions for each State or Territory can be found [here](#).

- **Prepare a strategy for communicating visitor restrictions with residents and their representatives**
  - Clearly communicate the visitor restrictions to residents and their representatives and outline how your service will support residents to engage with people important to them. Acknowledge the risks of social isolation and encourage communication through alternative mechanisms (see [supporting resident wellbeing during an outbreak](#)).
  - See [communicating with residents and representatives](#).
To ensure you do not unnecessarily restrict the ability for residents to engage with their loved ones:

**Consider ways to enable visitors to attend the site**

- Friends and family should be supported to visit their loved ones where possible in line with local public health directions. For example, services may use a booking system to manage visitor numbers and host visitors in a designated visitor area that is regularly cleaned. In the event of an outbreak, you will need to seek guidance from your public health unit as to whether this can be implemented based on their assessment of the situation.

- Ensure you are familiar with the Commission’s Visitation Guidelines for Residential Aged Care Facilities.

- See the Industry Code for Visiting Residential Aged Care Homes during COVID-19.

**Test your outbreak management plan:**

- How will you be able to quickly identify who is onsite at the time a positive case is confirmed and identify who can remain onsite and who will be asked to leave?

- How will you maximise the ability for residents to engage with their loved ones (and enable continued visitor access in line with State and Territory directives) wherever possible?
Supporting access

• Develop clear guidance for visitors regarding infection prevention and control requirements (include physical distancing, hand hygiene and PPE), flu vaccination requirements and screening requirements (noting that visitors who have not been vaccinated against influenza or who are unwell should not be permitted entry).

• Consider providing short training sessions regarding infection control procedures for visitors to the service.

Establish protocols to enable residents to leave the service

• Identify the process for enabling residents to leave the service to participate in activities or exercise, spend time with loved ones or receive care and services. Consider infection prevention and control requirements and what guidance you may need to provide to those accompanying residents outside the service.

Enable residents and their loved ones to provide feedback on your access arrangements

• Establish a system to enable residents and their loved ones to provide feedback on your access arrangements and regularly review feedback to inform improvements.

• Provide information regarding accessing advocates (including through OPAN) to residents and their loved ones.

Establish alternatives mechanisms for communication

• Where it is not possible to allow visitors to access the service (because your State or Territory directives explicitly prevent this), consider alternative ways to connect residents with their loved ones. See supporting resident wellbeing during an outbreak.

Consider who is responsible for:

• posting signage notifying of a COVID-19 outbreak

• implementing visitor restrictions and ensuring all non-essential people leave the service promptly

• providing initial notifications to government agencies

• communicating with residents and representatives about any visitor restrictions

• developing protocols to facilitate continued access to the service in line with State and Territory directives

• determining strategies to enable residents to continue to engage with their communities outside the service
Supporting access for service providers and partners in care

Key messages

- Partners in care contribute significantly to the health, safety and wellbeing of people receiving care and help you to provide individualised and meaningful care and services. In an outbreak environment, this is particularly important to minimise changing risks to resident wellbeing.
- You must facilitate continued access for service providers and partners in care to provide care and services to residents.

During a pandemic, the individualised support provided by partners in care can take on increased importance to maintain a resident’s health, safety and wellbeing. Partners in care generally have a greater understanding of their loved one’s care needs, preferences and goals. You can work with partners in care to leverage this understanding and provide more meaningful care, services and connections to mitigate the secondary risks presented to residents by an outbreak.

At all times, service providers and partners in care should be enabled to access residents to provide care, services and support. You must have protocols in place to enable ongoing access during an outbreak (in line with State and Territory directives). You should also ensure effective mechanisms are in place to enable communication between health professionals, partners in care and staff at the service regarding residents’ care.

In the event of an outbreak, you should enable ongoing access to the service by service providers and partners in care (in line with the relevant State or Territory directions).

Context

Service providers include, for example, visiting health professionals and specialists.

Partners in care are individuals who the person receiving care identifies as important participants in their care, and may include spouses, children, partners, relatives, friends, etc. Partners in care can be distinct from a resident’s nominated decision-maker, legal guardian or representative and may provide important social support, companionship, comfort and/or physical care.
Supporting access

Action
To enable service providers and partners in care to continue to support residents during an outbreak, you should:

**Identify the external health professionals and service providers that provide care and services to residents**

- Visiting health professionals should continue to attend the service (following appropriate infection control processes) to support the physical and emotional wellbeing of care recipients. Visiting health professionals may attend the service even where they have previously visited other services that have experienced an outbreak (provided they are following PPE procedures).

**Test your outbreak management plan:**

- How do you know who are the service providers and partner/s in care involved in each resident’s care?
- What protocols do you have in place to enable continued access for service providers and partners in care?
Supporting access

- Develop protocols to facilitate ongoing access for external health professionals and service providers, including identification of screening and infection control requirements, changes to visiting times (to reduce the number of visitors at the service at any one time) and any changes to physical access to the service (including where residents and staff are being cohort). You should discuss these protocols with health professionals and service providers to ensure they are comprehensive and practical.

