COVID-19 Guidelines for Western Australian Residential Aged Care Facilities

Updated 29 April 2020

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) to put into place targeted action to protect residents, staff and visitors as part of the WA pandemic management response.

This document relates to RACFs which includes Transition Care Program (TCP) Residential Services.

This plan is to be considered in conjunction with the following current industry advice and guidelines, noting advice is continually being updated as relevant:

- [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](#)
- [Communicable Diseases Network Australia CDNA Coronavirus Disease 2019 (COVID19) Guidelines for Public Health Units](#)
- [Commonwealth Government advice for the health and aged care sector](#)
- Aged care providers that require Personal Protective Equipment (PPE) must email agedcarecovidppe@health.gov.au

The objectives of this plan are to:

1. Protect older people receiving health and aged care services from the spread of COVID-19.
2. Prepare the health and aged care sectors to prevent and manage cases of COVID-19.
3. Prepare the health and aged care sectors to continue to meet the needs of older Western Australians.
4. Reduce the morbidity and mortality associated with COVID-19 in aged care recipients.
5. Slow the spread of COVID-19 in WA through rapid identification and isolation of cases and close contacts.
6. Ensure and facilitate a coordinated response between health services and aged care sectors.
7. Support containment strategies through accurate, timely and coordinated communication and community support.
8. Mitigate and minimise impacts of the pandemic on the aged care sector, health system and broader community.
Residential Aged Care Facilities and Hospitals

All efforts should be made to strengthen infection control practices to minimise the risk of transmission and avoid the need for transfer to acute hospital care, as minimising unnecessary transfers is an integral part of WA’s public health response.

Principles of Care

1. Decisions regarding treatment and/or transfer will be made on a case-by-case basis.
2. Most residents should be managed 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, the receiving RACF and transport staff should be informed that the resident is a suspected or confirmed case of COVID-19.

The following checklist has been provided to support staff at the RACF.

RACF Checklist: Response to a suspected or confirmed case of COVID19 – in a resident

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

- Arrange clinical assessment (including GP as appropriate) and testing of the suspected case.
- Notify the Department of Health WA Public Health Unit of a confirmed case as soon as is practicable and as per current guidelines.
- As with all outbreaks, the RACF should follow the Public Health Unit advice and guidance on appropriate follow on actions.
- Immediately implement droplet and contact infection control protocols as per outbreak management plan. For further detail on all these steps, please refer to the CDNA guidelines listed above.
- Ensure use of appropriate Personal Protective Equipment (PPE) for any person(s) entering the affected resident’s room. Refer to regular updates from the Commonwealth Government on protecting older people from COVID-19 for further information.
- Ensure cohorting of affected residents and the staff caring for them for the duration of the COVID-19 episode to minimise the risk of transmission.
- Ensure all care planning aligns with resident preferences and values regarding advance care plan.
- Liaise with the Residential Care Line for specialist clinical management advice Phone: 6457 3146
- Only if clinically indicated arrange for transfer of the resident to hospital, in consultation with the hospital. If transfer is required, inform the hospital and transport staff that the resident has a suspected case of COVID-19.
- Consider enhanced infection prevention and control measures and enhanced surveillance for further cases. Review outbreak plans and prepare for further cases.
- Inform family and/or advocates as required.
RACF Checklist: Response to a suspected or confirmed case of COVID19 – in a staff member

☐ Staff members who develop symptoms of respiratory illness must immediately be excluded from the facility and remain away while a diagnosis is obtained.

☐ Contact management – Close contact – RACFs should adhere to the current Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units, which state that Public Health Units will support the identification of close contacts.

☐ If COVID-19 is excluded, then return to work should be guided by the infectious period for their diagnosed condition.

☐ If COVID-19 is confirmed, then the staff member must be excluded until they meet the criteria for release from isolation as outlined in the CDNA COVID-19 Interim National Guideline and are advised by Public Health that they may return to work.

☐ The RACF must notify the Department of Health WA Public Health Unit as soon as is practicable and as per current guidelines.

Transfer of an existing or new resident from hospital

To minimise transmission, patients must be SCREENED for COVID-19 before transfer from hospital to RACF, including TCP. Please see Appendix A for current RACF/TCP screening process.

If patients meet the current TESTING criteria, consideration should be given to 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/TCP.

