

Under review 19/1/2022

## **COVID-19 Infection Prevention and Control**

Residential Aged Care Facilities, Multi-Purpose Services,  
Community Residential Care Group Homes, Hostels and  
Refuges

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Version 2.0



CLINICAL  
EXCELLENCE  
COMMISSION

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Revision History (most recent updates are highlighted in yellow)		
Version	Date	Changes/Additions
Version 2.0	July 2021	<ul style="list-style-type: none"> <li>• Indications for Airborne Precautions and the recommendations on the use of P2/N95 respirator.</li> <li>• Addition of Outbreak Management Checklist</li> <li>• COVID-19 Response and COVID-19 Outbreak Preparedness Assessment for RACF</li> <li>• Addition of link for COVID-19 vaccination</li> <li>• Merged outbreak preparedness and checklists together</li> </ul>
Version 1.0	November 2020	First publication

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## Introduction

This document provides infection prevention and control (IPAC) guidance for residential aged care facilities (RACFs), multi-purpose services (MPS), community residential care group homes, hostels and refuges when COVID-19 is suspected or confirmed in a resident(s), health and care staff or visitor.

The Clinical Excellence Commission (CEC) provides guidance and policies on IPAC to protect our residents/clients, health and care staff and healthcare environments. As the COVID-19 pandemic situation is evolving, advice and resources for clinicians, aged care workers and the public are being updated to meet changing needs. Health and care staff should check the New South Wales (NSW) Health COVID-19 and the CEC Infection Prevention and Control COVID-19 [web pages](#) for the most up-to-date information.

COVID-19 infection disproportionately affects aged care facilities due to the high proportion of frail older adults, those with underlying chronic medical conditions and lower resident to workforce ratios. It increases both the incidence prevalence and severity of the infection resulting in higher mortality rates.<sup>(1)</sup>

Providers of care in RACFs, MPS and community residential care homes should continue to ensure that there is minimal impact on resident care activities and models of care. The components of COVID-19 recognition and prevention must not impede routine care and necessary resident safety and quality programs.

The virus that causes COVID-19 is spread mainly from person-to-person in close contact with one another, through respiratory droplets produced when an infected person coughs or sneezes and by touching a surface which has been contaminated by an infected person. When picked up on other peoples' hands, it can be transmitted when they touch their face, nose or mouth.

**Viruses are mainly transmitted by close contact. However, transmission of COVID-19 has been reported in the absence of close physical contact, where there has been inadequate air circulation within various confined spaces via airborne transmission or aerosols.**

The need for personal protective equipment (PPE) should be based on the anticipated exposure to blood and body substances, and precautions should be based on the mode of transmission of the infectious agent. It is expected RACFs, MPS, community residential care group homes, hostels and refuges maintain adequate supplies of PPE and hand sanitiser as part of their work health and safety (WHS) obligations.

For the most up to date information, check the following websites:

1. [NSW Health COVID-19: Advice for aged care services](#)
2. [Australian Government Department of Health: Aged Care](#)
3. [NSW Health information for disability support providers](#)

## Scope and purpose

This guidance was developed by the CEC Healthcare Associated Infection Program and endorsed by the IPAC Expert Group and CEC IPAC Steering Committee. Consultation occurred with aged care expert groups.

The focus of the information within this document is on aged care facilities. However, the information can be adapted and used to provide guidance to support infection prevention and control in community residential care group homes, hostels and refuges.

The purpose is to provide guidance on IPAC requirements for RACFs, MPS, community residential care group homes, hostels and refuges in the:

1. Outbreak preparedness
2. Routine and outbreak IPAC
3. Use of PPE to prevent transmission
4. Identification and management of resident
5. Identification and management of outbreaks

Identification and management of outbreaks This guidance is based on the available evidence, expert advice, national recommendations and risk assessment of the current status of the COVID-19 pandemic in NSW. This guidance should be used in conjunction with the existing policy framework and local procedures. More detail can be sourced from key NSW and National sources (see Appendix A).

## Understanding Coronavirus, SARS-CoV-2 and COVID-19

Table 1 Understanding coronavirus, SARS-CoV-2 and COVID-19

<b>Coronavirus</b>	<ul style="list-style-type: none"><li>• Coronaviruses are a large family of viruses, that can cause illness in humans and in animals such as bats; camels, and civet cats</li><li>• Human coronaviruses typically cause mild illness, such as the common cold</li><li>• Human coronaviruses were first identified in the mid-1960s</li></ul>
<b>SARS-CoV-2</b>	The new coronavirus was named by the World Health Organisation (WHO): Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
<b>COVID-19</b>	<ul style="list-style-type: none"><li>• COVID-19 is the disease caused by the SARS-CoV-2</li><li>• It appears to have first emerged in Wuhan, China, in late 2019</li><li>• By the end of January 2020, the WHO alerted the world regarding this new virus</li><li>• Australia declared it a pandemic at the end of February and WHO declared it as an international pandemic mid-March 2020</li></ul>

# How is the SARS-CoV-2 spread?

Table 2 How SARS-CoV-2 spreads and strategies for prevention

How it spreads	Key strategies for prevention	Transmission Based Precautions
Respiratory droplets	<ul style="list-style-type: none"> <li>Physical distancing</li> <li>Surgical mask or P2/N95 respirator</li> <li>Physical distancing engineering controls:                             <ul style="list-style-type: none"> <li>ventilation and air flow</li> <li>negative pressure room (if available)</li> </ul> </li> </ul>	Contact, Droplet and/or Airborne Precautions + Eye protection
Direct contact with the contaminated hands from an infected person	<ul style="list-style-type: none"> <li>Hand hygiene</li> <li>Wearing of gloves</li> <li>Gown/apron</li> <li>Physical distancing</li> </ul>	(See Appendix H)
Indirect contact with equipment and surfaces touched/handled by an infected person	<ul style="list-style-type: none"> <li>Cleaning and disinfection of equipment and surfaces</li> <li>Hand hygiene</li> <li>Gown/apron</li> <li>Wearing of gloves when cleaning</li> </ul>	

## Key messages of this guidance

1. Early recognition of residents with suspected or confirmed COVID-19 is essential to maintaining the health and wellbeing of all residents, health and care staff and the community.
2. IPAC education and training is key to making health and care staff safe from transmission.
3. Adherence to IPAC principles, including use of PPE, is key in the prevention and control of inadvertent exposure to pathogens. Health and care staff are to follow their own local guidelines and procedures as they apply to the specific facility.
4. A single positive case of COVID-19 (resident, staff member or recent visitor) is classified as an outbreak. Each outbreak will differ according to the circumstances of the RACF, therefore, the application of the protocol will be applied based on identifying and understanding the features of the outbreak.

## Key Principles for Infection Prevention and Control

### Triage and risk assessment:

Triage and risk assessment should take place for external visitors, contactors, delivery staff, health and care staff on arrival to the facility. Triage and risk assessments should follow restrictions identified here: [NSW Health COVID-19: Advice for aged care services](#) and [Guidance for symptom](#)

[monitoring in health and aged care workers during the COVID-19 outbreak](#). [NSW Public Health Orders](#) related to residential aged care facilities will also provide legislative requirements for changes to RACF. Mandatory [electronic check](#) in is required by staff and visitors when they enter RACF or hostels, but not residents.

## Visitors:

Implement measures to limit or restrict visitation or provide an alternative method e.g virtual visits (where possible and practical) with a view to reduce cross transmission to protect residents. Decisions about visitor limits or restrictions will be made by the aged care provider, NSW Health via [Public Health Orders](#) or Commonwealth Department of Health. Changes to visitation should be made based on risk to residents, staff and to visitors. Communication about changes to visitation must be provided to the residents' families, carers or authorised persons. For more information refer to NSW Health [Advice to residential aged care facilities](#) and [Industry Code for Visiting Residential Aged Care Homes during COVID-19 | Australian Government Department of Health](#)

## Physical distancing:

Practice physical distancing at all times to limit the transmission of COVID-19. Where practical, health and care staff and residents are to remain one point five (1.5) metres apart with the exception of the provision of care, treatment, assessment, meals, recreation programs, rehabilitation and procedures. When health and care staff are working in shared workplaces such as offices, tea rooms, meeting rooms, [physical distancing principles](#) and mask requirements as directed by NSW Health [Public Health Orders](#) should be developed by the aged care provider. The Australian Government physical distancing poster can be accessed [here](#).



## Respiratory hygiene and cough etiquette:

The following measures to contain respiratory secretions are recommended for everyone. These messages should be communicated to health and care staff, contractors, residents and any visitors:

- Cover mouth and nose with a tissue when coughing or sneezing
- Use a tissue or elbow to cough or sneeze into
- Use the nearest waste bin to dispose of the tissue after use
- Perform hand hygiene - hand washing with soap and water for 20 seconds or alcohol-based hand rub after coughing or sneezing or if contaminated objects/materials/equipment are touched
- Reusable handkerchiefs are not acceptable if a person has an acute respiratory illness.

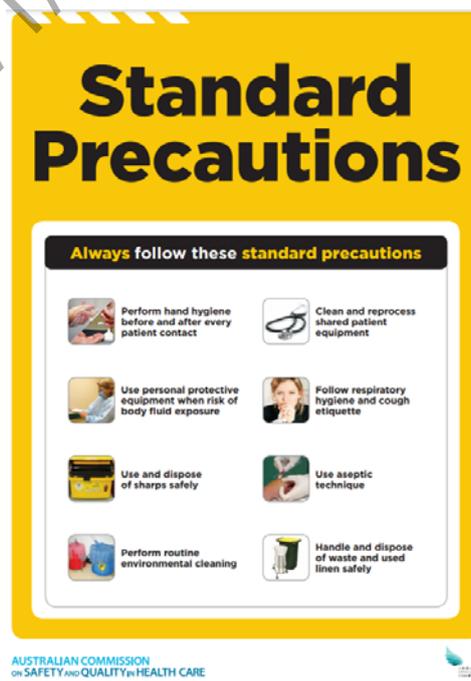
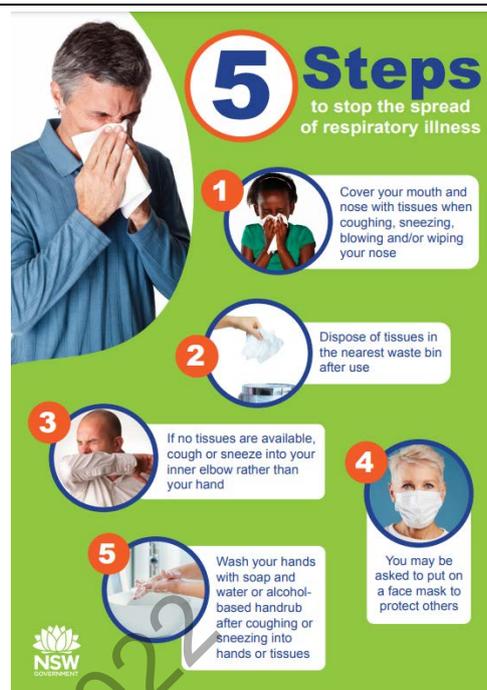
See Clinical Excellence Commission website: [Respiratory Hygiene \(Cough Etiquette\)](#)

## Standard Precautions:

Standard precautions represent the minimum infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident. This must be applied in any setting where residential aged care, multi-purpose service, community residential care group home, hostel and refuge care is delivered. These evidence-based practices are designed to protect and to prevent spread of infection among residents, visitors and health and care staff.

