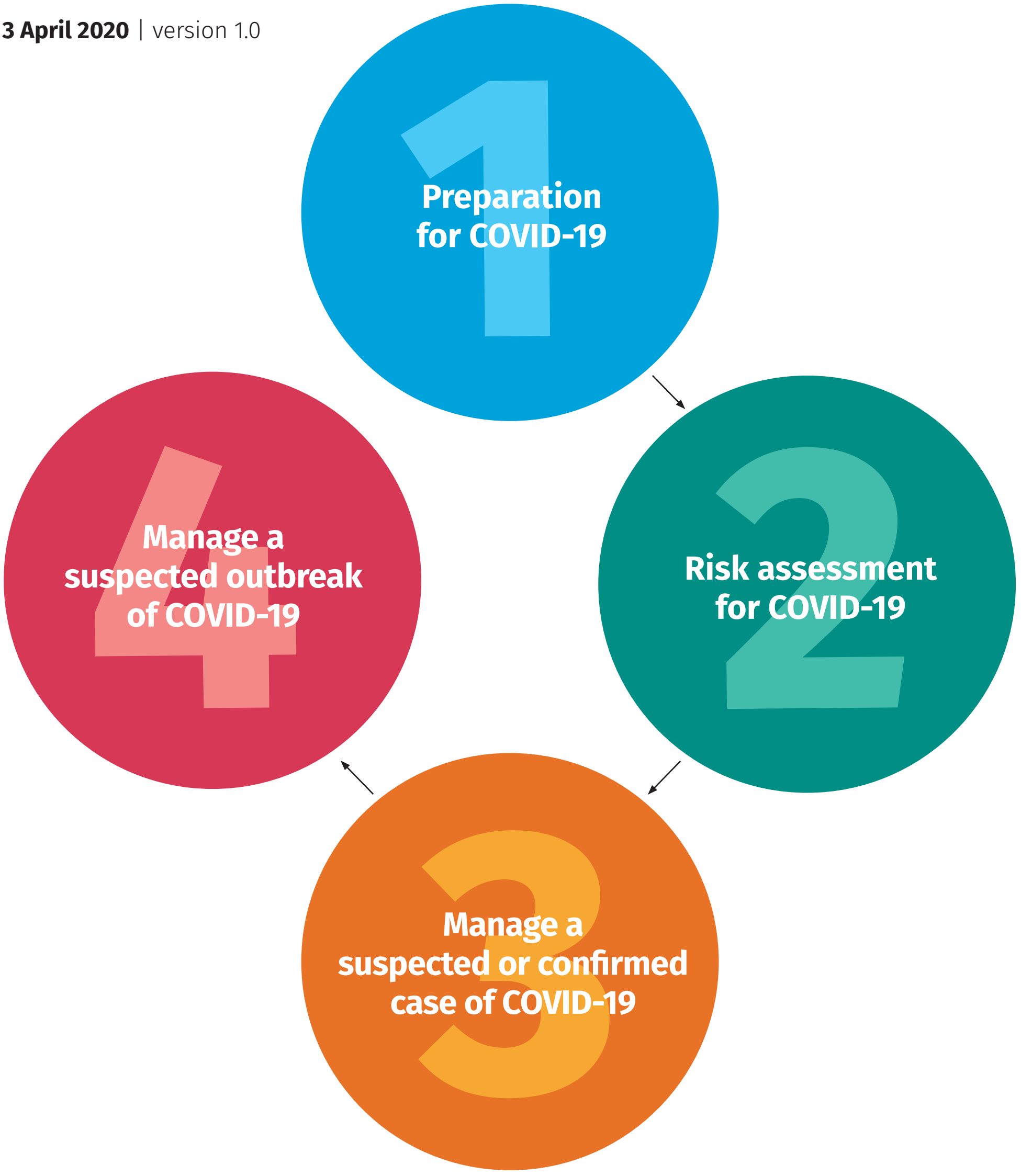
COVID-19 management flow chart

3 April 2020 | version 1.0



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1. COVID-19 management flow chart
Preparation for COVID-19

Plan for cases

- Develop a facility management plan
- Ensure all staff and general practitioners (GPs) are aware of this plan

Vaccinate all residents and staff against influenza

- Ensure all staff, residents, volunteers and visitors are aware of the importance of annual influenza vaccination
- Provide free influenza vaccination for all staff on site at times that cater for all shifts
- Encourage GPs to vaccinate residents against influenza
- Create a list of staff and residents by influenza vaccination status; ensure it is kept updated and accessible