☐ Any existing or new resident who is a confirmed COVID-19 case is not to be discharged to a RACF/TCP facility until medically cleared to do so.

☐ For confirmed COVID-19 cases, the return of an existing resident under security of tenure provisions of the Aged Care Act 1997 or a new admission of a confirmed case is expected, provided appropriate accommodation, 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 has a confirmed case of COVID-19.

☐ Residential Care Line will continue to provide clinical consultation, care coordination and education as required.

☐ The clinical management of a confirmed case of COVID-19 who is discharged to a RACF will be determined by the hospital. The Public Health Unit will provide advice on when the patient is no longer considered to be infectious.

☐ Hospitals are required to inform family and/or advocates as required. Family/advocates should seek further advice from the facility regarding visiting the resident.

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

A confirmed COVID-19 outbreak is defined as¹: Two or more cases of Acute Respiratory Illness in residents or staff of a facility within 3 days (72 hrs) AND at least one case of COVID-19 confirmed by laboratory testing.

The WA Public Health Unit will assist the facility in deciding whether to declare an outbreak. For contact details see: Department of Health WA Public Health Unit
Existing and new residents should not be (re)admitted to a RACF where there is an outbreak if it 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.
- Isolation and adequate outbreak control measures must be in place.
Residential Aged Care Facility COVID-19 Outbreak Management Flow Chart

**One or more** suspected or confirmed COVID-19 (Index case)
- Isolate the case in their room (if shared room ensure to create an isolation zone with close contacts)
- Isolate the wing or affected zone
- Identify contacts
- Organise testing for index case and close contacts
- Wear PPE (gown, surgical mask, eye wear and gloves) for close contact
- Wear surgical mask for contact cases
- Perform hand hygiene before and after every resident contact
- Enhance environmental and equipment cleaning
- Review communal activities and visitors
- Follow usual escalation processes

**Two or more** suspected or confirmed COVID-19 cases

**Two or more** suspected or confirmed COVID-19 cases with wide spread contacts
- Containment mode

**All the above** PLUS
- Isolate the floor/s
- Reduce communal activities
- Restrict visitors
- Enhanced cleaning
- Alerts and posters to trigger enhanced infection prevention and control measures

**Single case of health worker identified with COVID-19:**
- Assess all potential contacts, follow the above steps as contacts and potential cases identified.
- With potential wide spread contact consider moving to enhanced isolation that involves containment mode

Source: NSW Government/Clinical Excellence Commission
Appendix A

COVID-19 Screening for discharging patients to WA Residential Aged Care Facilities

Residents of aged care facilities (RACF) are generally older persons with multiple comorbidities and as such, are one of the most vulnerable cohorts for COVID-19.

This screening process has been developed to limit the spread of COVID-19 in RACF, including Transition Care Program (TCP) residential services.

Please refer regularly to https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus for latest updates, case definitions and testing criteria.

Patients being transferred to WA RACF, including TCP residential services, must be screened for the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tr>
<td>Does the patient have evidence of a fever (&gt;38 degrees) or any of the following acute respiratory symptoms: cough, sore throat, or shortness of breath?</td>
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<tr>
<td>Has the patient returned from interstate/overseas/cruise travel in the last 14 days?</td>
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<tr>
<td>Has the patient returned a COVID-19 positive test result in the last 14 days?</td>
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<tr>
<td>Has the patient been in close contact with a confirmed case of COVID-19 within the last 14 days?</td>
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If NO to all the above questions, they may be referred to TCP or transferred to RACF/TCP.

If YES to any of the above questions, patients should be tested for COVID-19.

If tested what was the result?

- If Negative (-ve) to COVID-19, patients may be referred to TCP or transferred to RACF/TCP. Documented test results must be provided to RACF/TCP
- If Positive (+ve) to COVID-19, patients must be medically cleared according to the current WA Health Guidelines before being considered for RACF/TCP.

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Developed by EMHS, NMHS, SMHS Central Transitional Care Coordinators. March 2020
Reference and Links

WA Government Public Health Direction on Visitors to RACF


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

Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units

Coronavirus (COVID-19) Plan for the Victorian Aged Care Sector 23 March 2020 Version 1.0 Health and Human Services Health Vic

Infection Prevention and Control Guidance for Residential and Aged Care Facilities - Version 1, 12 March 2020 NSW Government

Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)


This document can be made available in alternative formats on request for a person with disability.

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