Identify any partner/s in care for each resident and establish or update partner in care arrangements

- Speak with residents and their loved ones to identify any individuals who meet the definition of a ‘partner in care’.
- Facilitate meetings with each resident and their partner/s in care to identify the care roles and activities performed by partners in care and the times/days of attendance (noting that flexibility is required). Ensure relevant information is captured in each resident’s care planning documentation.
- Ensure residents and their partner/s in care understand how arrangements may be adjusted in response to changing local COVID-19 risks or an outbreak at the service.
- Discuss infection prevention and control requirements (including screening and PPE expectations) with partners in care.

Establish a mechanism for health professionals, service providers and partners in care to handover any important care information to staff at the service as required.

- Ensure relevant information is captured in care planning documentation.

Consider who is responsible for:

- developing protocols to facilitate access to the service by service providers and partners in care
- facilitating meetings with each resident’s partner/s in care to establish/update partner in care arrangements
- establishing a mechanism for the handover of important care information from partners in care

agedcarequality.gov.au
Care and service delivery

Delivery of care during an outbreak

Key messages

- The delivery of safe, effective and quality care to all people receiving care at your service is an ongoing responsibility of providers.
- An outbreak will impact on resident needs and will require changes to the way you deliver care.
- You must consider how you will monitor the wellbeing of care recipients (including those who have not tested positive for COVID-19) and how you can deliver care to manage risks to their wellbeing.
- Comprehensive and up to date care planning documentation is of increased importance, particularly for staff who are unfamiliar with the people to whom they are delivering care and services.

Context

In the event of an outbreak, the way you deliver care and services to residents will need to change. Care recipients may be in different locations, with access to different areas of the service, and extra precautions need to be taken. Care needs may also change in response to the stress of residing in an outbreak environment. Factors such as increased anxiety, isolation, limited movement and reduced contact with family and representatives may impact a resident’s health and wellbeing.

At all times, ensure care planning documentation is up to date and comprehensive (including sufficient detail to enable staff unfamiliar with the people receiving care at the service to deliver care in line with their needs, goals and preferences). Consider the potential risks and impact of COVID-19 on the health, safety and wellbeing of each resident (particularly for residents with high risk clinical conditions, cognitive impairment or wandering behaviours) and how you will manage this.
During an outbreak, increased monitoring of care recipients and their health and wellbeing is essential to recognise and respond to any deterioration in their conditions. You must have a system in place to monitor care recipients for any deterioration or clinical change, and for these to be escalated quickly. Health professionals should continue to attend the service to provide care to residents during an outbreak; telehealth options may also be considered.

If the staff that usually provide care to residents are unavailable, it is important that staff who are unfamiliar with the people receiving care at your service can identify residents and quickly and easily find information about their care needs, goals and preferences.

You may need to consider consumer identification methods (such as wristbands).

Important note
You need to know residents’ care needs and ensure you have documentation ready to hand in the event of an outbreak.
Provider responsibilities

Outbreaks can present challenges to the health and wellbeing of consumers and the delivery of care. The Quality Standards are central to the ongoing delivery of safe and quality care in an outbreak and are key to informing your outbreak management planning. For example:

- Consumers are to be treated with dignity and respect in all aspects of their care. While an outbreak may impact how care is delivered to each consumer, it is of utmost importance that consumers’ dignity and privacy is respected consistent with Standard 1 of the Quality Standards. Consumers also have rights under the Charter of Aged Care Rights in relation to their dignity and privacy.

- Standard 2 of the Quality Standards requires that care planning is current and accurate to ensure consumers get the care and services they need, consistent with their wishes. Providers are expected to undertake ongoing assessment and planning for care and services in partnership with consumers in preparation for and throughout an outbreak. Consumers also have rights under the Charter of Aged Care Rights to be involved in making choices about their care. Optimising consumers’ health and well being in accordance with their needs, goals and preferences (while balancing the risk of transmission) remains a priority during an outbreak.

- Under requirement 3(3)(d) of Standard 3 of the Quality Standards, providers remain responsible for recognising and responding to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition and ensuring timely action. Providers are expected to plan for how they will monitor, mitigate and respond to consumer deterioration during an outbreak.

- Providers are also required to ensure timely and appropriate referrals to other care providers and health practitioners continue to occur consistent with requirement 4(3)(e) of Standard 4 of the Quality Standards. This may include planning for how allied health practitioners can be accessible to consumers during an outbreak.

- In line with Standard 6 of the Quality Standards, providers must have open communication with consumers and their representatives to enable feedback and complaints. This is particularly important during an outbreak. Providers must support consumers to raise concerns, quickly resolve concerns and enable consumers to safely access advocates.

- Services are expected to have effective risk management systems and practices in place to manage high-impact and high prevalence risks consistent with requirement 8(3)(d) of Standard 8 of the Quality Standards. In managing high-impact risks, providers are to consider the service’s environment, equipment, workforce training, systems, processes and practices that affect any aspect of how personal and clinical care will be delivered to consumers to mitigate high-impact risks during an outbreak. An organisation’s clinical governance and risk management systems play a key role in ensuring care delivery is safe, including during an outbreak.
Actions

To ensure you are able to continue to provide safe and quality care for residents in the event of an outbreak:

Ensure there is a system for readily identifying residents and their care needs for staff who don’t know them

- This might include, for example, using wristbands or posters with photographs of care recipients, their names and their care needs. You should prepare these resources in advance of an outbreak such that they are ready to be implemented immediately.