Standard Precautions are to be applied by every person, every time and comprise of the following measures:

- Hand hygiene
- Respiratory hygiene and cough etiquette
- PPE is applied when exposure to blood and body substance is anticipated or if protection is required to prevent the transmission of a communicable disease or transmissible infection
- Aseptic technique for clinical procedures
- Occupational exposures: prevention of needlestick/sharps injuries or blood and body fluid splashes
- Cleaning and disinfection of the environment and shared resident care equipment (see Appendix D)
- Waste disposal



## Transmission Based Precautions:

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When Standard Precautions alone are insufficient to stop the transmission of a microorganism (transmissible infection or communicable disease), Transmission Based Precautions should be used. These precautions are applied and based on the way that the communicable disease or transmissible infection is transmitted.

- **Contact Precautions** protect health and care staff and prevent transmission of COVID-19 by either direct physical contact with the resident, contact with shared resident care equipment and from environmental surfaces.
- **Droplet Precautions** protect health and care staff nose, mouth and eyes from droplets produced by the resident coughing and sneezing.
- **Airborne Precautions** protect health and care staff's respiratory tract from much smaller droplets that become suspended in the air and may travel several metres.

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## Use of appropriate PPE

### Contact and Droplet Precautions (surgical mask and eye protection)

- Patients with acute respiratory infection (ARI) or recent onset of fever without an alternative clinical focus with NO epidemiological link. (COVID-19 screening and testing for other respiratory viruses is recommended).

### Contact, Droplet and Airborne Precautions (P2/N95 respirator and eye protection)

- Confirmed COVID-19 cases
- Suspected cases (a person who meets clinical AND epidemiological criteria or a person identified as a close contact by the NSW Public Health Unit, regardless of symptoms)

The type of PPE selected for each task will vary based on the level of precautions applied, such as Contact, Droplet or Airborne or a combination of these precautions.

The choice for gown/apron and gloves will depend on the task being performed, contact with patients or residents and need to prevent contamination of skin and/or clothing.

- Vinyl gloves are not recommended to be part of the PPE used for the clinical care of patients in the context of COVID19. Powder-free latex or nitrile gloves are more acceptable as part of the PPE as they are less likely to be breached and cause an exposure to body fluids or COVID-19 contaminated surfaces.
- Gloves should be selected and worn in line with the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2021\)](#)

### Contact Precautions PPE



Hand Hygiene



Disposable  
Gloves



Fluid Resistant or  
Isolation Gown

### Droplet Precautions PPE



Hand Hygiene



Surgical Mask



Eye Protection

### Airborne Precautions PPE



Hand Hygiene



P2/N95  
Respirator

### Combined Precautions PPE – Contact and Droplet Precautions (COVID-19)



Hand Hygiene



Disposable  
Gloves



Fluid Resistant or  
Isolation Gown



Surgical Mask



Eye Protection

Standard Precautions + Contact Precautions + Droplet Precautions

## Contact, Droplet and Airborne Precautions (COVID-19)



Hand Hygiene



Disposable  
Gloves



Fluid Resistant or  
Isolation Gown



Eye Protection



P2/N95  
Respirator

Standard Precautions + Contact Precautions + Droplet + Airborne

### Assess and monitor risk

- a. Health and care staff should conduct routine risk screening and monitor risk to their residents/clients at each point in the episode of care. Special consideration should be given to residents who may not have capacity to answer COVID-19 screening or risk assessment questions accurately.
- b. Health and care staff must follow all requirements for assessing, monitoring and reporting their own health and risk factors associated with COVID-19 to ensure their own safety, their colleagues and the safety of those to whom they provide care. Health and care staff, healthcare students and volunteers must not attend work if they have:
  - ✓ any acute respiratory symptoms;
  - ✓ been informed by the NSW Health contact tracing team that they are a close contact;
  - ✓ been to a [venue of concern](#);
  - ✓ suspected or confirmed COVID-19;

Symptoms of COVID-19 include fever, cough, sore/scratchy throat, fatigue and shortness of breath. Other reported symptoms of COVID-19 include loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite. For latest information on clinical presentation refer [to CDNA National Guidelines for Public Health Units](#).

- c. Health and care staff who have been informed or identified as a [close](#) or [casual](#) contact must follow the health advice provided before returning to work.
- d. Health and care staff must follow the [home isolation guidance for people confirmed to have COVID-19 infection](#). Before returning to work, health and care staff must follow the [NSW Health Release from Isolation criteria](#).
- e. Health and care staff must also follow relevant [NSW Public Health Orders and restrictions](#) as they apply to residential aged care facilities (RACFs), multi-purpose services (MPS), community residential care group homes, hostels and refuges.

## Behaviours of concern:

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The [Infection Control Expert Group](#) (ICEG) has provided guidance: [Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission of COVID-19](#). The guidance outlines the minimum PPE that should be used when in contact with residents who are suspected or confirmed COVID-19. In areas of increased community transmission, health and care staff may be required to wear a particulate filter respirator (P2/N95 respirator) when caring for residents with cognitive impairment or residents with behaviours of concern. Behaviours of concern is defined as shouting and residents who are agitated or find instructions hard to follow. This can be especially prevalent during the first week of infection when viral load may be high and risk of transmission increased.

## Vulnerable:

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Vulnerable ([at risk for COVID-19](#)) residents should be identified and risks associated with specific COVID-19 vulnerability should be considered when providing care in RACFs, MPS, community residential care group homes, hostels and refuges. The number of health and care staff and contacts for vulnerable residents should be minimised as much as possible whilst maintaining the health and wellbeing of residents. For example, reviewing the appropriateness on the number of students, health and care staff in a resident's room and the duration of time spent with the resident within 1.5 metres. Use of Telehealth may be considered to reduce the number of health professionals visiting the resident particularly for non hands-on type care (See Appendix F).

## Vulnerable health and care staff:

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Vulnerable health and care staff should be individually risk assessed to determine their suitability for care of residents with suspected or confirmed COVID-19. For more information see [Advice for people at risk of coronavirus \(COVID-19\)](#) and [Coronavirus \(COVID-19\) aged care workforce measures frequently asked questions](#).

## All healthcare or care providers:

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All health staff or care providers (including volunteers and non-clinical community support workers) who may be required to provide care to residents with suspected or confirmed COVID-19 must complete, at a minimum level, education and training in IPAC related to COVID-19. This includes the donning and doffing of PPE. Training videos are available on [My Health Learning](#) and on the CEC [website](#).

## Ensure culturally safe work environments and health services:

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Use evidence-based practice to ensure culturally safe work environments and health services. See [NSW Aboriginal Health Plan 2013-2023](#) and [NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023](#).

## Dress codes:

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For information on uniforms/non-uniform clothing, footwear and dress codes, refer to facility/aged care provider uniform policies/procedures/guidelines.

## Annual influenza vaccination and other vaccinations:

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For annual influenza vaccination and other vaccinations for adults, children and adolescents, refer to:

- a. [NSW Immunisation Schedule 2020](#)
- b. The NSW Health [Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases Policy](#) which outlines requirements for health workers
- c. Commonwealth Department of Health Aged Care Provider Responsibility for [Influenza Vaccination](#) requirements. All health and aged care staff, residents and visitors to have an influenza vaccination, unless medically contraindicated.
- d. [COVID-19 vaccine for RACF](#)

## Access to hand hygiene products:

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Access to hand hygiene products on entry to RACFs, MPS, community residential care group homes, hostels and refuges. Hand hygiene products should be accessible and available at the entry to the facility, entry to any room for consultation, assessment, care, clinical procedure, treatment or diagnostic procedure and resident's bedrooms.

## COVID-19 Infection Prevention and Control Response and escalation framework:

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The framework outlines the management for the changing COVID-19 transmission risk within NSW communities and the appropriate IPAC response for health and RACFs. A key focus during escalation is the use of PPE, including surgical masks. Continual risk assessment of residents and staff should apply in all care settings. [COVID-19 Infection Prevention and Control Response and escalation framework](#).

## Resident hygiene:

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Resident hygiene is important if they are isolated (or cocooned) due to suspected or confirmed COVID-19. Residents can continue to shower with the shower door open, exhaust fan on and health or care staff wearing the appropriate PPE. All PPE must be removed and disposed of after leaving the residents room in appropriate bins provided for this purpose.

## General principles for preventing transmission

ICEG recommends the following [general principles of infection prevention and control](#) to prevent transmission within RACFs:

- Information about the elements of routine IPAC should be provided to all health and care staff, contractors, residents (as far as possible) and visitors (as appropriate)
- All health and care staff within RACFs should be trained in basic IPAC practices, when they begin employment at the facility, in response to outbreaks and **at regular intervals determined by the facility**. Regular monitoring of staff adherence to IPAC practices needs to be undertaken to ensure compliance and will also support accreditation requirements.
- Training should be appropriate to their roles and include hand hygiene and the use of PPE (**donning, doffing**)

## CDNA recommended assessment of vulnerability

The Communicable Diseases Network of Australia (CDNA) recommends that facilities considering [health screening](#) to monitor for symptoms of COVID-19 should undertake a facility specific assessment which includes:

- Assessment of the vulnerability of the residents
- Consideration of the current rate of transmission of COVID-19 within the local community (see [weekly COVID-19 surveillance reports](#))
- A risk benefit assessment (i.e. time, staff, equipment vs possible detections and staff on furlough) including a workforce management plan that includes [contingencies](#) in case of an outbreak
- PPE stocktake and to determine where additional PPE may be sourced quickly if required.

