

Infection Prevention and Control

COVID-19 (SARS-CoV-2) – Residential & Aged Care Facilities

Introduction

This information sheet provides Infection Prevention and Control guidance when COVID-19 [caused by SARS-CoV-2 previously known as novel coronavirus (nCoV)] is suspected/confirmed in a resident/s or patient/s within Healthcare or Residential and Aged Care Facilities (RACF) including Multipurpose Service (MPS) residential care. COVID-19 incidence and community transmission are increasing in Australia involving RACFs.

For the latest information about COVID-19 see [NSW health COVID-19 \(Novel Coronavirus\)](#).

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). COVID-19 is caused by a new strain that has not been previously identified in humans.

COVID-19 is of particular concern in the aged care population and is likely to contribute to considerable increase in mortality and morbidity in this age group. The projected influenza season and COVID-19 together increases this concern and risk.

Standard recommendations to prevent infection spread include regular hand hygiene, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing. It is particularly important to be vigilant with precautions and personal protective equipment.

Clinicians should also refer to the [CDNA National Guidelines for Public Health - Coronavirus Disease 2019](#), Australian Department of Health [Coronavirus \(COVID-19\)](#), the CEC [Infection Prevention and Control Practice Handbook](#). Additional resources can also be found on the [CEC Infection Prevention and Control web site](#).

Case notification

The COVID-19 is a notifiable condition under the NSW Public Health Act. All cases and suspected cases must be reported by medical officers to NSW Health Public Health authorities.

Case management

COVID-19 residents should be managed with standard, contact and droplet precautions.

Symptoms of COVID-19

Symptoms can range from mild illness to severe pneumonia. Some people will recover easily, and others may become very sick quickly. People with COVID-19 may experience:

- fever
- flu-like symptoms such as coughing, sore throat and fatigue (with or without fever)
- shortness of breath

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How it spreads

There is evidence that the virus spreads through droplet and contact with contaminated fomites and surfaces.

The virus is most likely spread through:

- close contact with an infectious person
- contact with droplets from an infected person's cough or sneeze either directly or indirectly from used tissues or their hands
- touching objects or surfaces (like doorknobs or tables) that have cough or sneeze droplets from an infected person, and then touching your mouth or face

General Principles of Infection Prevention and Control to Prevent or Limit Transmission of COVID-19²

1. Early recognition and containment
2. Application of standard precautions at all times for all residents
3. Implement Transmission Based Precautions:
 - **Contact and Droplet** Precautions (except for aerosol generating procedures or critically ill residents with high volume/high frequency, prolonged care)
 - **Airborne Precautions** for aerosol generating procedures (AGPs) such as positive pressure ventilation (BiPAP and CPAP), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction etc. and while providing care for critically ill residents with high volume/high frequency of care (increased health worker contact or prolonged care).

NB: In a RAFC aerosol generating procedures should be avoided wherever possible.

4. Hand hygiene (5 moments)
5. Environmental Cleaning
6. Cleaning of shared equipment
7. Alternative modes of visiting for families of residents e.g. virtual visiting
8. Respiratory hygiene, cough etiquette, social distancing
9. Annual Influenza vaccination of residents, healthcare workers and visitors

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Response to a single case of COVID-19

Residents with ILI should be care in a single room or in their own room if possible and cease interaction such as combined dining or group activities with other residents.

If COVID-19 is suspected, request a medical review for COVID-19 or influenza Like Illness (ILI). Refer to [Infection prevention and control measures](#) section for management and control.

Transfer resident/s to hospital if their condition warrants. Liaise with GP or Aged Care Emergency team for decision making. If transfer is required, advise the hospital and transporting agency in advance that the resident is being transferred from a facility where there is potential or confirmed COVID-19 or Influenza. All agencies involved in the transfer / transport of COVID-19 suspected or confirmed residents are to implement their agency specific Standard, Contact and Droplet precautions. If tolerated, a surgical mask should be placed on the patient during the transfer.

In the instance of confirmed COVID-19, the facility management should:

- Implement infection control measures
- Heighten surveillance for further cases
- Influenza vaccination status of residents
- Provide information to health worker, residents and visitors e.g. not to visit if unwell, cough etiquette/respiratory hygiene

NB: There is no vaccination available for COVID-19 at time of writing.

