COVID-19 Guidelines for Western Australian Residential Aged Care Facilities

Developed 2 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 RACF’s 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 are 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 in residents of RACF.
3. Prepare the health and aged care sectors to continue to meet the needs of older Western Australians who are residents of RACF.
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 of residents of RACF.
6. Ensure and facilitate a coordinated response between with 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

- 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 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.
- Ensure use of appropriate Personal Protective Equipment (PPE) for any person(s) entering the room. Refer to regular updates from the Commonwealth Government on protecting older people from COVID-19 for further information.
- Arrange clinical assessment (including GP as appropriate) and testing.
- Liaise with the Residential Care Line for specialist clinical management advice - **Telephone:** 64573146.
- 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.
- Notify the **Department of Health WA Public Health Unit** as soon as is practicable and as per current guidelines.
- 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 Coronavirus Disease 2019 (COVID-19) CNDA National Guidelines for Public Health Units Version 2.4; 26 March 2020, state Public Health Units will support the identification of close contacts.

- If COVID-19 is excluded, then return to work should be guided by the infections 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 TCP screening process.

If patients meet the current TESTING criteria, consideration should be given to testing for COVID-19 at the hospital prior to discharge.

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.

- For confirmed 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.

- 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 who is discharged to a RACF will be determined by the hospital. Public Health follow up will provide advice on when the patient is no longer considered to be infectious.

- Inform family and/or advocates as required. Family/advocates to seek further advice from the facility regarding visiting of 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 as\(^1\):  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 based on the balance of risk of returning vs staying in a hospital facility.

- 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**
- 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. Public Health will advise of contacts and the requirements.
- With potential wide spread contact consider moving to enhanced isolation that involves containment mode

Source: NSW Government/Clinical Excellence Commission
Appendix A

Transition Care Program (TCP)

COVID-19 & TCP: Screening

To limit the spread of COVID-19 in TCP Residential settings

- The TCP patient cohort – older people with multiple comorbidities are the most vulnerable cohort for COVID-19
- Unprecedented measures have been implemented to reduce the spread of COVID-19
- Please refer regularly to https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus for latest updates

Patients referred to TCP must be screened for the following

- **Does the patient have symptoms such as Fever, cough or sore throat** – YES or NO
- **Has patient returned from Overseas/ Interstate/Cruise travel in the last 14 days** – YES or NO
- **Is a contact or a confirmed COVID 19 case** - YES or NO
- **Believe they have been in close contact with a person infected with COVID -19** - YES or NO

If the response is NO to all the questions they may be referred to TCP.

If the answer is YES to any of the questions.

- **Has the patient been tested for COVID-19** - YES or NO

If NO, why not? Other medical reason i.e. Chronic cough & has does not meet the other criteria – patient may be referred to TCP.

Clearly Document reason for non-testing.

If YES, what was the result? **Documented proof of test results must be provided.**

If negative (-ve) to COVID-19 - may be referred to TCP.

If Positive (+ve) to COVID-19 - must be medically cleared of the disease according to the current WA Health Guidelines before being considered for TCP.

Document current as at 30/03/2020. If you are viewing this document after this date, please contact CentralCoordinators.TCP@health.wa.gov.au for the most recent advice.