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## Risk of COVID-19 for vulnerability assessment

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The risk of severe illness related to COVID-19 increases with age. The more risks or co-morbidities that a resident has, the greater their vulnerability. COVID-19 vaccination will reduce the risk of COVID-19 infection and may reduce the severity of infection in residents who acquire COVID-19 despite being vaccinated. The greatest risk for severe illness from COVID-19 is for older people aged 85 years and older; Aboriginal and Torres Strait Islander persons aged 50 years and older; and people over the age of 65 who have underlying medical conditions such as:

- Serious heart conditions such as heart failure; coronary artery disease; or cardiomyopathies
- Type 2 diabetes mellitus
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant or other conditions
- Obesity (body mass index [BMI] of 30 or higher)
- Cancer
- Poorly controlled Hypertension

## Education and training of workforce for COVID-19

Health and care staff require ongoing access to education and training. RACFs, MPS, community residential care group homes, hostels and refuges require detailed facility wide IPAC education and training strategies to respond to the risks associated with COVID-19.<sup>5</sup>

Free education and training is available online from a number of approved Government sites:

1. Australian Department of Health: [COVID-19 infection control training](#)
2. Australian Commission on Safety and Quality in Health Care: [National Hand hygiene and Infection Control Modules](#) (requires registration)
3. CEC:
  - a. [Video - What are Transmission Based Precautions](#)
  - b. [Video - how to don and fit check a respirator. Airborne precautions.](#)
  - c. [Video - How to do combined contact, droplet and airborne precautions](#)
  - d. [Infection Prevention & Control: Personal Protective Equipment \(PPE\) RACF TRAIN THE TRAINER](#)
  - e. [Airborne Precautions](#) – donning, interacting with patients, doffing
  - f. [Contact Precautions](#) – donning, interacting with patients, doffing
  - g. [Droplet Precautions](#) – donning, interacting with patients, doffing
  - h. [How can Human Factors assist with COVID-19](#)

4. HETI: Refer to [HETI My Health Learning](#) training modules in below:

Title	Course code
Step-by-step guidance on PPE donning and doffing	294450660
Donning and fit checking of P2/N95 respirators in NSW healthcare settings video series	319438161
Personal protective equipment for combined Transmission-Based Precautions	294450660
Infection Prevention – Transmission-Based Precautions	253093581
Infection Prevention – Enhanced Precautions for Pandemic Flu	289888589

Health and care staff within RACFs should understand and be competent regarding PPE requirements, when to wear PPE and how to remove PPE safely.

It is important that RACF staff understand that there are a number of IPAC strategies to prevent and control the transmission of COVID-19 and other communicable diseases. The existing evidence shows that COVID-19 can be transmitted to staff when the incorrect PPE is worn, PPE is worn incorrectly or when the PPE is incorrectly removed. Additional PPE training and competency or clinical skills assessments are required to support safety practices by health and care staff.

Health and care staff should only use PPE that is prescribed in NSW Ministry of Health policy directives, CEC COVID-19 guidance and local policy or procedures.

PPE 'creep' has been identified during the pandemic as a risk to health and care staff who add or choose PPE that is not recommended for transmission-based precautions e.g. cloth masks, a cloth or disposable surgical scrub cap and overshoes, an apron over a long sleeved disposable gown or other PPE adornments. This potentially increases the risk of self-contamination, particularly on PPE removal. If the PPE is uncomfortable, does not fit properly, or the health and care staff has an adverse reaction to PPE, they should consult their manager or supervisor to seek alternative options.

### **Key safety messages for all health and care staff**

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The adherence to IPAC principles, including the use of PPE, is key in the prevention and control of inadvertent exposure to pathogens. Health and care staff are to follow their own local guidelines and procedures as they apply to the specific facility.

The following focus IPAC safe practices are for all settings:

- Hand hygiene must be understood by all staff. This includes the understanding of when and how to perform hand hygiene.
- Hand hygiene products must be accessible at the point of use and entry points to facility and resident's room
- PPE must be available.
- Health and care staff must be bare below the elbows for clinical care.
- Health and care staff should avoid touching their face and should maintain physical distance when appropriate.

## Placement of residents with suspected/confirmed COVID-19

Residents with suspected or confirmed COVID-19 should be isolated (or cocooned) in a single room with an ensuite bathroom.

- Their isolation period will be determined by the local Public Health Unit (PHU)
- Special arrangements, on a case-by-case basis may be needed for care of residents with dementia who need to be isolated based on a risk assessment
- Health and care staff and visitors in contact with residents with suspected or confirmed COVID-19 should use contact droplet and airborne precautions
- If a resident is well enough, they may leave the room for supervised exercise, but only if contact with other residents and health and care staff can be avoided. These sessions need to be scheduled and communicated within the team. The exercise area can be outside. It will be more difficult within corridors in zoned areas. Residents must be able to wear a mask where possible and practical and perform hand hygiene prior to leaving the room and on re-entry to their room and must not be coughing frequently. If the resident has been identified as a 'falls risk' and wearing mask may increase the risk further, the mask can be removed if they have no contact with other residents

For residents who are unable to be in a single room with an ensuite bathroom, the following priorities should be applied:

- Single room with shared bathroom:
  - 2 confirmed COVID-19 positive patients may share a common bathroom
- Shared room with shared bathroom
  - 2 confirmed COVID-19 positive patients may share a room and common bathroom
  - Residents with COVID-19 sharing a room should be physically separated (more than 1.5 metres apart) with a privacy curtain between them drawn to minimise the risk of droplet spread
- Zoned area with multiple residents in rooms:
  - A zoned area is isolated from the remaining RACF residents, health and care staff
  - A central and separate area for donning of PPE to be available
  - Doffing of PPE to be as close to the residents' room as possible to reduce health and care staff walking along corridors in contaminated PPE
  - Where possible limit the number of times that staff enter or exit the zoned area
  - Provide an area for staff to take meal breaks, maintaining physical distancing
  - Allocate PPE free zones

The decision to transfer residents that are positive to COVID-19 to helathcare facilities should be based on NSW Health Public Health Orders and risk assessment by the individual facility outbreak Management team (OMT).

Avoid non-essential resident transfers to minimise spread. If transfer is necessary, the resident should be tested for SARS-CoV-2 and quarantined until the result is known.

- Limit internal movement of residents, visitors and staff within the facility, as far as possible, to help stop the spread.

- Implement physical distancing measures in shared living and dining areas

## Waste management for COVID-19

Waste from patients or residents with confirmed COVID-19 does not require special/additional management and should be considered as general waste and segregated according to existing definitions<sup>6</sup>. Manage waste in accordance with routine waste stream procedures:

- PPE is considered general waste unless contaminated with blood and or body substances e.g. mucous, faeces, urine, vomit
- All non-clinical waste should be disposed of into general waste stream
- [Clinical waste](#) should be disposed of in clinical waste streams.

## Linen management for COVID-19

- Soiled linen should always be treated as infectious.
- Handle soiled laundry with minimum agitation to avoid contamination of the air, surfaces and persons (e.g. roll up).
- Routine procedures are sufficient for handling linen and personal clothing from residents in a RACF with a COVID-19 outbreak. This includes the linen and personal clothing of residents in quarantine or isolation.
- Relatives should not take linen home for washing.
- Place grossly contaminated or soiled linen in a soluble plastic bag and then in the linen skip at the point of generation. Alternatively, line the linen skip with a plastic bag for soiled linen. Do not place used linen on furniture or on the floor.
- Linen bags should be securely closed and not filled completely as this will increase the risk of rupture in transit and potentially causing contamination from linen to floors, surfaces and/or health and care staff.
- Reusable linen bags must be laundered before re-use.
- Residents' personal clothing to be transported to the laundry in a sealed bag and kept separate from other residents' personal clothing.
- Staff working in laundry areas to use safe handling and transport of both dirty and clean linen.
- Standard precautions apply when handling soiled and/or contaminated linen. Laundry workers should wear the PPE that is normally used as appropriate to the task being undertaken.
- When transporting used linen keep linen away from clothes or uniform.
- Hand hygiene using soap and water for 20 seconds or alcohol-based hand rub must be performed following the handling of used linen and before handling clean linen.
- Laundry practices must comply with relevant standards and codes of practice<sup>7</sup>.
- Clean linen is to be stored in a clean and dry area. It should not be stored with dirty linen. It should not be accessible to residents.

## Environmental cleaning for COVID-19

Routine and focused cleaning and disinfection standards for all environments are required in all settings. Facilities should have procedures that detail the type of cleaning required, cleaning frequency, PPE required, chemicals required, cleaning equipment required and any mechanism to evaluate cleaning standards.

For focused environmental cleaning for COVID-19:

- 2-step clean or 2-in-1 step clean.
- Health and care staff should observe Contact and Airborne Precautions when cleaning a room or zone with a patient or resident with suspected or confirmed COVID-19. The same applies following a discharge or transfer of a resident during a terminal clean of the room.
- Following an aerosol generating procedure (AGP), e.g. resuscitation, use of a CPAP machine on a COVID-19 patient, cleaners should wear airborne precautions if cleaning within 30 minutes of the AGP.
- Ensure adherence to the cleaning/disinfection product manufacturer's recommended contact time.
- Use a [Therapeutic Goods Administration \(TGA\) registered hospital grade disinfectant](#) listed as an approved disinfectant for use against COVID-19. If disinfectants with specific claims are not available, use hospital grade disinfectant with proven virucidal activity (listed on TGA).
- Terminal clean room/zone on discharge or transfer from residents' rooms.
- Minimise equipment and items in the resident's room including personal items owned by the resident (to reduce clutter). Some personal items may need to be put into safe storage during an COVID-19 outbreak. Excessive items or furniture should be cleaned, disinfected and stored dry for COVID-19 residents. This will reduce the amount of time spent cleaning residents' rooms daily during an outbreak.

