



Fact sheet

How prepared are you for a COVID-19 outbreak?

Critical guiding questions for all residential aged care providers

22 August 2023

There are ongoing high risks of COVID outbreaks in residential aged care. As a provider, you have a responsibility to ensure your service is continuing to do everything possible to prevent, prepare for and reduce the impact of a COVID-19 outbreak.

If your service has not yet experienced an outbreak, this fact sheet provides a starting point for your preparation. If you have already experienced an outbreak, you can apply your learnings to refresh your planning across these critical areas to deliver better outcomes for residents, staff and families.

Valuable resources from the Aged Care Quality and Safety Commission, the Australian Government Department of Health and Aged Care and peak bodies have been provided to support your outbreak management planning. Please remember, the [Aged Care Quality Standards](#) still apply during an outbreak.

Overarching Commission and Australian Government information

Resources

[Managing a COVID-19 outbreak in residential aged care](#)

[First 24 hours – managing COVID-19 in a residential aged care facility](#)

[CDNA national guidelines for the prevention, control and public health management of outbreaks of acute respiratory infection \(including COVID-19 and influenza\) in residential care facilities in Australia](#)

Websites

[COVID-19 provider resources](#)

[Advice for the sector during COVID-19](#)

[Prevent and prepare for COVID-19 in residential aged care](#)



National COVID-19 Health Management Plan

The Plan aligns with a nationally consistent approach to transition Australia's COVID-19 response. The clear priority is to

minimise the incidence of illness and death, particularly focusing on those most at risk.

[National COVID-19 Health Management Plan, including the Statement of Expectations on COVID-19 Management in Aged Care Setting](#)



Q 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, and do you keep this information up to date at all times?

Does your outbreak planning have contingencies for delays in delivery of critical supplies, such as PPE?

Key resources

[Lowering transmission risk in residential aged care](#)

[Outbreak preparedness checklist](#)

Q Are your visitor screening and visitor access arrangements up to date and effective?

Do you screen staff and visitors every time they come on site, in line with current requirements and your service's risk management protocols?

As part of your risk management and mitigation strategy, are you taking a proportionate approach to how you are balancing safety versus the risk that isolation poses to aged care residents' physical, social and emotional wellbeing? Have you documented your decision making?

How will you ensure frequent contact between residents and family members that addresses their individual needs and circumstances?

How will you optimise residents' access to visitors, including by making full use of any public health directions or orders?

What visitation arrangements are there for essential carers including partners in care and volunteers?

Are you facilitating education for partners in care and volunteers e.g. online training regarding visitor screening and access arrangements?

Key resources

[Industry Code for Visiting in Aged Care](#)

[Ensuring safe visitor access to residential aged care](#)



Q Are you regularly reviewing Infection Prevention and Control (IPC) guidance?

Do you have at least one nursing staff member as the mandatory IPC lead per service? Have they completed IPC training, and are their outbreak preparation and management roles clearly defined and supported?

Are all staff trained in IPC and do they regularly practise PPE donning and doffing, including fit testing of P2/N95 masks?

Do you continually remind staff, residents and visitors about the critical importance of IPC?

Do you monitor your PPE supplies and take proactive steps to bolster supplies to make sure you are adequately equipped e.g. at least 7 days' worth? Are you taking steps to make sure you have sufficient PPE supplies on hand from commercial suppliers in the first instance? Do you know how to order emergency PPE stock from the NMS if no commercial supplies are available?

Have you planned for the secure and safe storage and removal of increased amounts of waste during an outbreak, including cleaning products, contaminated PPE and clinical waste?

Have staff undergone training on handling and disposal of different types of waste?

Key resources

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

[CDNA National guidelines for the prevention, control and public health management of outbreaks of acute respiratory infection, including COVID-19 and influenza, in residential care facilities](#)

[Aged Care COVID-19: Lowering transmission risk in residential aged care](#)

[COVID-19 infection control training](#)

[COVID-19 Support Portal FAQs](#)

[Emergency Personal Protective Equipment via My Aged Care provider portal](#)

[Letter from Chief Clinical Advisor to approved providers](#)

Q How will the location of residents be managed to reduce the risk of transmission if an outbreak occurs?

At any given point in time, are you aware of what vacant rooms are available?

Do you have a current service floorplan that:

- enables planning
- identifies unvaccinated, partially vaccinated and fully vaccinated residents
- allows for zoning and cohorting (i.e. looking after different groups of residents in physically separated areas, depending on their particular care needs)?



Q Do you have an up-to-date workforce management plan?

Does your plan highlight contingencies for an outbreak including finding staff through labour hire agencies and within the wider organisation?

Do you have an awareness of potential absentees including staff unable to work through an outbreak due to personal health circumstances e.g. being immunocompromised?

Have you identified the tasks/roles to be performed by furloughed staff without symptoms?

Do you have processes to support (and where necessary, train) staff in new or different roles?

What happens if a central services area needs to close e.g. the kitchen? What is your back-up plan?

Key resources

[Interim Guidance on managing workforce in regards to COVID-19 in aged care](#)

[Government support for providers and workers](#)

[Coronavirus \(COVID-19\) aged care workforce measures FAQs](#)

[COVID-19 in Residential Aged Care Facilities: Managing your workforce affected by Omicron fact sheet](#)

Q How will you communicate with staff, residents and families in the event of an outbreak?