Ensure the following are in place:

- organise an Outbreak Management Team (OMT)
- staff have access to hand hygiene products and know how and when to use them
- residents are encouraged to frequently clean their hands
- residents have access to disposable tissues and that waste bins are available close by
- all staff know to stay away from work if they get sick
- all equipment including furniture is cleaned at least daily
- consider the need for magazines and newspapers to remain in communal spaces

Enhanced containment consideration

Additional considerations to the above includes assessment of other potential contacts of the index case (the single resident suspected or confirmed COVID-19). Where contacts are identified outside of initial isolation zone expanding isolation of residents in other zones should be applied.

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Application of enhanced containment should also trigger reassessment of resident zones and PPE requirements.

Response to a single case of COVID-19 or ILI in a staff member

Health worker with ILI must not attend work and should seek medical advice as appropriate. Return to work should be based on medical direction. Health workers who have travelled overseas should not return to work and self-quarantine for 14 days after their return.

If health worker has been at work while unwell heightened surveillance for COVID-19 or ILI should be initiated within the facility. As above, the facility should consider this an opportunity to review influenza vaccination status of health workers, residents, family members and regular visitors to the RACFs.

Management of residents if one or more resident has suspected or proven COVID-19

- Isolate the resident in their own room or a single room with the door closed
- Healthcare workers to wear surgical mask, eye protection, fluid resistant gown and gloves while providing care within <2 meters of a symptomatic resident
- Resident to wear a surgical/procedure mask if tolerated, if transfer (e.g. XR, transport to hospital) is necessary. Movement outside the single room should be avoided
- Perform hand hygiene:
 - before and after contact with patient, resident's environment and particular respiratory secretions
 - before and after any procedure
 - before donning and after removing PPE
 - Gloves are not a substitute for hand hygiene
- For risk of exposure to blood and body substance don appropriate personal protective equipment (PPE)
- Enhanced environmental cleaning of all surfaces in the resident zone/room and shared equipment
- Provide extra support to residents and families during period of isolation/exclusion

Preparing for COVID-19 outbreaks

Effective outbreak management has four phases:

1. Preparation: ensure a comprehensive outbreak management plan is in place and roles and responsibilities are clear, assigned and understood. Form an Outbreak Management Team (OMT) consisting of key roles within the RACF and relevant external stakeholders

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2. Response: activate the RACF's outbreak management plan
3. Monitor outbreak progress: assess and modify outbreak control activities
4. Conclusion: declare the outbreak over, review events and lessons learned for future outbreaks.
Update outbreak management plan

The OMT should:

- Develop easily accessible internal policies and procedures on infection prevention and control and an outbreak management plan
- Include a medical practitioner (or equivalent) in the development of the outbreak management plan
- Acquire adequate stocks of PPE, alcohol-based hand rub and cleaning materials
- Notify the local Public Health Unit of the cases, compile line list
- Ensure RACF staff know the signs and symptoms of COVID-19, and are trained in infection prevention and control procedures for donning and doffing PPE safely
 - Education of RACFs on the potential impact of COVID-19 outbreaks
 - Strict policy restricting staff and visitors who are ill
 - Active screening at facility entry for signs and symptoms for ILI
 - Heightened hand hygiene measures (product availability, signage and prompts)
 - Exclusion of staff returning from high risk countries for 14 days
 - Consider limiting visitors pre-emptively, provide alternative visiting modes (virtual visiting)
 - Planning sessions with facility doctors/other relevant stakeholders
 - Prioritise seasonal influenza vaccination for resident, health workers and visitors
- Develop a systematic method for detecting and recording residents in the facility who develop symptoms of ILI, such as fever or cough, ensure documentation
- Ensure daily hand-over time for ILI monitoring and outbreak detection for those assigned to this important task
- Set up PPE station, supply and donning doffing training

[Refer to Appendix 4 for quick reference guide](#)

[Refer to Appendix 5 for Outbreak Management Flowchart](#)

For more information on outbreak management refer to [Infection Prevention and Control Practice Handbook](#) and [Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia](#).