Infection control preparedness

- Provide annual infection control training to all staff that includes information about COVID-19
- Ensure personal protective equipment (PPE), hand washing facilities and alcohol based hand rubs are available near point of care and at the entrance to the facility
- Encourage frequent and appropriate hand hygiene at all times (5 Moments)
- Ensure infection control signage is available for use
- Consider how case isolation will be managed
- Develop contingency staffing plans in event of staff illness and isolation
- Ensure stocked respiratory hygiene stations are at each visitor entrance

This information is current at the date specified. Guidance may change, and the most recent information is available from: *health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities*

Source: CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

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2. COVID-19 management flow chart

Risk assessment for COVID-19

Epidemiological criteria	Clinical criteria	Action
Very high risk • Close contact with a confirmed or probable case in the 14 days prior to illness onset • International travel in the 14 days prior to illness onset • Cruise ship passengers and crew who have travelled in the 14 days prior to illness onset	Fever (≥38°C)[1] or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat)	**Test**
High risk **1.** Two or more cases of illness clinically consistent with COVID-19 (see clinical criteria) in the following settings: • Aged care and other residential care facilities • Military operational settings • Boarding schools • Correctional facilities • Detention centres • Aboriginal rural and remote communities, in consultation with the local Public Health Unit (PHU) • Settings where COVID-19 outbreaks have occurred, in consultation with the local PHU **2.** Individuals with illness clinically consistent with COVID-19 (see clinical criteria) in a geographically localised area with elevated risk of community transmission, as defined by PHUs		**Test** Testing can be conducted on site for aged care residents where feasible
Moderate risk Health care workers, aged or residential care workers		**Test**
Background risk (No epidemiological risk factors)	Hospitalised patients with fever (≥38°C)[1] AND acute respiratory symptoms (e.g. cough, shortness of breath, sore throat) of an unknown cause	Clinical judgement should be exercised in determining whether or not to test

1 It is recommended that temperature is measured using a tympanic, oral or other thermometer proven to consistently and accurately represent core body temperature.

Note: Testing household contacts of confirmed or probable cases of COVID-19 (who have fever ≥38˚C or history of fever; e.g. night sweats, chills; OR acute respiratory infection; e.g. cough, shortness of breath, sore throat) may not be indicated where resources are constrained. These cases should be managed as 'probable cases'. Visit: *www1. health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm* for further information.

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3. COVID-19 management flow chart

Manage a suspected or confirmed case

Collect specimens

Discuss each resident with suspected COVID-19 with treating GP

Obtain laboratory request forms for respiratory viral testing INCLUDING CORONAVIRUS

Observe droplet precautions when collecting specimens i.e. gown, gloves, fluid resistant surgical mask and eye protection (goggles). Wash hands before and after collection

Collect the appropriate respiratory sample. Use a single viral transport collection swab for each person

Implement additional infection control measures immediately

Commence droplet precautions including gown, gloves, eye protection (goggles) and a fluid resistant surgical mask when caring for residents with a COVID-like illness. Maintain a 1.5 metre distance between an infected person and others

Isolate residents with COVID-like illness, if feasible (Single room with ensuite)

Staff and volunteers with a COVID-like illness must stay away from the facility until well and seek medical advice

Non-essential visitors should not attend. Essential visitors should not attend if they are unwell

Inform all visitors about cough etiquette and hand hygiene

Immunise residents and staff who have not been immunised with the current influenza vaccine as soon as possible

Ensure appropriate management of cases

Symptomatic and supportive treatment under the guidance of the GP

Use of medication is a clinical decision made by the GP

Transfer to hospital as indicated

Advise **agedcareCOVIDcases @health.gov.au** of any confirmed cases of COVID-19 among residents or staff

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4. COVID-19 management flow chart

Manage a suspected outbreak

Confirm outbreak

Two or more new cases of COVID-like illness in residents or staff within 72 hours, at least one of which is laboratory confirmed as COVID-19

Document and monitor outbreak daily

Nominate an outbreak coordinator and management team at the facility

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Create a detailed list of residents and staff with COVID-like illness including location, influenza vaccination status, onset date, symptoms, specimens taken and results, treatment and outcome. Update the list daily

Inform

Advise **agedcare COVIDcases@health.gov.au** of any confirmed cases of COVID-19 among residents or staff. Inform the relevant state or territory Public Health Unit. Contact again if death or hospitalisation of resident or staff occurs

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Inform GPs, facility staff, residents and families of residents

End outbreak

No new cases for **14 days** from onset of symptoms in last case

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Send final detailed list to the relevant state or territory Public Health Unit

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Review and evaluate outbreak management

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