



Are you alert and ready?

Safeguarding against infectious illness in aged care settings

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Older Australians, particularly those that reside in residential aged care settings or in multigenerational households, are vulnerable to the ongoing risk of contracting and becoming seriously ill from COVID-19 and other highly infectious illnesses such as influenza and gastroenteritis.

Acute respiratory illnesses (ARI) cause cold or flu-like symptoms. This may include fever, chills, cough, sore throat, runny nose, headache, and fatigue. ARI in older people can be caused by many viruses, including influenza, parainfluenza, respiratory syncytial virus, pertussis, and COVID-19.

Gastroenteritis (or gastro) is an infection of the bowels that presents as sudden onset vomiting and/or diarrhoea and can be caused by viruses, bacteria, and parasites. It is usually a self-limiting illness; however, it can also cause elderly people and children to become dehydrated very quickly if fluid intake is not monitored.

This fact sheet provides up-to-date resources from the Aged Care Quality and Safety Commission, the Australian Government Department of Health and Aged Care and peak bodies to support your infectious diseases outbreak management planning. Please remember, the Aged Care Quality Standards still apply during an outbreak of any infectious illness.

There are key areas that aged care service providers need to address to prevent and reduce spread of contagious diseases, and to respond effectively if an outbreak does occur.

Prevention is better

Infection prevention and control policies should be in place. An outbreak management plan needs to be regularly reviewed and communicated and accessible to staff. It should be aligned with Communicable Diseases Network Australia (CDNA) [guidelines for managing transmissible respiratory infections, including outbreaks, in residential aged care](#). There are also CDNA guidelines for managing [gastroenteritis \(including norovirus\)](#) outbreaks.

Refer to the Department of Health and Aged Care's resources on [managing a COVID-19 outbreak in residential aged care](#).

For outbreaks related to other infectious organisms, refer to the Commission's [jurisdictional guidance information](#).

Residential aged care providers are required to have at least one nursing staff member on-site as [infection prevention and control \(IPC\) lead](#) to ensure they have ongoing prevention measures in place and a rapid response in the event of an infectious disease occurring.

Infection prevention policies should cover the following:

Vaccination

COVID-19 and influenza pose a significant threat to older people and those with pre-existing illnesses as they are at increased risk of serious illness and death.

Providers should promote COVID-19 and influenza vaccination among residents and staff, and monitor and record vaccination status of residents, and staff.

If residents, care recipients or their families have concerns about residents receiving recommended vaccinations, encourage them to talk to their doctor about the benefits and risks of vaccination.

A recent study on the effectiveness of COVID-19 vaccines for people over 65, by the [National Centre for Immunisation Research and Surveillance](#) (NCIRS), showed that COVID-19 vaccinations/boosters are particularly beneficial for people living in aged care homes.

The study, which included 3.8 million adults, found that a booster dose received in the last three months reduced the risk of death from SARS-CoV-2 infection by as much as 93 per cent compared to those who were unvaccinated.

The benefit was particularly high for adult residents in aged care facilities, who have significantly higher COVID-19 mortality rates.

Early identification of transmissible infection

Providers should have processes in place to **detect symptoms** of suspected infection as early as possible, including those that may be mild and atypical.

Providers should have plans in place for rapid access of [oral antiviral treatments for COVID-19 and influenza](#). COVID-19 antiviral medications, including oral medications, significantly reduce the risk of older people becoming seriously unwell or dying. Treatment should be started within five days of the onset of symptoms (ideally as soon as possible after symptom onset).

Ensure staff are trained in detecting and responding to an ARI or gastroenteritis outbreak; support enhanced IPC training for staff.

Ensure staff are trained in the collection of appropriate specimens for testing.

Personal protective equipment

Ensure adequate supplies of personal protective equipment (PPE), hand hygiene products, waste and cleaning supplies and equipment for regular operations **and** in event of an outbreak.

Check that all your staff have a good understanding of [correct PPE use](#), including the cleaning staff and those who deliver meals, and that there is a plan to support and monitor correct use throughout each shift.

Staff exclusion from work if unwell

For gastroenteritis, exclude staff from work until 48 hours has passed since the last loose bowel motion or vomit. For COVID-19, exclude staff for seven days from positive test date, or until substantial resolution of symptoms for 24 hours, whichever is longer. For influenza, exclude unwell staff from work for at least five days from onset of the acute illness, or until they are symptom free, whichever is longer. For other confirmed viral respiratory pathogens, staff can return once symptoms have resolved.

Have a plan for adequate staff replacement if regular staff are ill, and for extra staff if many residents are ill.

Is your outbreak management plan up to date and ready to activate?

- Do you regularly test and rehearse your plan (e.g., simulation exercises) and adjust where needed?
- Do you have easy-to-read documents outlining what needs to happen, how quickly, and the roles and responsibilities of all staff at the service?
- Do you list specific people/roles for on-the-ground oversight and leadership?
- Do you always keep this information up to date?

Visitor vigilance

Visitor screening protocols should still apply to aged care services and those in home care, to protect people receiving care and staff and reduce the risk of transmission of respiratory illnesses and gastroenteritis.

It is important to **ask visitors** whether they have recently had symptoms or been diagnosed with any of these infectious diseases. Remind family and friends who are currently unwell that you count on them not to visit an aged care facility or visit elderly people at home.

Have signs up near the facility entrance to educate visitors about these illnesses and asking them to report to staff if they are, or have been, unwell before visiting their relative or friend.

Encourage visitors to perform hand hygiene and have accessible alcohol-based hand rub products for them to use (including instructions); and ask them to practise respiratory and cough etiquette and use masks as appropriate.

Visitors who have tested positive to COVID-19 must not enter a residential aged care home for at least seven days or until they no longer have symptoms. For more information [see the advice for residents and visitors to aged care facilities](#).

Resident and home care wellbeing

While it is very important to isolate elderly people, either when they have symptoms, or to protect them from others who have symptoms, be mindful of getting the balance right. [Maintaining connections with family and friends](#) is vital to the wellbeing of aged care residents and elderly people in home care. In times of outbreak, isolation and lockdown can interrupt this connection and have negative effects both physically and mentally. Plans to avoid and minimise this effect should be in place for each person.

A [partnership in care program](#) supports aged care residents and those living at home, and their family or close friends to continue their relationships of care and companionship even during periods of an infectious outbreak.

Accompanying fact sheets

[Infection Prevention and Control Leads: An update for providers](#)

[Oral antiviral treatments for COVID-19 and influenza viruses in residential aged care services](#)



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