

# Protocol to support joint management of a COVID-19 outbreak in one or more residential aged care facility (RACF) in NSW

Version 5.0





## Revision History

This Protocol is a living document, which will be reviewed and revised as required.

Version	Date	Changes
1.0	23/06/2020	Initial Release
2.0	04/11/2020	Inclusion of State Health Emergency Operations Centre
3.0	23/06/2021	Updated to align with the Joint Aged Care Emergency Response Plan Addition of the role of the Aged Care Quality and Safety Commission included Addition of the requirement for SHEOC to advise the Commonwealth Chief Medical Officer or delegate when SHEOC is responding to an outbreak within a RACF Endorsed by Dr. Brendan Murphy, CMO, Commonwealth Department of Health
4.0	16/12/2021	Updated to align with NSW Public Health guidance in managing a COVID-19 exposure or outbreak in a RACF Endorsed by Dr Nigel Lyons, Deputy Secretary, NSW Health
5.0	04/03/2022	Updated to align with the revised CDNA Guidelines for COVID-19 Outbreaks in Residential Aged Care Endorsed by Dr Nigel Lyons, Deputy Secretary, NSW Health

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## Context

The joint protocol is one part of a suite of documents that support the Commonwealth Government, NSW Government and aged care approved providers (providers) to work together in a co-ordinated and collaborative way to prevent, prepare for and respond to an outbreak of COVID-19 in a Commonwealth funded Residential Aged Care Facility (RACF) in NSW. Other relevant documents include:

- NSW Health's Public Health Guidelines for RACF COVID-19 response.
- [NSW and Commonwealth Joint Aged Care Emergency Response Plan for COVID-19 in RACFs](#). This plan outlines the resources, triggers, and pathways for the provision of a coordinated NSW and Commonwealth emergency response to outbreaks of COVID-19 in RACF
- [NSW Residential Aged Care Facility COVID-19 Asymptomatic Surveillance Testing Framework](#).
- Local health district(LHD) outbreak management plans for supporting local RACFs to manage an outbreak
- [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)
- Commonwealth [Updated National COVID-19 Aged Care Plan – 7th Edition](#), [First 24 Hours – Managing Covid-19 in a Residential Aged Care Facility](#), [Managing your workforce affected by Omicron fact sheet](#) and [infection prevention and control guidance and training](#)
- [Aged Care Quality and Safety Commission resources](#).
- Clinical Excellence Commission - [COVID-19 exposure risk determination in Aged and Disability Care Settings](#) – staff, residents and visitors
- [Immediate public health actions recommended following a RACF COVID-19 Outbreak or Exposure](#)

## Parties

The Commonwealth Government (Department of Health and Aged Care Quality and Safety Commission) and the NSW Government (NSW Ministry of Health).

## Purpose

The purpose of this protocol is to formalise the coordination of government support:

- To an aged care provider in their management of a COVID-19 outbreak in a Commonwealth funded RACF in NSW.
- In the event there are COVID-19 outbreaks in multiple RACFs in NSW.

This protocol outlines the roles and responsibilities of relevant parties, governance structures, escalation procedures and expectations around information sharing and timeframes. The agencies identified in this protocol are informed by, and provide advice to, the Senior Inter-governmental Oversight Group.

## Objectives

The primary objectives of this protocol are to optimise care for all residents in impacted RACFs (irrespective of their COVID-19 status) and to contain and control any outbreaks or exposures to bring them to an end as quickly and safely as possible. This Protocol also intends to ensure the appropriate level of support is available to the aged care provider in their business-as-usual response to an outbreak, as COVID-19 becomes an endemic condition.

## When to implement this protocol

The Protocol will be triggered when an outbreak or exposure is declared. An outbreak is defined as:

- Two or more residents of a residential aged care facility who have been diagnosed with COVID-19 via RAT or PCR test within 5 days and has been onsite at the residential aged care facility at any time during their infectious period; or
- Five or more staff/visitors of the residential aged care facility diagnosed with COVID-19 through RAT or PCR test within the past 7 days, who worked/visited during their infectious period.

A RACF COVID-19 Exposure is defined as a COVID-19 exposure is where **one** COVID-19 positive staff member, resident or visitor has exposed the facility during their infectious period.

It should be noted that some exposures may require extensive support to prevent an outbreak.

