SESLHD PROCEDURE COVER SHEET

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KEY TERMS	Aged Care, RACFs, COVID-19, Public Health
SUMMARY	This document provides guidance and delineates procedures and responsibilities within SESLHD for rapid response teams to provide immediate assessment and support aged care facilities in the District following confirmation of COVID-19 in staff or residents.

Feedback about this document can be sent to seslhd-executiveservices@health.nsw.gov.au

1. POLICY STATEMENT

Overarching policy guidance is provided in:

1. Australian Public Health Guidelines for Novel Coronavirus 2019 (the SoNG)
2. COVID-19 guidelines for outbreaks in residential care facilities
3. NSW Incident Action Plan for a public health response to a confirmed case of COVID-19 in an aged care facility

2. BACKGROUND

- The COVID-19 pandemic has caused particularly severe outcomes for elderly people.
- Aged care facilities are at high-risk due to the number of elderly residents in close proximity.
- Rapid identification and isolation of COVID-19 cases and optimising infection control is vital to limiting the spread of infection in aged care facilities.
- Early widespread screening of residents can be beneficial in preventing and managing potential outbreaks.
- This procedure provides guidance on creating and managing rapid response teams of SESLHD nursing staff to undertake screening of residents in affected aged care facilities where COVID-19 infection has been identified, to review infection control practices, with specialist clinical assessment and support of resident care.

3. RESPONSIBILITIES

3.1 The Public Health Unit (PHU) will:

- Undertake an initial risk assessment of a notification of COVID-19 in an aged care facility worker or resident
- Form and jointly chair an Incident Management Team with the facility, the local geriatric outreach service and Public Health Emergency Operations Centre (PHEOC)
- Notify the Director Population and Community Health (PaCH) and the Executive Director Operations in hours, or the District Executive on-call if after hours, of the situation including:
    - Current situation and risk assessment
    - Timeline and number of staff and residents requiring swabbing
    - Need and timeline for an infection control assessment
    - Need and timeline for on-site clinical support
- Lead the immediate response team and supply public health nurses and logistics
- Advise SAViD of the number of swabs to be collected, time expected, and transport collected swabs to laboratory
- Report regularly to the Director PaCH and Executive Director Operations on the outbreak

3.2 SESLHD COVID-19 Clinics will:

- Nominate for each shift a staff member experienced in nasopharyngeal swabbing to be rapidly deployed to an aged care facility immediate response team, if required
- Supply the staff member with sufficient Personal Protective Equipment (PPE) and swabs to swab 50 people

3.3 SESLHD Infection Prevention and Control Units will:

- Have available an experienced infection control practitioner, seven days per week, to be rapidly deployed to a local aged care facility immediate response team, if required

3.4 SESLHD Geriatric Flying Squads will:

- Have available a nurse practitioner and/or geriatric specialist, seven days per week, to be rapidly deployed to a local aged care facility immediate response team, if required

3.5 Aged Care Facility Director will:

- Direct, monitor and oversee the outbreak response within the facility, according to role defined in the NSW Incident Action Plan

4. PROCEDURE

4.1 Preparedness and Prevention

Through the Aged Care and Rehabilitation Clinical Stream, extensive work has been done to inform and develop capacity in local aged care facilities about reducing COVID-19 risk, rapid identification of suspected cases, testing, and infection control.

Rapid Aged Care Engagement & Preparedness Response (RACER) Teams were established temporarily to support this preparation and assessed the preparedness of each aged care facility in the District during September-October 2020. Copies of the RACER facility assessments, which includes details of the characteristics, capacity and contact details of each RACF across SESLHD, can be accessed here: http://sesinet/sites/ACCSOS/RACER%20Team/Forms/AllItems.aspx. For access, contact the Nurse Manager for Aged Care and Rehabilitation Clinical Stream.

All aged care facilities have SEALS swab test kits available, and a mechanism to rapidly get swabs to the laboratory. A SESLHD preparedness pathway is available here: http://seslhnweb.lan.sesahs.nsw.gov.au/COVID/resources.asp

SESLHD have compiled an internal stockpile of PPE to support up to three aged care facilities with contact and droplet precautions for 100 residents per facility for the first 48 hours. This internal stockpile can be accessed if required via the SESLHD Procurement team.