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**Table 3 Summary of cleaning requirements**

Type of Cleaning	Standard Clean			Discharge clean		Spot and spill clean
	Chemicals and precautions	Cleaning Frequency	Cleaning Method	Chemicals and precautions	Cleaning Method	Cleaning method
<b>Standard clean</b>	Routine chemicals Standard Precautions	Routine for all elements	Routine for all elements	Routine chemicals Standard Precautions	Routine for all elements	Routine chemicals and using Standard Precautions and
<b>A single suspected or confirmed COVID-19 RESIDENT or staff member</b>	Detergent and hospital grade disinfectant Contact and Airborne Precautions	Daily clean of residents' room. Target areas for 'deep' clean accessed by resident 48 hours prior to onset of symptoms	Routine for all elements in residents' room Thorough cleaning of items touched by resident 48 hours prior to onset of symptoms			Contact and Airborne precautions  Clean immediately  Any disposable cleaning items for clinical waste if cleaning a blood or body fluid spill
<b>A confirmed outbreak with resident zones</b>	Detergent and hospital grade disinfectant Contact and Airborne Precautions	Daily room clean Twice daily cleaning of resident and staff area within the zone	Routine for all elements in residents' room Thorough and focused cleaning of donning and doffing stations	Detergent and hospital grade disinfectant Contact and Airborne Precautions	Terminal clean	

Ref: adapted from Summary table cleaning requirements South Australia

Refer to the Cleaning of the Healthcare Environmental [Policy Directive](#) and [CEC Environmental Cleaning Standard Operating Procedures](#) for further information. NB: Use a chlorine-based product such as sodium hypochlorite if unsure of properties of your disinfectant provided by the facility. See Appendix D for a cleaning summary.

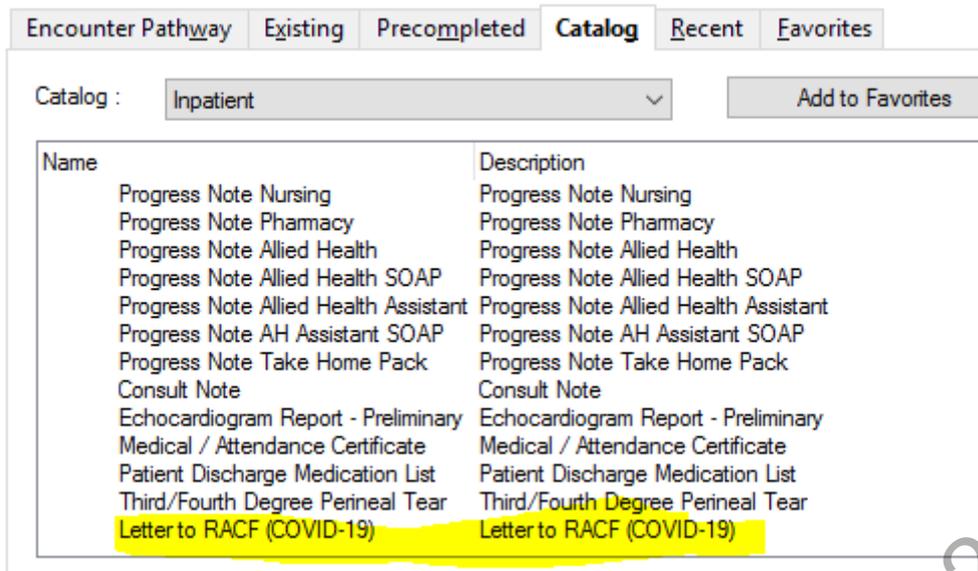
## Transporting individuals and groups

[See Appendix E](#)

## Discharging new and returning residents to aged care facilities during COVID-19

The NSW Ministry of Health has developed advice for the safe and efficient [discharge from hospital of new and returning residents of residential aged care facilities](#). The advice includes a screening process and a discharge summary template.

RACF COVID19 Clearance letter - COVID19 Response is available within PowerChart, FirstNet and SurgiNet. See below sample eMR catalog.



## Disability Residential Facilities

[Information for disability support providers - How to identify a potential COVID-19 outbreak in a residential facility and what to do next](#)

This information provides step by step actions on identifying and actioning a potential COVID-19 outbreak in a residential facility. Links are provided to additional resources to support managers in identifying and managing an outbreak. Disability residential facilities will require a COVID-19 outbreak management plan as outlined for RACFs.

## Resources for people with a disability and their carers or supporters

Information	Link or email
Providers unable to obtain sufficient PPE from existing supply sources	Email: <a href="mailto:MOH-NDIS@health.nsw.gov.au">MOH-NDIS@health.nsw.gov.au</a>
Making it Simple to Share Important Information - People with Disability	<a href="#">Link</a>
Information and referrals for people with disability and their supporters about coronavirus (COVID-19) <ul style="list-style-type: none"> <li>• Helpline information</li> <li>• Resources for COVID-10 – easy read, AUSLAN</li> </ul>	<a href="#">Link</a>
COVID-19 information for people with disability	<a href="#">Link</a>
Updated guidance for residential disability care facility providers and in-home care service providers	<a href="#">Link</a>
Guidance for residential disability care facility managers	<a href="#">Link</a>

Information	Link or email
Guidance for home care service providers	<a href="#">Link</a>
COVID-19 resources for people with disability	<a href="#">Link</a>
Resources for carers	<a href="#">Link</a>
What you can and can't do under the Rules	<a href="#">Link</a>
COVID-19 Health Professionals Disability Advisory Service	<a href="#">Link</a>
Coronavirus (COVID-19) Easy Read resources collection	<a href="#">Link</a>
Providing health care remotely during COVID-19	<a href="#">Link</a>

## Preparing for, Identifying and Managing an Outbreak

### Pandemic plans

Preparing for an outbreak will require identification, response, management and escalation. Each RACF must have a plan that will protect health and care staff, residents and reduce the severity and duration of an outbreak. The plan should be practical and able to be immediately activated if a potential outbreak is identified.

See [Appendix A](#) for links to outbreaks resources for RACFs.

See [Appendix C](#) for an example of a response and escalation plan summary based on the number of COVID-19 positive residents or health and care staff.

### Joint Protocol for RACFs

The Commonwealth Government (Department of Health, Aged Care Quality and Safety Commission) and the NSW Government (NSW Ministry of Health) have formalised a [joint protocol](#) to:

- Outline roles and responsibilities for relevant stakeholders from Commonwealth, NSW Health, Aged Care provider, CEC and Local Health Districts (LHD), including infection prevention and control.
- Governance structures to control a COVID-19 outbreak. It requires a response from various stakeholders, working in coordination to prevent, recognise, respond and manage an outbreak.
- Escalation procedures.
- Expectations for information sharing.
- Timeframes for response, decision making and action.
- Accountability of provider.

A single positive case of COVID-19 (resident or staff member) is classified as an outbreak. Each outbreak will differ according to the circumstances of the RACF, therefore the application of the protocol will be applied based on identifying and understanding the features of the outbreak.

Each LHD/SHN is to develop a dynamic Outbreak Management Plan (OMP) for managing an outbreak within a RACF that is within their jurisdiction. Residential aged care providers will be the lead agency for managing outbreaks within their aged care facility.

If an LHD/SHN is required to respond to an outbreak at a local RACF, [Appendix B](#) provides a rapid risk assessment document to determine the immediate risks for the RACF.

**Table 4 Assessment and preparedness for a COVID-19 outbreak**

Preparedness item	Yes/No
Update and make available a comprehensive, adaptable Outbreak Management Plan to identify and respond rapidly to a COVID-19 outbreak	
A clear governance structure is documented for all aspects of the Outbreak Management Plan, ensuring a coordinated approach between clinical and operational functions (including the interaction with relevant external partners and agencies)	
Establish an Outbreak Management Team (OMT) that is appropriate to the size and staffing of the facility. Members may include: <ul style="list-style-type: none"> <li>• An Infection Prevention and Control/Outbreak Coordinator</li> <li>• Chief Executive Officer (CEO)/Facility Manager</li> <li>• Cleaning Services Manager</li> <li>• Catering Manager</li> <li>• Laundry Manager</li> <li>• Senior Nursing Staff</li> <li>• Allied Health Representative</li> <li>• Educator</li> <li>• Others e.g. Infectious Diseases Physician, Clinical Microbiologist</li> <li>• Representative from LHD</li> <li>• Representative from Commonwealth Department of Health and Ageing</li> </ul>	
Prioritise direct reporting from the OMT (nominated spokesperson) to the CEO of the organisation	
Educate all members of the OMT of their roles and responsibilities and plan regular meetings to update the Outbreak Management Plan (based on current evidence and risks)	
Identify and engage an external Infection Prevention and Control specialist to support preparedness for a potential COVID-19 outbreak, where required	
The Outbreak Management Plan is supported by surrounding health services to respond to an outbreak as per <a href="#">NSW Health and Commonwealth Department of Health and Aged Care Quality and Safety Commission protocol</a>	

Preparedness item	Yes/No
Identify that a single positive COVID-19 case within a RACF (resident or staff member) will trigger the above protocol and the Outbreak Management Plan	
Plan to include decisions regarding staff who work across multiple facilities or who have secondary employment	

**Table 5 Outbreak Management Plan**

Preparedness item	Yes/No
<p>Ensure the Outbreak Management Plan for COVID-19 includes:</p> <ul style="list-style-type: none"> <li>• Screening, early recognition and containment of residents and staff with suspected or confirmed COVID-19</li> <li>• Application of standard precautions including hand hygiene, correct use of PPE and respiratory hygiene and cough etiquette</li> <li>• Implementation of transmission-based precautions</li> <li>• Physical distancing for residents, visitors and staff</li> <li>• Identification of potential isolation/cohorting room(s) or zoning areas for containment</li> <li>• Communication strategy for residents, family members, staff, suppliers, volunteers and escalation requirements</li> <li>• Environmental cleaning and cleaning of shared equipment. Allocation of roles and responsibilities</li> <li>• Catering and food supply for residents</li> <li>• Management of linen and waste</li> <li>• Testing processes that includes testing residents and/or staff</li> <li>• Contingency plans for staffing levels</li> <li>• Education and assessment of staff related to infection prevention and control strategies including PPE and cleaning</li> <li>• Safe visiting practices/visiting restrictions.</li> <li>• General Practitioner communication and visits, including telehealth options. <b>If a GP is required to be present within the facility during an outbreak</b></li> <li>• Plan for PPE stock management</li> <li>• Plan for the unique circumstances and challenges in managing a continued supply of 'urgent use' medications. This should include palliative care medications and syringe drivers</li> </ul>	