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Infection prevention and control measures

ISOLATING AND COHORTING

Any residents with a respiratory illness should be cared for in a single room, ideally their own bedroom, where practicable. Isolating sick residents in single rooms reduces the risk of resident-to-resident transmission. The importance of respiratory hygiene and cough etiquette should be explained to all residents. If required provide assistance for residents with a cognitive impairment.

If single rooms are not available, the following principles can guide decision-making on resident placement:

- As a priority, place residents with excessive cough and sputum production in single rooms
- Place together in the same room (cohort) residents infected with the same pathogen and who are assessed by the RACF as suitable roommates
- Importantly, ensure that residents sharing a room are physically separated (more than (>) 1 metre apart) from each other. Draw the privacy curtain between beds to minimise the risk of droplet transmission (assess the falls risk of the resident)

STANDARD PRECAUTIONS

(See [Infection Prevention and Control Practice Handbook](#) for greater details not covered here).

Standard precautions are a group of infection prevention practices always used in healthcare settings and must be adhere to at all times.

Standard precautions include performing:

- hand hygiene before and after every episode of resident contact
- the use of PPE including gloves, gown, mask and eye protection, depending on the anticipated exposure
- good respiratory hygiene/cough etiquette
- enhanced cleaning of the environment and equipment
- Supporting and monitoring residents hand hygiene

HAND HYGIENE

Hands should be cleaned with an alcohol-based hand rub or water and liquid soap solution before and after caring for a resident.

- All health workers must perform hand hygiene before and after every contact with a resident, even when hands are visibly clean
- After being in contact with contaminated surfaces
- Whether or not gloves are worn

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When visibly soiled with body fluids and/or substances, use water and liquid soap for hand washing. Alcohol-based hand rub solutions can be used when performing procedures whenever hands are not visibly soiled. For more information go to [National Hand Hygiene Initiative](#).

CONTACT AND DROPLET PRECAUTIONS

In addition to standard precautions, contact and droplet precautions are the minimum recommended precautions for routine care of residents with suspected or confirmed COVID-19 infection. These practices are implemented depending on the type of spread. For example, respiratory infections are commonly spread by droplet and airborne routes. For influenza, droplet precautions are required.

Key elements of contact and droplet precautions are:

- to use appropriate PPE (gown, eye protection, mask and gloves)
- Perform hand hygiene as per the five moments of hand hygiene
- maintain a >1 metre distance between the suspected or infected resident and others
- encourage good cough etiquette and respiratory hygiene
- use resident-dedicated equipment where possible and reusable equipment is to be cleaned before and after use
- allocate ill residents to single rooms or cohort (put in a shared room) those with confirmed COVID-19

Limit number of health workers, family members and visitors in contact with a resident with suspected/confirmed COVID-19.

Additionally, enhanced cleaning and disinfection of the ill resident's environment and minimising transfer of residents within and between facilities to help reduce spread.

All staff in an RACF should receive general education on policies, including the principles of infection prevention and control.

This would include a review of hand hygiene and infection control precautions, along with refresher training, as required.

Restrict residents to their room and not to communal areas, i.e. meals to be taken in their rooms

Only PPE marked as reusable should be reused following reprocessing according to manufacturer's instructions, all other PPE is single use and must be disposed of after use.

Health workers should be trained in the correct donning and doffing of PPE, directed by the Infection Prevention and Control team. Incorrect removal of PPE is a transmission risk and associated with a risk of contamination.

CONTACT AND AIRBORNE PRECAUTIONS

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The potential for airborne spread of COVID-19 is still evolving, but contact and airborne precautions should be used routinely for Aerosol-Generating Procedures (AGPs), and **are unlikely to be used in a RACF** which include:

- tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy (and bronchoalveolar lavage), high flow nasal oxygen
- taking samples from the patient who has severe symptoms suggestive of pneumonia, e.g. fever and breathing difficulty, or frequent, severe or productive coughing episodes, medication via nebulizer

Personal Protective Equipment (PPE)

PPE for **contact** and **airborne** procedures should be put on before entering resident's room:

- fluid resistant long-sleeved gown
- P2/N95 respirator (mask) – should be fit-checked with each use
- face shield or goggles
- disposable nonsterile gloves when in contact with patient (hand hygiene before donning and after removing gloves)

P2/N95 respirators (mask) should be used only when required and fit checked with each use to ensure an adequate face seal is achieved.