Check that care plans are up to date, accurate and comprehensive, and include advance care plans in accordance with residents’ wishes

- Communicate with care recipients and their representatives to determine if they have a current advance care plan or if they would like to complete one.
- Ensure that care recipient records can be easily shared with new staff and visiting health professionals (e.g. by providing system access, sharing electronically or preparing hard copies).

Identify residents with high risk clinical conditions and ensure this is communicated and shared amongst staff

- Such conditions might include for example, diabetes, prone to dehydration and weight loss, pressure injuries, challenging behaviours, continence issues, those who have had recent respiratory infections, time sensitive medications, nebulisation.

- Develop a system that easily identifies residents who have certain medical needs that need to be clearly communicated to staff in the event of an outbreak. This system should be robust and not reliant on verbal handover processes.

Consider how you will deliver care to residents with cognitive impairment

- Ensure staff who are familiar with care recipients and how to manage challenging behaviours are involved in the delivery of their care (including by assisting remotely if necessary) and engage specialist services where necessary.
- Consider the propensity for some residents to engage in aerosol generating behaviours (shouting, singing etc.) and how this might be managed to ensure the safety of staff (and other residents).

Undertake a risk assessment of your staffing and capability, the service environment, equipment, systems, processes or practices that affect the delivery of personal and clinical care

Ensure staff (existing and new) can readily access information relevant to the delivery of care, including through electronic and paper-based information systems

- This may require hard copy versions of the care recipient’s care plan/records being created or passwords to online records being made accessible or otherwise ensuring the online records are accessible to anyone on site.
- This may also include easily accessible summaries of care plans that can be transferred with care recipients if they need to leave the service.
Understand and record details for the external supports that can be accessed (e.g. from residential in-reach or similar services)

- Wherever possible, continue to seek support from in-reach health and advocacy services.
- Engage with regular health professionals to identify how care can continue to be delivered during an outbreak (including on site and via telehealth).
- Consider whether remote access to your online system is available for clinicians or if remote/telehealth services can be provided.
- For residents with dementia, note the specialist supports available from Dementia Support Australia and how they may be contacted to assist during an outbreak.

Determine the systems you will need in place to monitor residents’ clinical needs and to be responsive to deterioration

- Ensure staff know who to raise and escalate concerns with and how information can be communicated across shifts through a handover process (and updating care planning documentation).
- Identify the advice, alerts or guidance you will need to circulate to support management of high-impact or high-prevalence risks during an outbreak.

Test your outbreak management plan:

- How will you ensure that all residents will get care and services in accordance with their care plans?
- How will all staff (including new staff) be able to access clinical information and know where to record care delivery?
- How do you know that you will have sufficient medication for people receiving care at the service and that best practice medication administration will not be affected by an outbreak?
- How will residents be appropriately monitored for hydration and nutrition during an outbreak?
- How will residents be able to communicate and connect with their representatives and family members, and be supported to participate in their community?
Consider how you will administer and manage medication during an outbreak

- Where clinical staff are furloughed, consider contingencies to ensure the medication needs of care recipients are met and that medications are administered.
- Consider whether anticipatory prescribing is required particularly in relation to end-of-life medications that may be difficult to access should an outbreak occur at the service.
- Determine how access, storage, ordering, supply and administration of medications will be managed. For example, will medications be kept locked in residents’ rooms to avoid cross-contamination, how will medication trolleys be used within cohorts to minimise cross-contamination, how will you ensure appropriately qualified staff are available to dispense medication at the relevant times, how will medication administration be recorded, how will Schedule 8 medications be kept secure.

Consider how you will monitor and manage the weight and nutrition of all residents during an outbreak

- Plan to screen for malnutrition risks including appetite loss, changes in food consumption and bowel movements and continue regular malnutrition screening during an outbreak.
- Develop a mechanism for monitoring hydration and nutrition (for example, using fluid/food intake charts where weighing equipment may not be available to use between cohorts of care recipients, and ensuring the use of disposable cutlery and crockery does not impede your service’s ability to monitor intake).
- Identify appropriate intervention strategies to assist residents who are at risk of nutrition and hydration issues during an outbreak, including the need for fortifying fluids or additional meals.

Consider who is responsible for:

- ensuring care recipients can be identified and that care planning is accurate, up to date and available where the care is delivered
- overseeing that clinical information is accessible for new staff
- ensuring medication is managed appropriately during an outbreak including in accordance with infection control procedures
- monitoring resident nutrition and hydration during an outbreak
Supporting resident wellbeing during an outbreak

Key messages

- During an outbreak, there is a significantly heightened risk to the physical and mental wellbeing of all residents.
- Sometimes there can be tension between the way in which you deliver care and services to minimise risks related to COVID-19 and the way in which you deliver care and services to promote consumer independence and wellbeing. Continually review your practices to ensure these maximise the wellbeing of people receiving care at your service.
- Identify how you will ensure resident wellbeing during an outbreak, including by supporting residents to engage with their loved ones and to maintain their mobility and cognitive function.
- You must demonstrate a competent and caring approach to care delivery.

Context

In the event of an outbreak, residents will likely experience restrictions on their ability to exercise, mobilise and engage in activities and may have reduced ability to see and communicate with family, friends, other health professionals and service providers. This can have a big impact on the wellbeing of people receiving care at your service.