Preparedness item	Yes/No
<ul style="list-style-type: none"> <li>Increased use of oxygen supplies and equipment</li> <li>The review of CPAP/BiPAP as a COVID-19 suspected or confirmed resident who uses this equipment will require contact, droplet and airborne precautions and isolation</li> </ul>	
Designate an Infection Prevention and Control/Outbreak Coordinator and ensure direct reporting and access to the Chief Executive and Executive leadership team	
Develop a daily monitoring checklist relating to key elements of the Outbreak Management Plan for the Infection Prevention and Control/Outbreak Coordinator	
Develop a template for daily briefing meeting for the OMT that includes: situation, pathology results and testing, strategies, communication, education, barriers/challenges, staffing levels, escalation requirements, reports, family/visitor issues, resident issues/changes to condition/transfers, supply and stock levels	
Plan to include a site map of the facility	
Prepare an electronic list of all residents in the facility including their location (building and room number) within the facility and their DOB (excel format) – keep up to date	
Ensure that visitor logs must include legible names, date, time, who they visited and contact numbers. This will be required electronically during an outbreak situation for contact tracing – (excel format)	
Sourcing an infection prevention and control expert to be onsite each day to assist with education, PPE compliance, resident isolation, standard and transmission based precautions compliance, environmental cleaning auditing. This will be scalable and based on the number of residents/staff exposed or infected with COVID-19	

**Table 6 Resident Care**

Preparedness item	Yes/No
Identify residents who may be at greater risk (e.g. due to presence of chronic disease)	
Update health records and representative contact details for all residents	
Ensure a program is in place to offer residents COVID-19 and annual influenza vaccination, records of these vaccinations are kept and the benefits of vaccination are promoted. Ensure resident pneumococcal vaccination is up to date	
Update the advanced care directive for each resident	
Organise GP review of all residents currently prescribed nebulisers (regular or as required) to evaluate change of these to metered aerosols with spacers where clinically appropriate	
Identify residents who would be suitable for telehealth options	
Ensure there is a regular review of residents clinical symptoms and they are documented	

**Table 7 Information and Education for Staff, Residents and Families**

Preparedness item	Yes/No
Update and educate staff on general IPAC, the Outbreak Management Plan and related policies and protocols for COVID-19	
Ensure all staff can demonstrate competency in standard precautions including: <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• PPE selection</li> <li>• PPE donning and doffing</li> <li>• Cleaning of shared equipment between residents</li> <li>• Respiratory hygiene and cough etiquette</li> <li>• Environmental cleaning</li> <li>• Waste and linen management</li> </ul>	
Ensure all staff can demonstrate understanding and have been assessed on transmission-based precautions (donning and doffing), hand hygiene and PPE	

Preparedness item	Yes/No
waste management. Understanding of PPE requirements and hand hygiene when in the room with residents, performing procedures and care requirements	
Identify where education records of staff in standard and transmission based precautions, basic infection prevention and control; and PPE competencies are maintained and located	
Educate staff on the transmission, recognition and importance of early reporting of potential COVID-19 symptoms (both in the elderly population and themselves) as these symptoms may be different (elderly have more subtle changes to their condition such as feeling drowsy, loss of appetite, pallor changes)	
Educate staff on work restrictions relating to <a href="#">risk factors</a> , the need to seek COVID-19 testing if symptomatic or have been informed or identified as a close or casual contact and to stay at home and follow Public Health Order	
Organise the provision of clear information for residents and families regarding cough/sneeze etiquette and hand hygiene and what to do if they have any symptoms of COVID-19 or another respiratory illness	
Provide access to hand hygiene products suitable for staff, residents and visitors	

**Table 8 External Partnerships, Relationships and Communication**

Preparedness item	Yes/No
<p>Review and update contact information for:</p> <ul style="list-style-type: none"> <li>• Local Public Health Unit</li> <li>• GPs and other external allied health</li> <li>• Local Hospitals</li> <li>• Workforce/volunteers</li> <li>• Facility management</li> <li>• Suppliers</li> <li>• Pathology service</li> <li>• Primary Health Network</li> </ul>	
Organise signage for entrances and reception to inform visitors to self-identify if they have any symptoms of COVID-19, travel history or have been informed or identified as a close or casual contact. Prepare visitors for changing visiting procedures and processes.	
Identify and coordinate with local emergency operations, local health/hospital, health networks (see links in references)	
Nominate media spokesperson, if required	

**Table 9 Equipment and Resources**

Preparedness item	Yes/No
Develop Outbreak kits (PPE, cleaning equipment, signage, testing equipment etc) and ensure they are checked and stock levels maintained	
Ensure stockpiles are sufficient to meet surge demand due to a COVID-19 outbreak - Develop a checklist for daily auditing of stock levels	
Ensure stocked PPE, hand hygiene, diagnostic materials and cleaning products are quality assured and meet Clinical Excellence Commission guidelines	
Negotiate rapid access to emergency stock with external partners should a stock supply issue occur	
Develop a monitoring guide on daily PPE usage Understand the Australian Standards and the requirements for PPE (quality of PPE)	

**Table 10 Workforce Actions**

Preparedness item	Yes/No
Develop workforce strategies to support a rapid surge of staffing that may be required to respond to the first suspected or confirmed case of COVID-19, or to deal with a rapid deterioration of the situation during an outbreak	
Develop workforce strategies to support resident care and the outbreak management plan, should a substantial portion of substantive staff become ill or be placed into selfquarantine	
Ensure a program is in place to offer staff (including contractors and volunteers) influenza vaccination, records of these vaccinations are kept and the benefits of vaccination are promoted	

**Table 11 Cleaning, Catering and Laundry**

Preparedness item	Yes/No
Identify a person to be responsible for overseeing increased frequency of cleaning, liaison with contractors or hiring extra cleaning staff	
Identify a person to be responsible for overseeing increased frequency of laundry services, liaison with contractors or hiring extra laundry staff	

Preparedness item	Yes/No
Identify a person to be responsible for overseeing changes to meal delivery and pick up services	

**Table 12 Exit Strategy for an Outbreak**

Preparedness item	Yes/No
Identify factors that will determine the end of the outbreak ie number of incubation periods	
Declare that the outbreak is over	
Complete an outbreak report	
Communication and debriefing following the outbreak	
Revise the COVID-19 Outbreak Plan based on debriefing recommendations	

## Outbreak Management Checklist: COVID-19 Response in Residential Aged Care

This checklist is designed to guide and assist residential aged care facilities in identifying and managing an outbreak of COVID-19. A number of key actions should be taken to reduce the risk of transmission and to manage the outbreak effectively and efficiently. This step-by-step approach does not require each action to be undertaken sequentially; in practice many of the steps may be carried out simultaneously. Additional items can be added by the aged care facility as required, based on local risk assessments, governance, staffing and building structures.

The outbreak will be managed in accordance with the local COVID-19 Outbreak Management Plan and overseen by the Outbreak Management Team.

TASK	ACTION/ RESPONSIBILITY	
<b>Recognise potential or suspected outbreak</b>		
<b>Resident(s)</b>		
Identify confirmed or suspected case/s <a href="#">using current case definition</a>		
Testing of suspected or confirmed case/s completed		
Determine how test results will be received and the timeframe		

TASK	ACTION/ RESPONSIBILITY	✓
Seek urgent medical review of suspected cases		
<b>Notification of a staff member with suspected or confirmed COVID-19</b>		
Confirmation of test positive. If at work, remove staff member immediately from work area and send home for self-isolation		
Determine shifts worked during period of infectivity (48 hours prior to onset of symptoms)		
Notify local Public Health Unit - Number of residents; and/or staff contacts		
Outbreak declared based on definition from <a href="#">CDNA</a>		
Pandemic Plan activated		
Outbreak management team (OMT) convened <ul style="list-style-type: none"> <li>• Set up daily briefing sessions for OMT</li> <li>• Determine what will be included in the daily team briefing and risk assessments</li> <li>• Communication strategy activated</li> <li>• Determine if visitors will be restricted or no visitors permitted</li> </ul>		
<b>Begin collection of preliminary information</b> (Contact Tracing and Outbreak Investigation)		
This <a href="#">information will be required</a> with the ongoing notification to the local NSW Public Health Unit – preference is the information is recorded electronically on an excel spreadsheet. Paper based records are also acceptable (See examples in <a href="#">Appendix A</a> )  <b>Residents</b> <ul style="list-style-type: none"> <li>• Resident name, DOB</li> <li>• Room and building number</li> <li>• Signs and symptoms and date of onset</li> <li>• Possible source of transmission</li> </ul>		
<b>Staff</b> <ul style="list-style-type: none"> <li>• Signs and symptoms and date of onset</li> <li>• COVIDsafe App installed</li> <li>• Possible source of transmission</li> <li>• Number of residents cared for during the period - names</li> <li>• Review of staff roster for period of infectivity</li> <li>• Review of staff allocation for period of infectivity</li> </ul>		
<b>Staff who work across multiple facilities</b> <ul style="list-style-type: none"> <li>• Ask staff to self-declare secondary employment</li> </ul>		

TASK	ACTION/ RESPONSIBILITY	✓
<ul style="list-style-type: none"> <li>Determine if there is a transmission risk if staff work across multiple facilities or has a secondary employment</li> </ul>		
<b>Visitors</b> Visitor log - legible names, contact details, date/time and who they visited		
<b>Notify</b>		
Notify GPs of suspected residents included in the outbreak (contact and/or symptomatic) – document in health record Organise GP Communication and visits as appropriate Organise Telehealth where practical		
Notification to the Primary Health Network (PHN) may be required if other aged care facilities within the PHN		
Notify General Manager/Director of Nursing & Midwifery local hospital (as per Protocol to support joint management of a COVID-19 outbreak in a RACF in NSW)		
Notify residents and families of suspected outbreak-document in health record		
Notify staff of suspected outbreak: <ul style="list-style-type: none"> <li>Executive/management</li> <li>Nursing and care staff</li> <li>Allied health staff</li> <li>Cleaning staff/contractors</li> <li>Catering staff/contractors</li> <li>Laundry staff/contractors</li> <li>Maintenance personnel</li> <li>Transport personnel</li> <li>Volunteers</li> <li>Others (e.g. chaplains, pet therapy, gardeners)</li> </ul>		
<b>Reinforce/implement infection control measures</b>		
Reinforce/re-educate standard precautions throughout facility immediately. Keep education records of staff trained		
Ensure access to adequate supply of hand soap, paper towels and TGA registered/approved alcohol-based hand rub. Review placement of alcohol-based hand rub products		
Ensure adequate availability of tissues and lined waste bins throughout facility and in resident's rooms		

