



Fact sheet

What we learned from COVID-19 outbreaks in 2021

Observations from the Aged Care Quality and Safety Commission

22 December 2021

The purpose of this fact sheet is to summarise observations by the Aged Care Quality and Safety Commission (the Commission) from engagements with residential aged care services that experienced a COVID-19 outbreak in 2021. It has been informed by our monitoring of more than 350 COVID-19 outbreaks at residential aged care services across several states, and our participation in more than 1,500 outbreak management meetings.

Key themes from our observations relate to preparedness, communication, governance, engagement and innovation. In each of these areas we have identified practical strategies that were applied by providers who managed outbreaks well, including ways they chose to tackle particular challenges.



Preparedness

Where a provider demonstrates an effective response to outbreak management, we have observed their rapid implementation of a pre-prepared and well-rehearsed outbreak management plan. These providers have easy-to-read documents which outline what needs to happen and how quickly, and the roles and responsibilities of all staff at the service. The best responses have also been found where services have run simulation exercises to practise what they would do in the event of an outbreak. These exercises include testing the outbreak management plan with key local health authorities and ensuring that there is a common understanding of the key roles of the local public health unit and health service network in implementing an emergency response.



Providers have also demonstrated preparedness by ensuring that they have immediate access to staff rosters for workforce support and can rapidly identify staff and consumer contacts for urgent contact tracing requirements.

Services that have already cohorted staff prior to an outbreak – rostering them to work with a group of residents rather than across the entire facility – are demonstrably better placed to mitigate infection risks.

Cohorting of residents is often more challenging where it involves temporary physical relocation of one or more individuals (but not necessarily all their belongings) to different rooms on site in an effort to separate those who have had a positive COVID-19 test from those who have not.

Where resident cohorting is not feasible due to space and layout constraints of the service, this must be clearly understood and factored into a service's outbreak management plan. However where slow or absent cohorting arises from inadequate preparation for an outbreak, this is problematic.

Provider experience demonstrates the importance of anticipating what will be required and planning for it in advance. Cohorting is more easily achieved where there is, for example, a facility layout map with all bedrooms (with the occupant's name), bathrooms and common areas clearly marked, an adequate PPE supply with staff trained and supervised in its use, appropriately located and well-equipped donning and doffing stations, and sufficient support staff to enable their allocation to one group of residents only (eg. several kitchenhands each of whom distributes meals to a separate cohort of residents).

Effective responses tend to be mounted by providers who understand that details matter. For example, services which have prepared a wristband for every resident with their name and room number on it are much better placed to ensure continuity of care when new staff replace furloughed staff.

- Test your outbreak management plan regularly. Adjust the plan as needed and test it again.
- Do not wait for formal confirmation of positive test results or instructions from the public health unit. Implement your outbreak management plan early, including supplying Tier 3 PPE to staff, ensuring they use it properly, and isolating residents.
- Prepare for the possibility that an outbreak will continue for some time and that staff will need breaks from management or frontline responsibilities.
- Retain a focus on clinical waste management, not just PPE practice.
- Have contingency plans in place in case administration staff, cleaners, cooks and other support workers are furloughed.
- Maintain an up-to-date list of all residents, including their health status.



Communication

Communication is critical from the start of an outbreak and plays a crucial role in ensuring the success of a provider's outbreak response. The most effective responses have been by providers who understand that early and clear communication is essential for consumers and their representatives, as well as for staff and other workers. This is particularly the case for staff who are furloughed as close contacts and unable to continue working onsite for a period.

Services that manage their outbreaks well take responsibility for initiating frequent outbound communication with residents, representatives and furloughed staff rather than just responding to enquiries received. Daily or second daily contact with these individuals to share key updates helps everyone to feel that they are being kept informed of developments and that all reasonable efforts are being made to provide safe, quality care for residents in the service.

For larger-scale outbreaks, the Older Persons Advocacy Network (OPAN) has played a valuable role in hosting webinars involving family members, onsite residential care managers and clinical leads, and representatives of the local PHU, State and Commonwealth Health Departments, and the Commission.