At all times, think about ways you can continue to maximise resident wellbeing when there is community transmission in your area and during an outbreak, including with the support of your partners in care.

During an outbreak, residents may have limited contact with their friends and family. Consider how you will:

- facilitate communication between people receiving care at your service and their loved ones, in line with State or Territory directives (see visitor restrictions in response to an outbreak)
- support residents to engage with the outside community, including using telecommunications
- support residents to maintain their physical fitness and optimise their independence and quality of life
- deliver activities and supports that promote each resident’s emotional, spiritual and psychological wellbeing
• engage other individuals and organisations in the delivery of care and services to residents
• enable your partners in care to continue to support safe and effective care delivery
• support care recipients to access advocacy services.

You will likely require additional staff to deliver these supports in the context of an outbreak (where residents are isolated/cohorted) or where limitations are placed on visitors and activities for residents.

**Provider responsibilities**

Standard 4 of the Quality Standards requires you to provide safe and effective services and supports for daily living that optimise consumers’ independence, health, wellbeing and quality of life. Again, this is critical during a pandemic, when consumers are likely to be isolated and have restricted access to services and supports outside the service.

**Action**

To maximise resident wellbeing in the event of an outbreak at the service:

**Develop a strategy for supporting residents to engage with family and friends in line with local public health directions**

• See the Industry Code for Visiting Residential Aged Care Homes during COVID-19 for guidance on different ways you might facilitate visits and communication between people receiving care at your service and their loved ones. For example, through using a booking system to manage visitor numbers, hosting visitors in a designated visitor area that is regularly cleaned, enabling visits through a physical barrier (e.g. a window, balcony or fence).

• You may need to allocate staff with responsibility to support residents to engage with people outside the service.

**Ensure the service has devices and resources to help residents to communicate with their families via phone and video**

• Consider the use of digital communications such as FaceTime or Skype to allow contact between people receiving care at your service and people important to them.

• Ensure adequate resourcing such that devices are not shared across different cohorts and that infection control procedures are in place when devices are shared.
Consider innovative strategies for supporting residents to engage with the activities that are important to them during an outbreak

- Consider alternative ways to support care recipients to maintain social connections outside the service and engage in activities that are meaningful to them.
- Work with other service providers to identify safe ways for care recipients to engage in activities inside and outside the service (as appropriate).
- See guidance here.

Determine how you will monitor the emotional wellbeing of residents during an outbreak

- Determine the resources and specialist assistance the service can provide to residents and the steps that can be taken in advance of an outbreak. This may involve preparing care recipients for what can happen during an outbreak and identifying high risk residents and potential strategies for them should an outbreak occur.

Have a plan to prevent the physical deconditioning of residents

- This includes mechanisms for onsite or remote allied health reviews, developing exercise plans for individuals to undertake, and support for emotional needs. This may require additional staff where activities need to be undertaken individually rather than in groups.

Ensure residents and representatives are informed as to how they can access advocacy services, for example, through OPAN.

Test your outbreak management plan:

- What changes will need to be made to activities to allow these to continue during an outbreak?
- How will you keep residents connected with their family and friends during an outbreak?
- How will you monitor the emotional wellbeing of people receiving care at your service during an outbreak?

Consider who is responsible for:

- helping residents to connect with their friends and family during an outbreak
- adjusting activities so that residents can continue to engage in these during an outbreak
- ensuring residents maintain their mobility during an outbreak
- connecting residents with advocacy services
Kitchen and food services

Key messages

- Your ability to deliver food services will be impacted by a COVID-19 outbreak.
- Consider how you will meet the nutritional and hydration needs of people receiving care at your service during an outbreak, including alternative options for preparing and delivering food to residents.

Context

As a central area of a service with touchpoints for each resident, improper infection control procedures within kitchen areas can contribute to the spread of infection. An outbreak may disrupt the provision of meals to people receiving care at the service and to staff, and may require adjustments to how meals are prepared and delivered to residents.

Where utensils and crockery are moving between COVID-19 positive residents and the kitchen, there is a risk of contamination. See further advice here.

It is important to consider how meals will continue to be delivered to residents in a safe manner should an outbreak occur.

Action

To ensure you are able to continue to provide food and meet the nutritional needs of those receiving care at your service during an outbreak, your service should:

Ensure infection control procedures are in place for kitchen staff

- Ensure kitchen staff are able to identify symptoms of COVID-19 in themselves, have complied with screening protocols (see screening and testing), are complying with hand hygiene requirements and are using appropriate PPE when on site and preparing meals (see personal protective equipment).
- Ensure kitchen staff are trained and able to understand protocols specific to the kitchen area, including safe food handling, cleaning of used food utensils and management of kitchen linen such as tea towels and linen napkins.

Determine how you will engage additional kitchen staff if kitchen staff are furloughed in the event of an outbreak

- Consider how new staff will be quickly trained in (and able to access information about) basic infection prevention and control, the service’s WHS procedures and the dietary needs and preferences of care recipients.
Care and service delivery

Consider how meals will be provided to each resident in the event of an outbreak

- Determine whether care recipients will be fed in their rooms or in common areas and how meals will be delivered (including whether disposable crockery, cutlery or meal trays will be used), and used items collected (particularly for COVID-19 positive residents). This may impact on staffing requirements, particularly for care recipients requiring assistance to eat.
- Ensure staff delivering meals to COVID-19 positive residents are aware of PPE requirements (see personal protective equipment) and cleaning or cohorting of equipment (such as meal trays/trolleys) to reduce risk of cross-contamination.