TASK	ACTION/ RESPONSIBILITY	✓
Display respiratory hygiene and cough etiquette signage (refer to state and territory government websites) – educate affected residents + provide tissues, bin and hand hygiene product (depending on capability of resident)		
Offer COVID-19 and influenza vaccination to residents and staff who have not been immunised. Consider pneumococcal vaccination for those eligible residents		
Implement transmission-based precautions immediately. Keep education records of staff trained		
Determine if a PPE Buddy is required for any staff – review of PPE breaches		
Identify and isolate / cohort all symptomatic residents, and suspect and probable cases until negative test result received		
Dedicate staff to affected resident/s or identified outbreak zones		
Provide PPE stations outside affected resident room/s (gloves, surgical masks, long-sleeved impermeable gowns, eye/face protection) – for standard and transmission-based precautions		
Display <a href="#">contact droplet and airborne precaution</a> signage outside affected rooms		
Display PPE donning and doffing signage		
Dedicate equipment to affected resident/s if possible. Shared equipment must be cleaned and disinfected between each resident use		
Provide cleaning (detergent/disinfectant wipes) for cleaning of shared equipment		
Display outbreak signage at entrances to facility		
Increase environmental cleaning frequency (see below) <ul style="list-style-type: none"> <li>• Provide enhanced cleaning for specified shared areas that may have been used by suspected COVID-19 residents</li> </ul> Review furniture and fixture in outbreak zones to ensure they are in good repair and fit for purpose – able to be cleaned		
Declutter furniture and store those not required to reduce cleaning		
Avoid the use of nebulisers and use spacers where possible		
If a nebuliser is required, staff will require contact, droplet and airborne precautions		

TASK	ACTION/ RESPONSIBILITY	✓
<b>Screening and testing</b>		
Organise the collection of specimens by a trained healthcare professional or pathology collector		
Advise staff to monitor themselves for <a href="#">symptoms of respiratory illness</a> and to stay home and seek testing if unwell Determine how information can be gathered for staff taking sick leave-with symptoms of COVID-19		
Closely monitor the health of staff, including fever screening, where appropriate		
Exclude symptomatic staff until test results available		
<b>Restrict</b>		
Restrict movement of staff between areas of facility and between other facilities		
Avoid resident transfers within the facility if possible		
Ensure staff and GPs are aware of infection prevention and control guidelines for transferring residents to and from hospital, including isolation requirements for new and returning residents		
If visitors are restricted - Screen visitors for risk factors and exclude as necessary and check for: <ul style="list-style-type: none"> <li>• Flu vaccination</li> <li>• Temperature check</li> <li>• Scheduled visits</li> <li>• Ensure physical distancing</li> <li>• Limit number of visitors</li> <li>• Decide if children will be restricted</li> </ul> Other – to be decided by facility		
Restrict movement of visitors. Visiting in resident rooms only – not communal areas		
Close communal areas in affected areas		
Suspend non-essential group activities e.g. excursions, concerts, art and craft activities		
Postpone visits from non-essential external providers (e.g. hairdressers and allied health professionals)		
Organise/facilitate Telehealth options for residents with GPs and other health providers		

TASK	ACTION/ RESPONSIBILITY	✓
Ensure other means of electronic communication between residents and family/friends		
<b>Monitor</b>		
Continue to monitor clinical symptoms of residents, not just for COVID-19		
Monitor outbreak progress through increased observation of residents for <a href="#">symptoms of respiratory illness</a>		
Maintain line listing of suspect and confirmed cases (staff and residents)		
Screen new and returning residents before entry		
Update Public Health Unit daily – same person to provide reports to enable consistent information is provided. Information discussed at Outbreak Response Meeting		
Review care plans regularly particularly for at-risk and vulnerable residents		
Staff break room away from resident outbreak zones		
<b>Environmental cleaning and disinfection</b>		
Allocate trained staff for cleaning of affected areas – ensure they are skilled to perform routine, additional and terminal cleaning		
Provide cleaning staff with disposable gloves, surgical masks, gowns/aprons and eye/face protection for cleaning tasks		
Schedule daily cleaning of all well resident's rooms and communal areas using neutral detergent		
Schedule at least daily cleaning and disinfecting of symptomatic resident's rooms (2-step or 2-in-1 clean) ( <a href="#">definition and instructions</a> )		
Schedule <b>at least twice daily</b> cleaning and disinfecting of frequently touched surfaces (2-step or 2-in-1 clean) e.g. taps, handrails, bedside tables, tables, doors, counters, taps, toilets, light switches and shared equipment		
Schedule terminal cleaning of ill resident's rooms when moved or discharged		
Supply suitable detergent/disinfectant solution/wipe for cleaning and disinfecting shared equipment between each resident use		
<b>Catering</b>		

TASK	ACTION/ RESPONSIBILITY	✓
Ensure only catering staff perform food preparation activities		
Wash crockery and cutlery as usual. Disposable crockery and cutlery are not required		
<b>Laundry</b>		
Adhere to <a href="#">AS/NZS 4146:2000 Laundry practice</a>		
Provide laundry staff with long-sleeved fluid-resistant gowns and disposable gloves for transporting or handling soiled/contaminated linen/laundry		
Provide plastic bags for soiled/contaminated linen and educate staff on double bagging if required for transfer to laundry		
Ensure linen is washed using hot water (>65 degrees for 10 minutes) with standard laundry detergent		
Ensure shared linen is dried in a dryer on a hot setting		
Ensure personal laundry is laundered on site and not taken home by family members		
Restrict family members entering laundry unless supervised		
<b>Waste Management</b>		
Manage waste in accordance with routine procedures		
Dispose clinical waste in clinical waste streams		
Provide staff with gloves and aprons for transporting or handling contaminated waste		
<b>Staff Stations</b>		
<ul style="list-style-type: none"> <li>• Free of clutter</li> <li>• No shared food or drinks</li> <li>• Free of personal mobile devices</li> <li>• Personal drink bottles/cups must be cleaned and labelled</li> <li>• Regular shift cleaning of shared electronic equipment eg phones, computers</li> <li>• Maintain physical distance when able to</li> </ul>		
<b>Other priorities to be decided by aged care facility</b>		

TASK	ACTION/ RESPONSIBILITY	☑
Exit strategy for the outbreak – declare the outbreak over		
Communication and debriefing at the completion of the outbreak		

Under review 19/1/2022

## Appendix A: Links to Resources

<b>Outbreaks</b>	
<ul style="list-style-type: none"> <li>• Video on NSW Health role in providing public health advice in the management and prevention of infectious diseases, and how we can provide specialist health care to residents of aged care facilities when they need it. The video also raises awareness of the importance of understanding and respecting the wishes of residents, particularly around advance care directives.</li> <li>• Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW</li> <li>• COVID outbreak governance – residential aged care facilities</li> <li>• NSW COVID-19 Incident Action Plan for a public health response to a confirmed case of COVID-19 in an Aged Care Facility</li> </ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"> <li>• This checklist is designed to guide and assist residential aged care facilities in identifying and managing an outbreak of COVID-19.</li> </ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"> <li>• This document is designed to guide and support Residential Aged Care Facilities (RACFs) to assess their preparedness for a potential COVID-19 outbreak.</li> </ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"> <li>• Infection Control Monitoring Checklist for regulatory officials visiting an aged care facility</li> </ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"> <li>• CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia version 3.0</li> </ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"> <li>• The first 24 hours – Managing COVID-19 in a residential aged care facility</li> </ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"> <li>• Coronavirus (COVID-19): Plan for the Victorian Aged Care Sector Version 4 20 August 2020</li> </ul>	<a href="#">Resource</a>
<b>Keeping health and aged care staff and RACFs safe during COVID-19</b>	
<ul style="list-style-type: none"> <li>• Working arrangements for the health, aged care and disability workforce during COVID-19</li> </ul>	<a href="#">Resource</a>
<b>Disability service providers</b>	
<ul style="list-style-type: none"> <li>• Providing disability support services during COVID-19</li> </ul>	<a href="#">Resource</a>
<b>COVID-19: Updated advice for health professionals</b>	
<ul style="list-style-type: none"> <li>• COVID-19 advice for health professionals</li> </ul>	<a href="#">Resource</a>

## Monitoring Residents during an outbreak

- COVID-19 daily screening tool for residents. 3 sections to be completed on changes within 24 hours, symptoms and screening/care provided.

[Resource](#)

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## Guidelines and resources

### 1. **National**

[COVID-19: Advice for aged care services](#)

[Commonwealth aged care resources.](#)

[Residential aged care facility outbreak management](#)

National Expert Committee Recommendations

[Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission of COVID-19](#)

[COVID-19 Infection Prevention and Control for Residential care facilities](#)

### 2. **Aged Care**

[Advice for staff working in and moving between NSW Health Residential Aged Care \(SGRACFs and MPSs\) and other NSW Health facilities during the COVID-19 pandemic](#)

Published: 09/06/2020 | Last updated: 10/05/2021

[Caring for the wandering person during COVID-19](#)

Published: 31/07/2020

[COVID-19 and delirium](#)

Published: 04/06/2020

[COVID-19 care planning and resources](#)

Published: 03/06/2020 | Last updated: 07/08/2020

[Discharging new and returning residents to aged care facilities during COVID-19](#)

Published: 15/04/2020 | Last updated: 27/11/2020

[Talking to relatives - your guide to compassionate phone communication during COVID-19](#)

Published: 31/07/2020

[Visitor Guidelines for NSW Health Residential Aged Care Services \(SGRACFs and MPSs\) during the COVID-19 pandemic](#)

Published: 25/06/2020 | Last updated: 07/07/2020

[NSW Health Aged Care Community of Practice](#)

### 3. **Disability**

[Making it Simple to Share Important Information - People with Disability](#)

Published 01/09/2020

[NSW Health Disability Community of Practice](#)

#### 4. **Drug and Therapy**

[Administration of Schedule 8 medications and second person checks within an isolation room](#)

Published: 10/07/2020

[Hospital pharmacist initiation and administration of vaccines](#)

Published: 10/07/2020

[NSW Health Interim guidance on the use of antiviral and immunomodulation therapy in COVID-19](#)

Published: 26/03/2020 | Last updated: 28/08/2020

#### 5. **General**

[Guidance for community-based and outpatient health services](#)

Published: 22/04/2020

[Surge capacity management - adapting and commissioning clinical spaces](#)

Published: 17/04/2020

#### 6. **Handling of deceased patients**

[Handling of deceased bodies with suspected and confirmed COVID-19 by hospital staff \(non-Coroners\)](#)

Published: 03/04/2020 | Last updated: 06/05/2020

[NSW State Coroner's Advice: Identification of Deceased](#)

Published: 21/04/2020

[Reporting of COVID deaths to the coroner](#)