- Communicate with residents, families, staff and external stakeholders early and often, and don't wait for them to contact you.
- Ensure frequent contact between residents and family members, and provide residents with as much access to visitors as possible in line with public health directions.
- If you have wandering residents, explore with your public health unit and local health service the potential for transfers offsite to reduce the risk of transmission.



Governance and support

Services that manage an outbreak effectively are those where the leadership team provides extensive support from the very beginning. This support is tangible and visible, including attendance by a Board member or the CEO alongside the facility manager at outbreak management team meetings, to hear feedback from health authorities and ensure rapid action by the service.

In these provider organisations, representatives have an excellent understanding of their service (eg. physical layout, current occupancy level and location of residents, staffing profile, standard staff rosters) and consumer characteristics, including current vaccination status, most recent COVID test results, and any special needs. Ready access to these details is also a feature, with representatives being able to produce up-to-date information on such matters without delay during outbreak management meetings.

Successful outbreak responses are characterised by strong governance arrangements which both support and reinforce the specific role and responsibilities of each staff member during the outbreak. Proactive planning for potential risks and mitigation strategies is also present in effective responses, such as identifying in advance a back-up replacement for the on-site Infection Prevention and Control (IPC) lead in case that individual is furloughed as a close contact.

These services prioritise allied health and GP support to ensure that the overall health and wellbeing of residents is not affected during the outbreak. Staffing levels and care provided for residents in dementia support units are

often increased during outbreaks to assist with behaviour management strategies and minimise potential transmission.

A key governance and support challenge is the need to ensure staffing sufficiency throughout an outbreak, including when a small or larger proportion of staff is furloughed as close contacts. Services that invested time and effort before an outbreak in training and supporting all staff in COVID-safe work practices have been more successful in reducing staff anxiety about continuing to work during an outbreak. Rapid implementation of contingency plans for some staff to continue performing support roles offsite has also assisted with the management of outbreaks by ensuring ongoing access by onsite staff to vital information, guidance and suggestions from those who know the residents best.

- Ensure that everyone knows and understands their role and responsibilities in an outbreak (as detailed in the outbreak management plan) and can enact these quickly and effectively.
- Check that all staff – particularly if they are new – understand their responsibilities regarding IPC and are using PPE appropriately.
- Ensure that staff feel safe and supported to raise concerns. Understand and actively manage the risk that an outbreak, and fear of an outbreak, will have a direct impact on staff and their willingness and ability to do their job.



Engagement and innovation

Reassuring residents and keeping them engaged is another characteristic of well-managed outbreaks. Actions taken by services in this regard have included, for example:

- Using messenger services on TV sets for residents who are isolating in their rooms
- Providing daily wellbeing packs, with individual notes personalised to each resident
- Devising novel and appetising ways to keep up nutrition requirements, such as providing milkshakes, ice blocks and pizza days
- Enabling COVID-safe visits from “partners in care” (also known as essential carers)
- Bringing in a physiotherapist to provide fun exercises for residents.

Wandering residents can present particular challenges in terms of controlling the risks of transmission within a facility. Services that are most successful in supporting residents with wandering behaviours tend to allocate additional staff who can spend more one-on-one time with individuals. They also make greater use of room-based activities and packages, and implement strict cleaning regimes for high touch surfaces such as hallway handrails.

- Understand the circumstances of each of your residents and put measures in place to ensure that they receive the care and support they need during the outbreak.
- Talk with families and representatives and draw on their ideas in providing care for your residents so as to optimise engagement during the outbreak.
- Have your communication technology working well prior to an outbreak so it can be leveraged quickly to accommodate a lockdown if required.
- Maintain as much routine as possible for residents to reduce confusion and anxiety – for example, maintaining regular mealtimes, room-based activities, videolinks with family.

Other resources

[Outbreak management planning in aged care \(November 2020\)](#)

[Lessons learned report – “We saw the best in people” \(December 2020\)](#)

[Lessons Learned – Infection Control Spot Checks](#)

The Aged Care Quality and Safety Commission acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.



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