NSW Health supports the implementation of clinical care for the management of COVID-19 positive residents in a residential aged care facility where it is appropriate in the circumstances.

Clinical care should be guided by:

* the *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* and
* the Clinical Guidelines issued by the National COVID-19 Clinical Evidence Taskforce at <https://covid19evidence.net.au/#living-guidelines>.

Clinical care is usually provided under a Hospital in the Home (HITH) service model.

In accordance with the NSW Health *Adult and Paediatric Hospital in the Home Guidelines* GL2018\_020, the HITH service should establish a written agreement with the residential aged care facility regarding the roles and responsibilities of the residential aged care facility and the service.

The model for each COVID-19 service will vary significantly depending on the local arrangements.

This document is a sample agreement that can be used and adapted for the purposes of having the agreement in place.

Prior to issuing the sample agreement the HITH service should consult with the facility.

Dear [insert]

# COVID-19 Service at [insert name of residential aged care facility]

The [insert name] Local Health District will beworking with you to control and contain the COVID-19 outbreak in the facility. This includes us providing clinical care for COVID-19 positive residents through the establishment of a clinical service team (COVID-19 Service).

The COVID-19 Service will make a decision on the most appropriate clinical care for the positive residents, including whether to treat them in the facility or at one of our hospitals, on an individual basis and in consultation with the resident and their family or their Person Responsible and the General Practitioner. The decision will consider the resident’s wishes, any advance care directive, the circumstances of the facility and the safety and welfare needs of all residents and staff in the facility. At all times the clinical and welfare needs of residents is paramount.

The COVID-19 Service model of clinical care for positive residents at the facility is known as Hospital in the Home (HITH). Under the HITH model, each positive resident is admitted under the care of one of our admitting clinicians and receives hospital-level care in the facility.

The purpose of this letter is to outline the nature of this clinical service and detail our respective roles and responsibilities for the clinical care of these positive residents.

# Documents that support the management of an outbreak at the facility

We appreciate that managing a COVID-19 outbreak is particularly challenging, with many agencies involved in the response.

This letter should be read with the following documents that support the management of an outbreak in the facility:

* *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* (CDNA – available at <https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>)
* Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility (RACF) in NSW (Commonwealth and NSW Health – available at [Protocol to support joint management of a COVID-19 outbreak in one or more residential aged care facility (RACF) in NSW](https://www.health.nsw.gov.au/Infectious/covid-19/Documents/racf-outbreak-protocol.pdf)
* Incident Action Plan for a public health response to a confirmed case of COVID-19 in an Aged Care Facility (NSW Health – available at <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-outbreak-management.aspx>)

# Role of the COVID-19 Service at the facility

The COVID-19 service will assume clinical care for all positive residents cared for in the facility under the HITH model.

This care will be delivered [in person and/or through virtual technology means].

The COVID-19 Service will:

* Be led by Dr [insert name] who is a [insert medical specialty]
* [OPTION: All residents will be admitted under Dr [insert name]’s care OR Each resident will be admitted under a doctor from [insert name] department]
* Other members of the COVID-19 service [may] include [amend as necessary]
  + nurse practitioner
  + registered nurse
  + allied health
  + [insert other professionals]
* The COVID-19 Service can be contacted on [insert details, e.g. telephone number [insert] 24 hours a day/within business hours [insert] and after hours [insert]]

# Responsibilities of the COVID-19 Service

The COVID-19 Service will be responsible for the following activities in relation to COVID-19 positive residents at the facility:

* Developing a care plan for each resident in conjunction with the resident, family or representative, your team, General Practitioner (GP) and other specialists working closely with your staff
* Providing a daily review from a HITH clinical team member
* Prescribing subcutaneous fluids and oxygen as required
* Organising clinical investigations as required
* Working with and training your staff on:
  + a regular observation regime
  + management of clinical devices not routinely used and
  + recognition of signs of new infection and deterioration
* Supplying medications and any other consumables required, for example oximeters, gravity infusion set for the treatment of COVID-19
* Organising allied health, e.g. physiotherapy or speech pathology if clinically indicated
* Liaising with other NSW Health specialist services such as geriatric medicine, infectious diseases and palliative care according to the care plan
* Developing an advance care directive with the resident, their Person Responsible, family and their GP if this is already not in place.
* Documenting in your medical record system or on a paper progress notes left in the facility and communicating same with a senior nurse on duty in the facility before leaving the facility.
* Facilitating transfer and direct admission to hospital facility if required

Communicating with the facility and the resident’s family frequently regarding the resident’s care plan and the resident’s condition.

# What the COVID-19 Service does not cover

The COVID-19 Service will not be responsible for:

* Providing clinical services for negative residents and these residents will continue to be treated by their GP unless otherwise agreed
* Providing hotel, hospitality and support activities for daily living for both positive and negative residents and these will continue to be provided by the facility.
* Facilitating swabbing of all residents and staff (as determined by the Local Health District), unless agreed to with facility.

# Responsibilities of the facility

The facility will continue to be responsible for the following in relation to both positive and negative residents:

* Providing a key contact for the COVID-19 Service
* Providing hotel, hospitality and support with activities of daily living
* Monitoring and maintaining residents’ welfare and well-being
* Supplying usual medications, wound-care, continence or other consumable products unrelated to COVID-19 care
* Conducting any additional vital sign observations or nursing care as requested by the COVID-19 Service
* Escalating any concerns or changes in a resident’s condition that are unexpected
* Maintaining usual care facility medical records and resident files documenting care

We would be grateful if you could acknowledge this letter below and

1. Return it signed and dated to [insert].
2. Retain a signed and dated copy of this letter for your records.

Should you have any questions regarding this matter, please contact [insert name] at [insert contact details].

Yours sincerely

Name:

Position:

Date:

|  |
| --- |
| **Signature of authorised representative of the residential aged care facility**  Name:  Position:  Date: |