Published: 31/03/2020 | Last updated: 22/04/2020

### **Visiting Residential Aged Care Home**

<ul style="list-style-type: none"><li>• The 'Industry Code for Visiting Residential Aged Care Homes during COVID-19' was released by 13 aged care peak bodies and consumer advocacy organisations on 12 May 2020. The Code creates a Nationally consistent approach that ensures residents can receive visitors while minimising the risk of spreading COVID-19. It was reviewed and last updated on 3 July 2020.</li></ul>	<a href="#">Resource</a>
<ul style="list-style-type: none"><li>• Visitor Guidelines for NSW Health Residential Aged Care Services (SGRACFs and MPSs) during the COVID-19 pandemic</li><li>• Key legislation, policy and guidance about visitor restrictions</li><li>• Complying with the NSW Public Health Order</li><li>• Screening visitors and staff</li></ul>	<a href="#">Resource</a>

<ul style="list-style-type: none"> <li>• Flu vaccination requirement</li> <li>• Strategies to enable visitor access during COVID-19</li> <li>• Visitor and visitor numbers</li> <li>• Strategies for consideration in NSW State Government Residential Aged Care Facilities (SGRACFs) and MPSs</li> <li>• Exceptional circumstances</li> </ul>	
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<b>Protection in the workplace</b>	
<ul style="list-style-type: none"> <li>• Hygiene and cleaning</li> <li>• Personal Protective Equipment (PPE) for the health workforce</li> <li>• Mental health for the health workforce</li> <li>• Providing health care face to face</li> <li>• Providing health care remotely</li> <li>• Managing COVID-19 in a disability care</li> <li>• Remdesivir – information for clinicians</li> </ul>	<a href="#">Resource</a>
<b>Clinical placements</b>	
<ul style="list-style-type: none"> <li>• NSW Health will continue to offer safe, risk-assessed clinical placements where possible, ensuring compliance with the Order. The Order supports facilities continuing student clinical/work placements. Placements can continue in aged care facilities with students required to pass screening to enter the facility.</li> </ul>	<a href="#">Resource</a>
<b>Food Safety</b>	
<ul style="list-style-type: none"> <li>• Guidelines for food service to vulnerable persons</li> </ul>	<a href="#">Resource</a>
<b>Community of Practice</b>	
<ul style="list-style-type: none"> <li>• Disability</li> <li>• Aged care / Aged health</li> <li>• Rehabilitation</li> </ul>	<a href="#">Resource</a> <a href="#">Resource</a> <a href="#">Resource</a>
<b>References</b>	
<ol style="list-style-type: none"> <li>1. <a href="#">UpToDate: management in nursing homes and short term rehabilitation facilities</a></li> <li>2. <a href="#">WHO Q&amp;A: Older people and COVID-19</a></li> </ol>	

3. [CDC Older Adults](#)
4. [Coronavirus \(COVID-19\) advice for older people](#)
5. [Training Support Guide: How to develop a staff education and training strategy to help implement a palliative approach in residential aged care](#)
6. [NSW Health Clinical and Related Waste Management for Health Services PD 2017\\_026 2017](#)
7. [Codes of Practice for Public Healthcare Operated laundries and Linen Services 2012: Australian Healthcare laundry and Linen Services Association](#)
8. [Infection Control Expert Group COVID-19 Infection Prevention and Control for Residential Care Facilities, April 2020](#)

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## Appendix B: Immediate Assessment Checklist by the LHD at the RACF (for an outbreak)

Outbreak Assessment Protocol Questions	Yes No NA	Comments	Risk Level Mitigation Low – within 48 hrs Medium – within 24 hrs High - immediate	Action Required	Responsibility
<b>PHYSICAL ENVIRONMENT</b>					
Can staff and residents cohort appropriately?					
Can staff and resident socially distance appropriately?					
Is the facility separated into smaller buildings, or is it one large connected building?					
Has appropriate signage (re: infection prevention protocols) been arranged?					
Has appropriate zoning for the relevant areas been implemented?					
<b>STAFFING</b>					
Is there an adequate skill mix of staff?					
Were staff observed to be using appropriate infection prevention methods?					
Has there been adequate input from/consultation with infection prevention staff?					

Outbreak Assessment Protocol Questions	Yes No NA	Comments	Risk Level Mitigation Low – within 48 hrs Medium – within 24 hrs High - immediate	Action Required	Responsibility
Have all staff been screened prior to commencing work (temperature, questions regarding visits to areas of increased testing and onset of symptoms?)					
Have staff received infection prevention and control education to enable them to understand what to do in an outbreak situation?					
Have staff received appropriate PPE education for donning and doffing?					
Has staff competency regarding infection prevention (PPE donning and doffing) been assessed?					
<b>PPE (UTILISATION AND SUPPLY)</b>					
Were staff observed to be complying with PPE protocols?					
Is there adequate PPE stock?					
Has PPE been appropriately stored?					
Is the PPE fit-for-purpose?					
Does PPE meet all relevant standards?					
How often are PPE supplies restocked?					
Who are the PPE suppliers eg central store managed by the RACF provider or supplied by the facility?					

Outbreak Assessment Protocol Questions	Yes No NA	Comments	Risk Level Mitigation Low – within 48 hrs Medium – within 24 hrs High - immediate	Action Required	Responsibility
<b>CORPORATE SERVICES (E.G. CLEANING AND LAUNDRY)</b>					
Is soiled/contaminated waste being disposed of appropriately?					
Are staff wearing PPE when handling soiled/contaminated waste?					
Are bins being emptied regularly?					
Is clinical waste being disposed of in dedicated clinical waste bins?					
Are daily cleans being conducted for resident rooms and bathrooms (including a bleach disinfectant)?					
Are surfaces and equipment being properly cleaned with disinfectant wipes?					
Is there a program for frequent cleaning of high touch points?					
<b>MANAGEMENT AND GOVERNANCE</b>					
Are management teams appropriately involved and engaged?					
Have the roles and responsibilities of staff clearly defined?					

Outbreak Assessment Protocol Questions	Yes No NA	Comments	Risk Level Mitigation Low – within 48 hrs Medium – within 24 hrs High - immediate	Action Required	Responsibility
Are resources and supplies being appropriately coordinated through management teams?					
Are staff being communicated with clearly and consistently?					
Is there a documented and clear communication strategy – staff, residents and their families.					
Has clinical management and oversight of the situation been established and defined?					

## Appendix C: Example of a response and escalation summary plan

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
1	Single room	<ul style="list-style-type: none"> <li>PPE Contact and Airborne Precautions</li> <li>PPE donning and doffing competency</li> <li>Hand hygiene</li> <li>Patient education on hand hygiene, respiratory etiquette, not leaving the room</li> <li>Reporting if you are sick</li> </ul>	<ul style="list-style-type: none"> <li>Routine daily cleaning</li> <li>If resident had contact with any specific areas or equipment or activity items, they will require a thorough or 'deep' clean with detergent and disinfectant</li> </ul>	<ul style="list-style-type: none"> <li>Notify local Public Health Unit</li> <li>Notify LHD contact</li> <li>Notify leadership team</li> <li>Notify RACF staff - plan of action for resident</li> <li>Education available</li> <li>Visitor/family members on situation and visiting information</li> <li>Notify resident's GP</li> </ul>	<ul style="list-style-type: none"> <li>Initiate Outbreak Management Plan</li> <li>Staff contacts to be furloughed until they meet the clearance criteria</li> <li>Monitor notifications of staff absenteeism with symptoms</li> </ul>

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
		<ul style="list-style-type: none"> <li>Importance of physical distancing, respiratory hygiene and, if required, wearing of surgical masks as per <a href="#">Public Health Order</a> (PHO)</li> </ul>		<ul style="list-style-type: none"> <li>Observation of residents – clinical symptoms and/or change of condition. Escalate any changes</li> <li>Staff to report any symptoms for COVID-19</li> <li>Involvement and support from LHD – who will be on site and why</li> </ul>	<ul style="list-style-type: none"> <li>Determine vulnerability of residents</li> <li>Prepare for site visit from LHD</li> <li>Understand staff who work across other RACF, non-health related businesses and acute care facilities</li> </ul>
<b>PLUS</b>					
2-3	Single rooms  Zone infected residents together away from other residents	<ul style="list-style-type: none"> <li>Hand Hygiene</li> <li>Communication and Clinical Handover – what to include</li> <li>Catering and serving food to infected residents – handling of meal trays</li> <li>Observation or buddy staff for donning and doffing PPE</li> <li>Importance of physical distancing, hand hygiene and wearing of surgical masks as per <a href="#">PHO</a></li> <li>Outbreak management plan requirements</li> <li>How to look after and clean donning and doffing stations</li> </ul>	<ul style="list-style-type: none"> <li>Hand hygiene</li> <li>Rooms with infected residents to be cleaned last</li> <li>Cleaning staff to wear Contact and Airborne Precautions PPE</li> <li>Use detergent and disinfectant for cleaning of rooms with infected residents</li> </ul>	<ul style="list-style-type: none"> <li>Develop formal communication to all staff – documented to enable consistent messages</li> <li>Keep family members up to date</li> <li>Staff - Importance of physical distancing, hand hygiene and wearing of surgical masks as per <a href="#">PHO</a></li> <li>Changing to zones – what this means and what staff will be caring for these residents</li> <li>Staff who work across other RACF, non-health related businesses and acute care facilities – reporting to RACF senior management</li> </ul>	<ul style="list-style-type: none"> <li>Closure of activity and dining areas</li> <li>Residents in zone area to remain in their room – unless they can be moved outside the zone</li> <li>Begin line listing for residents with symptoms, undergoing tests or are unwell</li> <li>Reduce opportunities for staff to congregate in rooms</li> <li>Review workflows, entry and exit areas</li> <li>Review delivery and pick up services – to the RACF</li> <li>Review linen management and resident laundry requirements</li> <li>Set up donning and doffing stations</li> </ul>

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
					<ul style="list-style-type: none"> <li>Consider if new residents will be admitted</li> <li>Review staffing levels and skill mix in zoned area</li> <li>Risk assess staff who work across other RACF, non-health related businesses and acute care facilities</li> </ul>
<b>PLUS</b>					
4-6	Single rooms  Zone infected residents together away from other residents – consider a separate wing or building for these residents	<ul style="list-style-type: none"> <li>Revise PPE Contact and Airborne Precautions</li> <li>PPE donning and doffing competency</li> <li>Hand hygiene</li> </ul>	<ul style="list-style-type: none"> <li>Clean staff areas in the COVID zone for donning/doffing and eating twice per day</li> </ul>	<ul style="list-style-type: none"> <li>Staff to report fatigue and any other issues related to working longer hours in COVID zone</li> </ul>	<ul style="list-style-type: none"> <li>Assess if any staff require accommodation near RACF or away from vulnerable household members</li> <li>Wearing of a coloured disposable hair covering or other distinguishing feature to identify staff allocated to zone – will need to ensure this is included in donning/doffing education and assessments</li> <li>Develop an auditing/observation audit for:               <ul style="list-style-type: none"> <li>PPE donning/doffing</li> <li>Hand hygiene</li> <li>Environmental cleaning</li> </ul> </li> </ul>

