

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

Version 6.0



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
6.0	18/08/2022	Updated to align with current practices in responding to COVID-19 outbreaks in RACFs, for Approved Providers and government agencies. Endorsed by Tish Bruce, A/Deputy Secretary, NSW Health Endorsed by Michael Lye, Australian Government Department of Health and Aged Care

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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 key relevant documents include:

- [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
- 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, infection prevention and control guidance and training, and Winter Plan – A guide for residential aged care providers](#)
- [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
- [NSW Health Guidance for RACFs on the public health management of Acute Respiratory Infections \(including COVID-19 and Influenza\)](#)

Parties

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

Purpose

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

- To an aged care provider managing a COVID-19 exposure or outbreak in a Commonwealth funded RACF in NSW.
- In the event there are COVID-19 exposures or 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 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 or exposure, as COVID-19 becomes an endemic condition.

When to implement this protocol

The Protocol will be triggered when an outbreak or exposure is identified. A RACF COVID-19 outbreak is defined as:

- Two or more residents of a residential aged care facility who have been diagnosed with COVID-19 via Rapid Antigen Test (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, residents and/or visitors of the residential aged care facility diagnosed with COVID-19 via RAT or PCR test within the past 7 days, who worked or visited during their infectious period.

A RACF COVID-19 exposure is defined as any case of COVID-19 in staff, residents or visitors which has exposed the facility during their infectious period. Some exposures may require support to prevent an outbreak, but it is expected that Approved Providers can manage exposures with minimal government assistance.

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.
 - The health 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 made on an individual basis, but also take into account the safety and welfare needs of all residents and staff in the RACF.
- Consumer-centred care
 - 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.
 - Regular communication to residents and their representatives is the responsibility of the provider and occurs as frequently as indicated by the changing circumstances of the outbreak and the communication preferences of the 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 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 Commonwealth and NSW Governments share information in a timely manner to coordinate a response.
 - 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

Australian Government Department of Health and Aged Care

Role

Provide funding for aged care services and supports the RACFs 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 where required, for the RACF for the duration of the outbreak or exposure and connect the RACF to all relevant Commonwealth support services.
- Member of inter-agency Outbreak Management Team, and participate in meetings where Commonwealth support is necessary.
- Manage access to a clinical first responder to support the RACF management, where required, to implement Infection Prevention and Control (IPC) directions from NSW Health and work collaboratively with the RACF and the local health district in assessing risk at the facility.
- Facilitate access to resources for outbreak management, including surge workforce and Personal Protective Equipment (PPE), where required.
- Provide grant funding to eligible RACFs to assist in managing the cost of the outbreak, while a grants program remains active.
- Support relocating RACF residents when needed for cohorting, including alternative care facilities and staff.
- Manage access to Rapid Antigen Tests, or in-reach pathology testing services, 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 provide access to local primary care support options and general practitioners to maintain continuity of care, where needed.
- Respond to media requests directed to the Australian Government Department of Health and Aged Care.

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.
- Assess a provider's compliance with ensuring there is a dedicated IPC lead/s on site at each RACF.
- Work with the provider to resolve complaints received about the service linked to COVID-19 outbreak or exposure.
- Engage with the inter-agency Outbreak Management Team, where necessary, including requesting an Outbreak Management Team meeting where there are escalated regulatory concerns.

Aged care approved provider (provider)

Role

- Lead outbreak/exposure response and manage implementation of the RACF OMP — to support the safety, care and wellbeing of residents and staff as required by 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 ensuring adequate capacity and resources to manage in situ subject to specific circumstances of the outbreak or exposure.

- Regularly communicate with residents and their representatives — updating them on the outbreak/exposure response, including each resident’s circumstances and preferences.
- Develop and maintain an OMP to ensure preparedness in the event of the outbreak or exposure including engagement with local health district where necessary.

Tasks

- Notify and liaise with the local health district (Public Health Unit) and the Australian Government Department of Health and Aged Care of positive COVID-19 test results (PCR and RAT).
- Establish an internal Outbreak Management Team until the outbreak is closed.
- Establish and Chair an inter-agency Outbreak Management Team, with frequency of meetings informed by RACF risk assessment. For low risk outbreaks, one meeting may be sufficient.
- Assess staff resources, and detail response arrangements in the OMP:
 - Contingency planning in the event of significant staff loss, including appropriate staffing level and skill mix to continue routine care and manage the impact of the outbreak.
 - 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/exposure response in the RACF.
- Ensure staff have appropriate and ongoing IPC training and skills capability at all times.
- The IPC Lead is on site and manages, monitors, and implements IPC measures. Providers should identify an alternative IPC lead in the event of absence.
- Align visitations as per the CDNA Guidelines and NSW Public Health Orders and consider the advice of the NSW Chief Health Officer. Keep a log of all visitors entering the RACF, including areas and residents visited.
- 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 health, welfare, and well-being, regularly communicate with residents and their families.
- Work with GPs to provide ongoing primary health care for COVID-19 positive residents (including referral and prescription of antiviral treatments where eligible) and regular care of other residents, including consideration of advanced care plans.
- Work with pharmacy services to provide timely access to antiviral treatments when prescribed.
- 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 health district