## Principles

The key principles underpinning this protocol are:

- All Australians should be able to access healthcare and live with dignity, regardless of their age and where they live.
- Consumer-centred care
  - The clinical and welfare needs of residents are paramount. Decisions on the most appropriate clinical care, including location of the care and whether transfer to hospital is required, are made in consultation with clinical staff and residents (and their representatives). Decisions are regularly reviewed, and made on an individual basis, but also take into account the safety and welfare needs of all residents and staff in the RACF.
  - RACF residents continue, as do other people in the community, to have a right to access public health services (including hospital) based on their clinically assessed need.
  - Risks to individuals, and the service, take into account, needs and preferences of each resident and their representative (including through advanced care plans), and the circumstances of the RACF at which they reside.
  - Communication to residents and their representatives is coordinated by the provider and occurs as frequently as indicated by the changing profile of the outbreak and the communication preferences of the RACF residents and their representatives.
- Rapid response and decision making
  - Support for providers will take into account the assessed capability and capacity of the provider, as well as the ability of surrounding health services to respond to the outbreak and informed by the provider's outbreak management plan (OMP).
  - All parties should mobilise and implement actions within their defined roles and responsibilities rapidly and in coordination with other parties.
  - Parties escalate issues according to clear governance processes with agreed criteria on when new decisions might need to be made, or existing ones revised.
  - Parties work collaboratively and are focussed on finding solutions.
- Timely information sharing
  - The early days of an outbreak are particularly challenging therefore it is vital that mechanisms are rapidly agreed, appropriate to the circumstances of the outbreak, to ensure information is shared between the Commonwealth and NSW Governments in a timely manner to coordinate an approach.
  - Limitations, or perceived limitations, of parties involved in the response are raised early.
- Accountability of provider
  - Providers are expected to comply with their responsibilities under relevant Commonwealth legislation to support the safety, care and wellbeing of residents.
  - Providers are expected to prepare and maintain up to date OMPs.
  - Providers will be given guidance to support their compliance and their compliance will be monitored, with detected non-compliance actioned quickly.
  - Providers are expected to provide information to all parties which is timely and responsive to the changing profile of the outbreak, to allow safe and appropriate decision making which supports the clinical safety and welfare of their residents.

## Roles and responsibilities

### Commonwealth Government

#### Commonwealth Department of Health

##### Role

Provide funding for aged care services and supports the RACF's capacity to manage the outbreak or exposure.

##### Tasks

- Support viability and capacity of provider to manage outbreak or exposure.
- Escalate issues as required to the Senior Intergovernmental Oversight Group.
- Provide state-based case management support, 7 days a week, for the RACF for the duration of the outbreak or exposure and connect the RACF to all relevant Commonwealth support services.
- Participate in Outbreak Management Team meetings.
- Facilitate access to a clinical first responder to support the RACF management to implement IPC directions from State Health and work collaboratively with the RACF and the Local health district in assessing risk at the facility.
- Facilitate access to resources, including surge workforce and personal protective equipment (PPE), where required.
- Provide funding to RACF to assist in management of the outbreak, where appropriate.
- Support relocating RACF residents when needed for cohorting, including alternative care facilities and staff.
- Facilitate rapid access to supplementary in-reach pathology testing services or Rapid Antigen Tests, if required.
- Assist providers with access to aged care advocacy services for residents and their representatives and notify national and state-based advocacy services of outbreaks.
- Liaise with Primary Health Networks to identify local primary care support options and facilitate access to general practice to maintain continuity of care, where needed.
- Respond to media requests directed to the Department.

#### Aged Care Quality and Safety Commission

##### Role

Provide regulatory oversight of RACFs—to protect and enhance the safety, health, well-being and quality of life of people residing in the RACF.

##### Tasks

- Provide guidance and advice to support the provider's compliance with relevant Commonwealth legislation.
- Monitor compliance with the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*.
- Respond to identified compliance issues, including escalating concerns that cannot be resolved locally immediately to the Senior Inter-governmental Oversight Group.
- Take action to work with the provider to resolve complaints received about the service.
- Compliance case coordinator to engage with Outbreak Management Team.

#### Aged care approved provider (provider)

##### Role

- Lead and manage implementation of the Outbreak Management Plan (OMP) in response to the outbreak in the RACF—to support the safety, care and wellbeing of residents and staff as required by legislation, including the Aged Care Act 1997, the [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#) and relevant NSW legislation (i.e. [Public Health Orders](#)). This includes adequate capacity to manage the outbreak in situ subject to specific circumstances of the outbreak.
- Regularly communicate with residents and their representatives — updating them on the outbreak response, including each resident's circumstances and preferences.

- Develop and maintain an OMP to ensure preparedness in the event of the outbreak including engagement with local health district.