Test your outbreak management plan:

- How will all residents be able to receive food that meets their nutritional needs during an outbreak?
- How do you know that the service will have sufficient staff to manage the preparation and delivery of meals (including feeding care recipients where needed)?
- How do you know that the infection control procedures in place in relation to meal preparation and delivery will be sufficient during an outbreak?
Identify contingency plans for providing meals if the kitchen needs to close due to contamination

- Consider alternatives to preparing meals onsite, including accessing food from external service providers (such as catering companies, meals on wheels, frozen meals, delivery services, etc.). Consider the volume of food that may be required, and the dietary needs of the people receiving care at your service, and record alternate arrangements with key contacts and prices.
- Document the current hydration and nutrition requirements (including supplements, thickened fluids, allergies, etc.) and dietary preferences for all residents at the service in a format that can be quickly provided to an external service provider.
- Consider protocols for the delivery of food from external service providers, including access to the service to reduce risk of spread.

Consider who is responsible for:

- ensuring kitchen processes meet basic infection control requirements
- activating alternative arrangements for meal preparation, including determining the amount of food required and communicating resident meal requirements and preferences to new providers
- engaging and training new kitchen staff
- ensuring meals are prepared and delivered in line with the infection control procedures (for example, PPE requirements, delivery to cohorts etc.)
Laundry services

Key messages
- During an outbreak, you will likely have an increased need for laundry services.
- Used clothing and linen may be contaminated and effective infection prevention and control procedures will be important in managing laundry.
- Consider how you will manage an increased volume of laundry.

Context
Laundry services will be important to help avoid cross-contamination within a service during an outbreak. Used linen may be infectious and should be treated as such. Cleaning and disinfection of linen, clothing and service materials will be required, and your service should be prepared to accommodate a greater frequency of laundering.

Action
In order to ensure appropriate laundering services are in place in the event of an outbreak:

Ensure comprehensive infection control procedures are in place for laundry staff
- Ensure laundry staff are able to identify symptoms of COVID-19 in themselves, have complied with screening protocols (see screening and testing), are complying with hand hygiene requirements and are using appropriate PPE when handling laundry (see personal protective equipment).
- Review your laundry procedures to ensure they align with CDNA Guidelines including for example, how soiled or wet items are to be bagged, what bags are being used (alginate bags), how linen/clothing is to be collected from each resident’s room to avoid cross-contamination or exposure to infected linen including the directional flow of soiled laundry and when to dispose of grossly soiled linen.

Determine how you will engage additional laundry staff if laundry staff are furloughed in the event of an outbreak
- Consider how new staff will be quickly trained in (and able to access information about) basic infection prevention and control, the service’s WHS procedures and the service’s laundry procedures.
Care and service delivery

Test your outbreak management plan:

- How do you know that the infection control procedures in place in relation to laundering are sufficient to reduce the likelihood of an outbreak?
- How will the service maintain laundry services should staff be furloughed?

Identify contingency plans for providing laundry services if the laundry needs to close due to contamination

- Consider alternatives to cleaning laundry onsite, including laundry services from external service providers. This may include for the purposes of laundering linen, residents’ clothing, staff uniforms, etc.
- Ensure your existing systems for labelling resident clothing are adequate to prevent clothing being mixed up or lost when using an external provider.
- Consider protocols for the pick-up and drop off of laundry from external service providers, including access to the service to reduce risk of spread.

Consider how laundry services will be managed in the event of an outbreak

- Consider how laundry services will be managed in the event of an outbreak, including the impact of cohorting on how laundry services are managed and routes to and from the laundry for transporting linen and clothing.
- Ensure sufficient supply of laundry products to meet increased demand.
- Consider the impacts on rostering and how many staff you may need to meet additional demand.
- Communicate with representatives that, in the event of an outbreak, linen and clothing cannot be removed from the service for laundering as this presents a risk of contamination.
- Ensure any laundry staff working in areas where COVID-19 positive residents are cohorting understand and comply with PPE requirements (see personal protective equipment) and the need for cleaning or cohorting of equipment (such as laundry trolleys) to reduce risk of cross-contamination.

Consider who is responsible for:

- ensuring laundry processes meet basic infection control requirements
- engaging and training new laundry staff
- ensuring laundry services are delivered in line with the infection control procedures (for example, PPE requirements, delivery to cohorts, etc.)
- activating alternative arrangements for laundry services
Transferring residents to hospital and other settings

Key messages

- Decisions to transfer residents to hospital are to be taken based on clinical need and State and Territory directives and not on the sole basis of a positive COVID-19 case.
- Decisions to transfer residents to other settings should be informed by a risk assessment and consultation with relevant parties (including the local public health unit).

Context

Transfer to hospital

Subject to the policies in each State and Territory, a service should not be expecting to transfer residents who return a positive COVID-19 result to hospital in the first instance. You should liaise with the relevant public health unit in the event of an outbreak about the current guidance in relation to hospital transfers.

The decision to transfer COVID-19 positive care recipients from a residential care service to hospital is made on a case-by-case basis, taking into account the person’s clinical condition and medical advice. The layout of the service and ability to separate infected and non-infected care recipients onsite is also a consideration.

