

# What's New ACLS COVID-19 Update 3

1st April 2020

This information is a snapshot of the Guidelines for Coronavirus Disease (COVID-19) Outbreaks in Residential Care Facilities for your easy reference.

[Click here for access to the 'Guidelines'](#)

The full guidelines should be utilised to ensure your service has the best approach and resources needed to manage COVID-19.

## Number of confirmed cases in Australia as of 6:30 this morning



## Who does this apply to?

All residential aged care facilities in Australia and includes a number of required actions from your service.



## Legal

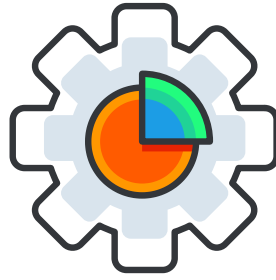
All legal requirements relating to infection control and other relevant legislation and regulations must be complied with. Everyone is responsible for following all infection control directions and instructions at all times. COVID-19 is a notifiable disease in all Australian States and Territories.



## Your Service's Required Actions



*Find and notify outbreaks*



*Self-manage outbreaks*



*Confirm and declare an outbreak has occurred*



*Provide instruction on infection control and the use of PPE*



*Confirm and declare when the outbreak is over*

## More About COVID-19

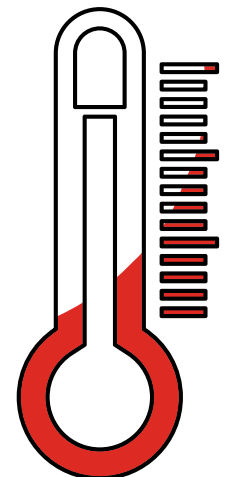
The main symptoms are fever and cough but remember older people may have these symptoms, other symptoms or may not be how they usually are. Fever or acute respiratory illness (shortness of breath or cough) with or without fever should be an alarm for possible COVID-19.

An older person presenting with pneumonia signs and symptoms must also be considered as a possible COVID-19 case.

***You must report any concerns, signs or symptoms straight away.***

It can take from 1 to 14 days for a person to feel sick. This means you and others could have the virus and be spreading it before you know you have COVID-19.

The virus mostly spreads through droplet and contact with contaminated surfaces. It can also be spread by faeces so extra precautions should be taken if someone has diarrhoea or faecal incontinence.



## Making a Plan

It is important to have someone in charge of making a plan and putting it into action.

How will infection control measures will be actioned, what preparation has been done for an outbreak and how will it be managed?

Planning includes getting ready for the changes or reductions in usual access to other health care services, supplies and workforce.



## Education

Education means to teach something in the way each person will understand and to provide up to date information.

People may need help with hand hygiene, cough etiquette and social distancing. They and others should know what to look out for and most importantly to tell someone if they feel sick, have trouble breathing or if something is 'just not right'.

Each worker must know what they need to do in their job to stop the spread of COVID-19.



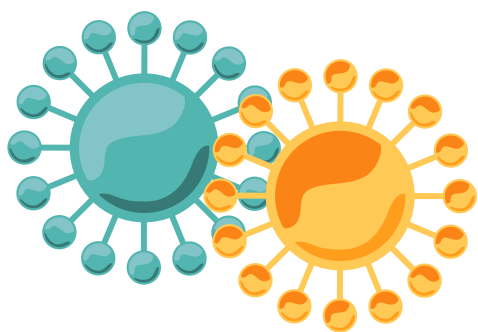
## Prevention and Control

There is no vaccination for COVID-19 so the best measures to take are infection prevention and control and to quickly find out who has the virus.

The general rules are the same as identifying and preventing the annual spread of the flu. Make sure there is easy access to hand washing and hand sanitising and PPE as needed for any visitors.

Risk can come from your local community so keep a check on what is happening locally and get advice from your public health authorities.

## Detecting The Virus



Prevention and control of COVID-19 requires keeping a close check on everyone for any possible symptoms and then finding out early who has the COVID-19 virus.

You, other workers and those you care for who have any signs of an acute respiratory illness with or without a fever must be promptly tested.

Additional precautions must be started as soon as there is a suspected case to reduce the risk of spread.

Testing request comes from the person's doctor and is collected by a health care worker who has been trained to do the test and has the proper PPE to protect themselves whilst doing the test.

Older people living in residential aged care do not have to go to hospital to have the test. Arrangements should be made for testing onsite.

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## Notification

COVID-19 is a notifiable disease in all Australian States and Territories to the communicable disease authority.

If an outbreak is suspected the state or territory Department of Health must be told and the Public Health Unit (PHU) will advise on what to do to. Your service will be required to provide detailed information. The PHU will assist to confirm the outbreak and work out what control measures and testing are needed.

If a death occurs during the outbreak the department must be notified within 24 hours and given daily updates of hospitalisations.

Every person who is unwell must be seen by a doctor and all visiting doctors must be told if there is a confirmed outbreak.

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## Stopping the Spread

You must not come to work if you have any COVID-19 or respiratory illness signs or symptoms or have recently returned from anywhere overseas. It also includes if you have had a casual or close contact with a confirmed case of COVID-19.

Tell your boss as soon as possible and take their advice. Aged care and health care workers can be tested for COVID-19.

No one can come to your service if they have any COVID-19 or respiratory illness signs or symptoms or have recently returned from anywhere overseas. It also includes if you have had a casual or close contact with a confirmed case of COVID-19.