### **Tasks**

- Notify and liaise with the local Public Health Unit (PHU), and the Commonwealth Department of Health.
- Establish an Outbreak Management Team in conjunction with the advice from the PHU (immediately) and co-chair meetings of the Outbreak Management Team until the outbreak is closed. For a declared 'outbreak' – at least one OMT is required. Frequency of further meetings will be agreed by the OMT informed by a risk assessment.
- Update the OMP.
- Assess staff resources, detailed in the OMP:
  - Contingency planning in the event of significant staff loss
  - Surge staff planning – including identifying staff through usual recruitment agencies, staff from within the broader organisation, and other providers.
- Lead, direct, monitor and oversee outbreak response in the RACF.
- The Infection Prevention and Control Lead should:
  - Isolate and cohort residents and staff
  - Instruct on PPE, hand hygiene, and environmental cleaning
  - Institute contact and droplet precautions
  - Assess the RACF for potential breaches (e.g. food trolleys, medication trolleys)
  - Display visible signage throughout the RACF
  - support adherence to PPE, if required seek support from Clinical Excellence Commission
  - Certify that all staff entering the RACF are orientated and trained in infection control and the use of PPE.
- Align visitations as per the CDNA Guidelines, advice of the PHU and NSW Public Health Orders. Keep a log of all visitors entering the RACF, including areas and residents visited. Facilitate alternative modes of connection for families.
- Manage staff, including rostering and isolation measures for exposed staff.
- Implement a timely and responsive COVID-19 communication policy with residents and their families.
- Engage surge workforce where critical staff are not able to be sourced through other avenues, if required.
- Monitor resident welfare and well-being, and regularly communicate with residents and their families.
- Work with GPs to provide ongoing care for COVID-19 positive residents and regular care of other residents, including consideration of advanced care plans.
- Enable access and respond to aged care advocates, provide to residents and their representatives communications, collateral and materials provided by advocacy services.
- Enable access to Aged Care Quality and Safety Commission.
- Facilitate pathology requisition orders and timely specimen collection.
- Liaise with GPs and allied health personnel to ensure approach to acute and chronic disease is addressed, and de-conditioning, grief, cognitive decline and psychiatric impacts of isolation and loss are addressed.

## **NSW Government**

### **Local Public Health Unit (PHU)**

#### **Role**

Lead the public health response, including declaring and closing an outbreak.

#### **Tasks**

- Undertake risk assessment when notified and provide additional guidance, as required, for the approach to managing the outbreak and/or exposure.



- Notify the Public Health Response Branch and the Department of Health of any confirmed cases, deaths and recovered cases associated with an RACF.
- Participate as needed in Outbreak Management Team meetings.
- Active surveillance, investigation and management of cases in staff and residents.
- Contact tracing and management as required.
- Interview the case(s), with NCIMS case questionnaire, and confirm swab results. Liaise with Public Health Response Branch to develop a script for case interview.
- Regularly liaise with Public Health Response Branch and seek support immediately where containment issues are identified, or capacity to respond is limited.

## **Local health district**

### *Role*

- In a declared outbreak, work with the approved provider to convene at least one Outbreak Management Team meeting. The frequency of meetings should be informed by PHU risk assessment. For low-risk outbreaks, one meeting may be sufficient.
- Identify clinical outreach team, infection control and testing requirements.
- Work collaboratively with residents' usual general practitioners, and other treating specialists, as is usual practice.
- Support clinical governance within the RACF.
- Activate RACF Outbreak Management Plans to ensure Local health district preparedness and response to any potential outbreak including engagement with aged care providers.
- Facilitate hospital transfers, where needed.

### *Tasks*

- Partner with the approved provider and consider resources to support Outbreak Management Team Chairing and Secretariat roles.
- In addition to existing outreach services, enrol resident cases in COVID-19 specific community care programs.
- Determine and provide specialist services where needed (e.g. geriatrics, infectious diseases, palliative care) to maximise clinical care of all residents.
- Advise on and support implementation of infection prevention and control measures, including isolating and cohorting residents in consultation with the Clinical Excellence Commission as required.
- Collaborate with clinical / IPC roles appointed by the Provider or supported by the Commonwealth to implement IPC directions and manage risks.
- Support staff/GPs to provide appropriate patient-centred care, including advance care planning for residents, and provide clinical information as needed.
- Determine escalation pathways for the response to clinical deterioration, including care in RACF and/or support to transfer to hospital as clinically determined and consistent with the wishes of the resident.
- Facilitate initial round of testing through provision of staff and laboratory processing, if required.

## **Clinical Excellence Commission**

### *Role*

The Clinical Excellence Commission Healthcare Associated Infections Program provides expertise in Infection Prevention and Control to manage and monitor the prevention and control of healthcare associated infections and outbreaks.

### *Tasks*

- Review and provide expert advice on RACFs OMP.
- Provide expert advice to LHD Infection Prevention and Control Teams, as required.
- Support implementation of the OMP and provide infection prevention and control guidance.

- Develop resources for LHD/provider teams during outbreak.
- Provide mentorship and coaching with outbreak team infection leads.

## **Public Health Response Branch**

### *Role*

- Oversee the public health response, supporting the local PHU as needed.
- Public Health Response Branch Operations team are the key liaison point for public health response.

### *Tasks*

Immediately notify SHEOC and the Commonwealth Department of Health that an outbreak or exposure has been declared, and of all cases and deaths during the outbreak.