Do you have channels in place to provide early, clear and regular communications?

Are contact details up to date for each resident/nominated representative and staff?

How will you communicate with families of residents who are COVID-19 positive?

How will you inform other residents and families about a COVID-19 positive resident or staff member?

Have you appointed a staff member for family members to liaise with, and identified a specific mobile or 1800 phone number to provide to families to call for updates, questions or concerns?

Do staff and residents feel safe and supported to raise concerns, and do they have mechanisms to provide feedback?

Key resources

[National COVID-19 Residential Aged Care Emergency Communication Guide and Templates](#)

See OPAN's [Useful COVID-19 resources for providers](#) at the bottom of the FAQ list.



Q Have you done everything possible to encourage COVID-19 vaccination including boosters?

Are you keeping a record of and ensuring your workforce is compliant with mandatory requirements for booster doses, as per state and territory directions?

Have you discussed and answered questions about the COVID-19 vaccinations, including booster doses, with individual residents and their family members?

Are you keeping a record of discussions and key decisions that residents, family and carers (representatives) make about care and services received?

Q Do you have arrangements in place to continue to deliver quality care and services during an outbreak?

Is your leadership visible, proactive, involved in planning and responsive to outbreak management? Do you know who can make decisions for continued care and services during an outbreak?

Q Do you have arrangements in place to access oral anti viral medications?

Have you established supply pathways using community pharmacy channels?

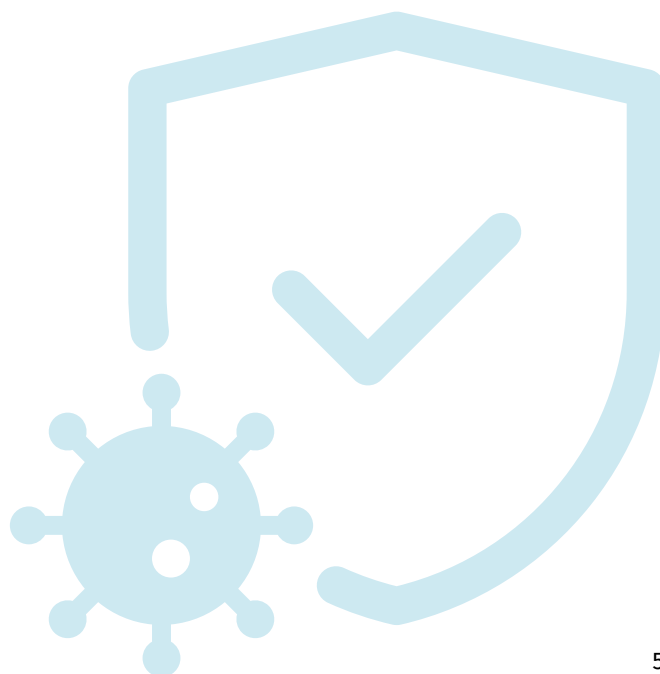
Have you determined the suitability and eligibility of residents for COVID-19 oral anti-viral treatments?

Have you planned ahead and obtained advance consent to ensure rapid access to COVID-19 oral anti-virals should a resident test positive to COVID-19?

Key resources

[COVID-19 oral antiviral treatments in residential aged care services](#)

[Minister Butler and Minister Wells letter to approved providers 23 Nov 22](#)





Q Have you incorporated your outbreak experience into your current planning?

Have you run a reflection process to capture and document lessons learned from previous outbreaks or exposures?

Have you checked in with residents, staff and families to gain their perspective on what went well and what can be improved?

Have you updated your planning and resources for staff, residents and families to incorporate your learnings?

Key resources

[What we learned from COVID-19 outbreaks in 2021](#)

[We saw the best in people – Lessons learned by aged care providers experiencing outbreaks of COVID-19 in Victoria, Australia](#)

Webinars

[Preparing your aged care service for winter – readiness](#)

[Preparing your aged care service for winter – response](#)

[Preparing your aged care service for winter – Recovery and resilience](#)

[Leadership and governance for RACFs in a COVID outbreak](#)

Outbreak response

Find out what you must do in the first 24 hours of a confirmed COVID-19 case to minimise the spread of the virus:

- review [First 24 hours – Managing COVID-19 in a residential aged care facility](#)
- read [steps to report a COVID-19 outbreak or exposure](#).

Exposure and outbreak definitions

Jurisdictional public health guidance may vary. It is important to ensure your approach is based on local guidance.

A Residential Aged Care Facility (RACF) COVID-19 exposure is defined as:

- any case of COVID-19 in staff, residents or a visitor at the facility during their infectious period that does not meet the definition of an outbreak.

A RACF COVID-19 outbreak is defined as:

- **two or more residents** of a residential care facility who have been diagnosed with COVID-19 via RAT or PCR test within a 72 hour period.



A symptomatic case is considered infectious from 48 hours prior to symptom onset to 7 days after the date on which the first positive specimen was collected.

An asymptomatic case is considered infectious from 48 hours prior to the collection date of the first positive specimen to 7 days after the date on which the first positive specimen was collected.

Key resources and education

The Commission's Aged Care Learning Information Solution, Alis, contains two online learning modules designed to support providers with their outbreak management planning.

[Access the online learning content or register for Alis](#)

Aged Care Quality Standards

Please remember, the [Aged Care Quality Standards](#) still apply during an outbreak.

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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