Transmission Based Precautions See Appendix 1, 2 & 3.

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Resident movement during an outbreak

Where practical restrict internal and external movement of residents and visitors during an outbreak. The RACF outbreak response plans should consider:

- Restricting resident mingling in communal living/dining areas and prepare a guide for restrictions based on the RACF layout and usual practices.
- To minimize the direct interaction of residents within the facility during an outbreak, it is important for RACFs to also consider suspending group social activities for residents.

New admissions

Admissions of new residents into the facility should be restricted. Depending upon the extent of the outbreak and the physical layout of the building, the restriction on admissions might be applied to one floor, one wing or the entire facility.

The rationale for restriction on admissions is related to both the risk of infection for the newly admitted resident and potential to prolong the outbreak by adding new, potentially susceptible residents.

Management of residents returning from hospital should include strategies to prevent exposure and further transmission.

Collecting Specimen Samples

When collecting respiratory specimens, transmission-based precautions should be observed if respiratory symptoms are present or not.

For most circumstances collection of respiratory (nasopharyngeal) specimens is a low risk procedure but can induce cough or sneezing. Specimens can be collected using **contact** and **droplet** precautions:

- Perform hand hygiene before donning gown, surgical mask, eye protection (as per standard precautions) and gloves
- To collect throat or nasopharyngeal swab stand slightly to the side of the resident to avoid exposure to respiratory secretions, should the patient cough or sneeze
- At completion of specimen collection, remove PPE and perform hand hygiene between steps and immediately after removing each item
- Wipe any contacted/contaminated surfaces with detergent/disinfectant

Residents with severe symptoms

If the resident has severe symptoms suggestive of pneumonia, e.g. fever and breathing difficulty, or frequent, severe or productive coughing episodes then **contact** and **airborne** precautions should be observed:

- If possible, specimens should be collected in a negative pressure room (e.g. in a hospital setting)

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- If this is not possible, then collect the specimens in residents' room with the door closed.
- Perform hand hygiene before donning gown, eye protection (goggles or face shield), a **P2/N95 respirator – which should be [fit checked](#)** and gloves
- At completion of specimen collection, remove gloves and gown, perform hand hygiene, remove eye protection and P2/N95 respirator and perform hand hygiene. Do not touch the front of any item of PPE during removal, perform hand hygiene using alcohol-based hand rub or soap and water for at least 20 seconds if hands are visibly soiled
- The room surfaces should be wiped clean with detergent/disinfectant wipes by a person wearing gloves, gown and surgical mask

Visitor restriction and signage

During an outbreak, minimize the movement of visitors into and within the facility. If recommended by the outbreak management team, RACFs should:

- Suspend group social activities that involve external visitors such as musicians, school children
- Postpone visits from non-essential external providers, if possible
- Inform regular visitors and families of residents of the outbreak of COVID-19 and request they only undertake essential visits; discourage unnecessary visitors, offer alternative modes of visiting e.g. virtual visiting
- Ask those who do visit an ill resident, to:
 - Visit only one person, observe social distancing where practical
 - Enter and leave directly without spending time in communal areas
 - Use an alcohol-based hand rub or wash their hands before and after visiting
 - If giving direct care, use PPE as directed by RACF staff
- Initiate passive screening for respiratory symptoms using signage and reminding visitors:
 - Not to visit if unwell
 - To limit visiting to one resident
 - To follow signs for the use of PPE, as indicated
 - To practice hand hygiene and respiratory hygiene/cough etiquette
 - Post signs at the entrance(s) and other strategic locations in the facility
 - Initiate active screening (incoming visitors report to the desk) and keep a log of sign in/out as required

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Duration of Isolation Precautions for confirmed COVID-19 residents

Discontinuation of isolation precautions should be based on current national policy and should be determined on a case-by-case basis based on factors including presence of symptoms related to COVID-19 infection, date symptoms resolved, identified cases/contact, other conditions that would require specific precautions and other laboratory information reflecting clinical status. The decision on de-isolation should be based on national recommendation and should be made in consultation with treating doctor and local PHU. Introduce de-isolation episodes where residents can move out from their isolation zones into their individual zones or rooms whilst continually monitoring symptoms.