Role

- Public Health Units are the point of notification for cases and providing initial case management advice.
- In an outbreak, participate in inter-agency Outbreak Management Team as needed. The frequency of inter-agency Outbreak Management Team meetings should be informed by RACF risk assessment. For low-risk outbreaks, one meeting may be sufficient.

- Work with RACFs, residents' usual general practitioners, and other treating specialists, as is usual practice, to support clinical governance.
- Implement local health district RACF OMP and undertake actions as needed to assist RACFs in responding to an outbreak. Regularly review and update the OMP.
- Facilitate hospital transfers, where needed.

Tasks

- Public Health Unit to conduct initial risk assessment on notification of the case/s and provide advice to RACF on actions to manage the outbreak/exposure, including testing requirements.
- Public Health Units should undertake active surveillance of cases in staff and residents, and declare the outbreak closed when appropriate.
- Public Health Unit to notify Public Health Response Branch and the Australian Government Department of Health and Aged Care of deaths associated with a RACF outbreak.
- Participate in inter-agency Outbreak Management Team.
- Support specialist clinical care of residents by providing advice and/or access to services where needed (e.g. geriatrics, infectious diseases, palliative care) through existing local pathways when required.
- Provide advice to RACFs on infection prevention and control measures, including isolating and cohorting residents, and support the RACF IPC lead/s as required.
- Support the RACF and general practitioners to provide appropriate patient-centred clinical care as needed, including advance care planning for residents.
- Support the RACF and general practitioners to manage the clinical deterioration of residents, including care in RACF and/or transfer to hospital as clinically determined and consistent with the wishes of the resident.

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, by exception.
- Provide expert advice to LHD Infection Prevention and Control Teams, as required.
- Develop IPC resources for use generally by local health districts and providers.

State Health Emergency Operations Centre (SHEOC)

Role

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

Tasks

- Support LHDs where necessary 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 statewide emergency response issues as required to relevant parties.
- Escalate issues as required to the Senior Intergovernmental Oversight Group
- Communicate regularly with Local Health Districts, Public Health Response Branch, Clinical Excellence Commission, Australian Government Department of Health and Aged Care, 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.

Name	Members	Functions	Meeting Frequency
<p>Senior Inter-governmental Oversight Group (SIOG)</p>	<ul style="list-style-type: none"> • Deputy Secretary, Ageing and Aged Care, Australian Government Department of Health and Aged Care • Aged Care Quality and Safety Commissioner • Deputy Secretary, Health System Strategy and Planning, NSW Health • State Health Emergency Operations Centre (SHEOC) - Controller or delegate • Director, SHEOC Aged Care and Disability <p>Chair: Deputy Secretary, Ageing and Aged Care, Australian Government Department of Health and Aged Care</p> <p>Secretariat: Australian Government Department of Health and Aged Care</p>	<ul style="list-style-type: none"> • Monitor and action requirements for significant scaling of Commonwealth and State resources in relation to multiple outbreaks • Monitor progress of outbreak management and agree any actions required to address critical or emerging issues that require government support • Consider all relevant information from all members • Document agreed actions • Advise relevant Ministers on response to outbreaks • Communicate to peak bodies 	<p>Initial meeting as required and then meeting frequency as required</p> <p>Convened at the request of a party to address an unresolved issue where the total resources of NSW, including the coordinated interagency joint response, are considered.</p>
<p>Inter-agency Outbreak Management Team (OMT)</p> <p>NB: actual team membership will vary</p>	<ul style="list-style-type: none"> • Residential Aged Care Facility • Local Health District (including Public Health Unit and Clinical Team as required) • Australian Government Department of Health and Aged Care Case Management Team • Aged Care Quality and Safety Commission Compliance Case Coordinator <p>Input and advice may be sought as needed from others</p> <p>Chair: Provider</p> <p>Secretariat: Provider</p>	<ul style="list-style-type: none"> • Provide information and advice to support RACF implementation of the Outbreak Management Plan • Advise on appropriate infection prevention and control measures in line with national and state guidance (e.g. restrict resident movement and visitor access, audit infection prevention and control) • Assess staff resources and surge staff planning • Identify and investigate all positive COVID-19 cases • Monitor and escalate issues as required • Identify, provide, and coordinate additional supports where required. 	<p>As determined by a risk assessment and agreed by the OMT</p>

