COVID-19 Guidelines for Western Australian Residential Aged Care Facilities: Resident transfer to and from hospital

Objective

This guideline has been developed by the Department of Health Western Australia (WA) to support Health Service Providers (HSP) and residential aged care facilities (RACF) in relation to transfer of residents to and from hospital during the WA COVID-19 pandemic response.

Principles of care

1. Decisions regarding treatment and/or transfer will be made on a case-by-case basis.
2. Most residents should receive care within the RACF and all efforts should be made to facilitate this wherever possible.
3. Any Public Health advice given by Department of Health WA will depend on the stage of the WA COVID-19 response.
4. Advance care plans must be respected.
5. If transfer is required:
   (a) any receiving hospital and transport staff should be informed if a resident is a suspected or confirmed case of COVID-19; and
   (b) any receiving RACF and transport staff should be advised if a resident has displayed COVID-19 symptoms and of the results of their COVID-19 test (if applicable).

RACF checklist: Transfer to hospital of resident who is a suspect or confirmed case of COVID-19

Refer to: Communicable Diseases Network Australia CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia

- The RACF should arrange review of unwell residents by their GP in collaboration with a Geriatrician as required and testing advice should assume the possibility of COVID-19 infection.
- Ensure all care planning aligns with resident preferences and values regarding their advance care plan.
- Liaise with the Residential Care Line for specialist clinical management advice, including Geriatrician advice - Telephone: 6457 3146
- If transfer is required, the ambulance service and hospital must be advised, in advance, that the resident is being transferred from a RACF where COVID-19 is suspected or confirmed
- Inform family and/or advocates as required.

Refer to Attachment 1 RACF transfer checklist - additional considerations.
Hospital checklist: Transfer of an existing or new resident from hospital to RACF

To minimise transmission, consideration should be given to SCREENING of patients for COVID-19 symptoms before transfer from hospital to RACF. Please see the Healthy WA COVID-19 website for up to date symptoms of COVID-19.

If patients meet the current TESTING criteria, they must be given hospital testing for COVID-19.

Patients awaiting results of COVID-19 testing are not to be discharged from hospital to a facility until the test result has been obtained and provided to the RACF.

- Any existing or new resident who is a confirmed COVID-19 case is not to be discharged to a RACF until medically cleared to do so.
- The return of an existing resident who is a confirmed COVID-19 case, under security of tenure provisions of the Aged Care Act 1997, should be expected and provided appropriate accommodation, if care and infection prevention and control requirements can be met.
- A new admission of a confirmed case should be expected and provided appropriate accommodation, if care and infection prevention and control requirements can be met.
- Hospitals are required to liaise with the facility prior to any transfer being arranged to confirm the readiness of the facility to accept the resident and to confirm their ongoing care needs.
- Hospitals are required to arrange for transfer of the resident to the facility, informing transport staff that the resident is a confirmed case of COVID-19.
- The Residential Care Line and Outreach Service will continue to provide clinical consultation, care coordination and education as required.
- Clinical management guidance of a confirmed case of COVID-19 discharged to a RACF will be supplied by the hospital. The Public Health Unit will provide advice on when the patient is no longer considered to be infectious and can be released from isolation.
- Hospitals should inform family and/or advocates about COVID-19 testing and transfer arrangements for residents as required. Family/advocates should seek further advice from the facility regarding visiting rules.

Transfer of a resident from hospital in the case of a facility outbreak where the resident has security of tenure or is a new admission

An outbreak of COVID-19 in an RACF is defined as: a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of an RACF.

The Deputy Chief Health Officer (D/CHO), Public Health will declare an outbreak when the criteria for an outbreak are met.

Existing and new residents should not be (re)admitted to a RACF where there is an outbreak if this can be avoided.
- Where (re)admissions are unavoidable, residents, their families and/or advocates must be informed about the current outbreak.
- In some circumstances, it may be feasible for these residents to access other options, such as family care for the duration of the outbreak.
- If a resident is admitted, isolation and adequate outbreak control measures must be in place.

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Attachment 1: RACF transfer checklist—additional considerations

Clinical questions
☐ Is the resident acutely unwell and do they require care which cannot be provided on site i.e. respiratory support?
☐ Has the case been assessed by a medical professional and do they agree that the resident should be transferred to acute care?
☐ If this occurs after hours, has the out of hours GP or other covering service been contacted for advice, and do they agree that the resident should be transferred to acute care?
☐ Does the resident have an advance care plan? Is transfer to acute care consistent with the plan?
☐ Has the potential transfer been discussed with the receiving hospital to confirm their capacity to accept the resident, and are they aware the resident is a suspected or confirmed COVID-19 case?
☐ Has the ambulance been advised the resident is a suspected or confirmed COVID-19 case?

Logistics questions
☐ Does the facility have capacity to isolate the case?
☐ Is a single room available?
☐ Are there other cases within the facility?
☐ If a single room is not available, is cohorting a possibility?
☐ If cohorting is not a possibility, can the case be managed in a shared room but with physical distancing distance from the other resident(s) with curtains or introducing a commode into rooms where there is one shared bathroom?
☐ Will the resident comply with isolation? (e.g. do they have dementia, delirium or behavioural issues)
☐ Are there other structural issues within the facility which may pose a major barrier to infection control and isolation?
☐ Is there a major risk to other residents and staff of keeping the case at the RACF?
☐ Does the facility have sufficient staff to allow for isolation of the patient?
☐ Can the facility manage the case 24 hours a day? (specifically enquire about night-time staffing issues)
☐ Does the facility have adequate PPE, disinfectant etc. to ensure isolation/infection control?

Acknowledgment
The above checklist has been adapted from the Victorian Department of Health and Human Services Coronavirus (COVID-19) Plan for the Victorian Aged Care Sector version 4 and the Aged Care Quality and Safety Commission’s Outbreak management planning in aged care (November 2020)