Environmental Cleaning

Cleaning and disinfection are recommended to decontaminate the environment: (2 step clean or 2 in 1 step clean).

- Resident room/zone should be cleaned daily
- Cleaners should observe contact and droplet precautions
- Ensure adherence to the cleaning product manufacturer's recommended contact time
- Use Therapeutic Goods Administration (TGA) approved products with demonstrated efficacy against enveloped viruses (as the easiest class of microorganisms to kill) ⁽¹⁰⁾
- Terminal Clean on discharge from room/zone
- Minimise equipment and items in the resident areas

NB: if unsure of the properties of your disinfectant use a chlorine-based product such as sodium hypochlorite, this is the recommended solution for disinfection).

Patient transport

All agencies involved in the transfer / transport of COVID-19 suspected or confirmed residents are to implement their agency specific Standard, Droplet and Contact precautions. If tolerated, a surgical mask should be placed on the patient during the transfer.

The transferring health facility to notify the NSW ambulance or other transport agencies on patient condition to ensure all staff required to attend this address are aware of the PPE requirement prior to arrival.

The transporting agency to notify the area receiving the patient.

Handling of Linen

Handle per routine procedures.

All linen is treated as potentially infectious and processes in place are currently adequate.

Grossly contaminated / soiled linen should be placed in a soluble plastic bag and then placed in the linen skip or the linen skip should be lined with a plastic bag for soiled linen.

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Food Service Utensils

Manage in accordance to routine procedures.

Waste Management

Manage in accordance with routine procedures. Clinical waste to be disposed of in clinical waste streams.

All non-clinical waste is disposed of into general waste stream.

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Management of Deceased Bodies

Normal processes apply to the management of deceased bodies, with the same precautions in place after death as were in place prior to death. Deceased Bodies to be placed in a leak proof bag. Health workers handling deceased bodies should wear gown, gloves, mask and shield/goggles. Refrain from touching the body while viewing.

Where can I find more information?

Further online information is available at:

NSW Health <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

Clinical Excellence Commission

<http://www.cec.health.nsw.gov.au/patient-safety-programs/infection-prevention-and-control/novel-coronavirus-2019-ncov>

Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/\\$File/RCF_Guidelines.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

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APPENDIX 1: CONTACT PRECAUTIONS

Requirements	Contact Precautions
Single room	Yes, or cohort with resident with same pathogen (in consultation with infection control professional or infectious diseases physician if available).
Negative pressure*	No
Hand hygiene	Yes
Gloves	Yes, if there is direct contact with the resident or their environment.
Gown/apron	Yes, if there is direct contact with the resident or their environment.
Surgical Mask	Standard Precautions
Protective eyewear	Standard Precautions
Special handling of equipment	Single use or if reusable, reprocess according to IFU before reuse. Avoid contaminating environmental surfaces and equipment with used gloves.
Transport of resident	Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmissible disease spread by airborne or droplet route. Notify the area receiving patient. Advise transport staff of level of precautions to be maintained
Alerts	Remove gloves and gown/apron and perform hand hygiene on leaving the room. Patient Medical Records must not be taken into the room. Signage of room.
Room cleaning	Standard cleaning protocol. May require additional cleaning with a disinfectant agent depending on organism. Consult with infection prevention and control professional.

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APPENDIX 2: DROPLET PRECAUTIONS

Requirements	Droplet Precautions
Single room	Yes, or cohort with patient with same pathogen (in consultation with infection control professional, or infectious diseases physician), or maintain spatial separation of at least one metre It is recommended that single patient rooms be fitted with ensuite facilities. In the advent of no ensuite facilities, a toilet and bathroom should be dedicated for individual or cohort patient use.
Negative pressure*	No
Hand hygiene	Yes
Gloves	Standard Precautions
Gown/apron	Standard Precautions
Mask	Yes, Surgical mask. Remove mask after leaving residents room.
Protective eyewear	Yes
Special handling of equipment	Standard Precautions
Transport of residents	Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmissible disease spread by airborne or droplet route. Surgical mask for patient when they leave the room. Residents on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained. Notify area receiving the patient.

