SESLHD PROCEDURE COVER SHEET

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AUTHOR	Clinical Stream Manager, Aged Care & Rehabilitation in collaboration with Public Health Unit
POSITION RESPONSIBLE FOR THE DOCUMENT	Clinical Stream Manager, Aged Care & Rehabilitation
FUNCTIONAL GROUP(S)	Aged Care and Rehabilitation Population Health
KEY TERMS	Aged Care, RACFs, COVID-19, Public Health Unit
SUMMARY	This document provides guidance and delineates procedures and responsibilities within SESLHD for support of aged care facilities in the District following confirmation of COVID-19 exposures and outbreaks.

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. POLICY STATEMENT

Overarching policy guidance is provided by:

1. Australian Government, Department of Health and Aged Care: National COVID-19 guidelines and advice
2. NSW Health: COVID-19: Advice for aged care services
3. Clinical Excellence Commission: aged, residential and disability care resources and medication safety.

2. BACKGROUND

- The COVID-19 pandemic has caused particularly severe outcomes for elderly people
- Residential aged care facilities have a high-risk due to the number of elderly residents living in close proximity
- Rapid identification and isolation of confirmed and those exposed to COVID-19 cases and optimising infection prevention and control procedures is vital to limiting the spread of infection in aged care facilities
- Early widespread screening of residents can be beneficial in preventing and managing actual and potential outbreaks
- This procedure provides guidance on the response to a significant exposure or an outbreak which includes the screening of residents in affected aged care facilities where COVID-19 infection has been identified; review of infection prevention and control practices; and the clinical governance support required to maintain the clinical and welfare needs of residents in care within the Local Health District.

3. RESPONSIBILITIES

3.1 The Public Health Unit (PHU) will:

- Lead the public health response and support the Residential Aged Care Facility (RACF) in executing its role and implementing an outbreak management plan and managing the consequences of a COVID-19 exposure or outbreak
- Undertake a risk assessment of a notification of COVID-19 in an aged care facility worker, resident or attendee
- Confirm and declare a COVID-19 outbreak
- Should the RACF require additional support, request the establishment and participate in the progress of an Outbreak Management Team (OMT) with the facility; the Commonwealth Department of Health and Ageing; the Aged Care Quality and Safety Commission; the Central and Eastern Primary Health Network (CESPHN); and the local geriatric outreach service.

3.2 SESLHD Operations Directorate will:

- Facilitate and chair the OMT's within business hours or out of hours if activity dictates.

3.3 SESLHD Infection Prevention and Control practitioners:

- If the situation dictates, act as a resource for PHU and Operations Directorate for guidance on the implementation and conduct of infection prevention and control practices and principles required for the outbreak, with backup from the Clinical Excellence Commission.

3.4 SESLHD Geriatric Flying Squads (GFS) will:

- In addition to rapid and on-call (7 days a week) support of RACF residents with deteriorating clinical conditions by a nurse practitioner, GFS will provide clinical advice and support as required for RACF residents with COVID-19 symptoms.

3.5 Aged Care Facility Director will:

- Lead, monitor and oversee the outbreak response within the facility, according to role defined in the Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW residents, families and staff.
- Ensure the conduct of regular clinical monitoring of residents including temperature and oxygen saturation
- Monitoring of indicators of resident deterioration or deconditioning for example falls, weight loss and pressure sores
- Be the point of contact for all correspondence from various agencies.

4. PROCEDURE

4.1 Preparedness and Prevention

- The Aged Care and Rehabilitation Clinical Stream will maintain a close relationship with the aged care facilities located within the SESLHD boundary to monitor knowledge, awareness and preparedness capacity to reduce COVID-19 risk with the rapid identification of suspected cases and testing and implementation of infection prevention and control measures
- If the situation dictates, consideration may be given to re-establishing the Rapid Aged Care Engagement & Preparedness Response (RACER) team to support and assess the preparedness of aged care facilities in the District. Copies of the RACER facility assessments conducted in 2020 and 2021, which includes details of the characteristics, capacity, floor plans and contact details of each RACF can be accessed here: http://sesinet/sites/ACCSOS/RACER%20Team/Forms/AllItems.aspx. For access, contact the Nurse Manager for Aged Care and Rehabilitation Clinical Stream
- All aged care facilities have access to testing methods for residents and staff
- In partnership with the CESPHN, access to general practitioners (GPs), allied health professionals and vaccination clinics will be monitored and resourced as required

- The Australian Government has also provided sector wide support with information and resources to respond to COVID-19 exposures and outbreaks and to maintain preparedness.

4.2 Response

On confirmation of COVID-19 infection or exposure in a resident, staff member or attendee to an aged care facility, the facility will notify the public health unit immediately. The public health unit will:

- Obtain a history of the illness of the case and their movement in and around the facility, identify potential sources of the infection, and undertake a risk assessment
- Provide advice on immediate infection prevention and control measures including determining any testing plan for contacts and ensuring that case residents are assessed for antiviral treatment.