The risk of the virus spreading when people are moving including new admissions, transfers between hospitals, and other aged care services must be well managed through infection prevention and control.

If anyone is a suspected or confirmed case then rules apply and all involved must be informed well before the move takes place.



## First Concerns of Case or Outbreak

Older people living in residential aged care must receive the health care right for them if they are a suspected or confirmed case of COVID-19. Special considerations include:

1. Isolate the person immediately in a single room
2. Arrange a prompt medical assessment and testing
3. Only send the person to hospital if their condition requires it
4. Tell the appropriate authorities.



If a worker is a suspected or confirmed case of COVID-19 they must stay away from work until they are tested and their diagnosis is known.

If they test positive the workplace must notify the authorities.

## Outbreak Management

An outbreak is defined as:

Potential – Two or more people with acute respiratory illness including workers within 3 days (72 hours)

Confirmed – Two or more people with acute respiratory illness including workers within 3 days (72 hours) and at least one case of laboratory testing confirmed COVID-19 case.

The PHU will assist to declare an outbreak and the following actions are required.

## Management and Isolation

- ✓ Get additional expert infection control support
- ✓ Make an outbreak management team as the service is responsible for managing the outbreak. The team will manage all aspects of the outbreak including reporting to relevant health authorities
- ✓ All efforts made to care for the person in a single room. If this is impossible then strict infection control must be done, along with 1.5 meter distance between beds and curtains drawn
- ✓ In a shared room you must change your PPE and do correct hand hygiene when you move from one person to another to provide care
- ✓ If the person is required to leave the room for medical treatment outside the service they should wear a mask if it does not cause further distress
- ✓ COVID-19 workers should be decided and only care for those in isolation. A close watch must be kept for any signs or symptoms of acute respiratory illness with or without fever

## Standard and Additional Precautions

- ✓ Standard precautions must be practised including hand hygiene, cough and sneeze etiquette
- ✓ Correct use of PPE including gloves, gowns, masks and eye protection as required depending on the level of precaution
- ✓ Transmission based precautions will be required in addition to standard precautions
- ✓ Contact and airborne precautions apply for certain procedures and when caring for severely ill patients where there is a risk of airborne transmission
- ✓ PPE must be kept right outside the person's room and a disposable bin at the exit to discard used PPE
- ✓ Make sure there is easy access to hand washing and hand sanitising near the place of care

## Cleaning the Environment

Cleaning and disinfection is required and includes more cleaning for surfaces touched often. For example: bedside tables, walking aids, handrails, remote controls, sinks, chair arms, table tops and reception or nurse station counter tops.

Contact and droplet precautions must be practiced and cleaning product instructions followed.

People's room should be cleaned daily and all rooms terminally cleaned if the person is no longer occupying the room.

Reusable equipment should be only used by an individual. If shared it must be cleaned and disinfected between each person.

Separate linen and eating utensils is not necessary. They must be thoroughly washed and dried. PPE must be used when handling soiled linen, crockery and cutlery.



## Signage

Everyone must know where they can and can't go, how to keep themselves and others safe and about any specific precautions. Place signage in places where they will be easily read including outside a person's room who requires Transmission Based Precautions.

The Australian Commission for Safety and Quality has standardised signage.

[Click here for access to the signage.](#)



## Restricting Movement

Where possible movement of people in and out of your service should be restricted. All non-essential activities or services should be cancelled.

Only essential visits should take place. All visitors visiting an ill person must be:

1. Recorded on a register and report to someone on arrival in the reception area
2. Go directly to visit the ill person and leave directly
3. Use PPE as directed, do hand hygiene before entering the person's room, on leaving their room and before their final exit from the service.

People can be admitted and re-admitted during a COVID-19 outbreak. New admissions or the return of people who are not known cases should be avoided if possible. If necessary and unavoidable all should be fully informed of the outbreak and the control measures being taken. Other suitable arrangements should be considered until the outbreak has finished.

Those with a confirmed case of COVID-19 returning from hospital are allowed if the right accommodation and infection prevention and control measures can be provided.



## Keeping a Check on the Outbreak

Everyone must be watched closely for signs and symptoms of COVID-19 or other signs and symptoms that may be COVID-19. Remember older people may not show any of the common signs and symptoms but present as unwell, with delirium or not their usual selves.

The numbers of people should be counted and recorded daily so quick action can be taken to increase and if needed review the infection control measures.

The outbreak management team must be meeting often, reviewing the situation and asking for more help if there:

- Are more cases than can be safely managed
- Is no decrease in the rate of new cases
- Are 3 or more COVID-19 related hospitalisations
- Is a COVID-19 related death (PHU must be notified)





## When is the Outbreak Over?



In general a COVID-19 outbreak can be declared as over when there have been no new cases within 14 days follow the day that the last case was isolated.

The outbreak management team should consult with the PHU in declaring the outbreak is over.

The situation still needs to be closely checked, keeping up strict infection control and inform the authorities if ill people deteriorate, die or a new case is identified.

## How Did We Do?

Once the outbreak is over there should be an assessment of what worked well and where improvements are needed as an expectation under the ACQS of continuous quality improvement.

An audit is a great way to do a detailed check. The results can then be used to make and implement any required improvements.

All workers involved should have the opportunity to share their experience of the outbreak and say how they think it went and what could be improved.