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Alerts	<p>When cohorting residents, they require minimum of one metre of patient separation.</p> <p>Visitors to patient room must wear a fluid resistant surgical mask and protective eyewear and perform hand hygiene. Patient Medical Records must not be taken into the room. Signage of room.</p>
Room cleaning	Cleaning and Disinfection

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APPENDIX 3: AIRBORNE PRECAUTIONS

Requirements	Airborne Precautions
Single room	Yes Door closed. It is recommended that single patient rooms be fitted with ensuite facilities. In the advent of no ensuite facilities, a toilet and bathroom should be dedicated for individual patient use.
Negative pressure*	Yes, if available otherwise single room with door closed and window open.
Hand hygiene	Yes
Gloves	Standard Precautions
Gown/apron	Standard Precautions
Mask	Yes, P2/N95 Mask (perform fit check prior to entering room) Remove mask after leaving patient room.
Protective eyewear	Standard Precautions
Special handling of equipment	Standard Precautions Avoid contaminating environmental surfaces and equipment with used gloves.
Transport of residents	Surgical mask for patient when they leave the room ^{3,4} Residents on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained. Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmissible disease spread by airborne or droplet route. Notify area receiving patient.
Alert	Visitors to patient room must also wear P2/N95 mask and perform hand hygiene. Patient Medical Records must not be taken into the room. Signage of room.
Room cleaning	Cleaning and Disinfection

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APPENDIX 4: QUICK REFERENCE GUIDE

RECOGNISING AND MANAGING COVID-19 in Residential and Aged Care

Activity	DETAIL
COVID-19 or Influenza Like Illness suspected	Symptoms Present: <ul style="list-style-type: none"> ○ a cough ○ fever ○ shortness of breath Inform your senior nursing staff on duty
Implement transmission based precautions as soon as resident shows influenza-like symptoms	<ul style="list-style-type: none"> ○ Increase infection prevention and control measures ○ Contact resident's GP ○ Isolate resident if possible, implement transmission based precautions ○ Collect NP and throat swabs as directed by medical officer ○ Warn visitors of risk
Nominate an infection control coordinator	Name: Ph: Pager:
Notify	<ul style="list-style-type: none"> ○ Your State/Territory Public Health Unit ○ Resident's GP and relatives or representative, all staff, all visiting GPs, allied health workers, volunteers, or anyone in contact with your facility
Document	<ul style="list-style-type: none"> ○ Details of resident(s), staff with symptoms ○ Onset date of influenza-like symptoms for each resident ○ Types of symptoms ○ Their contacts – to identify 'at risk' groups
Manage residents who are ill	<ul style="list-style-type: none"> ○ Isolation from residents who are well ○ Dedicated staff where possible ○ Dedicated equipment: hand basin, single-use towelling, en-suite bathroom, containers for safe disposal of gloves, tissues, masks, towelling ○ Staff use personal protective measures ○ Transfer to hospital if condition warrants
Manage HWs who are ill or symptomatic	<ul style="list-style-type: none"> ○ Request HWs not to attend work ○ Request HW to be assessed by their GP ○ Include in notification to PHU

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Activity	DETAIL
Restrict contact	<ul style="list-style-type: none"> ○ Infected staff off work as determined by their medical officer ○ Limit staff movement into restricted area ○ Warn visitors and limit visit times ○ Suspend all group activities
Prevent spread	<ul style="list-style-type: none"> ○ Increase infection prevention and control measures ○ Personal hygiene – wear gloves, mask, ensure good hand hygiene ○ Environment – enhance cleaning measures ○ Medical – Transfer to hospital as required ○ For influenza antiviral medication as prescribed by GP, immunisation if not vaccinated

HAND HYGIENE BEFORE AND AFTER CONTACT WITH RESIDENTS

Reference <https://www.health.gov.au/resources/publications/poster-influenza-kit-for-residential-aged-care>

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APPENDIX 5: Outbreak Management Flowchart

Residential Aged Care Facility COVID-19 Outbreak Management Flow Chart