Decisions must be made in consultation with the person receiving care and/or their representative, the receiving hospital, and must take into account any advance care directives. The public health unit may also assist with decision making.

The ambulance service and receiving hospital must be advised, in advance, that the care recipient is being transferred from a service where an outbreak is suspected or confirmed. Ensure that any transfer forms required by the hospital or ambulance service are complete (including the provision of essential clinical information), and that the care recipient’s advance care directive (if they have one) accompanies them to hospital.

If the care recipient needs urgent medical attention, you should call 000 and advise the operator of the COVID-19 risk.
Care and service delivery

Transfer to other settings

In the event of an outbreak, some residents may wish to transfer to other settings (for example, family care, another service) for the duration of the outbreak.

You must consult local State and Territory directives and undertake a risk assessment to understand the care needs of the person receiving care, the family circumstances and the appropriateness of transferring care recipients. The family or receiving service must be made aware of the relevant risks, including that the care recipient may have been exposed and is at risk of developing COVID-19. They should also be informed about the person’s care needs, the symptoms of COVID-19 and the use of appropriate personal protective measures.

Families receiving residents should be advised that there are special requirements when transferring residents from services where an outbreak is occurring (including family members using PPE). The public health unit will advise on the need for family members to quarantine with the care recipient (for at least 14 days and possibly longer if the care recipient develops COVID-19). Review State and Territory directives for more information.

Provider responsibilities

Be aware that residents have rights regarding their security of tenure at the service, including when they transfer to hospital or another setting to reduce their risk of exposure. Engaging with the people receiving care at your service early about the impact an outbreak may have on room movements is key.

Recent changes have been made to the aged care law to include a new type of emergency leave from residential care. This ensures that both the resident’s place in the service and the provider’s eligibility for subsidy are protected should a temporary transfer be necessary.

Ensure advance care planning, including completion of advance care directives and end-of-life planning, is discussed with consumers and occurs in line with the consumer’s preferences (refer Standard 2 of the Quality Standards).

As part of advance care planning, consumers may wish to complete an advance care directive detailing their care preferences or appointment of a substitute decision-maker. Advance care directives are legally binding documents, which can only be completed by a competent consumer who has decision-making capacity. Arrangements can also be made for substitute decision-making for consumers without decision-making capacity.
Action
To ensure you are ready and able to decide if transfer is the most appropriate response in the circumstances, and to effectively support the transfer of any COVID-19 positive residents to hospital:

Update and maintain your resident contact list
- See communicating with residents and representatives.

Contact representatives in advance of an outbreak about the possibility of transfers and the additional support available should transfers occur
- For example, additional Commonwealth Home Support Programme (CHSP) support is available for care recipients moving out of services during COVID-19, including clinical support and entry level services in the home. See further information here.

Understand the available options for residents who indicate that they wish to be transferred out of the service in the event of an outbreak
- Prepare a risk assessment in consultation with the person receiving care, their representative and the local public health unit.
- It will be necessary to discuss the available options with the care recipient and their representative, and how appropriate alternate settings may be in light of the care recipient’s needs.
- This should include clear communication about:
  - the risks of transitioning the care recipient out of the service
  - the care needs of the care recipient (including what equipment will be needed, how medications and care plans will be transferred or tracked, what medical attention they will have access to if they become unwell etc.)
  - potential isolation requirements
  - potential quarantine and personal protective measures/PPE requirements for family members (if moving to family care)
  - whether the care recipient can return and when, noting the risks to both the individual and the service if the care recipient returns to the service during an outbreak
  - the need for approval and advice from the public health unit.

Test your outbreak management plan:
- Do you have the correct contact details for representatives for all residents?
- How will you support care recipients to safely relocate out of the service if this is their preference?
- How do your systems support you to readily identify which care recipients are onsite, in hospital or have relocated at any given time?
- How do you know care recipients will be transferred with sufficient information about their clinical care needs and with all relevant equipment, medication and belongings?
Care and service delivery

Update and maintain your hospital and medical service contact list to ensure you can readily contact local hospitals to discuss care recipient transfer details

- This includes contact information including ambulance and private emergency service providers (such as telehealth, Nurse On Call services and the coronavirus hotline).

Ensure relevant staff know how to access and complete any transfer advice forms required by the hospital or ambulance service including adequate clinical information and care needs of the person receiving care.

Ensure residents have reviewed their advance care directives (in consultation with relevant representatives) and ensure relevant staff know where to access a resident’s advance care directive.

Ensure you know what information, medications and equipment must be transferred with the resident

- For example, mobility aids, hearing aids, dentures, medication, valuables, etc.

Consider who is responsible for:

- maintaining an up to date resident representative contact list
- maintaining an up to date hospital contact list
- working with residents to ensure those who want to undertake advance care planning are supported to do so
- contacting families or representatives to discuss a transfer decision (whether to hospital or to another setting)
- contacting the ambulance service and the hospital to discuss care recipient transfer details
- conducting a handover and providing transfer advice if the care recipient is transferring to hospital
- undertaking a risk assessment if the care recipient is transferring to another setting
New and returning residents

Key messages

- Admission of new and returning residents into a service should be informed by your local State and Territory requirements and appropriate risk assessment.
- Consider your infection prevention and control responsibilities where returning residents are (or may have been) COVID-19 positive.