No of residents with COVID-19 or a Contact	Bed Management Zone Management	Education requirements	Environmental Cleaning	Risk communication	Executive Decision and Resource Allocation
					<ul style="list-style-type: none"> <li>○ Physical distancing between staff</li> </ul>
<b>PLUS</b>					
6 or more	Single rooms  Zone infected residents together away from other residents - consider a separate wing or building for these residents	<ul style="list-style-type: none"> <li>• One on one education as required</li> </ul>			<ul style="list-style-type: none"> <li>• Consider if a GP is required onsite to perform daily clinical assessments</li> </ul>

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## Appendix D: Cleaning Summary

Process/ surface	Safety tips
<b>Clean</b>	<p>Clean hard surfaces with a detergent wipe or combined detergent/disinfectant</p> <ul style="list-style-type: none"> <li>• Wear gloves to clean (clean hands before putting on and after removing them)</li> <li>• Use disposable cloths or change cloths after cleaning a room/area</li> <li>• Bathrooms and toilets require separate cloths</li> <li>• Use firm cleaning strokes in an 'S' pattern (top to bottom) and clean in sections. 'Cleaner' areas should be cleaned before 'dirtier' areas</li> <li>• Focus on high touch points such as doorknobs, light switches, countertops, handles, chairs, keyboards, desks, phones, bathrooms, sinks, writing materials (if shared)</li> <li>• Remove gloves when the cleaning is completed and perform hand hygiene</li> <li>• Cleaning and decontamination of cleaning equipment eg vacuums, mops, cleaning trolley and buckets.</li> </ul>
<b>Disinfect</b>	<p>After cleaning, use a disinfectant wipe or spray if required (e.g., resident, health and care staff or visitors frequently touched surface, equipment or device – high touch surfaces)</p> <ul style="list-style-type: none"> <li>• Some manufacturers have a disinfectant/detergent disposable cloth. These are suitable for cleaning</li> <li>• Diluted household bleach solution may be suitable (follow instructions on bottle)</li> <li>• Don't mix a detergent and disinfectant together in a bucket or container – they do not mix</li> <li>• Let the disinfectant dry – it requires a certain amount of contact time to disinfect the surface. Check manufacturer's instructions for use</li> <li>• Wear gloves to disinfect (clean hands before putting on and after removing them)</li> <li>• Remove gloves when the disinfection is completed</li> <li>• Use an <a href="#">approved hospital grade disinfectant</a> for COVID-19</li> </ul>
<b>Soft surfaces</b>	<p>These include carpeted floor, rugs, curtains, blinds, fabric covered chairs</p> <ul style="list-style-type: none"> <li>• Vacuum daily</li> <li>• Spot clean as required with a suitable cleaning agent</li> <li>• Wear gloves to clean (clean hands before putting on and after removing them)</li> </ul>
<b>Electronics</b>	<p>Items such as phones, touch screens, keyboards, remote controls, tablets</p> <ul style="list-style-type: none"> <li>• Consider having a wipeable cover if able</li> <li>• Clean after use</li> <li>• Check manufacturer's instructions for cleaning and types of cleaning chemicals that are able to be used</li> <li>• Check that cloths are compatible with the electronic device</li> <li>• Health and care staff to keep personal electronic devices out of resident access areas. They should not be accessed during working hours</li> </ul>
<b>Mechanical equipment</b>	<ul style="list-style-type: none"> <li>• Ensure resident does not have any sensitivities or allergies to chemicals</li> <li>• If resident is suspected or confirmed COVID-19, cleaning of their medical/mechanical equipment should occur frequently: at least daily</li> <li>• Patient/clients should have a regular cleaning schedule for their medical/mechanical equipment</li> </ul>

Process/ surface	Safety tips
<b>Biomedical Equipment</b>	<ul style="list-style-type: none"> <li>• Equipment should be cleaned according to the manufacturer's instructions</li> <li>• Equipment must be cleaned between use</li> </ul>
<b>Shared activity items</b>	<ul style="list-style-type: none"> <li>• Allocate to one resident</li> <li>• Check that any cleaning product/chemical is compatible with the item</li> <li>• The item must be cleaned at the end of the activity</li> <li>• Separate clean and used items</li> <li>• Ensure that items are dry before they are stored</li> </ul>

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## Appendix E: Transport

Determine the number of health and care staff or residents who should travel together in the same motor vehicle including buses. The number of people within a vehicle will depend on the size of the vehicle and the seating arrangements required. The principles of hand hygiene, placement of bags, seating arrangements and air flow in the motor vehicle should be observed and practiced.

Perform a local risk assessment on the number of health and care staff or residents who should travel together in a motor vehicle including buses. The local risk assessment may include:

- All passengers are well and have no acute respiratory symptoms. Particularly those symptoms that are usually classified as mild e.g. scratchy throat, 'bit of a sniffle'
- All passengers are able to perform hand hygiene prior to getting into the motor vehicle
- All have completed their annual flu vaccination
- All bags can be placed in the boot or on the floor
- There is no sharing of drinks, snacks or other food
- All passengers are able to remind each other regarding the touching of their face
- There is no touching or sharing mobile devices (individual health staff may accept work related phone calls or check emails). These mobile devices are regularly cleaned
- The motor vehicle is kept clean and high touch surfaces are cleaned between different drivers
- And include other risks that are specific to the local team e.g. equipment that requires 2 people to carry

The vehicle air flow should be checked to minimise recirculation (i.e. recirculated air flow – option to outside fresh air position, otherwise the air flow will be from the passenger compartment through the heating/cooling vents). This setting will depend on the motor vehicle.



Button should be off

Cleaning of the motor vehicle is to occur at the end of each journey. Remove any visible contamination with detergent and disinfectant wipes. Clean the seat area, door handles or other areas touched by residents, health and care staff with detergent wipes.

## Appendix F: Option for Telehealth

The Australian Government has set up Medicare Benefits Schedule and Department of Veteran's Affairs items for all doctors, nurses, allied health and mental health professionals to deliver services via Telehealth. See Australian Government website: [COVID-19 National Health Plan – Primary Care – Bulk Billed MBS Telehealth Services for details](#). The Agency for Clinical Innovation (ACI) has developed [guidance documents for Telehealth](#) within NSW regarding the option for using telehealth modalities, resident/carer information and training resources.

Telehealth may not be suitable for all residents. Each of the RACFs, multipurpose services, community residential care group homes, hostels and refuges will need to review their list of residents to determine the level of support, care or treatment that is required. The level of support must include consideration of the risk or benefit of face-to-face appointments versus telehealth options, or a combination of both. This information is to be shared between healthcare providers and services involved in the residents care and support. Any risks related to COVID-19 infection are to be included in the communication e.g. mandated 14 day self-isolation, development of COVID-19 symptoms and currently being tested, household member tested positive for COVID-19.

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## Appendix G: Basic Principles for Contact Tracing

Contact tracing is a well-established process within NSW Public Health Units (PHUs), NSW Ministry of Health and healthcare facilities to:

- identify potentially exposed individuals
- inform them of their potential exposure
- collect relevant information on the type and duration of contact
- help them take appropriate action/s to protect their health
- prevent further transmission.

NSW Health follows the definition of a 'contact' in the [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#). As the definition has been refined over time, the latest information should be checked prior to undertaking any contact tracing.

Local PHUs will provide advice, templates for collecting information and/or assist with contact tracing.

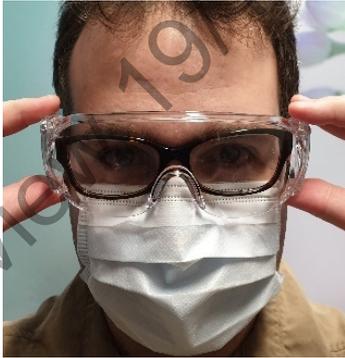
Contact Details for individual PHUs: <https://www.health.nsw.gov.au/infectious/pages/phus.aspx>

### Contact the Public Health Unit (1300 066 055)

If you are notified of a positive COVID-19 test result, need advice, or have concerns about the ability of a patient, aged or care staff to self-isolate, contact the Public Health Unit on 1300 066 055.

# Appendix H: Standard, Contact, Droplet and Airborne Precautions

See CEC website: [Standard and Transmission Based Precautions](#) and [PPE Training Modules](#)

Standard, Contact, Droplet and Airborne Precautions		
<p>Standard Precautions</p>	<p>Standard Precautions apply for healthcare providers for patient/client care and comprise</p> <ul style="list-style-type: none"> <li>• hand hygiene</li> <li>• respiratory hygiene (cough etiquette)</li> <li>• PPE if in contact with blood or body substances</li> <li>• aseptic technique for clinical procedures</li> <li>• occupational exposures prevention</li> <li>• cleaning and disinfection of the healthcare environment and shared patient care equipment</li> <li>• appropriate waste disposal.</li> </ul>	
<p>Type of PPE</p>	<p>Fluid resistant apron* or long-sleeved gown.</p> <p><i>*Apron use should be considered based on your anticipated contact/exposure to droplets while caring for symptomatic COVID-19 patients.</i></p>	<p>Fluid resistant surgical mask</p>  <p>Eye Protection (Safety Glasses OR Face shield)</p> <p>NB: Prescription glasses are not enough protection. Eye protection to be worn over prescription glasses</p>
<p>Precautions</p>	<p>Contact &amp; Droplet</p> 	<p>Contact, Droplet &amp; Airborne</p> <p>If direct contact with a suspected or confirmed COVID-19 client</p> 

## Standard, Contact, Droplet and Airborne Precautions

### Suggested Donning and Doffing Sequence

#### Suggested Donning Sequence (putting on PPE)

1. Perform hand hygiene
2. Apron or gown
3. Mask or respirator
4. Eye protection (goggles or face shield)
5. Hand hygiene and disposable non-sterile gloves when in direct contact with the patient/client

#### Suggested Doffing Sequence (removal of PPE)

1. Gloves
2. Perform hand hygiene
3. Apron or gown
4. Perform hand hygiene
5. Eye protection (goggles or face shield)
6. Perform hand hygiene
7. Mask/respirator

NB: Hand hygiene must be performed before bringing hands towards face – *clean hands, clean face.*

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