In partnership with the Central and Eastern Primary Health Network (CESPHN), a panel of local general practitioners (GPs) has been created and a locum agency has been

engaged to support RACFs in the event that the usual GPs are not available to assist with an outbreak. The GP Panel and locum agency can be accessed via the CESPHN representative as part of the Incident Management Team (IMT).

The Australian Government has also provided sector wide support with information and resources to prepare for and respond to COVID-19.

4.2 Response

On confirmation of COVID-19 infection in a resident or staff of an aged care facility, the public health nurse and staff specialist will immediately:

- Notify the PHEOC which will notify the Aged Care Quality and Safety Commission
- Contact the aged care facility manager and advise isolation of the case and any close contacts
- Obtain a history of the illness in the case, identify potential sources, and ascertain if other staff or residents are symptomatic
- Advise on immediate infection control measures
- Review the RACER facility assessment

Within twelve hours (and as soon as feasible) the public health staff specialist will convene a teleconference of the incident management team (aged care facility manager, facility corporate manager, Nurse Manager, Aged Care & Rehabilitation Clinical Stream, local Geriatric Flying Squad (GFS), facility GP, SESLHD Media Officer and PHEOC) to review:

- Current situation – index case, close contacts, other residents and staff
- Facility setting – wards, care level, occupancy, etc
- Current precautions (infection control, visitor restrictions, cleaning, etc.)
- Staffing available
- PPE supplies
- Testing supplies.

The incident management team will determine:

- If swabbing of all residents and staff is required – number and timeframe
- If infection control review is required, and urgency
- Responsibilities and approach to clinical management
- Other support required – e.g. staffing, PPE – and escalate to aged care facility corporate management or Senior Inter-governmental Oversight Group (SIOG).

The public health specialist will liaise with Executive Director Operations or District Executive on-call if after hours to arrange for COVID-19 Clinic and infection control staff to join the aged care facility immediate response team, and with the local GFS for clinical support if required.

Aged Care Facility COVID Immediate Response Team members and roles:

Field Commander – public health specialist on-call – liaises with aged care facility management and resident families; provides clinical input if required. Ensures aged care facility management is able to implement quarantine of close contacts, exclude exposed staff for 14 days, respond

appropriately to symptomatic residents, and update line list daily. Liaises with clinical team to coordinate any hospital transfers. Completes aged care facility assessment summary with input from team members.

Swabbing teams – each team should have a COVID-19 Clinic staff member experienced in swabbing and a support nurse (can be public health nurse). Both require contact and droplet PPE. The teams should plan to swab all residents and any staff present at the aged care facility. Depending on numbers of symptomatic staff and residents one team could be nominated to swab symptomatic people, or alternately, all teams to first swab asymptomatic people then after changing PPE, swab those who are symptomatic.
The swab nurse visits each resident or staff, changing gloves between patients, obtains verbal consent and swabs oral and nasal mucosa using a single swab (nasal only or nasopharyngeal where oral swab is not feasible or safe). The support nurse labels the tube, completes the laboratory request form, and cleans and maintains trolley and supplies.
It is estimated a team can swab 12 – 15 residents or staff per hour. Up to four teams can be formed if required, allowing 150 staff and residents to be swabbed in three hours.

Infection control team – includes infection control practitioner and a public health nurse, accompanied by the aged care facility registered nurse to review infection control procedures, training, availability of hand gel and basins, clinical waste management and environmental cleaning practices, and equipment/products. Observe aged care facility staff don and doff for droplet precautions. Ensure total workforce have received theoretical and practical training.

Clinical team – nurse practitioner and/or geriatric specialist from GFS, assisted by public health nurse and GPs via CESPHN Panel or Locum Service. Review any symptomatic residents, and undertake medical record review to identify any other residents recently symptomatic. Ensure aged care facility manager knows to contact GP or GFS for deteriorating residents. Where hospital assessment is agreed use patient transfer form. Remind aged care facility manager to ensure advance care plans are current for all residents.

Logistics team – administrative staff from public health unit ensure kit supplies replenished, documentation complete, monitor staff hours, arrange transport and meals, and other support as required.

4.3 Reporting

On return to base, PHU to notify Executive Director Operations or District Executive on-call if after hours, and PHEOC of assessment.
PHEOC to convene SIOG to review assessment and arrange further support.