Context

New residents

Admission of new residents into a service should be restricted during a COVID-19 outbreak at the service. New care recipients are permitted in some jurisdictions, provided adequate pre-admission screening has occurred. It is recommended that no new care recipients with COVID-19 compatible symptoms should be permitted to enter the facility, unless the person has recently tested negative for COVID-19 – see guidance here.

Subject to State and Territory public health directions, services may be required to implement screening criteria (see screening and testing) and assess for signs and symptoms of COVID-19 in all care recipients being admitted from other health services and community settings prior to an admission.

Depending upon the extent of the outbreak and the physical layout of the building, restrictions may be applied to one floor, a wing or the entire service.

Important note

You should limit the admission of new care recipients to the service during an outbreak of COVID-19.
Return of residents with a COVID-19 positive result

The return of residents who have been transferred to hospital following a positive result needs to be considered on a case-by-case basis, particularly for care recipients who are still required to be isolated from others. Services need to balance the best care for the resident along with the potential for ongoing transmission, the ability of the service to continue to safely isolate the resident, level of community transmission, as well as hospital capacity. If the isolation period can be completed successfully in the service, it may be appropriate to re-admit the care recipient. This will require consultation between the service, public health unit, treating clinicians, the person receiving care and their representatives.

Return of non-COVID-19 positive residents

The return of residents who are not known to be COVID-19 positive should be avoided during the outbreak period, if possible. If a care recipient is re-admitted to the service, the person receiving care and their representatives must be informed about the current outbreak and the risks inherent in re-admitting them during an outbreak and the outbreak control measures that are in place. Representatives may wish to make alternative arrangements (e.g. family care) until the outbreak is over.

You should be aware of the current guidance in your State or Territory about returning residents. See for example, Information to support the repatriation of residents.

Test your outbreak management plan:

- How do you know your procedures mitigate the risk of admitting or re-admitting residents who may introduce a COVID-19 risk?
- How do you know that new and returning residents are informed about the infection control procedures at the service to reduce the risk of an outbreak?
**Action**

To ensure you are ready and able to admit new and returning residents:

**Determine how your admission process differs to your normal processes and what additional steps/information may be required**

- Identify what information you will need before admitting a new resident or re-admitting a returning resident.
- Identify how you will conduct assessments of care recipients in accordance with physical distancing.
- Identify what information you will need to provide to new or returning residents about the service’s infection control procedures and the arrangements in place to minimise the risk of an outbreak, for example, limited use of communal areas etc. You will need to discuss the risks of re-admission both to the person receiving care themselves (i.e. exposure to an outbreak) and also to others receiving care at the service (where the individual might be introducing a new source of the infection into the service).
- Consider potential issues that may arise if the service were to have an outbreak, for example, the potential of room moves, limited visitations for representatives, etc.

**Subject to room availability and occupancy, identify where you can place a new or returning resident within a service to reduce their contact with other residents in the short term**

- For example, if people receiving care have asked for shared rooms, you may need to discuss placing them in a room that is not shared with others, where they have their own ensuite or are otherwise sufficiently spaced between other rooms to reduce incidental contact with other residents. However, rooms may continue to be shared as appropriate, for example, where a couple is being admitted.

**Consider who is responsible for:**

- Coordinating the admission of a new or returning resident
- Informing a care recipient and their representative of the admission processes
- Screening new or returning residents
Care of deceased

**Key message**

The bodies of deceased care recipients can present an infection risk and should be cared for in line with relevant infection prevention and control procedures.

**Context**

In the event of a death related to COVID-19 infection, the bodies of deceased care recipients may present an infection risk to other residents and staff. In addition, deaths unrelated to an outbreak will still need to be managed in an environment where it may be difficult to follow the usual procedures.

While normal processes apply to the management of bodies of deceased care recipients, care must be taken to ensure the body of the deceased care recipient is handled in accordance with the CDNA Guidelines and relevant legislation.

For further information about how to manage the body of a deceased care recipient that may be infected or is infected with COVID-19, see here. Further guidance on the handling of the bodies of deceased care recipients is found in Part 3 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).
**Action**

To prepare for the possibility that residents may die at the service as a consequence of, or during, an outbreak:

**Review your processes for the management of deceased bodies to consider changes required in the event of an outbreak**

- Ensure your process for caring for deceased bodies is up to date (and includes any relevant processes where the deceased care recipient was COVID-19 positive), detailed and accessible to staff.
- Ensure you have sufficient supplies (including body bags and PPE) for staff handling the bodies of deceased care recipients, noting that an outbreak can result in a high number of deaths at the service.
- Be sensitive to the impact of an outbreak on the ability for residents’ families to access the service.
- Determine a process for cleaning and safely storing the personal possessions of deceased care recipients and packaging them appropriately for collection or dispatch.
- Determine a process for notifying families of a death, the management of and return of belongings and consider the support your service can provide.
- Identify notification requirements when a care recipient has deceased as a result of COVID-19.

**Test your outbreak management plan:**

- How will the body of a deceased care recipient be managed to avoid any infection control concerns?
- How will you be able to effectively communicate with representatives following the death of a care recipient and ensure the safe return of their belongings?