## **State Health Emergency Operations Centre (SHEOC)**

### *Role*

Escalate NSW Health's emergency response capability to COVID-19 within RACF.

### *Tasks*

- Support LHDs to operationalise an emergency response commensurate with risk under the direction of the SHEOC Controller.
- Co-ordinate and escalate service needs as required, including provision of workforce support, personal protective equipment, waste management, testing, infection, prevention and control and cohorting.
- Escalate issues as required to the Senior Intergovernmental Oversight Group
- Regular communication with Local Health Districts, Commonwealth Department of Health and Aged Care Quality and Safety Commission.

## Governance

The following governance structures support the oversight and provision of a coordinated response to COVID -19 in RACF. Terms of reference for the below governance structure are outlined in the Joint Aged Care Emergency Response plan. A summary diagram is provided in [Appendix 1](#).

Name	Members	Functions	Meeting Frequency
<p><b>Senior Inter-governmental Oversight Group (SIOG)</b></p>	<ul style="list-style-type: none"> <li>• Deputy Secretary, Ageing and Aged Care, Department of Health</li> <li>• Aged Care Quality and Safety Commissioner</li> <li>• Deputy Secretary, Health System Strategy and Planning, NSW Health</li> <li>• State Health Emergency Operations Centre (SHEOC) - Controller or delegate</li> <li>• Director, SHEOC Aged Care</li> </ul> <p><b>Chair:</b> Deputy Secretary, Ageing and Aged Care, Department of Health</p> <p><b>Secretariat:</b> Department of Health</p>	<ul style="list-style-type: none"> <li>• Monitor and action requirements for significant scaling of Commonwealth and State resources in relation to multiple outbreaks</li> <li>• Monitor progress of outbreak management and agree any actions required to address critical or emerging issues that require government support</li> <li>• Consider all relevant information from all members</li> <li>• Consider issues identified under trigger events</li> <li>• Document agreed actions</li> <li>• Advise relevant Ministers on response to outbreaks</li> <li>• Communicate to peak bodies</li> </ul>	<p>Initial meeting as required and then meeting frequency as required</p>
<p><b>Outbreak Management Team (OMT)</b></p> <p>NB: actual team membership may depend on location/size of outbreak and supports required</p>	<ul style="list-style-type: none"> <li>• Residential Aged Care Facility</li> <li>• Public Health Unit (initial meeting and as required thereafter)</li> <li>• Local Health District Clinical Team</li> <li>• SHEOC Aged Care</li> <li>• Department of Health Case Management Team</li> <li>• Aged Care Quality and Safety Commission Compliance Case Coordinator</li> </ul> <p>Input and advice may be sought as needed from State Manager, NSW/ACT, Department of Health Clinical Excellence Commission</p> <p><b>Co-Chairs:</b> Provider and LHD, or other as agreed</p> <p><b>Secretariat:</b> Provider</p>	<ul style="list-style-type: none"> <li>• Oversee RACF implementing the Outbreak Management Plan</li> <li>• Implement appropriate control measures (e.g. restrict resident movement and visitor access, audit infection prevention and control)</li> <li>• Assess staff resources and surge staff planning</li> <li>• Ensure resources are adequate</li> <li>• Identify and investigate all positive COVID-19 cases</li> <li>• Monitor and escalate issues as required</li> </ul>	<p>Initial meeting at identification of the outbreak and then as determined by a risk assessment and agreed by the OMT</p>

## **Triggers for escalation to SIOG**

The NSW Commonwealth Joint Aged Care Emergency Response Plan to COVID-19 outlines the lines of operation (including triggers for escalation to the SIOG) based on agreed criteria.

## **Immediate response to a COVID-19 outbreak and the outbreak management plan (OMP)**

Within 4-6 hours of identification of a COVID-19 outbreak, the RACF and the LHD establish the Outbreak Management Team and schedule a meeting. The priority of the group is to manage and contain the outbreak as quickly and safely as possible. All agreed actions must be documented.

## **Multiple outbreaks**

It is acknowledged that in the event of multiple outbreaks within or across several Local Health Districts, the membership and meeting frequency of the OMT and SIOG may need to change to enable scaling up of the response/s. This would be agreed by relevant parties on a case-by-case basis

## **NSW Government operated residential aged care facilities and multi-purpose services (MPSs)**

The NSW Government operates MPSs and RACFs. In instances where outbreaks occur within one of these facilities, it is acknowledged that the governance structure and roles and responsibilities described in this document also apply. NSW Health is in a unique position in these instances as both the provider and providing support and services described under the NSW Government role. Considering the expertise in these instances of the NSW Government in leading a public health response, expertise in infection control and providing clinical care, by agreement the frequency of meetings and representation at meetings may vary