Variables included in the risk assessment:

- Current situation – index case, close contacts, other residents, staff and visitors
- Vaccination status of residents, staff and index case
- Access to anti-viral medication
- Facility setting – layout, care level, occupancy rates, etc
- Current precautions (infection prevention and control, visitor restrictions, cleaning, etc.)
- Staffing and workforce availability and any immediate impact of furloughing
- PPE supplies – type and quantity
- Resident welfare needs including access to a GP on-site, and
- Logistics such as waste management and food and linen supply.

An OMT is not required when:

- The public health risk assessment indicates that the facility has implemented all appropriate strategies and is well resourced to manage the outbreak
- The RACF will maintain contact with the PHU until the end of the risk period including updates on testing results and line list updates.

4.3 Reporting

- The aged care facility manager will provide an updated line list to PHU as soon as possible after results are confirmed
- PHU to review any positive results with aged care facility manager as they become available and revise the risk assessment as needed, including measures for any additional close or casual contacts identified
- The aged care facility manager is responsible for notifying the Commonwealth Department of Health and Ageing via the *My Aged Care* portal. The Commonwealth has a case management team to assist with resources to manage the outbreak which includes PPE, surge workforce, and testing.

4.4 Ongoing Response

The RACF maintains contact with the PHU to monitor progress and outcomes of testing. An OMT can be convened if escalation of matters is required.

Resident's positive with COVID-19

Residents with COVID-19 can be managed in the facility as long as they can receive the required level of clinical care and if this is consistent with their wishes, or in accordance with their Advance Care Directive. Clinical care will be overseen by their GP and may be supported by GFS if clinical symptoms deteriorate. The decision to transfer a resident to hospital is made on a case by case basis and will be based on the clinical assessment. If any resident needs to be transferred to hospital, the RACF should advise the ambulance and hospital beforehand that the resident is from a facility with a COVID-19 exposure and/or outbreak.

Clinical support

Ensure facility manager knows to contact a GP for consideration of prescribing anti-viral medication and GFS for deteriorating residents. Remind facility manager to ensure advance care plans are current for all residents.

Ongoing primary health care

All residents require their usual ongoing medical care, including essential allied health and mental health care, during the outbreak and the outbreak recovery period. It is important that services that maintain the physical and emotional wellbeing of residents continue to be provided as much as possible which includes face to face and telehealth reviews by general practitioners (GP's).

The site Outbreak Management Plan needs to include consideration of how these services, particularly those provided by GP's can be continued. Some services can be provided through remote monitoring and telehealth and RACFs need to ensure that they have the technology available to support this.

Workforce support

The Australian Government Department of Health and Ageing can facilitate access to a surge workforce, PPE and financial assistance.

4.5 Recovery

Once the isolation period has passed since the last case was effectively isolated, the outbreak may be considered over and quarantine measures eased. The aged care facility should continue to monitor the resident population and conduct testing of any newly symptomatic residents or staff.

Death Certification

Any deaths that occur are to be certified by the treating medical team or the resident's GP. The certifier should assess whether COVID-19 was a primary cause of death, a precedent to the primary cause of death, or an incidental co-morbidity. The certifying medical officer should be familiar with WHO International Guidelines for Certification and Classification (Coding) of COVID-19 as a cause of death (April 2020). All deaths in an RACF during an outbreak should receive a post-mortem COVID-19 swab unless collected in the 12 hours prior to death.

A COVID-19 death is defined for surveillance purposes as a death in a confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death. Where a Coroner's report is available, these findings are to be observed.

5. AUDIT

Not required

6. REFERENCES

1. Australian Government, Department of Health and Aged Care, National COVID-19 guidelines and advice
2. NSW Health: COVID-19: Advice for aged care services
3. Clinical Excellence Commission: aged, residential and disability care resources and medication safety
4. National Clinical Evidence Taskforce COVID-19: Caring for people with COVID -19

7. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
24/8/2020	1	Dr Vicky Sheppeard. Approved by Dr Marianne Gale. Approved by Executive Sponsor, Elizabeth Curran, Executive Director Operations.
14/10/2020	2	Minor review by Dr Vicky Sheppeard. Additional information included about engagement with CESPHN GPs, PPE stockpile and RACER facility assessment repository. Approved by Dr Marianne Gale. Approved by Executive Sponsor, Elizabeth Curran, Executive Director Operations.
January 2023	3	Minor review to update information and links by Aged Care & Rehab Stream. Approved by Dr Vicky Sheppeard, Director Public Health Unit. Approved by Executive Sponsor, Kim Olesen, Executive Director Operations.
March 2023	3	Approved by SESLHD Clinical and Quality Council.