**Consider who is responsible for:**

- reviewing the service’s policies for managing the bodies of deceased care recipients in the event of an outbreak
- communicating the death to a care recipient’s representatives
- liaising with funeral services about the declaration, collection and transportation of the body of a deceased care recipient
- managing the belongings of a care recipient and providing these to the representatives
The end of an outbreak

Returning to COVID-19 normal operations following an outbreak

Key messages

• Develop a staged approach to returning to normal operations following an outbreak.

• Following an outbreak, it is important to evaluate your outbreak management planning and preparedness and consider how improvements could be made.

Context

In most circumstances, a COVID-19 outbreak can be declared over if no new cases occur within 14 days (maximum incubation period) following the date of isolation of the last case and repeat testing; although this may differ across jurisdictions. The outbreak management team should declare the end of an outbreak in consultation with the local public health unit. This will mean that the service has been case and symptom-free for a certain period of time and that the criteria set out in the CDNA COVID-19 National Guidelines for Public Health Units has been met.

Determining the end of an outbreak requires clear communication about what protocols will be eased within a service and what steps are being taken to transition the service back to business as usual operations.

You should follow the advice of the relevant public health unit and the applicable public health directions when resuming normal operations. Ongoing monitoring of the operations of the service and monitoring of residents for symptoms will be critical to ensuring residents are not re-exposed to another outbreak.

As normal operations return, you should be looking to review your response to the outbreak and to undertake a review of how your outbreak management practices could be improved.
The end of an outbreak

**Action**

Following the end of an outbreak:

**Identify the parameters for declaring an outbreak over** in accordance with the current guidance

- In most circumstances, a COVID-19 outbreak can be declared over if no new cases occur within 14 days (maximum incubation period) following the date of isolation of the last case. The end of an outbreak should be declared in consultation with the public health unit. 4

**Consider how you will communicate the end of an outbreak** to staff, residents and representatives, and the broader community.

- For example, the order you will inform stakeholders and the method (for example, via text, email or announcement on the service’s website)

**Consider what supports you will provide to residents** about easing procedures within the service and the impact the end of an outbreak will have on visitors’ ability to enter the service, noting any current public health directions in place

**Consider what supports your staff might require following an outbreak**

- Ensure staff are aware of mental health, and any other, supports available to them.
- Encourage staff to provide feedback on what else could be done to maintain their wellbeing during and after an outbreak.

**Determine how the service will undertake ongoing surveillance** for relevant illness and any signs of COVID-19 re-entering the service

- Ensure processes and contacts remain in place should you need to alert the public health unit to any new cases, signalling either re-introduction of infection or previously undetected ongoing transmission and advise relevant State or Territory and Commonwealth agencies of the outbreak in the service, if applicable.

**Identify the infection control measures that will remain** in place and those that will not be critical following the end of an outbreak (for example, ongoing cohorting of residents and certain equipment, disposable crockery, etc.)

- Ensure all new and returning staff are trained in these infection control measures and continue to periodically refresh this training and drill staff on this training.

**Plan for how your workforce requirements may change** following the end of an outbreak.

**Test your outbreak management plan:**

- How will the service transition back to ‘business as usual’ operations following the end of an outbreak?
- How do you know that your systems support ongoing vigilance against COVID-19 being re-introduced?

---

4 CDNA Guidelines.
Determine how you will conduct a review of the outbreak and how planning and practice can be improved in the event of future outbreaks.

- The Outbreak Management Team is responsible for leading the review of the service’s outbreak management.
- This may involve identifying a tool to help your service analyse its response. For example, see Outbreak Investigation Audits.
- It is recommended the Outbreak Management Team consult with the public health unit to debrief on the outbreak. You may wish to provide your review to the public health unit and the Department of Health to assist other providers with lessons learned.

Consider who is responsible for:

- co-ordinating with the public health unit about the end of an outbreak
- communicating the end of the outbreak to stakeholders
- conducting a review of the service’s response to the outbreak, to inform planning for any future outbreak
Useful links

Commonwealth Department of Health

- CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia
- Australian Government Department of Health Australian Health Sector Emergency Response Plan for Novel Coronavirus
- Coronavirus (COVID-19) outbreak management in residential care facilities
- Infection Control Expert Group: COVID-19 infection prevention and control for residential care facilities
- Infection Control Expert Group: Guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities
- Environmental cleaning and disinfection principles for health and residential care facilities
- Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission
- What you need to know about coronavirus (COVID-19)
- Local state and territory health departments contact details
- First 24 hours – managing COVID-19 in a residential aged care facility
- COVID-19 Escalation Tiers And Aged Care Provider Responses

Aged Care Quality and Safety Commission

- Are you alert and ready? A resource for residential aged care services
- Success stories and innovation during the COVID-19 pandemic
- Visitation Guidelines for Residential Aged Care Facilities

Royal Commission into Aged Care Quality and Safety

- Aged care and COVID-19: a special report
State and Territory health departments

- Australian Capital Territory Department of Health
- New South Wales Ministry of Health
- Northern Territory Department of Health
- Queensland Department of Health
- South Australian Department of Health
- Tasmanian Department of Health
- Victorian Department of Health and Human Services
- Western Australian Department of Health

Industry bodies

- Leading Age Services Australia
- Aged and Community Services Australia
- Aged Care Guild
- COTA Australia
- Older Persons Advocacy Network
- Dementia Australia