Aged care facility manager to provide updated line list to PHU by 10 am daily.

PHU to report any positive swabs to aged care facility manager as they become available and implement appropriate isolation/exclusion; negative resident and staff swabs to be added to line list and also reported by PHU to staff.

PHU to update District Executive via public health summary, or more frequently should new cases arise. In parallel, the aged care facility manager is responsible for reporting to the corporate manager and the Aged Care Quality and Safety Agency.

4.4 Monitoring

The incident management team will meet daily to review:

- Line list
- Staffing levels
- PPE supplies
- Other matters

The incident management team will determine the need for additional rounds of wide-scale swabbing based on ongoing risk assessment of the situation.
Any issues with staffing, PPE, clinical governance etc. will be referred to the SIOG.

4.4 Recovery

When no new cases have been detected for one week the incident management team may review the frequency of teleconferences.
Once two weeks have passed since the last case was effectively isolated, the outbreak may be considered over and quarantine measures eased. The aged care facility should continue to liaise closely with the GFS and arrange swabbing via SEALS of any newly symptomatic residents or staff.

5. AUDIT

Not required

6. REFERENCES

1. Australian Public Health Guidelines for Novel Coronavirus 2019 (the SoNG)
2. COVID-19 guidelines for outbreaks in residential care facilities
3. NSW Incident Action Plan for a public health response to a confirmed case of COVID-19 in an aged care facility

7. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
24/8/2020	1	Dr Vicky Sheppeard. Approved by Dr Marianne Gale. Approved by Executive Sponsor, Elizabeth Curran, Executive Director Operations.
14/10/2020	2	Minor review by Dr Vicky Sheppeard. Additional information included about engagement with CESPHN GPs, PPE stockpile and RACER facility assessment repository. Approved by Dr Marianne Gale. Approved by Executive Sponsor, Elizabeth Curran, Executive Director Operations.

Appendix 1: Kit list for each Swabbing Team

Kit List

Gowns	20
Gloves – med & large –	1 box each
Masks	2 boxes
Goggles	15

Tympanic thermometers (1) and covers (50)

Clinell wipes	5 containers
Waste bags	5 large
Hand gel	5 large pump

Box of pens

NSW Health fact sheets: Information for residents, families and aged care facility staff
1. Home isolation guidance for people confirmed to have COVID-19 infection
2. Home isolation guidance for close contacts

Laboratory request form – 20
Green swabs – 2 boxes
Specimen bags – 200

1 copy of **COVID-19 Response – Aged Care Facility Assessment Procedure**

Appendix 2: Laboratory Request Form

Aged Care Facility: _____

Specimen collection date: _____

Specimens: Upper respiratory tract swabs

Tests required: COVID-19 PCR [X] Respiratory multiplex PCR [ ] **URGENT** [X]

Specimen collection – Use either red top (UTM) or green top (VTM) swabs.
During **transportation** specimens should remain bagged and sealed and not exposed to heat.

Patient Details:

Name	*Date of Birth*	*Sex*	*Symptoms?*	*Ward/role*

Deliver to:
SAViD Area Virology Laboratory (NSWHP Randwick Microbiology)
Specimen Reception
Level 4 Prince of Wales Hospitals Campus
Randwick NSW 2031

Collector's Name: Collector's signature:

Requesting Doctor's Name: Doctor's signature:

Report to:
Dr Vicky Sheppeard FAFPHM no. 0487195A
Deputy Director, Public Health Unit, SESLHD
Locked Bag 88, Randwick NSW 2031
Fax: 02 9382 8314

Appendix 3: Aged Care Facility Assessment Summary Form

AGED CARE FACILITY ASSESSMENT SUMMARY FORM

Assessment Date: **Aged Care Facility name:**

Team Leader:

Category	Number	Comments
Residents swabbed		
Staff swabbed		
Clinical reviews	Total: Symptomatic:	
Infection control review	Hand gel: Basins: Training:	
	Skills: Cleaning: Waste:	

Appendix 4: Patient Transfer Form – COVID-19 Risk – Use Contact and Droplet Precautions

Date: **Time:**

Assessors name:

Patient details

Name: **D.O.B.:**

Sex: F/M

Patient contact details:

Facility contact:

Provisional diagnosis:

Clinical notes:

Appendix 5: Daily Outbreak Line List

Resident respiratory illness Li